

NHPCO Project ECHO 2023

Equity Where It Matters

Topic: Culturally Responsive Trauma-Informed Care

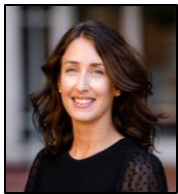
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Disclosures

Disclosure

The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. We ask all participants to take the survey as it will help us to improve future sessions.

Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants – introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Today's Agenda

- Introduction of Faculty – NHPCO Team
- Didactic Presentation – Faculty
- Case Study Presentation – Faculty
- Discussion – Session Participants, Faculty, and NHPCO Team
- Key Takeaways – Faculty and NHPCO Team
- Closing Remarks – NHPCO Team

Session Faculty



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Didactic Presentation

Definitions

- Cultural Humility (DEI Department @Oregon University)
 - A personal **lifelong commitment to self-evaluation and self-critique** whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities.
 - Recognition of power dynamics and imbalances, a desire to **fix those power imbalances and to develop partnerships with people and groups who advocate for others**
 - **Institutional accountability**
- Trauma
 - The Three "E"s (SAMHSA)
 - Event(s)
 - Experience of the event(s)
 - Effect
- Bias – self-awareness necessary to restrict ourselves from applying our value onto others
 - Conscious/Explicit – an attitude, belief, or stereotype about a certain individual or group that can be accessed/visible; an automatic association and reaction
 - Unconscious/Implicit – an attitude, belief, or stereotype that operates outside of your awareness and control; often tied to your childhood, experiences, society, roles you hold
 - Transference – typically from patient/client – redirecting their thoughts and/or feelings about someone in their past or life onto you
 - Countertransference – typically from the clinician/counselor/therapist – redirecting our thoughts and/or feelings about someone in their past or life onto the patient/client
 - Projection – can be from either party and is almost always unconscious – placing our own perceived “negative” emotions and/or traits onto the other person/attributing our perceived flaws on them

Trauma-Informed Care: The Foundation

- Core Principles:
 - Safety
 - Trustworthiness & Transparency
 - Peer Support
 - Collaboration
 - Empowerment
 - Humility & Responsiveness

Exhibit 1. Key Ingredients for Creating a Trauma-Informed Approach to Care

Organizational	Clinical
<ul style="list-style-type: none">▪ Leading and communicating about the transformation process▪ Engaging patients in organizational planning▪ Training clinical as well as non-clinical staff members▪ Creating a safe environment▪ Preventing secondary traumatic stress in staff▪ Hiring a trauma-informed workforce	<ul style="list-style-type: none">▪ Involving patients in the treatment process▪ Screening for trauma▪ Training staff in trauma-specific treatment approaches▪ Engaging referral sources and partnering organizations

Cultural Humility: The Foundation

Possible Communication Norms	<ul style="list-style-type: none"> • How do you prefer to be addressed? • What is the primary language spoken in your home? • What is the best way to partner with you and your family-of-choice?
Tradition and Health Beliefs (Historical Narratives/Healthcare Disparities That May Impact Care, if any)	<ul style="list-style-type: none"> • How is illness, death, and after death/afterlife discussed in your family-of-choice, if at all? • Are there any experiences with health providers in the past that weigh upon you? Positively? Negatively?
Considerations for Pain and Symptom Management	<ul style="list-style-type: none"> • How do you view the experience of pain? Are you comfortable identifying/rating it? Are you comfortable verbalizing it? <ul style="list-style-type: none"> • Are there any differences between your views and those of your family-of-choice/community? • How do you view medication? Are there medications that you are concerned about? <ul style="list-style-type: none"> • Are there any differences between your views and those of your family-of-choice/community?
Considerations for Advanced Directives	<ul style="list-style-type: none"> • How are conversations related to final wishes, DNR, etc. best initiated with you (and your family-of-choice)? • (Threshold Question) Is there something that is key to your quality of life (ex. like when someone has to perform personal care for you or when you aren't able to knit anymore), that when no longer possible would indicate a time to focus on discussing your final wishes? • How do you define "suffering"?
Considerations for Imminent Dying and At Death	<ul style="list-style-type: none"> • Is there a word that you and your family-of-choice use when one is close to death? Or after a death has occurred? • Are there any rituals and important traditions that we can honor when you are close to death? • Are there any rituals and important traditions that we can honor when you have died? • Are there any rituals and important traditions that we can honor following your death?
Family Structure and Dynamics	<ul style="list-style-type: none"> • In your family-of-choice, who makes decisions about important plans, needs, etc.? • Who would you like to be involved in discussions and decision-making? • Are there any members of your community (like clergy) that should be involved in meetings to support you and your family-of-choice's needs?



REMINDER: Persons of the same backgrounds do not always identify in similar ways or carry the same beliefs. When initiating dialogues about an individual's identity, ALWAYS lead with questions to demonstrate compassion, sensitivity, humility, and genuine interest.



Discussion

- What are the overlaps between cultural humility and trauma-informed care?
- How do or would you connect the two in your practice?
- How do you prepare for a culturally-responsive trauma-informed clinical interaction?

