OVERVIEW

What is Trauma
The Prevalence of Trauma
Identifying and Assessing Trauma
The Use of Universal Precautions
Why Trauma Informed Care is Important
MTMHI and our STATs Related to T.I.C.
Phase I – Introduction of T.I.C.
Phase II – Braking the Cycle
Lessons Learned
Phase III – Moving Forward
Trauma

– Trauma is the experience of violence and victimization including severe neglect, sexual abuse, physical abuse, domestic violence and / or the witnessing of violence. (NASMHPD, 2006)

– A Trauma Informed Environment supports the needs of both patients and staff who have either experienced trauma or worked with trauma.

(MO Dept. of Mental Health 2014)
51% of the general population have experienced trauma in childhood. (CDC, 2013)

80 % of female offenders with a mental illness report having been physically or sexually abused. (Marcenich, 2009)

75% of those in treatment for substance abuse report a trauma history. (SAMSHA/CSAT 2000)
Trauma informed work requires the use of informed lenses.

Traumatic events are not usually readily disclosed.

We must ask and take the time to know our patients.
Assessing Trauma

Adverse childhood experiences (ACEs) are stressful or traumatic experiences, including abuse, neglect, witnessing domestic violence, growing up with substance abuse, mental illness, parental discord, or crime in the home.

An ACE score is a tally of 10 questions related to these stressful or traumatic experiences. The higher your score the higher your risk. Four or more ACEs have been linked to an increase chance of health problems, depression, domestic violence, drug use, and suicide.

(Hodas, 2005)
How do ACEs impact adults

- ACEs can affect an individual's physical and emotional health throughout the life span.

- They disrupt neurodevelopment which induces Social, Emotional, and Cognitive Impairment…….. TRAUMA

(CDC 2000)
How does this effect us?

We need to presume ALL our clients have a history of traumatic stress and exercise

Universal Precautions.

- Treat all clients as if they have trauma.

We do this by creating a system of care that is trauma-informed.

(Hodas, 2005)
The trauma-informed approach has become a central focus in multiple service sectors.

This standardized concept serves to advance an understanding of trauma and a trauma-informed approach to care.

The use of Trauma Informed care prevents us from re-traumatizing our patients.
MTMHI began implementing a Trauma Informed care approach to our delivery system in 2013.

It is not a program model but a continuum of care initiated in phases.

Our goal is to improve patient care by cultivating staff that is **Aware, Sensitive, and Responsive** to our patients trauma and needs.

It has become a profound paradigm shift within the organization.
WHAT IS T.I.C.

Purpose
- To ensure we do no harm
- To develop a common framework
- Improve services by increasing awareness of trauma

Creating A Culture
- Safety: Is it safe?
- Respect: Am I showing respect?
- Trust: Does it build trust?
Roadmap to Success

Intervening at first sign(s) of distress
  Identifying triggers
  De-escalate
  Offering Choices

Giving away CONTROL to gain CONTROL
  No power struggles
  Do Not argue
Challenges of T.I.C. In the Forensic Environment

- **Unavoidable triggers**: bright lights, overcrowded, violence prone, body search, room searches, restricted movement …..etc.

- Triggers can increase trauma related behaviors.

- Introduction of T.I.C. minimizes triggers, stabilizes patients, de-escalates situations, decrease patient & staff injury, reduce incidents and seclusion/restraints.
Benefits of T.I.C.

- Patients
  protection against re-traumatizing, significant decrease in S/R, significant decrease in injuries, reduced LOS, improved treatment outcomes, decrease in recidivism

- Staff
  significant decrease in injury, improved teamwork, increase in skill set, job satisfaction, and reduction of secondary trauma
SECONDARY TRAUMA
Enhancing Staff Wellness

Initiate a T.I.C. approach
Train and retrain staff in T.I.C.
Improve staff retention and job satisfaction
Incorporate Trauma Informed approaches into policies
Make secondary Trauma a part of our environment
  - Talk about it
  - Address initial and secondary trauma
  - Offer and encourage help to staff
  - Employee Assistance Programs
  - Offer a daily wellness walk
  - Use of our Gym and Exercise Program
MTMHI – a look at WHO WE ARE and some of our STATISTICS
SERVES 18 COUNTIES

AVERAGE DAILY CENSUS BY PROGRAM

- (3) ACUTE UNITS: 26
- (4) EXTENDED UNIT: 25
- (1) FORENSIC UNIT: 18

SERVES THE ENTIRE STATE

Average Annual Admissions: 170

30 bed free standing maximum security facility consisting of:

Evaluation Unit – pre-trial and post-trial forensic patients requiring an evaluation and/or treatment for competency

