



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Trauma-Informed Care Innovation Community: Workforce Development Creating Safety for All

Presenters:

Linda Ligenza, LCSW

Sandra Bloom, MD

Patricia Gerrity, PhD, RN

3/24/16

# Setting the Stage: Today's Moderator



Madhana Pandian  
Associate

SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's webinar will  
be available on the CIHS  
website:**

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

**Under About Us/Innovation Communities**

# Our format:



## Structure

Presentations from experts

## Polling You

At designated intervals

## Asking Questions

Responding to your written questions

## Follow-up and Evaluation

Ask what you want/expect  
and presentation evaluation

# Listserv

Look for updates from:  
[trauma\\_informed\\_care\\_ic](#)

# Linda Ligenza, LCSW SAMHSA-HRSA Center for Integrated Health Solutions – TIC IC Facilitator



# Presenters

Sandra L. Bloom, MD

- Board Certified Psychiatrist
- Co-Director of Center for Nonviolence and Social Justice, School of Public Health, Drexel University
- Co-founder, The Sanctuary Institute

Patricia Gerrity, PhD, RN

- Doctorate in Health Planning
- Associate Dean for Community Programs at Drexel University College of Nursing and Health Professions
- Director of Stephen and Sandra Sheller Eleventh Street Family Health Services of Drexel University

# Webinar Agenda

Linda

- Trauma-informed workforce and safe environment

Dr. Bloom

- Creating sanctuary for staff and patients

Dr. Gerrity

- Practical strategies used at the Stephen & Sandra Sheller Eleventh Street Family Health Services of Drexel University



# A Trauma-Informed Educated Workforce

- Requires leadership support and direction
- Includes 'everyone' in the organization
- Improves staff competencies
- Reduces staff stress
- Increases staff retention / reduces costs
- Improves patient health outcomes
- *Creates safety and respect for all*

# What Exactly Does Safety Mean?

“We always recognized the importance of physical safety. Our refusal to tolerate violence of any sort constituted our best defense against any breach in physical safety. But a physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

Sandra L. Bloom, *Creating Sanctuary*, 2013





An interconnected,  
complex, adaptive,  
living world

**FILLED WITH PEOPLE WHO HAVE HAD ADVERSE  
INDIVIDUAL, GROUP AND INTERGENERATIONAL  
TRAUMA AND ADVERSITY**

# A PUBLIC HEALTH APPROACH

## PRIMARY: Trauma-informed

- Universal knowledge about trauma, adversity and its effects

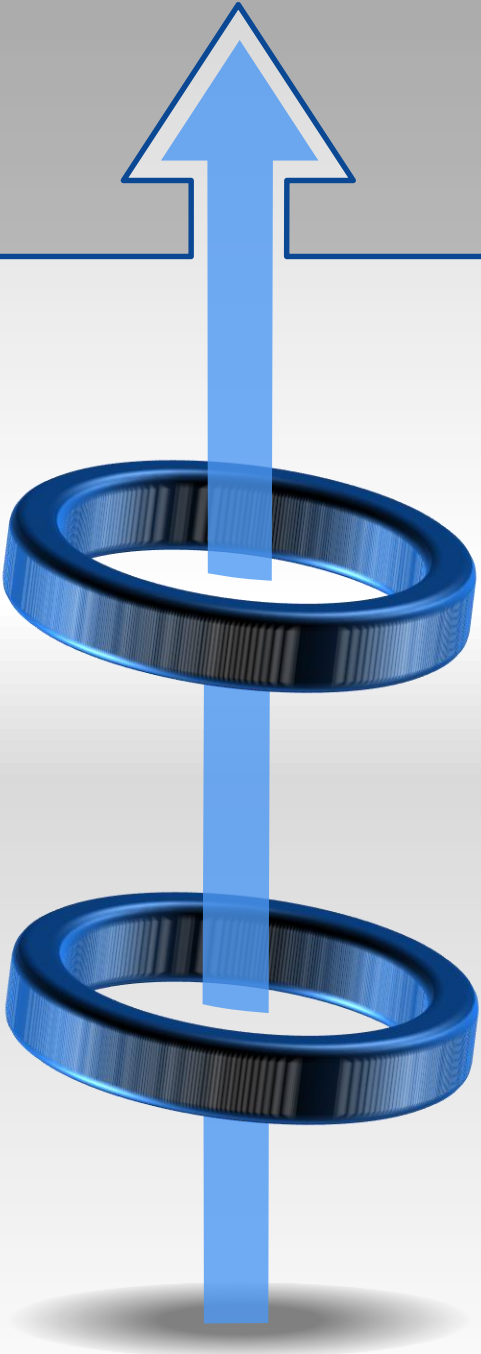
## SECONDARY: Trauma-responsive

- Policies and practices in place to minimize damage and maximize opportunities for healthy growth and development in populations at risk.

