

**Trauma-Informed Care 101:
Understanding Your Role in
Creating a Trauma-
Informed Environment**

Presenter: Lisa Conradi, PsyD

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CDSS, ADVANCEMENT, Rady Children's Hospital-San Diego, Chadwick Center

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**Speaker
SPOTLIGHT**

LISA CONRADI, PsyD
EXECUTIVE DIRECTOR
CHADWICK CENTER FOR CHILDREN & FAMILIES
Rady Children's Hospital-San Diego

- Executive Director of the Chadwick Center, a children's advocacy center which houses one of the largest trauma treatment centers in the nation
- Significant experience supporting service systems to become more trauma-informed, including leading implementation of trauma-focused evidence-based practices
- Licensed clinical psychologist trained on evidence-based trauma-focused treatment practices, including Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) and Child-Parent Psychotherapy (CPP)
- Co-author of the recent book, Trauma-Informed Assessment with Children and Adolescents: Strategies to Support Clinicians

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What Happens Next?

- Survey and certificate in the chat now
- Recording and resources available within two days
- Find and register for your next professional development opportunity at www.caltrin.org
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Learning Objectives:
What Will I Learn Today?

- Participants will be able to describe a trauma-informed approach.
- Participants will be able to describe the steps to creating a trauma-informed agency.
- Participants will be able to describe the core principles of trauma-informed care within an agency setting.
- Participants will be able to identify ways in which they can apply trauma-informed principles within their specific role.

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Quick Polls

What type of organization and/or system do you represent?


What is your role?

How many trauma-informed trainings have you attended (approximately)?

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What is Trauma?

- 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 life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



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In the chat, please list experiences that might be considered traumatic



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What is Trauma-Informed Care?


- Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.



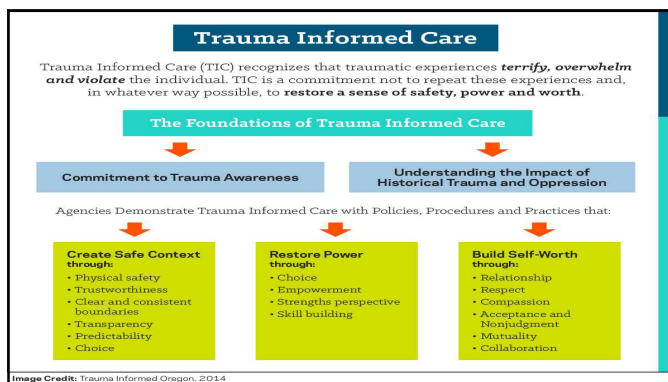
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SAMHSA's Trauma-Informed Approach: Key Assumptions

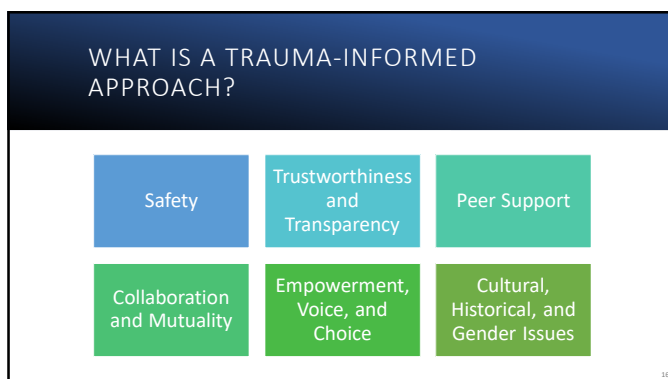
- All people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.
- People in the organization or system can **recognize** the signs of trauma.
- The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning.
- A trauma-informed approach seeks to **resist re-traumatization** of clients as well as staff.



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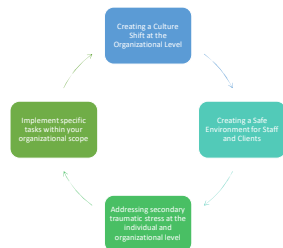
Benefits of a Trauma-informed Approach

- Creating a proactive approach to physical and emotional safety for clients, families, and staff
- Creating and sustaining opportunities for choice, power, and control through increased therapeutic interactions
- Decreasing the stigma related to trauma and mental health concerns
- Reducing the possibility of re-traumatization
- Improving the social environment in a way that improves all relationships
- Creating environments that care for and support staff
- Increasing the quality of services, reducing unnecessary interventions, reducing costs
- Reducing the number and types of negative encounters and events (e.g., seclusion and restraints)
- Creating a resilience and strengths-based focus
- Increasing client and family satisfaction
- Increasing success and job satisfaction among staff

List adapted from: National Council for Behavioral Health, 2013

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Specific Steps to Creating a Trauma-Informed Agency



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Step 1: Creating a Culture Shift at the Organizational Level



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Organizational Culture

"Implicit norms, values, and shared behavioral expectations and assumptions" of an organization (Cooke & Rousseau, 1998)

Simply put, it is "the way things are done around here"

Culture is shaped by a host of forces

Culture is changed by leaders (formal and informal)

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Getting Stuck in Our Existing Culture



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Organizational Readiness

A resilient organization is able to adapt and thrive in times of uncertainty, pressure, and ambiguity.

