



## Change Concept 2: Develop a Trauma-Informed Workforce

An educated, sensitive, effective and supported workforce is the cornerstone of a trauma-informed organization. The quality of interpersonal relationships and interactions among patients, providers and support staff defines the core of a fully trauma-informed and resiliency-building primary care organization.



### Action Steps

- ❑ Provide training to all staff on trauma-informed principles.
- ❑ Build an organizational culture of diversity, equity and inclusion.
- ❑ Provide trauma-informed supervision and staff support.
- ❑ Recruit staff who will succeed in a trauma-informed environment.
- ❑ Develop and implement workforce policies that support trauma-informed approaches.



### Implementation Tools

- Self-care Planning Tools:
  - Fatigue and Resilience in the Wellness Compass
  - Wellness and Resilience Strategies – Mind
- ProQOL
- Trauma and Resilience Training Plan
  - Trauma and its Impacts
  - Trauma and the Connection to Health and Addictions
  - Trauma in the Context of Culture
  - Becoming Trauma-Informed
  - Secondary Traumatic Stress and Staff Self-care
  - Infusing Trauma into our Daily Work
  - Introduction to a Diversity, Equity and Inclusion Initiative
  - Trauma-Informed Supervision
  - For Clinical Staff (Primary Care)
    - Introduction to Inquiry for Trauma
    - Trauma-Informed Physical Examination: Practicing Sensitivity
    - Engaging Families and Support Networks

- Responding to Crisis in a Trauma-Informed Manner
- Virtual Patient Case Scenarios for All Physicians and Nurses
- Training Evaluation
- Trauma-Informed Supervisor Assessment
- Checklist for Trauma-Informed Human Resources Practices
- Interview Questions for Trauma-Informed Care
- Hiring Guidelines for Peer Specialists
- Human Resources Policy Toolkit
- Strategies for Addressing Historical and Systemic Trauma
- Trauma-Informed Primary Care Policy Audit Tool



### Change Concept 2 Goals

1. Our primary care service team provides staff with training and/or resources on trauma and trauma-informed approaches.
2. Behavioral health staff and appropriate medical personnel are educated about the best practices in assessing, treating and evaluating patients who experience significant trauma.
3. Our primary care service's job announcements include job expectations related to providing trauma-informed care.
4. Performance appraisals include expectations that staff provide trauma-informed care.
5. Processes related to workforce development (including hiring, orientation, training and on-going professional development) are culturally and linguistically appropriate.
6. Our primary care service team is equipped to support patients in engaging their social support network into their care processes.
7. Behavioral health staff and appropriate medical personnel are educated about the best practices in conducting comprehensive strengths' assessments.



## PROVIDE TRAINING TO ALL STAFF ON TRAUMA-INFORMED PRINCIPLES

All staff should have a basic understanding of how adverse life events may affect a person's physical and mental health, engagement in services, response to treatment recommendations and satisfaction and success in community life. Trauma-Informed organizations are most successful when all staff understand the underlying theories, research, practices and values of the model. At a minimum, all staff should receive training on what a trauma-informed approach is and why it is important.

This [Trauma and Resilience Training Plan](#) establishes procedures to plan, develop, implement and maintain the training program and curriculum. The training plan objectives are:

- Educate all staff on trauma, its prevalence and its effects.
- Provide all staff with tools and strategies to implement a trauma-informed approach into their daily work.
- Connect trauma and health outcomes for all staff.

### **Requirement and Prerequisites**

Require that all staff complete the general trainings identified in this plan, including but not limited to, billing staff, front desk staff, facilities staff, clinical staff and leadership. Provide the intermediate trainings that are specific to clinical staff and leadership after completing all general training sessions.

### **Strategy and Approach**

The [Trauma and Resilience Training Plan](#) provides sample in-person trainings for primary care sites to utilize with their staff. You can provide all trainings at one time or break them down into different mini-trainings. Also provide information from the trainings in virtual format, such as webinars. If you don't use the trainings developed by the National Council, cover the topics listed here in staff trainings.

Work to ensure that training on trauma is not retraumatizing for participants. It is important to acknowledge that everyone has experienced some form of trauma and aspects of training could be uncomfortable or retraumatizing for certain staff. The training facilitator should encourage participants to take care of themselves as needed during training and make support available from clinical or leadership staff.



### Trauma-Informed Training Checklist

- Have a plan to meet the needs of staff activated by a training.
- Inform staff that they are able to step out of the training at any point if they feel it is necessary.
- Separate staff from direct supervisors during training when relevant for the training topic.
- Conduct regular check-ins with staff.
- Announce that there is a point of contact for debriefing.
- Discuss how to use the organization's employee assistance program or consult about one's insurance plans benefits that are available to staff.

