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TRAUMA INFORMED CARE

What is 'Trauma'?

- ◎ *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has **lasting adverse effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

Substance abuse and mental health services administration (SAMHSA 2014)

TIC is in line with CAMC Strategy

◉ AREAS WHERE TIC FITS WITH CAMC STRATEGY:

- **Receiving care**
 - Improve customer care and meet workforce needs by effective communication focusing on *compassionate, respectful* and skillful patient care
- **Best place to work**
 - Improve and promote *diversity, inclusion* and wellbeing to achieve a safety culture via communication and professionalism
- **Best place to practice**
 - Impacts overall *perception of hospitals* and improves physician engagement
 - *Patient focused* alignment
- **Best place to learn**
 - Accreditation, education and research, leadership to optimize individual learning and *workforce development*
 - Advances the *academic learning environment and culture* for all learners including employees

TIC Current state at CAMC

- What is being **taught**?
 - Academic workshops
- What is being **done**?
 - Call for local, regional and national awareness
- Validated Measurement **tools** in our IRB approved CAMC research
 - Providers attitudes to training
 - Knowledge test
 - CD RISC 10
- Strategic planning
- Community needs
- Timeline
- What's next?

Original Training Objectives Utilized

- Define Trauma Informed Care (TIC) and why it is important
- Recognize toxic stress in patients and yourself
- Practice the 3E's, Four R's and 6P's of TIC
- Understand the health impact of ACEs, social determinants and epigenetics
- Define resiliency and recognize different types
- Recall the 7 C's of Resiliency and the 6 Domains
- Review the strategies used by early adopting organizations who have formed successful TIC programs

National ACS Training Objectives

- ⦿ Understand Social determinants of health
- ⦿ Understand manifestations of ACE's
- ⦿ Know the 3E's, 4R's and 6P's of TIC
- ⦿ Introduce the Beloved Community concept
- ⦿ Recognize and promote TIC culture
- ⦿ Learn how to support patients using TIC

Introduction

- Training objectives for the academic programs surrounding Trauma Informed Care (TIC) have been prepared
- What has been **done**:
 - Surgery
 - Trauma lectures March 2021
 - Grand Rounds April 2021
 - IRB approval
 - Red cap survey
 - National TQIP poster October 2021
 - Educational workshops by physician champions in:
 - BMED October 2021
 - Medical student educational workshop November 2021
 - Family Medicine March 2022
 - Obstetrics March 2022
 - Emergency Medicine April 2022
- See additional slides on current CAMC activities and classes surrounding the new national curriculum

Additional TIC Research Activities

- ◉ IRB for Internal WVU/CAMC Redcap study on knowledge, attitudes, perceptions of TIC and clinician resiliency
 - Data collection complete for internal study and now in Manuscript phase
- ◉ New IRB for national pilot study of the ACS TIC curriculum approved

The 3 E's of TIC

Event-major that cause lasting emotional effects
negative life altering experiences

Experience- how did the person react? ie. the
“Fight”, “Flight” or “Freeze” response

Effects-what happened afterward? ie. anxiety,
depression, isolation, health decline

The **Four R's** for TIC*

Realize

Recognize

Respond

Resist Re-Traumatization

- *These are a big part of the national curriculum for TIC by the ACS-COT

Six Principles or 6 P's of TIC Culture

How to Avoid Re-Traumatization

Safety

Trust &
Transparency

Peer Support

Collaboration &
Mutuality

Empower voice
and choice

Awareness of self
and others (culture,
history, gender,
community)

Murshid NS. Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. *Am J Public Health*. 2016;106(2):223-229. doi:10.2105/AJPH.2015.302970

Background on ACEs

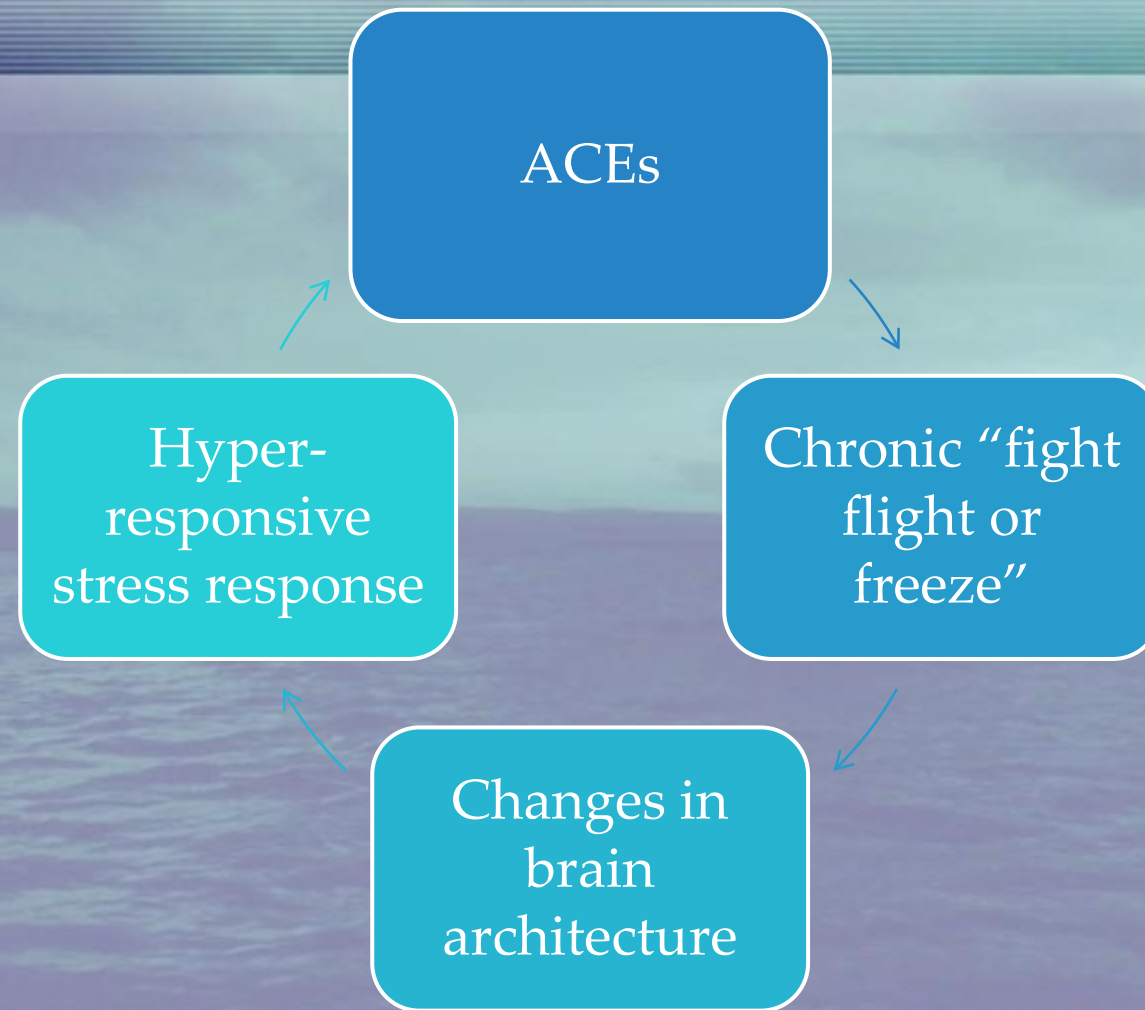
- Landmark 1998 CDC study of mostly white middle class college educated employed people showed ubiquitous exposure to the 3 domains and 10 categories of Adverse childhood experiences (ACEs)
- As a follow up the 2011-17 Behavioral Risk Factor Surveillance telesurvey showed 60% of adults reported at least one ACE and over 16% had over four which profoundly effects health care outcomes

