Trauma-Informed Care and the HATCh Model

Jennifer McCarthy, MEd, MS, LCPC
Complete the organizational self-assessment and determine current stage on developmental continuum (work practices)

Educate staff to attain a sustainable trauma-informed workforce (work practices)

Infuse trauma-informed care values throughout policies, procedures, practices, and measurements (leadership)

Screen and assess for trauma, then develop a trauma-informed care plan (care practices)

Ensure environment is safe, trusting, nurturing, and empowering (environment)

Encourage residents/families to participate in planning process (family/community)

Monitor resident and family satisfaction and perception of care (family/community)

Engage Board of Directors/Overseers to develop a Trauma-Informed Belief Statement or Statement of Intent and monitor CMS requirements (stakeholders)
Learning Objectives:

Participants will:

• Define trauma and understand its significance
• Learn strategies to help residents and staff who have experienced trauma
• Determine whether your organization is trauma-aware, trauma-sensitive, trauma-responsive, or trauma-informed (MO Department of Mental Health & Partners, 2014).
• Explore the process to become trauma-informed with the HATCh Model domains
What do you think of when you hear the word: trauma?
Car Accident?
What is Trauma?

- What is trauma?
- https://www.youtube.com/watch?v=6BdW6tAb-5M
Historical Trauma
# Holocaust Survivors

<table>
<thead>
<tr>
<th>100,000+</th>
<th>25%</th>
<th>85+</th>
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<tr>
<td>More than 100,000 survivors live in the United States today</td>
<td>One in four live in poverty</td>
<td>Many are the oldest and live alone</td>
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SAMHSA’s Definition of Trauma

The three E’s:

An **event** of actual or extreme threat of physical or psychological harm which an individual **experiences** as traumatic, and which causes long-lasting **effects**
Who Do We Encounter that Experiences Trauma?

- Residents
- Staff/Volunteers
- Family/Caregivers
What are Adverse Childhood Experiences (ACEs)?

- Over a ten year study involving 17,000 people, Largest study ever done on this subject
- Participants were asked 10 questions
  - 1 in 4 exposed to 2 categories of ACEs
  - 1 in 16 was exposed to 4 categories
  - 22% were sexually abused as children
  - 66% of the women experienced abuse, violence or family issues in childhood
  - Women were 50% more likely than men to have experienced 5 or more ACEs
How Do ACEs and Adverse Events Affect People?

Trauma-Informed Care for Residents:
ACEs and Adverse Events may cause...

- Anxiety problems and fears, avoiding people, places and things
- Sleep, memory, weight, breathing, cardiac, and metabolic problems
- Emotional problems such as feeling numb and/or disconnected from oneself or environment
- Flashbacks
- Substance use, smoking
- Poor relationships with others
- Suicide attempts
How Might a Person Behave due to ACEs and Adverse Events?

- Recurring nightmares, intense daydreams or flashbacks
- Exaggerated emotional and physical reactions
- Feeling disconnected from one’s body and environment, numbness
- Avoid thoughts, feelings, activities, or situations associated with the trauma
- Inability to have positive and loving feelings
- Exaggerated startle response, being on guard much of the time
- Insomnia and other sleep issues
- Difficulties in concentrating, and
- Outbursts of anger
Secondary Losses

- Health
- Relationships/Friendships
- Social Roles
- Life Roles
- Functional Ability

- Financial Security
- Independence
- Support System
- Hope/Dreams for the future
Requirements of Participation
Phase 3

F699: §483.25(m) Trauma-informed care

• The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

• Will be implemented beginning November 28, 2019
8-Step Change Package and the Domains

1) Complete the organizational self-assessment and determine current stage on developmental continuum (work practices)

2) Educate staff to attain a sustainable trauma-informed workforce (work practices)

3) Infuse trauma-informed care values throughout policies, procedures, practices, and measurements (leadership)

4) Screen and assess for trauma, then develop a trauma-informed care plan (care practices)

5) Ensure environment is safe, trusting, nurturing, and empowering (environment)

6) Encourage residents/families to participate in planning process (family/community)

7) Monitor resident and family satisfaction and perception of care (family/community)

8) Engage Board of Directors/Overseers to develop a Trauma-Informed Belief Statement or Statement of Intent and monitor CMS requirements (stakeholders)
Residents – At the Center

Importance of Relationships
What’s wrong with you? vs What’s happened to you?

• What hurts?
  ➢ Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, and judgmental
  ➢ Language barriers
  ➢ Referring to residents by their condition

• What helps?
  ➢ Interactions that express kindness, patience, reassurance, acceptance, and listening
  ➢ Ask for clarification
  ➢ Person-first language
1. Complete the organizational self-assessment and determine current stage on developmental continuum (work practices)
Guide to Completing the Agency Self-Assessment

Purpose

The Agency Self-Assessment for Trauma-Informed Care is intended to be a tool that will help you assess your organization’s readiness to implement a trauma-informed approach. Honest and candid staff responses can benefit your agency by helping to identify opportunities for program and environmental change, assist in professional development planning, and can be used to inform organizational policy change.