## TERTIARY: Trauma-specific

- Therapeutic interventions that specifically explore the trauma in the initial phases of therapy and then utilize those discoveries as a foundation as the therapy moves into current issues (Johnson and Lubin, 2014)

# PARALLEL PROCESS



***When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar thoughts, feelings and behaviors.***

*K. K. Smith, V.M. Simmons, and T.B. Thames,  
The journal of applied behavioral science, 1989. 25(1): p. 11-29.*

*pattern of shared basic assumptions that a group has learned as it solved its problems...and that has worked well enough to be considered valid and taught to new members*

How we do things around here

**Organizational Culture**

Accumulated Wisdom

Largely unconscious





Share mission

Share knowledge

Share values

Share language

Share practice

Share vision



# FOUR PILLARS OF SANCTUARY



# SHARED MISSION



Trauma-responsive human service delivery systems that promote health, healing, and positive change.

**Evolutionary neuroscience**

**Developmental neuroscience**

**Psychobiology of stress, toxic stress, allostatic load and traumatic stress**

**Social neuroscience**

**Group dynamics**

**Spiritual neuroscience**

**Healing and Recovery**

**Resilience**

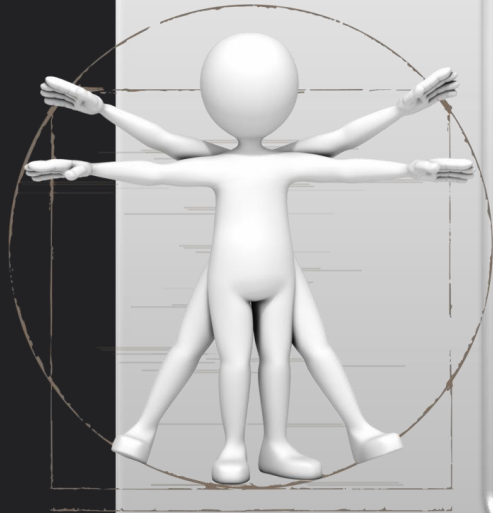


## **CONVERGENCE OF KNOWLEDGE**

Trauma-Informed, Relationship-Based, Scientifically-grounded

# SHARED VALUES

## UNIVERSAL PRINCIPLES



Those beliefs about human conduct that are common to human rights cultures around the world, regardless of gender, ethnicity, religious belief, or location on the globe.

# SHARED VALUES SANCTUARY COMMITMENTS



## Nonviolence:

- Are we morally, socially, psychologically and physically safe with each other? With our patients?

## Emotional Intelligence:

- Do we keep asking questions until we achieve understanding and get the whole story?

## Social Learning:

- Does our system guarantee that each of us learns the maximum knowledge from our mistakes?

## Open Communication:

- Are there blocks in our communication network that could affect care?

## Social Responsibility:

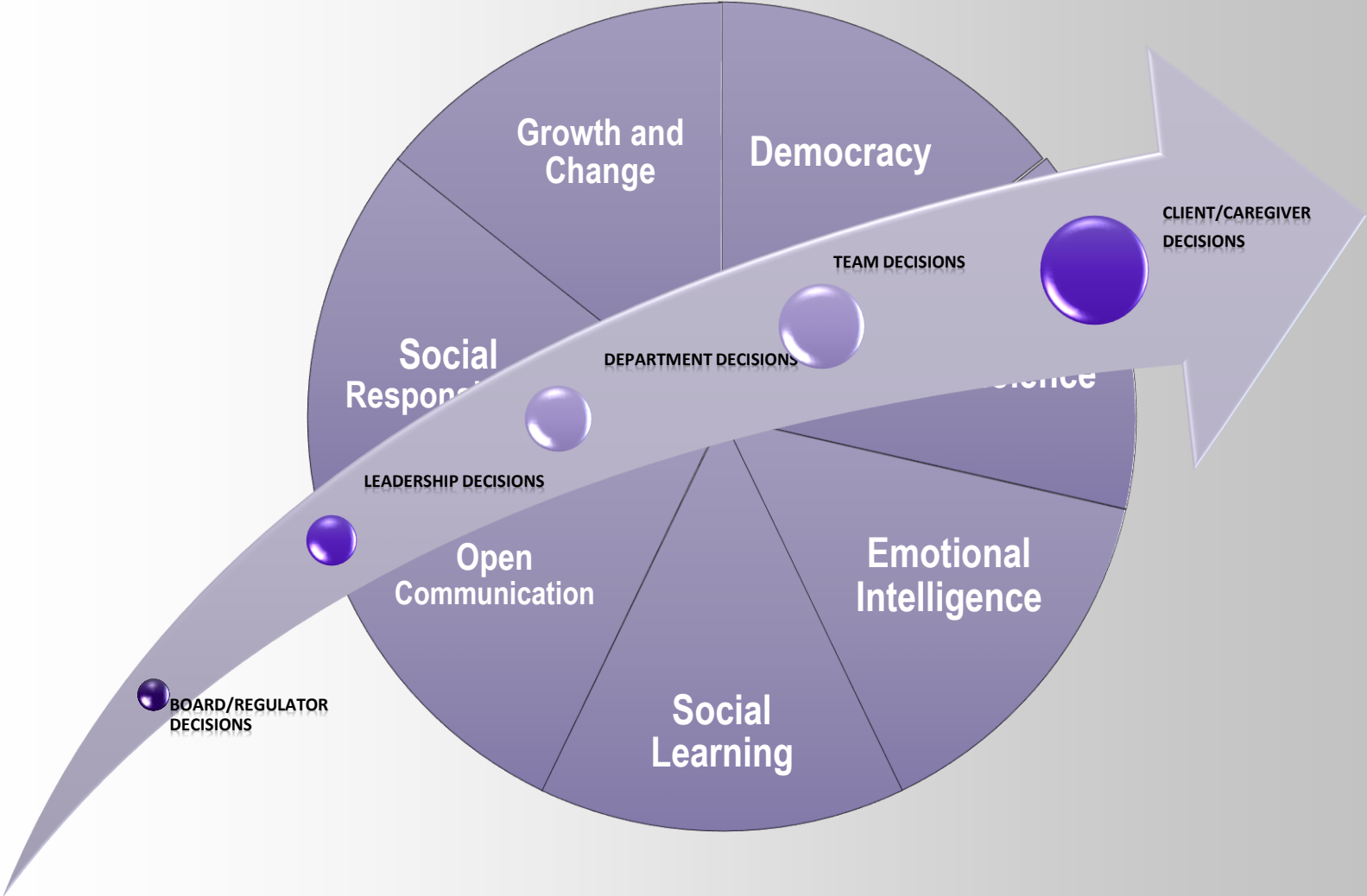
- How do we balance the needs of each of us as individuals with the needs of our group?

