



## Trauma-informed Leadership

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## Traumatic Stress Institute

- ❖ One of the most widely used TIC change models nationally especially by child-serving organizations
- ❖ 70 client agencies in 17 US States and 2 Canadian provinces
- ❖ 380 certified trainers at those agencies
- ❖ Leader in TIC research (ARTIC Scale)




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## Current Realities in Child Welfare

- ❖ More children receiving community-based services
- ❖ Typical client more acute and complex—shorter period of treatment
- ❖ Agencies resources and staffing inadequate to address complexity—more staff injuries and vicarious trauma
- ❖ Need for more sophisticated, clinically-oriented interventions
- ❖ Chronic staff shortages-especially in full labor market
- ❖ Staff/Leadership lack effective frameworks and common language for TIC implementation
- ❖ Leadership searching for road map forward




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### Most Used Definition: SAMHSA Definition of Trauma-Informed Care

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs of and symptoms of trauma in clients, families, staff, and others involved with the systems; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**. (p. 9)

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




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### What We Know--Best Practice

- ❖ Treatment, including attuned, caring relationships can change the brain and reverse damage done in early trauma exposure
- ❖ Punishment and reward systems do not heal trauma
- ❖ People are hurt in relationships and people heal in relationships. **Relationships are primary agent of change.**
- ❖ Fostering a culture of TIC within organizations increases safety, trust and support for healing




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### Trauma-Informed Care Different Than Trauma-Specific Treatment Intervention

**Trauma-Informed Care** – whole-system approach/framework to provision of services to people suffering trauma.

**Trauma-Specific Treatment** – clinical treatment models designed for people with a history of trauma (i.e., TF-CBT, Seeking Safety, EMDR, DBT).

- Trauma-specific treatments are one (important) component of trauma-informed care.
- Training clinicians in evidenced-based trauma-specific treatments does NOT make a system trauma-informed.




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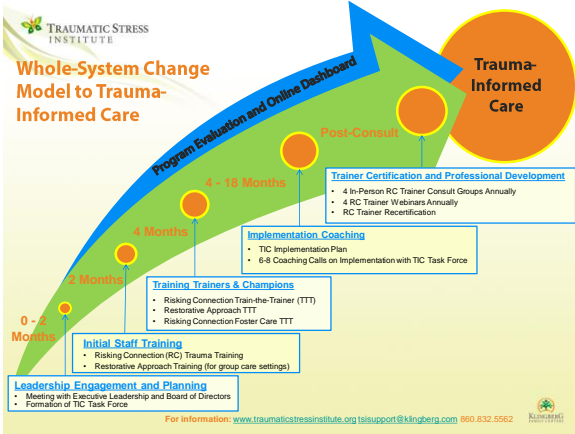
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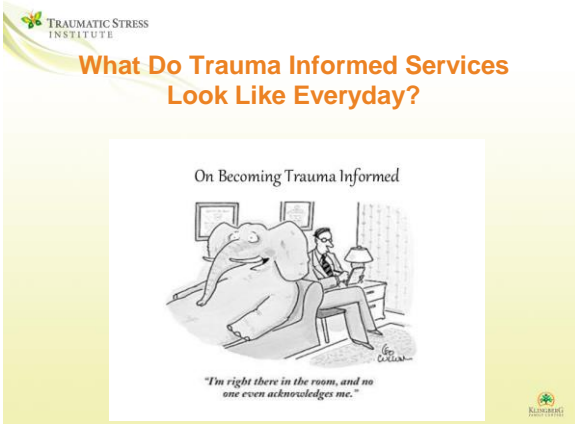
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## Administrative buy in

- Provide resources
- Willing to tolerate some chaos
- Target praise
- Possibilities for undoing
- Value and provide opportunity for supervision




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## Policy

- Behavior management
- Recreation and activities
- Philosophy of treatment
- Intake explanation
- Handout for parents




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## Hiring and promotion

- Hire and promote people who “get it”
- Questions for hiring




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## Administration Develops and Shares a Clear Vision of What a Trauma-Informed Resilient Agency Is

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- Inspirational
- Connects to agency mission and values
- Modelled by administration actions
- Constantly mentioned



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## A Resilient, Trauma-Informed Agency Vision

- We act on our belief that everyone is doing the best they can. Every client. Every parent. Every staff.
- We base our interventions on our knowledge that people act better when they are safer, more connected, and happier.
  - We inform our decisions with our knowledge that fear does not produce lasting growth. Kindness produces lasting growth.





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## A Resilient, Trauma-Informed Agency Vision

- We believe that change happens within relationships.
- We know how neglect, trauma and attachment disruptions change the body, and use that knowledge to design our treatment.





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## A Resilient, Trauma-Informed Agency Vision

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.




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## A Resilient, Trauma-Informed Agency Vision



- 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.




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## A Resilient, Trauma-Informed Agency Vision

- 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.




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## A Resilient, Trauma-Informed Agency Vision

- 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 effects us as people. We pay attention to vicarious transformation and take good care of ourselves and each other. We offer forums, fun, and recognition.



