How Can Trauma Informed Care Support Staff Resiliency and Reduce Burnout?

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Disclosures

I have no financial relationships to disclose or conflicts of interest to resolve.
“We realized that this **huge missing ingredient** in our care model was understanding the impact of cumulative trauma on their lives, and **really understanding how to help people cope** with this experience of cumulative trauma in the ways that are [healthier] for them.”

Edward Machtinger, MD
Women’s HIV Program (WHP) at UCSF

“Being a doctor means coping with loss and disappointment on a daily basis. Many of your patients will not get better. Some will die. Too few will be cured... **But if you stay the course ... ultimately you will emerge further down the road tougher than the rest.**”

DENNIS S. CHARNEY, MD
Dr. Charney is Anne and Joel Ehrenkranz dean of the Icahn School of Medicine at Mount Sinai and president for academic affairs of the Mount Sinai Health System.

https://www.aamc.org/news-insights/insights/he-studied-life-changing-traumas-then-he-faced-his-own
Organizations have an ethical mandate of a “duty to train” wherein workers are taught about the potential negative effects of the work and how to cope.

Munroe, J. F., in Compassion Fatigue, 1995
Service Providers and Health Care Professionals often pay a great price for doing the work that we do...
Causes of Burnout & Stress

- Long work hours
- Job strain, shift work
- Job insecurity
- Limited control
- Peer conflict
- Low social support

65% of US employees view their jobs as the #1 stressor in their lives

STRESS: Its Impact on the Workforce

- Poor work attitudes/turnover
- Increase in depression and/or anxiety
- Increase in negative physical effects
- Withdrawal and poor performance/burnout
- Alcohol and substance misuse

Demanding workloads accounted for $48 billion in U.S. healthcare expenditures

Impact of Burnout, Compassion Fatigue & Vicarious Trauma

**Lost Productivity**
Decreased morale, cohesion, communication, collaboration and quality of services

**Poor Organizational Health**
Erosion of concentration, focus, decision-making, motivation and performance

**Staff Turnover**
Time, resources needed to hire and train, drains remaining staff

Source: Northeastern University Webinar
What’s the Difference?

Burnout
- Defined as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

Compassion Fatigue
- Defined as a gradual lessening of compassion over time. Condition is common among workers who work directly with victims of disasters, trauma, or illness, especially in the health care industry.

Vicarious/Secondary Trauma
- “The transformation that occurs within the trauma worker as a result of empathetic engagement with the client's trauma experiences.”

How can Health Care Professionals be exposed to trauma?

- **Direct** – An event that includes exposure to actual or threatened death, serious injury or sexual violence

- **Indirect** – Experiencing first-hand repeated or extreme exposure to details

- **Single Event or Mass Violence**
**Impact of Childhood Trauma**

### Brain Development
- Smaller Brain Size
- Less Efficient Processing
- Impaired Stress Response
- Change in Gene Expression

### Mental Health
- Depression
- Anxiety
- Negative Self-Image/Low Self-Esteem
- Posttraumatic Stress Disorder (PTSD)
- Suicidality

### Cognition
- Impaired Readiness to Learn
- Difficulty Problem-Solving
- Language Delays
- Problems with Concentration
- Poor Academic Achievement

### Behavior
- Poor Self-Regulation
- Social Withdrawal
- Aggression
- Poor Impulse-Control
- Risk-Taking/Illegal Activity
- Sexual Acting Out
- Adolescent Pregnancy
- Drug & Alcohol Misuse

### Emotions
- Difficulty Controlling Emotions
- Trouble Recognizing Emotions
- Limited Coping Skills
- Increased Sensitivity to Stress
- Shame & Guilt
- Excessive Worry, Hopelessness
- Feelings of Helplessness/Lack of Self-Efficacy

### Physical Health
- Sleep Disorders
- Eating Disorders
- Poor Immune System Functioning
- Cardiovascular Disease
- Shorter Life Span

### Relationships
- Attachment Problems/Disorders
- Poor Understanding of Social Interactions
- Difficulty Forming Relationships with Peers
- Problems in Romantic Relationships
- Intergenerational Cycles of Abuse & Neglect

Know and be aware of your risk factors
• Young age
• Trauma history
• Pre-existing psychological disorder
• Isolation, inadequate support system
• Loss in last 12 months

Bonach & Heckert, 2012; Slattery & Goodman, 2009; Bell, Kulkarni, et al, 2003; Cornille & Meyers, 1999
• High percentage of trauma survivors in caseload
• Lack of quality supervision
• Worker/organization mismatch
• Little experience
• Lack of professional support system
• Inadequate orientation and training for role

Bonach & Heckert, 2012; Slattery & Goodman, 2009; Bell, Kulkarni, et al, 2003; Cornille & Meyers, 1999
One doctor dies by suicide in the US every day.

