Developing Trauma-Informed Organizations

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Today’s Agenda

• Defining Trauma
• Principles of Trauma-Informed Treatment
• Elements of Family Centered, Trauma-Informed Treatment
• Development of IHR’s Trauma Systems Change Process
• Strategies for Creating a Trauma-Informed Organization
• Challenges in Creating a Culture Shift
• Resources
Trauma Definition - SAMHSA

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.
Family-Centered, Trauma-Informed Treatment

Is based on an understanding of impact of violence and victimization on...

- each family member
- their relationships to each other
- the family as a whole
• Staff knowledgeable regarding impact of violence; trained to behave in ways that are not re-traumatizing

• All family members have access to trauma-specific interventions
Family focus: child AND adult

- Integrated mental health and trauma work for family members.
- Clinical services for parent and child; parent/child unit.
- Coordinated care: considers a parent’s needs as trauma survivor and a child’s needs to be well parented.
- Addresses and helps resolve impact of parental trauma on child.
Failure to Understand and Address Trauma Can Lead to:

1. Failure to engage in treatment services
   (Farley, 2004)
2. Increase in symptoms (eating disorders, self-harm)
3. Increase in management problems
4. Re-traumatization
   (Harris and Fallot, 2001)
5. Increase in relapse
6. Withdrawal from service relationship
7. Poor treatment outcomes
   (Easton et al., 2000; Ouimette et al., 1999)
Trauma-Informed vs. Trauma-Specific Treatment

• Trauma-informed treatment: basic training/education to all staff — from support staff to high level administrators — understanding of trauma permeates every aspect of treatment milieu and interventions.

• Trauma-specific treatment: educating fewer, carefully selected staff/clinicians to conduct actual trauma treatment

Fallot & Harris, 2001; Najavits, 2006
Polling Question #1

1) Has your organization received training on and what constitutes a Trauma-Informed Service System?
   a) Yes
   b) No
   c) Training Scheduled
Principle 1: Trauma is Central and Pervasive

• Central to the development of mental health and addiction problems

• Impacts many aspects of a person’s life
Principle 2: Universal Precautions

Clients should not have to disclose trauma to receive trauma-informed services—treat everyone as a potential trauma survivor.
Principle 3: Symptoms and Behaviors

Symptoms and behaviors are often attempts to cope with the trauma.
Principle 4: Goal of Services

...is to return a sense of autonomy and control to the person being served.
Polling Question #2

2) Has your organization conducted a Trauma-Informed Self-Assessment?
   a) Yes
   b) No
Trauma-Informed Treatment Focuses On:

- Safety (physical and emotional)
- Trustworthiness
- Voice/Choice
- Collaboration/Mutuality
- Empowerment

Fallot & Harris, 2006
1. Provides gender-specific screening and assessment for:
   – Current safety
   – History of trauma
   – Trauma symptoms
   – Substance use and abuse
   – Mental health problems
   – Family relationships; family trauma
2. Uses an empowerment model

• Emphasis not on control but on voice/choice in treatment
• Safer choice-making
• MI/MET = behavioral change
• Skill-building; stress on self-efficacy
• Participation in consumer advocacy, mutual help groups
Family-Centered, Trauma-Informed Treatment

3. Establishes a safe environment

• Physical safety
  – From abuse/stalking by partners, family, other consumers, visitors, staff

• Emotional safety
  – In which a participant’s experience is validated and needs addressed

• Safety for all family members
4. Builds healthy coping skills

- Emotional self-awareness
- Emotional regulation
- Making safe choices
5. Supports development of healing and healthy connections

- Since violation often occurred in a relationship, healing must occur by changing the relational context
  - From abusive to nurturing
  - From unresponsive to empathic
  - From lies and denial to authenticity
  - From controlling to empowering
Polling Question #3

3) Has your organization implemented trauma screening and/or assessment of children/youth in your programs?
   a) Yes
   b) No
Polling Question #4

4) Has your organization implemented trauma screening and/or assessment or parents/caretakers in your programs?
   a) Yes
   b) No
6. Addresses family trauma

- Family trauma-related reactions that mirror individual

- Family trauma depletes families’ coping resources/may result in adverse changes in family relationships, communication, structure, roles, overall functioning

- Getting support for family is critical

- Family treatment can enhance safety, strengthen coping skills, shore up relationships, connect family members to needed resources

(NCTSN, 2012)
7. Provides psycho-education for participants and family members regarding:
   – Trauma (including DV)
   – Impact of trauma
   – Relationship of trauma to substance use and mental health

• Access to safety planning
• Emphasis on building safe coping skills
• Access to trauma-specific groups, treatment for PTSD, trauma symptoms
• Access to parent support services/groups
A Trauma-Informed Organization Provides:

- Safety and Nurturing Relationships for all staff and all family members.
- Staff organizations as models for nurturing relationships
- Parenting services critical for child outcomes. Quality of the parent-child relationship mediates effects of most other risk factors on child development.
Development of a Systems Change Process

