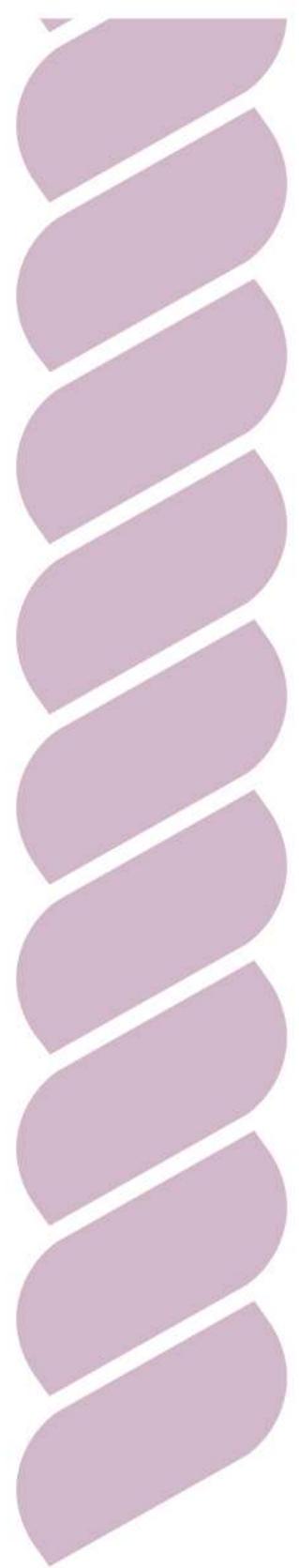


Trauma-informed care resources for supporting the wellbeing of the workforce

May 2018



**Te Pou o te
Whakaaro Nui**

Introduction

A trauma-informed approach recognises and understands trauma can negatively affect whānau, groups, organisations and communities, as well as individuals. In New Zealand, the need to provide trauma informed care services is not new and many services have taken steps to work towards achieving that goal.

In New Zealand the impacts of **colonisation on the wellbeing of Māori people, the impact of historical trauma events and their contribution to negative health disparities experienced by many whānau (extended family), hapū (sub-tribes), and iwi (tribes)** need to be considered in any trauma informed approach. We must be mindful that the use of or adaption of any overseas designed trauma-informed care resources requires careful **consideration to ensure that we are culturally respectful of and responsive to Māori people.**

There is a plethora of information and resources about trauma-informed care. One of the challenges is that the terms *trauma-informed approach* and *trauma-informed care* are used interchangeably in the literature and used in multiple ways. New Zealand based research and work is starting to emerge, however, the majority of resources available have been developed in the US, Canada, UK, or Australia. A number of resources about trauma-informed care were selected based on criteria that included applicability, availability, usability, and whether they were evidence-informed. A comprehensive checklist was developed to review the resources however, detailed information about many of the resources was difficult to obtain. Detail such as cultural advice, service user input, clinician involvement, **family and whānau involvement and a review date, were not apparent.**

Resources for the implementation of a trauma-informed care approach provide support to implement across organisation-wide systems and processes; address worker wellness and safety; and provide workers with the skills and confidence to support such an approach.

On our website you will find a list of some of the organisations providing information and resources about trauma-informed care.

These resources are summarised into three publications:

1. Resources for leaders and managers to support in developing and sustaining trauma-informed care services.
2. Resources for supporting the wellbeing of the workforce in three sections
 - organisational support of the workforce
 - supporting workers own wellbeing
 - addressing workplace bullying.
3. General information on trauma-informed care and training resources.

Resources for supporting the wellbeing of the workforce

This publication outlines resources and information to support the wellbeing of the workforce and includes information on:

- how the organisation can support the workforce
- workers supporting their own wellbeing
- addressing workplace bullying

The wellbeing of workers is a primary consideration within a trauma-informed approach. People who feel supported by their organisations are at a lower risk of developing vicarious trauma, Secondary Traumatic Stress (STS) or job burnout¹. Worker 'wellbeing' refers to the extent to which workers perceive that their lives are going well. It incorporates the degree to which they enjoy good physical and mental health and are resilient. Prevention strategies that protect the mental wellbeing of the workforce have more impact than being reactive to worker stress and burn-out. Prevention means using a combination of both organisational and individual measures².

