Trauma-Informed Counties

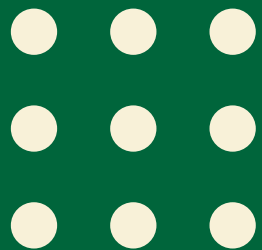## Compassion, Hope, Practical Steps

Presented by the NCACC Opioid Settlement Technical Assistance Team
& Deena Fulton, MPH

Deena@DFultonConsulting.com
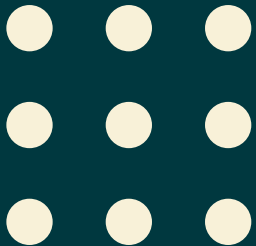
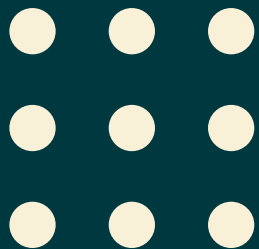North Carolina Association of County Commissioners

Trauma-informed approaches

Agenda

Sections

- Introduction and understanding trauma
  - What is trauma?
  - Impacts of trauma
  - Notable types of trauma
- How trauma shows up in our work
  - Trauma and drug use
  - Re-traumatization
- Trauma-informed approaches
  - Resilience and healing
  - Understanding trauma-informed approaches
  - Applications to your work and community

Resilience and healing are possible

Resilience video
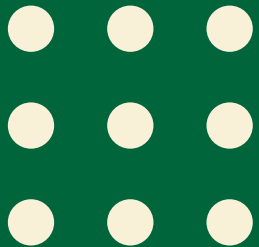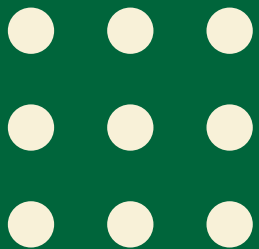
Bouncing forward, not bouncing back

Personal Reflection
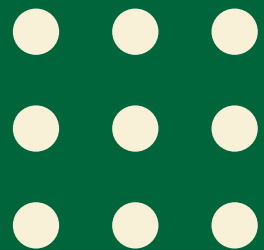
- **Think about a time when you went through something really tough, and then were able to heal from it (at least partially).**
  - How did it affect your thoughts, emotions, and behaviors? How did that impact those around you?
  - What skills helped you heal from that experience? How have you been able to integrate those skills in your life? How did your healing impact those around you?

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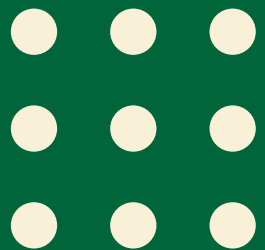
How can we support resilience and healing?

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Understanding trauma-informed approaches
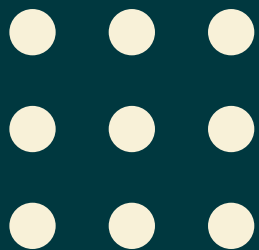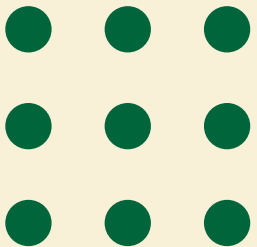
Trauma-specific work

- Prevent ongoing/future trauma
  - Harm reduction
  - Social determinants of health
- Trauma therapies/treatment
- For staff:
  - Employee assistance programs
  - Insurance that covers trauma therapy
  - Safe Days (leave for dealing with effects of sexual or domestic violence or stalking)

