

Tiffany Lasky DO ,FACS
Professor of Surgery
West Virginia University
Physicians of Charleston
Trauma Medical Director
Charleston Area Medical Center

TRAUMA INFORMED CARE

What is Trauma Informed Care (TIC)?

Trauma Informed Care (TIC) Culture recognizes: the long term emotional effect of multiple cumulative potentially adverse events of childhood (ACEs) or adulthood involving neglect, abuse, household challenges, violence, 'isms', and disabilities.

It can be:

- Individual- race, ethnicity, gender, religion, sexual orientation
- Interpersonal- between spouses or families
- Collective- specific communities or group identities

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)

Dr. Nadine Burke Harris

- ◉ Ted talk



“The single most important thing we need today is the courage to look this problem in the face and say this is real and this is all of us.”

– Dr. Nadine Burke Harris

Photo credit: Kevork Djansezian – Taken on the TedMed stage

<https://www.youtube.com/watch?v=95ovIJ3dsNk>

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 research
 - Knowledge test
 - Providers attitudes to training
 - CD RISC 10
- ⦿ Strategic planning
- ⦿ Community needs
- ⦿ Timeline
- ⦿ What's next?

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

Introduction

- Training objectives for the academic programs surrounding Trauma Informed Care (TIC) have been prepared
- What has been **done**:
 - Surgery
 - Trauma lectures March 2021
 - Surgery Grand Rounds April 2021
 - IRB approval
 - Red cap survey
 - National TQIP poster Oct 2021
 - Approved ACS trauma center for national curriculum pilot March 2021
 - Medical student educational workshop Nov 2021
 - Bmed workshop Nov 2021
 - WIM presentation Dec 2021
 - FM TBA
 - Pediatrics TBA

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

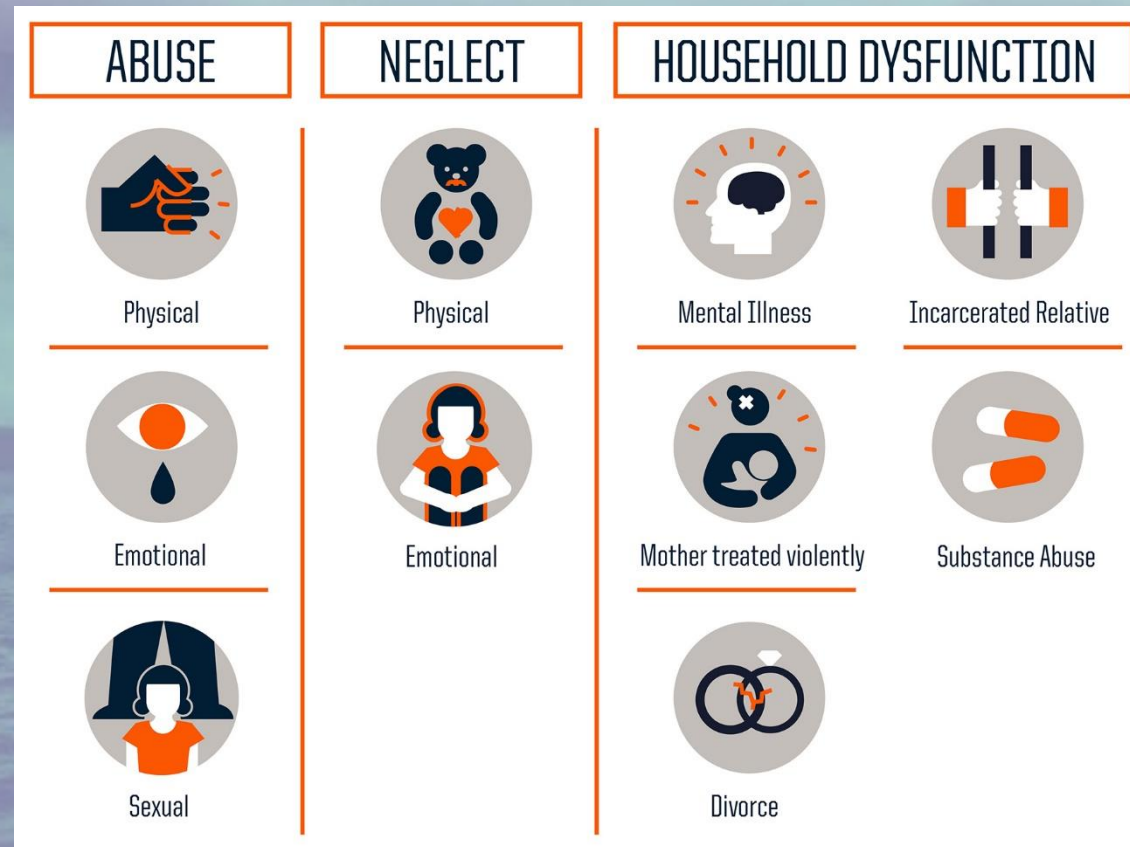
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

Amer J of Prev
Med Vol 14
Issue 4 245-58,
5/1/98.

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?