Evidence suggests the important factors for the protection from STS and vicarious trauma are:

- organisation culture
- supervisors and managers who are themselves trauma-informed
- an individually determined worker self-care regime.
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Organisational support of the workforce

The following organisations have resources to support the wellbeing of the workforce:

Good4Work (NZ)

<https://www.good4work.nz/>

A Ministry of Health, Healthy Families NZ, Health Promotion Agency initiative. Resources include general workplace wellbeing tools, which are web based and free. The interactive online tools are a step-by-step process of actions designed to change the workplace environment and culture. They are designed to be used by anyone **who understands their workplace's environment, structure and practices, and can make a difference**. The four-step process is shown in Figure 2.

¹ Handran, J. (2013). Trauma-informed organizational culture: the prevention, reduction, and treatment of compassion fatigue. In partial fulfillment of the requirements for the Degree of Doctor of Philosophy Colorado State University Fort Collins, Colorado

² Bährer-Kohler, S. (2012). *Burnout for Experts: Prevention in the Context of Living and Working*. Springer.

GOOD4WORK IS GREAT FOR YOUR PEOPLE AND YOUR BUSINESS.

Investing in a positive, healthy workplace reduces stress, fatigue, injury and error, while improving engagement, productivity and innovation. It takes little effort and even less budget.



Figure 1. Four-step process to change workplace environment and culture

Institute for Healthcare Improvement (IHI) (US)

Framework for Improving Joy at Work

<http://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>

A model developed in the US which provides interesting and detailed information on how to improve workplace culture and worker satisfaction by describing the ‘why, how and what’. The paper was developed to address the high prevalence of burnout in the healthcare sector.

The phrase ‘joy at work’ was used by the authors as a light-hearted title to a potentially serious issue. The authors make the comment “If any work ought to give spiritual satisfaction to the workers, this is it. ‘Joy’ not ‘burnout’ ought to rule the day”.

Four steps to encourage a collaborative process to create ‘joy at work’ are outlined below.

1. Leaders engage colleagues to identify what matters to them in their work.
2. Leaders identify the processes, issues, or circumstances that are barriers to what matters and get in the way of meeting professional, social, and psychological needs.
3. In partnership, multidisciplinary teams come together and share responsibility for removing these barriers (focusing on nine critical components), and for improving and sustaining joy.
4. leaders and staff use improvement science together to accelerate improvement and create a more joyful and productive place to work.

The framework for creating joy at work is shown in Figure 3.



Figure 2. The IHI Framework for Improving Joy in Work³

Matua Rāki (NZ)

Wellbeing of the Workforce Literature Review (2017)

<https://www.matuaraki.org.nz/resources/wellbeing-of-the-workforce/729>

Matua Rāki as part of Te Pou o te Whakaaro Nui are the national centre for addiction workforce development here in New Zealand. They work with organisations and people across the country, and around the world, to support the addiction workforce minimise addiction related harm.

A 2017 review of literature affecting the Australian and New Zealand AOD (Alcohol and Other Drugs) and addiction workforces was undertaken by NCETA. The review discusses a range of programmes and interventions to enhance the wellbeing of the workforce. These address policies and programmes relating to broad based health promotion; workplace wellness programmes; effective supervision (line management, peer, clinical, cultural and/or group as appropriate); performance appraisals; enhancing organisational management; effective leadership; addressing organisational structures and practice; encouraging help seeking behaviours in

³ Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

the workplace and enhancing worker resilience. The recommendation is that programmes should be available at both the individual and the organisational level.

The literature review looks at issues pertaining to worker wellbeing and provides the impetus and drivers behind the current Matua Rāki research project. The core component of the research project is a survey of the workforce which will be finalised in 2018. This will enable more to be known about the wellbeing status of the alcohol and other drug (AOD) and addiction workforces.

Te Atawhai o Te Ao (NZ)

<http://www.teatawhai.maori.nz/research/kaupapa-maori-research>

A Kaupapa Māori research institute based in Whanganui. Te Atawhai o Te Ao has taken on a major research programme called *He Kokonga Whare: Māori Intergenerational Trauma and Healing*.

