



DEVELOPING AND EVALUATING A TRAUMA INFORMED CARE REGION

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History of Trauma Informed Care trainings in Linn, Benton and Lincoln Counties

- **2014** - Oregon Health Authority funded the development of Trauma Informed Oregon (traumainformedoregon.org)
 - Train the Trainer model
- **May 2020** – Trillium Family Services developed two webinars “Self-Care and Resiliency in the Time of COVID-19”
- **2021** - IHN-CCO funded Trillium Family Service’s pilot “Building a Trauma Informed Community of Practice”



Importance of Trauma Informed Care in the region

- Trauma influences individuals daily functioning, decision making, ability to learn, and ability to engage in services.
- Trauma informed care is an organizational shift that provides a compassionate and safe environment so individuals can engage in services, learn, and develop resilience.
- Trauma informed care is an organizational shift that creates a compassionate and supportive environment so service workers can provide care and counter compassion fatigue, vicarious trauma, and burnout.





DEVELOPMENT

Free six-part Trauma Informed Care workshop series in Linn,
Benton and Lincoln Counties

Timeline

- **January 2021** - Samaritan Health, LBL-ESD, DevNW and Trillium Family Services partner
- **February 2021** – Monthly planning meetings with partners
- **March 2021** – Community assessment
 - 1) Interest
 - 2) Buy in
 - 3) Existing TIC work
- **October 2021** – Series launches



1. My organization or group is interested in:

Participation in the six module workshops: **84%**

Send trainers from organization to workshops and bring material back to the broader organization/group: **68%**

Participation in the learning collaborative groups: **63%**

2. Presently a part of a group or committee working toward goals or plans that align with this project?

Yes: **78%**

No: **21 %**

3. If yes, do you think your group or committee could be a possible venue for Learning Collaborative discussions?

Yes: **33%**

No: **22%**

Unsure: **44%**

4. contact information and a brief description of your group or committee here

5. Format for 6 workshop modules. What format best fits your interest?

Short sessions (1-2 hours) spread out across 6 months: **53%**

Summit Format 2-3-day immersion: **11%**

Remote Sessions: **28%**

In-Person Sessions: **12%**

6. Please comment if a different format is desired?

CEUs requested

7. I believe learning collaboratives should be:

City specific: 0%

County specific: 44%



Community Assessment

Findings:

1. High interest
2. TIC work is happening
3. Existing TIC work is not formalized enough to become a collaborative
4. Short sessions; six months
5. Virtual
6. Regional collaborative

Workshop Series **Format**

- Two cohorts meet every other week for six virtual sessions
- Each 90-minute session includes:
 - 1) Introduction to a new Trauma Informed tool, resource or practice
 - 2) Small group dives into the Trauma Informed tool
 - 3) Designated time to revisit and “bring to practice” Trauma Informed tools from previous sessions
- Sessions #1 and #6 include brief pre and post assessments

Content Development

- Module 1: Trauma, Risk & Resilience
- Module 2: Health Equity, System Inequities, and the Pair of ACEs
- Module 3: Trauma Informed Care Movement in Health Delivery Systems
- Module 4: Self in the System
- Module 5: Operationalizing Systems Change
- Module 6: Sustainable Systems Change