## Democracy:

- Does everyone have an opportunity to truly participate?

## Growth and Change:

- Do we help people change by honoring their loss and envisioning the future? Are we able to do that as well?





Everyone must share an easy-to-understand language that can be used as a compass for any kind of problem







Gets everyone on the same page

Very dynamic.

Applicable to children, families, staff and organization

**S.E.L.F.**

SHARED LANGUAGE

# SHARED PRACTICE

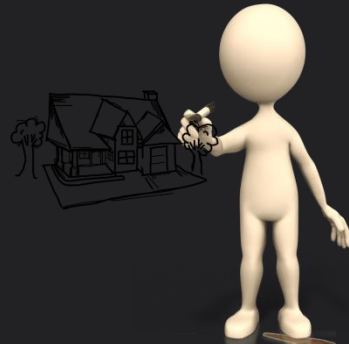
A range of practical skills that enable individuals and organizations to:

- more effectively deal with difficult situations
- build community
- develop a deeper understanding of the effects of adversity and trauma
- build a common language



# SANCTUARY TOOLKIT

# SHARED VISION: PARALLEL PROCESS OF RECOVERY



CHILDREN

FAMILIES

STAFF

ORGANIZATIONS

COMMUNITIES

SOCIETY

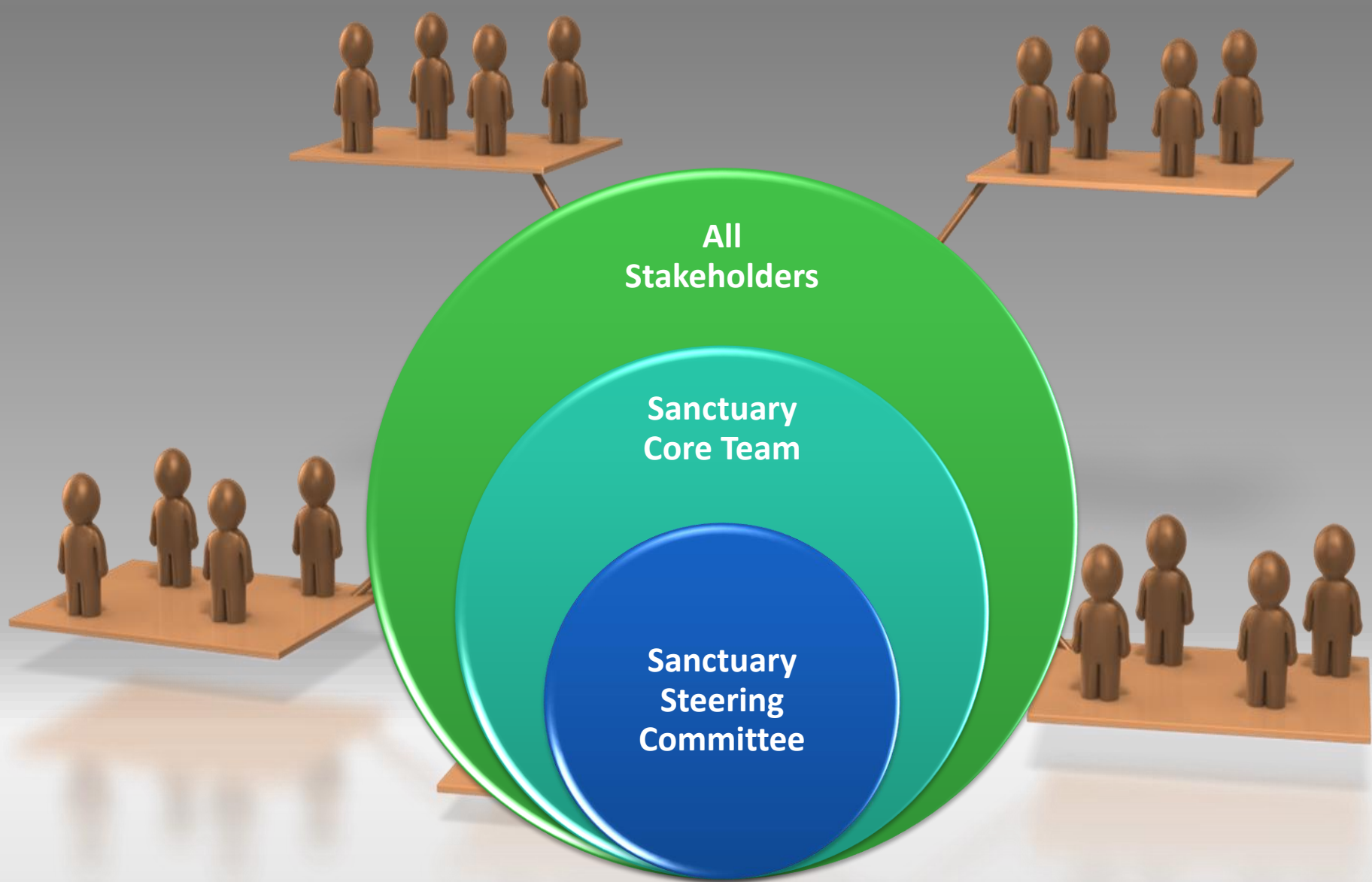
# IMPLEMENTING THE SANCTUARY MODEL



# SANCTUARY IMPLEMENTATION







# IMPLEMENTING SANCTUARY

# THE SANCTUARY NETWORK

## STAY CONNECTED.....



[www.thesanctuaryinstitute.org](http://www.thesanctuaryinstitute.org)