### Training Topics

For training to be effective, all staff should receive general training in the foundations of the following:

- Trauma-Informed care and trauma-specific treatment.
- Relevant research on the role of developmental trauma as causes for poor health outcomes.
- Trauma in the context of culture.
- The trauma continuum.
- The long-term impact of trauma and loss on physical and mental health.
- The correlation between trauma and addictions.
- Simple interventions for treating shock, trauma and stress states.
- Self-care skills for all staff.

After completing training in these Training Topics, train all clinical staff on new clinical pathways and workflows, including:

- Introduction to inquiry for trauma.
- Trauma-Informed physical examination — practicing sensitivity.
- Engaging families and support networks.
- Responding to crisis in a trauma-informed manner.
- Virtual patient case scenarios.

All staff responsible for supervision should also receive training on trauma-informed supervision. Table 7 provides a recommended training schedule for staff including links to download training materials.



**Table 7. Trauma-Informed Approach Staff Training Schedule**

Training Level	Course Name	Location	Duration
Beginner	Trauma and its Impacts	Download	1.5 hours
Beginner	Trauma and the Connection to Health and Addictions	Download	1.5 hours
Beginner	Trauma in the Context of Culture	Download	1.5 hours
Beginner	Becoming Trauma-Informed	Download	1.5 hours
Intermediate	Secondary Traumatic Stress and Staff Self-care	Download	1.5 hours
Intermediate	Infusing Trauma into our Daily Work	Download	1.5 hours
Intermediate	Introduction to a Diversity, Equity and Inclusion Initiative	Download	2 hours
Advanced	Trauma-Informed Supervision	Download	1.5 hours
<b>Trainings for Clinical Staff (Primary Care)</b>			
Beginner	Introduction to Inquiry for Trauma	Download	1.5 hours
Intermediate	Trauma-Informed Physical Examination: Practicing Sensitivity <sup>40</sup>	Download	1.5 hours
Intermediate	Engaging Families and Support Networks	Download	1.5 hours
Intermediate	Responding to Crisis in a Trauma-Informed Manner	Download	1.5 hours
Advanced	Virtual Patient Case Scenarios for All Physicians and Nurses <sup>41</sup> (CEs available – up to 10 hours)	Access	10 hours

<sup>40</sup> Elisseou S, Puranam S, Nandi M. A novel, trauma-informed physical examination curriculum for first-year medical students. MedEdPORTAL. 2019;15:10799. Retrieved from <https://www.mededportal.org/publication/10799/>.

<sup>41</sup> Aquifer. Trauma-Informed Care: A case-based virtual course. 2019. Retrieved from <https://www.aquifer.org/courses/trauma-informed-care/>.



**Case Study:  
Malama I Ke OLa**

Malama I Ke OLa successfully implemented a work plan to train all staff on trauma-informed care. Once a month the clinic dedicates one hour to training and schedules no patients during that time so all staff are available to attend. The CIT leads developing content, based on the five Change Concepts and presents to their respective departments. Their goal was to be able to educate their entire clinic on trauma-informed care and why it's important, while simultaneously connecting their everyday work to the Change Package to help them see how this work allows them to do what they already do in a more impactful way.

**Training Evaluation**

For each training, participants should complete an evaluation and the CIT should aggregate the results. A sample [Training Evaluation](#) can be used for each of these trainings.

**Sustaining and Promoting Training Outcomes**

To sustain training outcomes, organizations should align policies and processes with long-term goals in mind. For example, organizations could employ a train the trainer model with multiple trainers and ensure that training programs outlive staff turnover and attrition. While certain trainings should be mandatory for all staff, also make materials for trainings that are specific to certain departments and roles available to all staff, regardless of their position in the organization.

Organizations should also leverage all opportunities to incorporate trauma-informed principles and practices related to training in other messaging and forms of media. Examples include organizational newsletters, websites, establishing a “trauma-informed tip of the week,” standing meetings, lunch and learns and staff huddles.



**Case Study:  
Willamette Family Services**

Willamette Family Services offers agency-wide lunch and learns led by CIT members on topics related to the Change Concepts. They invite all staff and the goal is to create trauma-informed champions and leaders throughout the organization. Strategically scheduled monthly lunch and learns align with other ongoing activities to balance capacity and increase attendance.



## BUILD AN ORGANIZATIONAL CULTURE OF DIVERSITY, EQUITY AND INCLUSION

Implementing the principles of diversity, equity and inclusion (DEI) is a critical component of trauma-informed organizations. Several steps and considerations organizations that should take to improve its culture follow.



