

Trauma-Informed Care (TIC): Paradigm Shift in Healthcare

Ashley Swinson, MSW, LCSW, Certified Therapist in EMDR

Professional Speaker & Consultant

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Co-Founder of the Provider Sustainability Program Collaborative





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Meet Our Expert: Ashley Swinson, MSW, LCSW



Ashley Swinson, MSW, LCSW, Certified Therapist in EMDR, is the Founder of TIDE Associates, a private practice that specializes in trauma-informed services, and she is the Co-Founder of the Provider Sustainability Program Collaborative in Wilmington, NC. Her clinical expertise includes the treatment of dually-diagnosed eating disorders and trauma disorders, traumatic grief, dissociation, secondary traumatic stress among professionals, and provider sustainability; notably, she has become a national speaker on these respective topics. Ashley has developed trauma-based group curriculums for outpatient and intensive outpatient facilities, and she works closely with the Wilmington community providing clinical supervision to professionals, as well as customized workshops for agencies to improve organizational health and wellness. She holds an adjunct faculty position with the Department of Social Work at the University of North Carolina at Wilmington and facilitates professional trainings through the university on the topics of social work ethics, supervision, and provider sustainability.



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2. Complete a quiz with a minimum score of 85%.
3. Complete an evaluation form.

After the activity has ended, the quiz and evaluation can be accessed by clicking on the button below the video content titled **Quiz and Evaluation Form**. A popup window will appear on your screen to complete the quiz and evaluation for continuing education credit.



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The following committee members have nothing to disclose:

- Judy Hoff, RN, BSN, MA, PhD
- Ashley Swinson, MSW, LCSW, Certified Therapist in EMDR
- Linda Shubert, MSN, RN



Learning Outcome & Objectives

ANCC Learning Outcome

At the completion of this education activity, the learner will demonstrate knowledge about TIC by passing a quiz with a score of 85% or greater accuracy.

NAB Learning Objectives

1. Identify three (3) healthcare providers who are responsible for TIC application.
2. Describe three (3) ways to create safe and compassionate interactions with others.
3. List three (3) examples of big “T” and/or little “t” traumatic experiences that can occur across one’s lifetime.

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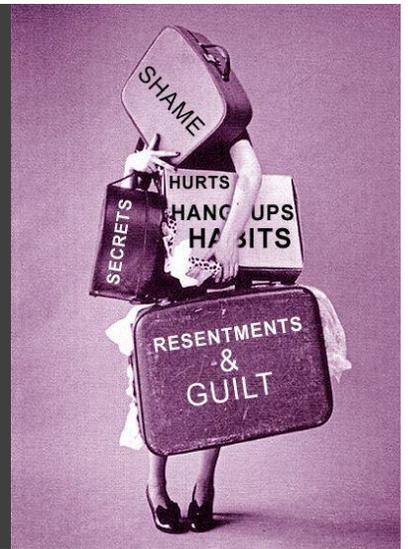


Workshop Objectives

1. Define what Trauma-Informed Care (TIC) is and describe how it applies to your agency.
2. Identify the healthcare providers who are responsible for TIC integration.
3. Describe 3 ways to create safe and compassionate interactions with others.
4. List 3 examples of traumatic experiences that can occur across one's lifetime.

The Floatback Method

Let's bring this to life





What TIC is and what TIC is NOT.

TIC 'IS'

- TIC is person-centered care.
- TIC is a fundamental perspective.
- TIC is an integrative framework.
- TIC is a relational posture towards everyone who is involved.
- TIC is a workplace culture.

TIC 'NOT'

- TIC is NOT a training on PTSD.
- TIC is NOT based solely on the medical model.
- TIC is NOT just a prescribed protocol or set of skills.
- TIC is NOT just for our residents.
- TIC is NOT just for people who have PTSD.

Why does this matter?

- Improving employee attrition, particularly the new generation of healthcare providers.
- Improving resident outcomes... decreasing the revolving door of services.
- Decreasing workplace toxicity.
- Cultivating sustainable practice in healthcare.
- We are humans, after all.





