Trauma-informed care resources for leaders and managers

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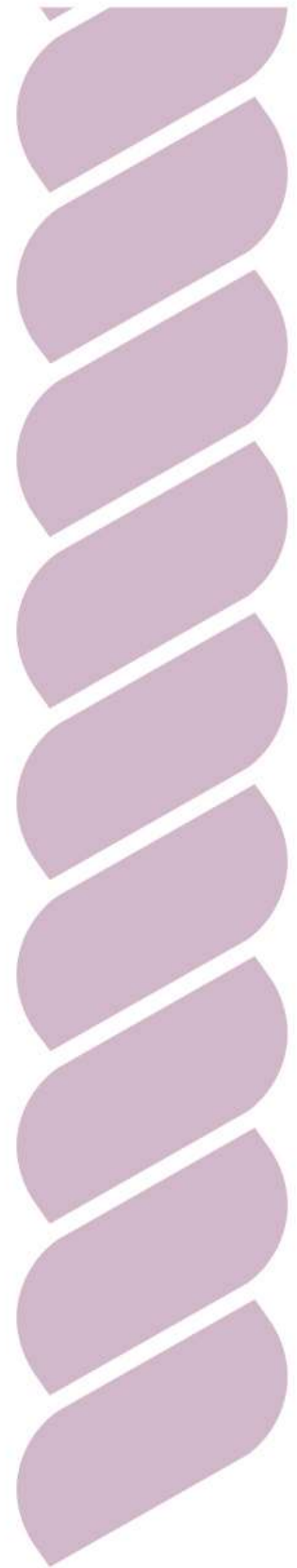
Te Pou o te
Whakaaro Nui

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 leaders and managers

This publication outlines resources for leaders and managers to develop and sustain trauma-informed services within their organisation. Leadership commitment, knowledge and intent to support all staff and people accessing services, is an essential first step in a trauma-informed approach.

Oranga Tamariki provide us with a definition of trauma-informed care within a New Zealand context[1]. Trauma-informed care is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

Trauma-informed care has also been described as an evidence-based model of care which encompasses an overarching philosophy within a framework to guide practice[2]. This means it is a universal approach and not necessarily just a model of care for those people who have experienced trauma.

> "Trauma must be seen as the expectation, not the exception" [3]

Universal precautions, as it relates to trauma-informed care, asks frontline workers to be mindful of the high prevalence of trauma and Post Traumatic Stress Disorder (PTSD) when engaged in their work with people. It asserts that trauma-informed teams and environments will positively support recovery in all people with a history of trauma and reduce the chances of re-traumatising events while engaged with mental health services.

The individual responses to the effects of experiencing trauma may vary, with some people going about their lives without lasting negative effects, but many other people or populations experiencing traumatic stress reactions and ongoing ill health.[4] The resultant behaviour is understood in the context of coping strategies designed to survive adversity and overwhelming circumstances, whether these occurred in the past (i.e. a client dealing with prior child abuse), whether they are currently manifesting (i.e. a worker living with domestic violence in the home), or whether they are related to the emotional distress that results in hearing about the first hand experiences of another (i.e. secondary traumatic stress experienced by a direct care worker).

When services provide a trauma-informed approach all people at all levels of the organisation or system have a basic realisation about trauma and understand how trauma can affect families, groups, organisations, and communities as well as individuals.

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[1] Oranga Tamariki Ministry for Vulnerable Children. (2017). *Trauma: Key theories and their application to practice.* Wellington: Oranga Tamariki Ministry for Vulnerable Children.

[2] Isobel, S., & Edwards, C. (2017). Using trauma informed care as a nursing model of care in an acute inpatient mental health unit: A practice development process. *International Journal of Mental Health Nursing, 26*, 88-94. doi:10.1111/inm.12236

[3] Mental Health Coordinating Council. (2017). Trauma-Informed Care and Practice (TICP)

[4] Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). Trauma-Informed Approach and Trauma Specific Interventions.

The different approaches to being trauma-informed may create a continuum of staff and organisational care covering four stages of complexity[5][6]:

1. *Trauma aware:* workers have an understanding of trauma and how people may have behavioural presentations in response to traumatic experiences.

2. *Trauma sensitive:* an organisation's work practice can operationalise some concepts of a trauma-informed approach.

3. *Trauma responsive:* the individual and organisation response enables changes in behaviour and strengthens resilience and protective factors.