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

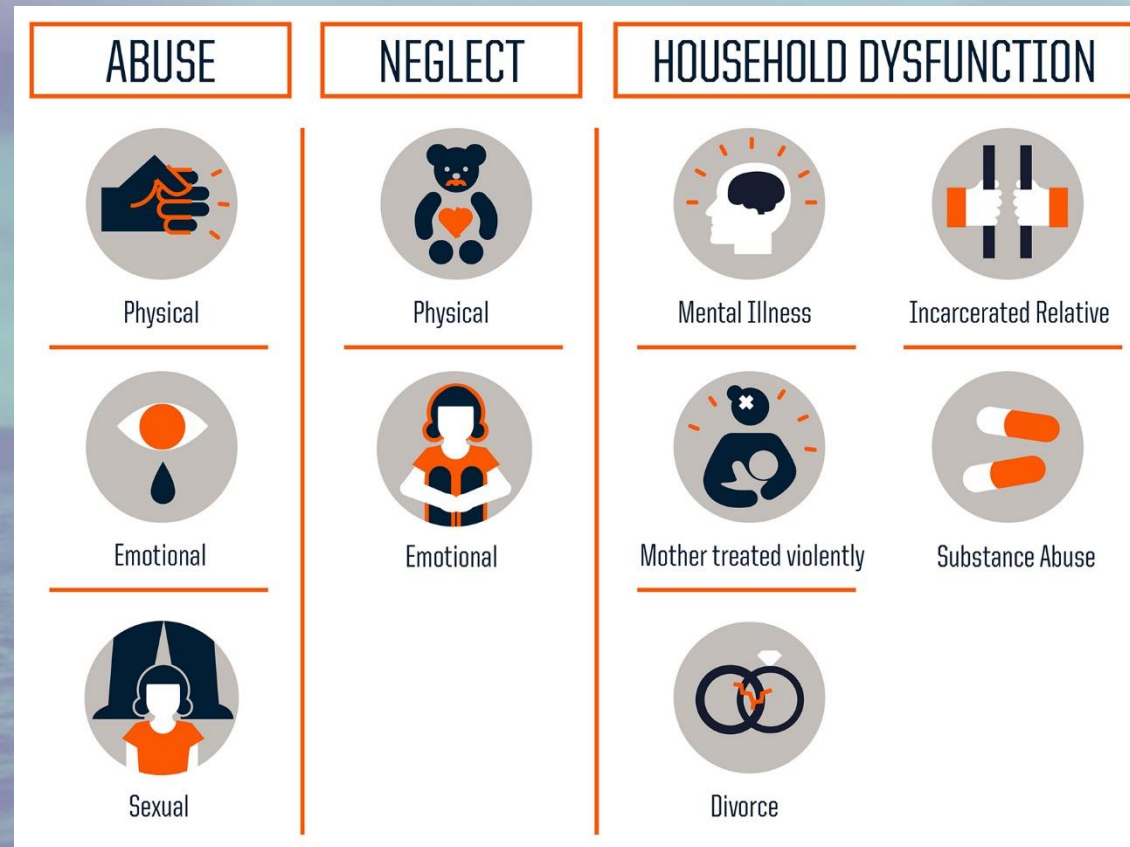
Amer J of Prev
Med Vol 14
Issue 4 245-58,
May, 1 1998.

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH



ACES: 3 Domains 10 Types



ACEs Screening (Anonymous)

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

Did you lose a parent through divorce, abandonment, death, or other reason?

Did you live with anyone who was depressed, mentally ill, or attempted suicide?

Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Did you live with anyone who went to jail or prison?

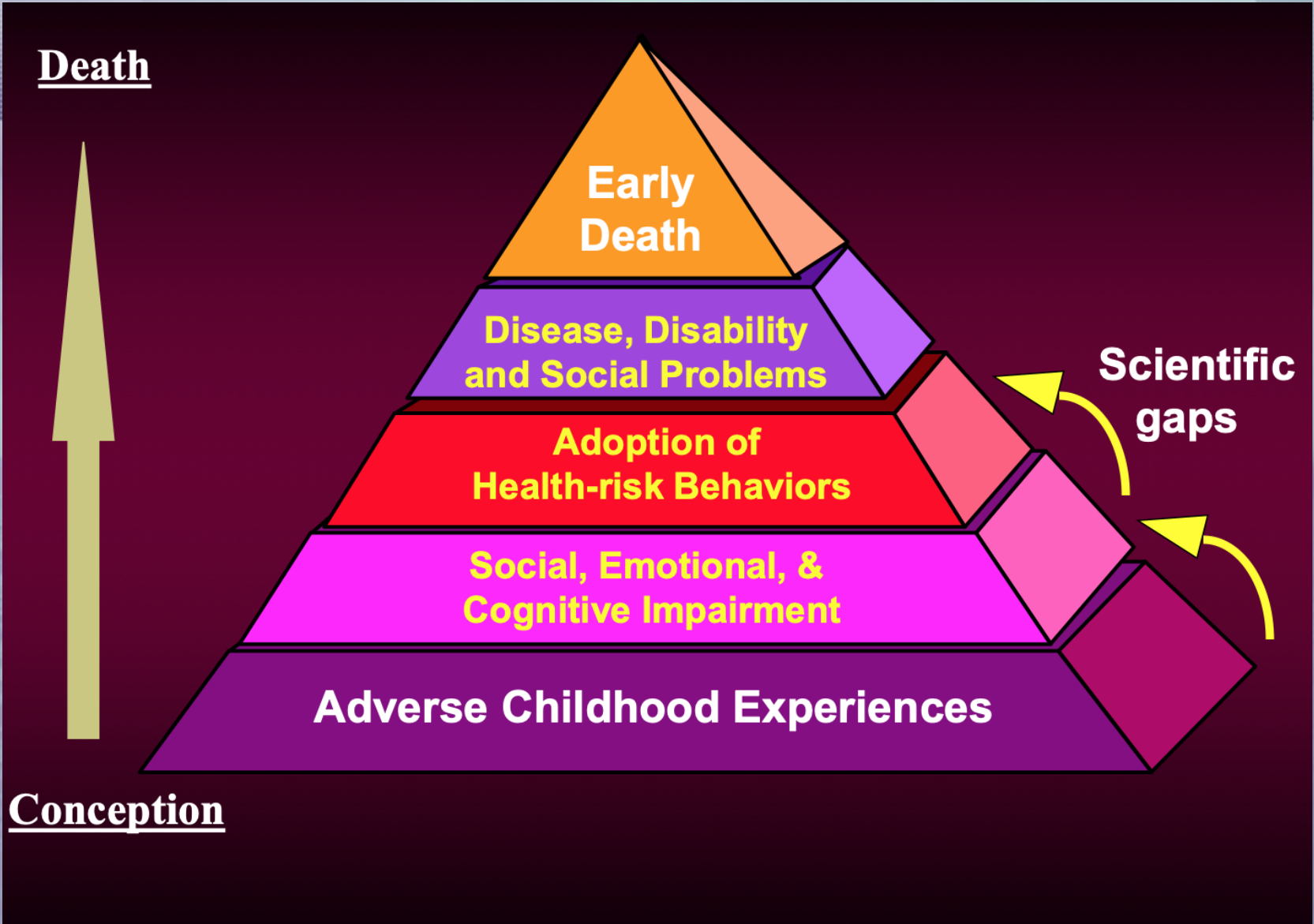
Did a parent or adult in your home ever swear at you, insult you, or put you down?

Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

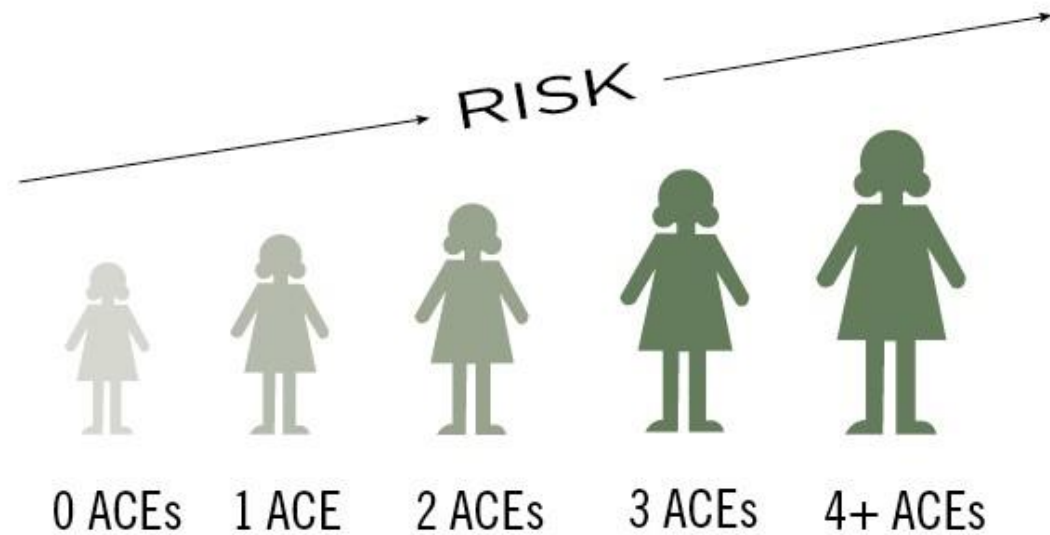
Did you feel that no one in your family loved you or thought you were special?

Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

Your ACE score is the total number of yes responses.



