PARTNERS *for* HEALING

Practical guidance & compassionate solutions for trauma care professionals

Starting and Sustaining Trauma-Informed Care

Partners for Healing is a division of the Traumatic Stress Institute of Klingberg Family Centers
www.traumaticstressinstitute.org

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What Do We Really Mean When We Say We Provide Trauma-Informed Care?

These are the principles that inform our thinking about treatment:

- Children and families are doing the best they can.
- It is our responsibility to teach them to do better.
- Our most powerful tool is our relationships with them.
- Compassion and empathy are the cornerstones of our approach.
- Children learn to regulate emotions in the presence of regulated adults.
- When children are having difficulty they need to be closer to reliable adults.
- All behavioral problems are and expression of unmet needs and that our job is to help the child/family meet these needs in more effective ways.
- They have developed their symptoms for a reason, and the symptoms have been lifesaving in the past.
- When afraid and stressed, people seek to control.
- Abused children are shame based.
- Traumatized people often re-enact their trauma by shifting between the roles of victim, abuser and ineffective bystander.
- The families are central to the children's growth.
- Staff team work is the essential foundation for all our work, which includes trust, responsibility, honesty and self-awareness.
- If a child or family is not getting better we need to re-assess what we are doing.

Actions that Create Trauma Informed Care

We act on our belief that everyone is doing the best they can. Every client. Every staff.

We base our interventions on our knowledge that people act better when they are safer, more connected, and happier. So we make our milieu as safe as possible. We shape our schedules and actions to maximize connection. And we have fun.

We inform our decisions with our knowledge that fear does not produce lasting growth. Kindness produces lasting growth. So we do not use threats and punishments to create change.

We believe that change happens within relationships. So we create special relationships and schedule time for them to flourish.

We know how neglect, trauma and attachment disruptions change the body, and use that knowledge to design our treatment by teaching self-calming strategies.

All behavior is communication and is adaptive. It is an attempt to solve a problem in the best way a person knows. Therefore, we attempt to understand behavior before we attempt to change it. We always ask: “how do we understand this behavior?”

With our clients we are collaborative and respectful. We are also that way with each other.

We individualize our approach because each person is different.

We are patient and flexible, trying to help the person reach their goals in less destructive ways. We avoid shaming.

We teach skills and help each person discover and use their voice.

Our most important job is to demonstrate that some people are trustworthy, kind and genuinely caring.

We do this work with our hearts and it affects us as people. We pay attention to vicarious transformation and take good care of ourselves and each other. We offer forums, fun, and recognition.

How Administrators Can Implement and Sustain Trauma-Informed Care

The following are specific steps that Senior Administrators can take to create and sustain trauma informed care in their agencies.

- Implement an agency-wide sustainable training system, such as Risking Connection.©
- Develop a mechanism to learn of moments of success, such as patience and understanding helping a child or family, and praise the staff member personally
- Establish communication forums such as Lunch with the CEO and listen.
- Take clients to lunch. Ask them how you could improve your agency.
- Call families who have been involved with the program a few weeks or a month. Ask them how it is going and how you could improve.
- When you are asked to consult on a case, ask how the staff understands the behavior.
- Develop and sustain employee recognition events and employee and client fun events.
- Establish client councils
- Have a client on your Board.
- When you observe or must respond to a problem situation, praise any one who did anything caring and collaborative with the client.
- When things go wrong, seek systems solutions. When possible, do not blame individuals. Make sure to maintain a "we are in this together" stance.
- Occasionally join in program fun events.
- Convey hope
- Establish contact with every staff member who is hurt.
- Speak warmly and hopefully of the youth.

- Remind staff about their reason for doing this work, the mission, the importance to the youth.
- Make resources available for change effort.
- Articulate overall program expectations, such as what is meant by imminent danger and when restraint can and cannot be used, or when to call the police.
- Congratulate team members on their stamina in sticking with a certain child, reminding them that it is the most important thing they can do.
- Be clear and specific in your intent to establish trauma informed care.
- When you make a mistake, admit it. Make amends.
- Include descriptions of your success with trauma informed care in all your external communications.
- Learn which staff are good at this and support them. And promote them.
- When making key hires and promotions, consider the person's familiarity with and commitment to trauma informed care.
- Create policy to support this way of working, such as guide to behavior management and treatment philosophy.
- Strongly support training.
- Consider the agency structure and change if necessary to (as much as possible) unified teams with clinical leadership.
- The stories and experiences of these clients, and the pain of the staff, and the complexities of this difficult work we do, will affect you too. Make sure you have someone to talk to about vicarious traumatization, and be alert for its effects on you. Take care of yourself and each other.

