



TRAUMATIC STRESS INSTITUTE

How Administrators can Sustain Trauma Informed Care

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

- 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.






TRAUMATIC STRESS INSTITUTE

The Role of Support Staff in Trauma Informed Care

You may be the most important person in this child's life. You may be rebuilding his or her brain in your interactions. When you do interact with the child, your job is to change this child or family member's template or expectations about other people. The client has learned that people hurt them. You 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 em 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.

Remember that you have the most important job in the world. You can change a family's life through supporting the people who provide their therapy. You can change a child's life through your interaction with him or her. Your job is essential!





TRAUMATIC STRESS INSTITUTE

Tips for Starting Trauma Informed Care Now

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

1. Every time you talk about something a child has done, 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.

Tips for Starting Trauma Informed Care 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.







Responding to Staff Resistance

Common concerns:

If we stop giving severe consequences, chaos will break out.
It's not the "Real world", It's not punishing enough, it's too nice.
All this stuff about trauma is just an excuse.
What about consistency?
It will take too much time.
"My parents were strict with me..."
It's harder to learn.
It demands more of your true self.

Suggested responses;

If we stop giving severe consequences, chaos will break out.

“These kids will run wild, staff and kids will not be safe, we will not be in control.”

- Is the only or main reason the kids don't do bad things because of fear of consequences?
- When a child is emotionally dysregulated does he care about the consequences?
- Relationships have much more power than consequences in influencing behavior.
- Without relationships we have no power over another person
- If a person does not know how to do something, no amount of consequences will make him do it. When he masters the skills, he will want to do better and be able to.

It's not the "Real world", It's not punishing enough, it's too nice.

“These kids need to learn that if they keep doing these things they will end up in jail. No one else is going to be this nice to them. We need to show them that this kind of behavior has to stop! How are the kids going to learn?”

- If the kids could handle the real world, that's where they would be.
- In the real world there is the concept of a learning phase- like, in early Little League they don't have a strike out rule. It gives kids a chance to learn skills and develop confidence
- If punishment would change them, you would think they might have changed by now. They have certainly been punished enough.
- They already know that doing these bad things (like hitting people) will get them in trouble and that their lives would go better if they did not do them. What they do not know is HOW to not do them.
- They need to learn skills that will enable them to react differently.

All this stuff about trauma is just an excuse.

“The kids have to learn to take responsibility for their behavior. They can't keep using their past as an excuse.”



- Trauma is never an excuse for behavior, it is always an explanation.
- The kids are doing the best they can. They have to learn to do better if they are to have a life worth living.
- The biology of these children has been changed by their experiences, and so they may be hyper-reactive and have difficulty relaxing.
- Shame interferes with taking responsibility for mistakes. Instead of thinking “I did something wrong” the child thinks “I am a totally worthless and hopeless person” and so tries to escape those feelings.
- Children will act better when they feel better.
- They need specific skills, achievements and positive experiences to be able to meet their needs in more positive ways.

What about consistency?

“What will the kids say if we do one thing for one kid, and a different thing for another that does the same behavior? They will say that is not fair! And what about inconsistencies between staff? If the consequences aren’t the same for everyone, one staff will be more lenient and one stricter.”

- Consistency meaning sameness is in fact unfair. The clients differ so much in maturity, ability, skills, and issues. One cannot write well, one can- so if the task was to write an essay it would be much harder for the first one. Each child is at a different place in learning, and the task needs to be aimed at where they are and what their next steps are.
- However, staff does need to be able to explain to each other their rationale for a task and for the severity/ lack of severity of the task. The team should be able to discuss choices and challenge each other.
- The kids will give this objection up after a while if staff say calmly: “we treat everyone individually here, and try to give each person what they themselves need.”

It will take too much time.

“I barely have time for what I do now. We do not have the staffing to be talking to these kids or getting to know them all individually”

- Restraints, seclusions, and point sheets take a lot of time. If these decrease, more time is freed for interaction with the children.



- Task can be done in groups- such as weeding together.
- Power struggles eat up a huge amount of staff time. When we adopt a “working together to solve the problem and get the child what he needs” approach things move much faster.
- A strong relationship makes everything go more smoothly.