**United  
States**

**Canada**

**England**

**Scotland**

**Northern  
Ireland**

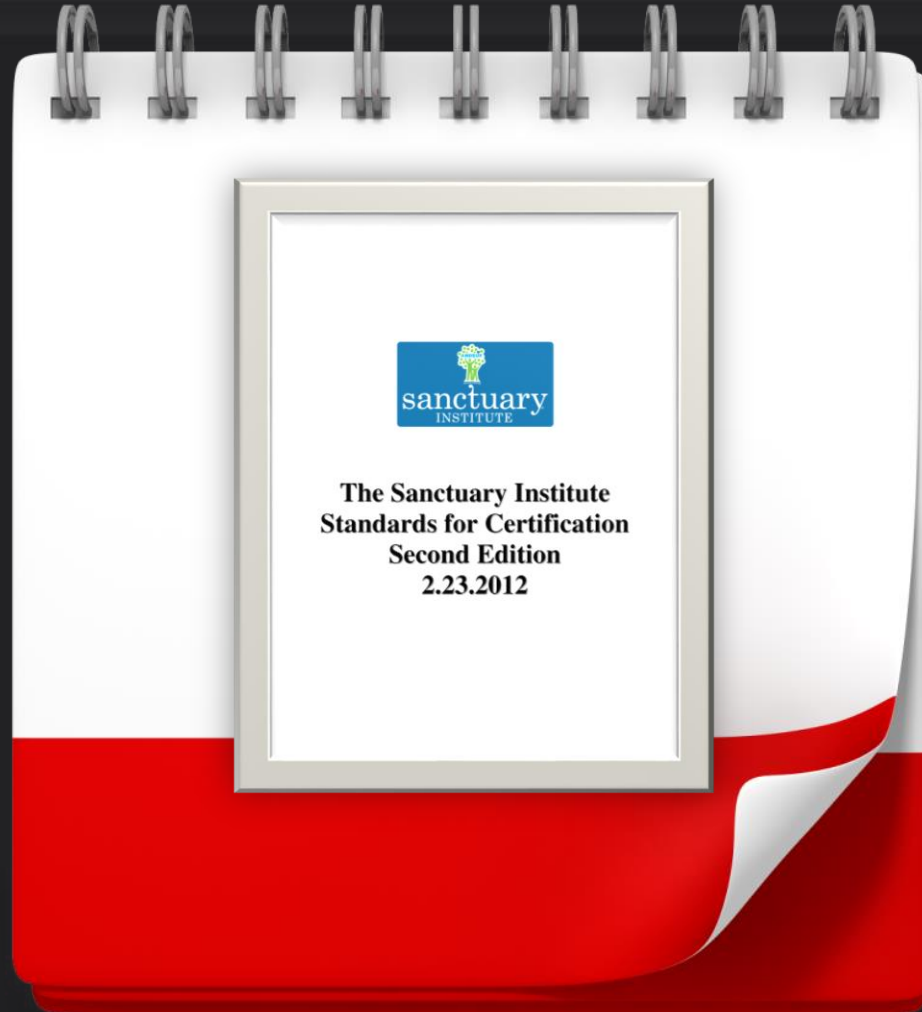
**Australia**

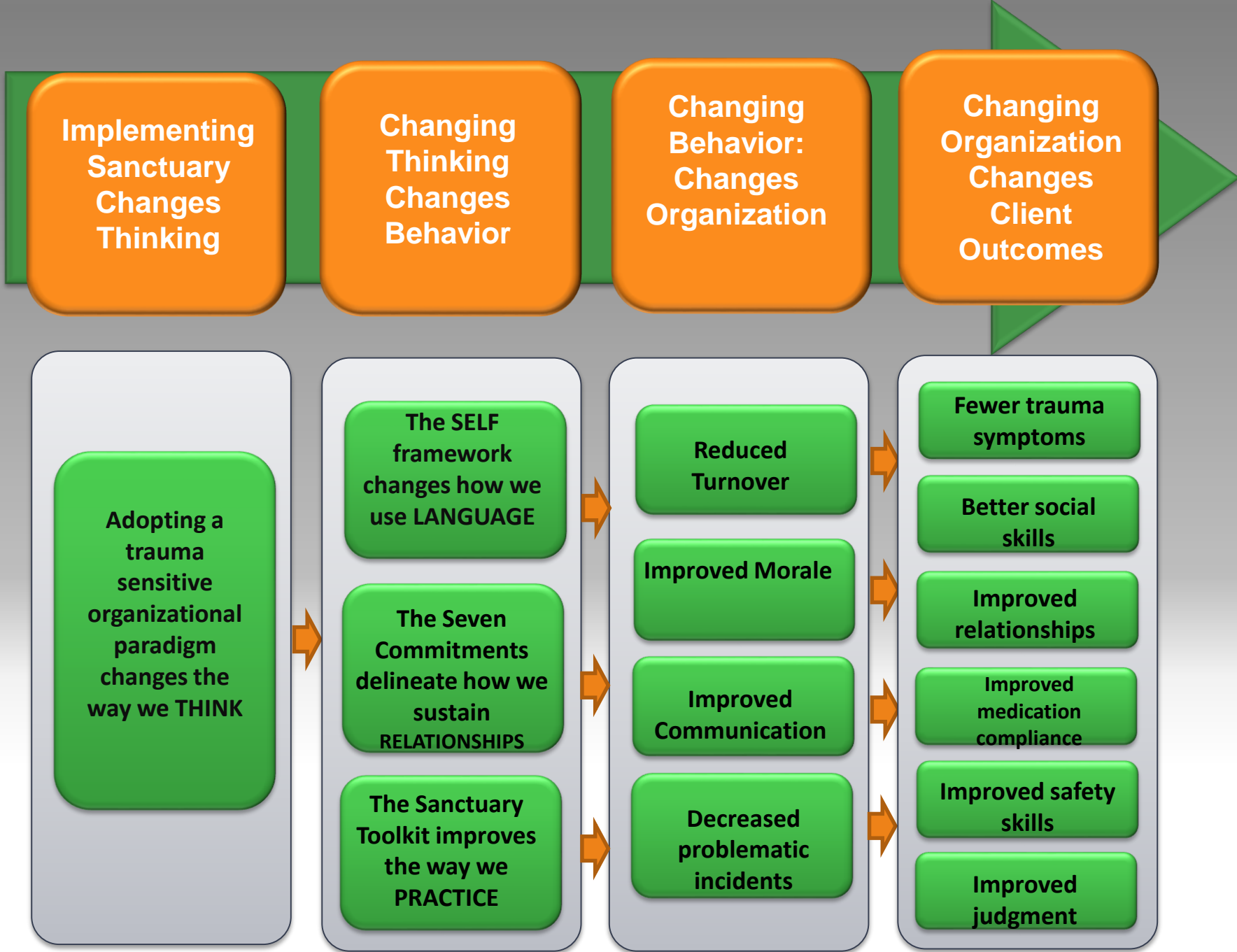