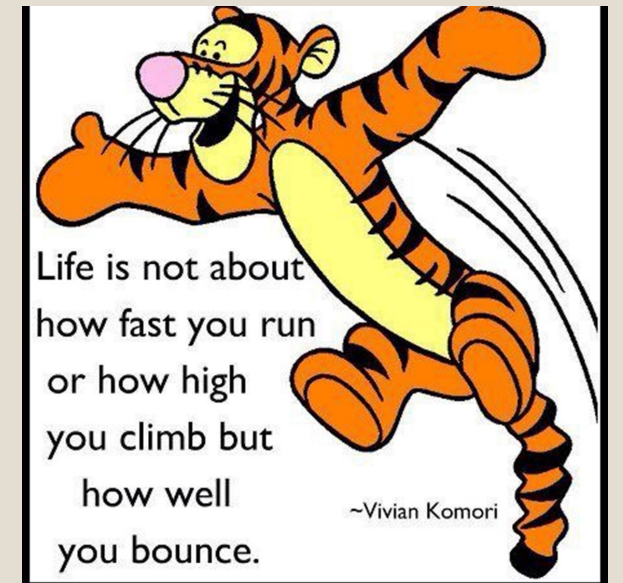
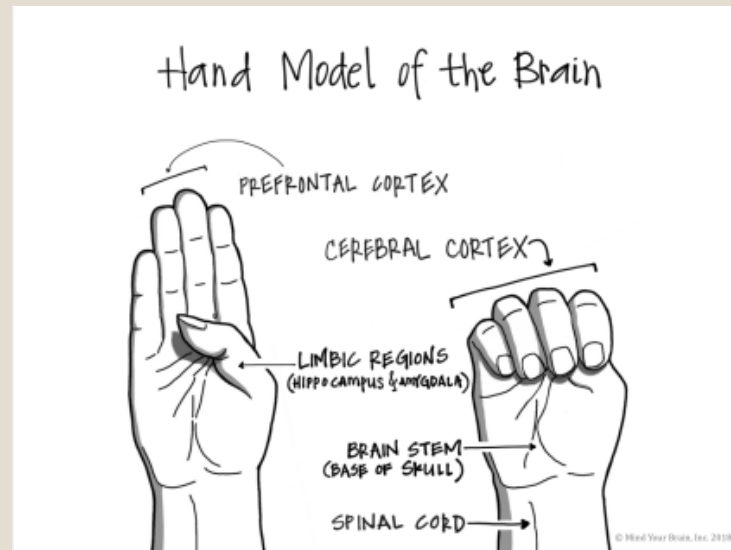
Module 1 - Agenda

- Welcome
- Pre-Assessment
- Mindful Moment
- Creating a Safety Plan
- Definitions of Trauma, Stress, Parallel Process and Trauma Informed Care
- Brief Overview of NEAR Science
- Measuring Resilience
- Break
- Small Group Break Out



SAMHSA's Concept of TIC

<u>3 E's of Trauma</u>	<u>4 R's Key Assumptions</u>	<u>6 Key Principles</u>	<u>10 Implementation Domains</u>
1. Events	1. Realization	1. Safety	1. Governance and Leadership
2. Experience	2. Recognize	2. Trustworthiness and Transparency	2. Policy
3. Effects	3. Responds	3. Peer Support	3. Physical Environment
	4. Resist Re-traumatization	4. Collaboration and Mutuality	4. Engagement and Involvement
		5. Empowerment, Voice, and Choice	5. Cross Sector Collaboration
		6. Cultural, Historical, and Gender Issues	6. Screening, Assessment, and Treatment Services
			7. Training and Workforce Development
			8. Progress Monitoring and Quality Assurance
			9. Financing
			10. Evaluation



Community Recruitment

- **Goal:** 100 participants (capped at 3 per agency/department)
- Email campaigns (networks), 1:1 and 1 to many outreach
- Unique
 - not mandatory
 - not random selection of staff
 - no CEUs





ASSESSMENT

Pre and Post Assessments

Assessment of content areas (20 questions):

- Knowledge of concepts
- Knowledge of key definitions
- Knowledge of relationships between public policy and health outcomes
- Subjective assessment of organizational status in terms of Trauma Informed Care
- Subjective assessment of organizational readiness to engage in Trauma Informed Care

Purpose: Assess individual knowledge and organizational status

Pre knowledge assessment

Questions gathered from:

ARTIC

BCR Program Module Survey

TIO Standards of Practice for TIC

2015 Trauma Informed Services Policy of the Oregon Health Authority,

Sanctuary Implementation Standards.



- Short content assessments at the end of Modules 2-5
- 5 minutes in length
- 3-5 questions specific to material covered in each module

Purpose: Assess participant learning

5-minute content assessments

Questions gathered from:

ARTIC

BCR Program
Module Survey

TIO Standards of
Practice for TIC

2015 Trauma
Informed Services
Policy of the
Oregon Health
Authority,

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Implementation
Standards.

Assessment 1:

- Repeat of the pre-knowledge assessment
- Organizational change questions
- Participants are assessed at the end of Module 6
- And again, at the 1-year, 2-year and 5-year mark

Purpose: Assess individual knowledge gain and organizational change

Assessment 2:

- Quality of the workshop series

Purpose: Quality improvement

Two post assessments

Questions gathered from:

ARTIC

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THANK YOU