APA findings 2018 annual meeting

Higher rate than military. More than 2x of the general population

Often have **untreated** or **undertreated** depression or other mental health illnesses.
Total suicide cost in NYS:
$1,806,769,000
(Combined Medical & Work loss (2010))

$1,167,918
average cost per suicide death
The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family/relations difficulties, serious health problems, workplace and financial stressors.

American Psychological Association brochure, “The Road to Resilience”
Resilience...is **not a trait** that people either have or do not have. It involves thoughts, behaviors and actions that can be learned, supported and developed in anyone.

Research has shown that resilience is **ordinary**, not extraordinary.
Strategies to Strengthen Resilience

RESILIENCE
Tools to respond to the challenges of life

Take care of yourself
• Ask for help or space before you need it.
• Daily physical activity, healthy eating, sufficient sleep, mindfulness and taking time to recover from exhaustion.
• Find meaning and purpose: volunteer, faith, religion, service projects.

Set and Keep Boundaries
• Boundaries are the limits we set within our relationships that allow for safe and appropriate connections.
• Be assertive in your approach and communication and learn to say “no.”

Gratitude and Journaling
• Spend time regularly thinking about what you are grateful.
• Express that gratitude to colleagues, friends, and family.
• Process of writing and reflection creates self-awareness, encourages learning and improve adaptability.

Social Support
• A strong social network provides support.
• Nurture relationships with your family, friends and colleagues.
• Seek mentorship.
• Spend time with a close friend who won’t drain you of energy.

Mayo Clinic’s Resilience Tips

• **Get connected.** Building strong, positive relationships with loved ones and friends can provide you with needed support and acceptance in both good times and bad. Establish other important connections by volunteering or joining a faith or spiritual community.

• **Make every day meaningful.** Do something that gives you a sense of accomplishment and purpose every day. Set goals to help you look toward the future with meaning.

• **Learn from experience.** Think of how you've coped with hardships in the past. Consider the skills and strategies that helped you through rough times. You might even write about past experiences in a journal to help you identify positive and negative behavior patterns — and guide your future behavior.

• **Remain hopeful.** You can't change the past, but you can always look toward the future. Accepting and even anticipating change makes it easier to adapt and view new challenges with less anxiety.

• **Take care of yourself.** Tend to your own needs and feelings. Participate in activities and hobbies you enjoy. Include physical activity in your daily routine. Get plenty of sleep. Eat a healthy diet. Practice stress management and relaxation techniques, such as yoga, meditation, guided imagery, deep breathing or prayer.

• **Be proactive.** Don't ignore your problems. Instead, figure out what needs to be done, make a plan, and take action. Although it can take time to recover from a major setback, traumatic event or loss, know that your situation can improve if you work at it.

https://www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311
Trauma Informed Care

It’s about asking what’s happened to a person, NOT what’s wrong with them.

- The adoption of principles and practices that promote a culture of safety, empowerment, resilience and healing.

- Based on what we know about the prevalence and impact of trauma, it is necessary to ensure widespread adoption of trauma-informed care.

- Trauma Informed Care is a strengths-based framework, which recognizes the complex nature and effects of trauma and promotes resilience and healing.

EMPATHY
The ability to understand & share the feelings of others

RESILIENCE
Tools to respond to the challenges of life
SAMHSA’S 6 PRINCIPLES
of a
TRAUMA-INFORMED APPROACH

SAFETY
Prevents violence across the lifespan and creates safe physical environments.

TRUSTWORTHINESS
Fosters positive relationships among residents, City Hall, police, schools and others.

EMPOWERMENT
Ensures opportunities for growth are available for all.

COLLABORATION
Promotes involvement of residents and partnership among agencies.

PEER SUPPORT
Engages residents to work together on issues of common concern.

