

Mental Health & the Trauma Informed Workplace

By Vanessa Nordyke

Agenda

- Mental Health and OSB
- What is Trauma Informed Care
- Why is Trauma Informed Care Important
- The NEAR Science of Trauma Informed Care
- Tools for Wellness in the Workforce
- Standards of Practice

**Yes, you will
receive a copy
of this
PowerPoint**

Sobering Statistics

- Anxiety = 19%
- Depression = 28%
- Problem Drinking = 20-25%

Resources

- OAAP
- Mandatory CLE
- Wellness Summit
- Workplace Wellness
- OSB Bulletin October 2019

What is Trauma?

- Can be single event.
- More often multiple events, over time (complex, prolonged trauma).
- Interpersonal violence or violation, especially at the hands of an authority or trust figure, is especially damaging.
- Structural violence - ways in which social structures harm or otherwise disadvantage individuals – including experiences of systemic oppression, 'isms, poverty
- Collective, historical, generational
- Event, Experience, Effect (SAMHA)

Types of Trauma

- Abuse
- Neglect
- Unexpected, sudden death
- War
- Assault
- Domestic violence
- Witnessing violence
- Racism, islamophobia, gender violence, hate crimes

Some terms to think about:



The diagram consists of three overlapping circles stacked vertically. The top circle is teal and labeled 'POSITIVE'. The middle circle is yellow and labeled 'TOLERABLE'. The bottom circle is red and labeled 'TOXIC'. Each circle overlaps with the one below it.

POSITIVE

Brief increases in heart rate,
mild elevations in stress hormone levels.

TOLERABLE

Serious, temporary stress responses,
buffered by supportive relationships.

TOXIC

Prolonged activation of stress
response systems in the absence
of protective relationships.

Trauma Informed Organizations

TIO is grounded in a diverse, inclusive leadership presence, the incorporation of lived experience, and receptivity to feedback

TIO is a source of readily available and readily shared information

TIO examines trauma as it impacts every employee

TIO offers an opportunity to train and network; to secure trainers, to stay abreast of development in this field of inquiry

All employees deserve to feel safe, valued, supported, strengthened and engaged in their personal growth and the organization's growth

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 and symptoms of trauma in clients, families, staff, and others involved with the system; and

responds by fully integrating knowledge about trauma into policies, procedures, and practices,

and seeks to actively **resist re-traumatization”**

(SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>)

Trauma Specific v. Trauma Informed

- Trauma Recovery/Trauma Specific Services
 - Reduce symptoms
 - Promote healing
 - Teach skills
 - Psycho-empowerment, mind-body, other modalities.
- Trauma Sensitive
 - Bring an awareness of trauma into view
 - Trauma lens
- Trauma Informed Care
 - Guide policy, practice, procedure based on understanding of trauma
 - Assumption: every interaction with trauma survivor activates trauma response or does not.
 - Corrective emotional experiences.
 - Parallel process



What TIC doesn't mean

- It doesn't mean excusing or permitting/justifying unacceptable behavior
 - Supports accountability, responsibility
- It doesn't mean just being nicer
 - Compassionate yes, but not mushy
- It doesn't 'focus on the negative'
 - Skill-building, empowerment
 - Recognizing strengths
- It doesn't mean just training.
 - Workforce wellness policies
 - Changing procedures
 - Changing physical environments

WHY IS TRAUMA INFORMED CARE IMPORTANT?

Why is it important?

- Trauma is pervasive.
- Trauma's impact is broad, deep and life-shaping.
- Trauma differentially affects the more vulnerable.
- Trauma affects how people approach services.
- The service system has often been activating or re-traumatizing.

Prevalence in high risk populations

- National sample – 60% of 0-17 experienced or witnessed maltreatment, bullying, or assault within year.
- By 48 month 1 in 4 exp. trauma.
- Expulsion rates 3 times higher for pre-k vs k-12
- 155 Head Start 66% community violence
- Males who experienced maltreatment prior to 12 years of age, 50-79 percent became involved in serious juvenile delinquency
- Incarcerated women were more likely to report a history of childhood sexual or physical abuse
- That most pre-teen and adolescent youth who participated in a homicide offense have histories of severe childhood maltreatment

http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf37

(Finkelhor, 2009; Briggs-Gowan et al 2010; Shahinfar et al, 2000)

Social Workers, Domestic Violence and Sexual Assault:

- 65 % had at least one symptom of secondary traumatic stress (Bride, 2007).
- 70% experienced vicarious trauma (Lobel, 1997).

