Lenape Valley Foundation

TIC- Trauma Informed Care

We Have a Winner!

Well, actually we have **TWO** winners for the Name This Newsletter Contest! Sandy Mandell and Jon Slipka submitted the same name- TIC-TALK (further proof that great minds really do think alike). Congratulations to Sandy and Jon and thank you to everyone who submitted names and took the time to vote!

Our Very Own…

Alan Hartl has been named a member of the National Council's Board of Directors. Alan will represent National Council members in Delaware, D.C., Maryland, Pennsylvania, Virginia, and West Virginia.

Mobile TIC

By Cindy Thiers, MA

This summer members of the TIC Committee went to three of Lenape Valley Foundation's off site locations to do Mobile TIC. On July 9th we visited Lower Bucks Crisis in Bristol. A brief presentation was given to the outpatient and crisis staff on TIC. On July 30th we went to the BARN and spoke to both consumers and staff about TIC. Our last visit was at Doylestown crisis center. Brooke Glen Behavioral Health was there and we presented to staff and two of the marketing professionals from Brooke Glen. The information and handouts were very similar to the TIC open house at the main building.

The response and feedback was extremely positive! Doylestown Crisis used the Mobile TIC as training for their department. It is my hope that Mobile TIC can continue within the LVF and hopefully expand into the community.

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Where Are We Now? UPDATE

Early in 2012, Lenape Valley Foundation was selected by the National Council for Community Behavioral Health Care for participation in a National Council Learning Community. At this time, over sixty behavioral healthcare organizations from across the nation are represented. The National Council Consultant Group offers consultation and resource assistance to members of the learning community so organizations can develop goals which will advance adoption of principles characteristic of a Trauma Informed Care Organization. From early April, LVF has been working closely with consultants from the National Council Learning Community to introduce a paradigm shift within our organization from one which asks, "What's wrong with you?" towards a more Trauma Informed Care approach, "What's happened to you?". Such a shift is a necessary first step towards our greater organizational goal, the integration of **Trauma Informed Care Principles** as listed below.

PRINCIPLES of A Trauma Informed Care Organization:

- System-wide understanding of trauma prevalence, impact and trauma-informed care
- Safe, calm and secure environment with supportive care
- Consumer voice, choice and self-advocacy
- Cultural Competence
- Recovery, consumer-driven and trauma specific services
- Healing, hopeful, honest and trusting relationships

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Trauma Informed Care-

The National Council Consultant Group continues to offer LVF ongoing guidance in the form of

Small Cohort Calls- Tony Salerno is cohort leader for LVF. Small Cohort calls offer members an opportunity to provide Tony with general updates, ask for topic specific resource information and share with each other, and offer support and guidance. Two small cohort calls have occurred; the next is scheduled for November.

TIC Learning Community List Serve- Comprised of past and present learning community organizations. Members utilize the list serve as a forum to ask questions, initiate discussion, and lend support to each other. A member of the National Council Trauma Informed Faculty acts as moderator to ensure member questions and comments are addressed. This has proven to be a network environment rich in discussion of all things "trauma" and invaluable for resource specific materials.

Private Website for Learning Community Members- This is a private website and some of the information is copyright protected by the National Council as well as members of past learning community members who have generously agreed to share information. http://www.thenationalcouncil.org/cs/trauma_informed_care_home

Webinars- There are six domains characteristic of a Trauma Informed Care Organization. The addition of a seventh domain assists organizations in the measurement and evaluation of performance improvement. Members of the Lenape Trauma Informed Planning Committee have formed subcommittees which mirror the seven domains. Each webinar highlights a specific domain as developed by the National Council Trauma Informed Care Faculty. Webinars can be found on our Learning Community website.

We will continue to offer updates as we move forward. Members of the Lenape Valley Foundation Trauma Informed Care Planning Committee want to thank all who have assisted in the work so far. If you would like to join the committee, please contact Cindy Thiers, Angela DiCarne, Julie Harbison, Barrie Cerny, or Krisanna Ghadiri.

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TLC- Trauma Informed Care

What Story Do You Have to Tell

We want to hear **YOUR** story. If you have something you would like to share with the LVF community please email it to krisanna.ghadiri@lenapevf.org.

Epilepsy

I've been thru a tough life with a brain injury. I was 6 months old when I had my first seizure. I have auras to which is a sign or warning that I'm about to have a seizure. If I do, I'll start to get dizzy and shake. Since I was born and raised having epilepsy, I'm so used to dealing with it, but it's really tough to deal with!

Story from a LVF consumer, 7/2012

Education

Wow, there is so much information out there about Trauma Informed Care! Here is a small sampling of websites for your thoughtful perusal. A good place to start…our very own National Council website- http://www.thenationalcouncil.org/cs/trauma_informed_care_home .