What does Trauma-Informed Care Really mean?

- **Trauma:** an adverse experience that consequently alters the way one feels about oneself and the way one perceives the world
- **Informed:** demonstrating knowledge of a particular subject
- **Care:** providing what is necessary to do something correctly and avoid risk
- **Trauma-Informed Care:** The practice of engaging others and providing care by intentionally considering the impact of their past experiences on their current presentation.

Simply stated: Your story matters to me.



Prevalence of Trauma

- 1 in 4 children experiences abuse.
- 35 million children in the United States have had at least one serious traumatic experience.
- 1 in 4 women has experienced domestic violence.
- 60% of men and 51% of women in the US have experienced 1 traumatic event.
- Up to 95% of women in the public mental health system report a history of trauma.
- 17% of men and 13% of women had experienced three or more such events.

Consider how many of your residents or how many of your co-workers fall into these statistics.



Adverse Childhood Experiences (ACE) Study

Correlation of childhood trauma and adulthood disease

- There are significant events that occur in childhood that greatly impact long-term health issues.
- ACEs do not discriminate against age, gender, race, culture, religion, or socioeconomic status.
- ACE scores positively correlated with learning and behavioral concerns during childhood and adolescence.
- ACE scores positively correlated with workplace concerns, financial stress, mental health risks, and medical problems in adulthood.
- For example, a person who endorsed an ACE score of 6 is 50 times more likely to attempt suicide than a person who endorsed an ACE score of 0.
- Similarly, a person with an ACE score of 4 is 7 times more likely to become an alcoholic than a person with an ACE score of 0.
- Traumatic experience encompasses so much more than was originally determined by the diagnosis of PTSD in the 1980's.



What Constitutes Trauma?

Big “T” and little “t” adverse experiences

Types of Big “T” traumas:

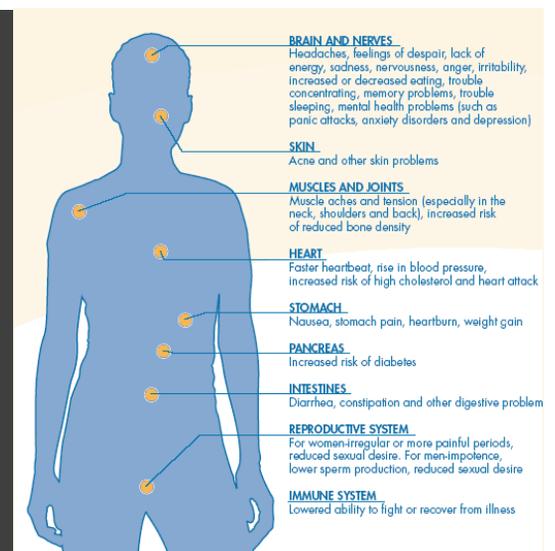
- Life-threatening events (gun violence, car or plane accidents)
- Directly experiencing or witnessing physical violence or sexual abuse
- Natural disasters
- Losing a child
- War/combat
- Severe neglect as a child
- Severe medical events

Types of Little “t” traumas:

- Chronic or traumatic grief (loss by suicide)
- Family or marital distress including chronic conflict, infidelity, or divorce
- Bullying
- Postpartum issues
- Financial stress
- Feeling unloved or unimportant
- **Extensive caregiving**
- Mental illness or addiction in the family
- Chronic medical issues

How Does Trauma Affect Us?

Overt and covert symptoms





The Polyvagal Theory

Stephen Porges

The **vagus nerve**, which is attached at the brain stem and travels to our colon, is responsible for cuing our body's response to stress and this nerve is highly sensitive to our *interpersonal interactions* with others. The vagus nerve sends signals in a top-down fashion that affects somatic reactions like facial nonverbals, racing heartbeat, difficulty breathing, and an upset stomach.

1. Social Engagement
2. Fight or Flight
3. Freeze or Collapse



The Beauty of Resilience

If trauma is so prevalent, why doesn't everyone have PTSD?

Resilience: biopsychosocial protective factors that promote positive outcomes despite adversity

Examples:

I believe that my mother loved me when I was little.