What Are the Characteristics of a Trauma Informed Milieu?

Staff display an attitude of the child "doing the best they can" rather than assuming intentionality (i.e. "he is acting this way because he wants to;" "she's not motivated;" "if he can choose to be disruptive, he can choose not to")

Staff explore the problem (i.e. "what's going on?, what's wrong?") rather than immediately speaking to the child about consequences.

Staff engage in active listening with children (i.e. listening carefully, restating the problem, empathizing with child's feelings and needs).

Staff use "language of the heart" – (i.e. "when you…, I was worried…"; "when you are yelling, I can't think and be of help to you;" when you…, I was proud of you.")

Staff refrain from interactions that could be shaming to children (i.e. insisting child do things that unduly stretches child's capability, isolating child, scolding in front of peers).

Staff refrain from power struggles with children (i.e. verbal sparring, argumentative talk, "he said, she said", proving child wrong, etc.)

Staff refer to children in descriptive ways and refrain from negative labels such as (i.e. manipulative, borderline, bad, untrustworthy).

Staff value flexibility in managing behavior rather than strict compliance with rules and treating all children equally.

During behavioral issues, staffs primary goal is to help and teach children to calm down and get back in control of their behavior.

Staff value avoidance of re-traumatization via restraint and seclusion over strict adherence to rules, property damage, and negotiation time.

Staff are willing to talk with their peers and supervisors about their strong positive and negative reactions to clients and doing the work.

Staff feel free to ask their peers for help, or take over for a peer, when there is an impasse in managing a behavioral issue.

Multidisciplinary team members function well as a team – manage conflict, care for each other, avoid splits such as therapist/child care worker splits.

The Role of the Clinician

Clinical Thinking

Trauma informed care depends on clinical thinking. What is clinical thinking? It is looking beneath the behavior of the moment, and asking why? What's going on?

Clinical thinking is understanding that symptoms are adaptations that behavior has reasons, that people are doing the best they can, and that their behavior is solving a problem for them.

The job of the clinicians in a treatment program is to be the standard bearers for clinical thinking, to teach and train the team until this sort of inquiry is second nature to all members of the team.

Fixing Interferes with Change

In a congregate care treatment program there is considerable pressure for a clinician to turn away from clinical thinking and become a "fixer". Sometimes it seems that clinicians' job is to take away a screaming child and bring her back calm.

The clinician may be drawn into thinking that what she is supposed to do with the child is talk to him about what he has done wrong and how if he stopped doing it his life would be much better.

The problem with this approach is that it doesn't work.

If it did, the children would be much better already because this has been done a thousand times before.

What Should the Clinician Do?

The job of the clinician is first of all to form a healing relationship with the child, then to use this relationship to help the child learn their own worth, develop connections that can be accessed even when the clinician is not present, and learn emotion management skills.

The clinician should have a complex and ever increasing understanding of the child, what their experiences have been, and how those experiences have shaped them.

The clinician should hold in his mind a clear picture of the healed child- of who this child can become. He holds the hope for the child, even when the child can see no hope.

What About the Family?

In family therapy the clinician must understand and honor the rich complexities of the family's life.

What is their history, their trauma, their pain, their strengths? What are the dynamics between family members, including extended family? What are their resources? What are their fears, what paralyzes them?

The healing relationship, connection, developing self-worth and emotion management skills are equally important with the family.

The Importance of Formulation

Clinicians should formulate the case. A formulation makes explicit the child's history, their current circumstances, the effects these have on the child, how we understand their current behavior in light of their situation, and what we think will be the path for growth and change necessary to develop healthier methods for meeting needs.

The formulation articulates our theories, our understanding of what causes problem behaviors and what helps to heal them.

The formulation leads directly to the treatment plan. In the treatment plan we describe the problem behaviors, we describe their positive opposites, the behaviors we would like to see, and we describe the steps to get there.

The clinician's job is to gather information respectfully and understand the experience of the child and family, then to use that to develop a formulation.

The formulation articulates what has happened, what is going on now, how these factors produce these behaviors, and what steps may help move towards more effective meeting of needs.

Using the Formulation

Then, the clinician must convey this formulation to the entire treatment team, including the child and family (in understandable and respectful language).