### Building a Culture of Diversity, Equity and Inclusion (DEI) Checklist

- Provide basic cultural competency training for all staff.
- Identify and convene a workgroup to lead agency diversity, equity and inclusion efforts.
- Offer staff workshops on practices to promote equity. Examples of workshops and guides are available [online](#).<sup>42</sup>
- Provide continuous opportunities for learning and dialog through brown bags, webinars and other outlets.
- Foster relationships with community partners that integrate the community as a resource to improve care.

### Improve Staff Competency Related to DEI Training

- Levels of systemic oppression: individual, institutional and structural.
- Types of trauma: community, historical, intergenerational and systemic.
- [Continuum of cultural competency](#).
- Implicit bias.
- Building a culture of compassion (discussed in more detail in [Change Concept 3: Build Compassion Resilience in the Workforce](#)).



### Case Study: Oregon Health and Science University

Oregon Health and Science University plans to offer trainings and hold an open conversation around oppression, racism and implicit bias within their agency. Their goal is to have a humility-centered conversation, acknowledging that this is an issue in health care systems nationwide.

<sup>42</sup> W.K. Kellogg Foundation. 2019. *Racial Equity Resource Guide: Guides & Workshops*. Retrieved from <http://www.racialequityresourceguide.org/guides/guides-and-workshops>



### Develop DEI Organizational Values

Organizations that are committed to ensuring diversity, equity and inclusion among staff and patients alike establish policies and practices that reflect those values, including:

- Continual learning about cultural issues.
- Assuming an equity lens to the work.
- [Culturally adapting](#) interventions, tools and resources as needed.
- Addressing implicit bias in program design and service delivery.
- Fostering a culture of compassion.
- Establishing and nurturing bidirectional relationships with community partners that integrate the community as a resource to improve care.



### Resources for Building a DEI Culture

- The [North Carolina Center for Nonprofits](#), has webinar recordings available for purchase, including:
  - What's White Got to Do with It: Disrupting Race-based Inequities in Well-intentioned Nonprofits
  - White Supremacy Culture: Treachery and Transformation
- Marshall Rosenberg's [Non-violent Communication](#) Curriculum
- The Civility Project's [Nine Tools of Civility](#)
- Harvard University's Project [implicit bias testing](#)
- Community Catalyst's [Best Practices for White-led Organizations to Promote Health Equity and Racial Justice in Health Advocacy](#)



## PROVIDE TRAUMA-INFORMED SUPERVISION AND STAFF SUPPORT

A trauma-informed organization assesses and develops workforce policies and practices regarding supervision, support and professional development to reflect trauma-informed principles. Effective supervision of employees helps equalize the power differential and creates a space for employees to feel empowered to speak and know they are heard. Similarly, professional development opportunities include trauma-informed topics and areas in which employees can gain skills driven by employee choice. Most important, provide services and supports to employees to reduce stress, alleviate compassion fatigue and prevent secondary trauma.

The following are key considerations for operationalizing trauma-informed supervision. Both supervisor and staff assessment of how trauma-informed supervision is vital and can be achieved with the [Trauma-Informed Supervisor Assessment](#).



 **Considerations for Trauma-Informed Supervision, Support and Professional Development<sup>43</sup>**

- How does staff have voice and choice in performing their work?
- How do employees provide feedback to the organization?
- How are employees informed of career opportunities?
- How do you show appreciation and recognize staff?
- What structures are in place in the organization to assess and minimize vicarious trauma and compassion fatigue in the workplace?
- How does the organization encourage and support self-care?
- How is change processed and communicated throughout the organization?



**RECRUIT STAFF WHO WILL SUCCEED IN A TRAUMA-INFORMED ENVIRONMENT**

A trauma-informed organization benefits from recruiting staff who are familiar with trauma-informed principles. Integrate trauma-informed language and values in all organizational communications including your website, media and patient portal and in recruitment strategies and processes such as developing job descriptions, interviewing candidates and promoting career opportunities within the organization. Sample job description criteria for hiring individuals and a recruitment pre-employment checklist for organizations follow. Sample [interview questions](#) are also included.



**Sample Job Description Criteria**

- Must have a basic understanding of trauma or willingness to learn.
- Must have experience working within a model of trauma-informed care or a desire to do so.
- Must be committed to the following principles: staff and patient safety, trustworthiness and transparency, the value of lived experience, collaboration and mutuality, patient empowerment, belief in the importance of our patients and resilience.
- Must have a strong commitment to promote cultural, racial, language and gender access, diversity, equity and inclusion.

