

Trauma Informed Care

Central Peninsula Hospital
Serenity House Treatment Center

Level of Readiness

- Problem statements
 - High drop out rate prior to completion of AA/NA step four
 - Relapse skills insufficient at anniversary dates
 - Counselors reported feeling overwhelmed
 - Referrals created divided care
- Readiness –Initiation

Action/Implementation

- Research trauma informed treatment
- All staff and community training on Seeking Safety
- Seeking Safety groups for men and women
- Trauma as expectation
- Trauma discussed at intake and each case review
- Grief skills management
- DBT skills groups
- Shaping culture with language
- Plan to address secondary trauma

Data collection strategy

- Interested to measure
 - Retention past step four
 - Client outcomes
 - Percentage of clients enter long-term recovery
 - Increase total number of recovery days
 - Increased periods of time between relapses
 - Sense of being respected
 - Satisfaction with care
 - Staff satisfaction
 - Self and peer rating of competence
 - Plan to stay in current role
 - Willingness to address their own trauma
 - Reduced loss of clients through referral process

Lessons Learned/Next Steps

- Program initially well received
- Pushback as “codependent” clash w/ SA treatment hx
- Lack plan to train new staff
- Trauma multiple meanings in different settings

- What would we do different
 - Invest in fidelity measures and ongoing supervision
 - Use language changes sooner
 - Make clearer break from our hx
- Next Steps
 - Address fidelity to model
 - Build ongoing training model
 - Continue to focus on culture change/development
 - Formal workshop on secondary trauma