

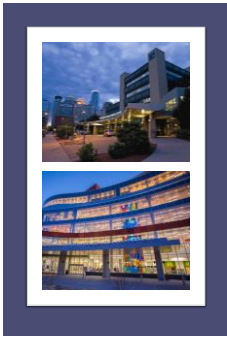
Safety is the Treatment

Trauma Informed Care in the Disaster Setting

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Hennepin Healthcare System
Minneapolis, MN





Hennepin Healthcare System

- Minnesota's premier Level I Adult and Pediatric Trauma Center with many nationally recognized programs and specialties
- An essential teaching hospital for doctors who go on to practice throughout the state
- A safety net hospital providing care for low-income, the uninsured and vulnerable populations, and...
- Beginning the LONG journey to become a Trauma-Informed health care system





2018 Stats

• Operating beds.....	473
• Clinic visits.....	628,735
• Emergency Department visits.....	110,201
(includes Urgent Care)	
• Emergency Medical Services.....	81,168
(ambulance runs)	
• Surgeries.....	10,627
• Hyperbaric chamber treatments.....	4,851
• Average daily census.....	333
• MVNA-Home health visits.....	23,067
• Deaths.....	575 (119 in ED; 456 Inpatient)



A toxic (and traumatic) mix

The understandable mistrust of health care systems by people of color

High rates of burnout, toxic stress, and trauma exposure among health care workers

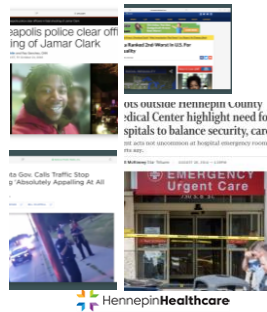
Minnesota's abysmal state of racial disparities in health care, housing, education and criminal justice

A sense of "siege" and threat within health care institutions

More patients "acting out" – behavior escalations, violence, verbal abuse, etc.

The imposition of more rules and restrictions to "control the chaos"

Increasing number of patient complaints and decreasing levels of employee engagement/satisfaction



Traumatic Stress

Occurs when a person experiences an event that is overwhelming, usually life-threatening, terrifying, or horrifying in the face of helplessness (Sandra Bloom)

SAMHSA Definition 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.

Trauma: physical, emotional, psychological, or spiritual injury in response to a distressing or life-threatening event like an accident, abuse, violence or natural disaster

Acute trauma: a single event that is time-limited (injury accident, pregnancy loss, sudden death of a loved one, assault, divorce, job loss, etc)

Complex trauma: exposure to multiple traumas that are often invasive or interpersonal and have wide-ranging, long-term impact

InterGenerational: happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next.

Historical: occurs in history to a specific group of people causing emotional and mental wounding both during their lives and to the generations that follow

System-induced trauma: when systems designed to help trauma victims inflict trauma or re-traumatize people (unjust policies, harmful practices, invasive procedures, racial/cultural bias, etc.)



Trauma-organized individual (Sandra Bloom)

Inability to grieve and anticipate future

Problems with authority

Lack of basic safety/trust

Loss of emotional management

Problems with cognition

Communication problems

Confused sense of fair play



Trauma-organized organizations (Bloom)

Inability to grieve or anticipate future

Problems with authority

Lack of basic safety/trust

Loss of emotional management

Problems with cognition

Communication problems

Injustice, failure to act



Parallel processes between trauma-organized people and systems (Bloom)

Clients	Staff	Organization
Feel unsafe	Feel unsafe	Is unsafe
Aggressive	Punitive	Punitive
Helpless	Helpless	Stuck
Hopeless	Hopeless	Missionless
Hyperaroused	Hyperaroused	Crisis Driven
Fragmented	Fragmented	Fragmented
Overwhelmed	Overwhelmed	Overwhelmed
Confused	Confused	Valueless
Depressed	Demoralized	Directionless

 HennepinHealthcare



Trauma-Informed Care is...

Consensus-Based Definition

A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper, Bassuk, and Olivet, 2010).

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Seeks to actively resist re-traumatization



Principles of a Trauma Informed System

(San Francisco Department of Public Health)



Building a Trauma Informed Care system at HHS means

Understanding the widespread impact of individual and historical trauma on the physical and mental health of our patient population and staff.

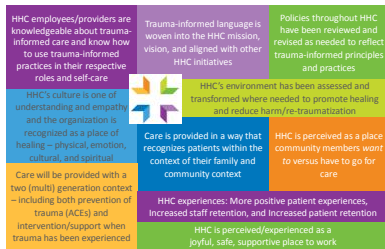
Acknowledging our unique standing in the healthcare community that requires us to "respond with compassion and courage" when facing signs and symptoms of emotional, psychological and spiritual trauma in patients, families and staff.