Treatment Unit – transfers from other RMHIs requiring a more secure placement due to unmanageable, aggressive or violent behaviors
ADMISSIONS = 3,970 (Acute and Forensic)
Average Daily Census = 160
AVERAGE TURNAWAY RATE = 17 %
AVERAGE ADMISSIONS PER DAY = 11
AVERAGE DISCHARGES PER DAY = 10
AVERAGE 30 DAY READMIT RATE = 11%
AVERAGE OCCUPANCY RATE = 90 %
AVERAGE (LOS) ACUTE TREATMENT = 4 days
AVERAGE SECLUSION AND RESTRAINT MINUTES PER MONTH 2014 – 2016

PROGRAM SPECIFIC
S/R AVERAGE MINUTES PER YEAR
2014 - 2016

- FSP: 424
- ATP: 40
- ETP: 75
- ALL: 555

Year:
- 2014
- 2015
- 2016
ORYX and HBIPS

1st Quarter of 2016 (Jan – Mar)

ORYX
On 12 of 15 measurements MTMHI was lower than the national average

HBIPS
On all 18 measurements MTMHI was lower than the national average
PHASE I: Goal
Reduce Our Patients’ Trauma

WHERE TO START AS AN ORGANIZATION

Start Small
THINK BIG

ARE YOU READY?
Getting Started

Performance Improvement Team

- Analyze facility wide data on S/R
- Design TIC training program for staff
- Utilize MTMHI intranet for TIC awareness/training
- Incorporate TIC into NEO and Annual Training
- Communicate information about our successes
- Devise strategies to reduce S/R
OTHER BENEFITS GAINED

1. Reduction in patient injury
2. Improvement in patient satisfaction surveys
3. Decreased length of stay
4. Decreased recidivism
5. Reduction of staff injury
6. Enhanced therapeutic skill set for staff
7. Improved employee job satisfaction
8. Spawned TIC training at all R.M.H.I.s
9. Development of a more therapeutic treatment milieu
PHASE II – BREAKING THE CYCLE
PEER SUPPORT SERVICES

- SAMSHA grant
  TNDMHSAS dept. oversight
  TMHCA community collaboration
  Role of CPRS

- WRAP groups
  Creating wellness/recovery culture

- BRIDGES groups
  Functional skills for success in recovery

- TIC training for staff
  Peer perspective
  Veteran peer perspective
  Peer Support Specialist – NEO

- PRS certification for staff
  Employee(s) pursuing CPRS

- WRAP for staff

- Patient(s) pursuing CPRS post discharge
## Restructuring Programming

<table>
<thead>
<tr>
<th>Acute Treatment Mall</th>
<th>Extended Treatment Mall</th>
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<tr>
<td>- Group Modules System simplified scheduling increased safety individualized treatment improved documentation</td>
<td>- Anger Management communication skills</td>
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<tr>
<td>- AA/NA Meetings led by PRS</td>
<td>- Wellness/Recovery led by PRS</td>
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<tr>
<td>- Weekend Treatment Mall programming on units staffing utilization</td>
<td>- Pet Therapy</td>
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<tr>
<td>- Family Support Group</td>
<td>- Life Skills functional and practical focus for community reintegration</td>
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<td>- Art and Music Therapy increased offerings</td>
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STAFF EDUCATION

- Quarterly: TIC training
- NEO & Yearly CCM Training
- Group Leader Training
- Individual Employee Training
- Employee Coaching
- Quarterly: Community training
- LGBTI Treatment
- Suicide Prevention
- Stigma of Mental Illness
- Mental Illness & Addiction
Lessons Learned

Embrace the struggle & let it make you stronger. It won't last forever.

[tony gaskins]

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Work Smarter not Harder

- It is not just about training T.I.C. to employees
- Access external assistance ASAP
  1. Improves training
  2. Lessens financial and resource burdens
- Things we should have implemented sooner:
  1. Staff with lived experience
  2. Use incidents as an opportunity for education/training vs. disciplinary
  3. Community integration program
  4. Unit specific patient activities
Keys to Success

- Must have proactive support from Leadership
- Trainers must receive education and training initially and whenever possible
- Persevere through resistance to change
- Train staff to work as a team when responding to “crisis”
- Utilize a crisis intervention training program (CPI, Mandt, CCM) with a refresher at least annually
- Hone de-escalation skills
View S/R as a Treatment Failure

- Re-traumatizes the patient
- Promotes an atmosphere of CONTROL
- Cultivates a stressful (“hostile”) environment
- Compromises the therapeutic culture of safety, respect, and trust
- Following S/R the therapeutic relationship must be rebuilt
PHASE III – Moving Forward
Plan for Continued Success

- TIC Leadership Team
- Identify TIC Champions
- Incorporate TIC in our P&Ps
- Modifications to Environment
- Continue to Involve Community Resources
- MTMHI Mission and Vision to include TIC
- Increase Caregiver Support
- Share our Knowledge
Recipe For Your Success

- Mold it to your organization
- Promote the vision from key leadership
- Find your CHAMPIONS
- Train – Educate – Role Model
- Identify your full scope of resources
- Continually measure its effectiveness
- Change is HARD – support your staff