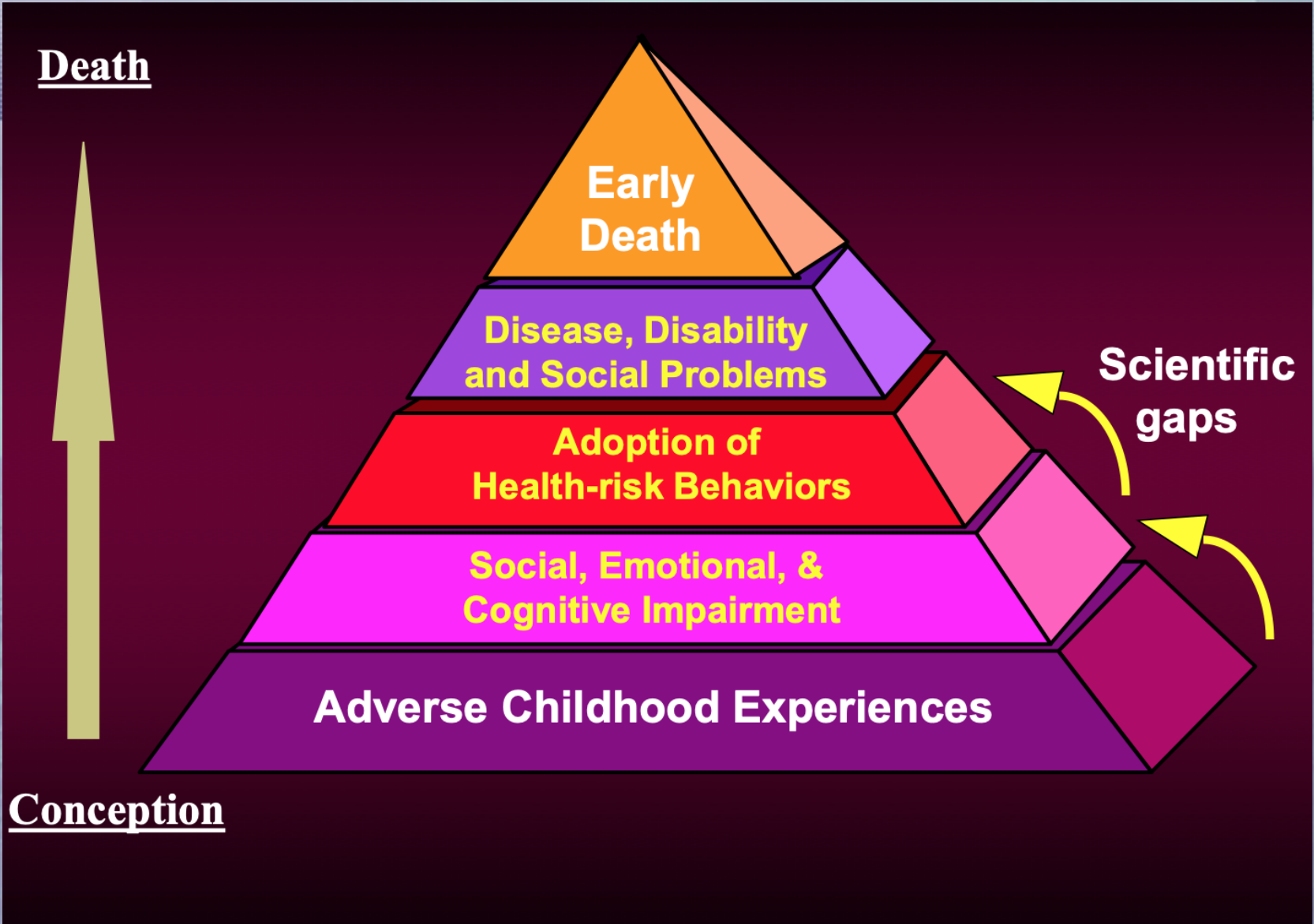
Did a parent or adult in your home ever swear at you, insult you, or put you down?

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

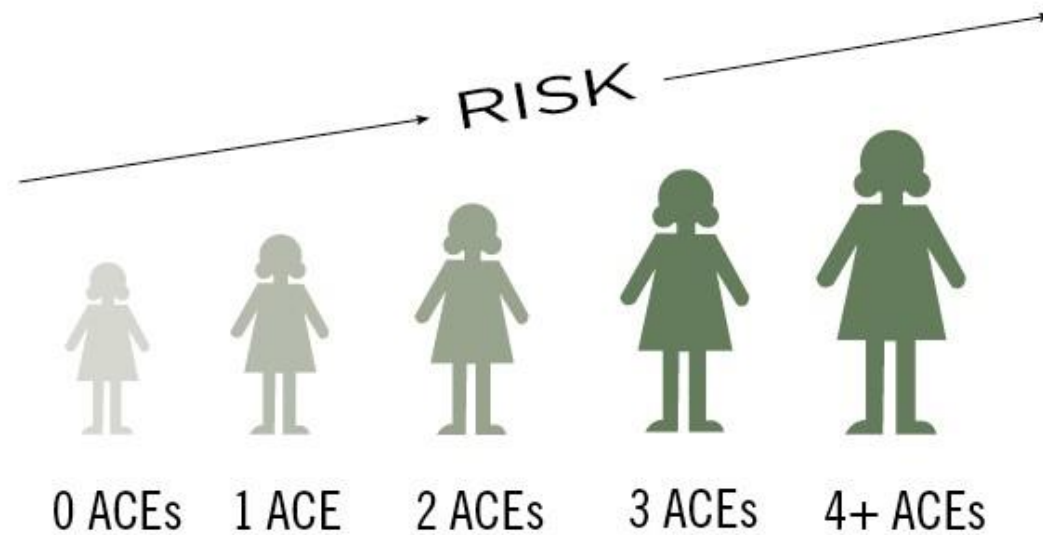
Did you feel that no one in your family loved you or thought you were special?

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



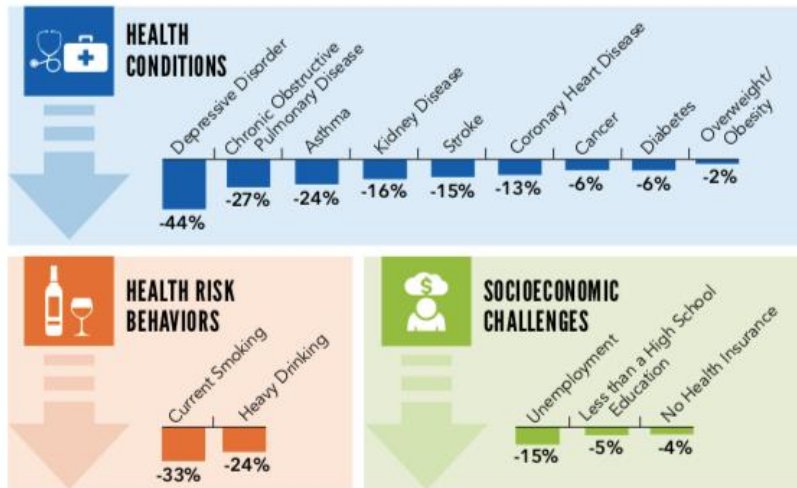
UP TO
1.9 MILLION
CASES OF
HEART DISEASE