Then, and perhaps even harder, the clinician's job is to keep the formulation alive. Whenever a new behavior happens, or the four hundredth repetition of the old behavior, or an accomplishment, or something bewildering, return to the formulation. Is this still how we understand this child and family? Do we need to adjust our thinking? How do the new events fit into our theories? Where does this understanding lead us- what new interventions are suggested?

Support for the Clinician

For this to be a viable and vibrant process the clinicians need administrative support.

They need excellent clinical supervision.

They need access to ongoing training of many sorts.

They need opportunities to replenish themselves and their work.

They need reasonable caseloads which allow time to think about their clients.

Results of a Strong Clinical Team

This clinical leadership will gradually develop a more knowledgeable and sophisticated team, in which all the staff will assume the child is doing the best they can, routinely wonder what is behind a behavior, and seek ways to help the child develop new skills. This thinking will produce more creative and caring intervention possibilities. And this will lead to more deep and lasting healing for the children and their families.

The Role of Support Staff in Trauma-Informed Care

A support staff member may be the most important person in this child's life. He or she may be rebuilding his or her brain in interactions with them. When the staff member does interact with the child, his or her job is to change this child or family member's template or expectations about other people. The client has learned that people hurt them. All staff can help them learn that some people don't hurt them. Some people are kind, trustworthy and like them.

In order to offer the most powerful change to this client:

- Be pleasant and kind.
- Learn about the child's interests and follow up on them.
- Involve the child in meaningful work and in contributing to others.
- Do not keep secrets with the child. If the child tells you anything important, tell his Treatment Team and tell him that you are going to do so.
- Do not tell the child that you are going to adopt him, take him home, become his mentor, or anything like that. If any thoughts like that occur to you, do NOT say anything to the child but instead talk to your supervisor and the Treatment Team to see if it is possible.
- Do not do anything with the child outside of what is normal and arranged by the team. If you think of something, such as giving the child a gift or making an incentive plan with him, ask the team BEFORE you mention it to the child.
- We can only treat the children and families as well as we treat each other. So be a positive, pleasant team member. Assume good intentions on the part of other staff. Try to help each other whenever possible.
- Teach the child skills that you know if you get a chance (example: knitting).
- Say hello whenever you see the child. If you know of a neutral or positive event in his life, ask him about it. Do not talk about problems unless child brings them up.
- Compliment child whenever possible.
- If the child acts out remember it is about his past and not about you. Stay calm and regulated or leave the area if you can.
- The stories and experiences of these children will affect you too. Make sure you have someone to talk to about vicarious traumatization, and be alert for its effects on you. Take care of yourself and each other.

Help all staff remember that they have the most important job in the world. They can change a family's life through supporting the people who provide their therapy. They can change a child's life through their interaction with him or her. Their job is essential!

Finding, Developing and Maintaining an Excellent, Trauma-sensitive Staff

Here are some steps that contribute to developing a trauma-informed staff.

- Job descriptions which specify the skills of trauma-informed treatment.
- Hiring practices which evaluate the potential for these skills.
- Supervision to develop the best in staff.
- Addressing problem behaviors.
- Formalizing the relationship focus at New Employee Orientation
- An intensive formal training in the effects of trauma, its relationship to present behaviors, how people can heal, and how treaters can take care of themselves, such as Risking Connection.
- Ongoing refresher training available to all staff.
- Developing internal trainers.
- Specific skills development for all staff in liking the clients, speaking non-judgmentally about them, what creates change, active listening, validation, and perseverance.
- Teaching clinicians about formulation and specific evidenced-based interventions.
- Teaching staff relationship formation, and speaking from the heart crisis de-escalation skills.
- Offering specific training to new supervisors.
- Recognizing and addressing vicarious traumatization, and encouraging practices which promote positive transformation.
- Including support staff in trauma training.
- Celebrate special efforts and successes.

However complex the task, training and skill-development are the keys to excellence in trauma-informed care.

Embedded Agency Interventions for Vicarious Traumatization

Vicarious Trauma is Inevitable

No staff development effort can afford to neglect the inevitability of vicarious traumatization's impact on its staff.

Because trauma survivors are hurt within the context of relationships, they must heal within relationships: this principle is the bedrock of trauma-informed care. But, all therapeutic relationships have two sides – the client and the helper or treater. For therapeutic relationships to be truly transformative, they must consider the health of *both* the client and the treater.