4. *Trauma informed:* the culture of the whole system reflects a trauma approach in all work practices and settings

Organisational examples of being trauma-informed, or not, are shown in Table 1.

Table 1. *Attributes of organisations trauma-informed or not trauma-informed[7]*

Trauma informed	Not trauma informed
Recognition of high prevalence of trauma.	Lack of education on trauma prevalence and 'universal precautions'.
Recognition of primary and co-occurring trauma.	Over-diagnosis of Schizophrenia & Bipolar Disorder, Conduct Disorder and singular addictions.
Assess for traumatic histories and symptoms.	Cursory or no trauma assessment.
Recognition of culture and practices that are re-traumatising.	'Tradition of toughness' valued as best-care approach.
Power/control minimised — constant attention to culture.	Keys, security uniforms, staff demeanour, tone of voice.
Caregivers/supporters — focus on collaboration.	Rule enforcers — focus on compliance.
Address training needs of staff to improve knowledge and sensitivity.	'Patient-blaming' as fall-back position without training.
Staff understand function of behaviour as coping adaptations (rage, repetition-compulsion and self-injury).	Behaviour seen as intentionally provocative.
Objective to use neutral language.	Labelling language – e.g. manipulative, needy, attention-seeking.
Transparent systems open to outside parties	Closed system where advocates are discouraged.

[5] Wall, L., Higgins, D., & Hunter, C. (2016). *Trauma-informed care in child/family welfare services* Australia: Australian Government.

[6] Mieseler, V., & Myers, C. (2013). Practical steps to get from trauma aware to trauma informed while creating a healthy, safe, and secure environment for children. Jefferson City: Missouri Coalition for Community Behavioral Healthcare. (2013).

[7] SAMHSA

It's the employers' responsibility to ensure workers have access to timely education about vicarious trauma and a safe, supportive and trauma aware workplace that is conducive to individual well-being[8]. From an organisational perspective, it's important that processes for the wellness and safety of the workforce are established before embarking on a trauma-informed approach. Organisational principles, policies, and procedures that provide safety, voice and choice can begin to create the appropriate environments and approaches.

Developing and sustaining trauma-informed services

The implementation of an organisation wide trauma-informed approach requires a process of preparing for organisational and practice change, managing the change, and reinforcing the change. A number of resources are recommended, most of which address various aspects of an overall process. Some of the resources for supporting the development of an organisational approach for trauma-informed care originate from North America, Australia or Scotland. For this reason, they will need adapting if used within the New Zealand context.

The following organisations have resources available to support the development of trauma-informed services.

Blue knot Foundation (Australia)

An organisation who advocate nationally for trauma-informed policy, practice and systems change, particularly for people who are victims of sexual abuse. They deliver professional development training, group supervision and consultancy for workers, organisations and people working with survivors across Australia.

Practice guidelines for treatment of complex trauma and trauma informed care and service delivery

http://www.blueknot.org.au/ABOUT-US/Our-Documents/Publications/Practice-Guidelines/Download

2012 Practice guidelines are available to download once registered, registration is free. The guidelines are designed to:
- provide a framework for the implementation and workforce training and development recommended for the integration of trauma-informed principles and practice into services and systems
- set out the approaches needed to address trauma histories within clinical practice in mental health settings. They weave information from neuroscience and attachment theory with recovery-orientated, trauma-informed and therapeutic principles.

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[8] 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

Centre for Health Care Strategies (CHCS) (US)

CHCS describe themselves as a nonprofit policy centre dedicated to improving the health of low-income Americans. The CHCS paper: *Ingredients for Creating a Trauma-Informed Approach to Care* (2016) is outlined in Table 2.

Table 2. *Key Ingredients for Successful Trauma-Informed Care Implementation*

Organisational clinical	Clinical
- leading and communicating about the transformation process - engaging patients in organisational planning - training clinical as well as non-clinical staff members - creating a safe environment - preventing secondary traumatic stress in staff. "Working with patients who have experienced trauma puts both clinical and non-clinical staff at risk of secondary traumatic stress". Organisational details are then discussed - hiring a trauma-informed workforce.	- involving patients in the treatment process - screening for trauma - training staff in trauma-specific treatment approaches - engaging referral sources and partnering organisations.

Each key ingredient is covered in more detail as to what that means within an organisational approach.

