Exposure to Complex Trauma, Trauma-informed Organizational Culture and Care

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Complex Trauma Symposium:

Canadian Perspectives

and Initiatives

Objectives

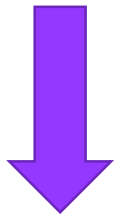
Understand	Discuss	Introduce
Risks associated with trauma exposure among helping professionals	Trauma-informed Organizational Culture	Trauma-Informed Care at the Organizational Level

What would you like to get?

Exposure to trauma can hurt anyone

What is trauma among helping professionals?

- Vicarious trauma (VT)
- Secondary traumatic stress disorder (STSD)
- Compassion fatigue (CF)
- Post-traumatic Stress Disorder (PTSD)



Secondary Traumatic Stress

STS = PTSD

Because:

- it is a disorder that can be diagnosed and treated
- it is underdiagnosed
- a diagnosis can result in access to appropriate medical services
- it is a recognized disability

To promote:

- the recognition of the suffering of professionals
- effective healthcare responses

What about prior traumatization?

- Helping professionals have higher ace scores than average[8]
- Child welfare professionals working in the foster care system have been shown to have 4 or more aces at over double the rate of the general population[8]
- Elevated Ace scores do not predict traumatization[8]

What is trauma among helping professionals?

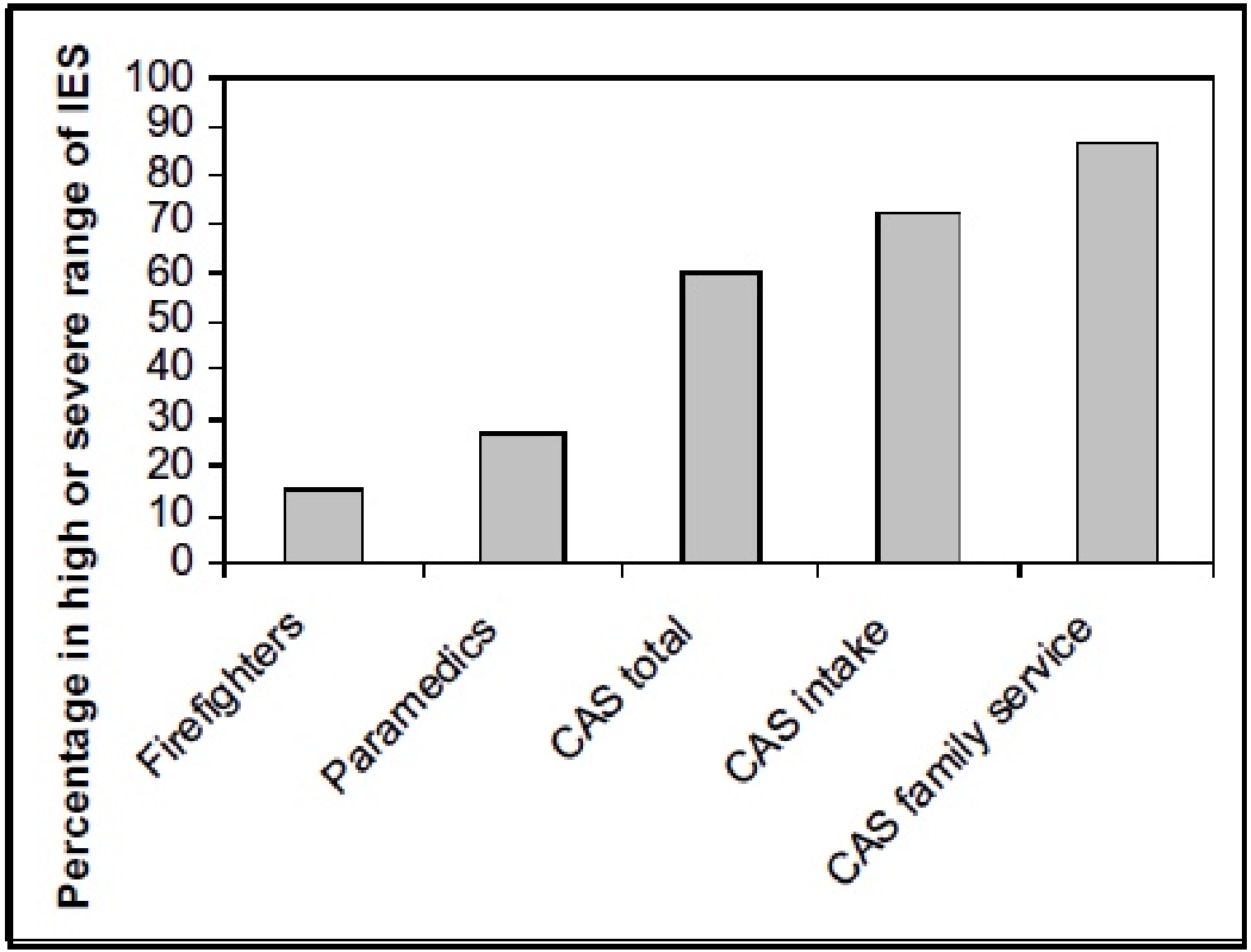
- STS (PTSD)
- PTSD (unrelated to STS)
- Complex trauma history.
  - An (anxious-preoccupied) insecure attachment style contributes to post-traumatic distress[13]
  - The resolution of past trauma contributes to resilience
- Moral distress
- Moral injury
- Shared trauma
- ~~Burnout~~

