Implementing Trauma-Informed Systems of Care: Role of Organizations in Employee Well-Being

Colorado Collaborative Justice Conference
Joni Handran, PhD, LCSW, CACIII
720.261.7042
jonihandran@yahoo.com
www.jonihandran.com
Today’s Purpose!

1. Gain a basic understanding of the principals of trauma-informed systems of care
2. Understand how individuals and organizations are affected by stress and trauma
3. Identify possible ways to build individual and organizational resilience
Individuals Working in Complex Systems

- Different life experiences
- Different perspectives
- Different environments
- Different professional roles
- Different rules

Might we all share the same common goal?
Constructivism: How do we know what we know?

Constructivism is a theory of knowledge (epistemology) that argues that humans generate knowledge and meaning from an interaction between their experiences and their ideas.
A Shift in Perspectives
Strengths Perspective

- Embraces the idea that everyone has positive things within them and around them, even if they are difficult to identify
- Emphasizes people's self-determination and strengths
- Focuses on people's abilities not disabilities
- The opposite of deficit-based models
  - Main focus is on problems and limitations

Traditionally treatment programs have focused more on the problem or deficit model but focusing on an individual’s strengths through empowerment can show better results when dealing with people who are experiencing stress or crisis.
Trauma-Informed Care

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

National Center for Trauma-Informed Care  http://www.samhsa.gov/nctic/
Trauma-Informed System

- Incorporates staff and survivor empowerment
- It requires to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"
- Is a comprehensive collective approach that starts when the trauma survivor enters the door to receive services.
- Caregiver well-being is top priority

Adding a trauma-specific intervention does NOT constitute a trauma-informed system.
Trauma: Subjective Experience

- It is an individual’s subjective experience that determines whether an event is traumatic or not.
- What may be traumatic to one person may not be traumatic to another person.

Cross Cultural Example

“The size of human suffering is absolutely relative”.
--Victor Frankl

(Pearlman & Saakvitne, 1995)
**Trauma Specific**

- Designed to address consequences of trauma and facilitate healing
- Specific interventions, curriculum, or models
- Based on psycho-educational principals

**Trauma Informed**

- System-wide approach
- Requires an organizational commitment to change
- Provides the context for trauma-specific interventions to be effective

(Bloom & Farragher, 2011; SAMHSA, 2014)
Systems Theory

http://www.filmsforaction.org/watch/how-wolves-change-rivers/
It is everyone’s responsibility to create a trauma-informed organizational system of care.
Requirements for Creating a Trauma-Informed System of Care

- Administrative commitment to change
- Universal trauma screening
- Training and education
- Hiring practices
- Review of policies and procedures (Harris & Fallot, 2001)
- Trauma-informed culture for trauma workers providing the services
Characteristics of Trauma-Informed Organizations

- Supporting staff development
- Creating a safe and supportive environment
- Assessing and planning services
- Involving clients
- Adapting policies
Trauma-Informed Professional Development

- **Training Education**
  - What is trauma?
  - How does trauma affect the entire person?
  - Co-occurring illnesses and trauma
  - How trauma affects the caregiver
  - How to provide effective, trauma-specific interventions to help clients heal

- **Staff Supervision, Support, & Self-Care**
  - Ongoing and consistent trauma-informed provider-centered supervision
  - Incorporates staff input
  - Receive regular strength-based performance evaluations
  - Outside trauma consultants are used to provide ongoing education and consultation
Creating a Safe and Supportive Environment

- Physical, emotional, and moral safety
- Information sharing
- Cultural competence
- Privacy and confidentiality
- Safety and crisis prevention planning
- Open and respectful communication
- Consistency and predictability
Assessing and Planning Services

- Every person is screened for trauma regardless if he/she displays symptoms of trauma.
- Intakes are private, confidential, and a thorough explanation of informed consent is provided.
- Intake procedures are strength-based and differential assessment is completed that includes the client’s:
  - Cultural background
  - Cultural strengths
  - Informal and formal social supports
  - Medical and mental health history
    - Traumatic Brain Injuries
Assessing and Planning Services

- Assessment of trauma and how it has affected the whole person
- Offering services or having adequate referrals to meet all basic needs
- Offering of trauma-specific interventions and other methods to promote resilience and foster healing
- View clients as an expert in their own past and treatment
  - Movement away from the medical model
Involving Clients: Using Survivor Input in Trauma-Informed Systems

- Policy review or development
- Needs assessments
- Program design
- Program implementation

- Program evaluation
- Peer specialists
- Diverse hiring practices
- Board members
But what about holding people accountable?