UP TO
2.5 MILLION
CASES OF
OVERWEIGHT/OBESITY

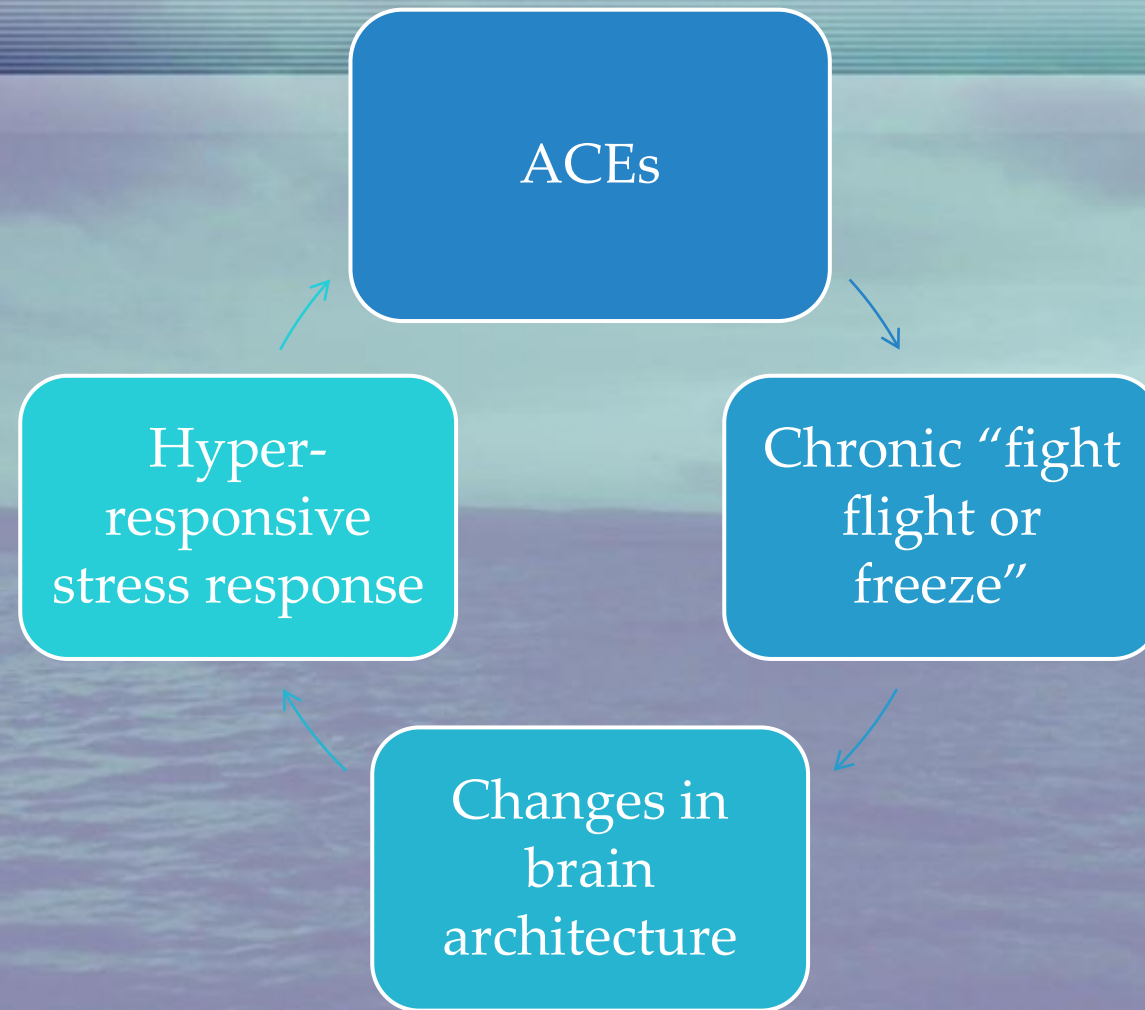
SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, MMWR November 2019.

Potential reduction of negative outcomes in adulthood



Social Determinants of Health

- ⦿ Poverty
- ⦿ Discrimination
- ⦿ Housing insecurity
- ⦿ Food insecurity
- ⦿ Indices
 - CDC SVI
 - Human Capitol Project
 - WHO World Bank Formula that rates countries regarding rates of survival, school and overall health

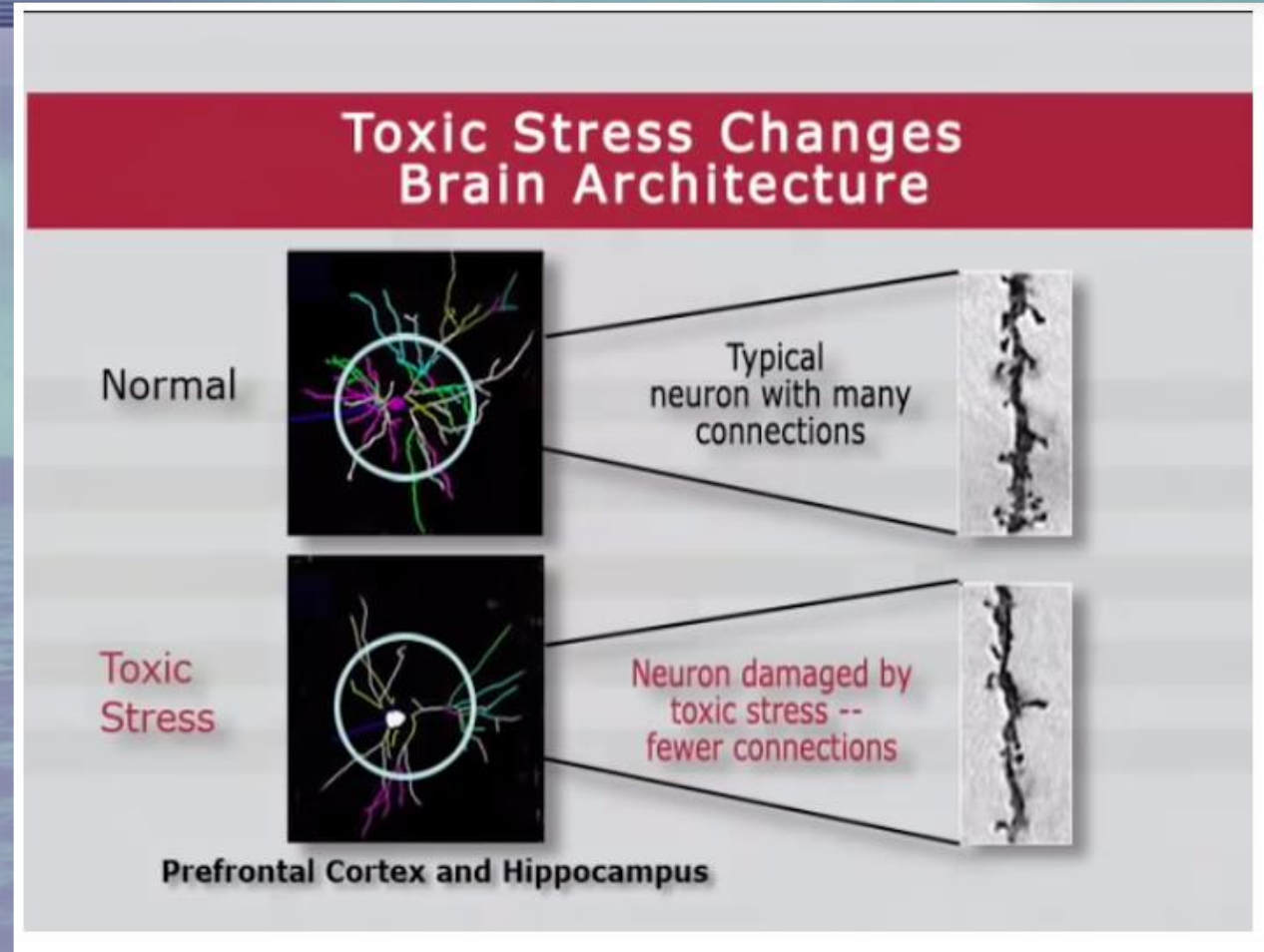


Toxic Stress

- ◎ Fight, Flight or Freeze!