Hospice Nurses:

- 79% moderate to high rates of compassion fatigue;
- 83% didn't have a debriefing support after a patient's death (Abendroth & Flannery, 2006).

Immigration Judges:

- Higher burnout levels than hospital physicians and prison wardens (Curtis, 2010).

Law Enforcement:

- 33% showed high levels of emotional exhaustion and reduced personal accomplishment; 56.1 percent scored high on the depersonalization scale (Hawkins, 2001).
- Only 15% of LE professionals were willing to seek personal counseling as a result of vicarious trauma vs. 59 % of mental health professionals (Bell, et al., 2003).
- More officers die of suicide than from gunfire and traffic accidents combined. In 2016, the average age of a police suicide victim was 42 and time on the job was 17 years. 22 percent of the suicides were at the rank of sergeant and above. (<http://www.badgeoflife.com/>)

Child Welfare Workers:

- 50% traumatic stress symptoms in severe range (Conrad& Kellar-Guenther, 2006).

Preschool Teachers:

- 30% of annual turn over

Why Now? Is it a Fad?

- Developmental neuroscience, interpersonal neurobiology.
- Enormous advances in neurobiology in the last two decades, brain imaging.
- Adverse Childhood Experiences Study (Kaiser & CDC)
 - Link with mental, behavioral, and physical outcomes
 - Compelling evidence for a public health perspective

