Building a Trauma-Informed Workforce

Kathleen Guarino, LMHC
American Institutes for Research

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Vision

- What shifts in thinking and practice do believe your agency needs to make to best meet the needs of trauma survivors?
- How will you know when those shifts are being successfully made? What would be different?
- How will we assess for change?

Domain #1: Key Components

1. All agency staff receives ongoing professional development related to trauma and trauma-related topics.
2. Professional development related to trauma-informed care is built into existing structures (e.g., supervision, staff meetings, case meetings)
3. There is a process in place for monitoring staff knowledge, understanding, and implementation of a trauma-informed approach in their role.
4. There is a process in place for identifying and addressing the impact of secondary trauma on staff.
5. There are structures in place for supporting staff wellness/resilience.
6. The organization integrates a trauma-informed approach to supervision.
7. Expectations related to trauma-informed care are built into existing structures (e.g., hiring processes, job descriptions)

1. Training Topics

Building Knowledge and Awareness:
- Definition of trauma and types of potentially traumatic experiences (individual, family, community, society).
- How stress and traumatic stress affects the brain and body and these intersecting systems (self-regulation, executive functioning).
- The effects of early, chronic trauma on adults (complex trauma, ACEs)
- The effects of historical and racial trauma.
- Trauma-related experiences for particular groups (e.g., people of color, LGBTQ, refugee)
- The relationship between trauma exposure and mental health and common mental health disorders associated with trauma.
- Post-traumatic Stress Disorder
- The relationship between trauma exposure and substance use.
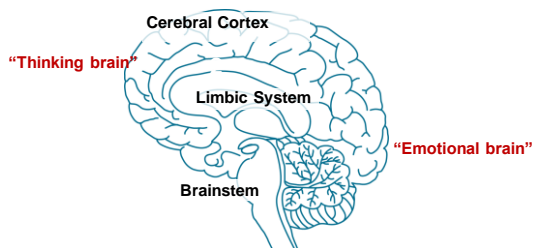
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1. Training Topics

Building Knowledge and Awareness:
- How trauma affects child development
- How trauma affects attachment and relationships
- The relationship between childhood trauma and adult re-victimization
- Trauma-related reminders/triggers and responses
- Cultural variations in response to trauma
- Cultural variations in service needs
- Culture-specific parenting practices
- Resilience factors
- How working with trauma survivors affects staff (secondary traumatic stress/vicarious trauma)
- How working with trauma affects the collective organization
- Core principles of a trauma-informed approach
- How a trauma-informed approach aligns with/supports/augments other models or paradigms

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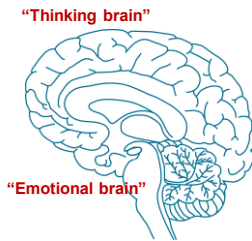
The Neurobiology of Stress and Trauma

Cerebral Cortex
"Thinking brain"
Limbic System
"Emotional brain"
Brainstem

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The Neurobiology of Stress and Trauma
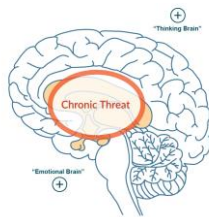
"Thinking brain"

"Emotional brain"

- An experience becomes TRAUMATIC when it overwhelms our system for responding to stress.
- The emotional brain continues to sound the alarm and send messages to fight or flee, even after the threat has passed.
- Can lead to prolonged activation of the stress response.
- May have short and long-term effects on daily functioning.

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The Neurobiology of Stress and Trauma

- Emotional brain is over-reactive, constantly in survival mode.
- This leads to changes in the body that include elevated baseline heart rate, body temperature, and level of anxiety, as well as changes in hormone levels.
- As a result, trauma survivors are constantly on guard for potential threat, mistrustful of others, and overly reactive to trauma reminders. Children and adults may be quick to escalate, have more behavioral issues in school, and have increased difficulty learning.

"Thinking Brain"

Chronic Threat

"Emotional Brain"

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The Neurobiology of Stress and Trauma

"Thinking Brain"

Chronic Threat

"Emotional Brain"
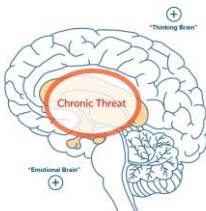
- Thinking brain is underdeveloped. Structures in this region of the brain are smaller, and there are fewer connections in areas responsible for thinking, planning, focusing, problem-solving, and identifying and managing emotions.
- More difficulties with activities related to learning, such as concentrating, processing and remembering new information, acquiring new skills, and regulating emotions.