Paying Attention to VT is Difficult

Paralleling the isolation and shame experienced by trauma survivors, there are powerful forces pushing against treaters knowing about VT, noticing it in themselves, and talking with peers and supervisors openly about it. Treatment providers have been socialized to "tough it out" and cover their vulnerability for fear that they will be viewed as weak, thinned-skinned, or incompetent if they reveal that they are deeply impacted by working with traumatized clients. Self-care strategies, while important, only help so much when an agency culture reinforces these isolating messages. To truly shift the culture, it is clearly not enough to mention VT at a training or have an occasional retreat when staff seem burnt out. To change culture, agencies *must embed* awareness and attention to VT in the very fabric of the agency, into the mortar between the bricks.

Agency Messages about VT

So, what are the messages agencies want to give employees about VT? How best can trauma-informed care build an agency culture that recognizes and supports staff and addresses their authentic reactions to working with traumatized children? What kinds of embedded interventions can counteract the prevailing sentiment that having strong feelings about the work is bad and a sign of incompetence? How can the agency promote practices that encourage positive personal transformation?

Trauma-informed Vicarious Traumatization interventions communicate the following messages: VT is simply part of doing this challenging work – it is less a question of *if*, than *when* VT will

affect you; noticing it in yourself is *a good* thing and makes you better at what you do; sharing your feelings with others reduces isolation and shame – yours *and* theirs; maintaining a self-nurturing work-life balance is critically important; and the more you can find *hope* and *meaning* in your work and life, the less VT will impact you, the longer you will be able to sustain yourself in your job, and the more useful you are to clients.

Strategies

Mandated Staff Training. Staff are introduced to the concept of VT in staff orientation, and discussion of VT is a part of *all* mandated staff training. For new employees this matter-of-fact inclusion in training serves as an *inoculation* against the inevitable VT they will experience. They can begin to plan for self-care strategies that will sustain them in this work and learn of agency supports that will assist them in managing the stress.

Supervision. All staff who work with clients, including direct-care staff, receive regular supervision. That supervision is focused on exploring clinically-related issues. Supervisors can model talking about VT: "With everything that's been happening, I'm finding that I can't stop thinking of work at home." They can ask direct questions about VT: "How are you noticing work seeping into your outside life?" "How were you feeling during that restraint?" "I notice when I'm stressed, I dream about work, does that ever happen to you?" In addition, talking about specific cases using a trauma focus will help the staff understand the client's actions, not take them so personally, and develop a road map to guide future interventions.

Regularly Scheduled VT Groups. Rather than gathering people only after a crisis, a regularly scheduled group sends the message that this is an ongoing aspect of our work that we need to address. Using an outside facilitator can help staff feel safe to talk about any and all contributors to their VT including ones within the agency. In their book Trauma and the Therapist Pearlman, and Saakvitne provide many exercises and ideas for exploring VT with staff. (Pearlman, and Saakvitne, 1995)

End-of-Shift Debriefings. While sometimes difficult logistically, even a short check-in among staff about how the shift went can provide an outlet for venting feelings, and send the message that it is okay to talk about these feelings. This exchange can also be an opportunity for staff to search for positive meaning in their day.

Rituals Addressing VT. Building in ritual helps keep staff conscious of VT and the continual need for self-care. Rituals can demark the separation between one's life inside and outside of work. A team can begin or end meetings with a quick go-round about what feels challenging and

gratifying about your work; at the end of a shift, have staff literally do the motion of brushing off what they want to leave at work and depositing it in a container of some sort; have staff quickly write down what they want to leave at work, and what they are looking forward to about being off work, and leave it in a ritual container.

Retreats. Annual or semi-annual retreats are opportunities for staff to be with each other outside of work, eat together, learn together, and have fun together. Integrate a VT exercise into every retreat. There are resources available for exercises and about how to lead activity-based learning (see, for example, Project Adventure in References) can be purchased at:

Celebration and Recognition of Success. These celebrations can include: monthly commendations for staff who demonstrate excellence or go above and beyond; invitation to lunch with CEO for recognized staff; annual staff appreciation event; holiday parties; client/staff day; unexpected thank you or recognition emails.