Rob Anda,
MD, MS
CDC



A score of 4 or more can make someone:

- 2 times as likely to be a smoker
- 12 times as likely to attempt suicide
- 7 times as likely to be an alcoholic
- 10 times as likely to use injected street drugs

ACEs and Health

Preventing ACEs could reduce a large number of health conditions.



UP TO
21 MILLION
CASES OF
DEPRESSION



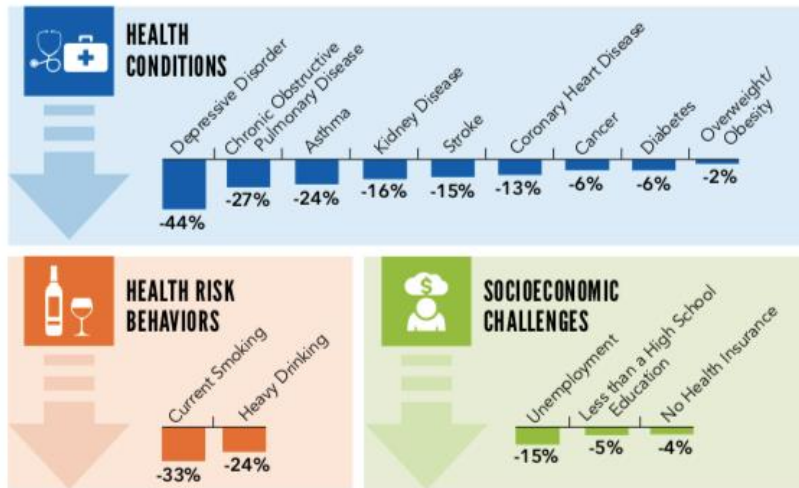
UP TO
1.9 MILLION
CASES OF
HEART DISEASE



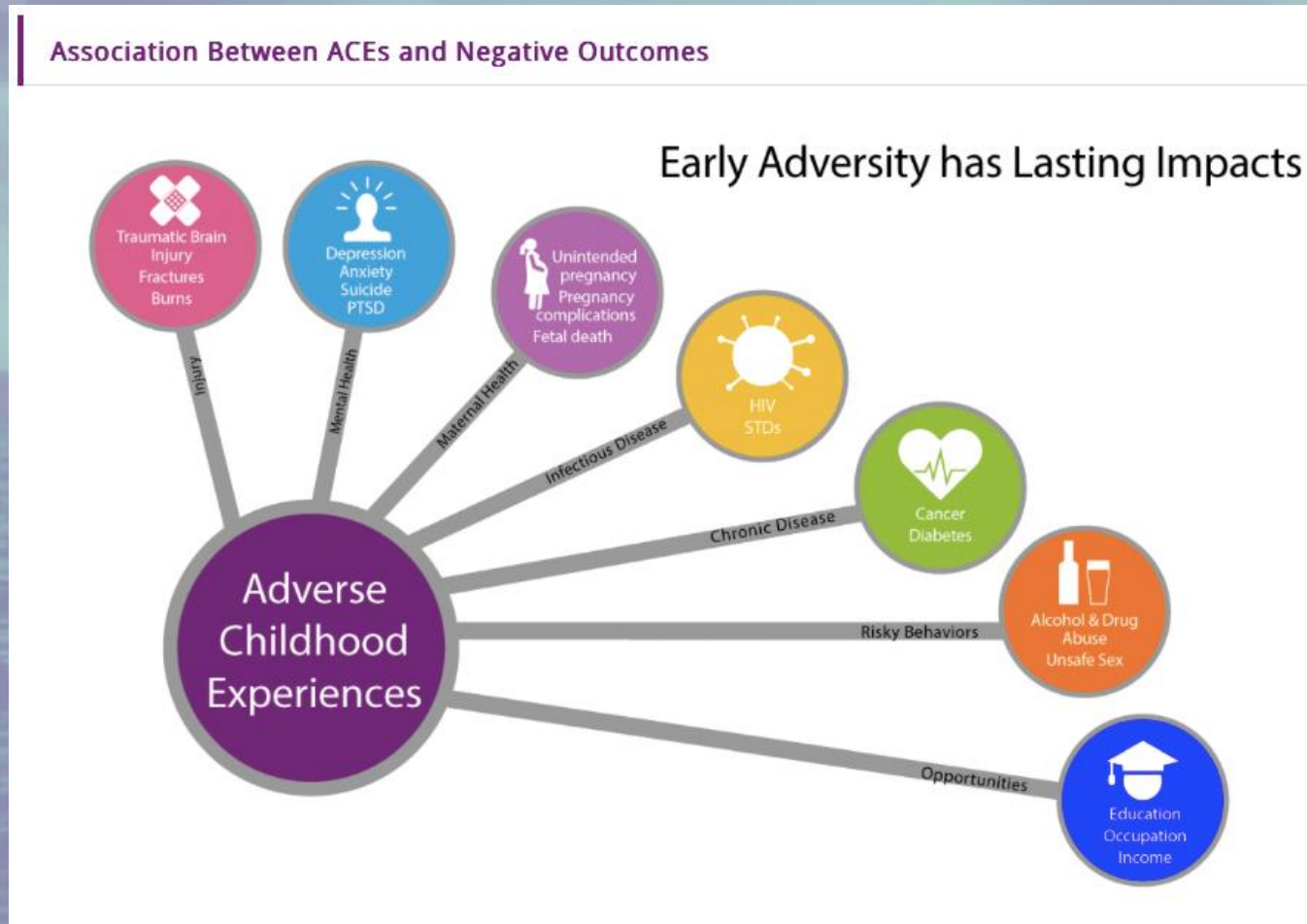
UP TO
2.5 MILLION
CASES OF
OVERWEIGHT/OBESITY

SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, MMWR November 2019.

Potential reduction of negative outcomes in adulthood



ACEs can have long lasting impacts



ACEs Effect More than Health

ACEs can have lasting effects on...



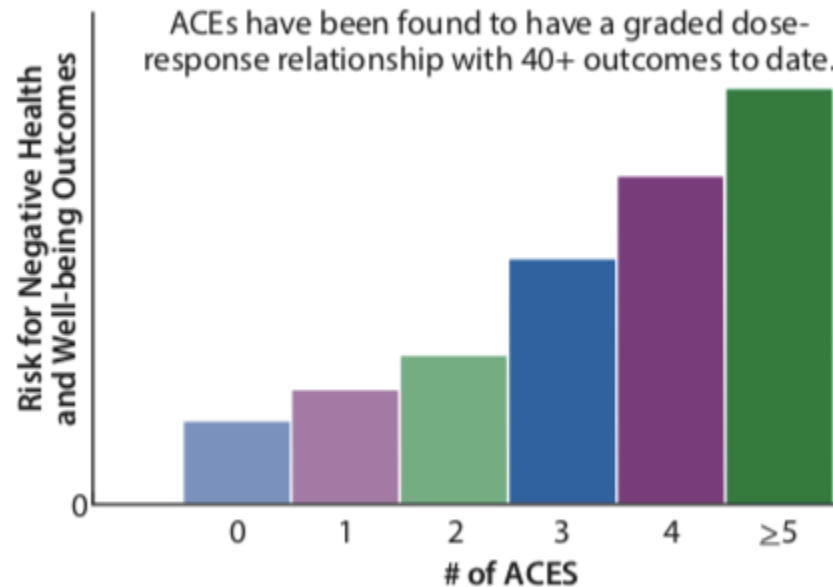
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

THE PHILADELPHIA EXPANDED ACE SURVEY

Philadelphia Expanded ACE Questions look at Community-Level Adversity

Witness Violence

How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?

Felt Discrimination

While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?

Adverse Neighborhood Experience

Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?

