Laying the Groundwork for Trauma-Informed Care

By Meryl Schulman and Christopher Menschner, Center for Health Care Strategies

IN BRIEF

Adopting a trauma-informed approach to care has the potential to improve patient health outcomes as well as the well-being of providers. While becoming a trauma-informed health care organization can be time and resource-intensive, there are relatively simple, foundational steps that providers can take to move toward fully adopting a trauma-informed approach to care. This brief includes practical recommendations for health care organizations interested in becoming trauma-informed. It draws from the experiences of pilot sites in *Advancing Trauma-Informed Care (ATC)*, a national initiative l made possible by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies (CHCS). Foundational steps include:

(1) Building awareness and generating buy-in for a trauma-informed approach;
(2) Supporting a culture of staff wellness;
(3) Hiring a workforce that embodies the values of trauma-informed care; and
(4) Creating a safe physical, social, and emotional environment.

Pursuing these activities will help organizations move toward a more comprehensive approach to trauma as outlined in an earlier CHCS brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*.

H ealth care providers increasingly recognize how an individual's history of trauma may influence his or her health, relationships, and ability to adopt healthy behaviors. Integrating this recognition into a fully trauma-informed approach, however, requires intensive organizational and clinical practice changes.[1][2] While not all organizations may be ready to commit to full adoption of trauma-informed care, there are foundational steps that providers can take to embrace the principles of patient empowerment, choice, collaboration, safety, and trustworthiness.[3]

This brief outlines initial steps for health care organizations interested in adopting a trauma-informed approach to consider. It draws from the experiences of pilot sites participating in *Advancing Trauma-Informed Care (ATC)*, a national initiative made possible by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies. Foundational trauma-informed steps include: (1) building awareness and generating buy-in; (2) supporting a culture of staff wellness; (3) hiring a workforce that embodies the values of trauma-informed care; and (4) creating a safe physical, social, and emotional environment.

A comprehensive approach to trauma-informed care involves changes at both the *organizational* as well as the *clinical* level. Experts recommend that when transitioning to a trauma-informed approach, a health care organization should start with organizational changes before implementing clinical changes.[4] Well-intentioned providers, however, often train staff in trauma-specific treatment approaches while neglecting to first make changes to fundamental organizational practices, which can undermine the organization's overall efforts to be trauma-informed. Therefore, the recommendations in this brief are predominantly organizationally oriented in order to help health care organizations build a foundation for trauma-informed care.

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Building Awareness and Generating Buy-In for a Trauma-Informed Approach

Helping a health care organization's workforce understand the impact of trauma on both patients and staff is a key first step in becoming trauma-informed. Following are strategies for building awareness and generating buy-in:

- **Promote the potential to improve patient outcomes as well as staff wellness** when educating the health care workforce about the impact of trauma on health and the value of trauma-informed care.[10] This should be done prior to the start of any trauma-informed care trainings to encourage attendance and buy-in.

- **Incorporate patient voice and choice** early on in the planning and awareness-building processes and find ways to solicit ongoing patient and community member feedback. Some *ATC* sites have done this through more formal arrangements such as patient advisory boards, focus groups, or the use of peer navigators, while others have created more informal opportunities for patients to share feedback and build relationships with employees. The University of California San Francisco (UCSF) Women's HIV Program, for example, offers a hot breakfast for both patients and staff in an open conference room. Not only does offering breakfast create a more relaxing environment for those waiting for an appointment, it also gives patients the opportunity to build relationships with clinic staff and feel more comfortable in sharing their opinions and experiences and potentially joining a more formal advisory group in the future. In addition, the UCSF clinic convenes a monthly stakeholder meeting to discuss ways to improve the clinic experience that includes a staff member from each discipline (e.g., nursing, social work, medicine, medical assistants, etc.) and four patient participants.

Trauma-Informed Care Online Training Resources

There are a number of web-based, publicly available foundational trauma-informed care training resources that may serve as a starting place for organizations lacking the financial resources to hire a trainer or the capacity to create their own materials.