Resilience in systems: Trauma-informed care

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A program, organization, or system that is trauma-informed:
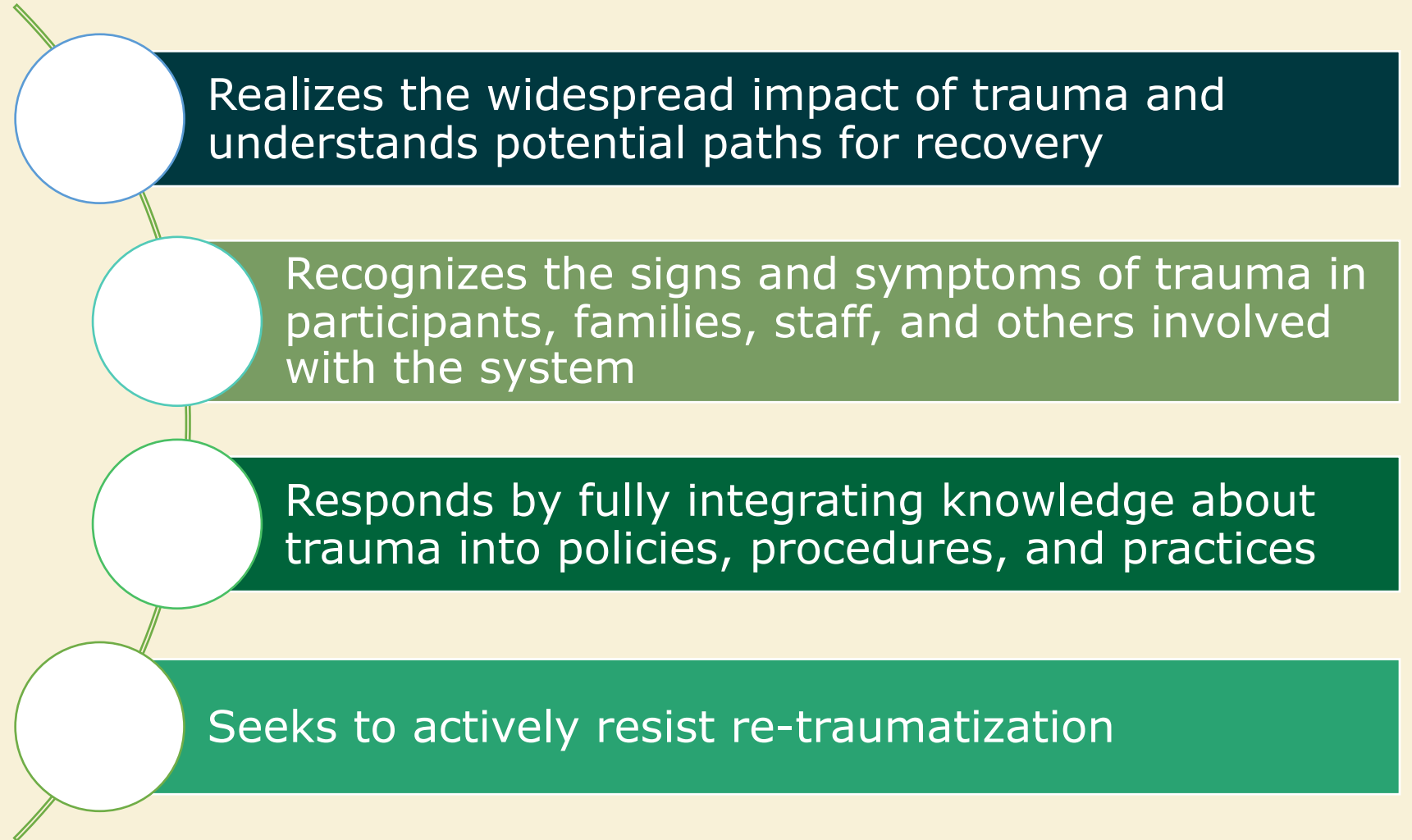
Realizes the widespread impact of trauma and understands potential paths for recovery

Recognizes the signs and symptoms of trauma in participants, families, staff, and others involved with the system

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Seeks to actively resist re-traumatization

-SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Principles of a trauma-informed approach

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Safety	Trustworthiness & transparency	Peer support
Collaboration & mutuality	Empowerment, voice, & choice	Cultural, historical, & gender lenses

-SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Trauma-informed care and harm reduction

A quick aside
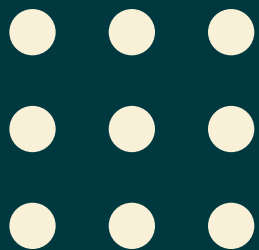
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What is harm reduction?