Bullied

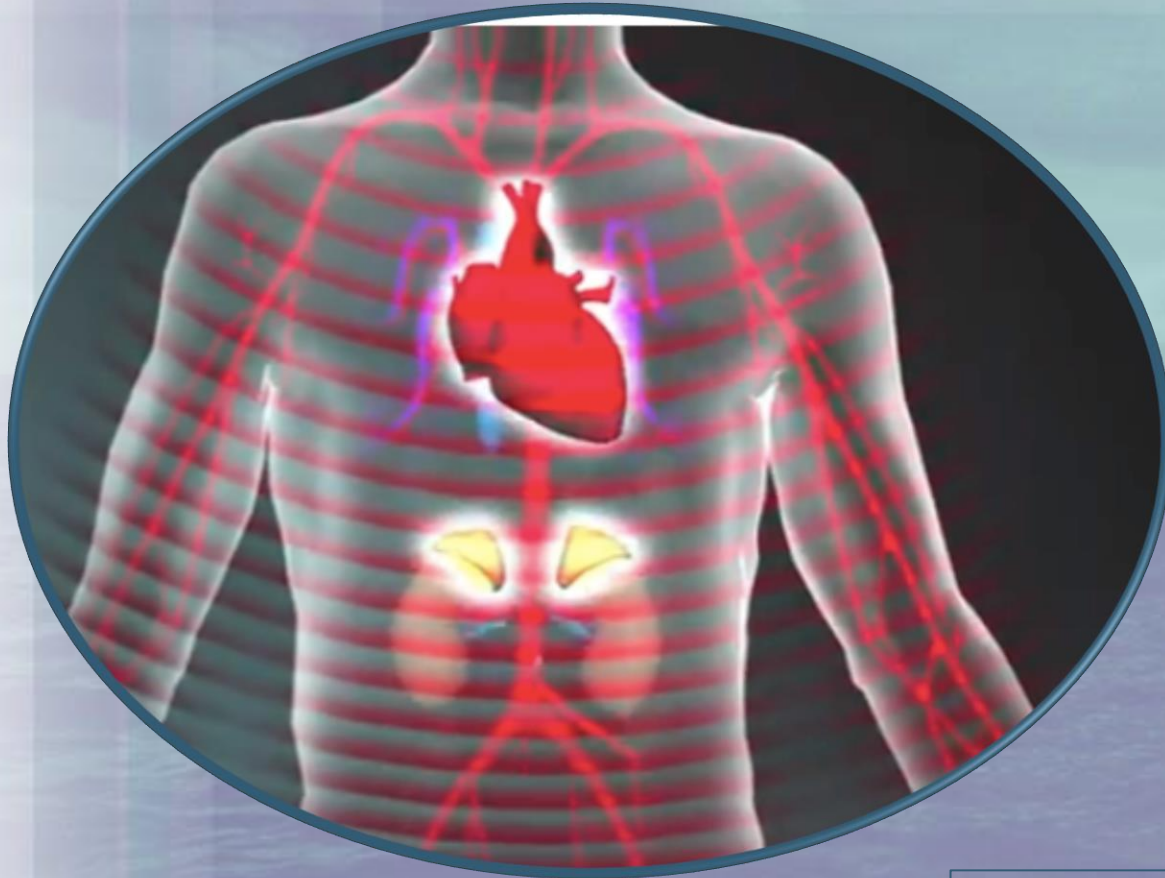
How often were you bullied by a peer or classmate?

Lived in Foster Care

Were you ever in foster care?

Toxic Stress

- ⦿ Physiologic response to repeated adversity
 - Metabolic
 - Immune
 - Neuroendocrine
 - DNA transcription
 - Epigenetics
 - Cumulative intergenerational adversity predisposing populations to poor outcomes

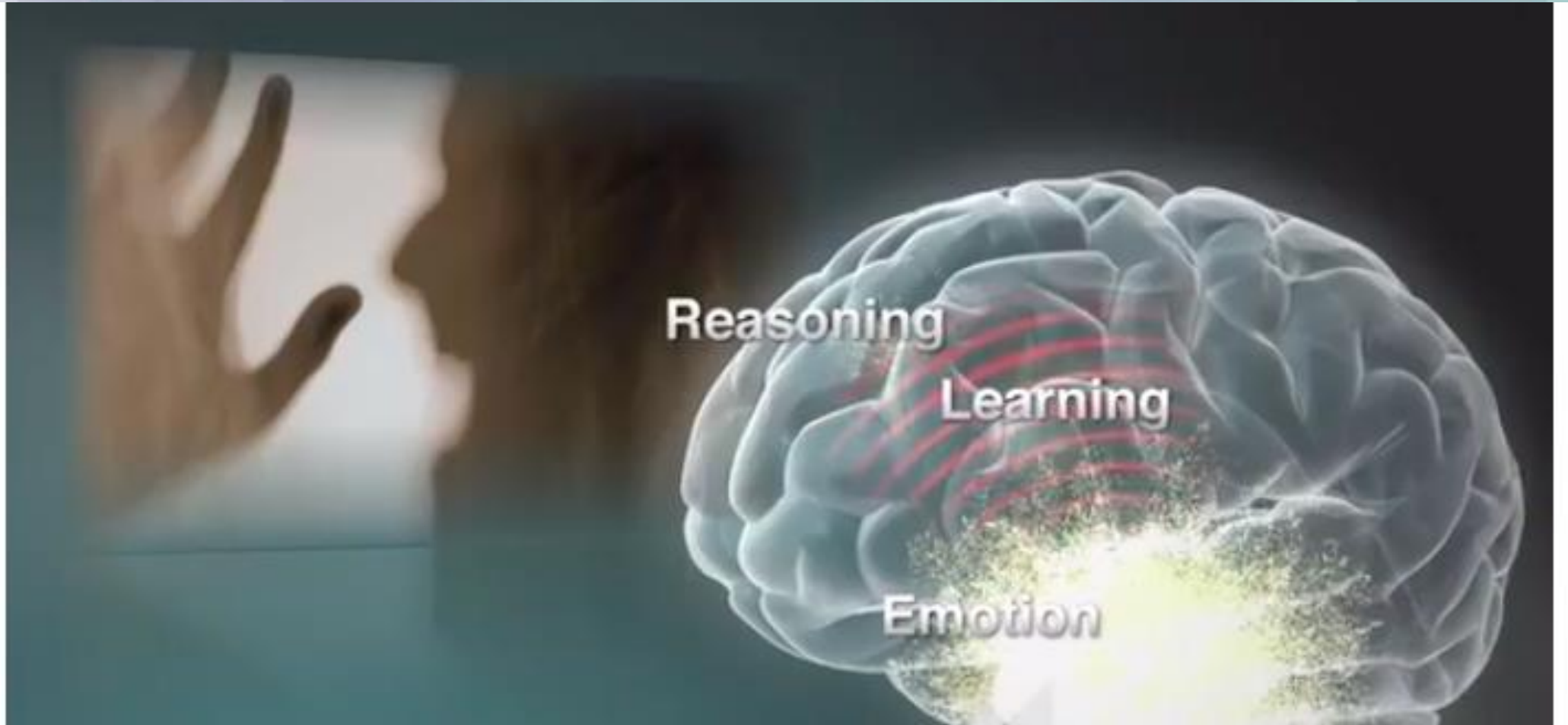


Toxic Stress

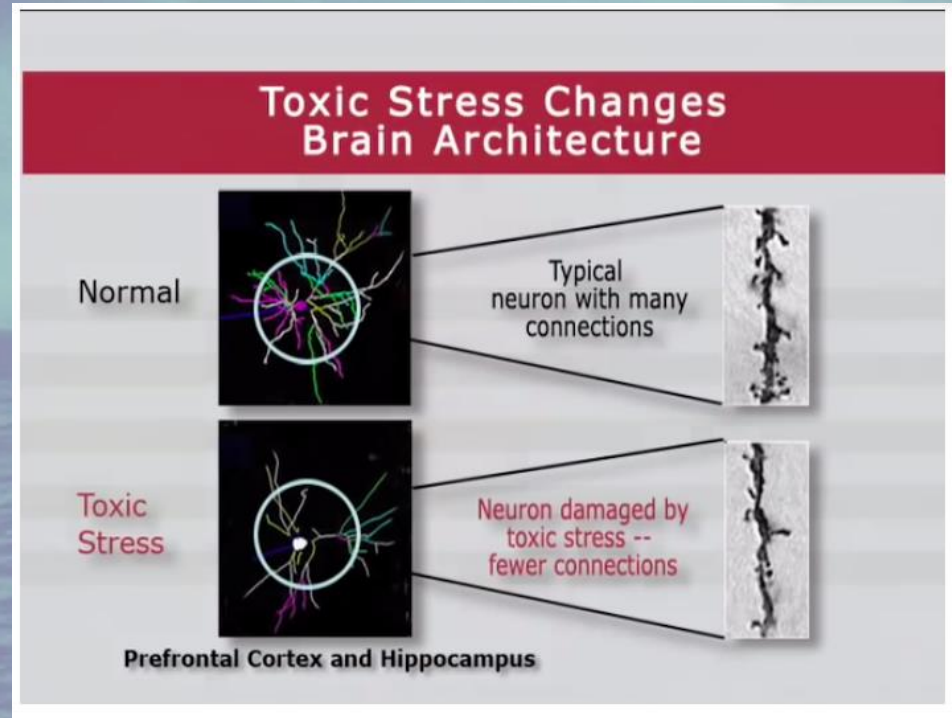
Harvard public health slides "Toxic stress derails healthy development" by Baha'i Views / Flitzy Phoebe is licensed with CC BY-NC-ND 2.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/2.0/>