- ✔ **ACEs Too High**, a news site that compiles trauma-informed care related research and articles, catalogues resources on adverse childhood experiences and the neurobiology and epigenetics of trauma, and contains online courses and presentations on early adversity and TIC.[5]

- ✔ **Substance Abuse and Mental Health Services Administration's** "Concept of Trauma and Guidance for a Trauma-Informed Approach" is a comprehensive resource that defines trauma and the implementation domains of a trauma-informed approach.[6]

- ✔ **Center for Health Care Strategies'** brief, "Key Ingredients for Successful Trauma-Informed Care Implementation," identifies the clinical and organizational key ingredients necessary for successful trauma-informed care implementation. Companion slide decks and an infographic can serve as handy training tools.[7,8,9]

- **Offer trainings for all staff, including clinical, non-clinical, and senior leadership** on trauma and its impact on health and behavior. Ideally, organizations should have buy-in from senior leadership, whose support may be needed to encourage all staff to participate. Because non-clinical staff — including front-desk reception area workers, security guards, and drivers — often interact with patients, they can play an important role in making patients feel safe and welcome and should be included in all awareness-building events or trainings. In addition, trauma-informed trainings can help staff better understand

patient behavior and thereby improve patient/staff interactions. The San Francisco Department of Public Health (SFDPH), a county health agency dedicated to promoting the health of all San Franciscans, is focused on training all 9,000 employees — from entry-level to senior executives — through its Trauma-Informed Systems (TIS) initiative.[11]

■ **Identify early champions or natural leaders to help build awareness about trauma** and its impact on health and general wellness. These individuals are often in a position to identify the greatest needs within an organization, and they should be encouraged by leadership to develop their knowledge-base and skills on issues related to trauma, adverse childhood experiences (ACEs), toxic stress, and trauma-informed care. Examples of ways that champions can generate further interest in trauma-informed care include employee workgroups, book clubs, or staff brown bag lunch sessions. Early champions are critical to sustaining momentum when adopting new organizational practices, and can act as resources for staff with questions about trauma, trauma-informed care, and how these efforts relate to them and their work.

■ **Identify opportunities for sustaining upfront investments in trauma training**. Some organizations, for example, adopt a "train-the-trainer" model to extend training opportunities to more staff. The Greater Newark Healthcare Coalition (GNHCC), a group of community leaders seeking to improve health care quality and access in Newark, New Jersey, trained a staff member in the Nurtured Heart Approach, which is focused on improving how individuals work with academically, socially, and behaviorally challenged children.[12] This team member will introduce the Nurtured Heart Approach to GNHCC's ACE Impact Team, the stakeholder group leading efforts for Newark to become a trauma-informed city. The SFDPH's TIS initiative is also using a robust train-the-trainer model. Trainings may be recorded to sustain initial investments made in hiring outside consultants. The UCSF Women's HIV Program videotaped its series of employee training sessions on trauma-informed primary care to share with future hires during the onboarding process.[13]

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■ **Incorporate trauma training into regularly scheduled staff meetings** since it is often difficult to find time slots to accommodate new staff training programs. Montefiore Medical Group, for example, a large health care system located in the Bronx, built trauma-informed care trainings into existing monthly meeting times for clinical staff, who likely have the least time available due to the daily demands of seeing patients.

Supporting a Culture of Staff Wellness

Fostering a culture of staff wellness is key to a trauma-informed approach. When working with patients who have trauma histories, it is important that staff take the time to care for themselves, so they are able to provide the best care possible for patients.[14] Staff members may also come to this work with their own histories of trauma. Organizations without safeguards in place to allow staff to safely process their emotions may be exposing employees to secondary traumatic stress, vicarious
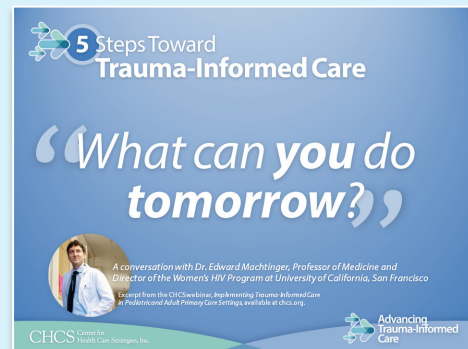
trauma, and burnout, all of which may inhibit their ability to provide high-quality care and may increase staff turnover.[15] Following are strategies for promoting a culture of staff wellness:

■ **Educate staff on secondary traumatic stress**, vicarious trauma, burnout, and the importance of self-care. This can be done through a staff training or by displaying posters[17] around the office that outline the signs of burnout, such as emotional exhaustion and feeling disconnected from one's body or thoughts,[18] and promote wellness, such as the importance of work/life balance and self-care. Organizations can also support staff wellness by giving employees the space to destress. The Center for Youth Wellness (CYW), a San Francisco-based nonprofit organization dedicated to addressing the impact of early adversity on children, has adopted a "listening partners" approach. A listening partner is a designated colleague that each staff member can check-in with on an as-needed basis. This provides support above and beyond weekly supervision, and CYW has noted that these partners are especially beneficial for clinical staff, who are more prone to compassion fatigue and burnout. Furthermore, CYW notes that the use of listening partners has supported a natural progression toward an environment of understanding in which team members can check-in with any colleague about concerns.

■ **Engage leadership to promote a culture of wellness** by demonstrating that they value their employees' well-being. Supervisors should be encouraged to take a liberal stance on approving paid time off (PTO) to demonstrate to employees that they are respected and deserving of time away from work. Leadership should also ensure that staff have adequate PTO to address their health and mental health needs. In doing so, it is important that leadership sets an example by making it clear that taking time off due to stress or anxiety — "mental health days" — is as legitimate as taking time off when physically sick. Managers should encourage their direct reports to use their PTO to mitigate the likelihood of burnout and foster a sense of work/life balance. In addition, managers should be cognizant of increases in stress or anxiety of those they supervise and encourage them to take time away from work as needed.

■ **Incorporate staff wellness activities into meetings and daily work/life**. SFDPH has begun to incorporate three-to-five minute facilitated "check-ins," breathing activities, or mindfulness exercises into the beginnings of staff meetings. These exercises allow staff to leave behind the stress that they may carry into a meeting and reinforces the importance of wellness. The SFDPH notes that, as an added benefit, these practices help focus the group on the task at hand and

What Can You Do Tomorrow to Support Trauma-Informed Care?

Eddy Machtinger, MD, director of the Women's HIV Program at University of California, San Francisco, offers a simple roadmap to help organizations promote trauma-informed care:[16]

1. **Realize** that a lot about who we are and what we do is because of things that happened to us.

2. **Embrace** trauma-informed values for yourself.

3. **Distribute literature** in the waiting room about the impact of trauma on health.

4. **Get training (ideally for the whole organization)** about the impact of trauma on health, trauma-informed skills, and screening for interpersonal violence and the impacts of lifelong trauma.

5. **Assemble a team** that is interested in this issue to get educated, collaborate on steps forward, and support one another in the process.

5 Steps Toward **Trauma-Informed Care**

"What can **you** do tomorrow?"

A conversation with Dr. Edward Machtinger, Professor of Medicine and Director of the Women's HIV Program at University of California, San Francisco

Excerpt from the CHCS webinar, Implementing Trauma-Informed Care in Pediatric and Adult Primary Care Settings, available at chcs.org.

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Advancing Trauma-Informed Care

View a related video, *"5 Steps Toward Trauma-Informed Care: What Can You Do Tomorrow?"* Available at: **www.chcs.org/5-steps-toward-trauma-informed-care/**.

seem to improve meeting productivity. The UCSF Women's HIV Program incorporated a similar approach into their morning clinic huddles. The clinical team starts the huddle by taking a "mindful minute," allowing them to breathe, relax, and get ready for the day's work ahead. The "mindful minute" has been so well-received by staff that some care team members have begun convening 15 minutes early to engage in a longer group meditation. CYW has incorporated wellness breaks into the daily work/life of its employees to decrease stress and increase connection among employees. Every day staff voluntarily gather before lunch to engage in a five-minute wellness activity like stretching, deep breathing, or guided meditation. Staff are then encouraged to take lunch, ideally away from their desk.