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

- **H**arm **R**eduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
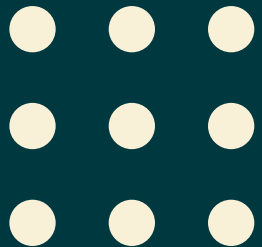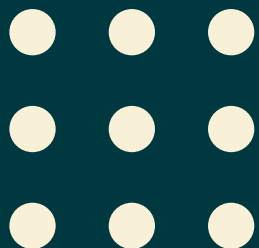
National Harm Reduction Coalition

- Drugs happen
- It's complicated…
- Quality of life matters
- No judgement
- Nothing about us without us
- Power to the people
- Inequality is a reality
- Drugs hurt

Harm reduction & TIC

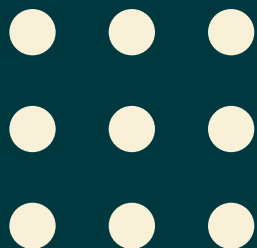"TIC and harm reduction reinforce each other... both approaches help patients [or participants] to make choices that make sense for their own personal health and safety."
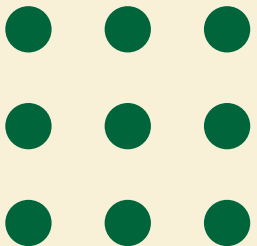
-NACCHO's "[Harm Reduction as a Trauma-Informed Approach to Substance Use](#)"

Back to trauma-informed care

Evidence of effectiveness

- Participant level outcome data still limited. Some data showing improvements in:
  - Child well-being
  - Reduced disciplinary referrals for school children
  - Women's trauma and mental health symptoms
  - Early/unplanned discharge from treatment (substance use, mental health)
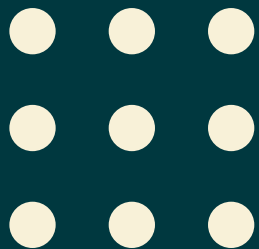- More robust evidence on how organizations and systems change successfully
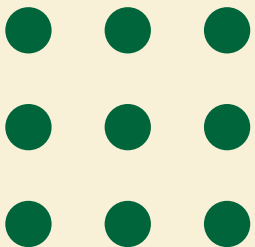
Applications to your work and community