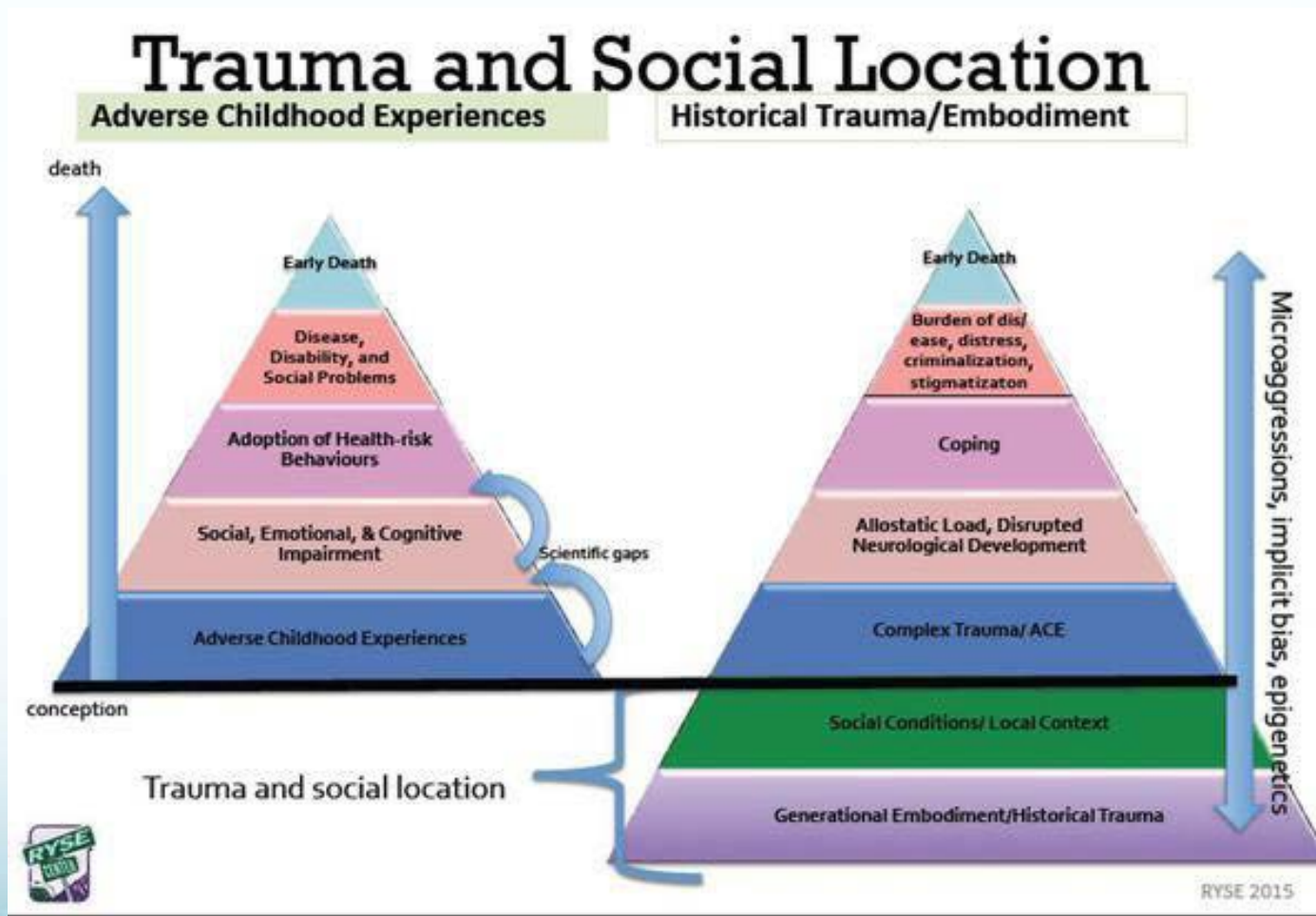
From our friends at the Legislature

House Concurrent Resolution 33 (2017):

“encourage all officers, agencies and employees of the State of Oregon whose responsibilities impact children and adults...to become informed regarding well-documented short-term, long-term and generational impacts of adverse childhood experiences, toxic stress and structural violence on children, adults and communities and to become aware of evidence-based and evidence-informed trauma-informed care practices, tools and interventions that promote healing and resiliency in children, adults and communities so that people, systems and communities can function at their full capacity and potential in school, in the workplace and in community, family and interpersonal relationships[.]”

Adverse childhood experiences

Links adversities in childhood to adult health



<http://www.acesconnection.com/blog/adding-layers-to-the-aces-pyramid-what-do-you-think>

Resilience

Helps us identify buffering variables that reverse, prevent, or heal this process.



When Trauma Happens....

- Freeze, Flight, Fight, Fright
- Chronic Trauma, Complex trauma overtime
- Traumatic Stress – Toxic stress
- How does this “look” in clients and in staff?

When Trauma Happens....

- Amygdala signals treat to hypothalamus – activates the HPA Axis kicking in hormones to protect the organism these include:
 - Catecholamine – prevents rational thought
 - Cortisol – give you energy to react
 - Opiates “natural morphine” – to numb pain = flat affect
 - Oxytocin – positive feelings
- Hormonal soup causes blunt affect, high and lows,
- Make memory consolidation and recall challenging
- Tonic mobility happens - coulda, shoulda, wouldsa, was actually not possible
 - If you can't flee or fight your system goes on overload and “shuts down” = tonic immobility shown as, paralysis, trembling, incapacity to scream, numbness, sensation of cold , fear, feeling disconnected from oneself and surroundings

ACE's

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

WHAT IMPACT DO ACEs HAVE?