Succeeding as an organization is much more likely when we build resilience into our strategy, culture, and day-to-day practices. A resilient organization enables individual resilience."

- From The Resilience Institute

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Creating a Culture Shift

Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services)

Involves all groups: administrators, supervisors, direct service staff, and consumers/families (more than service providers)

Involves making trauma-informed change into a new routine, a new way of thinking and acting (more than new information)

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Barricades and Bridges: Compliance vs. Culture Change

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What it can look and sound like:

- Train and pray
- Checkbox approach
- Practice change without people change

How it can be metabolized:

- Demonstrate leadership commitment (4x)
- Prioritize people before products
- Educate on culture change
- Transparent communication

- Adapted from Trauma-Transformed

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Strategic to Create Organizational Culture Change

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- Incorporate the use of implementation science principles, such as EPIS (Aarons, 2011)
- Training for all staff
 - Specialty training for leadership to embed sustainability
- Integrate the use of champions during the rollout process
- Use organizational culture assessments
- Integrate a "train-the-trainer" approach
- Don't pretend it will all be easy - Identify barriers up front and throughout the process, as well as strategies to overcome them
- Type other strategies you have used in the "Chat"

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Step 2: Creating a Safe Environment for Staff and Clients



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Types of Safety

Physical – Freedom from threats of violence, whether from self or others. Physical safety includes being aware of risks in the environment and taking steps to ensure basic physical safety when there is a threat.

Psychological/Emotional – The ability to be safe within one's own identity and the sense of feeling safe with other people and in one's community. Your ability to create psychological safety in an interaction may increase the comfort that the person feels during the process

Definitions adapted from Bloom & Farragher, 2013

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The Role of Safety in Trauma and Adversity

- Individuals who have experienced trauma and adversity may:
 - Have valid fears about their own safety or the safety of loved ones
 - Have difficulty trusting others to protect them
 - Be hyperaware of potential threats
 - Have problems controlling their reactions to perceived threats

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Trauma Reminders

When faced with people, situations, places, or things that remind them of these events, individuals may re-experience the intense and disturbing feelings tied to the original trauma

These “trauma reminders” can lead to behaviors that seem out of place in the current situation, but were appropriate – and perhaps even helpful – at the time of the original traumatic event

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Empathy Vs. Sympathy



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Tips on Promoting Safety

1

Share as much information about what will happen as possible, without making any promises if something is uncertain

2

Provide as many opportunities as possible for client to have control over the situation

3

Be transparent regarding all decisions and concerns

4

Actively integrate the client into discussions about what could happen that would help them feel safe

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Be very clear with the next steps, sharing information in multiple ways to make sure that all parties involved understand the next steps

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Assess your environment for physical and emotional safety using an agency self-assessment

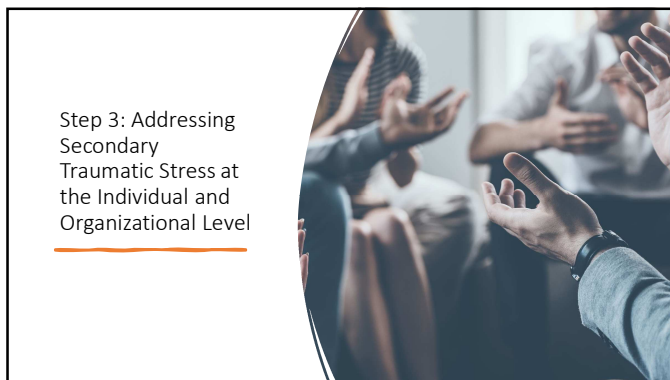
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What are other strategies you have used to promote safety?

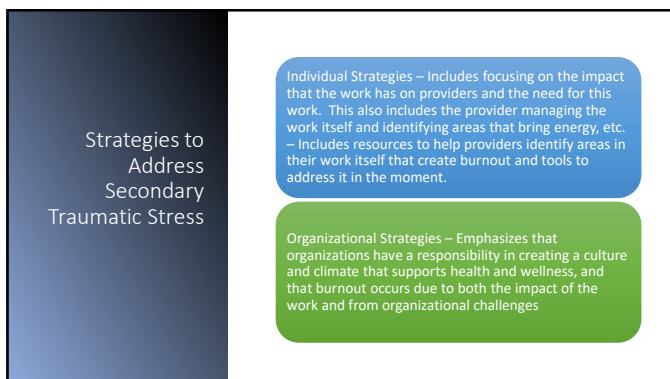
Type them in the "Chat"

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Step 3: Addressing Secondary Traumatic Stress at the Individual and Organizational Level

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Strategies to Address Secondary Traumatic Stress

Individual Strategies – Includes focusing on the impact that the work has on providers and the need for this work. This also includes the provider managing the work itself and identifying areas that bring energy, etc. – Includes resources to help providers identify areas in their work itself that create burnout and tools to address it in the moment.