Building our capacity for integrating trauma knowledge and awareness into policies, procedures and practices.

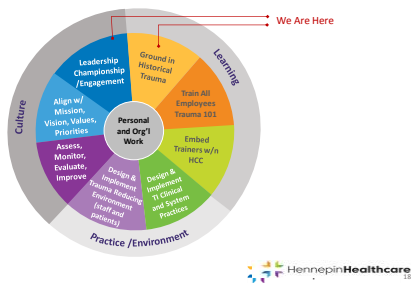
Activating our determination to resist re-traumatization and educate patients in the possibilities of recovery and building resilience.



Attributes of a Trauma-Informed HHC



Trauma-Informed Care Implementation Roadmap



What's happened so far?

- Created the Trauma-Informed Care Steering Committee: identified, educated, and deployed champions throughout the system.
- Facilitated Historical Trauma Dialogue sessions attended by over 400 leaders and staff.
- Expanded the Next Step Hospital-Based Violence Intervention Program using TIC-principles (in partnership with North Memorial).
- Announced the creation of the Redleaf Center for Family Healing.



- Continue **Historical Trauma Dialogue** Sessions through 2019
- Roll out **Trauma Informed Care 101**, a 3-hour training curriculum from the San Francisco Department of Public Health for front-line staff and leaders.
- Work to create a shared understanding of trauma and its impact.
- Help staff develop tools for both patient and self-care in our environment of "everyday disaster."

What's next for TIC at Hennepin Healthcare?



Event vs Environment

- HHC is a hierarchical, traditional medical environment
- Receives a constant stream of medical trauma – car crash, rape, overdose, stabbing, gunshot, work accident
- Typically starts in ED (unless pre-existing dx requiring acute treatment or surgery) and branches out to various treating units
- Management of physical and emotional distress 24 hours/day
- Localized to one place



Insidious impact

In a mass casualty event the responder is mobilized with an awareness that they are going into an unfamiliar, chaotic situation with uncertain outcomes.

HHC is one facility – Just going to work.



Myth of Objectivity

- Hippocrates (460 BC – 370 BC) established objectivity and stoicism as a central component of “professional” medicine
Turns out . . .
- Ineffective for developing and maintaining resiliency
- Produces shame, isolation, fear, and exile

Gentry, 2016



New Paradigm

- Caregiving hurts!
- Impossible to avoid the pain associated with professional or volunteer caregiving
- We don't have to suffer if we are willing to evolve personal and professional skills
- It is possible to be healthy while working in a toxic environment



Gentry, 2016



Objectivity is Not Resiliency

Old Paradigm

- Objectivity
- Myth of “no effects” (of the work)
- Denial of weakness
- Stoicism
- “Suck it up”
- **Negative effects = weakness & shame**
- Strong but brittle
- Environment-caused

New Paradigm

- Relational
- Resilience
- Acceptance of pain
- **Pain is not suffering**
- Self-regulatory
- **Caregiving is developmental**
– maturation is required
- Strong and malleable
- Personal Responsibility

Gentry, 2016



Pain Vs Suffering

If we understand
the source of the
signal and put it
in context we can
avoid some
suffering

PAIN is a signal . . . The conductivity of electrical energy
along the neural pathways of the body

SUFFERING is the meaning that we make about this signal
– when we perceive the pain signal as a threat

Gentry, 2016

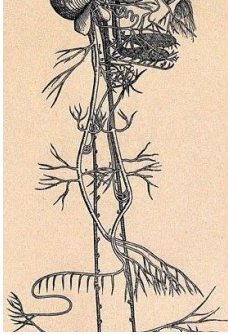


Vicarious Traumatization is
a vicarious experiencing of
nervous system activation
in response to patient
interactions

Mirror Neurons

Gentry, 2016





Polyvagal Theory

- 3 Main Functions
 - Social communication
 - Defensive strategies associated with mobilization
 - Defensive immobilization



So, Why Trauma Informed Care?

- We can have more empathy for ourselves and the people we welcome into our environment by making our staff aware of the ways in which their internalized experience of chronic distress in others impacts them.
- By changing “what’s wrong with you” to “what happened to you” we start to understand “problematic” behavior as adaptive to a distressed nervous system and talk to the part of the brain that can receive information.
- The nervous system doesn’t know the difference between past and present. Our job is to make sure our brain is reassuring it and assessing the difference between real and perceived threat so that we can go home in tact.