SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Trauma-Informed Care Innovation Community: Workforce Development Creating Safety for All

Presenters:
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Sandra Bloom, MD
Patricia Gerrity, PhD, RN

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Presenters

Sandra L. Bloom, MD

• Board Certified Psychiatrist
• Co-Director of Center for Nonviolence and Social Justice, School of Public Health, Drexel University
• Co-founder, The Sanctuary Institute

Patricia Gerrity, PhD, RN

• Doctorate in Health Planning
• Associate Dean for Community Programs at Drexel University College of Nursing and Health Professions
• Director of Stephen and Sandra Sheller Eleventh Street Family Health Services of Drexel University
Webinar Agenda

Linda
- Trauma-informed workforce and safe environment

Dr. Bloom
- Creating sanctuary for staff and patients

Dr. Gerrity
- Practical strategies used at the Stephen & Sandra Sheller Eleventh Street Family Health Services of Drexel University
A Trauma-Informed Educated Workforce

- Requires leadership support and direction
- Includes ‘everyone’ in the organization
- Improves staff competencies
- Reduces staff stress
- Increases staff retention / reduces costs
- Improves patient health outcomes
- Creates safety and respect for all
What Exactly Does Safety Mean?

“We always recognized the importance of physical safety. Our refusal to tolerate violence of any sort constituted our best defense against any breach in physical safety. But a physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

Sandra L. Bloom, Creating Sanctuary, 2013
THE SANCTUARY MODEL
a blueprint for organizational change
An interconnected, complex, adaptive, living world

FILLED WITH PEOPLE WHO HAVE HAD ADVERSE INDIVIDUAL, GROUP AND INTERGENERATIONAL TRAUMA AND ADVERSITY
A PUBLIC HEALTH APPROACH

PRIMARY: Trauma-informed
- Universal knowledge about trauma, adversity and its effects

SECONDARY: Trauma-responsive
- Policies and practices in place to minimize damage and maximize opportunities for healthy growth and development in populations at risk.

TERTIARY: Trauma-specific
- Therapeutic interventions that specifically explore the trauma in the initial phases of therapy and then utilize those discoveries as a foundation as the therapy moves into current issues  (Johnson and Lubin, 2014)
When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar thoughts, feelings and behaviors.

K. K. Smith, V.M. Simmons, and T.B. Thames,
pattern of shared basic assumptions that a group has learned as it solved its problems...and that has worked well enough to be considered valid and taught to new members

Organizational Culture

Accumulated Wisdom

Largely unconscious

How we do things around here
Share mission
Share knowledge
Share values
Share language
Share practice
Share vision
FOUR PILLARS OF SANCTUARY

- **Knowledge**: Trauma Adversity Attachment
- **Values**: Sanctuary Commitments
- **Language**: S.E.L.F.
- **Practice**: Sanctuary Toolkit
Trauma-responsive human service delivery systems that promote health, healing, and positive change.
CONVERGENCE OF KNOWLEDGE

Trauma-Informed, Relationship-Based, Scientifically-grounded
Those beliefs about human conduct that are common to human rights cultures around the world, regardless of gender, ethnicity, religious belief, or location on the globe.
SHARED VALUES
SANCTUARY COMMITMENTS

- Nonviolence
- Emotional Intelligence
- Social Learning
- Social Responsibility
- Open Communication
- Democracy
- Growth & Change
Nonviolence:
• Are we morally, socially, psychologically and physically safe with each other? With our patients?

Emotional Intelligence:
• Do we keep asking questions until we achieve understanding and get the whole story?

Social Learning:
• Does our system guarantee that each of us learns the maximum knowledge from our mistakes?

Open Communication:
• Are there blocks in our communication network that could affect care?

Social Responsibility:
• How do we balance the needs of each of us as individuals with the needs of our group?

Democracy:
• Does everyone have an opportunity to truly participate?

