

Commentary

Becoming a Trauma-Informed Agency: A Commentary on Mental Healthcare

Emily Brown, MS, LPC-S, NCC¹

¹Mississippi Children's Home Services, North Region

On a national level, it is recognized that trauma has a significant impact on how clients respond to mental health treatment. In 1995, Kaiser Permanente began the Adverse Childhood Experiences (ACE) study that researched the impact of trauma on physical and social development. According to the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention [CDC], 2014a), more than 17,000 participants completed the survey. Commensurate with the ACE study data, approximately 60% of the research population was exposed to at least one type of trauma and experienced aversive effects in adulthood; and 20% experienced three or more traumas with aversive effects in adulthood (CDC, 2014b). Moreover, the data are still being analyzed, and the prospective phase of the ACE Study is currently underway. This study will assess the relationship between adverse childhood experiences, health care use, and causes of death (CDC, 2014a).

The outcome of the 1995 study brought forth the recognition that trauma plays a significant part in an individual's well-being. The National Council for Behavioral Health (2014) now estimates that 85%-95% of women who receive services from behavioral health organizations have experienced trauma. Each year, more and more agencies begin utilizing trauma-informed care as a way to address the aversive effects of trauma and in an effort to provide effective treatments and interventions to their clients. However, there is a need for growth in trauma-informed treatment among mental health agencies. This overview of trauma-informed care will: (1) highlight the benefits of an agency becoming trauma informed, and (2) illustrate how trauma-informed care lends itself to increased overall satisfaction among clients and staff.

Trauma-Informed System of Care

The outcome of the original ACE study was instrumental in the development of the trauma informed treatment paradigm (Wilcox, 2012). However, the trauma-informed treatment paradigm is not only geared toward the services provided to clients, it also includes the relationship between staff members within an agency. Therefore, staff should not only be concerned with providing trauma-informed services to clients, but they should also be concerned with how they interact with others and how this affects the agency's culture. The complete system of care should be a parallel process that acknowledges and addresses individual needs for clients and staff, while improving the agency's culture.

The Trauma-Informed Agency

A trauma-informed agency is designed specifically to avoid re-traumatizing those who come seeking help and provides a safe environment for clients and staff (Wilcox, 2012). This is different from previous systems of care because a trauma-informed system of care acknowledges that people can and have been traumatized when asking for or receiving services from an organization. Re-traumatization can come in the form of how a question is asked, the smell of a room, or the number of people involved in the treatment process.



The trauma-informed agency will minimize the risk of re-traumatization for clients, as well as, address the needs of staff.

The creation of a trauma-informed agency requires the commitment of leadership in the agency. This is an integral part of the trauma informed system of care process. With the support of leadership, the following goals can be met by a trauma-informed agency: consumer driven services, utilization of early screening, utilization of comprehensive assessments, the provision of workforce development opportunities, implementation of trauma- informed practices, the provision of safe and secure environments, and the development of community outreach partnerships and alliances (Campbell, 2011).

It is important to know that a trauma-informed paradigm shift can take months or years to implement, depending on the size of the agency and number of programs involved. This shift includes all areas of the agency, from accounting to housekeeping to dietary management. It is a holistic system that includes all people who interact with the agency itself and are involved with the services that are rendered to a client. However, once the system is in place, the agency will see an increase in client satisfaction, decrease in staff turnover rates, and an increase in specialized interventions to meet individualized needs (Wilcox, 2012). Ongoing needs assessments and feedback from staff and clients will be necessary throughout the service system to further address areas that have been overlooked during the initial implementation stage. Ultimately, the trauma-informed agency must adhere to the core principles of trauma-informed care which include: safety, collaboration, empowerment, trustworthiness, and choice. These are areas that will be addressed upon every level of service within the agency for both clients and staff (Wilcox, 2012).

Trauma-Informed Practices — Client Oriented

The trauma-informed system of care provides the “umbrella” for an agency to implement trauma-informed practices. Staff members provide a safe environment for sessions and enable the client to decide what occurs during the session. The trauma-informed system of care empowers the client to take the steps necessary to address their trauma(s) and underlying needs. Staff members ask for feedback regarding the appointment and explore what they can do better to meet the client’s needs. The use of these client-driven, trauma-informed practices helps staff determine what other services are needed and encourages the client to take an active role in the treatment process. The more engaged and involved a client is in their treatment, the better a client’s chance is at making long-term changes to improve their overall well-being.

The following is an example of how an agency can utilize trauma-informed practices in therapeutic services. From the initial contact with the client, the clinician begins rapport-building and gaining trust with the client. They collaborate and create a treatment plan that is built around the client’s needs and strengths. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and the Partners for Change Outcome Management System (PCOMS) are two evidenced-based treatments that are used to provide trauma-informed services to clients. The PCOMS assessment scales enable the client to direct the session topic and assess where they have improved or declined since the previous service session. From the PCOMS assessment ratings, the clinician follows the client’s direction and utilizes TF-CBT skills and interventions to further help the client address any trauma that was indicated during the initial trauma screening. If no trauma was indicated, the clinician would provide the needed services and interventions as it relates to the client’s needs. These services could include case management services, outpatient therapy services, and/or links to community referral sources, as needed.

Trauma Informed Services — Staff Oriented

Many agencies focus on client needs and forget about the needs of those individuals who provide services. Most professionals recognize that the needs of the client come first and practice unconditional positive regard towards clients. However, within an agency culture, many staff may adhere to their own beliefs regarding work and give little thought to how daily interactions with other staff affect the client's course of treatment. Because of this, the thinking processes of staff and the agency as a whole will need to be reframed to encourage trauma-informed practice. Moreover, there are many individuals in leadership positions who may not utilize trauma-informed core values because the process requires a great deal of flexibility and interpersonal skills that may make them uncomfortable (Wilcox, 2012).

Trauma-informed services for staff must be parallel to the client's services. When an agency provides a safe environment for staff to ask questions, discuss needs, and create their method of completing job tasks, staff members are empowered to address their needs and underlying issues (Wilcox, 2012). This gives staff members a choice in how they will implement needed trauma-informed practices and make the practices their own. Collaboration with leadership in attending to daily job tasks and the provision of services to clients also empower staff to move forward in their career development. Moreover, when staff members trust leadership and upper management, the culture of the agency changes to promote healthy practices and encourage growth for all members.

Conclusion

The utilization of trauma-informed practices promotes positive outcomes for the client, staff, and the agency. Trauma-informed practices can be utilized in many career fields, not just mental health services. This commentary gave an example of how trauma-informed care works within a mental health agency; however, these core values can be utilized across many different career fields and organizations. The potential for growth, both personal and professional, is increased when an agency sets forth to make trauma-informed practices an integral part of their culture. For more information on trauma-informed care for mental health services, please visit the website for The National Council for Behavioral Health at www.thenationalcouncil.org.

References

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