Kaupapa Māori values Māori ways of doing things. Te reo me ōna tikanga are regarded as critical elements of this type of research. The principles are:

- tino Rangatiratanga - The principle of self-determination
- taonga Tuku Iho - The principle of cultural aspiration
- ako Māori - The principle of culturally preferred pedagogy
- kia piki ake i ngā raruraru o te kāinga - The principle of socio-economic mediation
- whānau - The principle of extended family structure
- kaupapa - The principle of collective philosophy
- te Tiriti o Waitangi - The principle of the Treaty of Waitangi
- āta - The principle of growing respectful relationships

As part of the research Te Atawhai produced a video, *Te Hikoi - The Journey*. The story of Christine Waitai-Rapana's experience and her journey with the *First Nations of Turtle Island*. It is a joint venture between the indigenous people of New Zealand and Turtle Island This is available on their website

<http://www.teatawhai.maori.nz/publications/resource-videos/item/te-hikoi-the-journey>

Wellbeing for Health - New Zealand

<https://wellbeingforhealth.nz/>

Wellbeing for Health is a website designed as an easy to use hub for tools and resources related to workplace wellbeing in the New Zealand health sector. The key wellbeing topics noted on the website are:

- · Tikanga (Culture and values)
- · Kōrero (Communication & Engagement)
- · Better work practices
- · Ārahitanga (Leadership)
- · Personal Wellbeing.

The resources promote the positive drivers of workplace wellbeing as a key priority for DHBs and union partners as these are what enable people to do and be their very best and respond to the challenges of poor wellbeing. The policies, resources and other materials on the site can be used to develop wellbeing programmes and build on present work to promote a healthier and happier workplace for people.

WorkSafe New Zealand (NZ)

<http://www.worksafe.govt.nz/worksafe/information-guidance/work-related-health>

WorkSafe New Zealand, the government body enforcing workplace health and safety legislation, provide a range of information and guidance about health and safety in the workplace. They set expectations of organisations to have effective systems for protecting the physical and mental health of workers from work-related factors and activities to promote general health and wellbeing.

Work can affect health and health can affect work, as illustrated in Figure 4. Although work can be good for health and health can be good for work, workers can become unwell or develop poor health from their work and work environment. Similarly, poor health or physical and mental impairment may reduce a worker’s ability to work safely and productively. Worksafe considers organisations have an important role in protecting their workers’ health and promoting mental and physical wellbeing.

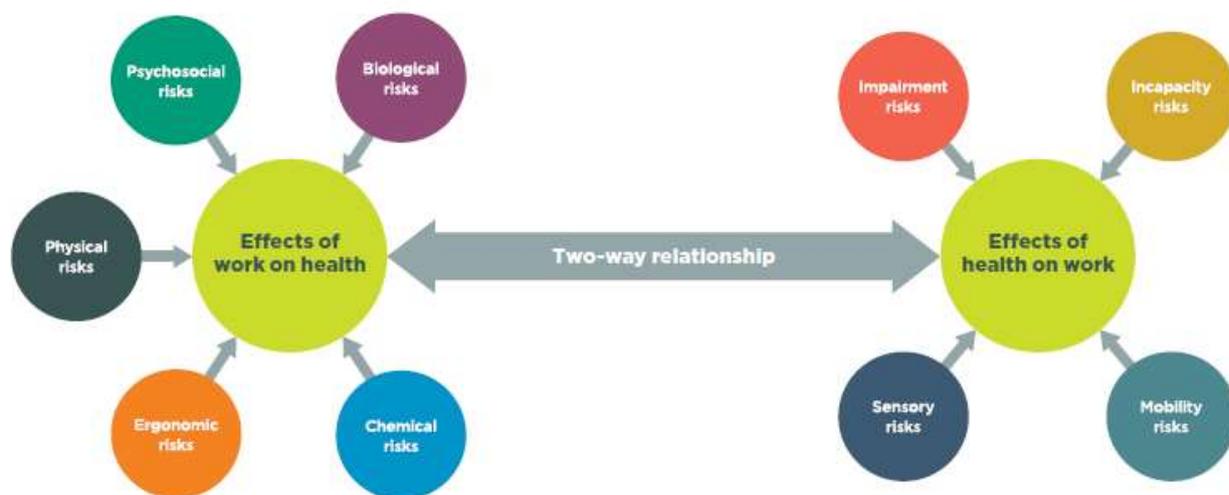


Figure 3. What Worksafe means by ‘work related health’⁴

Bullying harms workers and is a significant issue in New Zealand work places. It can affect people both physically and mentally, can disrupt workplaces, and lower work performance. While an organisation must effectively deal with bullying at work, everyone at work has a role in dealing with it. The *Bullying prevention toolbox* is a comprehensive resource provided by Worksafe containing examples of what workplace bullying is and what it is not, advice for workers and preventing and responding to bullying at work.

