

Trauma-Informed Care: Core Principle #2, Trustworthiness and Transparency

RPH Videoconference Series

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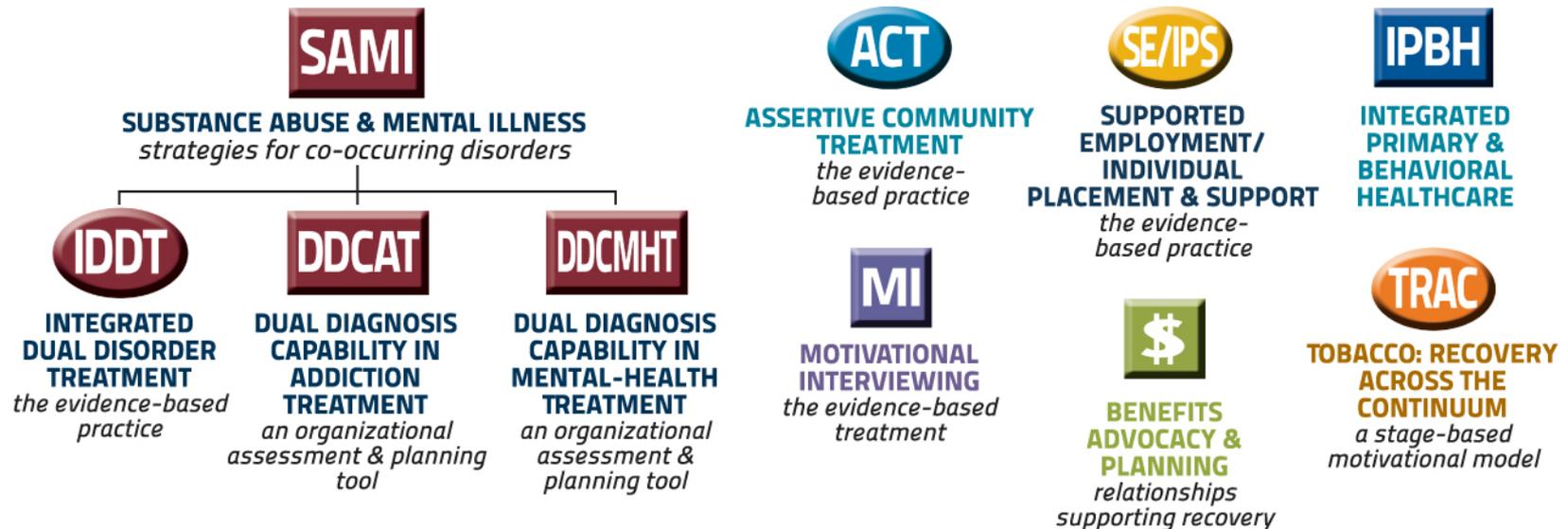
CENTER FOR EVIDENCE-BASED PRACTICES

at Case Western Reserve University



A partnership between the Jack, Joseph and Morton Mandel
School of Applied Social Sciences & Department of Psychiatry
at the Case Western Reserve School of Medicine

Service innovations for people with mental illness, substance use disorders



Learning Objectives

Following this presentation, participants will be able to:

- List the 6 core TIC principles
- Identify and describe Principle #2: Trustworthiness and Transparency
- Identify issues for organizational and professional development
- Describe Ohio's regionally-based TIC initiative

SAMHSA's Concept of Trauma

- ***Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.***

6 KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

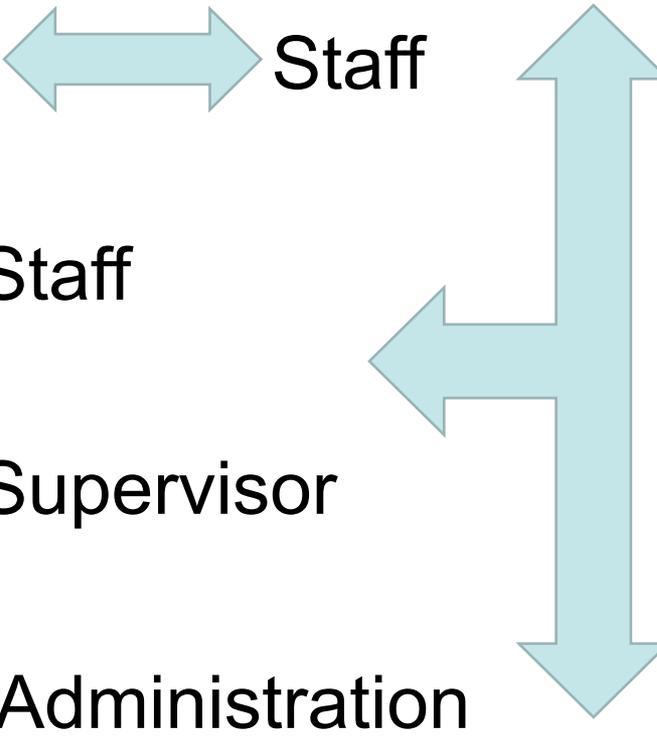
Principle 1 Review: Safety

- Review of January's discussion

Principle 2. Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

Trustworthiness and Transparency: Multiple Relationships influence each other

- Client/Patient ↔ Staff
 - Staff ↔ Staff
 - Staff ↔ Supervisor
 - Staff ↔ Administration
- 

EXERCISE and DISCUSSION:

- Principle #2 Trustworthiness and Transparency:
 1. How is *transparency and trustworthiness* among staff and clients promoted and demonstrated?
 - Staff with staff?
 - Staff with supervisors?
 - Staff with administration?
 2. What strategies are used to reduce the sense of *power differentials* among staff and clients?
 3. How do staff help people identify strategies that contribute to *feeling comforted and empowered*?