- Physiologic disturbances occur when there are repeated insults and the person is in a constant state of low-level panic
- This physical shift causes negative evolution in:
 - Learning
 - Behavior
 - Brain development
 - Psychiatric issues

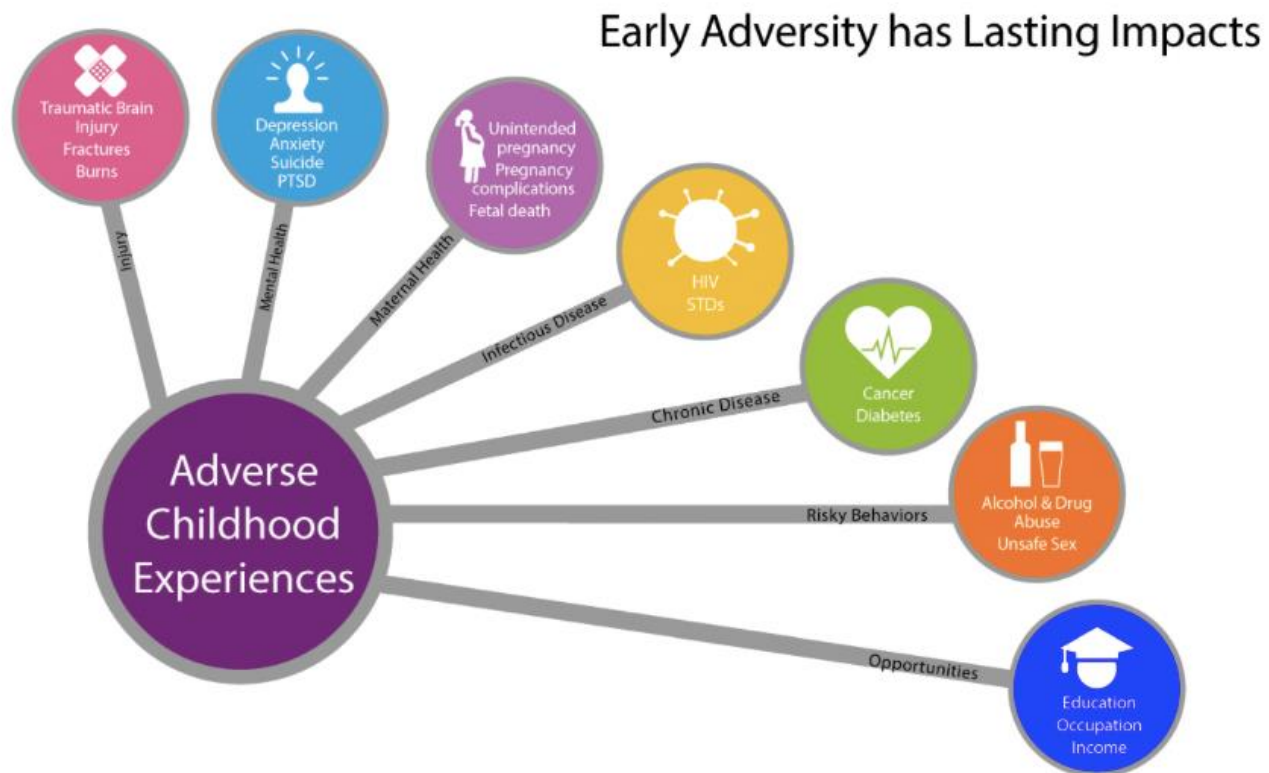
Toxic Stress and Neural Connections



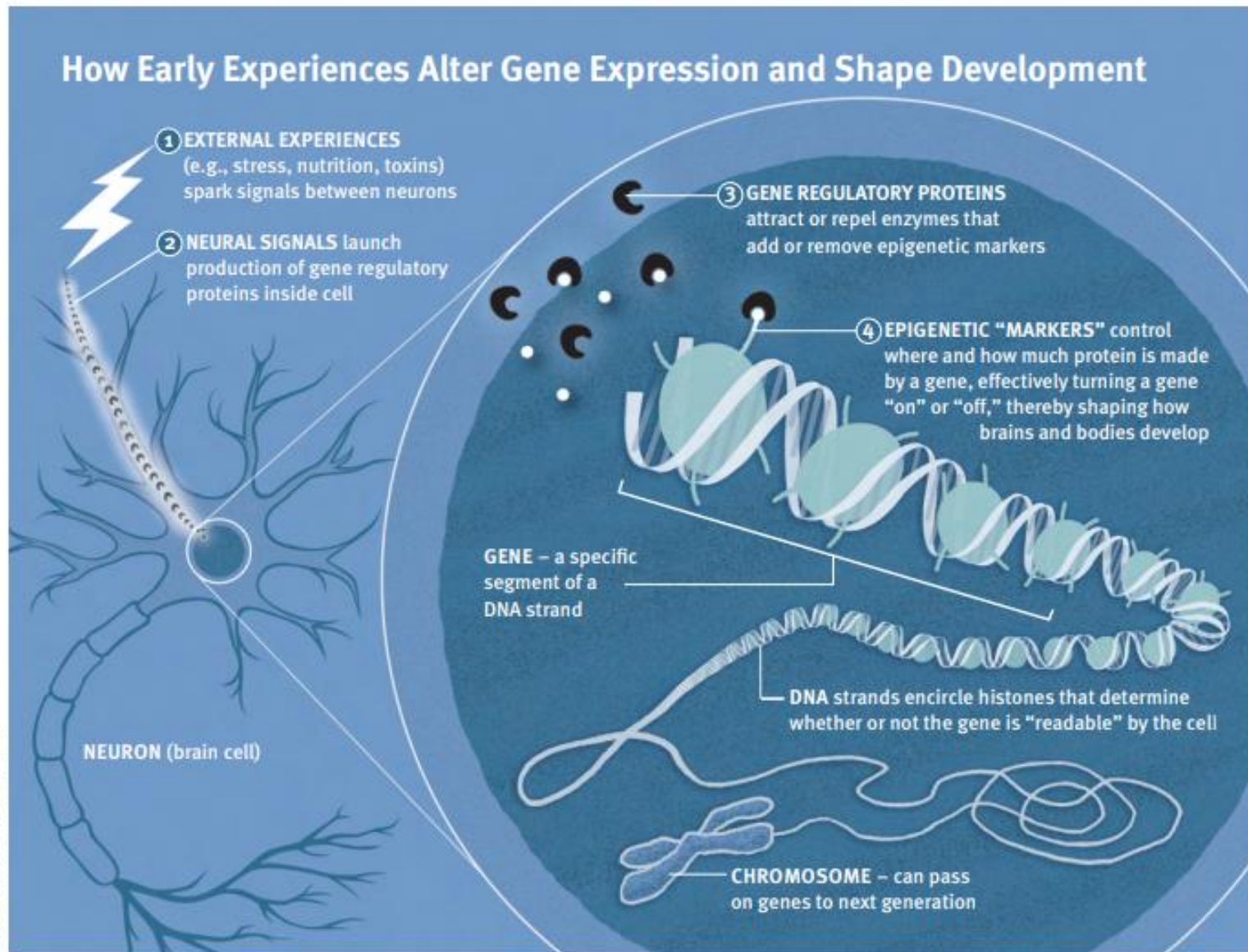
Harvard public health slides "Toxic stress derails healthy development" by Baha'i Views / Flitzy Phoebe is licensed with CC BY-NC-ND 2.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/2.0/>