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Guiding Principles of a Trauma-Informed Approach	
Trauma Awareness	Recognize the scope and impact of trauma on service users, providers and systems, and adopt effective approaches for supporting healing and resilience.
Safety	Ensure physical and emotional safety for service users and the workforce.
Voice, Choice & Empowerment	Empower service users to make decisions about the services and supports they need and how they are provided.
Cultural & Gender Responsiveness	Ensure culturally relevant and gender responsive practices.
Transparency	Maximize open communication and trust among providers and between providers and service users.
Integration	Maintain a holistic vision of health promotion and service provision.
Collaboration & Shared Decision-Making	Promote power sharing and partnership within and across systems and with service users.
Relationship-based	Demonstrate a commitment to establishing safe, authentic and positive relationships.

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1. Training Topics

Building Skills/Capabilities:
- How to recognize trauma-related triggers and triggered responses (in self and others)
- How to foster emotional regulation (in self and others)
- How to educate survivors about trauma and its impact
- Mindfulness-based strategies to promote regulation (for self and others)
- Motivational interviewing strategies
- De-escalation strategies
- Professional boundaries and ethics
- Culturally responsive practices.
- Self-care strategies

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1. Training Topics

Core Capabilities: Self-Regulation and Executive Function
- Planning
- Focus
- Self-control
- Awareness
- Flexibility

How do we strengthen staff skills in these areas?
How do we strengthen these skills as an organization?
How do we support service users in strengthening these skills?

Center on the Developing Child

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1. Training Topics

Core Capabilities: Individual Skill-Building (Staff and Service Users)

- Identifying particularly difficult situations or interactions and planning ahead for how to manage.
- Practice "stop and think" mindfulness exercises to slow down and enhance self-awareness and control.
- Practice imagining stressful scenarios and how to think about them in new ways (alternative explanations) and what your response options are.
- Strategies for recognizing and interrupting automatic responses (breath work, mindfulness training, checking our assumptions about what is happening, being aware of our own biases and triggers.

(Center on the Developing Child)

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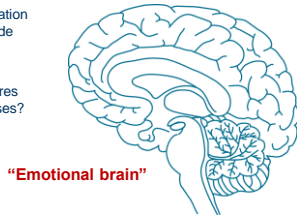
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1. Training Topics

Core Capabilities: Organizational Skill-Building

What does the organization look like in survival mode (dysregulated)?

What situations/pressures trigger survival responses?

"Emotional brain"

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1. Training Topics

Core Capabilities: Organizational Skill-Building

"Thinking brain"

What does the organization look like when operating from a regulated, balanced place?

What is needed to cultivate this balance (to help the agency stay regulated and not trauma-reactive)?
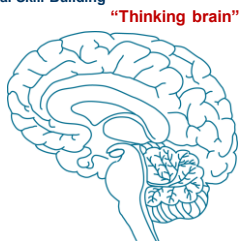
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Tools and Resources

Toolkit - Domestic Violence and ACEs – training resources for use with staff and strategies for use with parents and children

16

2. Training Mechanisms

- Large group
- Small group (possibly by role)
- Team/staff meetings – opportunities to apply
- Supervision
- Real-world application – practice a particular skill or maintain awareness of a particular concept.

17

3. Post-Training Monitoring

- Pre-post training evaluations
- Supervision monitoring
- Ongoing staff surveys of practice
- Observation

18

4. Identifying and Addressing Impact of STS

- Educate all staff about the effects of STS and related issues and provide regular opportunities for staff to address potential issues related to STS.
- Identify and monitor level of STS:
  – Compassion fatigue self-test
     http://www.ptsdsupport.net/compassion_fatugue-selftest.html
  – Professional quality of life scale, ProQOL 5
     http://proqol.org/ProQol_Test.html
- Encourage and develop strategies for peer support and mentorship.
- Create a culture that fosters staff resilience.

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Tools and Resources

- What about you? – Individual and organizational assessments

- Vicarious Trauma Organizational Readiness Guide for Victim Services-
  https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_VT-ORG_Victim_Services-508.pdf
- The Secondary Traumatic Stress-informed Organization Assessment (STSI-OA)
- Vicarious trauma toolkit – includes many resources - https://vtt.ovc.ojp.gov/tools-for-victim-services

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5. Structures for Supporting Staff Wellness and Resilience

- Staff members have regular team meetings.
- Trauma-related topics are addressed and reinforced in team meetings.
- Staff members have regular opportunities for individual supervision.
- Supervisors are trained in trauma and trauma-informed care.
- Topics related to self-care are addressed in team meetings and supervision (e.g., STS signs, stress-reducing strategies).
- The organization has a process for helping staff members debrief after a crisis.
- The organization has a formal system for reviewing staff performance.
- The organization provides opportunities for on-going staff evaluation of the agency.
- The organization provides opportunities for staff input into program practices.
- Staff receives ongoing training and education on trauma and trauma-informed practices.