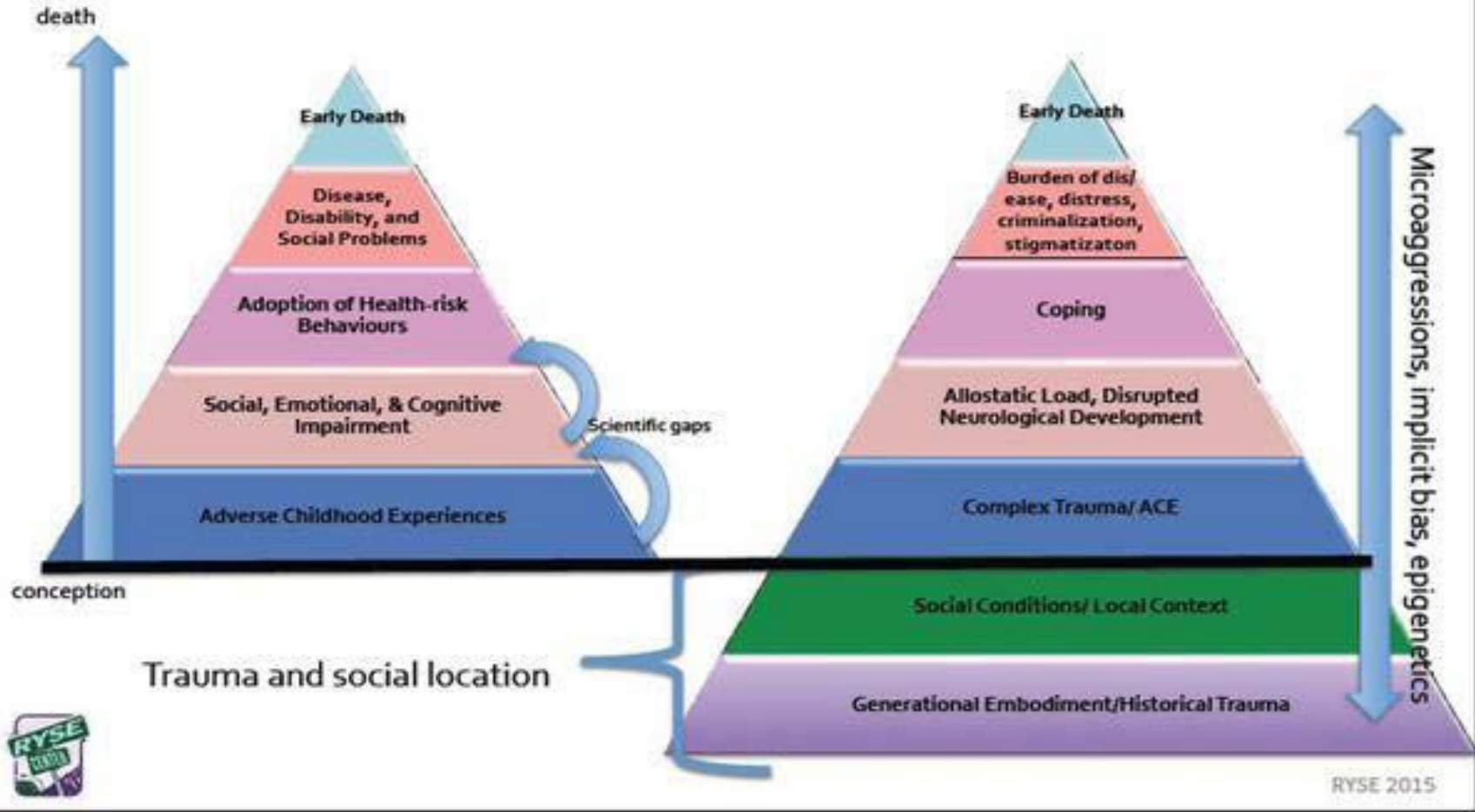
ACE Study Demographics

Demographic Information	Percent (N = 17,337)
Gender	
Female	54.0%
Male	46.0%
Race/Ethnicity	
White	74.8%
Hispanic/Latino	11.2%
Asian/Pacific Islander	7.2%
African-American	4.5%
Other	2.3%
Age (years)	
19-29	5.3%
30-39	9.8%
40-49	18.6%
50-59	19.9%
60 and over	46.4%
Education	
Not High School Graduate	7.2%
High School Graduate	17.6%
Some College	35.9%
College Graduate or Higher	39.3%

Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



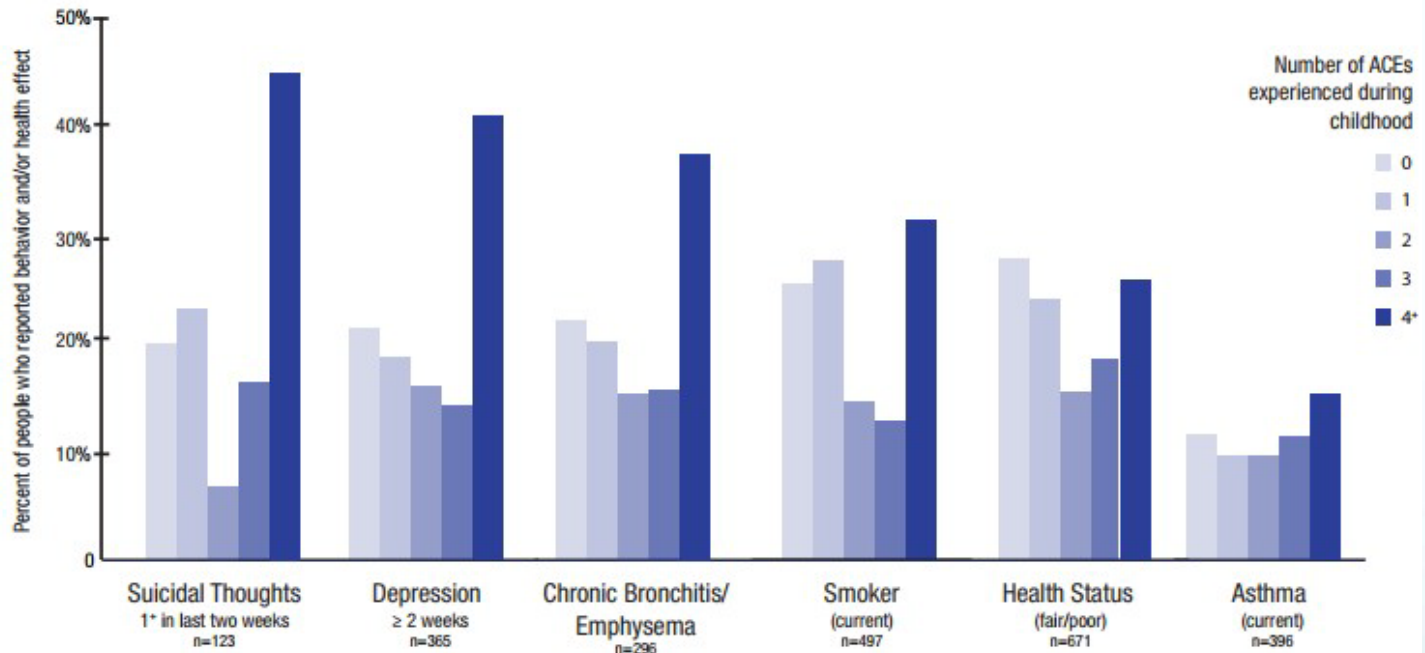
<http://www.acesconnection.com/blog/adding-layers-to-the-aces-pyramid-what-do-you-think>

