Cook County Health
Trauma-Informed
Approaches Task Force

Best Practices for Creating a Trauma-Informed Organization

Introduction

Trauma-informed care is an evidence-based approach to deliver healthcare in a way that responds to how social and emotional traumas impact an individual's health and well-being. Healthcare institutions that incorporate trauma-informed approaches with their patients and staff have been shown to improve patient experience (including quality and satisfaction measures), improve patient heath, and reduce the per capita cost of healthcare.[1,2,7]

While there is an increased interest in using trauma-informed care to address the physical, behavioral, and social impacts of trauma, there is a lack of understanding about the most effective way to standardize the approach. Health care organizations often stop short by only training their staff on trauma specific approaches but neglect to implement the broad changes to improve employee wellness and organizational culture.[,3,7] Lack of understanding of building a trauma-informed healthcare system can stall well-meaning efforts, decrease the program's effectiveness, and cause retraumatization.[9]

The Cook County Health Trauma-Informed Task Force conducted a literature review of research studies analyzing the impacts of trauma-informed care systems change. The analysis found that implementation studies founded in Substance Abuse and Mental Health Services Administration's (SAMHSA) principles of the trauma-informed approaches are most effective compared to those who did not utlize the framework.[4-8,10-12] To view SAMHSA's principles of trauma-informed care, please see the sidebar to the right.

SAMHSA's trauma-informed principles are intentionally broad for organizations to conceptualize the approaches to meet their needs and the evolving needs of the populations they serve. However, because the principles are flexible, they can lack consistency across organizations, and there are no standard outcome measures.[5,6] Future research and advanced methodologies are needed to fully understand implementation and outcomes. This report shares lessons learned from the gray literature on best practices for organizations to become trauma-informed.

About the Author Ebonie Zielinski, BSN, RN, is a Doctor of Nursing Practice student at the University of Illinois at Chicago's College of Nursing. She specializes in population health and care management and has 17 years of nursing experience. She has worked with the CCH Trauma-Informed Task Force since 2018.

SIX GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

Experts have found that simply understanding the impacts of trauma and the deployment of trauma- specific interventions does not change paitent outcomes. The context in which trauma is addressed also contributes to outcomes for trauma survivors. To this end, the Substance Use and Mental Health Administration developed six principles that inform a trauma-informed approach:

Safety - Throughout the organization, staff and the people they serve...feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

Trustworthiness & Transparency - Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

Peer Support - Peer support [is one of the...] key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing... stories and lived experience to promote recovery and healing... "Peers" refers to individuals with lived experience of trauma.

Collaboration & Mutuality - Importance is placed on partnering and leveling the power differences between staff and clients and among organizational staff... demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.

Empowerment, Voice & Choice - Through the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people serve, in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

Cultural, Historical & Gender Issues - The organization actively moves past cultural stereotypes and biases; incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma.

COOK COUNTY **HEALTH**

Cook County DEPT. of **Public Health**

Best Practices for Organizational Trauma-Informed Implementation

A note of caution: the following strategies are specific to trauma-informed care and not trauma-focused or trauma-specific interventions. Trauma-specific services are clinical interventions are designed to specifically address trauma-related symptoms and post-traumatic stress disorder in individuals in groups. In contrast, trauma-informed care addresses organizational culture and practices to improve overall physical and behavioral health. The Center for Healthcare Strategies recommends that organizational reform precede the adoption of trauma-specific clinical practices. The following recommendations are based on the literature:

Organizational Best Practices of Trauma-Informed Care Healthcare Institutions

- Engage patients in organizational planning. Invite patients with lived experience of trauma to join a stakeholder committee and help guide effective implementation of trauma-informed care. These individuals provide valuable first-hand perspectives, and health care organizations should consider compensating these individuals as they would any outside consultant.[8,10]

- Train clinical as well as non-clinical staff members. Assist clinical as well as non-clinical staff, such as security guards and front-desk workers, in fostering a welcoming, trusting, and non-judgmental environment, including training on how to de-escalate tense situations.[6,8]

- Create a safe physical and emotional environment. Provide calm, quiet waiting rooms and exam spaces, and ensure that patients feel safe and respected.[5,8,12]

- Prevent secondary traumatic stress in staff. Invest in staff wellness through trainings, a focus on self-care, allotment of mental health days and equitable time off, debriefing strategies, and other needed strategies needed to reduce the potential for staff burnout.[5-7]

- Hire a trauma-informed workforce. Use behavioral interviewing techniques to look for key qualities in job candidates such as empathy, non-judgement, and collaboration.[8,10]

Essential Trauma-Informed Care Strategies

- Obtain   support from senior leadership. Successful transformation requires significant investments (continuous training, evaluation of interventions, changes in hiring and employee policies, making needed physical modifications to facility) and senior leaders are typically responsible for identifying the resources to do so. Leadership will also need to consider how to designate time for staff training rather than billable clinical activities.[6,8,12]

> Adopting a trauma-informed approach... requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. **On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders**, will help to imbed this approach which can be augmented with organizational development and practice improvement.
>
> *Centers for Disease Control and Prevention*

- Organizational readiness assessment. An organizational readiness assessment helps organizations assess their current practices in the context of the population they serve who have experienced trauma. Results of an organizational readiness assessment guide organizations on how to identify, prioritize, implement, and sustain trauma-informed practices. One assessment highlighted by the Center for Health Care Strategies is by the National Child Traumatic Stress Network (NCTSN).[8] NCTSN has devised a trauma-informed care readiness assessment that can be adapted and utilized by any organization that serves those exposed to trauma, regardless of the sector. The assessment focuses on how to:

  - Measure where an organization is (related to being trauma-informed) at a given point in time

  - Create a common language around trauma-informed care within an organization and with staff across all roles, as well as within the organization's broader community

  - Bring to light important areas for an organization to address, helping to create a roadmap for organizational change related to trauma-informed care

  - Identify specific tools, resources, and strategies to help an organization better serve those who have experienced trauma, as well as support staff working with those individuals

  - Assess progress and improvement over time

Trauma-Informed Health Care Organization in Action

The Center for Health Care Strategies through support from the Robert Wood Johnson Foundation, lead an initiative to understand how trauma-informed approaches can be practically implemented across the health care sector. A case study from Montefiore Medical Group is highlighted next.