1998-2003: IHR participates in WCDVS

2002: Trauma informed BSAS terms and conditions

2004-2006

• State-wide trainings on trauma-informed care

• Trauma training needs assessment: sample SUD Programs

• Training on trauma-informed care/trauma-specific interventions upon request

2007: Began implementation of systems change process
Systems Change Strategy

– Agency submits letter indicating interest
– Completes Trauma-Integration self-assessment
– Chooses trauma champion: develops trauma integration team
– Provide on-site trauma training
– Trauma Integration Team develops strategic plan using IHR template
– Team can request additional training/TA
– Support provided for plan implementation for 6 months
– Program repeats assessment at end of consultation period.
– New model – Separate trainings by modality for: Program Directors, Direct Care Staff, Supervisors
Strategies for Creating a Trauma-Informed Service Providing Organization

• Administrative Commitment

• Training

• Hiring and Human Resources Practices

• Review of Provision of Services and Policies

Community Connections, 2003
Administrative Commitment

- Administrative leadership supports a long term commitment to providing trauma-informed services
- Top managers draft and issue a policy statement and/or amendment to organization’s mission statement
- Form sub-committee of diverse staff and participants
  - Provide feedback integrated into policy statement
  - Develop plan for moving toward trauma-informed services
Steps involved in organizational change

1. Identify champion for change
2. Form change team
3. Team identifies and prioritizes targets for change
4. Develop Trauma Integration Strategic Plan
5. Conduct periodic self-assessments
6. Implement changes over a period of time
Polling Question #5

5) Has your organization implemented evidence-based trauma specific interventions?
   a) Yes
   b) No
   c) Not yet, but will be implemented as part of our RPG project
How Change Teams Work

• Build connection at multiple levels of organization with information flowing between levels
  – Administrators, middle management, direct care staff, peer leaders

• Bring together diverse constituencies affected by proposed changes
  – Direct care staff, participants, peer leaders
Openly and respectfully discuss differences from the outset

- Identify and explore sources of disagreement and tension prior to collaborative work - address in planning process

- Build on areas of agreement and shared goals
How Change Teams Work

- Using relational skills, create collaborative and mutually empowering environment in which all members have impact on group’s decisions
Training

- Select or develop basic training curricula
- Conduct training on basic curricula for all staff
- Include training by those who have experienced trauma
- Incorporate training into new staff orientation on an ongoing basis
Hiring and Human Resource Practices

- Hire new staff with knowledge/understanding/experience of trauma
- Hire those who have experienced trauma in professional and peer positions
- Recognize and address impact of primary and secondary trauma on staff
Secondary Trauma

Changes in the inner experience of service providers that come about as a result of empathic engagement with the participant’s experience of trauma.
Impact of Secondary Trauma: Symptoms that Resemble Posttraumatic Stress Reactions

**Intrusive symptoms:**
Flashbacks, nightmares, obsessive thoughts

**Difficulties with emotional regulation:**
Numbing, dissociation, reactivity

**Physical:**
Somatization, frequent illness
Impact of Secondary Trauma

Changes in:

- Beliefs about self, others, the world
- Sense of trust or sense of esteem in self or others
- Perception of safety of self or others
- Feeling connected
- Sense of control
Addressing Secondary Trauma

• Acknowledge and normalize impact of trauma on staff and participants

• Promote and support self-care

• Provide resources for self care: peer support, time off, stress management resources, physical activities, counseling

• Do not equate overwork with caring and commitment
Addressing secondary trauma

- Encourage balance in responsibilities
- Provide forums for staff to talk about how they are affected
- Attend to workers’ safety and comfort
- Provide education about trauma, secondary trauma, stress management, and promote trauma competencies
- Promote compassion satisfaction
Organizational Strategies

Trauma-Informed Supervision

Creates a safe relationship so that staff can discuss concerns

- Builds reflective capacity and trauma competence
- Normalize impact of secondary traumatization
- Help identify triggers
- Suggest strategies
Supervision

Suggest Strategies

• Use of same skills as participants: emotional self-awareness, grounding, self-soothing

• Self-Care Plans

• Stress management

• Counseling
Review of Provision of Services and Policies

- Review current policies and practices and evaluate for potential replication of trauma dynamics
- Develop a system for review of future policies in terms of trauma sensitivity
- Review service delivery practices and service elements to develop a trauma-informed service system
- Work with other service-providers to develop a trauma-informed system of care
Challenges of a Culture Shift

Welcoming disagreement

Do staff feel safe and empowered?

Can staff talk about the impact of the work on themselves?

How safe are staff with each other?

Peer inclusion- finding appropriate boundaries, slowing down, allowing personal experience in the room, focus on strengths

Balancing patience and accountability
“I am just learning, I may have been here 8 years but I am still, over the last year I’m learning more about trauma in women and being more caring and less critical. I’m not trying to get them to do my program anymore, I’m trying to help them do their own program and teach them, that’s what I do and same thing with the kids... I’m a lot softer this past year than I have ever been.”
Additional Resources

Tool Kits

IHR’s Developing Trauma Informed Organizations: A Tool Kit (second edition)
www.healthrecovery.org  click on “services and products”, click on “products”, click on “trauma”, click on “see more trauma products”

The Trauma-informed Toolkit
© 2008 Klinic Community Health Centre, Canada
www.trauma-informed.ca

Trauma Informed Organizational Toolkit for Homeless Services
www.familyhomelessness.org/media/90.pdf
Additional Resources

Websites

Community Connections
www.communityconnectionsdc.org

National Center on Trauma Informed Care
www.samhsa.gov/nctic/

National Child Traumatic Stress Network
www.nctsn.org

Listserv

spscot@gwi.net


Additional Resources: Literature


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