- **Promote in-house and external opportunities to foster staff wellness**, including free or low-cost activities in the area that allow staff to engage in practices like mindfulness, meditation, and yoga. If possible, organizations can consider bringing wellness activities in-house so that they are more accessible and integrated into the organization's culture. The Stephen and Sandra Sheller 11th Street Family Health Services (11th Street) in Philadelphia offers fitness, yoga, and other mind/body classes to both staff and patients and has designed additional innovative low-cost methods to promote staff wellness. For example, the organization created a "fitness scavenger hunt" to help employees incorporate short physical activity breaks into their workdays. This involves hanging lists of simple exercises throughout the office, and having employees voluntarily sign-off on all completed exercises. CYW also promotes staff wellness through weekly on-site yoga sessions, as well as periodic mindfulness trainings. Similarly, a large hospital that participates in SFDPH's TIS initiative created a wellness space where employees can meditate or exercise, and another agency within SFDPH started a walking group to encourage staff to engage in physical activity during the workday.

Hiring a Trauma-Informed Workforce

Hiring a workforce that embodies and embraces a trauma-informed approach is key to creating and sustaining this kind of organizational change. Managers should seek to hire staff who have similar life experiences as the patient population served, have participated in trainings in trauma-informed care, and/or possess personality characteristics that naturally align with trauma-informed care values. To identify new employees who align with trauma-informed values and approaches to care, health care organizations should consider the following techniques:

- **Include interviewers from a variety of cultural and racial backgrounds**, as well as different levels within the organization, during the interview process. A more collaborative hiring process will not only yield multiple perspectives on the same candidate, but also give lower-level staff a greater voice in organizational decision-making. Including these staff in the interview process demonstrates to employees that their opinions and perspectives are valued, and may also help organizations identify the candidate that will work best with the entire care team.

- **Incorporate behavioral interviewing strategies to look for characteristics**, such as empathy and a tendency toward non-judgement. Behavioral interviewing includes asking job candidates about how they have handled previous situations to better understand how they may behave in future, similar scenarios.[19] These characteristics indicate an employee is more likely to embody trauma-informed principles.

■ **Ask potential new hires about their knowledge around trauma and ACEs**, and whether or not they have received any prior trauma-informed training. Montefiore Medical Group, for example, encourages their 22 outpatient practices to incorporate questions about trauma knowledge into the interview process to assess whether a candidate is knowledgeable about the impact of trauma on health, the importance of trauma-informed care, and whether or not they would be a good fit for their organization. By reframing interview questions with a trauma-informed lens (see sidebar), organizations will more likely attract job candidates that share the organization's trauma-informed mission and values.

Creating a Safe Environment

People with histories of trauma often feel unsafe in unfamiliar environments, leading to anxiety and stress. Minor changes to a provider and/or health care organization's physical, social, and emotional environments can improve patients' feelings of safety, and create an atmosphere that reduces the likelihood of re-traumatization. While many organizations cannot afford a complete redesign of their facilities, below are a number of less resource-intensive approaches that may improve patient experience for those who have experienced trauma:

Trauma-Informed Interview Questions

Interview questions can be framed with a trauma-informed lens. Below are sample questions from the National Council for Behavioral Health.[20]

1. *Tell us about a time when you had to remain calm when dealing with a hostile client. What did you learn from the experience? How did you handle the situation?*

2. *Describe a time when you had to approach people with different perspectives for support or cooperation. How did you approach them? What was the result?*

3. *What strategies would you use to build resilience on your team,* recognize secondary traumatic stress risk, and address this risk for the team or an individual?

4. *What techniques have you found to be effective in developing trusting relationships* and rapport with clients?

5. *What have you done to display healthy self-care skills during the past year? What have you done to maintain a healthy work/life balance?*

Physical Environment

■ **Make sure all parking lots, common areas, bathrooms, entrances, and exits are well lit**, so patients feel safe and comfortable. This is especially important during weekend and evening hours when there are fewer people around.

■ **Ensure security guards are readily available** in settings where necessary, and consider stationing them at building entrances and exists to monitor the flow of traffic in and out of the building. Some organizations note that positioning security personnel at entrances and exits has helped prevent groups of people congregating, loitering, or smoking directly outside of the building which may provoke anxiety for some patients.

■ **Noise levels in the waiting room should be kept low**, and staff should avoid using overhead loudspeakers when possible. Montefiore Medical Group encourages their outpatient providers to control the noise levels in waiting rooms and to avoid playing news stations on televisions, which can create stress for patients. In addition, they also encourage their providers to play soothing music for those waiting to be seen by a practitioner.