HISTORY, GENDER, CULTURE
Values and supports history, culture and diversity.
### Organizational Benefits of Being Trauma Informed

**RESILIENCE**
Tools to respond to the challenges of life

<table>
<thead>
<tr>
<th>Resilience is associated with:</th>
<th>Resilience Contributes to:</th>
<th>Employers:</th>
</tr>
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<tbody>
<tr>
<td>• Greater job satisfaction</td>
<td>• Improved self-esteem</td>
<td>• Reap the rewards of increased productivity</td>
</tr>
<tr>
<td>• Work happiness</td>
<td>• Sense of control over life events</td>
<td>• Reduce turnover</td>
</tr>
<tr>
<td>• Organizational commitment</td>
<td>• Sense of purpose</td>
<td>• Reduce burnout</td>
</tr>
<tr>
<td>• Employee engagement</td>
<td>• Improved employee interpersonal relationships</td>
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“Increasingly, institutions are recognizing that **Trauma Informed Care is essential** to providing quality care...Without it, providers risk retraumatizing patients, making them feel vulnerable in a place where they should feel comfortable getting the care they need.”

Malika Fair, MD, MPH
Practicing Emergency Physician
AAMC’s Senior Director of Health Equity

https://www.aamc.org/news-insights/what-if-we-treated-every-patient-though-they-had-lived-through-trauma
Lessons Learned

"Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land"

Dr. Sandra L. Bloom, Creator of the Sanctuary Model

Source: 70/30 UK Campaign - Types of Trauma https://www.70-30.org.uk/infographics/
10 Key Ingredients

Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients and staff:

1. Lead and communicate about being trauma-informed
2. Engage patients in organizational planning
3. Train both clinical and non-clinical staff
4. Create a safe physical and emotional environment
5. Prevent secondary traumatic stress in staff
6. Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:

7. Involve patients in the treatment process
8. Screen for trauma
9. Train staff in trauma-specific treatments
10. Engage referral sources and partner organizations

For more details, read the brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*. Visit [www.TraumaInformedCare.chcs.org](http://www.TraumaInformedCare.chcs.org).
HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

Trauma-informed care acknowledges that understanding a patient’s life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization. In order to be successful, trauma-informed care must be adopted at the organizational and clinical levels.

CCN Regional Trauma Informed Care Network

- Finalizing a quick user Trauma Informed Care Implementation Toolkit to help mobilize the TIC adoption in our 9 county service area

Trauma Informed Care Learning Symposium 2020

- Workshops and trainings to support the implementation of Trauma Informed Care
- In Process

Source: TraumaInformedCare.chcs.org
Changing Course

**Medical Model**
- Professional in Charge
- Focus on illness & dysfunction
- Focus on disability & lack of competence
- Focus on controlling or reducing symptoms
- Tends to be reductionistic
- Goal is cure & eliminating symptoms of illness

**Wellness/Recovery Model**
- Client centered
- Focus on wellness & function
- Focus on ability & competence
- Focus on aspects of health & wellbeing
- Tends to be holistic
- Goal is “doing” daily activity regardless of symptoms
MATCHING AOD INTERVENTIONS TO THE STAGES OF CHANGE

Pre-contemplation
- Build trust and relationship
- Avoid confrontation
- Explore other issues: (e.g. 4 x Ls)
- Provide information / harm reduction tips
- Encourage self-monitoring and personalise the risk

Contemplation
- Validate lack of readiness
- Build motivation and confidence in one’s ability to make change
- “Motivational Interviewing”

Preparation
- Identify obstacles and assist in problem solving
- Goal setting – small initial steps
- Identify support systems

Action & maintenance
- Skill development - managing cravings
- refusal/social skills
- mindfulness
- Combat feelings of loss and reiterate long term benefits
- Identify high risk situations
- Discuss ‘lapse’ and a ‘relapse
- Explore alternatives

Relapse Prevention & Management
- Discuss triggers for relapse
- Discuss coping with relapse
- Reassess motivation & barriers
- Reinforce future goals

Developed by Insight Centre for AOD Training and Workforce Development
www.insight.qld.edu.au Vers 1.0 2018
The Art of Letting Go: Reducing Burn-out and Motivational Interviewing

May 9, 2016 / Mary Beth
3ai Integration BH in Primary Care

Team Based

Patient Centered

Holistic
The Collaborative Care Team
“With busy schedules and back-to-back appointments, it can certainly be difficult for nurses and providers to give every single patient the time that they would like to give them.

So, for the social worker to be able to come right into the exam room and offer an extra helping hand for the provider, this not only leads to a strengthened patient-provider relationship, it also takes the weight of worry off the providers’ shoulders.”

LMSW – embedded in primary care
• https://www.youtube.com/watch?v=4Rd9zQborxl
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