National Scientific Council on the Developing Child
Harvard Working paper series 1-12
www.developingchild.harvard.edu

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ACEs change your neural connections



Harvard Center for Childhood Development

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1

Experiences Build Brain Architecture



Harvard Center for Childhood Development

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PAUSES Concept

- ◉ “Incorporating a trauma informed care protocol into pediatric trauma evaluation: The pediatric PAUSE does not delay imaging or disposition” Beaulieu-Jones et al. Pediatric Emergency Care 2020
 - Lev 1 adult Lev 2 Peds center instituted a ‘*pause*’ for a brief portion just after the primary survey to address:
 - Pain and Privacy
 - Anxiety and Access/IVs
 - Urinary catheter/rectal or genital exam needs
 - Support to family and staff
 - Engage with PICU team in handoffs

After ABCs do the 'DEFs'

Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children ...AFTER THE ABCs, CONSIDER THE DEFs	
D	DISTRESS <ul style="list-style-type: none">• Assess and manage pain.• Ask about fears and worries.• Consider grief and loss.
E	EMOTIONAL SUPPORT <ul style="list-style-type: none">• Who and what does the patient need now?• Barriers to mobilizing existing supports?
F	FAMILY <ul style="list-style-type: none">• Assess parents' or siblings' and others' distress.• Gauge family stressors and resources.• Address other needs (beyond medical).

2011 Center for Pediatric Traumatic Stress

How to Assess: Culturally Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

LISTEN

...for variations in understanding. Ask:

- What is your understanding of what's happened?
- What is worrying you the most?
- What does your family think about it?

BE OPEN

...to involving other professionals. Ask:


- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

RESPECT

...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

2011 Center for Pediatric Traumatic Stress



Change your thinking from:

'What's wrong with that person'?

To:

'What happened to that person'?

CULTURE

Appropriate questions (taught in TIC curriculum):

- ⦿ How can providers avoid re-traumatization?
 - May I remove your sheet?
 - May I examine you?
 - Is it ok if my student is in the room?
 - Who needs to be in the room for the recto-vaginal exam?
 - Is there a curtain that can be pulled?

Trauma-Informed vs. Non Trauma-Informed

Trauma-Informed

- Recognition of high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnoses
- Assess for traumatic histories & symptoms
- Recognition of culture and practices that are re-traumatizing

Non Trauma-Informed

- Lack of education on trauma prevalence & “universal” precautions
- Over-diagnosis of serious mental illness
- cursory or no trauma assessment
- “Tradition of Toughness” valued as best care approach

Trauma-Informed vs. Non Trauma-Informed

Trauma-Informed

- Caregivers/supporters – collaboration – constant attention to culture
- Address training needs of staff to improve knowledge & sensitivity

Non Trauma-Informed

- Rule enforcers – compliance – emphasis on power and control
- “Patient-blaming” as fallback position without training

Trauma-Informed vs. Non Trauma-Informed

Trauma-Informed

- Staff understand function of behavior (rage, repetition-compulsion, self-injury)
- Objective, neutral language
- Transparent systems open to outside support

Non Trauma-Informed

- Behavior seen as intentionally provocative
- Labeling language: manipulative, needy, “attention seeking”
- Closed system – outside support discouraged

(adapted from FalLOT & Harris, 2002; Cook et al., 2002, Ford, 2003, Cusack et al., Jennings, 1998, Prescott, 2000)

TIC Current state at CAMC 2023

- What is being **taught**?
 - 1-4 hour Academic workshops
 - Virtual
 - Live
- What is being **done**?
 - Answering the call for local, regional and national awareness in each academic dept with hopes to get hospital leadership buy in for expansion to all staff and departments
- Validated Measurement **tools** in our IRB approved CAMC Research
 - Providers attitudes to training
 - Knowledge test
 - CD RISC 10 – medical student resiliency project
- Surveys
 - Redcap (retired)
 - Qualtrics (current)
 - Participating in a National Pilot study for the ACS TIC curriculum
- Strategic planning
- Community needs
- Timeline
- What's next?

CAMC/WVUPC Red cap survey – Research Tools

- ◉ Under IRB approval we completed a study among our academic departments on the perceptions of health care providers regarding TIC
 - <https://redcap.link/ofxxvbj7> [redcap.link]

By filling out this Pre-Post document anonymously I understand this is voluntary and my participation or not will have no impact on my rotation, evaluation, or future opportunities on the service.

Please select status of test

* must provide value

Pre Test

Post Test

[reset](#)

Department / Unit**Age****Role****Years in practice**

Have you had exposure to this topic (trauma-informed care) previously?

Yes

No

[reset](#)

Strongly Disagree Disagree Neutral Agree Strongly Agree

Exposure to trauma is common.

[reset](#)

Trauma affects physical, emotional, and mental well-being.

[reset](#)

Substance use issues can be indicative of past traumatic experiences or ACEs.

[reset](#)

There is a connection between mental health issues and past traumatic experiences or ACEs.

[reset](#)

Distrusting behavior can be indicative of _____

Strongly Disagree Disagree Neutral Agree Strongly Agree

[reset](#)

Re-traumatization can occur unintentionally.

[reset](#)

Recovery from trauma is possible.

[reset](#)

Paths to healing/recovery from trauma are different for everyone.

[reset](#)

People are experts in their own healing/recovery from trauma.

[reset](#)

Informed choice is essential in healing/recovery from trauma.

[reset](#)

TIP is essential for working

**Stron
gly
Disag
ree** **Disag
ree** **Neut
ral** **Agre
e** **Stron
gly
Agre
e**

I have a
comprehensive
understanding
of TIC.

[reset](#)

I believe in and
support the
principles of
TIC.

[reset](#)

I share my
expertise and
collaborate
effectively
with
colleagues
regarding the
use of TIC.

[reset](#)

I would like to
receive more
training on TIC.

[reset](#)

I maintain
transparency
in all
interactions
with patients.

[reset](#)

Strongly Disagree Disagree Neutral Agree Strongly Agree

I offer patients' choices and respect their decisions.

[reset](#)

I help patients and peers to recognize their own strengths.

[reset](#)

I inform all patients of my actions before I perform them.

[reset](#)

My interaction with each patient is unique and tailored to their specific needs.

[reset](#)

I practice self-care (taking care of my own needs and well-being).

[reset](#)

IRB approved CAMC/WVUPC TIC Knowledge Test

TIC: Circle (Pre-Post) Test Answer Key

For each question, please circle the correct answer from among the lettered choices.

1. Define Trauma Informed Care (TIC)
 - a. Recognizes long term emotional effect of multiple cumulative ACEs
 - b. Can be individual (e.g., race, ethnicity, gender, religion, sexual orientation)
 - c. Can be interpersonal (e.g., among partners, families)
 - d. Can be collective (e.g., communities or group identities)
 - e. **All of the above**
2. How common are ACEs?
 - a. 61% of adults have at least 1 ACE
 - b. 85% of adults have at least 1 ACE
 - c. 1/6 of adults have 4 or more ACEs
 - d. 1/3 of adults have 4 or more ACEs
 - e. **Answers a and c**
 - f. Answers b and d
3. Why is TIC culture relevant to healthcare?
 - a. **Higher numbers of ACEs are associated with overall poor health**
 - b. Because ACEs are impossible to mitigate or prevent
 - c. It is a GME requirement
 - d. If we don't change the culture we will get lower quality ratings for the hospital
4. Which of the following lists of ACEs is INACCURATE?
 - a. Physical, emotional, and sexual abuse
 - b. **Physical, emotional and sexual neglect**
 - c. Mental illness in the household, relative who has been incarcerated, substance use
 - d. Mother was treated violently, parents divorced
5. What strategies may prevent ACEs?
 - a. Strengthen economic supports to families
 - b. Change social norms to support positive parenting
 - c. High quality education and child care
 - d. Enhance parenting skills to promote child development
 - e. Intervene if harm is done to prevent future risk
 - f. **All of the above**
6. Which of the following are physiological effects of toxic stress?
 - a. **Metabolic, immune, neuroendocrine, epigenetics**
 - b. Poor social skills, DNA transcription, immune
 - c. Orthopedic issues, sleep disturbances, metabolic changes
 - d. Type 2 diabetes, neurological
7. The "Four R's" for TIC are Realize, Recognize, Respond, and Resist Re-traumatization.
 - a. **True**
 - b. False
8. Which of the following were strategies used by early adopting organizations who have formed successful TIC programs?
 - a. Sanctuary training
 - b. ACEs screening
 - c. TIC services such as referrals, survivorship
 - d. **All of the above**