Didactic Presentation Q&A

Case Study Presentation: TJ & Current Events

Situation and Background

- A 75-year-old male, TJ, is admitted to hospice with a diagnosis of chronic obstructive pulmonary disease (COPD).
- TJ is a WWII veteran but is hesitant to discuss his service as he has complicated emotions surrounding his service.
- TJ is Jewish, from an Eastern European country (Poland), and settled in Israel shortly after the war.
- Cooperative and pleasant with every member of the hospice team, except for the Certified Nursing Assistant (CNA).
- When the CNA visits, TJ screams and attempts to punch her.

Assessment

- CNA Supervisor makes a visit to discuss the situation with TJ.
- He is pleasant and non-combative.
- After a lengthy discussion, TJ discloses significant trauma related to his military service, which makes him extremely uncomfortable with the personal care the CNA is providing.
- The CNA Supervisor suggests to update his Plan of Care to ensure care is provided at his comfort level.

Discussion and Recommendations

Discussion and Recommendations

- What are some of your preparatory activities as you prepare to enter the patient's/client's space?
- How do you work to identify your own triggers and become aware of them in advance?
- How do you create space that reduces disparities in healthcare they may have already experienced?
- If you are “from the opposite side,” how do you protect yourself and your patient/client?
 - How do you build trust?
- How do you support other team members who are struggling with bias to present compassionately when with the patient/client?
- What does trauma-informed look like to you?
 - Consider verbal approaches
 - Consider non-verbal approaches

Reminders

- Notice your own triggers in this moment
- Don't make it personal*, let's stay clinical
- Not here to provide solutions, focus on patient- or client-centered care
- Keep the political jargon out of your plan of care

Key Takeaways

- Lead with compassion – everyone appreciates kindness
- Ask questions – lead from a place of inquisitiveness
- Ask permission
- Seek understanding and/or clarification
 - You have permission to not know or not understand – you are only the expert in yourself!
- Use the cultural humility tool to understand the unique needs of the patient/client and how their trauma may impact their care
- Honor the interdisciplinary team – work together, not in silos
- Sympathize, empathize, don't pathologize

- Next Steps for You:
 - Identify your own biases (implicit and explicit)
 - Identify and understand your own triggers – give yourself grace
 - Seek to understand any traumas that you identify for yourself – be compassionate with yourself

References/Resources

- Bloom, S.L. (2010). Organizational stress as a barrier to trauma-informed service delivery. In M. Becker & B.A. Levin (Eds.), *Public Health Perspectives of Women's Mental Health* (pp. 295-311). New York, NY: Springer.
- *Cultural Competence or Cultural Humility? Moving Forward Beyond the Debate*, *Health Promotion Practice*, 2020; 21(1).
- *Cultural Humility: A Concept Analysis*, *Journal of Transcultural Nursing*, 2016; 27(3).
- Harvard's *Project Implicit*: <https://implicit.harvard.edu/implicit/takeatest.html>
- *Hospice Through the DEI Lens: A Research Study Identifying Barriers to Hospice Care in Underserved Communities*, National Hospice and Palliative Care Organization. (Inclusion Access Toolkit)
- Menschner, C. and Maul, A. (2016). Key ingredients for successful trauma-informed care implementation: Issue brief. *Advancing Trauma-Informed Care*, Center for Healthcare Strategies: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf.
- Robert Wood Johnson Foundation (2021). Trauma-Informed Care Implementation Resource Guide. *Center for Health Care Strategies*: <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>
- Stanford's *Innovation Lab*: <https://womensleadership.stanford.edu/resources/tools>
- Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*: [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- UCLA's *Implicit Bias Series*: <https://equity.ucla.edu/know/implicit-bias/>
- Yeager, K.A. and Bauer-Wu, S. (2013). Cultural humility: Essential foundation for clinical researchers, *Applied Nursing Research*, 26(4): 251-256.

Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions!
- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for each session. To receive confirmation of completion, please complete the following [Project ECHO Session Evaluation and Knowledge Check](#) following each session.

NHPCO Health Equity Certificate

- Would you like to demonstrate your commitment to delivering culturally competent care across the continuum of serious illness in an equitable, inclusive, and person-centered manner?
 - NHPCO is pleased to offer a Health Equity Certificate for individuals who participate in at least 17 sessions in the *Equity Where It Matters* series
- Participants interested in earning the Health Equity Certificate must complete the [Project ECHO Session Evaluation and Knowledge Check](#) following each session.
- Effective July 20, the Session Evaluation and Knowledge Check can be completed using one link for each session.
- Session Evaluation and Knowledge Check links are unique for each Project ECHO session and do not expire. Links for each 2023 session can be found on the [NHPCO Project ECHO webpage](#).

Upcoming Sessions

Date: November 2

Topic: Disrupting Ageism

Date: November 16

Topic: Cross-Cultural Variation in Grief and Mourning

Additional Information

NHPCO Project ECHO webpage:

<https://www.nhpc.org/regulatory-and-quality/quality/projectecho/>

NHPCO Project ECHO session recordings and Key Takeaways:

<https://www.nhpc.org/regulatory-and-quality/quality/projectecho/2023-project-echo-session-recordings/>

NHPCO Project ECHO Registration Link:

<https://nhpc.zoom.us/meeting/register/tZEsfu-trz4oGtQeKFw41UEIYNwjSli8QCBF>

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