If I was sad or worried as a child, I had relatives in my family who made me feel better.

When I was growing up, we had rules in our house and were expected to keep them.

In the workplace, how can we strengthen resiliency qualities?

- Safety & Trust: no harm, mitigating risk, creating space free of judgment
- Intentionality: values, mission, purpose
- Compassion: acknowledging the impact, instilling hope
- Connection: collaboration, sense of belonging, reciprocity

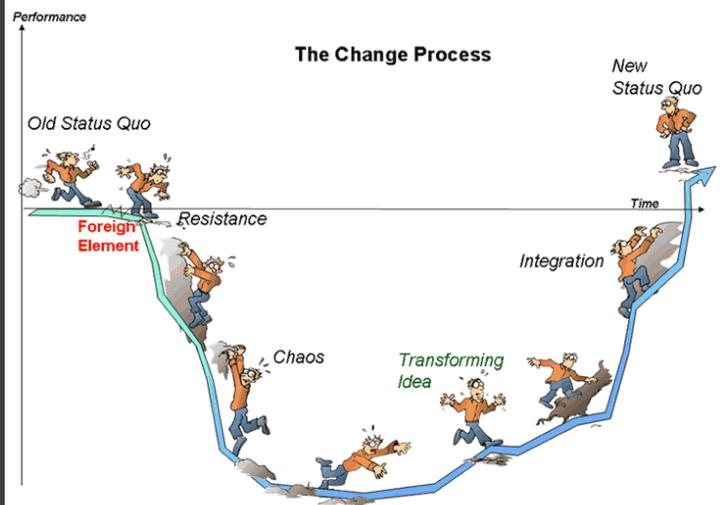
Who is responsible for the *culture* change?



Anticipating Obstacles: Resistance to Change

Virginia Satir Model

The "buy in" to this new perspective is imperative, but anticipate resistance.





Anticipating Obstacles: Workplace Toxicity

Christine Porath

- High work stress or demanding expectations
- Lack of ground rules or accountability
- High focus on productivity
- Competitive work culture
- Limited to no free time
- Use of technological communication
- High skill set, overconfidence, immune to punishment
- Need for survival (fight, flight, freeze, *appease* reactions)



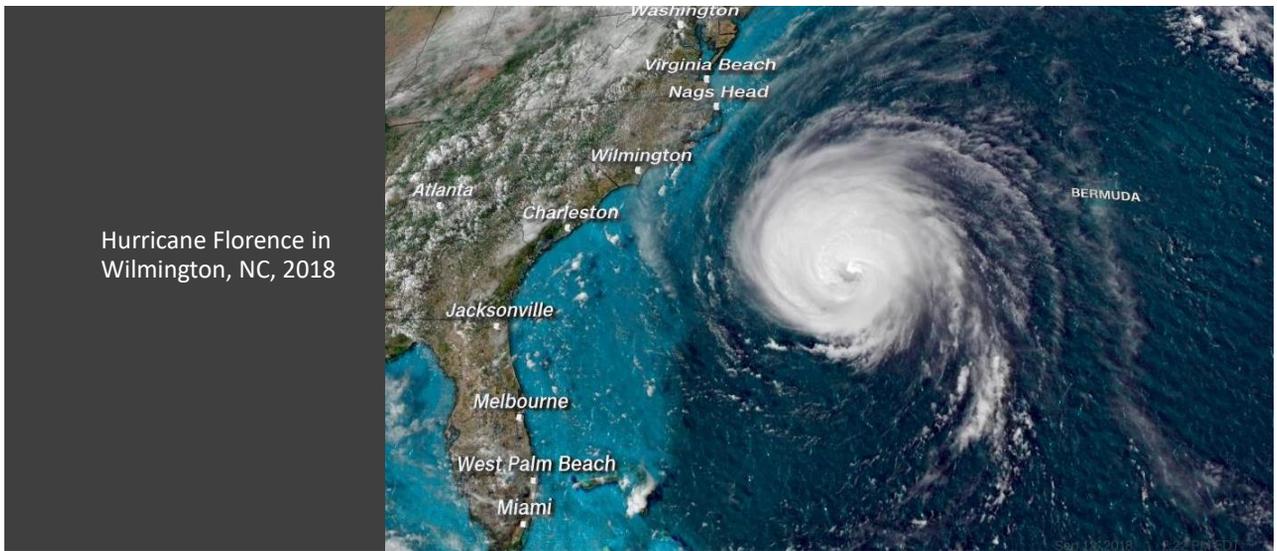
How do we operationalize and standardize TIC to maintain compliance?