Activity:
Journey through the service system
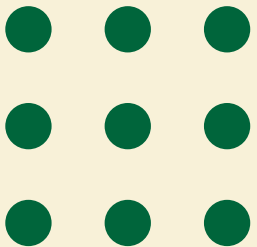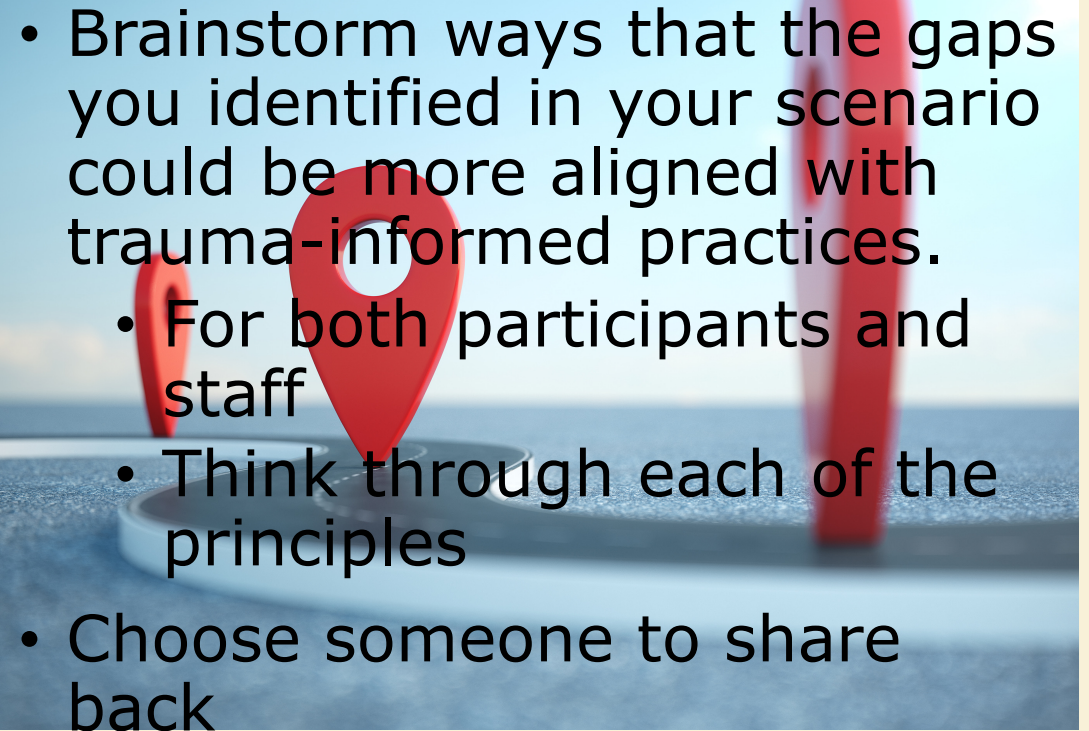
Activity:
Journey through the service system

Part 1

- What components of your case study are not as trauma-informed as they could be? Some things to think about:
  - Gaps that negatively impact the participant
  - Gaps that negatively impact the staff
  - Consider how racism and other forms of discrimination and generational/historical/community trauma may be at play

Part 2

- Brainstorm ways that the gaps you identified in your scenario could be more aligned with trauma-informed practices.
  - For both participants and staff
  - Think through each of the principles
- Choose someone to share back

Principles of a trauma-informed approach

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Safety	Trustworthiness & transparency	Peer support
Collaboration & mutuality	Empowerment, voice, & choice	Cultural, historical, & gender lenses

-SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Strategies for the whole system

- Engage people with lived experience (drug use, staff)
- Inform
- Coordinate
  - Macro (including funding)
  - Micro (screening, referral, connections)
- Assess and improve
  - Policies
  - Practices
  - Physical Environment

- Support the staff
- Invest in prevention and healing
- Evaluate

Building partnerships

- Think about:
  - What partnerships would be necessary to build functioning, trauma-informed systems
  - Which partners are already on board and/or actively doing this work – find champions
- Many resources out there
  - Collaboration Multiplier
  - Preparing to Partner
  - Safe States Essentials for Partnerships Strategic Planning for Partnerships activity
  - Community Tool Box Creating and Maintaining Coalitions and Partnerships

Digging deeper: trauma-informed care for staff
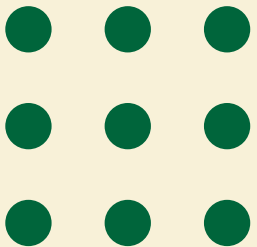
Reminder: principles of a trauma-informed approach

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-SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Safety

Participants

- Clear policies and procedures around consent and confidentiality

- Modifications to physical spaces

Staff

- Emergency plans and trainings on them

- Controlled access to buildings

- Lighting, locking doors

- Clear job expectations

- Standardized, regular performance review

- Regular supervision
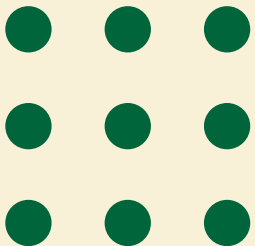
Trustworthiness and transparency

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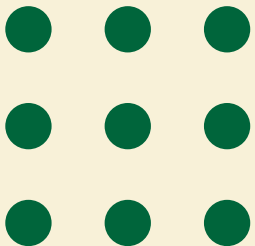
Participants