Organizational Strategies – Emphasizes that organizations have a responsibility in creating a culture and climate that supports health and wellness, and that burnout occurs due to both the impact of the work and from organizational challenges

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Barricades and Barriers: Burn Out and Secondary Trauma

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What it can look and sound like:

- This won't work because...
- Helplessness
- Over-focus on risk mitigation
- "We need to do this NOW!!!"

How it can be metabolized:

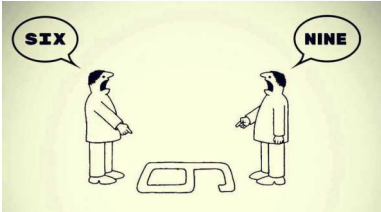
- Name it to tame it; acknowledge wounds
- Collaborative self-care
- Reflective and relational medicines

- Adapted from Trauma-Transformed

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Shift Your Perspective

- From: What is wrong with our system (agency, organization, colleagues)?
- To: What is happening/has happened for our system (clinic, organization, colleagues)? "What gets us through?"



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Provides context and creates an environment ready for change

- Adapted from Trauma-Transformed

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What are other strategies you have used to address secondary traumatic stress at the individual or organizational level?

Type them in the chat

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Step 4: Implement Specific Tasks within your Organizational Scope


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Trauma-Informed Core Principles

<https://www.russellstrand.com/what-does-trauma-informed-mean/>



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Trauma-Informed Principles in Action



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Understanding Trauma and Stress: Core Competencies

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- **Trauma** – We understand that trauma is common, but experienced uniquely due to its many variations in form and impact
- **Stress** – We understand that optimal levels of positive stress can be healthy, but that chronic or extreme stress has damaging effects
- **Reactions** – We understand that many trauma reactions are adaptive, but that some resulting behaviors and beliefs may impede recovery and wellness
- **Recovery** – We understand that trauma can be overcome effectively through accessible treatments, skills, relationships, and personal practices



(San Francisco Department of Public Health, 2018)

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Understanding Trauma and Stress: Principles in Action

Individual

- Increase your understanding of trauma through attending trainings, reading, and research, and share your knowledge with others.
- Understand your own experiences of trauma and adverse childhood experiences and reflect how those may impact your work.

Organizational

- Provide trainings on trauma, resilience, and recovery.
- Make informational material (brochures, posters, readings, etc.) on the impacts of trauma and stress readily available within the organization.

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44 Compassion and Dependability:
Core Competencies

Compassion – We strive to act compassionately across our interactions with others through the genuine expression of concern and support.

Relationships – We value and seek to develop secure and dependable relationships characterized by mutual respect and attunement.

Communication – We promote dependability and create trust by communicating in ways that are clear, inclusive, and useful to others.

(San Francisco Department of Public Health, 2018)

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45 Compassion and Dependability:
Principles in Action

Individual

- Treat yourself with kindness, gentleness, support and understanding. Use mindfulness to recognize when you are struggling and ground yourself in the here and now.
- Increase your capacity to be dependable by being optimistic about what's achievable while being realistic about challenges.

Organizational

- Cross train staff and have succession plans for when there are staffing shortages or changes.
- Maintain consistency in practice and policy, when changes are needed make sure staff and clients have been provided adequate notice.

(San Francisco Department of Public Health, 2018)

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46 Safety and Stability
Core Competencies

Stability – We minimize unnecessary changes and, when changes are necessary, provide sufficient notice and preparation.

Physical – We create environments that are physically safe, accessible, clean, and comfortable.

Social-Environmental – We maintain healthy interpersonal boundaries and manage conflict appropriately in our relationships with others.