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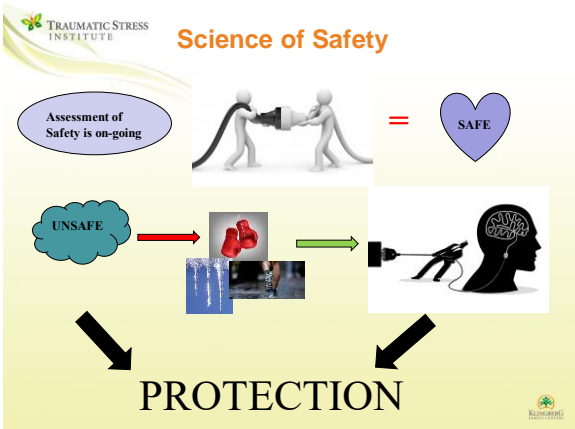
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**Regulating Strong Reactions**

- Calming Rooms
- Sensory Exercises
- Staff crisis plans

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**Aligning Policies within a Trauma-Informed Organization**

Policy and Procedures that reflect Trauma-informed Care

- Hiring
- Initial Screening
- Family Visitation
- Reflective Supervision



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**Policy and Procedure**



**Hiring Practices**

**Initial Screening**





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**Policy and Procedure**

**Family Visitation**





**Reflective Supervision**



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## Discussion



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## Other Determinates of Job Satisfaction

- Social Connections
- Voice and Choice
- Increasing Stamina

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## Social Connections that Support the Work



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Choice and Voice





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In what areas can employees have choice?



- Work hours
- Decorating space
- Use of treatment methods
- Including own interests (music, meditation, etc.)
- New responsibilities (training, supervise interns)
- Community involvement



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In what areas can employees have voice?



- Agency policies and operations
- Treatment decisions
- Strategic planning
- Moral and ethical decisions
- What else.....



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## Embedding Attention to VT

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## Vicarious Traumatization

**How this work will change you**


VT refers to the negative changes in the helper as a result of empathically engaging with and feeling, or being, responsible for traumatized clients.



Laurie Pearlman, PhD



Kay Saakvitne, Ph.D.



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## Vicarious Traumatization (2)

The single most important factor in the success or failure of trauma work is the attention paid to the experience and needs of the helper.

Addressing VT is an ethical imperative. This is as true with teams as with individuals, maybe more so.



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## Vicarious Traumatization

Imbed attention to VT  
Use of art  
Nourish mission and spirituality  
Notice success  
Replenish hope  
Ceremonies




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## Attention to vicarious traumatization and transformation

Training  
Supervision  
Staff meetings  
Special meetings after upsetting events



Rituals  
Recognition  
Fun  
Staff development and growth

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## Organizational Responses to VT

Foster culture where there's permission to discuss VT.  
Embed attention to VT in the workings of organization like regular retreats or forums.  
Provide adequate supervision.  
Offer health benefits that include mental health coverage.  
Use staffing patterns that allow back-up and sharing of responsibility and coverage.  
Set reasonable caseload expectations.  
Work with staff to identify and address signs of VT.

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Promoting Growth and Transformation





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Transforming the Pain of VT

The pain of VT can lead us to search for hope and meaning in our work and our lives.

Working with people who have experienced great pain teaches us about:

- Courage and human resilience
- The possibility of transformation
- Gratitude in our own lives
- The power of hope

Remembering the meaning of our work helps us to transform VT. How does being a foster parent help you grow as a person?



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What Gives Us Hope?

- Have a theory
- Notice small successes
- Love your work
- Reclaim your relationship to your body
- Recognize moments of connection
- Growing as a person
- Make a difference





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## Building Resilience Against VT

Resilience is successful adaptation in the face of biological challenges and stressful life events.  
(adapted from Werner, 1992)

- Ability to **bounce back** from a challenge
- Ability to **endure** during challenges
- Ability to **learn and make meaning** out of a challenge (post-traumatic growth)

(Devereux Center for Resilient Children, Devereux Foundation)




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## Sustaining Through Celebration




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## Measures

Measures help to see progress and add to sustaining

Examples:

- Decrease in restraints, seclusions, negative discharges, staff and client injuries, turnover
- Increase in positive discharges, job satisfaction, client satisfaction

ARTIC Attitudes Related to Trauma-Informed Care

How to publicize success?




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## The ARTIC (Attitudes Related to Trauma-Informed Care)

The Attitudes Related to Trauma-Informed Care (ARTIC) is the first psychometrically valid measure of trauma-informed care (TIC) published in the peer reviewed literature. It is a measure of professional and para-professional attitudes favorable or unfavorable toward TIC. It was developed by the Traumatic Stress Institute of Klingberg Family Centers and Dr. Courtney Baker of Tulane University.




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## Publicize and celebrate

- Choose measures-
  - Reduce restraints
  - Reduce turnover
  - Positive discharges
  - Follow up
- Track
- Celebrate and publicize success
- Staff appreciations




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## Questions?




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**Thank You!**

"Alone we can do  
so little; together  
we can do so  
much."  
Helen Keller



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[www.traumaticstressinstitute.org](http://www.traumaticstressinstitute.org)  
[www.klingberg.org](http://www.klingberg.org)

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