Growth and Change:
• Do we help people change by honoring their loss and envisioning the future? Are we able to do that as well?
Democracy
Nonviolence
Emotional Intelligence
Social Learning
Open Communication
Social Responsibility
Growth and Change

BOARD/REGULATOR DECISIONS
LEADERSHIP DECISIONS
DEPARTMENT DECISIONS
TEAM DECISIONS
CLIENT/CAREGIVER DECISIONS
Everyone must share an easy-to-understand language that can be used as a compass for any kind of problem.
S.E.L.F.

SHARED LANGUAGE

Gets everyone on the same page

Very dynamic.

Applicable to children, families, staff and organization
A range of practical skills that enable individuals and organizations to:

- more effectively deal with difficult situations
- build community
- develop a deeper understanding of the effects of adversity and trauma
- build a common language
SHARED VISION:
PARALLEL PROCESS OF RECOVERY

- CHILDREN
- FAMILIES
- STAFF
- ORGANIZATIONS
- COMMUNITIES
- SOCIETY
IMPLEMENTING
THE SANCTUARY MODEL
SANCTUARY IMPLEMENTATION

YEAR ONE
ENGAGEMENT

YEAR TWO
EMBEDDING

YEAR THREE
EVALUATING
All Stakeholders

Sanctuary Core Team

Sanctuary Steering Committee

IMPLEMENTING SANCTUARY
THE SANCTUARY NETWORK
STAY CONNECTED.....

www.thesanctuaryinstitute.org
SANCTUARY CERTIFICATION

The Sanctuary Institute
Standards for Certification
Second Edition
2.23.2012
Implementing Sanctuary Changes Thinking

Changing Thinking Changes Behavior

Changing Behavior: Changes Organization

Changing Organization Changes Client Outcomes

- Adopting a trauma sensitive organizational paradigm changes the way we THINK
- The SELF framework changes how we use LANGUAGE
- The Seven Commitments delineate how we sustain RELATIONSHIPS
- The Sanctuary Toolkit improves the way we PRACTICE

- Reduced Turnover
- Improved Morale
- Improved Communication
- Decreased problematic incidents

- Fewer trauma symptoms
- Better social skills
- Improved relationships
- Improved medication compliance
- Improved safety skills
- Improved judgment
Dates back to 1996, when the School of Nursing at MCP/Hahnemann University entered into an agreement with the Philadelphia Housing Authority (PHA) to address health issues of residents in Philadelphia’s 11th Street Corridor.

The Stephen and Sandra Sheller 11th Street Family Health Services of Drexel University
The mission of the Stephen and Sandra Sheller 11th Street Family Health Services is to provide quality, comprehensive health services to the clients it serves, with special attention to vulnerable people and residents of public housing units in the 11th Street Corridor.
In addition to its direct services mission, 11th Street provides an exemplary model of nurse-managed, community-based care for the education of health professions students and for faculty practice.
MODELS OF CARE

- Partnership for Community-based Care
- Integrative Health Care Model
- The Sanctuary Model
DEMOGRAPHICS

- 58% Medicaid
- 86% African-American
- 7% Latino
- 2/3 Female
- 1/3 below age 18
- 38% between 24 and 44
- 32,000 VISITS / YEAR
- 20% Uninsured
- MEDIAN INCOME $15,000

Four public housing developments in the 11th Street corridor
We put the patient first and follow a model of care that uses our resources wisely to provide for the needs of our patients, our staff and our community.

We work in partnership with the community and the university to improve the health status of the community.

We provide services based on community defined needs.

We provide access to high quality health care for all regardless of their ability to pay.

We collaborate and communicate with the utmost integrity to support an environment of trust and respect among our patients/clients, staff and community.

We are dedicated, enthusiastic, highly skilled staff committed to providing care and service. We value diversity, respect the dignity of all and accept the uniqueness of individuals.