"My parents were strict with me..."

“My mother was always strict with me, and if I disrespected her she would slap me across the head. If I did something wrong you don’t even want to know what she would do. I’m not saying we have to hit the kids, but it was my mother’s strictness that saved me from what I saw on the streets.”

- Staff are often referring to strictness within the context of an enduring, loving relationship. This is very different from strictness from a staff member in your 14th placement.
- The person with the loving and strict mother always has that voice in their mind, that inner connection, to guide them. The child who has been moved between many caretakers does not have that.
- Along with strictness families often teach the skills necessary to effectively manage the world. This is what these kids are missing.

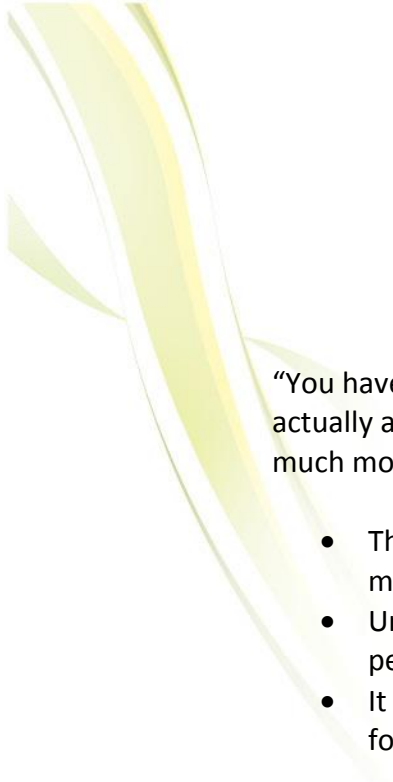
It’s harder to learn.

“I can see experienced staff maybe doing this but how are new staff going to learn it if there are no guidelines and we treat every kid differently? The kids will use the lack of clear rules to play new staff.”

- This is true, and so specific new employee orientation has to teach this way of thinking.
- New employees should be taught a foundational trauma course
- If the team can talk to each other and help each other, they can guide a new employee until the approach is more natural.
- Big decisions, responses to large events, should be decided by the team and not individually.

It demands more of your true self.





“You have to be real with the kids in this new way of working. You have to be who you actually are. Then, when they continue to attack you or not change, it hurts all that much more. It even hurts more to say goodbye when they leave!”

- This is true. That is why the work becomes more interesting, more involving, and more growth producing.
- Understanding the meaning behind the child’s actions helps us not take it as personally.
- It is important to pay attention to vicarious traumatization, and have regular forums to discuss how the work is affecting the employees.





TRAUMATIC STRESS INSTITUTE

Scenarios and Questions for Hiring Interviews

Scenario 1:

A client returns from school, bursts into the house and swears loudly, throwing their backpack across the living room at the wall. There are other clients in the area but the backpack does not hit anyone directly. What are your initial thoughts, feelings and actions?

Scenario 2:

You are working second or third shift and the clients are in bed. As part of your nightly duties, you are completing room checks at the specified intervals. You walk into a double bedroom with two teenage same-sex clients and find they are engaging in sexual relations. What are your initial thoughts, feelings and actions?

Scenario 3:

You are working with another coworker who you think has shown poor boundaries with the clients. He or she is often tickling one client in particular and often goes into this client's room alone and shuts the door. You feel uncomfortable with their interactions when you observe them together. What are your initial thoughts, feelings and actions?

Scenario Four:

You are on the unit and Susie comes back from school, throws her book bag on the floor, goes to her room and slams the door. What would you do? What is the first thing you say to her?

Scenario Five:

You have just come on shift and a client is crying. She has a red mark on her face. You ask what's wrong and she states that another staff member hit her prior to you walking through the door. What would you do?

Scenario Six:

A client approaches you and asks to speak with you privately. You find a quiet space to talk with them and sit down. The client says, "I have something really important to tell you, but I need you to promise that you won't tell anyone." How do you react? Do you promise to keep a secret for the client?

Scenario Eight:

A client asks to speak with you and states that she is thinking about killing herself. She reports that she has a knife hidden in her bedroom and has no desire to go on living. What do you do?