Accountability is relational....
Organizations committed to working with troubled individuals all face enormous stresses including:

- Funding
  - Budget cuts, shift in funding
  - Having to do more, more, more, with less, less, less
- Regulatory
  - Constantly changing legislation and treatment rules
- Social
- Political
“Sorry for the wait, ma’am. We’re a little short-handed.”
Challenges of Working with Vulnerable Populations

- Clients exhibit trauma-response symptoms and behaviors
  - Difficulties engaging in treatment
- Difficulty navigating complex communities of care
- Lack of community resources
- Uncertainty about how to foster healing with clients but also expect accountability
Organizational Culture

“The stories people tell to newcomers to explain ‘how things are done around here’ the ways in which offices are arranged and personal items are not displayed, jokes people tell, the working atmosphere (hushed and luxurious or dirty and noisy), the relations among people (affectionate in some areas of an office and obviously angry and perhaps competitive in another place), and so on” (Martin, 2002, p. 3).

- Organizational culture has a profound influence on employee well-being because it is often the workplace environment, not the clients, which increases worker stress and makes caregivers more susceptible to developing compassion fatigue.
Trauma-Organized Systems of Care

- It is relatively easy to lose sight of the mission, goals, and values that should guide work.
- Over time, stressed systems can become:
  - reactive,
  - change-resistant,
  - hierarchal,
  - coercive, and
  - Punitive
- Traumatized systems breed high rates of caregiver burnout and secondary traumatic stress.
- These trauma-organized agencies ultimately provide ineffective services and may re-traumatize the person accessing services.

_Traumatized organizations may begin to exhibit symptoms of collective trauma similar to those of their clients, creating a trauma-organized culture (Bloom and Yanosy-Sreedhar, 2008 p. 41)._
Compassion Satisfaction

- The contentment and pleasure one gets from helping others

Examples:

- You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society through your work with people who need care.

(Stamm, 2002) (funnydogsite.com)
Compassion Fatigue

**Burnout**
- The feelings of hopelessness and difficulties in dealing with work or in doing your job effectively.
- These negative feelings usually have a gradual onset.
- Symptoms of burnout include:
  - Exhaustion
  - Cynicism and callousness
  - Feelings of hopelessness & helplessness,
  - Shame and doubt
  - Constantly feeling like everything at work is a crisis

**Secondary Traumatic Stress**
- Also known as vicarious trauma
- Primary versus secondary trauma
- The symptoms of STS are usually rapid in onset and associated with a particular event.
  - They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

Stamm, 2009
Moral Distress

- “Moral distress happens when we are told to do things that we fundamentally disagree with or to which we are morally opposed (Webster & Baylis, 2000).
- Happens when policies and practices conflict with our beliefs of what constitutes good client care (Mitchell, 2001).
- Examples:
  - Physically restraining clients
  - Having to cut corners because we are too overloaded with work
Emotional Symptoms

- Feeling overwhelmed
- Helpless and hopeless
- Loss of Innocence
- Anger and Irritability
- Cynicism
- Feelings like you are the only one doing all of the work
- Feeling discouraged with the system, lack of referrals, and resources
- Sense of persecution
  - Developing “us versus them” mentality
- Guilt and shame
- Fear
- Exhaustion
- Shame and doubt
- Cynicism and callousness
- Failure, helplessness, and crisis