Prevalence Rates of STS/PTSD

- PTSD in the general population 8.7%
- Social workers responding to intimate partner violence or sexual assault 29%
- Domestic violence advocates 43%
- Children's Aid social workers in Toronto
  - intake 52%
  - family service 64%
  - children's services 75%
- Southern American child protective service (CPS) workers 37%

Toronto
(2005)

Figure 1: Comparing Traumatic Stress With Others



Why is the traumatization of human service workers not adequately addressed?

Professional need to be competent

Lack of capacity

Survival

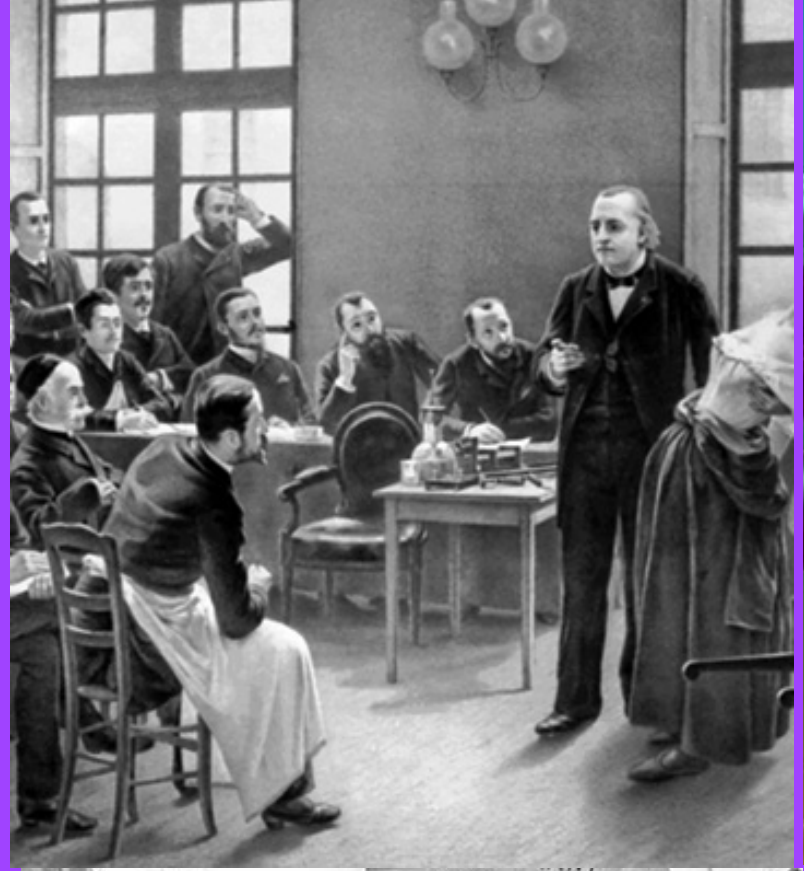