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6. Trauma-Informed Supervision

Traditional	Trauma-Informed
Focuses on fixing the problem with supervisee rather than working through the issues or challenges.	Creates a supportive learning environment to reinforce knowledge while supporting professional development. Focuses on the strengths of supervisees.
Supervisors are the experts and have the power or authority.	Focuses on strengths and understanding that autonomy is essential for success. Supervisors and supervisees are seen as experts.
Work tends not to be collaborative.	Work is collaborative, mutual and non-hierarchical. A collaborative relationship between a supervisor and a supervisee.
Top-down process. Supervisees are not involved in the supervision process.	Power is shared. Supervisor and supervisee have shared expectations and discuss the process of supervision.
Supervisee is seen as relying on supervisor's expertise to guide their work.	Reinforces knowledge and confidence in supervisees to guide their work
Supervision tends to be supervisor-driven	Involves supervisees in programming activities and decision.
Relationships tend to be hierarchical	Creates an environment where there is a level of choice, autonomy, trust and respect.

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6. Expectations Built Into Structures

• Trauma language built into hiring practices.
• Trauma language build into job descriptions.
• Trauma language considered in onboarding.

Resource: Policy Guidance for Trauma-Informed Human Resource Practices - https://dmh.mo.gov/trauma/docs/HRPolicyGuidance32017.pdf

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Where are you?

Stage One: Explore

Questions to consider at this stage:
• What is our current capacity in trauma-informed care?
• Are we all on the same page in understanding trauma and a trauma-informed approach?
• How ready are we to more fully adopt a trauma-informed approach?

Identify which components are currently in place:
☐ Our staff has a foundational understanding of trauma and trauma-informed care.
☐ We have assessed our current practices related to trauma-informed care to determine strengths and areas for growth. (See TIC Scale results report for your agency and the Organizational Reflection Tool in Section Two of this document.)
☐ We have assessed our readiness as an organization to more fully adopt a trauma-informed approach (See Section Two: Organizational Readiness Assessment)
☐ Our agency leadership has articulated a commitment to a trauma-informed approach.

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8

Where are you?

Stage Two: Install

Questions to consider at this stage:
- Do we have the infrastructure in place for supporting the adopting of a trauma-informed approach?
- Do we have a plan for how we want to proceed?
- Are we all in agreement with the plan and areas of focus?

Identify which components are currently in place:
- ☐ We have a trauma-informed workgroup/committee to lead our organization in adopting a trauma-informed approach.
- ☐ We have developed a common strategic vision and plan for adopting a trauma-informed approach across core domains.
- ☐ We have structures in place for supporting these efforts (e.g., leadership support, resources)
- ☐ We have a process in place for assessing/evaluating our progress in adopting a trauma-informed approach.

Where are you?

Stage Three: Implement

Questions to consider at this stage:
- What is working?
- What goals and action steps need to be adjusted or modified?
- What is missing that needs to be considered?

Identify which components are currently in place:
- ☐ We are implementing the action steps outlined in our strategic plan.
- ☐ We can identify concrete changes that are happening at the organization related to trauma-informed care and practice.
- ☐ We are monitoring how these changes are working and gathering feedback from staff regarded needed adjustments.

Where are you?

Stage Four: Sustain

Questions to consider at this stage:
- How do we sustain new practices?
- How do we continue to adjust this approach as needed?
- How do we educate others about our lessons learned/findings?
- What else can we do to support a trauma-informed approach within our organization and within the larger system?

Identify which components are currently in place:
- ☐ We have successfully implemented new practices for supporting a trauma-informed approach.
- ☐ We have adjusted and added to our strategic plans as needed.
- ☐ We have a plan for sustaining new practices.
- ☐ We are able to articulate outcomes related to adopting a trauma-informed approach.
- ☐ We are taking steps to further sustain a trauma-informed approach within our agency and beyond.

Thank you for the work that you
do and for your time today.

For more information, please contact:
Kathleen Guarino, LMHC
kguarino@air.org

To learn more about our trauma work visit our website at
http://www.air.org/resource/trauma-informed-care-service-
systems

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