9. What are some of the health impacts of ACEs and social determinants?
- a. Coronary artery calcification
 - b. Low birth weight
 - c. **Overutilization of healthcare resources**
 - d. Visceral fat
 - e. Cognitive impairment
10. The following is **not** a type of resilience:
- a. Psychological
 - b. Emotional
 - c. Financial
 - d. **Parochial**
 - e. Community/social
11. Which of the following constitute one of the 7 C's of Resiliency?
- a. Competence
 - b. Confidence
 - c. Connection
 - d. Character
 - e. **All of the above**
12. Which of the following is a domain of resiliency?
- a. Vision
 - b. Reasoning
 - c. Tenacity
 - d. **All of the above**
 - e. None of the above

New IRB UCLA National ACS TIC Curriculum Pre/Post Questions

- **Pre Qs:** Institution, level of exposure to TIC, social determinants, ACEs, patient responses to trauma, confidence in your ability as a clinician to identify trauma, ACEs, socioeconomic factors and reduce re-traumatization, gender, school level and income
- **Post Qs:** Same demographics, Likert scale on confidence level of clinician to manage same as above, and added ability to describe the 'beloved community'
 - Asked how well you could deliver TIC, recognize your bias, language, ACE's, social needs, relevance of training, and would you recommend or like to be a trainer
- 18 academic centers over the country, several in active data collection

National Curriculum for TIC

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Goals and Objectives

- Understand the impact of the Social Determinants of Health
- Understand “trauma” and the impact of ACEs and the manifestations
- Identify and define the 3 E’s of trauma, 4 R’s and 6 P’s
- Understand the concept of the Beloved Community
- Identify the characteristics of Trauma Informed Care (TIC)
- Identify how to render appropriate support

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Slide 2 of 44 Accessibility: Investigate Notes 65% 10:37 AM 2/3/2023

This slide introduces the important background concepts of SDH and ACEs and sets the stage for trauma informed care training.

- The need for a Trauma-informed Curriculum is predicated on the need to understand both the impact of the Social Determinants of Health and the impact of Adverse Childhood Events (ACE’s) and its manifestations.
- SAMSA has developed a framework for trauma informed care which include these specific entities known as the 3 E’s, 4 R’s, 6 P’s.
- The Beloved Community is an important foundation for why the system should be invested in this type of work.

Additional National TIC Curriculum Slides

AutoSave Off TIC Curriculum Slides.pptx • Saved to \\skynet\cloud09\$ Search Lasky, Tiffany M

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7 8 9 10 11 12

Toxic Stress

- Results from prolonged and strong activation of the body's stress response without the balance of a supportive relationship to buffer that response
- Negatively impacts:
 - Learning
 - Behavior
 - Brain development
 - Metabolic systems
- Can lead to the development of stress-related physical and mental illness
- Historical Trauma: Cumulative emotional and psychological wounding of an individual or generation caused by traumatic experiences or events
- Complex trauma: aggregate of multiple traumas can result in a number of difficulties and challenges in an individual's life

Shonkoff, J.P., et.al., 2012

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Slide 10 of 44 Accessibility: Investigate Notes 65%

10:39 AM 2/3/2023

Introduction of the Beloved Community

The screenshot shows a Microsoft PowerPoint window with the following elements:

- Title Bar:** TIC Curriculum Slides.pptx • Saved to \\skynet\cloud09\$
- File Name:** Lasky, Tiffany M
- Home Tab:** Clipboard (Paste), Slides (New Slide, Reuse Slides, Layout, Reset, Section), Font (B, I, U, S, Aa), Paragraph (Bulleted List, Numbered List, Indent, Decrease Indent, Increase Indent, Decrease Spacing, Increase Spacing), Drawing (Shapes, Arrange, Quick Styles), Editing (Find, Replace, Select), Voice (Dictate), Sensitivity, Designer.
- Slide 15:** Martin Luther King's Beloved Community. The slide content includes:
 - Section Header:** Martin Luther King's Beloved Community:
 - Image:** A black and white portrait of Martin Luther King Jr.
 - List-Group:**
 - A society based on justice, equal opportunity and love of one another.
 - The Beloved Community embodies a model of all-inclusiveness for personhood.
 - Text:**

"The end is reconciliation; the end is redemption; the end is the creation of the beloved community. It is this type of spirit and this type of love that can transform opposers into friends. The type of love that I stress here is not eros...but it is agape which is understanding goodwill for all men. It is an overflowing love which seeks nothing in return. This is the love that may well be the salvation of our civilization." -Martin Luther King

"Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world." - bell hooks
 - Logo:** ACS AMERICAN COLLEGE OF SOUTHERN
- Slide 16:** The Beloved Community Model of Trauma Informed Care. This is a text-heavy slide with bullet points.
- Slide 17:** Setting the space. This slide contains a quote and a diagram.
- Slide 18:** Asking the right questions. This slide contains a list of questions.
- Slide 19:** Identify the Three "Is" of Trauma. This slide contains a diagram with three boxes labeled 'Is'.
- Slide 20:** An Experience can have lasting Effects. This slide contains a diagram with three boxes.
- Navigation:** Slide 15 of 44, Accessibility: Investigate, Notes, 65% zoom.
- Taskbar:** Windows Start button, Search, Edge, PowerPoint, File Explorer, and a purple icon.
- System Tray:** 10:42 AM, 2/3/2023.

Activities Planned for future workshops

The screenshot shows a Microsoft PowerPoint presentation slide titled "Activity". The slide content includes the text "Discuss scenarios illustrating TIC and non-TIC" and the ACS American College of Surgeons logo. Below the slide, a text box provides instructions for the activity. The presentation interface includes a ribbon with tabs for File, Home, Insert, Draw, Design, Transitions, Animations, Slide Show, Record, Review, View, Help, and Nuance PDF. The slide navigation pane on the left shows slides 39 through 44.

Activity

Discuss scenarios illustrating TIC and non-TIC

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For this activity, you may choose vignettes from the catalogue that has been provided to you. Please spend time discussing an example of what trauma informed care looks like in practice and a scenario that exemplifies a lack of trauma informed practice.

Resources from ACS for TIC

- Faculty instructors manual
 - If you are planning to be an instructor please let Dr Lasky know
 - We will add you to the teams workgroup where you can access materials for review and education purposes only
- Vignettes illustrating what is and what is not “Trauma Informed” care
- FAQ sheet
- Training video recording to onboard new instructors
- IRB support tools
- HVIP=Hospital Violence Intervention Program: integrates your security, local police, staff, injury prevention personnel and community resources that attempt reduce retaliation or recidivism due to violence

Resources from CAMC University for TIC

- ⦿ Best place to learn committee has approved this training
- ⦿ Nursing leadership has approved this training (although not mandatory)
- ⦿ GME thru Denise Burgess has rallied Jay Ripley for CME credits for various types of providers who would engage in this training
- ⦿ A 'survivor' has been interviewed and is willing to share their story and attend training sessions done with faculty and staff
- ⦿ Lisa Calderwood helped secure grant funding to pay survivors (60\$ an hour for total of an hour or less) and necessary community support for training sessions

WVU and CAMC have an Excellent TIC Foundation to Build

- ◉ 3E'S, 6P's, SDH, ACE's etc all included in our prior introductory training and study
- ◉ Local areas to develop:
 - Community connections
 - Additional tools and hard wired processes for warm handoffs
 - Support for vicarious trauma
 - Training and Support for EMS, nursing and physicians
 - Hospital Survivorship Network
 - Patient advisory committee
 - Patient advocacy groups
 - Grant writing

Organizational **Tools** in TIC training

- ⦿ Sanctuary training
- ⦿ Examination of barriers to facilitation
- ⦿ Standing patient advisory committees
- ⦿ Departmental champions
- ⦿ Universal precautions
- ⦿ Peer first aid and **peer support**
- ⦿ Promoting resiliency

Early Adopters of TIC

- ◉ Robert Wood Johnson Foundation gave grants to 6 organizations from primary care, behavioral medicine clinics, public health clinics, and schools to children's hospitals in 2017 to advocate for a TIC culture
- ◉ All six were in low income major cities
- ◉ Approaches:
 - Education (tailored '*sanctuary training*' to individuals at all levels of the organization)
 - ACEs screening (>4 warm handoff)
 - New TIC services (survivorship, referrals, committees)

Sanctuary Model Pillars

- ◎ Systematic organizational changes in:
 - Shared Knowledge-common definitions
 - Shared Values-commitment to **n**on-**v**iolent **c**ommunication
 - Shared Language 'SELF'
 - **S**afety
 - **E**motions
 - **L**oss
 - **F**uture
 - Shared Practice-uniform approach