Stigma

Public Policy & Management

Novelty

Cost

Denial



Retracing the Euro-western Concept of (Complex) Trauma

Please write a list of some examples of bad practice you have seen, heard of, or done.

- a personality style?
- a behaviour?
- related to professional boundaries?
- presentation of self?
- professional activities?

How can distressing experiences impact helping professionals ?

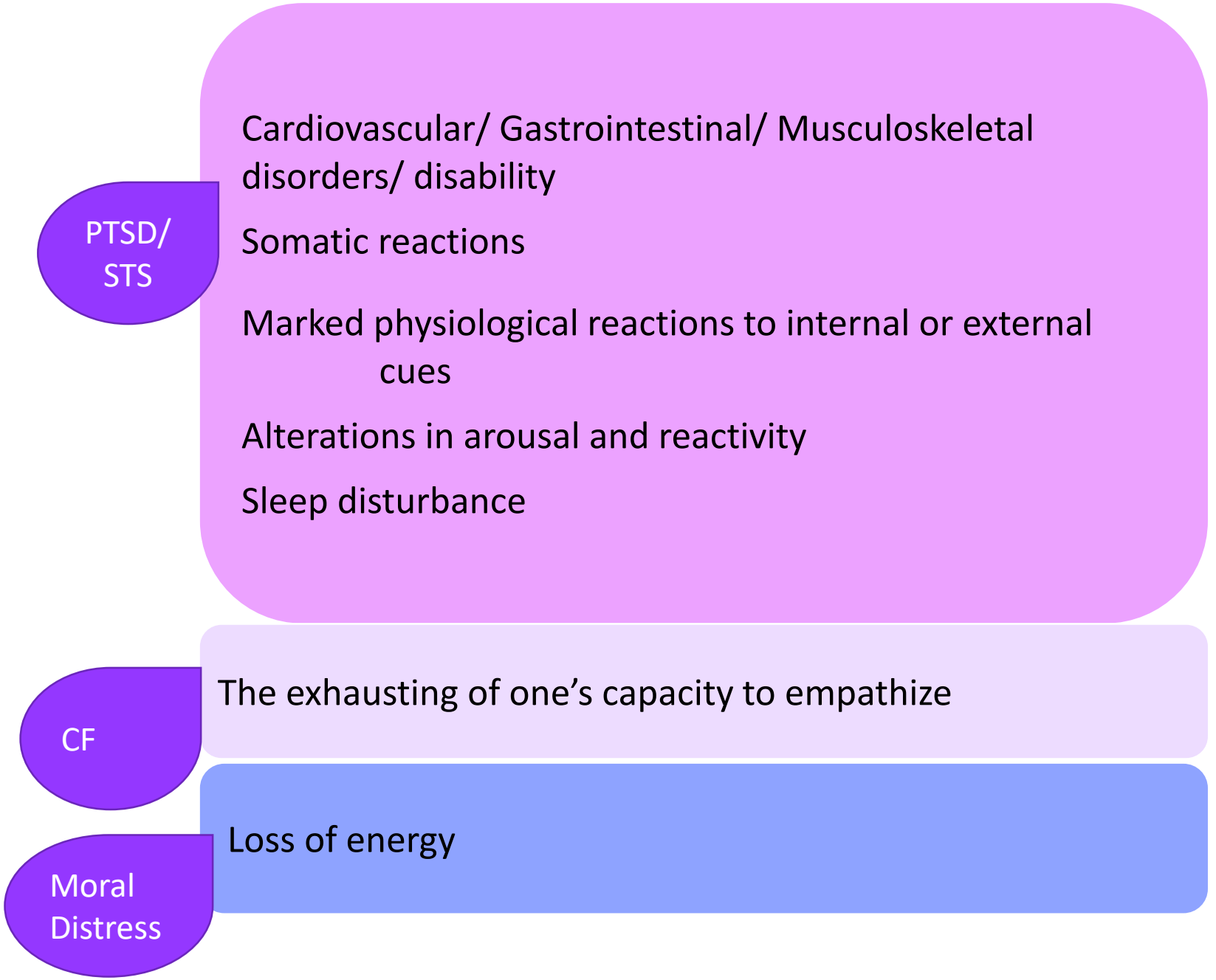
- Behaviour
- Biology
- Cognition
- Affect
- Psychological states, experiences & capacities
- Professional capacities and identity