- The Anna Foundation: http://www.theannainstitute.org/
- National Center for PTSD: http://www.ptsd.va.gov/
- National Child Traumatic Stress Network: http://www.nctsnet.org/
- Trauma Information Pages: http://www.trauma-pages.com/
- National Center for Trauma-Informed Care: http://www.samhsa.gov/nctic/
- Gifts from Within: http://giftfromwithin.org/
- Sidran Institute - http://www.sidran.org/
- Ace Study: http://www.cdc.gov/ace/
- The Trauma Center: http://www.traumacenter.org/

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The Colorado Community Tragedy

By Linda Ligenza, LCSW

(posted on the TIC Learning Community List Serve)

Impact of a Traumatic Event

Traumatic events such as the one that recently occurred in Aurora, Colorado have a significant impact on the individuals directly involved, their families and friends and the larger community surrounding the location where the event took place. The extent of the impact will depend on several factors including: how close the person was to the event (actually shot or wounded, in the theater but not hurt, in the theater next door, relative or friend of someone wounded, deceased or present in the theater); if the person has experienced previous trauma; the seriousness of the injury; loss of someone close; and the perception of the person involved, about the experience. A person's perception is a critical factor in how much of an impact the experience has on them; someone who was in the theater who was not shot but felt that their life was threatened may have more serious reactions than a person who was shot and injured. Everyone reacts differently to the same event. The first responders, who were confronted with a chaotic, gruesome scene, are also at risk for adverse reactions; it is important to ensure that they have information and easily accessible and confidential resources available to them as well.

Typical Reactions

Typical reactions fall into four categories: **emotional** -- such as shock, numbness, fear, anger, worry, sadness, and grief; **physical** -- including headaches, stomachaches, fatigue (the most common); **behavioral** -- such as crying, increased use of substances, agitation; and **cognitive** -- which may include forgetfulness and confusion. It is important to recognize that these reactions are **expected** after a traumatic event; these are normal or typical reactions to an abnormal event.

Helpful Responses

In the immediate aftermath of such an event; anyone affected can benefit from the following interventions:

Psychological First Aid (PFA):

- Contact and Safety
- Safety and comfort
- Linkage with local services
- Stabilization
- Information gathering re needs and current concerns
- Practical assistance
- Connection with social supports
- Information on coping

Behavioral Health organizations can be helpful in distributing informational and educational materials and resources to those affected when possible and to the public. This can be done by making these available during public gatherings, through faith based organizations, local religious and community groups and via websites, to name a few.

Signs of Distress

People affected by traumatic events may require a mental health evaluation and treatment when their reactions or symptoms become distressing. Distress can be identified by such signs as: inability to carry out daily functions; trouble with relationships; prolonged mourning of losses; diminished ability to cope or problem-solve; isolating behaviors and hopelessness; health problems; and uncertainty about the future. In children, we see regression to a younger developmental stage, poor school performance, isolation, acting out behavior, and physical complaints. Clinicians can be very helpful to parents by teaching them how to talk to their children about the disaster and helping them to recognize signs of distress. It's important to remember that most people will not develop PTSD after a disaster or a traumatic event although many may experience signs of stress and some will have symptoms of distress.

Community Resilience and Public Messaging

To promote community resilience, impromptu gatherings, as we have seen happening near the site of the movie theater, and participation in organized vigils, rituals, commemorations will assist in the healing process. Another positive and effective approach to promoting community resilience is through messaging by trusted community leaders. Leaders who project a sense of calm, reassurance and provide ongoing or periodic messages of empathy, compassion along with optimism, hope, healing and cohesion will assist their community to heal and recover.

Avoiding Re-traumatization

Re-traumatization can inadvertently occur through repeated watching of news reports, reading about the tragedy in newspapers and on line and through hearing and reading inflammatory, disturbing language such as use of the word, "massacre". The media, community leaders and others in the public eye must be careful to choose their words and messages carefully. Guidance from mental health professionals can be very helpful.

Self-care

Self-care is an important component of trauma work. Clinicians and others working with trauma survivors are at risk for developing "secondary traumatic stress", experiencing symptoms of trauma such as anxiety, guilt, and stress resulting from working with survivors. This is also referred to as "compassion fatigue" and "vicarious traumatization". In order to prevent these symptoms, clinicians should follow a self-care plan that includes connecting with support systems such as co-workers, family, friends and maintaining a healthy lifestyle which includes eating and sleeping well, getting regular exercise, avoiding alcohol and other harmful substances, engaging in pleasurable activities, and not working excessive hours.

Reducing Stigma

Although we do not yet know much about the person accused of perpetrating this crime, it is a good opportunity to teach the public about signs and symptoms of mental illness and addictions and how they may intervene when needed.