

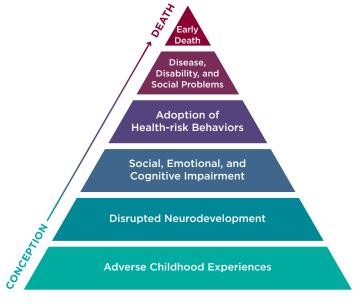
Trauma-Informed Care: Making It Stick

The landmark Adverse Childhood Experiences (ACEs) study conducted in the 1990s with the CDC and Kaiser Permanente taught the healthcare community the important relationship between trauma and health. Many studies across the country have replicated these findings, in some cases showing higher incidence of trauma and a stronger connection with overall health.

The key takeaways are:

- ACEs and trauma are common: More than two-thirds of respondents in the original study reported experience of an ACE; other studies have that number as high as 80 percent.
- ACEs cluster: Many respondents reported multiple incidents of trauma.
- Dose-response relationship with health problems: The severity of the exposure to trauma or ACE scores have a "strong, graded relationship" with multiple problems.

The ACE Pyramid, a foundational concept of the study, depicts the relationship between ACEs and lifelong well-being, disease risk factors and different types of impairment.



The ACE Pyramid

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



In the current outcome-driven healthcare climate, where the reimbursement structure is changing and so are care delivery models and performance measures, trauma-informed care has become a standard practice. Given the important role that childhood trauma exposure plays in one's physical, social and mental health, providers can't ignore or afford to neglect trauma in the delivery of care.

"Trauma-informed care is now the expectation, not the exception, in our service delivery system."

The Challenge

Trauma-informed care isn't a therapeutic technique implemented by a select group of clinicians who spend a day in training. It is both a shift in culture and change at the organizational level that must impact every employee. Luckily, organizations can choose from a variety of trauma-informed care models available. It is important that the model selected and the strategy for implementation are in line with your organization's mission and values to enhance adoption and long-term sustainability. The decision should involve all levels of leadership. Unfortunately, all too often the initial training and implementation don't last; and with turnover and a lack of supervision and monitoring, staff

revert back to "the old way of doing things" and a truly trauma-informed organization isn't achieved or sustained.

The Solution

Implementing an organizational change like trauma-informed care requires strong leadership, a well-defined implementation process, and initial and ongoing staff training and development. Also required is a communication process that creates a foundation for positive change. Relias has an extensive behavioral health library that includes topics relevant to TIC knowledge and skill development, including supervision, employee wellness, principles of TIC and the impact of trauma. The Relias learning management system has the features your organization needs to enhance communication and provide managers with tools to evaluate staff performance—tools that can help you implement trauma-informed care for the long-term and sustain it after the initial implementation and excitement has worn off.

Features and Benefits

24/7 communication, ease of access:
 Easily deliver important and time-sensitive information, policy updates and training using an intuitive, easy-to-use platform that allows staff to stay informed anywhere, at any time.

- Manager tools and training: Ensure your managers are providing the best form of trauma-informed supervision to improve quality of care. Give them tools for ongoing staff evaluation and improve fidelity to the model.
- Clinical content: Enhance application of concepts with courses on a variety of topics relevant to trauma-informed care, including continuing education units and scenario-based learning. Our courses are developed alongside subject matter experts highly experienced in using TIC interventions and approaches.
- Wellness series: Create an environment of safety and wellness for your staff and the individuals you serve so they can get the most out of their care.
- Learning paths: Determine learning
 effectiveness by assigning a group of
 targeted courses that begin and end with
 an assessment. Key information and best
 practices for working within a TIC framework
 are covered in the learning path.

Ready to see how Relias can help your organization get better?

GET STARTED

Relevant courses include, but are not limited to:

- Introduction to Trauma-Informed Care
- Best Practices in Trauma-Specific
 Treatment Interventions
- What Does Becoming Trauma-Informed Mean for Non-Clinical Staff?
- Does Your Organization Measure Up: Are You Really Trauma-informed?
- Mitigating the Impact of Disasters: From Trauma to Resilience
- Compassion Fatigue, Secondary Trauma and the Importance of Self Care
- Implementation of Trauma-Informed Care Systems
- Trauma-Informed Supervision
- Clinical Supervision: Essentials of Reflective Supervision
- Compassion Fatigue and Satisfaction
- Attachment Disorders: Attachment and Trauma
- Trauma and Substance Use
- Trauma and the Brain
- Overview of Trauma Disorders in Adults for Paraprofessionals
- Trauma-Informed Clinical Best Practices: Implications for the Clinical and Peer
 Work Force

Resources

SAMHSA, Adverse Childhood Experiences, https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences (page accessed: November 12, 2018. last updated: July 9,2018) CHCS Inc., Understanding the Effects of Trauma on Health (funded by the Robert Wood Johnson Foundation), June 2017. https://www.chcs.org/resource/understanding-effects-trauma-health (Page Accessed November 12, 2018) CDC, About the CDC-Kaiser ACE Study. (page accessed: November 12, 2018. last updated: June 14,2016). Content Source: Centers for Disease Control and Prevention, http://www.cdc.gov; National Center for Injury Prevention and Control, http://www.cdc.gov/violencePrevention/index. html

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