Manitoba Trauma Information Centre (Canada)

The Klinic Community Health Centre, Winnipeg, Canada have produced a *Trauma Toolkit* (2013) which is an informative resource for health care leaders, managers and the workforce. A universal precautions approach is promoted.

The Manitoba Trauma Information Centre identify that organisations need leadership that:

- initiates and/or promotes organisational change consistent with trauma-informed practices
- develops a strategy for strengthening trauma-informed practices over time
- considers resources, organisational capacity and pressures in developing trauma information practices
- recognises all staff contribute to trauma-informed practices at the organisational level

The resource is 150 pages in length, however the following pages are useful when considering an organisational approach:

- Page 15   What is Trauma-informed care and practice?
- Page 22   Organisational checklist
- Page 70   The neurobiology of trauma

To download the toolkit: http://trauma-informed.ca/

The website also provides a checklist to be used as a starting point for an ongoing process of becoming a trauma-informed organisation or system. This resource is based on a checklist developed by Dr. Nancy Poole and colleagues at the British Columbia Centre of Excellence for Women's Health. The checklist includes the following criteria:

- overall policy and programme mandate
- hiring practices
- policies and procedures
- monitoring and evaluation.

National Council for Behavioral Health (US)

https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/

A number of presentations are freely available on the website targeted to the mental health sector however, most resources need to be purchased.

The resources are based on seven domains of trauma-informed care. These seven domains are:

- early screening and assessment
- consumer-driven care and services
- nurturing a trauma-informed and responsive workforce
- evidence-based and emerging best practices
- creating safe environments
- community outreach and partnership building
- ongoing performance improvement and evaluation.

A video clip is available explaining the organisational self-assessment and the seven domains:

https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/#foobox-1/2/we1wRbC7n_o

Trauma-informed Care Organisational Self-Assessment

Designed for organisations interested in improving their policies, procedures, practices and social and physical environment to reflect the core principles and values of a trauma-informed care organisation. It is designed primarily as a performance improvement resource to increase awareness of the key components of a trauma-informed care organisation and to identify what you need to keep doing and reinforcing, stop doing, or start doing the right thing.

PowerPoint: one of the presentations freely available is a 2012 PowerPoint based on the ACE's studies, titled '*Does Your Organization Measure Up: Are You Really Trauma-informed*?' and is presented by Cheryl Sharp and Linda Ligenza. Content includes some detail on possible organisational actions under the seven domains of trauma-informed care. Download the PowerPoint presentation:
https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/

NHS Scotland (Scotland)

In May 2017 NHS 'Education for Scotland' launched a resource for support workers to understand the knowledge and skills required to successfully deliver quality, evidence-based trauma-informed or trauma-specific services to people affected by traumatic events.

The framework has four tiers of workforce development, to reflect the range of roles that workers may have in relation to providing services, as identified in Figure 1. These are not hierarchical and do not necessarily reflect someone's seniority within their organisation but is constructed to be incremental. For example, staff operating at trauma enhanced practice level would also be expected to possess the knowledge and skills at skilled and informed levels.

This resource is essentially a knowledge and skills framework but contains sections on organisational development. It is open access and free to download.

Transforming Psychological Trauma: A knowledge and skills framework for the Scottish workforce