How to Complete the Agency Self-Assessment

The *Self-Assessment* is organized into five main “domains” or areas of programming to be examined:

- Supporting Staff Development
- Creating a Safe and Supportive Environment
- Assessing and Planning Services
- Involving Consumers
- Adapting Policies

Agency staff completing the *Self-Assessment* are asked to read through each item and use the scale ranging from “strongly disagree” to “strongly agree” to evaluate the extent to which they agree that their agency incorporates each practice into daily programming. Staff members are asked to answer based on their experience in the program over the past twelve months.
Workplace Practices
The Missouri Model: A Developmental Framework for Trauma-Informed Organizations

Where is your organization?

- Trauma aware
- Trauma sensitive
- Trauma responsive
- Trauma informed
2. Educate staff to attain a sustainable trauma-informed workforce (work practices)

SAMHSA’s (2017) Trauma-Informed Care Training Manual
Workplace Practices
The Core Principles—for Staff

- **Safety**: How can we ensure physical and emotional safety for staff members throughout our system of care?
- **Trustworthiness**: How can we maximize trustworthiness as administrators and supervisors? Make tasks and procedures clear? Be consistent?
- **Choice**: How can we enhance staff members’ choice and control in their day-to-day work?
- **Collaboration**: How can we maximize collaboration and sharing of power with staff members?
- **Empowerment**: How can we prioritize staff empowerment
Workplace Practices
Secondary Trauma

Vicarious or Secondary Trauma (Compassion fatigue):

- **Resident-related flashbacks**, troubling dreams, intrusive thoughts, sudden recall of frightening experiences, losing sleep
- **Burnout**: feelings of being trapped, hopeless, tired, depressed, worthless; unsuccessful at separating work from personal life
- **Budget constraints**: limited leave, supervision, increased caseloads
- **Personal trauma history**, ineffective coping skills; current stressors in personal life
Workplace Practices

Healthy Practices

• Supervision/consultation/case discussion
• Time off for staff
• Education/training/new skills
• Opportunities to discuss and debrief about work-related stressors
• Variety in caseload and work tasks
• Mental health benefits
• Employee recognition
Workplace Practices
Staff Development Pre-Post Training Surveys

Pre-Training Survey for Trauma-Informed Care

1) I am familiar with the concept of trauma-informed care
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

2) I believe my job satisfaction will increase as my organization becomes more trauma-informed
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

3) My organization is very supportive of trauma-informed care
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

4) I play an important role in making my organization trauma-informed
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

5) The topic of trauma-informed care is relevant to my job. I need to know about this topic.
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

Post-Training Survey Trauma-Informed Care

1) I learned important information about trauma from this presentation
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

2) I would like to develop a high level of competency in trauma-informed care
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

3) This organization has what it takes to become a trauma-informed organization
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

4) I think learning more about trauma-informed care will make me more successful in my work
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

5) I can use the information presented in my personal life
   Strongly disagree  Disagree  Neutral  Agree  Strongly agree
Workplace Practices
Sample Trauma-Informed Interview Questions

Trauma-Informed Care Interview Questions

Domain 3- Trauma-Informed, Educated and Responsive Workforce

When interviewing candidates for employment at your organization, you may want to consider their knowledge of and experience with trauma-informed care. Below are sample interview questions that members of our listserv have used to understand how a potential employee may fit into your organization as you incorporate trauma-informed care.

Sample Interview Questions

To assess their experience working with clients exposed to trauma

- Ask questions to understand the applicant’s awareness of the incidence of trauma in the general population, the impact of trauma on employees, and the impact of secondary traumatic stress.
- Our agency is working to become more trauma-informed. How do you define trauma? How might past experiences affect a person’s current situation? Describe how this might inform the services you provide.
- What is your understanding of trauma-informed care? Tell us about a time you worked with a client who was exposed to trauma. How did you respond to their specific needs?
3. Infuse trauma-informed care values throughout policies, procedures, practices, and measurements (leadership)
Leadership

4R's

• **Realizes** - Realizes widespread impact of trauma and understands potential paths for recovery
• **Recognizes** - Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
• **Responds** - Responds by fully integrating knowledge about trauma into policies, procedures, and practices
• **Resists** - Seeks to actively resist re-traumatization

6 principles:

• Safety, Trustworthiness, Empowerment, Collaboration, Peer Support, and History, Gender and Culture

Leadership - A Culture Shift: Scope of System Change

- **Involves all aspects of** program activities, relationships, and environment (more than implementing new services)
- **Involves all groups**: administrators, supervisors, direct service staff, support staff, and residents and families (more than service providers)
- **Involves making trauma-informed change** into a new routine, a new way of thinking and acting (more than new information)
Leadership
A Culture Shift: Core Values of Trauma-Informed Care