ACEs can have long lasting impacts

Association Between ACEs and Negative Outcomes



TIC and Epigenetics



ACEs Effect More than Health

ACEs can have lasting effects on...



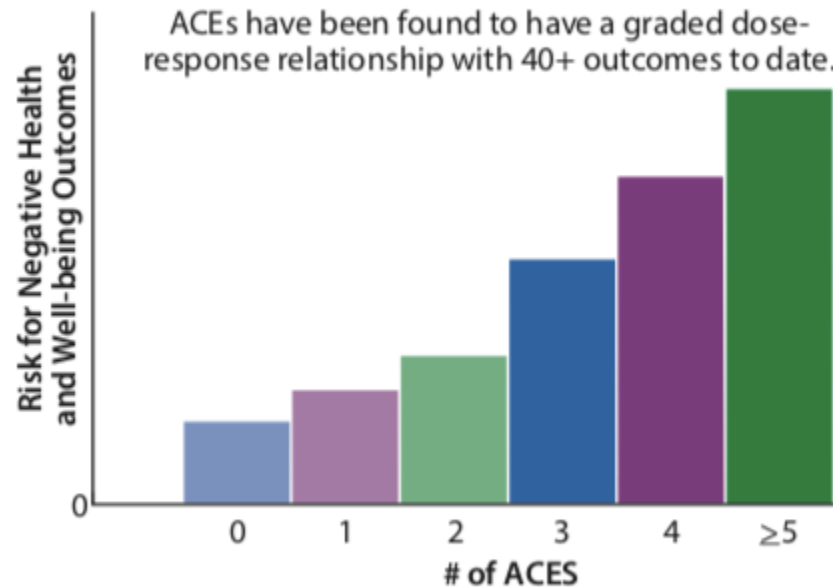
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



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

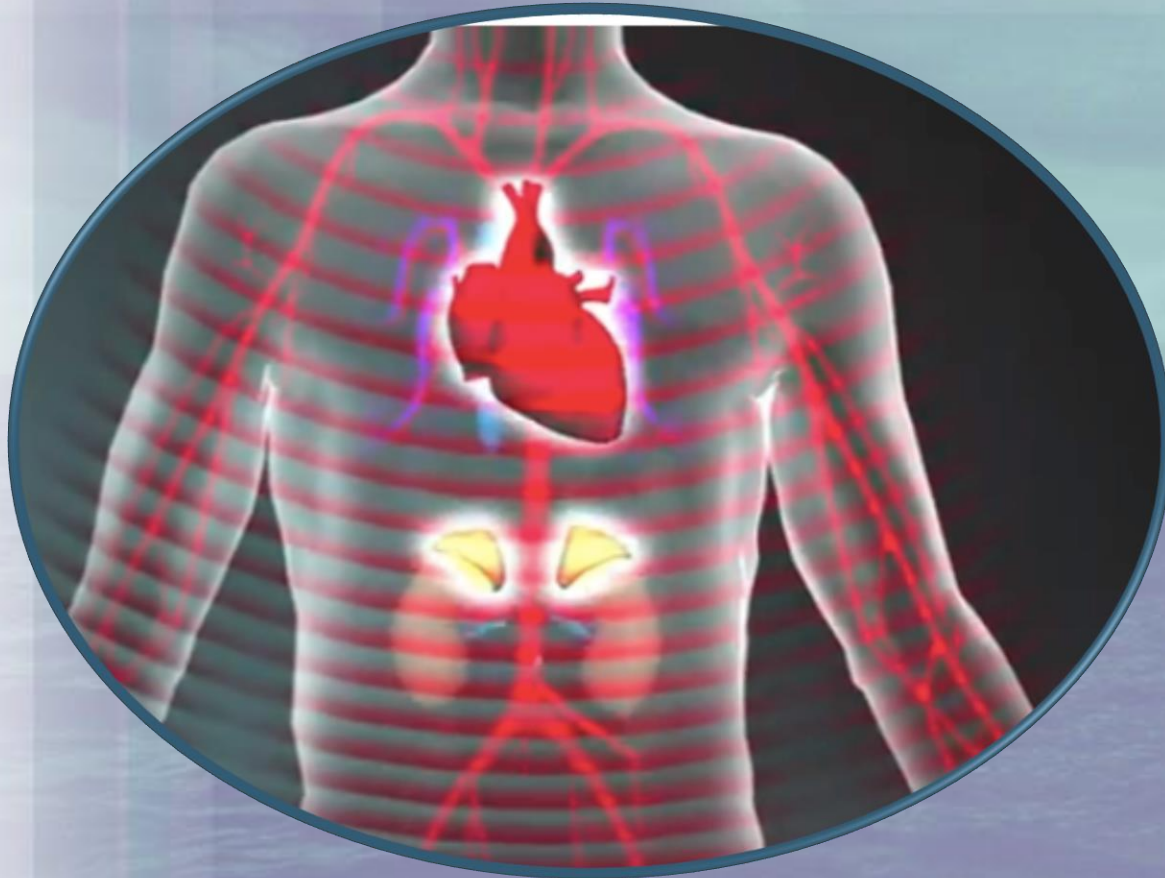
How often were you bullied by a peer or classmate?

