

# Creating a Trauma-Informed Care Culture

Scott A. Webb, LCSW  
Trauma-Informed Care Coordinator  
October 17, 2016

Wisconsin Department of Health Services

## 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

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## Why Trauma-Informed Care?

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

- Dan Griffin

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## 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?”

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## 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

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## Five Primary TIC Principles

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

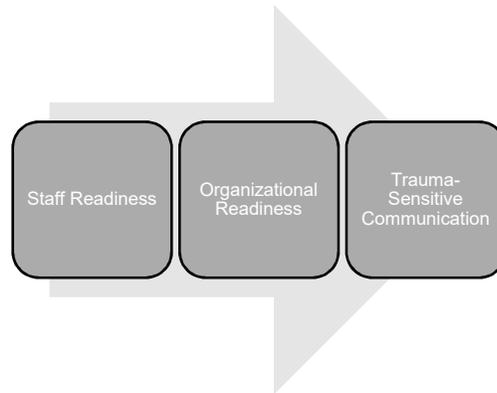
There is tremendous overlap between these five values and the core values guiding the Coordinated Service Team initiative

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## 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



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## 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

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## 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

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## How Have You Changed?

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

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## Downward Spiral

Vicarious Trauma (VT) and  
Secondary Traumatic Stress (STS)



Compassion Fatigue



Burnout

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## 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)

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## Vicarious Trauma and Secondary Traumatic Stress

- 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)

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## 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)

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## 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)

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## 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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## Impact On Staff

<b>Cognitive</b> Negative bias (judging and labeling)	<b>Social</b> Reduced collaboration	<b>Emotional</b> Helplessness	<b>Physical</b> Headaches
Pessimism	Withdrawal	Hopelessness	Tense muscles
Loss of perspective	Easily angered	Overwhelmed	Fatigue
Decreased self-monitoring	Difficulty trusting	Depressed, worried	Lowered immune system
Intrusive thoughts	Avoidance	Numb-shutting down	
Black and white thinking	Isolation	Hyper vigilant	

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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](http://www.ProQOL.org))

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## Organizational Readiness

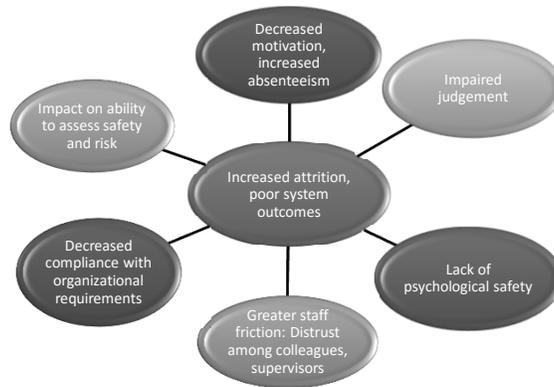
The next step in the journey to become trauma-informed is to determine how ready your organization is to adopt TIC



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## System Level Impact



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## 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

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## Mitigating the impact of STS and CF

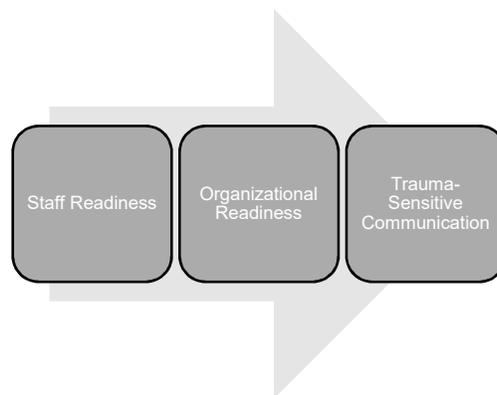
- Mixing caseloads
- Supporting ongoing counselor training
- Regular supervision (reflective supervision)
- Recognizing staff's efforts
- Offering empowering work environments
- Bring in outside activities

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## Trauma-Sensitive Communication

The final step in the journey to adopt trauma-informed care is to adopt trauma-sensitive communication



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## Trauma-Sensitive Communication

Rosenberg's Compassionate Communication Model is 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)

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## Trauma-Sensitive Communication

- 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)

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## 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)

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## 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

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

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## 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)

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## Empathic Listening

- Paraphrase back emotionally charged statements
- Empathy has been received when there is a release of tension and the flow of words comes to a halt

(Marshall Rosenberg, Ph.D., Nonviolent Communication: A Language of Life, 2003, cnvc.org)

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## Trauma-Sensitive Skills Practice

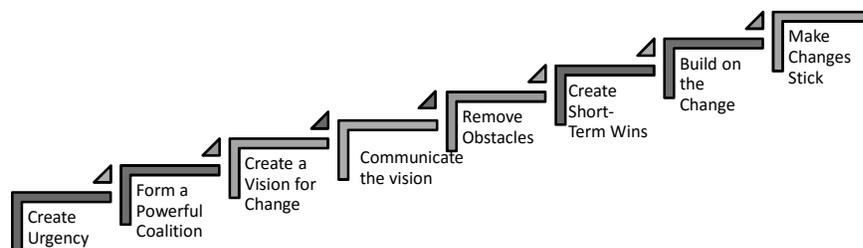
- Think about a situation (work or home)-not too personal
- Make an **observation** without judgments
- What are you telling yourself (thinking) about the observation? (Recognize and acknowledge judgments)
- Identify your **feelings** (convert judgments to empathy)
- Identify your **needs** (convert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

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

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## 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 gets 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)

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## 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

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## Contact Information

### **Scott Webb, LCSW**

Trauma-Informed Care Coordinator

Division of Mental Health and Substance Abuse Services

- Phone: 608-266-3610
- Email: [Scott.Webb@wisconsin.gov](mailto:Scott.Webb@wisconsin.gov)
- Website: <https://www.dhs.wisconsin.gov/tic/index.htm>
- WI TIC News and Notes Sign Up:  
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