Esaki et al "The sanctuary model: theoretical framework" Families in Society: The Journal of Contemporary Human Services Jan 2014

Facilitation and Barriers

- Leadership Commitment
- Flexible, Innovations, Learning from Failures
- Expect and accept not everyone will be on board
- Organizational Hierarchy
 - Needs to specify racial, medical and specific managerial interactions
- Interviewing patient advisory committee about ways the organization can improve
- Track progress and embed feedback mechanisms such as ethics peer review or *case based learning*
- Seek grant funding to further efforts

Standing Patient Advisory Committee



Monthly meetings about
enhancing TIC



Limit terms to six months



Barriers:

Slow adapters

FTEs and other productivity
targets

Staff with many ACEs themselves



Engage patients and non
clinical staff

Departmental Champions

⦿ Responsibilities:

- Administer a tool for a 'trauma informed work life' survey in their respective units
- Autonomy to decide which types of identified challenges to work on first
- Training in implementation science (RCA, 5 whys, fishbone and reverse causality exercises)
- Allowed to fail and learn from mistakes regroup and try another approach

Organizational Commonalities

Identification of a framework of core values for long term implementation

Environmental changes where possible

- Waiting room renovation
- Chair massage and/or music
- Pet therapy

Continued learning and fun staff connecting activities

- ACEs, vicarious trauma, self care, cultural humility
- Stand alone one hour sessions up to day long retreats
- Mostly in person some virtual
- Quarterly booster sessions in mindfulness and other relevant topics

Sanctuary and other TIC committee meetings

Commitment to hiring, training, supporting and retraining TIC staff that look like the patient population you serve

- Observer ships and direct feedback sessions

Lessons from Early Adopters RWJF 2018
Menschner and Maul "Key Ingredients for TIC Implementation"
Center for Health Care Strategies 2016

Universal Precautions

TIC all places can do

- ◉ Welcoming kind respectful nurturing space
- ◉ Natural light and windows
- ◉ Clean areas
- ◉ Funny videos on TV
- ◉ Snacks, food and beverages
- ◉ Blue and neutral colors
- ◉ Toys if children are expected to be in waiting area

What's after Training? Organizational Tools for TIC success

- ⦿ “Peer Support”
- ⦿ Ethics peer reviews of TIC cases
- ⦿ Survivorship recovery centers
- ⦿ Patient advocacy committees
- ⦿ University grants
- ⦿ Cooperative organizations such as local mental health facilities
- ⦿ Faith based
- ⦿ Justice system based

What techniques are used in Peer Support or Provider First Aid?

- ◎ “Defuse”
 - Where were you when this happened?
 - How did it effect you?
 - What do you think about it?
- ◎ “Debrief” (within 72 hours) in person session
 - What do you think now?
 - How has this effected you?
 - What have you heard about it?
 - Has this triggered any symptoms of emotion or prior traumas?
- ◎ Third visit one month later for check up

Building Resiliency

- ⦿ Relaxation techniques
- ⦿ Thoughtful awareness
- ⦿ Edit your outlook
- ⦿ Learn from your mistakes
- ⦿ Choose responses wisely
- ⦿ Maintain healthy perspective
- ⦿ Set goals
- ⦿ Work on self confidence
- ⦿ Cultivate coping ability
- ⦿ Stay connected to support
- ⦿ Talk it out
- ⦿ Be helpful to others
- ⦿ Activate positive emotions
- ⦿ Cultivate survivorship
- ⦿ Seek meaning

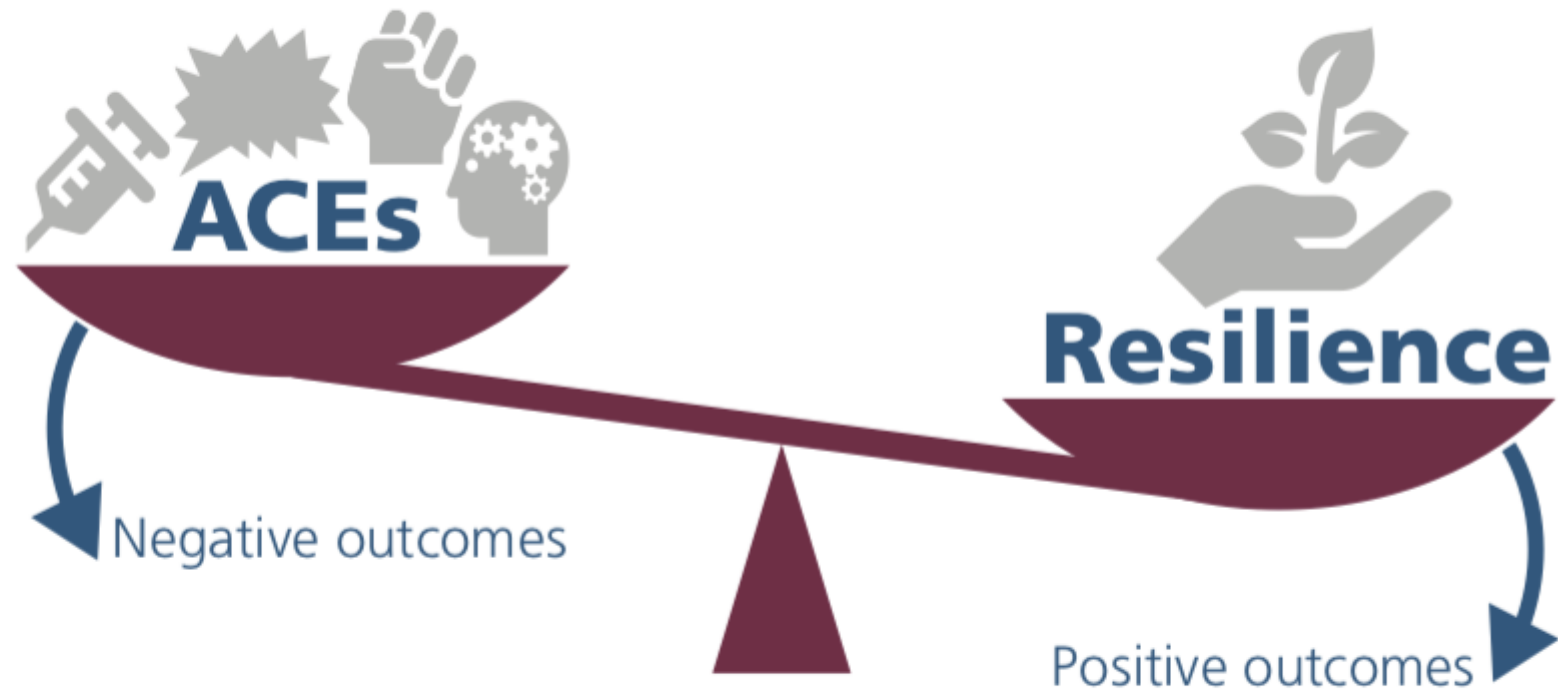
In Disasters:

Personal, Institutional or Post Crisis

In Leadership:

Personal, Group or Global

Figure 1: Resilience balance scale



Adapted from: Center on the Developing Child, Harvard University. See <https://developingchild.harvard.edu/science/key-concepts/resilience/>

6 Domains of Resiliency

Vision-Purpose

Composure-Emotional Regulation

Reasoning-Anticipatory Planning

Tenacity-Persistence

Collaboration-Socialization

Health-Foundation

Stress vs. Resilience

STRESS

- ⦿ Lowers concentration
- ⦿ Lowers memory
- ⦿ Lowers mood
- ⦿ Lowers tolerance to pain
- ⦿ Lowers tolerance to sickness
- ⦿ Lowers sleep

Stress=Fire

RESILIENCE

- ⦿ Increases wellbeing
- ⦿ Increases working memory
- ⦿ Increases sleep
- ⦿ Increases immune function
- ⦿ Increases relationships
- ⦿ Increases coping

Fire can be good or bad depending on the context and management

Resilience to Stress

- ⦿ Sleep - nature's 'lymphatic brain wash' rejuvenates our cells ability to remove toxins and function more efficiently
- ⦿ Amygdala – hard wired to remember the negative experiences to keep us physically safe
 - ie. 'Saber tooth tigers are bad'
 - This is why humans tend to ruminate on the negative and need to take conscious action to remove thoughts that do not serve them

7 C's of Cultivating Resiliency

Competence-
practice handling
stressful mistakes

Confidence-
motivate a belief in
your own ability

Connection-
security in a sense
of belonging

Character-having
empathy and sense
of right & wrong

Contribution-the
world is made
better by your
actions

Coping-reducing
stress and
enhancing skills

Control-exercise
your voice and
choice

Examples of TIC Governance

- Mission and vision
- Cross sector collaboration
- Policy
- Screening and assessment
- Financial commitment
- Physical environment
- Workforce training
- Incorporated evaluations
- Engagement
- Monitor progress

