Creating a Trauma-Informed Care Culture

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Learning Objectives

1. Define secondary traumatic stress, compassion fatigue, and burnout and its effect on organizational resilience

2. Gain a greater appreciation of knowing staff’s level of compassion satisfaction, compassion fatigue, and burnout

3. Examine the communication processes we presently employ and begin to adopt recovery-based language
Why Trauma-Informed Care?

“We are a traumatized field working with traumatized clients, sending them to a traumatized recovery community.”

- Dan Griffin

Trauma-Informed Care (TIC)

TIC is:

- An intervention and organizational approach
- A focus on how trauma may affect an individual’s life and their response to behavioral health services
- A movement from “What’s wrong with you?” to “What happened to you?”
Trauma-Informed Care (TIC)

TIC:
- Is a way of being
- Is understanding what people are going through
- Is a way of talking
- Is a way of offering care

Five Primary TIC Principles

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment (Fallot and Harris, 2006)

There is tremendous overlap between these five values and the core values guiding the Coordinated Service Team initiative
**Staff Readiness**

The first step in the journey to become trauma-informed is to determine how ready your staff is to adopt TIC.

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**Empathy**

“What is to give light must endure burning.”  
- Viktor Frankl
Staff

- As helpers, we bring ourselves and our experiences to work every day
- Helpers are not just those with a clinical background
- That which makes us so effective in the service of others can also hurt us

Staff

- To be able to deliver services in a trauma-informed way, it is necessary to take stock of ourselves
- The impact of prior exposure to trauma can not be discounted
- Secondary traumatic stress (STS), compassion fatigue (CF), and burnout are common
How Have You Changed?

- How has my work changed me personally?
- How has my work changed me professionally?

Downward Spiral

- Vicarious Trauma (VT) and Secondary Traumatic Stress (STS)
- Compassion Fatigue
- Burnout
Vicarious Trauma and Secondary Traumatic Stress

- It is work-related, secondary exposure to extremely or traumatically stressful events
- It is often the result of the exposure of helpers to experiences of clients, in tandem with empathy experienced for clients (Collins and Long, 2003)
- It can be sudden and acute (Adolescent Health Working Group, 2013)

- It is anything that interferes with the helper’s ability to fulfill his or her responsibility to assist traumatized clients can contribute to STS (Pryce et al., 2007)
- It can result in a transformation in the helper’s inner experience (Pearlman and Maclan, 1995)
Compassion Fatigue

- Deep physical, emotional, and spiritual exhaustion accompanied by acute emotional pain
- Practitioners continue to give themselves fully to their clients
- Great difficulty in maintaining a healthy balance of empathy and objectivity (Leiter and Maslach, 1998)

Burnout

- It is a syndrome of emotional exhaustion and depersonalization
- It reduces the sense of personal accomplishment
- It is a loss of empathy (Leiter and Maslach, 1988)
- It results in feelings of hopelessness
- It creates difficulties in doing one’s job effectively (Stamm, 2010)
Impact On Staff

Secondary traumatic stress and compassion fatigue impact on your staff in the following ways:

- Cognitively
- Socially
- Emotionally
- Physically

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<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative bias (judging and labeling)</td>
<td>Reduced collaboration</td>
<td>Helplessness</td>
<td>Headaches</td>
</tr>
<tr>
<td>Pessimism</td>
<td>Withdrawal</td>
<td>Hopelessness</td>
<td>Tense muscles</td>
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<tr>
<td>Loss of perspective</td>
<td>Easily angered</td>
<td>Overwhelmed</td>
<td>Fatigue</td>
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<tr>
<td>Decreased self-monitoring</td>
<td>Difficulty trusting</td>
<td>Depressed, worried</td>
<td>Lowered immune system</td>
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<tr>
<td>Intrusive thoughts</td>
<td>Avoidance</td>
<td>Numb-shutting down</td>
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<tr>
<td>Black and white thinking</td>
<td>Isolation</td>
<td>Hyper vigilant</td>
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(Administration for Children’s Services, New York University Children’s Trauma Institute)
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ProQOL: Professional Quality of Life Scale

- It is free
- It contains a 30 item self report measure of the positive and negative aspects of caring
- It measures compassion satisfaction and compassion fatigue
- It has two subscales, burnout and secondary trauma

(Copyright Beth Hudnall Stamm, 2009, www.ProQOL.org)

Organizational Readiness

The next step in the journey to become trauma-informed is to determine how ready your organization is to adopt TIC
System Level Impact

Organizations create a social context with risk factors that could increase the likelihood of STS reactions such as:

- Lack of resources for consumers
- Lack of clinical supervision
- Lack of support from colleagues
- Lack of acknowledgement by the organizational culture that STS exists and that it is a normal reaction to client’s trauma
Mitigating the impact of STS and CF

- Mixing caseloads
- Supporting ongoing counselor training
- Regular supervision (reflective supervision)
- Recognizing staff’s efforts
- Offering empowering work environments
- Bring in outside activities

Trauma-Sensitive Communication

The final step in the journey to adopt trauma-informed care is to adopt trauma-sensitive communication.
Rosenberg’s Compassionate Communication Model is a trauma-sensitive empathic listening and communication model consisting of four steps:

- Making observations without judging
- Identify feelings (comes from the need)
- Identify needs (around the situation)
- Make a request (without demands) to get needs met

(Marshall Rosenberg, cnvc.org)

Empathy equals the ability to connect feelings and needs

Congruency between verbal and non-verbal communication is vital

Ask yourself: “Do I want to enter a boxing ring or a dance floor?”