The Cumulative Impact

- ACE study (scores 0-10)
 - Score of 4 or more:
 - Twice as likely to smoke
 - 12 times as likely to have attempted suicide.
 - Twice as likely to be alcoholic.
 - 10 times as likely to have injected street drugs.
- Linear relationship with:
 - Prostitution, mental health disorders, substance abuse, early criminal behavior.
 - Physical health problems, early death.

Oregon ACE's

THE RELATIONSHIP BETWEEN ACEs and WELLNESS IN OREGON



This figure highlights the correlation between mental health concerns, smoking and chronic respiratory disease, perceived health status and the number of ACEs identified by respondents in the 2011 Oregon BRFSS. This table illustrated the impact that a threshold of 4 or more ACEs had on some areas of health.

[Caution: The 2011 BRFSS represents one period in time. With repeated years of implementation, the data may reflect stronger correlations with negative health outcomes.]

Suicide & trauma

- Among those sexually abused as children, odds of suicide attempts were 2-4 times higher among women and 4-11 times higher in men compared to those not abused and controlling for other adversities.
- Robust relationship between PTSD and suicide after controlling for comorbid disorders & physical illness
 - some predictors include high level of intrusive memories, anger, impulsivity, and some cognitive styles of coping like suppression
- Adults and adolescents are more likely to develop PTSD as a result of exposure to suicide if one or more of the following conditions are true:
 - if they witness the suicide
 - if they are very connected with the person who dies
 - or if they have a history of psychiatric illness
- Culture as buffer & healer. Several elements of African-American culture, for example, have been shown to serve as protective factors against suicide:
 - Strong religious-belief system
 - Networks of kinship
 - Ethnic pride
 - Familial support

Impact of Trauma

- Relational
- Emotional Reactions
 - Feelings – emotions, regulation
 - Alteration in consciousness
 - Hypervigilance
- Psychological and Cognitive Reactions
 - Concentration, slowed thinking, difficulty with decisions, blame
- Behavioral or physical
 - Pain, sleep, illness, substance abuse,
- Beliefs
 - Changes your sense of self, others, world
 - Relational disturbance

pay attention to how this intersects with getting basic needs met

Through A Trauma Lens

- Sue successfully completed her substance abuse treatment program. Part of the safety plan for her to have her 4 y/o is no contact with her abuser. While out one day she runs into her ex-partner who was abusive. Her DHS worker finds out, confronts her about it and she doesn't tell the truth saying "it never happened".
- You are meeting with Kiesha to complete paperwork for services she requested. She keeps rustling through her bag while your talking, looking outside your office, and checking her phone. She can't seem to settle down and focus.
- You are meeting with Yumi after an altercation with another youth. She quickly says it is not her fault, that the program is targeting her and the system is unfair.
- Andre agrees to MH counseling in a team mtg but "no shows" for the intake. During follow-up he states he is very interested but "no shows" again.
- Jack calls all of his providers, multiples times. The calls are often about the same thing. He is often asking for tangible goods & can be verbally aggressive. For example last week he called requesting bus tickets. One of his providers said "I think I can get you some" but he kept calling the other providers
- Margaret is 28 wks along in her pregnancy and you've just started working with her. Your program has a good relationship with the OB/GYN clinic where Margaret gets prenatal care. The nurse calls to let you know Margaret didn't show up for her most recent appointment. She mentions that Margaret misses many appts and they often have to call her to reschedule. When you ask her about it she gets loud and says "I'm not going to that doctor!"