- Clear, accessible communication about policies, rights, and expectations
- Regular communications, updates

Staff

- Open communication across levels and departments
- Updates and explanations about changes and decisions (or lack thereof)
- Clear, fair procedures for addressing conflicts or issues
- Supervision confidentiality and exceptions
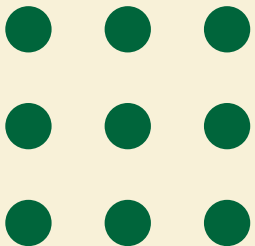- Sharing program budgets

Peer support

Participants

- Support groups
- Peer mentorship programs
- Hiring people with lived experience

Staff

- Hiring people with lived experience
- Having a team and/or networking opportunities
- Regular team and staff meetings
- Mentorship
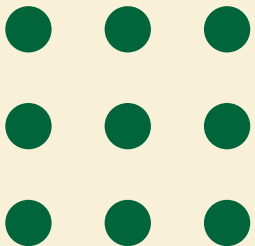- Spaces for staff to share experiences and problem-solving strategies

Collaboration and mutuality

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Participants

- Involving participants in decision-making about their own care
- Everyone is the expert in their own life
- General approach of partnership vs. professional-client

Staff

- Enough staff to manage workload
- Opportunities to contribute to decisions that affect work
- Incorporating staff input on decisions
- Collaborative development of job descriptions, performance plans, development plans

Empowerment, voice, and choice

Participants

- Providing (resources for) psychoeducation about trauma and recovery
- Providing information about all possible resources and care plans and their benefits and challenges, and then respecting participants' choices

Staff

- Professional development opportunities
- Acknowledging staff strengths and contributions
- Seek and act upon staff feedback
- Support staff in empowering their participants
- Autonomy in job performance
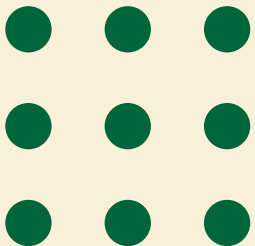
Cultural, historical, and gender lenses

Participants

- Language and disability access
- Providing options for resources outside of traditional institutions that have caused historical and/or collective trauma
- Staff reflective of community

Staff

- Acknowledging (and addressing, where possible) specific challenges faced by staff who belong to marginalized groups
- Addressing discrimination/bias in the workplace
- Ongoing and community-specific cultural humility training and support
- Paid parental leave and other family-friendly policies
- Flexible paid holidays for non-majority holidays
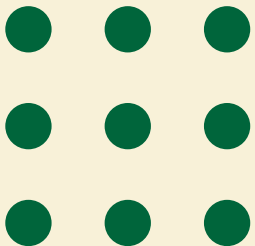
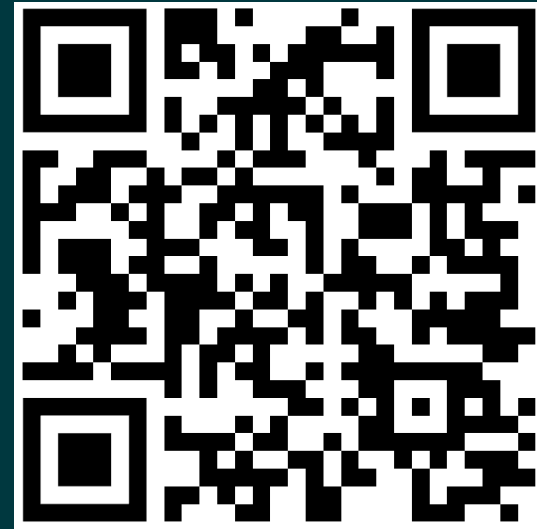North Carolina Association of County Commissioners

Conclusion
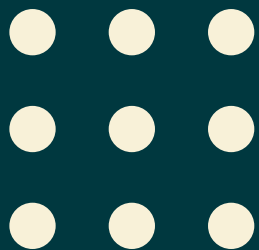
Thank you and questions

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