http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx
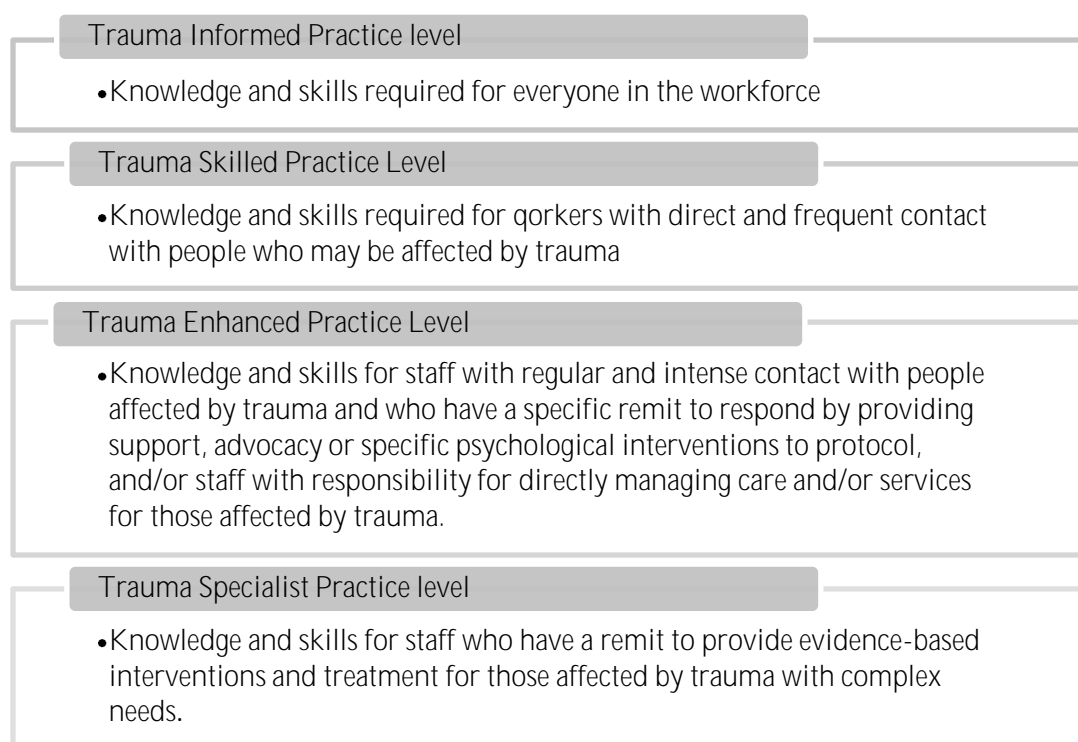
Trauma Informed Practice level

- Knowledge and skills required for everyone in the workforce

Trauma Skilled Practice Level

- Knowledge and skills required for qorkers with direct and frequent contact with people who may be affected by trauma

Trauma Enhanced Practice Level

- Knowledge and skills for staff with regular and intense contact with people affected by trauma and who have a specific remit to respond by providing support, advocacy or specific psychological interventions to protocol, and/or staff with responsibility for directly managing care and/or services for those affected by trauma.

Trauma Specialist Practice level

- Knowledge and skills for staff who have a remit to provide evidence-based interventions and treatment for those affected by trauma with complex needs.

Figure 1. **The four tiers of workforce development**

SAMHSA (US)

https://www.samhsa.gov/trauma-violence

SAMHSAs concept of a trauma-informed approach is grounded in a set of four assumptions, referred to as the four R's, and six key principles. These are based on the philosophy of promoting a linkage to recovery and resilience for individuals and families impacted by trauma.

The four assumptions of SAMHSA's trauma-informed approach include[9]:

- all people in an organisation having a basic realisation about trauma and being able to recognise the signs of trauma
- an organisation having the ability to respond by applying the principles of a trauma-informed approach as there is a common understanding that the experience of traumatic events impacts all people involved
- every effort is made to resist any re-traumatisation of service users as well as staff.

The six key principles of a trauma-informed approach are identified below[10].

- Safety - physical and psychological safety throughout the organisation is felt by all staff and people accessing services.
- Trustworthiness and transparency is obvious throughout all the organisations operations and decision-making processes.
- Peer Support and mutual self-help are key vehicles for establishing safety, hope and building trust.
- Collaboration and mutuality is evidenced by partnering and reducing power levels among all staff, people accessing the service and their families. It is recognised that everyone has role to play in providing a trauma-informed approach.
- Empowerment, voice and choice are reflected in organisational operations and workforce development. Services are organised to foster empowerment of staff and people accessing services. Individual strengths and experiences are recognised and built on.
- Cultural, historical and gender issues are incorporated into protocols and processes that are responsive to the racial, ethnic and cultural needs of all people. Historical trauma is recognised and addressed.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)

https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

A manual that introduces a concept of trauma and offers a framework for becoming a trauma-informed organisation, system, service or sector. The manual provides a definition of trauma and a trauma-informed approach. Guidance is provided about implementing a trauma-informed approach. It notes that change is

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[9] https://www.samhsa.gov/topics/trauma-violence/samhsas-trauma-informed-approach

[10] https://www.samhsa.gov/topics/trauma-violence/samhsas-trauma-informed-approach

required at multiple levels and must be aligned with the six key principles and ten implementation domains. The implementation domains and questions are listed below.

Governance and leadership

- How do leadership and governance structures demonstrate support for the voice and participation of people accessing services who have trauma histories?
- How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?