APPLICATION OF TRAUMA INFORMED CARE

Six Key Principles of a Trauma Informed Approach

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

Trauma Informed Care

Trauma Informed Care (TIC) recognizes that traumatic experiences *terrify, overwhelm, and violate* the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to **restore a sense of safety, power, and worth**

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma

Agencies demonstrate Trauma Informed Care with Policies, Procedures and Practices that

Create Safe Context

through: Physical safety
Trustworthiness
Clear and consistent boundaries
Transparency
Predictability **Choice**

Restore Power

through:
Choice Empowerment
Strengths perspective
Skill building

Promote Self Worth

Collaboration Respect
Compassion Mutuality
Engagement and Relationship
Acceptance and Non-judgment

INDIVIDUAL

Self-Care &

ORGANIZATIONAL

**Workforce
Wellness**



A Culture of TIC

- Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services).
- Involves all groups: administrators, supervisors, direct service staff, support staff, and consumers.
- Involves making trauma-informed change into a new routine, a new way of thinking and acting .
- Commitment to an ongoing process of self-assessment, review, hearing from consumers and staff, openness to changing policies and practices.

What difference does it make?

- Improved Workforce Wellness
 - Sense of confidence, satisfaction with work
 - Reduced burnout, stress (absenteeism, turnover)
 - Improved organizational climate
- Cross-system/Integrated Care
 - Shared language – shared resources
- Increased engagement
 - Follow through on appointments/classes (reduced no-shows)
 - Adherence to plans or treatment protocols
 - Follow through on referrals
 - Reduced Emergency Room
 - Improved satisfaction with care or services

Risk Factors for Workforce Burnout

- **Personal trauma history:** An employee's past history with adversity can mitigate or create challenges to doing this work. Employees who are aware of their history and have developed helpful coping skills are able to easily relate and support survivors.
- **“Squeaky wheel”:** Expecting staff to initiate conversations about burnout, stress, anxiety undermines relationships and reinforces stigma
- **Length of employment:** Employees who are new in the field or new to hearing stories about trauma and adversity without warning or coping strategies are at greater risk for work related stress.

Risk Factors for Workforce Burnout

- **Empathy Overload:** Employees who feel like they have to always be empathetic or “always on” because at home they care for elders, children, or other family members in addition to their work
- **Waiting until crisis hits:** Failing to notice and check in when you notice changes in staff’s behavior, hours, or performance. DON’T WAIT.
- **Isolation:** Isolation from location on worksite, and location of the worksite, because employee is the only staff doing a particular job (e.g. only psychologist, peer support), or because employee cannot share details about the job with peers, boss, friends or family

Workforce Wellness Tools

- Team spirit: Feeling part of a team; wellness rituals (walk/run club, etc)
- Impact: Remind folks about their impact Seeing change as a result of your work. Having tangible evidence that their work is important and helpful.
- Substantive training: Competence = confidence
- Receptivity to feedback
- Expectations: Clarity in expected behaviors
- TIC training for ALL employees

More Workforce Wellness Tools

- Supervision: Regular, predictable supervision and to prevent, monitor, and respond to stress.
- Balanced caseload: Having a diversified caseload based on the topics, intensity, length of service and balance between challenging and successful cases.
- Survey: ask what traumatizes, and it is related to safety, power, value, fear of making mistakes?
- Stress Inoculation Training: Practicing response to stressful situations to regulate a stress response.
 - How to respond to opponent's tactics
 - How to respond to hostile or emotional witnesses

More Workforce Wellness Tools

- Appreciation: Make it a regular part of staff or team meetings
- Flexible scheduling: flex time, telecommuting, requiring employees to use earned vacation leave
- On-site wellness opportunities
- Discounted memberships for health and wellness programs
- Supporting time out of office community service

Relational Leadership and TIC

- Encourages connection, deepens workplace bonds
- Deemphasizes hierarchy, emphasizes importance of each team member
- Beginning meetings with personal check-ins
- Stopping by people's offices
- Sharing things about myself and making space for others to share
- Paying attention to how employees respond

Communities of Practice

Groups of people who share a concern, set of problems or passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis

Works best no one person dominates the conversation

Democratic

Think round table