Behaviour

PTSD/
STS

Irritable behaviour and angry outbursts
Avoidance of potential triggers, memories, thoughts, feelings, people, places, or things
Hypervigilance
Diminished interest or participation in significant activities
Reckless or self-destructive behaviour
Substance abuse
Suicide

Biology


PTSD/ STS
Cardiovascular/ Gastrointestinal/ Musculoskeletal disorders/ disability
Somatic reactions
Marked physiological reactions to internal or external cues
Alterations in arousal and reactivity
Sleep disturbance
CF
The exhausting of one's capacity to empathize
Moral Distress
Loss of energy

Cognition

PTSD/ STS

- Recurrent, involuntary, intrusive thoughts
- Flashbacks
- Disrupted memory
- Persistent or exaggerated negative beliefs, about the Self, others and or the world
- Persistent distorted thoughts about the causes or consequences of traumatic events
- Problems with concentration

VT

Disrupted cognitive schemas

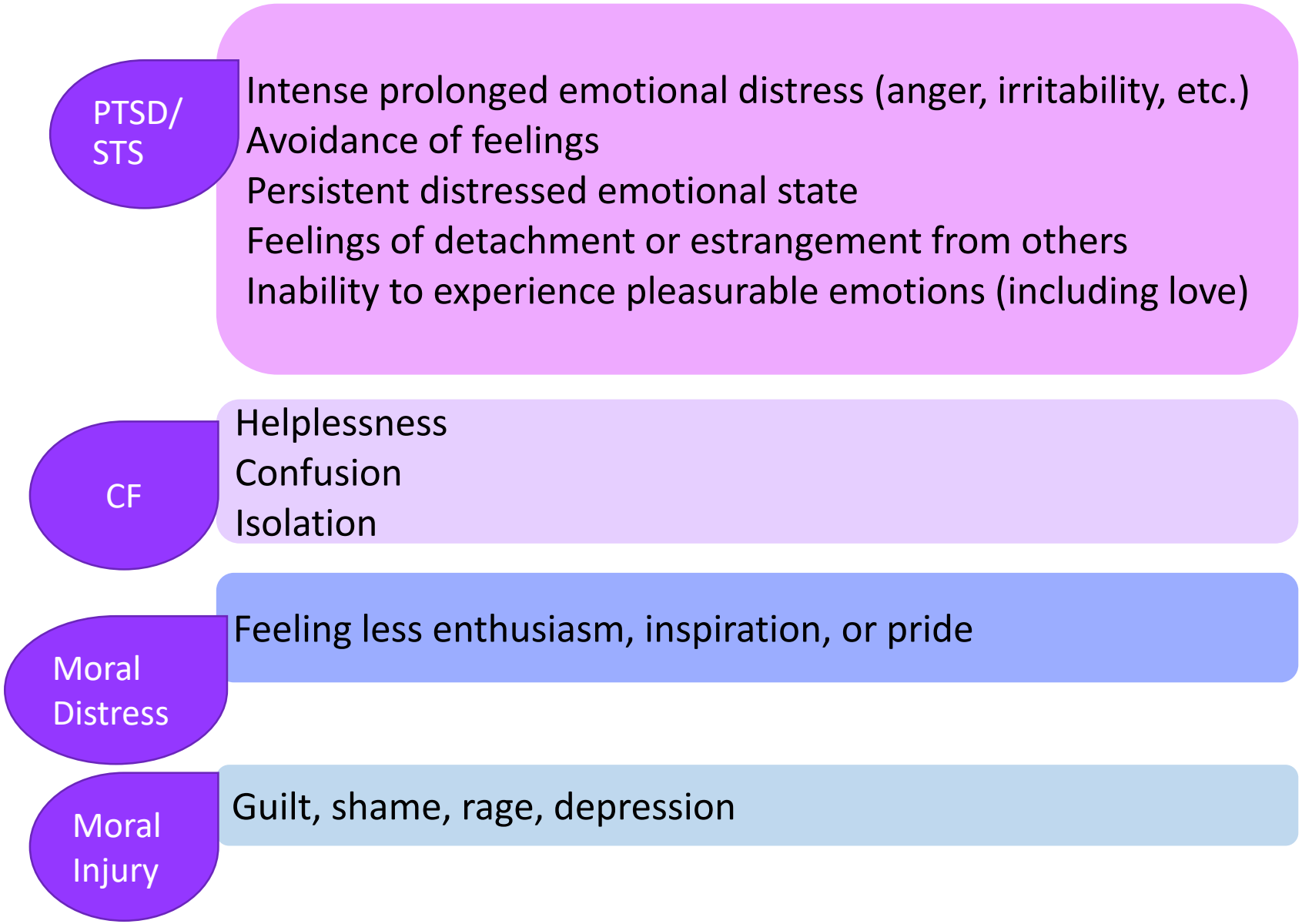
Moral Distress

Intention to leave work, taking more sick days

Moral Injury

“breakdown in global meaning”
“threat to the integrity of one's internal moral schema”

Affect


PTSD/ STS
Intense prolonged emotional distress (anger, irritability, etc.)
Avoidance of feelings
Persistent distressed emotional state
Feelings of detachment or estrangement from others
Inability to experience pleasurable emotions (including love)
CF
Helplessness
Confusion
Isolation
Moral Distress
Feeling less enthusiasm, inspiration, or pride
Moral Injury
Guilt, shame, rage, depression

Psychological states & capacities

PTSD/ STS

Recurrent and distressing dreams
Depersonalization
Derealization