Establish a TIC Task Force to create and implement an action plan

Suggested evidenced-based models that organizational and community task forces are utilizing for TIC implementation:

- **The Sanctuary Model** by Dr. Sandra Bloom
- **The MO Model: A Developmental Framework on Trauma Informed** by the Missouri State Trauma Roundtable through the Dept. of Mental Health
- **The Community Resiliency Model** by the Trauma Resource Institute
- **The ARTIC Scale** (Attitudes Related to Trauma Informed Care) has been developed by Dr. Courtney Baker to measure staff attitudes towards TIC application.

Community Resiliency Model



Hurricane Florence in
Wilmington, NC, 2018



Community Resource Model (CRM)

Workbook Overview by: Elaine Miller-Karas, LCSW

- Education
- Skills Training
 - Skill 1: Tracking
 - Skill 2: Resourcing & Resource Intensification
 - Skill 3: Grounding
 - Skill 4: Gesturing & Spontaneous Movements
 - Skill 5: Amy Down/Ramp Up
 - Skill 6: Shift & Stay
- Resiliency Zone: ongoing scaling and evaluation



CRM: Tracking, Grounding, & Movement

Tracking

- Noticing sensations inside your body
- Distinguishing between comfort and discomfort
- Identifying sensation words

Grounding

- Direct contact of the body with something that provides support to the body
- 54321 Technique

Movement

- The use of motion as a means of expression
- Can be self-calming, universal, protective, releasing, joyful



Deep Breathing

Belly breathing: Imagine that you are blowing up a balloon inside your belly. As you take a slow, deep breath in through your nose, notice that this balloon begins to fill up with air. Let your belly expand as you breathe in. Hold that breath for 2 seconds. Now, slowly exhale the air through your mouth and imagine that the balloon is losing air too. Notice that your belly is deflating. Pause for 2 seconds and then repeat.

Bubble blowing: Imagine that you are going to blow bubbles with a bubble wand. Take a slow, deep breath in through your nose... hold it for 2 seconds... and then slowly blow the air out of your mouth as if you were blowing bubbles out of the wand until all the air is out of your lungs. Repeat this. Take a slow, breath in through your nose... hold it for 2 seconds... and then slowly blow the air out of your mouth. Repeat.



Resourcing

Internal & External

These are individualized to each person.

- External Resources include positive experiences, people, places, activities, skills, hobbies, animals, and spiritual connections.
- Internal Resources include experiences, values, and beliefs that support and give meaning to life.

Calm Place Resource

 Case Study

Ms. Jenny is a 72 year-old female who was admitted into a LTC facility following a debilitating stroke. She is still alert, orientated, and able to make her own healthcare decisions, but she is physically limited in ability. She is a widow and has 2 adult children who are involved in her care.



Evaluating TIC

How can we demonstrate compliance and measure this?

In addition to previous assessment of needs:

- Properly assess symptoms of posttraumatic stress to determine if services are needed.
- Develop an individualized, person-centered care plan that addresses these emotional and psychosocial needs.
- Monitor implementation of this care plan.
- Provide ongoing assessment of the resident to ensure that the services adequately meet these needs.
- Review and revise the care plan when it is ineffective and/or when the resident has a change in needs.
- DOCUMENT in the medical record.
- Ensure that your staff knows how to talk about TIC.



The Parallel Process
TIC Integration

“If you are lucky enough to have been called to a profession that required you to lean in, be radically present, respond compassionately, and bear witness to other people’s pain... Remember this:

The most important client on your caseload is You.”

- WILMINGTON THRIVE TRIBES



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