Questions

What would you do if a youth friended you on Facebook or asked for your personal cell phone number?

What information do you think would be ok to share with our clients about yourself? What is never ok to share with clients?

What do you feel is too much to share about yourself with a client?

What does the phrase “it's not about me” mean to you?

What do all children need from adults?

What would your reaction to a child be if they asked you to adopt them?

What do appropriate physical or emotional boundaries look like to you?

What do you think might be the most difficult time of day for clients?

What can staff do to make clients feel safer or more comfortable around bedtime and/or shower?





TRAUMATIC STRESS INSTITUTE

Supporting Connections at Work

- Formal meetings
- Informal gatherings
- Gathering outside of work
- Sports teams and other agency supported activities
- Helping each other
- Support in a crisis
- Recognize good work
- Celebrate holidays and personal transitions
- Welcoming and including new members
- Overlapping shifts
- Retreats (with fun)
- Activities such as a reading club
- Decorating the space
- Use of movement, dance, music
- Honesty and transparency
- Respectful handling of disagreements
- Inclusion and celebration of diversity
- Dialectical approach to conflict



370 Linwood Street, New Britain, CT 06052 | Telephone: 860.832.5562
Websites: www.traumaticstressinstitute.org | www.klingberg.org
For more information, contact Patricia Wilcox at patw@klingberg.org



Embedded Agency Interventions to Address Vicarious Traumatization

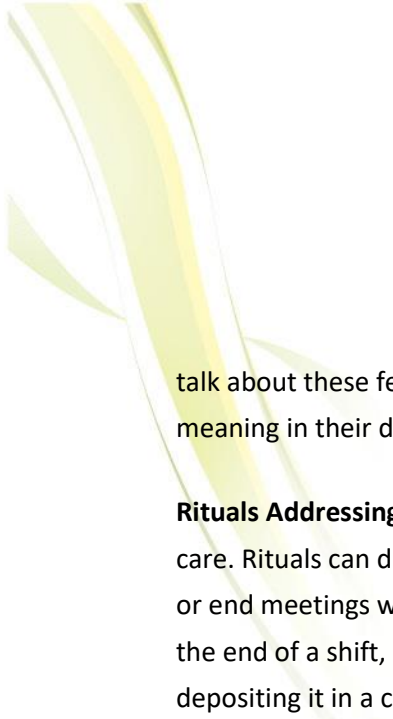
The following are some suggestions for how organizations can embed attention to vicarious traumatization into the daily workings of their programs.

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.

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.





37 Ways to Manage Vicarious Traumatization

1. Have team discussions of what is going on and how it is affecting us as people
2. Connect with anyone who has been hurt and express your concern
3. Make sure that supervision is happening
4. Is our environment too noisy?
5. Can we add music?
6. Can we make the space more pleasant, add decorations?
7. Recognize staff for special effort
8. Plan fun staff activities like pot luck lunches
9. Continue to talk about anything that is going on, with compassion and respect, recognizing that everyone is doing the best they can
10. Remind yourself of your role with your clients, that you do not have infinite power, and that you are only a part of their healing journey.
11. Listen responsively to your client's stories without making them your own or visualizing them too vividly.
12. Remind yourself of your specific role as a treater, and do not expect yourself to solve all the clients' problems.
13. Remind yourself of the power of the therapeutic relationship and do not expect yourself to also take on other roles in the client's life.
14. Have some time in your life in which work does not intrude.
15. Have support around the limits of your responsibility and your ability to change your clients.
16. Utilize mindfulness practices
17. Use journaling and other creative expressions to increase self-awareness.
18. Participate in therapy for yourself.
19. Seek out on-going training.
20. Notice when you become cynical and hopeless about your work and challenge your negative beliefs.
21. Have and use support at work.
22. Create a balance in your day through scheduling of cases and including breaks for connection and renewal.
23. Take time off and vacations.
24. Stay home if you are sick.
25. Receive regular supervision that includes discussion of your reactions to your work.