Policy

- How do the agency's written policies and procedures recognise the pervasiveness of trauma in the lives of people accessing services, and express a commitment to reducing re-traumatisation and promoting well-being and recovery?
- How do human resources policies attend to the impact of working with people who have experienced trauma?

Physical environment

- How does the physical environment promote a sense of safety, calming and de-escalation for people accessing services and staff?
- How does the agency provide space that both staff and people accessing services can use to practice self-care?

Engagement and involvement

- How is transparency and trust among staff and people accessing services promoted?
- How do people with lived experience have the opportunity to provide feedback to the organisation on quality improvement processes for better engagement and services?

Cross sector collaboration

- How does the organisation identify community providers and referral agencies that have experience delivering evidence-based trauma services?
- What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?

Screening, assessment, treatment services

- Is a person's own definition of emotional safety included in treatment plans?
- Is timely trauma-informed screening and assessment available and accessible to people accessing services?

Training and workforce development

- How does the agency address the emotional stress that can arise when working with people who have had traumatic experiences?

- How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety?

Progress monitoring and quality assurance

- Is there a system in place that monitors the agency's progress in being trauma-informed?
- Does the agency solicit feedback from both staff and people accessing services?

Financing

- What funding exists for peer specialists?
- How does the budget support provision of a safe physical environment?

Evaluation

- How does the agency conduct a trauma-informed organisational assessment or have measures or indicators that show their level of trauma-informed approach?
- How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey?

TIP 57 A Treatment Improvement Protocol Trauma-informed Care in Behavioral Health Service' (2014)

https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

This large and detailed resource is free to download from the website. 'TIP 57' presents fundamental concepts that service providers can use to:

- become trauma aware and knowledgeable about the impact and consequences of traumatic experiences for individuals, families, and communities
- evaluate and initiate use of appropriate trauma-related screening and assessment tools
- implement interventions from a collaborative, strengths-based approach, appreciating the resilience of trauma survivors
- learn the core principles and practices that reflect trauma-informed care
- anticipate the need for specific trauma-informed treatment planning strategies that support a person's recovery
- decrease the inadvertent retraumatisation that can occur from implementing standard organisational policies, procedures, and interventions with individuals, including people accessing services and staff, who have experienced trauma or are exposed to secondary trauma
- evaluate and build a trauma-informed organisation and workforce.

This resource relates to supporting adults and includes an extensive literature review.

Te Pou o te Whakaaro Nui (NZ)

https://www.tepou.co.nz/

Nationally and internationally there are ongoing efforts to prevent, reduce and eliminate the use of seclusion and restraint in mental health environments. Least restrictive practice is a term increasingly used to describe a wide range of approaches, practices and frameworks that place the person at the centre of service provision and strives to eliminate using restraint or seclusion in inpatient settings. The Six Core Strategies© is an evidence-based approach and has been used by many organisations internationally.

The Six Core Strategies© were developed in the US by the National Association of State Mental Health Program Directors Medical Directors Council (NASMHPD). This was in response to stakeholders saying that seclusion and restraint were traumatising, both to people receiving services and to staff. They have been successfully used to reduce the use of seclusion and restraint in inpatient mental health settings. Te Pou o te Whakaaro Nui developed the Six Core Strategy© Checklist (NZ adaption) to suit the New Zealand context. This included strengthened consumer involvement, cultural considerations and family and whānau inclusion. A strong component of the Six Core strategies© is:

- ensuring that services provide trauma-informed care
- the workforce uses strategies that support a trauma-informed approach to the individual care of people

The six strategies are:

1) Leadership towards organisational change
2) Using data to inform practice
3) Workforce development
4) Use of seclusion and restraint reduction tools
5) Service user/consumer roles in inpatient units
6) Debriefing techniques.

The seclusion and restraint resources include a service checklist and alludes to trauma-informed care, service and workforce. For example:

Strategy one - 'Leadership towards organisational change'

- Service objective 1- Does the organisation and service mission or vision statement, philosophy, and core values reflect the intent of seclusion reduction initiatives? Including evidence of congruency with principles of recovery, trauma informed systems, violence and coercion free safe environments for service

Strategy three - Workforce development

- Goal three - To create an environment whose policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on people. This includes understanding the prevalence of these experiences in people who receive mental health services and the experiences of staff. The characteristics and principles of trauma informed care systems need to be included. It also includes the principles of recovery-

oriented systems and models that support people-centred care, choice, respect, dignity, partnerships, self-management, and full inclusion.