<sup>43</sup> Adapted from Missouri Department of Mental Health. (2017). Retrieved from <https://dmh.mo.gov/trauma/>



### Case Study: Zufall Health

Zufall Health implemented trauma-informed interview questions into their new hire process. They always ask if the candidate is familiar with trauma-informed approaches and educates the candidates about the agency's commitment to being trauma-informed.

#### Hire Individuals with Lived Experience

Hiring individuals with lived experiences of trauma not only reflects a commitment to core trauma-informed principles, it also provides an opportunity to add tremendous value to the organization. Individuals with lived experience have unique insight, knowledge, experience and understanding making them well-suited to provide resources and services to patients. Consider individuals with lived experience for positions at all levels. Additionally, CITs benefit from working with and including individuals with lived experience who are already employed in the organization to help facilitate change. Because this may be a new focus within primary care, organizations must be mindful not to tokenize lived experience.

#### Integrate Peer-based Roles

Behavioral health care settings have utilized peer-based roles including peer recovery specialists, certified peer specialists and peer support specialists. Integrate these roles into primary care as well. In contrast to other types of positions, peer positions require that individuals have lived experience to qualify for employment and a primary component of their role is to provide mutual support to patients and patients through their shared understanding of lived experience. Peer roles vary across organizations and peers often provide a range of valuable services to patients that can include outreach, education, recovery planning and coaching, linking to services and many others.

A [toolkit](#) on establishing meaningful roles for peers provided by the California Association of Social Rehabilitation Agencies is helpful for organizations planning peer initiatives and guides on [hiring peers](#) and navigating issues related to legal compliance are available. Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed core competencies for peers to guide service delivery, job descriptions and performance assessment. While peer support is not yet common in primary care, it is important for primary care organizations to consider adding this role to their workforce. Use these resources to ensure peers are meaningfully employed and supported in their work.



**Sample Interview Questions Regarding Lived Experience<sup>44</sup>**

- How does your personal and professional background relate to this position?
- Do you have any life experiences that would make you valuable to this program?
- Do you have any experience working with people who have experienced trauma?



**Key Considerations for Trauma-Informed Recruitment and Pre-employment<sup>45</sup>**

- Does recruitment material describe the job duties and application process in a way that adheres to trauma-informed principles?
- Does recruitment material describe the job duties and application process in a way that promotes diversity, equity and inclusion?
- Do job descriptions include an accurate description of skills and attributes that support a trauma-informed organization?
- How are time frames for interviews and selection communicated to applicants?
- How are applicants not selected for employment informed?
- During the interview process, are applicants provided a safe environment and a safe process for interviewing?
- How is the process and purpose regarding pre-employment testing and background checks communicated?

<sup>44</sup> Legere, L. (2011). Hiring Guidelines for Peer Specialists. *The Transformation Center*.

<sup>45</sup> Ibid.



**DEVELOP AND IMPLEMENT WORKFORCE POLICIES THAT SUPPORT TRAUMA-INFORMED APPROACHES**

Trauma-Informed organizations recognize that trauma-informed practices occur at all levels and facets of an organization. To achieve this, incorporate trauma-informed language across all policies and procedures to establish a strong commitment to trauma-informed principles. Key areas include hiring practices, training, performance evaluations and a commitment to diversity, equity and inclusion.

To help organizations develop trauma-informed policies, the National Council created trauma-informed care [policy templates](#). These templates include key documents related to confidentiality, conflict transformation, discipline, harassment, hiring, health and safety, performance management, professional development, rewards and recognition and a code of conduct.



**Case Study:  
Zufall Health**

Zufall Health revised its no-show policy to include trauma-informed language for patients and guidelines for staff. Instead of cancelling an appointment after a 10-minute grace period, staff assess each patient’s situation and circumstances individually and consider factors such as how late the patient is, how ill they are, how busy the clinic is and how much of a negative impact this missed appointment will have on the patient. To implement this policy the CIT voiced their concerns with the Department of Operations and collaborated with them to craft the language and communicate with all staff about the policy change. The new policy has been well received.



**Trauma-Informed Policies  
Key Considerations**

- Were policies and procedures assessed for adherence to trauma-informed principles?
- Does the organization have policies to support the health and wellness of employees?
- Do policies promote principles of diversity, equity and inclusion among staff and patients alike?
- Do policies align with cultural and linguistic competence standards?
- Were policies created with input from stakeholders?
- Are there any potential adverse or retraumatizing impacts the policies could have on individuals?