Dissociation
Depression

VT

Incapacity to integrate affective experience
Feeling threatened
Loss of capacities to modulate affect
Inability to identify mature strategies to meet emotional needs

CF

A sense of isolation from supporters and a lack of connection with the cause of these symptoms

Moral Distress

Impaired work-related well-being

Moral Injury

Loss of confidence in their own or others' "motivation or capacity to behave in a just and ethical manner"

Professional capacities & identity

The therapist could lose self-awareness and become reactive and/or defended within therapeutic relationships.

(T)herapeutic errors, interpersonal misunderstandings or empathic failures can result.

Suffering seeping between personal and professional lives...

Inappropriate boundaries or self-disclosure.

Being unable to perform at capacity or respect ethical codes

Experiencing longstanding psychological and emotional suffering

Trauma-informed Organizational Culture

How to positively impact staff morale and retention

A Trauma Lens

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

SAMHSA, 2014

…in order for organizational or institutional norms to be effective in creating a positive and supportive organizational climate in child welfare they need to be trauma-specific,

i.e., respond to the particular impact of overwhelming experiences—which we know result in numbing, avoidance, recurrent experiencing, and hypervigilant reactions on the part of staff.

In organizational culture, just as in families, these reactions become institutionalized in dysfunctional patterns of relating, communicating, and responding.