**Tasmania**

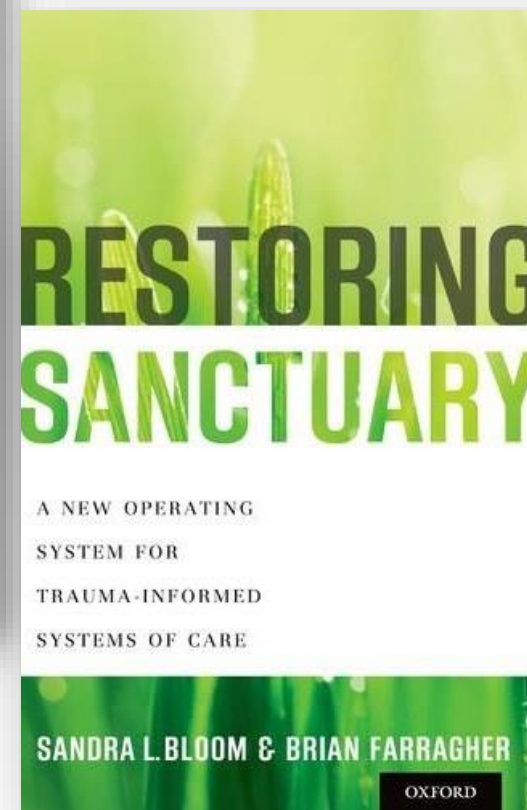
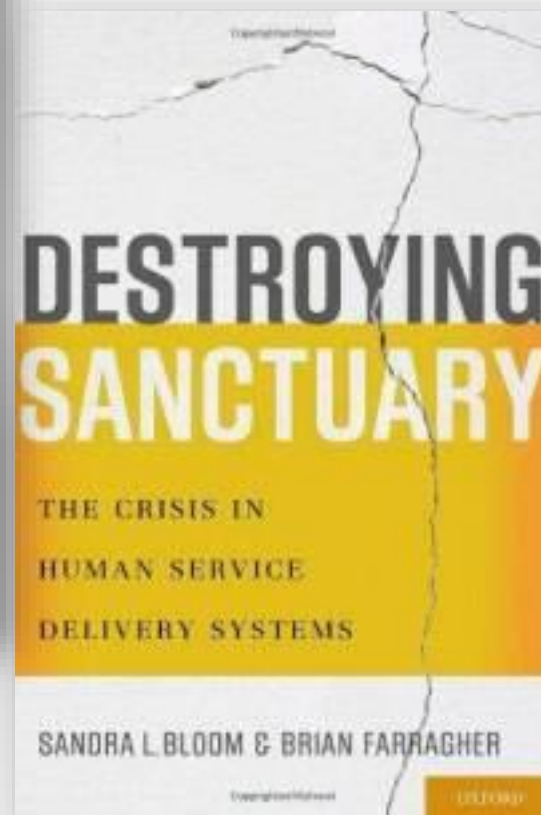
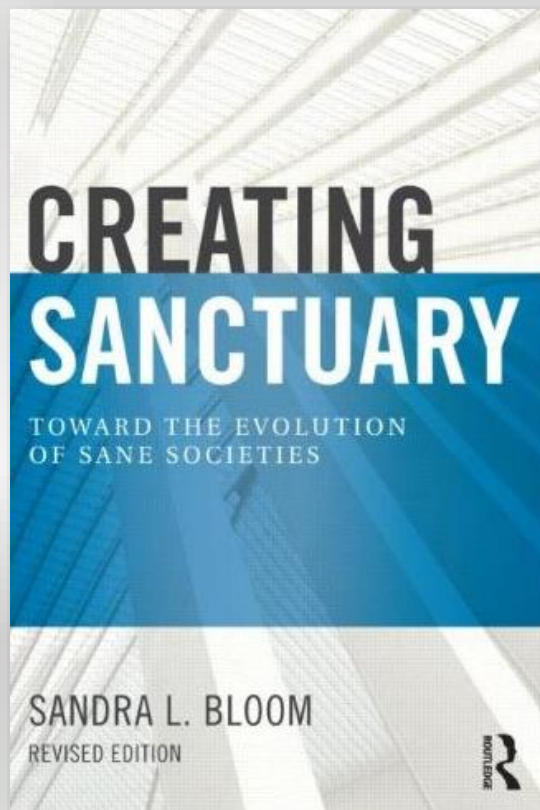
**Singapore**




# SANCTUARY CERTIFICATION