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

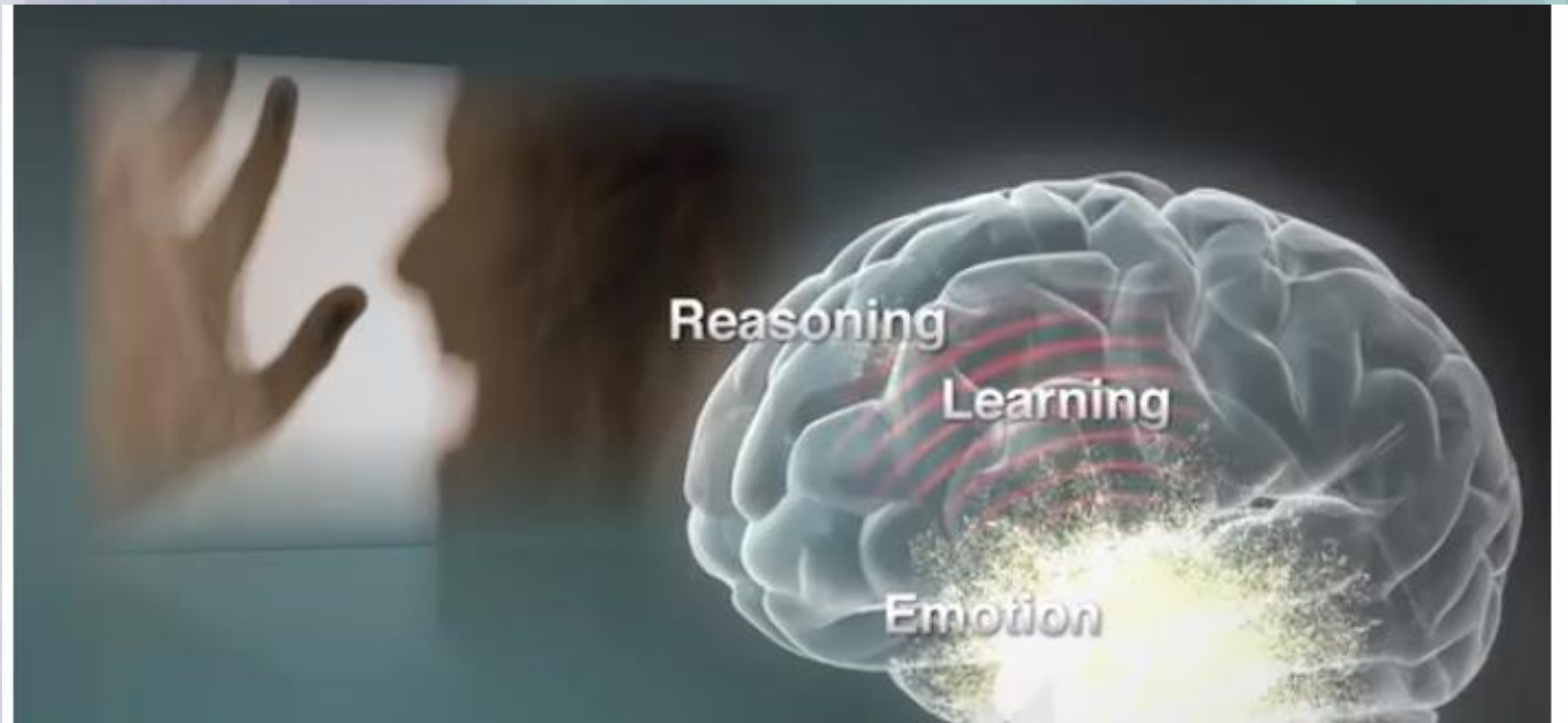


Toxic Stress

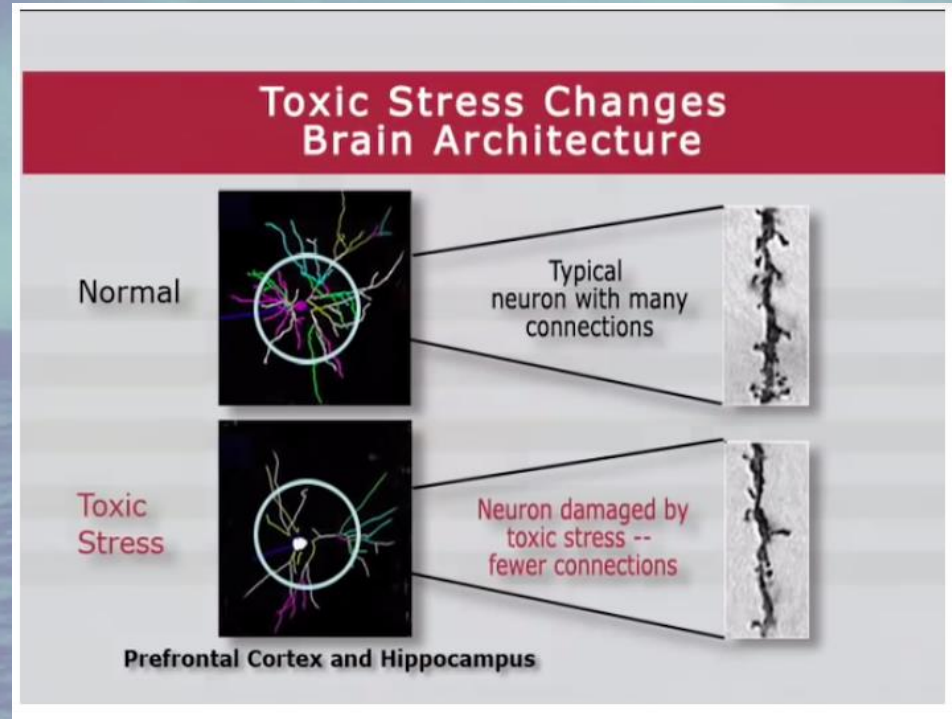
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ACEs change your neural connections



Harvard Center for Childhood Development

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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

Signs of Childhood Adversity

The infographic features a central image of a young child with dark, curly hair, wearing a light blue t-shirt. A semi-transparent brain is overlaid on the child's head, and a semi-transparent heart is overlaid on the child's chest. White lines connect text boxes to these organs. A red speech bubble is positioned to the right of the child's face. The background is a solid green color.