(Based on Marshall Rosenberg, cnvc.org)
Principles of Dialog

- Use of authentic voice
- Congruency between verbal and non-verbal communication
- Listen to hear. Partner without resistance; let go of the need to be right
- Identify and suspend certainty about own beliefs or views (judgments)

(Based on Jean Clement, APNA-RTP, 2014)

Principles of Dialog (cont’d)

- Be affected by each other’s emotions (connect on feeling/needs level)
- Respect the whole person:
  - Respect the other
  - Respect the differences
  - Hold a space of good will
Empathic Listening

- Listen to hear the observations, feelings, needs, and requests
- Avoid advice-giving, judging, or fixing
- Behind judgments are unmet needs

(Marshall Rosenberg, Ph.D., Nonviolent Communication: A Language of Life, 2003, cnvc.org)
Trauma-Sensitive Skills Practice

- Think about a situation (work or home)-not too personal
- Make an observation without judgments
- What are you telling yourself (thinking) about the observation? (Recognize and acknowledge judgments)
- Identify your feelings (convert judgments to empathy)
- Identify your needs (convert judgments to empathy)
- Make a request without demands that will get my need met

(Based on the Marshall Rosenberg Compassionate Communication Model, cnvc.org)

John Kotter:
Eight Stages of Change

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Step 1: Create Urgency

- Identify potential threats and develop scenarios showing what could happen in the future
- Examine opportunities that should be or could be, exploited
- Start honest discussions—give dynamic and convincing reasons to get people talking
- Request support from consumers, outside stakeholders to strengthen your argument

Step 2: Form a Powerful Coalition

- Identify true leaders in organization, as well as key stakeholders. These are your TIC champions
- Ask for emotional commitment from these people
- Work on team building within your change coalition
- Check your team for weak areas. You need a good mix of people
Step 3: Create a Vision for Change

- Determine the values that are central to the change
- Develop short summary (one to two sentences) that captures what you “see” as the future for the organization
- Create a strategy to execute the vision
- Ensure your change coalition can describe the vision in five minutes or less
- Practice your vision speech often

Vision Statement Example

“As behavioral health service providers, we strive to be trauma-aware—to understand the dynamics and impact of trauma on the lives of individuals, families, and communities. We strive to create a trauma-sensitive culture by demonstrating, through consumer empowerment, program design, and direct care, an understanding of the relationships among trauma, substance abuse, and mental illness.”

(SAMHSA, 2014)
Step 4: Communicate the Vision

- Talk often about your change
- Address peoples’ concerns and anxieties, openly and honestly
- Apply your vision to all aspects of operations—from training to performance reviews. Tie everything back to the vision
- Lead by example

Step 5: Remove Obstacles

- Identify or hire change leaders whose main role is to deliver the change
- Recognize and reward people for making the change happen
- Identify people who are resisting the change, and help them see what’s needed
- Take action quickly to remove barriers (human or otherwise)
Step 6: Create Short-Term Wins

- Look for sure-fire projects you can implement without help from any strong critics for the change
- Don’t choose early projects that are expensive

Step 7: Build on the Change

- Don’t let up!
- After every win, analyze what went right, and what needs improving
- Set goals and continue building on the momentum
- Keep ideas fresh by bringing in new TIC Champions for your coalition
Step 8: Make Changes Stick

- Talk about progress every chance you get. Tell success stories, share testimonials
- Ask: What are ways we can maintain our momentum and keep moving forward?
- Change performance expectations
- Change documentation requirements
- Use data to provide continuous feedback
- Include change ideals and values when hiring new staff

(John Kotter, 1995)

Creating a Trauma-Informed Organization

- Commit to creating a trauma-informed agency
- Create an initial infrastructure to initiate, support, and guide changes
- Involve key stakeholders (including consumers)
- Assess whether and to what extent your organization’s policies, procedures, and operations either support TIC or interfere (CCTIC Fidelity Tool)

(SAMHSA, 2014)
Creating a Trauma-Informed Organization

- Develop and organizational plan to implement and support delivery of TIC within organization
- Create collaborations between providers and consumers and among service providers and various community agencies
- Put the plan into action

(SAMHSA, 2014)

Creating a Trauma-Informed Organization

- Reassess the implementation of the plan and its ability to meet the needs of consumers and to provide consistent TIC on an ongoing basis
- Implement quality improvement measures
- Institute practices that support sustainability:
  - Training
  - Supervision
  - Feedback
  - Resource allocation
  - Consumer Participation

(SAMHSA, 2014)
Contact Information

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