Strand & Sprang, 2018

Working Environments

Home visits

Office spaces

Vehicles

Safe vs. Unsafe Organizational Structures

- Organizations with clear organizational structures show lower stress levels, less conflict, and lower post-traumatic symptoms[10]
- Deficiencies in organizational structure are associated with high employee stress and conflict[10]

Chaotic, unstructured, unpredictable environments parallel the total absence of structure that exists when a victim is at a perpetrator's disposal [10]

Supervisors and Management

- Managers, Administrators and supervisors are also at risk!
- Practice Authoritative Leadership **NOT** authoritarian leadership [8]
- Take steps to ensure that younger and single employees are provided with training and coping tools early in their career when they may need it most [8]
- Apply a collaborative managerial approach, incorporating a high degree of trust, reflection, systemic thinking, flexibility, and responsiveness[9]
- Validate, Recognize, and Reward jobs well-done[11]

Organizational conditions can help workers process negative impacts associated with exposure to details of child abuse and neglect[4,9]

- Quality clinical supervision[5,2] that nurtures, affirms, and normalizes experiences[9]
- Trusting[9], non-judgmental, and caring Workplace culture[5]
- Individual access to supervision, group supervision, individual and group debriefings, and advocacy on behalf of staff by supervisors[9]

Resilience: the ability to adapt[7]

Beyond self-care…

- DO NOT download prevention and care onto workers in the form of coping strategies and self-care[1]
- Encourage and provide resources to process personal trauma (Employee assistance programs that include physical and psychological diagnostic and therapeutic services)[6,3]
- Enable work-life balance amongst staff[5]
- Insure adequate vacation/time and resources for developing outside interests and social support systems[6]

The role of the organization is key

- Raise awareness of risks associated with trauma-exposure within the organization[3]
- Balance and mitigate caseloads[3]
- Establish clear role definitions and boundaries[3]
- Provide Time to consult with peers & obtain supervision[6]
- Allow time, and provide removed locations for short breaks while maintaining adequate staffing ratios[6]
- Provide adequate training to all staff[6]
- Implement a recent model of Trauma-Informed Care[12]

Trauma Informed Care (TIC): An effective response to a workplace hazard

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

THE FOUR "R'S: KEY ASSUMPTIONS IN A TRAUMA-INFORMED APPROACH

A program, organization, or system that is trauma-informed:

- REALIZES the widespread impact of trauma and understands potential paths for recovery
- RECOGNIZES the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- RESPONDS by fully integrating knowledge about trauma into policies, procedures, and practices
- seeks to actively RESIST RE-TRAUMATIZATION

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety

2. Trustworthiness and Transparency

3. Peer Support

4. Collaboration and Mutuality

5. Empowerment, Voice and Choice

6. Cultural, Historical, and Gender Issues

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Safety

- A safe physical setting
- A sense of physical and psychological safety throughout the organization, staff and the people they serve, whether children or adults
- Interpersonal Interactions promote a sense of safety
- Understanding safety as defined by those served is a high priority.

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Trustworthiness and 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.

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Peer Support

- Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing stories and lived experience to promote recovery and healing.

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Collaboration and Mutuality

- The organization recognizes that everyone has a role to play
- Promote partnerships and the leveling of power differences between all staff/support staff/administrators/clients

Healing happens in relationships and in the meaningful sharing of power and decision-making.

“one does not have to be a therapist to be therapeutic.”

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Empowerment, Voice and Choice

- Recognize and build upon all strengths and experiences
- The ability of individuals, organizations, and communities to heal and promote recovery from trauma are of central concern.
- Trauma is respected as a potentially unifying aspect
- Operations, workforce development, and services are organized to foster empowerment for staff and clients alike.
- Power differentials and historical coercive treatment are acknowledged.
- Shared decision-making, choice, and goal setting to determine the plan of action at all levels.
- Staff interact with clients as facilitators rather than controllers.
- Staff are empowered by adequate organizational support.

Staff need to feel safe, as much as people receiving services.

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Cultural, Historical, and Gender Issues

- The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.)
  - gender responsive services are offered
  - the healing value of traditional cultural connections are leveraged
  - policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served are incorporated
  - historical trauma is recognized and addressed

Thank you for your work