Decorate with warm colors and artwork and create spaces for staff to relax to foster a more calming and enjoyable environment. 11th Street has enhanced its clinic walls with pictures and murals that were painted by members of their community. This makes community members who receive care at the clinic feel welcome and fosters a sense of inclusivity and ownership. 11th Street has also utilized empty offices and open spaces in the building to create safe spaces with comfortable seating, soft lighting, and stress relieving tools and activities. Staff can go to these spaces when they need a moment to themselves or a place to regroup and relax.

Social and Emotional Environment

■ **Use positive and welcoming language on waiting room signage,** and request rather than command. For example, "Please Refrain from Using Your Cellphone in the Lobby" vs. "No Cellphone Use in the Lobby!"

■ **Ask patients whether they are comfortable with having the door shut during exams or meetings.** This will help patients feel in control and allow them to exit if desired.

■ **Send medical forms that require patients to provide sensitive information ahead of time** so they can be filled out in privacy. In addition, if there is a quiet place in the office, it should be offered to patients for filling out forms with personal information in order to further foster feelings of safety and security.

■ **Train front desk staff to greet patients in a warm and welcoming manner.** This simple practice can set the tone for the patient's entire experience. In addition to including their receptionists in trauma-informed training, UCSF Women's HIV Program has a designated host who greets patients as they enter the clinic and helps orient them to the different activities and services that are available.

■ **Train all clinical and non-clinical staff how to effectively communicate with patients** about scheduling changes or delays to their appointment. Basic communication and de-escalation techniques convey respect and prevent patients from getting upset. This communication is greatly facilitated if the entire clinic agrees on a uniform policy for such situations so front line staff are not routinely overruled and can convey an accurate message.

Taking the Leap to Trauma-Informed Approaches to Care

Organizations that take the initial steps outlined in this brief, may be ready to take the more major step to becoming fully trauma-informed.

Comprehensive, organizationally focused trauma-informed care models to consider include:

■ **Sanctuary Model**, which is a theory-based approach to changing and sustaining organizational culture to be more trauma-informed; and

■ **SFDPH's Trauma-Informed Systems Initiative**, which uses a common language, guiding principles, and champion and leadership learning communities to transform the health department from one that induces trauma to one that reduces trauma, and ultimately toward being a healing organization.

Looking Ahead

Adopting a trauma-informed approach to care holds great promise for enhancing patient outcomes, decreasing costs, and improving staff wellness. However, becoming a fully trauma-informed organization may entail significant time and financial investments, and continuous staff and leadership commitment. Opportunities outlined in this brief, such as training all staff, incorporating patient voice and choice, and identifying early champions may serve as a starting place to help organizations generate awareness of the impact of trauma, encourage staff wellness, improve hiring practices, and enhance organizations' physical, social, and emotional environments. Successful implementation of these initial changes may help make the case for future investments in trauma-informed care, including the adoption of a comprehensive trauma-informed care model.

Learn More

This brief is a product of *Advancing Trauma-Informed Care*, a national initiative focused on better understanding how trauma-informed approaches can be practically implemented across the health care sector, made possible by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies (CHCS). CHCS is a nonprofit policy center dedicated to improving the health of low-income Americans.

For more information, visit CHCS' *Trauma-Informed Care Implementation Resource Center* at **TraumaInformedCare.chcs.org**.

Endnotes

[1] Substance Abuse and Mental Health Services Administration. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." *Substance Abuse and Mental Health Services Administration*, Rockville, MD (2014). Available at: **https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf**.

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[11] For more information on SFDPH's Trauma Informed Systems initiative, see: **https://store.samhsa.gov/shin/content/SMA17-5019/SMA17-5019.pdf**.

[12] For more information on the certification process for the Nurtured Heart Approach, see: **https://childrenssuccessfoundation.com/about-nurtured-heart-approach/**.

[13] For more information on trauma-informed primary care, see: **http://www.whijournal.com/article/S1049-3867(15)00033-X/pdf**.

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[19] For more information on behavioral interviewing, see: **https://www.monster.com/career-advice/article/you-can-survive-the-behavioral-interview.**

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