Low tolerance for stress, which can result in behaviors such as fighting, checking out or defiance

Increases difficulty in making friends and maintaining relationships

Increases stress hormones which affects the body's ability to fight infection

May cause lasting health problems

Increases problems with learning and memory, which can be permanent

"I can't hear you, I can't respond to you, I am just trying to be safe!"

Reduces ability to respond, learn, figure things out, which can result in problems in school

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

A background image of a sunset over the ocean. The sky is a mix of teal, blue, and purple, with a bright sun low on the horizon. The ocean is dark blue with white-capped waves. A white diagonal line runs from the top left towards the bottom right, intersecting the horizon. The overall mood is serene and contemplative.

Change your thinking from:

'What's wrong with that person'?

To:

'What happened to that person'?

CULTURE

Appropriate questions:

- ⦿ 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?

What does individual TIC look like?

- ⦿ “TIC is a personal choice to attack each day with enough vulnerability to make meaningful connections to your patients and colleagues”
-Wiseman RN scholar
- ⦿ Don't try to fix peoples problem or look for a silver lining. Just recognize their suffering without judgement and communicate empathy not sympathy.
-staff San Francisco Public Health Dept

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 and Patient Relationships

These patients are NOT permanently damaged

Most social determinants ARE modifiable

These patients are NOT without a future

These patients are NOT attention seeking

There are no 'bad kids' forever

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
 - Knowledge test
 - Providers attitudes to training
 - CD RISC 10
- ⦿ Strategic planning
- ⦿ Community needs
- ⦿ Timeline
- ⦿ Whats next?

Red cap survey – Research Tools

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

Tools for Providers

- “Scared straight” tours of the morgue and similar tactics by trauma centers have been proven in the literature to not be effective deterrents of traumatic injury
- Self care 101 make sure you can function in the environment securely yourself
 - When am I not patient at work or at home?
 - What’s my plan to rejuvenate?
- Review the literature
 - “Treating the Trauma Survivor” book by Carrie Clark
- Hospital based interventions
- Utilize your institutional peer support type teams

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

Lessons from Early Adopters

- ◎ Culture change involves entire staff *at all levels*
 - Safety culture
 - Power sharing
 - Reduced doors, restraints and invasive exams
 - Self directed recovery

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 non-violent communication
 - Shared Language 'SELF'
 - Safety
 - Emotions
 - Loss
 - Future
 - 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 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

Organizations that screen:

ACEs screening can be controversial in limited resource situations regarding who and how it is performed

- Most centers just look at the number and not exact type when screening adults

Most centers recommend primary care handle this especially with children and then perform a '*warm hand off*' where immediate referral is given on site or in close coordination with a designated manager

Identify gaps in services (psychiatry, substance abuse, safe affordable housing shelters)

Provide cognitive behavioral therapy on site at primary care facility when possible

What's after Training? Organizational Tools for TIC success

- ⦿ “Peer Support”
 - Organizational: NA, AA, crisis centers or departmental
 - Coalitions of resources across hospitals
- ⦿ Ethics peer reviews of TIC cases
- ⦿ Survivorship recovery centers
- ⦿ 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

Resiliency Defined

- “How you rise after falling” “bounce back and thrive”

resilient 

adjective | re·sil·ient | \ri-'zil-yənt\

Simple Definition of RESILIENT

Popularity: Top 1% of lookups

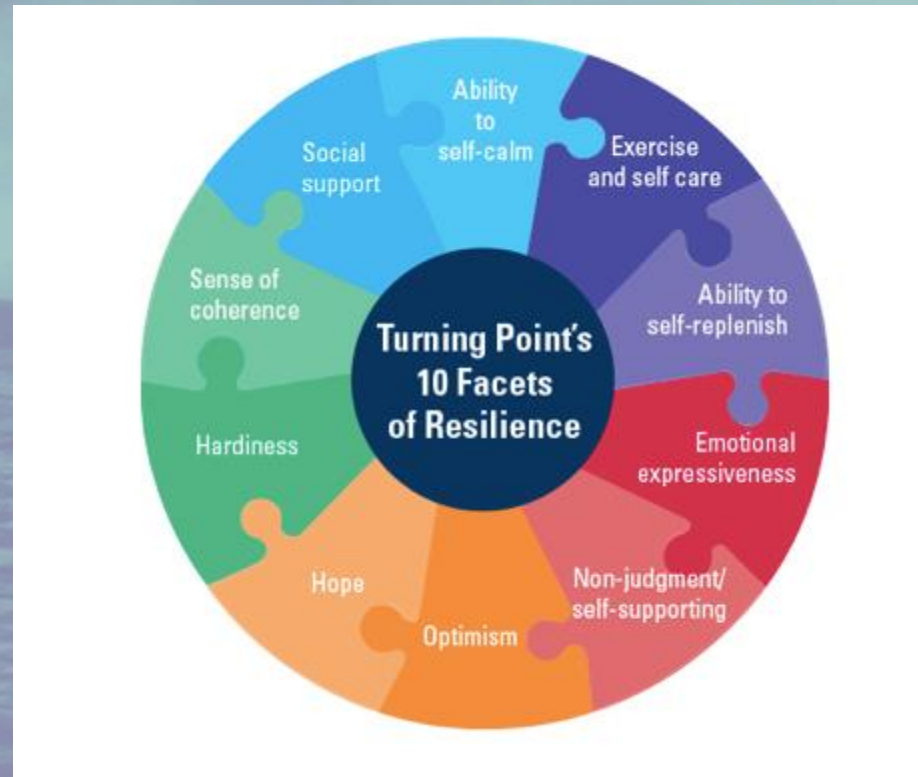
: able to become strong, healthy, or successful again after something bad happens

: able to return to an original shape after being pulled, stretched, pressed, bent, etc.