- 
26. Use techniques such as breathing, connecting to items around me, and remembering your resources to manage painful client interactions.
 27. Include in your space some items such as pictures and objects that remind you of people that you love and good things that you have experienced.
 28. Stay in the present while listening to painful stories, and remember that your client has survived and now has your support.
 29. Use your breathing and physical sensations to stay in the present.
 30. Remember that you are only one part of the client's journey, and you do this work in a community of other healing people.
 31. See your clients as resilient and as having the resources to heal.
 32. Notice your client's strengths and resiliencies.
 33. Process painful work-related experiences creatively through movement, writing, sculpture making music or art or designing a garden.
 34. Connect to a community.
 35. Have a spiritual connection with something larger than yourself, whether that be: the best of all that is human, nature, history, or a spiritual entity such as God, Yahweh, Allah, the Goddess or any other practice such as prayer or meditation.
 36. Regularly take time to think or talk about the rewards of your work.
 37. Take time to talk about or think about the painful feelings you have at work and the lessons or wisdom you receive from them.





TRAUMATIC STRESS INSTITUTE

Strategies to Combat Workplace Stress

Workplace

- Identify and resist embitterment
- Promote breaks and meal times
- Manage work loads
- Promote social support
- Offer varied schedules, and mixtures of types of activities
- Allow workers control of their work when possible
- Encourage workers to incorporate their own interests and joys into the work where appropriate
- Promote mission and importance of work
- Cultivate hope and optimism
- Discuss and support personal growth of workers
- Provide many types of employee recognition
- Deliberately orient new employees to the cultural of the agency
- Provide supervision
- Create comfortable workspaces
- Promote peer support groups
- Offer ways to grow and develop
- Notice and celebrate successes
- Cultivate humor
- Bring nature into the work
- Offer meditation, yoga, etc.
- Work to improve the system and give employees the chance to participate
- Work to improve the agency and give employees the chance to participate


Personal

- Work (or do direct work) part time
- Pay attention to bodily distress signals



KLINGBERG
FAMILY CENTERS

370 Linwood Street, New Britain, CT 06052 | Telephone: 860.832.5562
Websites: www.traumaticstressinstitute.org | www.klingberg.org

- 
- Self-awareness of how past influences your work
 - Social supports
 - Intention to maintain non-anxious presence
 - Self-care that is guilt-free, a means of remaining healthy
 - Work to home transition ritual
 - Meditation
 - Physical activity
 - Tracking and limiting your trauma inputs
 - What's On Your Plate exercise
 - Actively manage work/life balance
 - Consider ideal schedule, including scheduling physical activity, down time, and fun activity
 - Self-reflection, journaling
 - Try something new and not work related
 - Spend time in nature

Adapted from ***The Compassion Fatigue Workbook*** by Françoise Mathieu (Routledge 2012)



TRAUMATIC STRESS INSTITUTE

How to Communicate and Celebrate Your Trauma Informed Care Successes

- Measure the things you want to change. Publicize widely when these metrics change for the better.
- Start every staff meeting with a review of incidents that went well due to new approach.
- Start a weekly newsletter- Relationships are Building at ... Agency! Share examples of this approach in action.
- Share quotes from families, youth and outside professionals who remark on the changes.
- Share news of a client who returns as an adult and is doing reasonably well.
- Have ceremonies to mark significant changes like the elimination of point cards or a reduction in restraints.
- Report on your efforts and results to your Board of Directors.
- Present your changes at local and national conferences.
- Involve staff in presenting and in teaching. You learn something more deeply and believe in it more when you teach it to others.
- Publish an article.
- Tell nearby agencies and trade groups what you are doing. Offer to have them come to your place and talk to your staff.
- Develop some staff that you trust to be spokespeople for the new approach.
- Talk to your youth and families and consider whether any of them could be spokes people for the effort and how it helped them change.
- Educate legislators and funders about what you are doing.
- Make this change a reason to be proud to work for your agency.
- Deliberately clarify how this new approach matches your agency mission and values.
- Point out changes you see.
- Compliment staff on any moments of patience and compassion that you observe.
- Publicize metrics (such as restraints, injuries, etc.) by program. Congratulate those that are doing well. For those that are struggling, be compassionate and find out what they need.
- Share your results in the community of members of this class!