Re-cap of Training Objectives

- ⦿ Define **Trauma Informed Care** (TIC) and why it is important
- ⦿ Recognize *toxic stress* in patients and yourself
- ⦿ Practice the *3E's, Four R's and 6P's* of TIC
- ⦿ Understand the *health impact* of ACEs, social determinants and epigenetics
- ⦿ Define **resiliency** and recognize different types
- ⦿ Recall the *7 C's of Resiliency* and the 6 Domains
- ⦿ Review the *strategies used by early adopting organizations* who have formed successful TIC programs

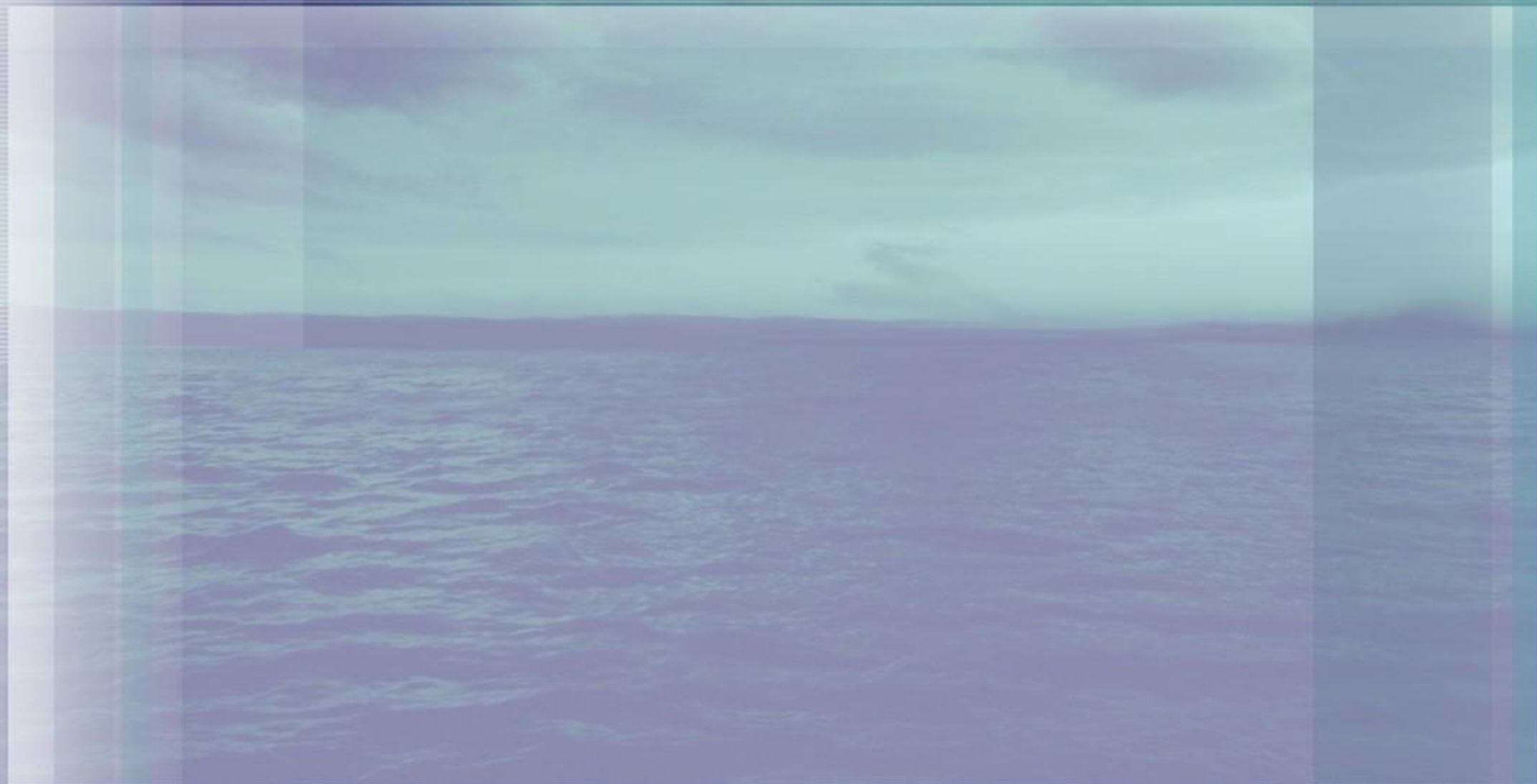
Re-cap of Timeline Current and Future

- What's been **done** so far?
 - WVUPC/CAMC Academic Departments
 - **Surgery** - IRB approval, TIC pilot study after Grand Rounds and Redcap survey (accesses pre/post knowledge, TIC perceptions and CD-RISC) April 2021 poster accepted to national meeting Trauma Quality Improvement Program (TQIP) October 2021
 - **Behavioral Medicine** - Champions identified, TIC Workshop and Recap survey coming October 2021 working in manuscript development with Dr Lasky
 - **WVU Medical Students** - Champions identified TIC lectures, breakout sessions and panel November 2021
 - **WVSOM Medical Students** – March 23rd workshop with national curriculum, development meeting Feb 20th on teams contact Dr Lasky if you want to join!
 - **CAMC best place to learn committee** engaged and approval granted. Plan to roll out to 5 South, STICU and ERs at CAMC followed by other workshops and staff as interest grows

Who	What	When	Notes
Teresa/Valerie	Check in with Megan, Kortnie and Sarah to confirm continued interest in being a trainer	By February 6th	We need an accurate list of trainers.
Lisa Calderwood	Funding for Trauma Survivor through research department for future reimbursements	Before March 24th	Lisa shared with the group that it was approved, and is awaiting formal approval. Will work with Jay on setting up reimbursement.
Jay Ripley / All	CE credits. Jay will need copy of each trainers CV, disclosures signed by trainers and planning committee	February 20 th	
Dr. Laskey	Will communicate with Dr. Calloway regarding reserving room 2000 for March 24 th presentation.		
All TIC Trainers	Meeting to review curriculum and assign trainers to upcoming presentations.	February 20 th , 2023 2:00pm General	Please review slides and vignettes prior to the meeting.
Dr. Laskey Ashley Denise Michelle	WVSOM – 44 students WVU Building	March 24, 2023 8:00 – 11:00am	
Ashley Jay Ripley	Will forward all slides to Jay Ripley to integrate Rural experience slide and create continuity.	Feb. 6th	

Are you interested in being a trainer?

- **FUTURE DATES for Virtual Classes**
 - April 26, 2023 8:00am – 11am
 - June 28, 2023 1:00pm – 4:00pm
 - August 30, 2023 8:00am – 11am
 - October 25, 2023 1:00pm – 4:00pm
-
- Contact Dr Lasky if Interested:
 - Tiffany.lasky@vandaliahealth.org



Gap Analysis

- ⦿ Academic Depts we still have not engaged:
 - Internal Medicine
 - Pediatrics

TIC fits with the Kanawha County Community Health Needs Assessment

- ◉ CAMCs related educational, research and academic missions would all benefit from a TIC culture
- ◉ Addresses the need for diversity, equity, enhanced training opportunities and recruitment of the younger generation into the workforce
- ◉ Focuses on patient centered needs and overcoming disparities in the population
- ◉ Treats our population with dignity regardless of ability to pay

TIC in Strategic Challenges

- ◎ TIC helps address:
 - Culture
 - Recruitment and Retention

Summary

- ⦿ TIC effects *everyone*
- ⦿ ACEs do not permanently damage people
- ⦿ Social determinants of health are modifiable
- ⦿ Unchecked Toxic Stress can effect multiple generations
- ⦿ ACEs are mitigated by *resiliency*
- ⦿ Individuals and Organizations can practice TIC for patients and employees in multiple different ways
- ⦿ TIC 'Fits' with CAMC's mission, vision, STRATEGY, and the community health needs assessment!

Next Steps/ Asks

- ◉ Commit TIC to:
 - Strategic plan – perhaps time for ACMOs update
 - Expert lecture series
 - Ashley Murphy (peer recovery and addiction services), Lisa Calderwood (research Bmed focus) and Denise Burgess (GME) have partnered with Dr Lasky (TMD physician champion) to offer a national pilot with ACS for institutional CME and further training on a regular basis
 - Support necessary committees – still no patient advocacy committee that makes meaningful change (partner with chaplain and/or ethics?)
 - Train all staff/ all departments over time
 - Plan to start with ERs, Trauma ICU and floors and branch out

QUESTIONS?