Formal Program Structures. One example of a formal program structure comes from the Devereux treatment program in Massachusetts, which created Comprehensive Assistance in Response to Employees (CARE) as the result of ideas generated in a Risking Connection training. Based on the Critical Incident Stress Debriefing literature, CARE offers a voluntary forum for staff to talk with a trained peer about a difficult incident that occurred. Referrals can come to the CARE Team via the staff him/herself, a colleague, or a supervisor. While not meant as psychotherapy or an investigation, the purpose of a CARE meeting is to listen supportively, validate feelings, teach about VT and self-care, and provide hope and exploration of meaning.

Over time, embedded interventions like these convince staff that agency attention to VT and self-care is not just lip service, but rather a deeply held agency value. Gradually, staff will internalize these messages and, as a community, share the weight of this incredibly demanding and challenging work. What previously felt like overwhelming feelings endured alone, can feel more manageable and worth the struggle when weighed against the great benefits of this honorable endeavor.

Celebrations

Celebrating individual and team excellence can be a significant vehicle for creating culture. There are many options in how to build in celebration:

- In programs, a celebration box can be created into which staff put notes about good things that they observe their peers do throughout the week. All cards are read out at staff meetings, and one is selected at random for a prize.
- Employee of the month programs work in some agencies, although there may be a problem when more people are excluded than recognized.
- A memo in a person's personnel file is more significant than it might seem.
- Publish particular staff achievements through a newsletter or on a website.

There are many other possibilities, but the main thing is to do something to recognize the hard work that the staff does every day and how often they do it superbly well. (Brown, 2010)

Maximizing Vicarious Transformation

Working with traumatized clients can also offer helpers the opportunity to positively transform their lives. Caring about clients with such courage and resiliency changes the person of the helper. Dr. Laurie Ann Pearlman (2009) has named this positive change vicarious transformation. This she defines as the possibility of being personally and positively transformed by the work. Dr. Pearlman states that: “Opening the self to the darker aspects of human experience can contribute to personal and professional perspective and growth.”

She suggests some conditions that promote such transformation: strong social support; access to and use of consultation; spiritual renewal; and social activism. She entitles these practices “working protectively.” Dr. Pearlman suggests “radical self care” which means “intentionally and frequently creating opportunities for respite and replenishment.” This rest and replenishment includes all often-mentioned forms of self care such as play, rest, healthy habits, relationships, and exercise.

It also includes such deliberate practices as writing and talking about the work, which assists the helper in making some meaning of human cruelty and evil. Staying connected to personal physical and emotional experience and including the treatment framework in one’s awareness is important. Accepting the inevitability of vicarious trauma and the limits of therapy can help. The therapist is responsible to manage the boundaries of the relationship even while “listening with respect and an open mind and heart.” And just as trauma is best healed through connection, vicarious trauma is healed within strong connections both in the workplace and in one’s personal life (Pearlman, 2009, pp. 214-221).

Agencies which cultivate this possibility will develop strong, committed and effective staff.

Action Steps: Tips for Starting Trauma Informed Care

What YOU Can Do RIGHT NOW

Here are some tips for beginning the transformation to trauma informed care:

1. Every time you talk about something a child has done, have someone review the child's history.
2. Any time someone wants to know what punishment you should apply to a given action, ask: how do we understand why he did that?
3. Clinicians- think of a treatment theme for each child you are working with, a brief statement of the central focus of your work, such as "learning to trust adults" or "learning to handle disappointment without making things worse" or "learning to recognize emotions". Communicate this to the team.
4. Develop an individual crisis management plan with each child, noting what tends to upset them, how they show they are starting to get upset, what helps, what doesn't help. Make these living documents, available to the whole team, used by all, and constantly revised.
5. Discuss with both staff and kids what about your program makes them feel safe, what about the program makes them feel unsafe. What can you improve?
6. Start some Youth Leadership activities- a student council, a unit group to decide unit activities, youth-to-youth mentoring, older kids teaching younger, etc.
7. Use sensory interventions, such as rocking chairs, weighted garments, blankets and fur, soft music, aroma therapy
8. Add yoga and meditation to your offerings
9. Institute a program where the kids engage in some social action to help others, such as collecting food for a food bank, or volunteering at a Senior Center.
10. Start a discussion among staff about how people are feeling about the job and how the work is affecting them.
11. Buy night lights for all kids who want them.
12. Have a staff retreat including all disciplines during which you have fun and do team building activities.

For more information contact:

Patricia Wilcox, LCSW
Partners for Healing
Traumatic Stress Institute
Klingberg Family Centers
patw@klingberg.org

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