5 Pillars of Resiliency

- ① Self Awareness
- ① Mindfulness
- ① Self Care
- ① Positive Relationships
- ① Sense of Purpose

Ten Facets of Resilience



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

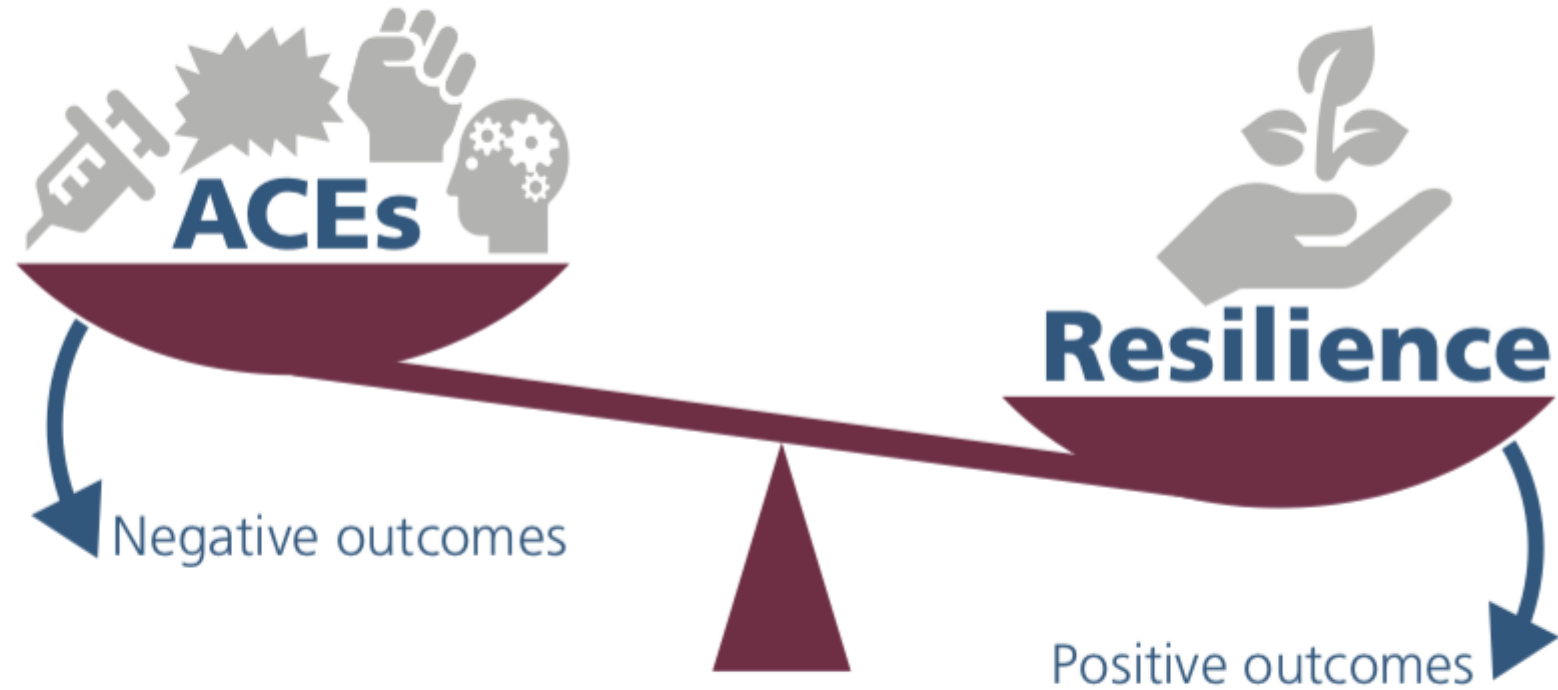
In Disasters:

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

TOP TEN PRINCIPLES FOR ENABLING THE RESILIENT ORGANISATION

from The Resilience Engine



Principle 1:
From tricky to straightforward



Principle 2:
Build resilience habits



Principle 3:
Balance privacy and socialisation



Principle 4:
Account for different beginnings



Principle 5:
Think both deep and fun



Principle 6:
Embrace synergies



Principle 7:
No waggy finger



Principle 8:
Teams make it real



Principle 9:
Bypass the cognitive faff



Principle 10:
Model it

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

ACS-COT Programming on TIC

- ◎ ACS-COT
 - ‘ISAVE’ Improving Social determinates to Attenuate Violence’ workgroup 2020
 - National TIC curriculum in 2021
 - Partners with Kingian non-violence training center in Chicago
 - Special session at 2021 national COT meeting and clinical congress
 - Pilot among trauma centers March 2022
- ◎ AAST
 - Grand Rounds
- ◎ National ACS-COT Keynote lecture 2021

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

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) Oct 2021
 - **Behavioral Medicine** - Champions identified, TIC Workshop and Recap survey coming Oct 2021
 - **WVU Medical Students** - Champions identified TIC lectures, breakout sessions and panel Nov 2021
 - **WIM** lecture Dec 2021 - Engagement of other departments and identification of potential Champions
 - **Family Medicine** - Champion identified - workshop and survey TBA
 - **Pediatrics** - Champion identified - workshop and survey TBA
 - Organizational meetings scheduled to bring on additional departments sequentially by end of academic year (July 2022)

TIC Fits with CAMC

- ◎ Values
 - Quality
 - Service with Compassion
 - Respect
 - Integrity
 - Stewardship
 - Safety
- ◎ Mission - Best care, every patient, every day
- ◎ Vision - pillars in strategy

TIC fits with the Kanawha County Community Health Needs Assessment

- ◉ CAMCs related educational, research and academic missions
- ◉ Addressing the need for diversity, equity, enhanced training opportunities and recruitment of the younger generation into the workforce
- ◉ Focus on patient centered needs and overcoming disparities in the population
- ◉ Treating our population with dignity regardless of ability to pay

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 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!

Resources

- ◎ NCTSN-National Child Traumatic Stress Network
 - Online classes with credits nctsn.org
 - PFA- Psychological first aid for disaster field and psychiatric workers
 - Creating child informed trauma serving systems
- ◎ Healthcaretoolbox.org
 - PMTS Pediatric Mediation of Traumatic Stress
 - D,E,F tool “distress, emotional support and family support”
 - Trauma informed education parts 1,2,3
 - PAT Psychological Assessment Tool (Dr. A Kazak 2006 PPPHM)
- ◎ NCCN national cancer center network ‘thermometer’ clinical tool to gauge individual patient stressors
- ◎ Healthysafechildren.org- fee for service grant support

Additional References

- ◉ King et al “Becoming Trauma Informed: validating a tool to assess health professionals knowledge, attitude and practice” Ped Qual Safety 2019
- ◉ Implementing a trauma informed approach to pediatric health care networks JAMA Peds 2016
- ◉ SAMHSA HHS Pub no SMA 14-4884
- ◉ Shonkoff et al “Life long effects of childhood adversity and toxic stress” Peds 2012
- ◉ Boles J TIC Peds RN 2017
- ◉ Felitti “ACEs and household dysfunction linked to leading causes of death” A J Prev Med 1998

Please take your post-test!



Questions?

<https://redcap.link/ofxxvbj7> [redcap.link]