Maslach and Leiter, 1997; van Dernoot Lipsky & Burk, 2009
Physical Signs

- Chronic exhaustion
- Physical ailments
- Fatigue and emotional exhaustion
  - At the end of the day, and then again when you wake up in the morning
  - Not just tired….complete depletion
- Insomnia or hypersomnia
- Headaches, migraines, gastro-intestinal issues
- Increased susceptibility to illness
- Somatization and hypochondria

van Dernoot Lipsky & Burk, 2009
Cognitive Reactions

- Dissociative moments
- Impaired thinking
- More focus on negative information and emotions than positive information or emotions

Barsade, 2002

Under stress our perceptions are extremely impaired and we often resort to immediate action instead of thinking about the situation and making planned actions (Bloom, 1999).
Behavioral Signs and Symptoms

- Avoidance of meetings, certain clients, or even showing up to work
- Predictability of what will happen to our clients
- Failure to have life balance
- Increased conflict in relationships
- Increased use of alcohol and drugs
- Addictions (shopping, gambling, compulsive behaviors)
- Increased risk for violating rules and engaging in unethical or illegal activities with clients.

van Dernoot Lipsky & Burk, 2009
Emotional and Behavioral Contagion

- These negative emotions and behaviors are actually contagious.
- Emotional Contagion:
  - “The tendency to automatically mimic and synchronize expressions, vocalizations, postures, and movements with those of another person’s and consequently, to converge emotionally”.
    (Hatfield, Cacioppo, and Rapson, 1992, pp. 153-154)
- Mirroring Neurons
  - VS Ramachandran-The Neurons that Shaped Civilization
    - [http://www.ted.com/talks/vs_ramachandran_the_neurons_that_shaped_civilization?language=en](http://www.ted.com/talks/vs_ramachandran_the_neurons_that_shaped_civilization?language=en)
Organizational Symptoms and Other Risk

- Low morale
- Lack of creativity and innovation
- Lower productivity
- High employee turnover
- Staff at higher risk for engaging in unethical behavior or illegal activities (i.e. Violating boundaries with clients)
- Inability to demonstrate empathy
- More conflict among staff
  - Blaming
  - Triangulation
  - Aggressive and passive-aggressive communication and behavior
Trauma-Informed Organizational Culture: Prevention, Reduction, and Treatment of Compassion Fatigue (Handran, 2013)

- People who seek out the services of social workers experience higher rates of trauma
- Individuals who provide services to trauma survivors are at heightened risk of experiencing compassion fatigue
- Lack of research on the role organizations take in the development of compassion fatigue or compassion satisfaction
- Individual responsibility emphasized versus organizational responsibility
Research Findings

- Participants of the study who felt more supported by their organizations, supervisors, and peers tended to be at lower risk for developing burnout and secondary traumatic stress.
- Lack of organizational support and trauma-informed caregiver development were significant predictors of burnout and secondary traumatic stress.
- Individuals with higher percentage of time working with survivors of trauma exhibited higher rates of secondary traumatic stress.
- Years working in the trauma field were positively correlated with higher levels of compassion satisfaction.

(Handran, 2013)
Trauma-Responsiveness: Organizational Responsibilities to Ensure the Trauma Provider Well-Being

- Ensure Safety
  - Physical, Emotional, and Moral
- Validate the existence of Compassion Fatigue
- Empower employees to voice their concerns and give feedback on the organization and policies and procedures that impact their job
- Maintain balanced work duties
- Health care benefits that include confidential mental health services

- Adequate pay, benefits, PTO, and encourage that staff take vacations
- Ongoing and consistent trauma-informed supervision
  - Clinical supervision versus Administrative Supervision
- Opportunities for professional development
  - Trauma-informed care
  - Trauma-specific interventions
  - Evidence-based and promising practices to cope with trauma
Something to remember…..

- Implementing a trauma-informed paradigm shift is challenging and it does not happen over night.
- No organization or individual is perfect. We will all make mistakes!
- It is a continuous process of non-judgmental self-reflection, learning from our mistakes, holding ourselves accountable, and being open to trying new approaches to working with people.
- This is done by creating an organizational culture that provides a safe environment for all people.
- Being creative, trying new things, and learning from our mistakes makes people feel vulnerable.
- If people feel safe they are more likely to engage in honest and non-judgmental self reflection that will ultimately lead to growth and change.
References


References


References