Organization Description

Montefiore Medical Group is an integrated care system providing primary, behavioral health, and specialty care to adults and children from low-income and diverse communities in the Bronx and lower Westchester County, New York.

Select Features of Montefiore Trauma-Informed Approaches Implementation

- With support from the executive director, representatives from each primary care site (primary care providers, nurses, operation managers, and front desk staff) participated in four half day sessions on (1) introduction to trauma-informed care; (2) manifestations of trauma; (3) ACEs screening; and (4) compassion fatigue, secondary trauma, and developing team self-care plans. This training was also disseminated to all primary staff through online learning modules and in-person trainings.

- Patients, particularly those who have experienced trauma were a part of the trauma-informed multidisciplinary specialist team. The team developed hypothetical difficult patient interaction scenarios used with staff as a learning tool on how to best respond to patients in a trauma-informed way. Montefiore also created a patient experience questionnaire to help raise awareness about ACEs and the effect of toxic stress.

> ### TRAUMA-INFORMED CARE AT CCH
>
> To access the following resources from the CCH Trauma-Informed Task Force, please see our website.
>
> **Trainings** - The Task Force offers regular trainings on Trauma-Informed Care, including trauma-informed care 101, avoiding burnout, and historical and community trauma. CCH Employees can sign up for the e-mail list on the website.
>
> **Self-care Flyers** - The Task Force developed a series of flyers with tips on self-care. The self-care for individuals flyer is available in six languages.
>
> **Everyday Actions Poster** - This poster highlights steps that health care professionals can take to incorporate trauma-informed practices with patients and clients.

- Non-clinical staff were trained in de-escalation strategies, which was reported to result in a calmer, less intimidating waiting room experience. Efforts were also made to improve signage around the facilities and decrease loud speaker noises.

- Montefiore's clinics are primarily located in underserved neighborhoods with high levels of violence and crime, where events outside clinic walls weigh heavily on staff, many whom live in the same community. A Critical Incident Management Team was deployed to respond to staff within 24 hours of an incident. The team also offers debriefings and referrals to counseling services to staff when needed.

References

1. Bucci, M., Marques,S., Oh, D., & Harris, N. B. (2016). Toxic stress in children and adolescents https://doi-org.proxy.cc.uic.edu/10.1016/j.yapd.2016.04.002

2. Centers for Disease Control and Prevention. (2019). Behavioral risk factor surveillance system survey ACE data, 2009-2018. Atlanta, GA: National Center for Injury Prevention and Control. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

3. Fallot, R.D. & Harris, M. (2006). Trauma-informed services: a self-reflection and planning protocol. Community Connections Washington D.C. Retrieved from: https://www.theanninstitute.org/CCTICSELFASSPP.pdf

4. German M., Crawford, P., Dumpert, K. (2020). Measuring the impact of trauma-informed primary care: are we missing the forest for the trees? (Policy Brief: February 2020). Center for Health Care Strategies. https://www.chcs.org/resource/measuring-the-impact-of-trauma-informed-primary-care-are-we-missing-the-forest-for-the-trees/

5. Hales, T. W., Green, S. A., Bissonette, S., Warden, A., Diebold, J., Koury, S. P., & Nochajski, T. H. (2019). Trauma-Informed Care Outcome Study. Research on Social Work Practice, 29(5), 529-539. https://doi.org/10.1177/1049731518766618

6. Hales, T. W., Nochajski, T. H., Green, S. A., Hitzel, H. K., & Woike-Ganga, E. (2017). An Association Between Implementing Trauma-Informed Care and Staff Satisfaction. Advances in Social Work, 18(1), 300-312. https://doi.org/10.18060/21299

7. Handran, J. (2015) Trauma-informed systems of care: the role of organizational culture in the development of burnout, secondary traumatic stress, and compassion fatigue. Journal of Social Welfare and Human Rights, (3)2, 1-22. Retrieved from https://doi.org/10.15640/jswhr.v3n2a1

8. Menschner C., & Maul, A. (2016). Key ingredients for successful trauma-informed care implementation. Center for Health Care Strategies. Retrieved from: https://chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/

9.　Substance Abuse and Mental Health Services Administration (2014). Trauma-informed care in behavioral health services. Treatment improvement protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

10.　Tebes, J. K., Champine, R. B., Matlin, S. L., & Strambler, M. J. (2019). Population Health and Trauma-Informed Practice: Implications for Programs, Systems, and Policies. American Journal of Community Psychology, 64(3-4), 494-508. https://doi.org/https://doi.org/10.1002/ajcp.12382

11.　Walsh, D., McCartney, G., Smith, M., & Armour, G. (2019). Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. Journal of Epidemiology and Community Health, 73(12), 1087–1093. https://doi.org/10.1136/jech-2019-212738

12.　Winters, A. M., Collins-Camargo, C., Antle, B. F., & Verbist, A. N. (2020). Implementation of system-wide change in child welfare and behavioral health: The role of capacity, collaboration, and readiness for change. Children and Youth Services Review, 108, 9. https://doi.org/http://dx.doi.org/10.1016/j.childyouth.2019.104580