EXERCISE and DISCUSSION (cont):

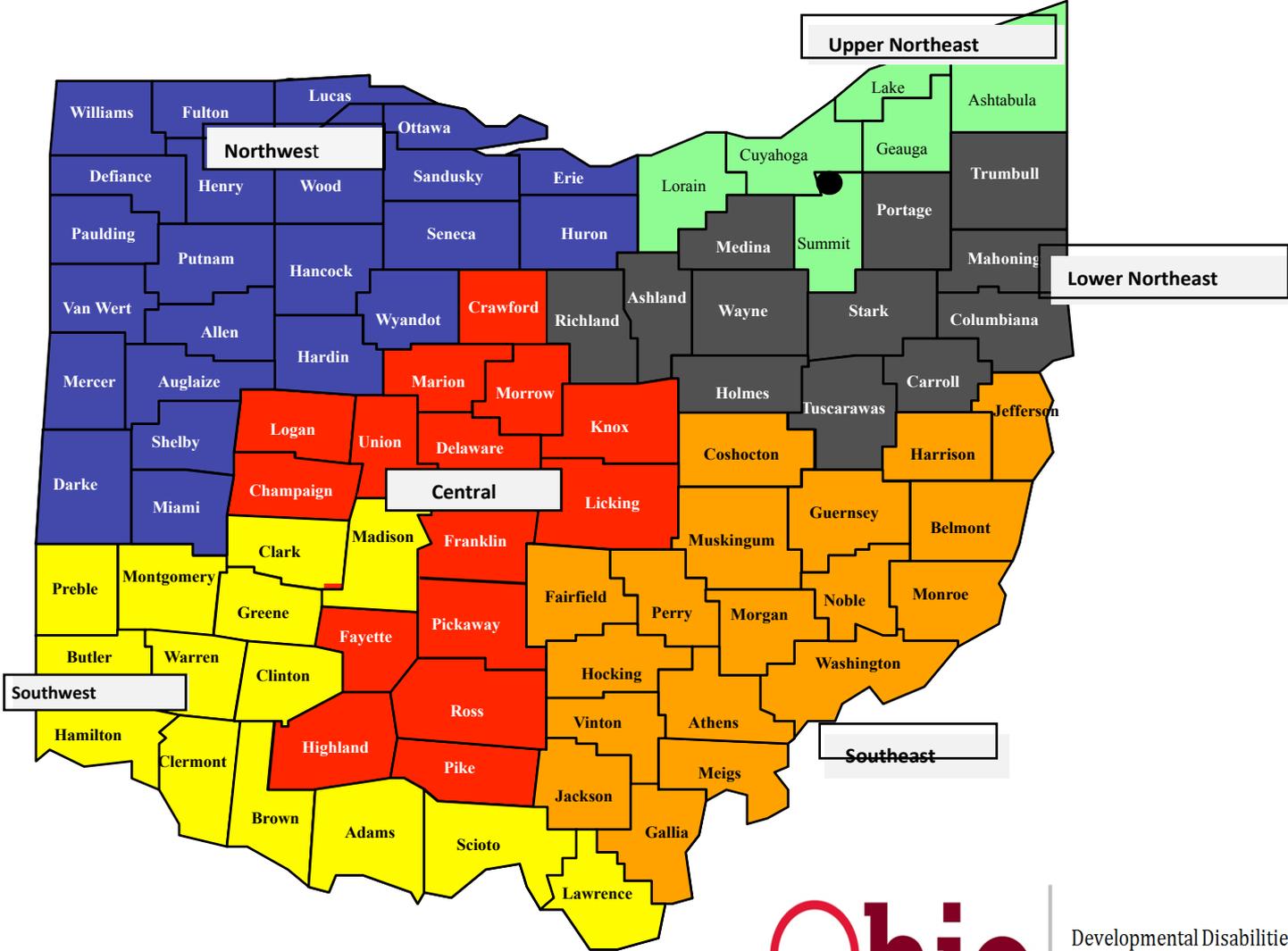
- Principle #2 Trustworthiness and Transparency:
 4. How do staff members *keep people fully informed* of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have difficulty processing information? Suggestions for improvement?
 5. How do people with lived experience *have the opportunity to provide feedback* to the organization on quality improvement processes for better engagement and services? Suggestions?

10 Domains of Implementation

- 1. Governance & Leadership**
- 2. Policy**
- 3. Physical Environment**
- 4. Engagement & Involvement**
- 5. Cross Sector Collaboration**
- 6. Screening, Assessment, Treatment Services**
- 7. Training & Workforce Development**
- 8. Progress Monitoring & Quality Assurance**
- 9. Financing**
- 10. Evaluation**

Ohio TIC Regional Update

Trauma-Informed Care Regional Collaboratives



Regional Collaboratives

- Progressively transmit TIC and increase expertise within regions
- Facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation
- Topical workgroups (prevention, DD, child, older adult, etc.)
- Department(s) continue to support, facilitate, communicate
- Some regions already have networks and collaboratives in place
 - Don't take your foot off the gas!



RESOURCES

- Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

1. Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

2. Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

3. Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

4. Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.

The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”

5. Empowerment, Voice and Choice

Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/ or who come to the organization for assistance and support.

5. cont'd

As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.³⁴ Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

6. Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes addresses historical trauma.

Contact Us

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