(San Francisco Department of Public Health, 2018)

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Safety and Stability: Principles in Action

<p>Individual</p> <ul style="list-style-type: none"> Identify a professional boundary that you can improve and clarify, such as not doing, checking or sending e-mails after work hours. Schedule meetings and events on your calendar with a 30-minute cushion before and after to allow time to commute and connect with others. 	<p>Organizational</p> <ul style="list-style-type: none"> Have transparent decision-making rules for meetings, projects, and products. Do environmental scans on a regular basis to identify needed repairs and cleanliness. Have consumers help with walk throughs and be on a safety committee. Post results to website. (see attached handout for guidance)
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Collaboration and Empowerment: Core Competencies

<p>Empowerment – We recognize the value of personal agency and understand how it supports recovery and overall wellness.</p> <p>Preparation – We proactively provide information and support the development of skills that are necessary for the effective empowerment of others.</p> <p>Opportunities – We regularly offer others opportunities to make decisions and choices that have a meaningful impact on their lives.</p>	<small>(San Francisco Department of Public Health, 2018)</small>
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Collaboration and Empowerment: Principles in Action

<p>Individual</p> <ul style="list-style-type: none"> Build connection: learn about the work of other colleagues, teams, departments, and agencies in your community serving your families. Learn about and understand the stress responses of those on your team and let them know what you need when you look "distressed" (creating accountability healing partners). 	<p>Organizational</p> <ul style="list-style-type: none"> Create opportunities for participatory decision-making where staff from different levels of organization can contribute in strategic and operational decisions (voice and choice). Have a common policy and procedure folder available for everyone.
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(San Francisco Department of Public Health, 2018)

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Cultural Humility and Responsiveness:
Core Competencies

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- **Differences** – We demonstrate knowledge of how specific social and cultural groups may experience, react to, and recover from trauma differently.
- **Humility** – We are proactive in respectfully seeking information and learning about differences between social and cultural groups.
- **Responsiveness** – We have and can easily access support and resources for sensitively meeting the unique social and cultural needs of others.

(San Francisco Department of Public Health, 2018)

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Cultural Humility and Responsiveness:
Principles in Action

Individual

- Regularly reflect on the ways your cultural, social, and racial identity informs your thinking and acting.
- Increase your knowledge of implicit and structural bias, oppression, racial equality, and racial justice through attending relevant trainings, reading and research, take an implicit bias test: <https://implicit.harvard.edu>.

Organizational


- Value diversity and practice inclusive behaviors.
- Include a variety of people from different backgrounds to participate in organizational evaluations, planning, decision-making, and hiring. Make it the norm to ask "Who is missing from the table?"


(San Francisco Department of Public Health, 2018)


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Resilience and Recovery:
Core Competencies

 **Path** – We recognize the value of instilling hope by seeking to develop a clear path towards wellness that addresses stress and trauma.

 **Strengths** – We proactively identify and apply strengths to promote wellness and growth, rather than focusing singularly on symptom reduction.

 **Practices** – We are aware of and have access to effective treatments, skills, and personal practices that support recovery and resiliency.

(San Francisco Department of Public Health, 2018)

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Resilience and Recovery: Principles in Action

Individual

- Find wellness practices that you can integrate into your life that fit your style such as using breathing practices in your day at regular intervals, or stand up and stretch for 5 minutes every hour (set an alarm to remind yourself).
- Acknowledge and highlight practices that have sustained you and others (what gets you through?).

Organizational

- Promote a culture of learning, appreciation, and celebration.
- Acknowledge that the effects of secondary traumatic stress is part of the job in the healing professions.
- Create mini-retreats to offer wellness resources and activities to celebrate people, progress and learning in the organization.

(San Francisco Department of Public Health, 2018)

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What are your next steps?

- Explore how these principles apply to your agency:
 - What are the areas that your agency does well?
 - What are some areas that are challenging for your agency?
- Create an elevator speech (2-3 bullets) as to why your agency should become more trauma-informed. Share these with your team and leadership

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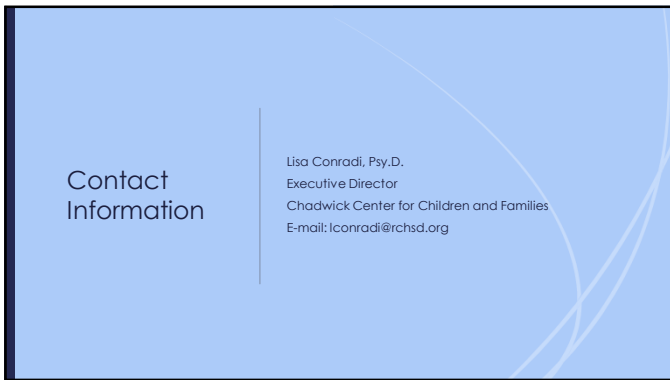
Resources

- National Child Traumatic Stress Network – www.nctsn.org
- Trauma-Informed Systems, Trauma Transformed – www.traumatransformed.org
- SAMHSA's Definition of a Trauma-Informed Approach - <https://www.samhsa.gov/nclic/trauma-interventions>
- Adverse Childhood Experiences Study resources – www.acesstudy.org, www.acesconnection.org
- The Institute of Trauma and Trauma-Informed Care: <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

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