Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Integrating Peer Support Into Your Organization

Virtual Learning Network (VLN)

January 31, 2016
Orientation to the VLN

• **Housekeeping**
  - *Press *6 on your phone to UNmute*
    - Thereafter, you can self mute
    - We do want to limit background noise and cross-talk
  - *Consistent attendance is really helpful!*
    - When you join the call please type into the chat who is on the call. This is really important for teams that are sitting together and sharing a computer and phone
• Projects
  • At the end of each call we will be identifying an activity or task that will need to be completed between calls.
  • The VLN is project driven. We will all be learning as doing!
  • Future calls will include a check-in where each team will share their progress or lessons learned.
Orientation to the VLN

• **Monthly Check-in**
  - *Provide a PPT slide (or 2) that reviews your work and progress/lessons learned*
  - *We use utilize a modified PDSA Cycle Model*
What is a PDSA

- PDSA, or Plan-Do-Study-Act, is an iterative, four-stage problem-solving model used for improving a process or carrying out change.

In applying PDSA, ask yourself three questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in an improvement?
Resources

• Download Pod
  • PowerPoint from today’s call
  • PDSA Informational Doc
  • PDSA Cycle Worksheet

• Weblink
  • http://www.health.state.mn.us/divs/opi/qi/toolbox/pdsa.html
Principles of Trauma-Informed Approaches
The Four Rs

A trauma-informed program, organization, or system:

- **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.
SAMHSA’s Principles

Six principles that guide a trauma-informed change process

Developed by national experts, including trauma survivors

Goal: Establish common language/framework

Values-based

A way of being
SAMHSA’s Six Key Principles of a Trauma-Informed Approach

• Safety
• Trustworthiness and Transparency
• Peer Support
• Collaboration and Mutuality
• Empowerment, Voice, and Choice
• Cultural, Historical, and Gender Issues
Principle 1: Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

Video: Leah Harris
For people who use services:
  • “Safety” generally means maximizing control over their own lives

For providers:
  • “Safety” generally means maximizing control over the service environment and minimizing risk
Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

Video: Pat Risser
Examples of Trustworthiness

- Making sure people really understand their options
- Being authentic
- Directly addressing limits to confidentiality
Principle 4: Collaboration and Mutuality

Partnering and leveling of power differences between staff and clients and among organizational staff from direct care to administrators; demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making.

Everyone has a role to play; one does not have to be a therapist to be therapeutic.

Video: William Killebrew
Examples of Collaboration

“There are no static roles of ‘helper’ and ‘helpee’—reciprocity is the key to building natural community connections.”—Shery Mead

Hospital abolished special parking privileges and opened the “Doctor’s Only” lounge to others

Models of self-directed recovery where professionals facilitate but do not direct

Direct care staff and residents in a forensic facility are involved in every task force and committee and are recognized for their valuable input
Principle 5: Empowerment, Voice, and Choice

Individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed.

The organization fosters a belief in resilience.

Clients are supported in developing self-advocacy skill and self-empowerment.

Video: GAINS Center Interview Video
Video: Mike Skinner
Examples

Asking at intake:
“What do you bring to the community?”

Treatment activities designed and led by hospital residents

Murals on walls painted by staff and residents

Turning “problems” into strengths
Principle 6: Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Video: [William Kellibrew](#)
SAMHSA’s Guidance for Implementation
Learning Objectives

Describe why change is required at multiple levels of an organization

Identify the organizational domains involved in creating a trauma-informed organization
Think of the six SAMHSA Principles as “goals,” and the 10 SAMHSA Domains as the “interventions”—or ways you will achieve your goals.
SAMHSA’s 10 Domains

- Governance and leadership
- Policy
- Physical environment
- Engagement and involvement
- Cross-sector collaboration
- Screening, assessment and treatment
- Training and workforce development
- Progress monitoring and quality assurance
- Financing
- Evaluation
Governance and Leadership

1. How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?

2. How do the agency’s mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?

3. How do leadership and governance structures demonstrate support for the voice and participation of people using services who have trauma histories?
Policy

How do written policies and procedures:

- Include a focus on trauma and issues of safety and confidentiality?
- Recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery?

How do staffing policies demonstrate a commitment to staff training on providing services / supports as part of staff orientation and in-service training that are:

- Culturally relevant?
- Trauma-informed?
How do human resources policies *attend to the impact* of working with people who have experienced trauma?

What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in *meaningful and significant roles* in agency planning, governance, policy-making, services, and evaluation?
Physical Environment of the Organization

How does the physical environment:
- Promote a sense of safety, calming, and de-escalation for clients and staff?

In what ways do staff members:
- Recognize and address aspects of the physical environment that may be re-traumatizing?
- Work with people on developing strategies to deal with this?

How has the agency:
- Provided space that both staff and people receiving services can use to practice self-care?
- Developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)
Engagement & Involvement

How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?

How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have difficulty processing information?
Engagement & Involvement, cont.

How are transparency and trust among staff and clients promoted?

What strategies are used to reduce the sense of power differentials among staff and clients?

How do staff members help people to identify strategies that contribute to feeling comforted and empowered?
Cross-Sector Collaboration

- Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions?
- Are collaborative partners trauma-informed?
- How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services?
- What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?
Children’s Resilience Initiative

How can Walla Walla become a thriving community? Follow the roads to:

- **Safety**: Norm: Value parenting/reduce abuse and neglect
- **Economic stability and opportunity**: Norm: economic wellbeing to support strong families
- **Health**: Norm: Zero tolerance for drugs and alcohol
- **Learning & skill building**: Norm: Value education in school and home
- **Human Development**: Norm: Every child is a critical resource
- **Sense of belonging and Social integration into community**: Norm: create community connections

*Resilience TRUMPS ACEs™ ♠*

SAMHSA
Screening, Assessment, and Treatment Services

**Is an individual’s own definition of emotional safety included in treatment plans?**

**Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?**

**Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?**
Trauma-Specific Interventions

- Designed to directly address the behavioral health consequences of trauma
- Often manualized to ensure fidelity to an established model
- Usually delivered by professional staff who have received extensive training in the program model

Trauma-specific interventions
How are peer supports integrated into the service delivery approach?

Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?

How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women?

How are these trauma-specific practices incorporated into the organization’s ongoing operations?
Training and Workforce Development

How does the agency address emotional stress that can arise when working with individuals who have had traumatic experiences?

How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions?

How does the agency ensure that all staff receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions?
How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person’s experience of trauma, access to supports and resources, and opportunities for safety?

How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors.
What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work?

What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization’s workforce?
Progress Monitoring and Quality Assurance

Is there a system in place that monitors the agency’s progress in being trauma-informed?

Does the agency solicit feedback from both staff and individuals receiving services?

What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency?
How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes?

What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes?

How well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?