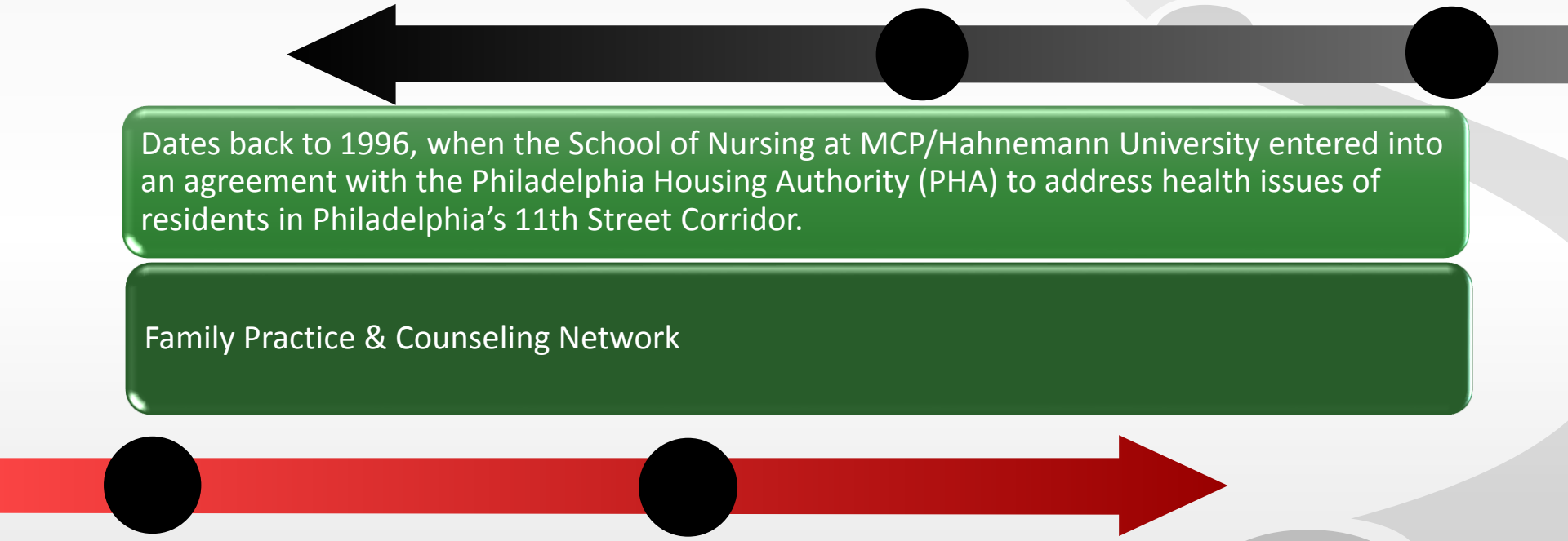
**SANDRA L. BLOOM, M.D.  
CO-DIRECTOR,  
CENTER FOR NONVIOLENCE AND SOCIAL JUSTICE  
SCHOOL OF PUBLIC HEALTH, DREXEL UNIVERSITY**