⁴ WorkSafe NZ. (2016). *WorkSafe’s strategic plan for work-related health 2016 to 2026*.(p.9).WorkSafe NZ: Wellington.

The '*Bullying prevention toolbox*' can be accessed here:

<http://www.worksafe.govt.nz/worksafe/toolshed/bullying-prevention-toolbox>

The toolbox includes the following sections.

- Bullying at work: Advice for workers. This quick guide shows what bullying at work can look like, and what you can do if you think you are being bullied or are accused of being a bully.
- Preventing and responding to bullying at work: Advice for small businesses. This quick guide outlines what you could do to minimise the likelihood of bullying at your workplace and the harm arising from it if bullying does occur.
- Preventing and responding to bullying at work. These guidelines describe ways to minimise the likelihood of bullying at work and the harm arising from it. While the guidelines focus on dealing with bullying at work, they can also be used to deal with other unreasonable behaviour.
- Anti-bullying policy template. This template can be used to develop an anti-bullying policy for your business or undertaking. It should be adopted with careful consideration. Consultation and discussion with workers and HSRs/HSCs and unions (if relevant) should take place before rolling out the policy. The policy should be supported by a good implementation process, and workers should be trained in both the policy and processes.
- Examples of what bullying at work is and what it is not

Trauma Informed Oregon (US)

A Trauma Informed Workforce: An Introduction to Workforce Wellness

<https://traumainformedoregon.org/resource/trauma-informed-workforce-introduction-workforce-wellness/>

This two-page document provides foundational information about workforce wellness. The downloadable PDF addresses the protective factors that could mitigate the impact of working with survivors of trauma and adversity; and the risk factors related to workforce stress and vicarious trauma. The resource is free to download.

Protective factors noted are:

- Team spirit. Feeling part of a team (per programme, department, entire agency) and having social support on the job can buffer workplace stress.
- Seeing change as a result of your work. Having tangible evidence that their work is important and helpful.
- Training. Feeling competent to apply a trauma-informed approach as a result of effective training and education.
- Supervision. Receiving regular and predictable supervision as a way to prevent, monitor, and respond to stress.

- **Balanced caseload.** Having a diversified caseload based on the topics, intensity, length of service and a balance between challenging and successful cases.
- **Stress Inoculation Training.** Practicing responses to stressful situations in order to have the skills needed to regulate a stress response.

Risk factors noted are:

- **Personal trauma history.** A **worker's** history with adversity can mitigate or create challenges to doing this work. Workers who are aware of their history and have developed helpful coping skills and are able to easily relate and support survivors.
- **Type of story.** The type of trauma stories a worker is hearing in their work can make a difference in the impact on them.
- **Length of employment.** Workers who are new in the field or new to hearing stories about trauma and adversity without warning or coping strategies are at greater risk for work related stress.
- **Always being empathetic.** Workers who feel they must always be empathetic or 'always on' because at home they care for elders, children, or other family members or have more than one human service related job.
- **Isolation.** Isolation can be experienced because of the location of the worksite, because you are the only person doing a particular job (e.g. only psychologist, peer support), or because you are not able to share details about your work with friends and family.

Supporting workers own wellbeing

This section includes resources for individuals responsible and interested in their self-care. Evidence points to important factors for the protection from secondary trauma stress and vicarious trauma as:

- organisation culture
- supervisors and managers who are themselves trauma-informed
- an individually determined self-care regime.