- Service objective four - Has the service insured education and training for staff, at all levels, in theory and approaches of seclusion and restraint reduction? Including trauma informed care, neurobiological effects of trauma.

The whole resource can be downloaded here: https://www.tepou.co.nz/resources/six-core-strategies-for-reducing-seclusion-and-restraint-checklist/464

Towards restraint-free mental health practice is a framework and checklist designed to be used alongside, and with reference to, the Six Core Strategy© approach.

A summary report on reducing seclusion and restraint for tāngata Māori was developed. This report, with specific recommendations to address the high rates of seclusion for Māori, was developed to be used alongside the Six Core Strategies© checklist, New Zealand adaption. The report references the importance of trauma informed care for tāngata Māori. For example

- Strategy three workforce development - development of a workforce that can foster trauma-informed care to ensure that interventions in inpatient settings do not exacerbate any difficulties with regard to previous trauma among tāngata whaiora and instead reduce the likelihood of re-traumatisation

Information can be downloaded here: https://www.tepou.co.nz/resources/reducing-maori-seclusion-a-summary-report-with-recommendations-for-managers-and-leaders-of-mental-health-services/472

Trauma-Informed Care Literature Scan (2018) presents the evidence around what is trauma; what is the prevalence and impact; what is a trauma-informed approach; and the evidence on implementation within organisations. https://www.tepou.co.nz/initiatives/trauma-informed-care/181

Trauma Informed Oregon resources (US)

https://traumainformedoregon.org/resources/resources-organizations/

These resources are for a range of different sectors, not just mental health. However, the core training components and the principles of trauma informed care are generic.

Roadmap to Trauma Informed Care implementation

https://traumainformedoregon.org/roadmap-trauma-informed-care/

A comprehensive suite of resources divided into 'what you need to have' to begin the process of implementing trauma informed care, and 'what you need to do' to start planning and to make change.

What you need to have:

1. Recognition and awareness – what is trauma-informed care? Historical highlights of trauma-informed care and a trauma-informed workforce.

2. Foundational knowledge – standards of practice (a checklist of service standards for workforce development); core training components for trauma-informed care; and ongoing education and training.

3. Organisational readiness – a YouTube link to Laura Porter discussion on resistance to trauma-informed care.

4. Process and infrastructure – guidelines for standards of practice based on SAMHSA's guidance document.

What you need to do:

1. Gather information – checklist assessment tools based on creating a culture of trauma-informed care approach to organisational change. Built on the five core values of safety, trustworthiness, choice, collaboration, and empowerment.
2. Create work plan – a work plan template is provided.
3. Implement and monitor – agency-wide communication; questions to ask when considering trauma-informed care models.

Standards of Practice for Trauma Informed Care

https://traumainformedoregon.org/standards-practice-trauma-informed-care/

The 2016 *Standards of Practice for Trauma Informed Care* are based on nationally recognised principles of trauma-informed care and are in alignment with *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Each section of the standards references specific elements in the SAMHSA guidance document. The standards sheet consists of five areas assessed on a four-point scale of development and commitment towards a trauma-informed approach. This assessment could be used as a baseline measure of organisational progress towards being a trauma-informed organisation. The five areas of assessment and examples of questions are identified below.

Agency commitment and endorsement

- leadership team (including administration and governance) has received information and training on trauma and trauma-informed care
- agency-wide workforce wellness programme is in place.

Environment and safety

- individuals who have received services from the agency have helped develop and/or have reviewed decisions about physical environment and/or safety protocols
- physical environment has been reviewed for cultural responsiveness.

Workforce development – policies and practice

- employees have received core training in trauma-informed care
- individuals with lived experience of our service system participate in the hiring process
- supervision includes discussion of staff care and wellness.

Services and service delivery

- the first point of contact is as welcoming and engaging as possible for people seeking support or services. This includes reducing distress related to referral, self-referral, intake, etc.
- peer support is available and routinely offered to individuals people accessing services.

Systems change and progress monitoring

- the agency has a structure and process in place to further develop and sustain trauma-informed care (for example, a multi-level or cross program workgroup that meets regularly)
- the perspective of persons with lived experience was or is being included in the agency self-assessment process
- the self-assessment or quality assurance process for trauma-informed care is ongoing.

The standards are free to download.