**CO-FOUNDER, THE SANCTUARY INSTITUTE**

**[WWW.SANCTUARYWEB.COM](http://WWW.SANCTUARYWEB.COM)**

**[WWW.CNVSJ.ORG](http://WWW.CNVSJ.ORG)**

# HISTORY



Dates back to 1996, when the School of Nursing at MCP/Hahnemann University entered into an agreement with the Philadelphia Housing Authority (PHA) to address health issues of residents in Philadelphia's 11th Street Corridor.

Family Practice & Counseling Network

**The Stephen and Sandra Sheller 11th  
Street Family Health Services of Drexel  
University**

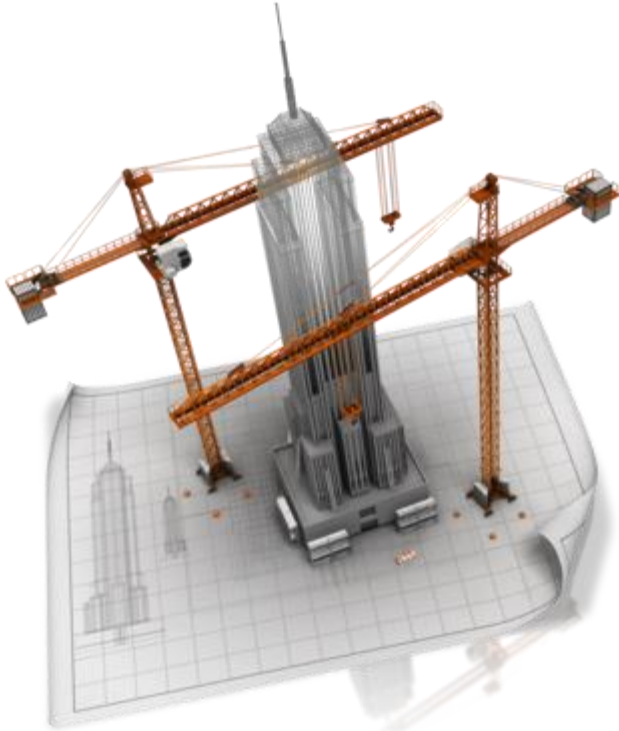


The mission of the Stephen and Sandra Sheller 11th Street Family Health Services is to provide quality, comprehensive health services to the clients it serves, with special attention to vulnerable people and residents of public housing units in the 11th Street Corridor.



In addition to its direct services mission, 11th Street provides an exemplary model of nurse-managed, community-based care for the education of health professions students and for faculty practice.

# MODELS OF CARE



**Partnership for  
Community-based Care**

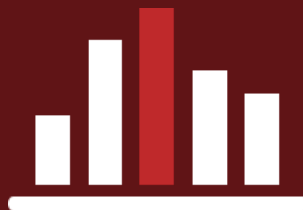
**Integrative Health Care  
Model**

**The Sanctuary Model**





86%  
African-  
American  
7% Latino



**2/3  
Female**



**58%  
Medicaid**

## DEMOGRAPHICS

Four public housing developments in  
the 11th Street corridor

**MEDIAN  
INCOME  
\$15,000**

**1/3  
below  
age 18**



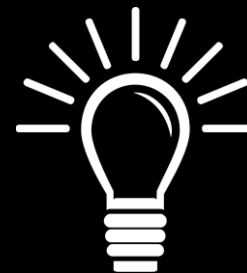
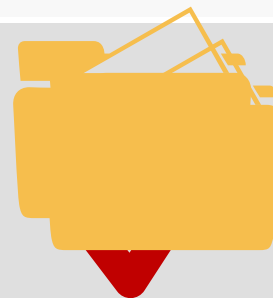
38% between  
24 and 44



**32,000  
VISITS /  
YEAR**



**20%  
Uninsured**



# GUIDING PRINCIPLES



We put the patient first and follow a model of care that uses our resources wisely to provide for the needs of our patients, our staff and our community.

We work in partnership with the community and the university to improve the health status of the community.

We provide services based on community defined needs.

We provide access to high quality health care for all regardless of their ability to pay.

We collaborate and communicate with the utmost integrity to support an environment of trust and respect among our patients/clients, staff and community.

We are dedicated, enthusiastic, highly skilled staff committed to providing care and service. We value diversity, respect the dignity of all and accept the uniqueness of individuals.

We promote innovation and a willingness to try new approaches with vitality, energy and enthusiasm in order to support change and foster growth.