We promote innovation and a willingness to try new approaches with vitality, energy and enthusiasm in order to support change and foster growth.
WHY TIC AND THE SANCTUARY MODEL?

Discovery in patients

Woman with diabetes, depression, trauma
# Original ACEs Study vs 11th St Results

<table>
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<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>11th Street Patients</th>
<th>Original Study</th>
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<tr>
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<td>6.3%</td>
<td>36.1%</td>
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<td>3</td>
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<td>9.5%</td>
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<tr>
<td>4 or more</td>
<td>49.0%</td>
<td>12.5%</td>
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BUT PRIMARY CARE IS UNIQUE
IMPORTANCE OF LEADERSHIP
SUPPORT

Needs to model behavior and make a commitment of time and resources

Need to be ready for issues that arise; ex. race, power and privilege

Started undoing racism group

Looked at hiring practices
START WITH STAFF

- Start with staff - how they work with each other in a safe environment
- Shared language
- Sanctuary Tools
TRAINING

- Need to get everyone trained and on the same page
- Need ongoing training
- Need plan for getting new staff on board
MULTIPLE CHALLENGES

Time for training – time away for providers of billable services

Same problem for core team

Administered Quality of Life Scale to measure compassion fatigue, burnout, secondary traumatic stress
What we did....

Provided staff with:

- Safe quiet spaces to reduce stress
- SELF groups- ex. MA dismissal
- Staff loss group with Dance/Movement Therapist
- Mindfulness

Provided Patients with:

- Whole person care
What we did....

If you want to know - What happened to this person?

• Need to be present and listen-

Can be challenging with a financially driven and primarily an industrial model of efficiency and cost effectiveness

• Often focuses on products and forget the reasons for what we do.

The center is currently working on bringing clarity and commitment to complimentary aspects of care.
What we did....

Mindful practice

- Similar approach to the one used in Sanctuary- begin with staff
- Being present
- Allows for clear thinking and open-heartedness
- Alleviate suffering in a compassionate manner
SHARE THE CARE MODEL

Share the Care Model - Collaboration and team planning:

- Daily huddles by team members
- Nurse practitioner
- Clinical nurse
- Medical assistant
- Behavioral health consultant
- Child & Family Supports Coordinator
SHARE THE CARE MODEL

Screening adults and children

Referrals to:
- Behavioral health consultant
- On-site behavioral health
- Mind-body therapist
- Creative arts therapist
SHARE THE CARE MODEL

Also training community leaders and developing new programs

Programs that developed from TIC and Sanctuary

- R* Health
- Camp Mariposa
- Porch Light
- MinKare Kiosk
Mariposa Community Camp
Helping Philadelphia Children Break the Cycle of Family Addiction

10 Week Free Camp
For children Ages 9-12
January 12th to March 15th
Tuesdays 3:30-5 pm at 11th Street,
850 N. 11th Street, Philadelphia, PA 19123

A camp for children who have been
impacted by an addicted family member.
Participants and their families will be positively impacted by:

- Gaining knowledge, as well as problem-solving and self-care strategies
- Building confidence
- Increasing understanding about addiction
- Developing critical life-skills that will help manage feelings
- Gaining support and resources around addiction

Register by Contacting:
Aisha at (215) 769-2153 or
Lindsay at (215) 769-1115

Based on national Camp Mariposa model. For more info: www.moyerfoundation.org
INCLUDES:
- Competitive Cooking Battles
- Pivotal Living Fitness Tracker
- Fitness Coaching and Fitness Center Access
- Chance to earn up to $100 in Incentives
- Food will be Provided
- Transportation Assistance Available
- Give back to the community

Eligibility:
- High School Students
- Living or going to school in the area around 11th Street Health Center

INFORMATION AND RECRUITMENT SESSIONS:
15th, 17th, and 22nd March, 2016
For more information,
CALL 215-769-2156 [John]
Get a CHECK-UP from the NECK UP

11thStreetMindKare.org
Questions