Definitions of workforce trauma are provided by Trauma Informed Oregon⁵:

- **Burnout:** The term "burnout" has been applied across helping professions and refers to the cumulative psychological strain of working with many different stressors. It often manifests as a gradual wearing down over time.
 - **Vicarious trauma:** Vicarious traumatisation is the cumulative effect of working with survivors of trauma and includes cognitive changes resulting from empathic engagement and a change to your worldview.
 - **Secondary traumatic stress:** The term "secondary traumatic stress" is used to describe professional workers' subclinical or clinical signs and symptoms of Post-Traumatic Stress Disorder (PTSD) that
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mirror those experienced by trauma clients, friends, or family members. While it is not recognised by current psychiatric standards as a clinical disorder, many clinicians note that those who witness traumatic stress in others may develop symptoms similar to or associated with PTSD.

- Compassion stress: Compassion stress characterises the stress of helping or wanting to help a trauma survivor. Compassion stress is seen as a natural outcome of knowing about trauma experienced by a person accessing services, friend, or family member, rather than a pathological process.

Dr Margaret Pack (NZ)

<https://margaretpack.nz/about-me/>

Self-help for trauma therapists: A practitioner's guide (2016)

<https://margaretpack.nz/publications-and-resources/self-help-for-trauma-therapists/>

Dr Margaret Pack investigated how therapists across a range of helping professions in Australia and New Zealand navigate the impacts and effects of trauma-related work. Observing difficulties with staff morale and retention in some of her workplaces, Dr. Pack set out on a search for solutions to a practical problem.

Dr. Pack's book includes questions for reflection, activities and a range of resources such as web links, reference lists and case studies at the conclusion of each chapter which can be referred to when a theme or an issue resonates. The book concludes with suggestions for constructing a self-care plan that attends to each of the areas outlined in the chapters within the book.

Developing a self-care plan (Page 164):

- Decide what you need to do on a micro-, exo-, meso-, and macro-level, as to what to start doing and what to continue doing
- The micro-level of individual interventions for self-care include actions to:
 - list three goals to improve sleep, appetite and energy
 - seek personal therapy if your own trauma is intruding into your every-day work
 - recurrent dreams or flashbacks of what people are telling you needs attending in self-care
 - make a note of what needs attending
 - regularly consider your own identity in terms of gender, ethnicity, place, culture and stage of life.
- The exo-levels of relationships with significant others include questions such as:
 - are the significant others in your life getting enough time with you?
 - is your work affecting your ability to trust and be intimate with your loved one?
 - what changes do you need to make?
 - is the current caseload/ workload balance right?
 - how is your current work/ life balance?
- The macro-level is addressing the trauma workforce as a whole and includes these questions:
 - are you receiving regular clinical supervision?
 - are your personal ethics aligned or not, **with your employer's policies and protocols?**

- note down any tensions between your personal beliefs and that of the workplace
- what professional development needs do you have?
- check your core values and beliefs can still find expression in the work you do as a therapist
- list your 'next steps'.

School of Social Work, University at Buffalo (US)

Self-care starter kit

<http://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

These resources are written for social work students. However, they are a useful and comprehensive set of self-care resources applicable to general worker wellbeing. It is recommended people work through the resources sequentially starting with *Introduction to self-care*. Other pages include developing a self-care plan, self-care assessments, exercises and activities and additional self-care resources. All resources are freely available on the website.

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Addressing workplace bullying

WorkSafe New Zealand (NZ)

Bullying prevention toolbox

<http://www.worksafe.govt.nz/worksafe/toolshed/bullying-prevention-toolbox>

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- Examples of what bullying at work is and what it is not.

New Zealand Nurses Organisation (NZ)

<https://www.nzno.org.nz/bullyfree>

The New Zealand Nurses Organisation (NZNO) has a section on workplace bullying on their website. The NZNO statement on bullying is:

Bullying is a persistent misuse of power, whether formal or informal. It is ongoing offensive, abusive, intimidating, malicious or insulting behaviour. It may make the recipient or target feel upset, threatened, humiliated or vulnerable and undermine self-confidence. It may have a detrimental effect **upon a person's dignity, safety and well-being** and may cause them to suffer stress. Bullying can be overt or covert. Bullying can be perpetrated by anyone in any position in an organisation.

The information on the website includes:

- overt bullying
- covert bullying
- what is not workplace bullying?
- what can you do about it?
- the complaints process
- where can I find out more?