# WHY TIC AND THE SANCTUARY MODEL?

Discovery in patients

Woman with diabetes,  
depression, trauma

# Original ACEs Study vs 11<sup>th</sup> St Results

Number of Adverse Childhood Experiences (ACE Score)	11th Street Patients	Original Study
0	6.3%	36.1%
1	12.0%	26.0%
2	17.8%	15.9%
3	14.9%	9.5%
4 or more	49.0%	12.5%



**BUT PRIMARY CARE IS UNIQUE**



# IMPORTANCE OF LEADERSHIP SUPPORT



Needs to model behavior and make a commitment of time and resources

Need to be ready for issues that arise; ex. race, power and privilege

Started undoing racism group

Looked at hiring practices

# START WITH STAFF



Start with staff- how they work with each other in safe environment

Shared language

Sanctuary Tools



# TRAINING



Need to get everyone trained and on the same page

Need ongoing training

Need plan for getting new staff on board

# MULTIPLE CHALLENGES



Time for training – time away for providers of billable services

Same problem for core team

Administered Quality of Life Scale to measure compassion fatigue, burnout, secondary traumatic stress

# What we did....



## Provided staff with:

- Safe quiet spaces to reduce stress
- SELF groups- ex. MA dismissal
- Staff loss group with Dance/Movement Therapist
- Mindfulness

## Provided Patients with:

- Whole person care

# What we did....



If you want to know -What happened to this person?

- Need to be present and listen-

Can be challenging with a financially driven and primarily an industrial model of efficiency and cost effectiveness

- Often focuses on products and forget the reasons for what we do.

The center is currently working on bringing clarity and commitment to complimentary aspects of care.

# What we did....

## Mindful practice

- Similar approach to the one used in Sanctuary- begin with staff
- Being present
- Allows for clear thinking and open-heartedness
- Alleviate suffering in a compassionate manner



# SHARE THE CARE MODEL



Share the Care Model- Collaboration and team planning-

- Daily huddles by team members
  - Nurse practitioner
  - Clinical nurse
  - Medical assistant
  - Behavioral health consultant
  - Child & Family Supports Coordinator

# SHARE THE CARE MODEL



Screening adults and children

Referrals to:

- Behavioral health consultant
- On-site behavioral health
- Mind-body therapist
- Creative arts therapist



# SHARE THE CARE MODEL



Also training community leaders and developing new programs

Programs that developed from TIC and Sanctuary

- R\* Health
- Camp Mariposa
- Porch Light
- MindKare Kiosk

# Mariposa Community Camp

Helping Philadelphia Children Break the Cycle of Family Addiction

10 Week **Free** Camp

For children **Ages 9-12**

January 12th to March 15th

**Tuesdays 3:30-5 pm** at 11th Street,  
850 N. 11th Street, Philadelphia, PA 19123

Tokens, gift cards, & prizes  
offered to families involved!

A camp for children who have been  
impacted by an addicted family member.

Participants and their families will be positively impacted by:

- Gaining knowledge, as well as problem-solving and self-care strategies
- Building confidence
- Increasing understanding about addiction
- Developing critical life-skills that will help manage feelings
- Gaining support and resources around addiction

Register by Contacting:

Aisha at (215) 769-2153 or

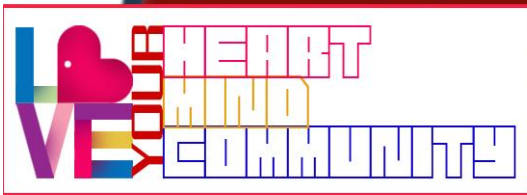
Lindsay at (215) 769-1115



Stephen and Sandra Sheller  
11th Street  
Family Health Services

Based on national Camp Mariposa model. For more info: [www.moyerfoundation.org](http://www.moyerfoundation.org)





**YOUR  
HEART**

**YOUR  
MIND**

**YOUR  
COMMU-  
NITY**

**INCLUDES:**

- Competitive Cooking Battles
- Pivotal Living Fitness Tracker
- Fitness Coaching and Fitness Center Access
- Chance to earn up to \$100 in Incentives
- Food will be Provided
- Transportation Assistance Available
- Give back to the community

**Eligibility:**

- High School Students
- Living or going to school in the area around 11th Street Health Center

INFORMATION AND  
RECRUITMENT SESSIONS:

15<sup>TH</sup>, 17<sup>TH</sup>, and 22<sup>ND</sup>  
March, 2016

For more information,

CALL 215-769-2156 [John]

City of Philadelphia  
**MuralArtsProgram**



**THE  
PORCH  
LIGHT  
INITIATIVE**

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Get a  
**CHECK-UP**  
from the  
**NECK UP**



[11thStreetMindKare.org](http://11thStreetMindKare.org)



DREXEL UNIVERSITY  
Stephen and Sandra Sheller  
11th Street  
Family Health Services  
College of Nursing and Health Professions

# Questions

# Webinar Schedule

Webinar Number	Date	Time
April #4	Apr. 21	2 - 3pm
May #5	May 5	2 - 3pm
June #6	Jun. 16	2 - 3pm
July #7	Jul. 21	2 - 3pm
August #8	Aug. 18	2 - 3pm

**Thank you for joining us today!**

**Please take a moment to provide  
feedback by completing the survey at  
the end of today's webinar**

Linda Ligenza/lindal@thenationalcouncil.org

Madhana Pandian/madhanap@thenationalcouncil.org