- **Safety**: Ensuring physical and emotional safety
- **Trustworthiness**: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice**: Prioritizing resident choice and control
- **Collaboration**: Maximizing collaboration and sharing of power with resident
- **Empowerment**: Prioritizing resident empowerment and skill-building
Leadership - Collect Data

- # of patients screened
- # of patients with a positive screening
- # of patients with trauma-informed care plan
- Interventional outcomes
- Pre- and post-training survey results
- Survey of patients’ perception of safety and satisfaction with care
- Collect and monitor progress related to work plan
4. Screen and assess for trauma, then develop a trauma-informed care plan (care practices)
• Two prescreening questions

1. Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically or behaviorally? For example, leading to problems: sleeping, eating, completing daily tasks, being around others ongoing places, (behavioral) - with excessive physical body pain/discomfort (physical) - periods of prolonged sadness/tearfulness, increased fear or irritability/anger (emotional)

2. Do you think any of these problems bother you now?
   (and do you want to discuss the problems?)
Care Practices - Screening Tools

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …
   - Swear at you, insult you, put you down, or humiliate you?
     - Yes  No  If yes enter 1 ______
   - Act in a way that made you afraid that you might be physically hurt?
     - Yes  No  If yes enter 1 ______

2. Did a parent or other adult in the household often …
   - Push, grab, slap, or throw something at you?
     - Yes  No  If yes enter 1 ______
   - Ever hit you so hard that you had marks or were injured?
     - Yes  No  If yes enter 1 ______

3. Did an adult or person at least 5 years older than you ever…
   - Touch or fondle you or have you touch their body in a sexual way?
     - Yes  No  If yes enter 1 ______
   - Try to or actually have oral, anal, or vaginal sex with you?
     - Yes  No  If yes enter 1 ______

4. Did you often feel that …
   - No one in your family loved you or thought you were important or special?

Life Events Checklist (LEC)

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to someone close to you, (d) you’re not sure if it fits, or (e) it doesn’t apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

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<thead>
<tr>
<th>Event</th>
<th>Happened to me</th>
<th>Witnessed it</th>
<th>Learned about it</th>
<th>Not Sure</th>
<th>Doesn’t apply</th>
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<tbody>
<tr>
<td>1. Natural disaster (for example, flood, hurricane, tornado, earthquake)</td>
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<td>2. Fire or explosion</td>
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<td>3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)</td>
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<td>4. Serious accident at work, home, or during recreational activity</td>
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<td>5. Exposure to toxic substance (for example, dangerous chemicals, radiation)</td>
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<td>6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)</td>
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</tbody>
</table>
5. Ensure environment is safe, trusting, nurturing, and empowering (environment)
Environment

- **Physical** - reduce/avoid triggers and avoid retraumatization
  Implement changes based on the environment section of the organizational assessment

- **Emotional** - create interactions that are kind, calm, reassuring, safe, strengths-based and respectful (psychologically safe)
6. Encourage residents/families to participate in planning process (family/community)
7. Monitor resident and family satisfaction and perception of care (family/community)
8. Engage Board of Directors/Overseers to develop a Trauma-Informed Belief Statement or Statement of Intent and monitor CMS requirements (stakeholders)
Stakeholders

WCS’ COMMITMENT TO

TRAUMA INFORMED CARE

Trauma Informed Care is embedded within the culture of WCS as an Evidence Based Principle to ensure staff at every level within the organization understand trauma and conduct themselves in such a way to better serve everyone who walks through the doors of WCS.

WCS recognizes the impact of trauma
to our communities and to the clients we serve.

We are committed to targeted, Evidenced Based strategies to understand trauma, reduce the impact, and to better serve our clients.

WCS embraces cultural diversity and gender as a part of understanding each individual and the trauma they may have experienced related to their ethnicity and gender identity.

The employees of WCS develop and embrace an awareness of trauma and the impact it has on our community and the clients we serve through professional trainings specific to trauma awareness and wellness.

The programs at WCS promote trauma wellness through individual client and program assessments to recognize and implement key components within daily program operations proven to increase the likelihood of success.
Becoming Trauma-Informed

- Becoming Trauma-informed
- [https://www.youtube.com/watch?v=8wxnzVib2p4](https://www.youtube.com/watch?v=8wxnzVib2p4)
Trauma-Informed Organization:

- Increases safety for all
- Improves the social environment in a way that improves relationships for all
- Cares for the caregivers
- Increases the quality of services
- Reduces negative encounters and events
- Creates a community of hope and health
- Increases success and satisfaction at work
Final Thoughts

- Trauma-Informed care is not a destination; it is a process and a way of doing business.
- The HATCh model provides a holistic approach for transforming your environment to support the physical and emotional safety of staff and residents.
- Try implementing changes by domain.
- What kind of nifty mottos or slogans can you develop to represent your trauma-informed organization? **Hear with Your Heart**

And finally…

- “Hurt people, hurt people.”
Thank you!

- Jennifer McCarthy, MEd, MS, LCPC
- Senior Program Coordinator
- jmccarthy@healthcentricadvisors.org
References


