

# From Trauma-Informed to Trauma Responsive Care: Taking the Next Step Part 2

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Division of Care and Treatment Services  
Bureau of Prevention, Treatment and Recovery

February, 2021

# Learning Objectives

- Discuss the relationship between recovery and TIC principles
- Articulate what trauma-informed care is and identify the six principles of a trauma-informed, compassionate workplace
- Increased awareness of how past trauma can affect employee engagement, health, and productivity
- Identify the qualities of a leader vs. manager
- Become familiar with the next steps to implementing trauma-informed, trauma-responsive care in the workplace

# Becoming Trauma-Responsive

# Recovery Principles

Person Driven  
Many Pathways  
Holistic  
Peer Support  
Relational  
Culture  
Addresses Trauma  
Strengths/Responsibility  
Respect  
Hope

<https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>

# Hope

Hope is a way of thinking, not an emotion

Imagination is the instrument of hope

Hope is not wishful thinking

Hope begets hope

Hope is a social gift

Hope can be taught

Dr. Hellman

<https://www.Chanhellman.com>

<https://www.chanhellman.com/hope-score>

# Thought Experiment

If Trauma-Responsive Practice is consistent with Recovery Principles,  
What would be the imagined sequence of events that is used to illustrate or investigate the consequences of integrating the principles of recovery and trauma responsive care?

Give examples of the difference between trauma-informed and trauma-responsive care?

# Do No Harm

“The very first requirement in a hospital is that it should do no harm.”

-Florence Nightingale

“We need to presume the clients we serve have a history of traumatic stress and exercise universal precautions by creating systems of care that are trauma-informed.”

-Gordon R. Hodas, MD

# What is Trauma-Responsive Care?

- A principle-based culture change **process**
- Consistent with Recovery Principles
- Acknowledgement of the pervasiveness of trauma and its impact on substance use disorder (SUD)
- Focuses on how trauma may affect an individual's life and their response to behavioral health services
- Safety for both participants and staff

# What is Trauma-Responsive Care?

- Creating an atmosphere of trust
- Compassionate collaboration
- Strengths-based
- Instills Hope

# What is Trauma-Responsive Care?

- Aims to avoid re-traumatization
- Appreciates many problematic behaviors began as understandable attempts to cope
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background



Supervisors are in prime position to build a trauma-responsive work culture through some intentional supervisory practices

# Supervisory Functions

- Inspire
- Teach
- Support
- Model
- Challenge
- Evaluate
- Collaborate
- Advocate



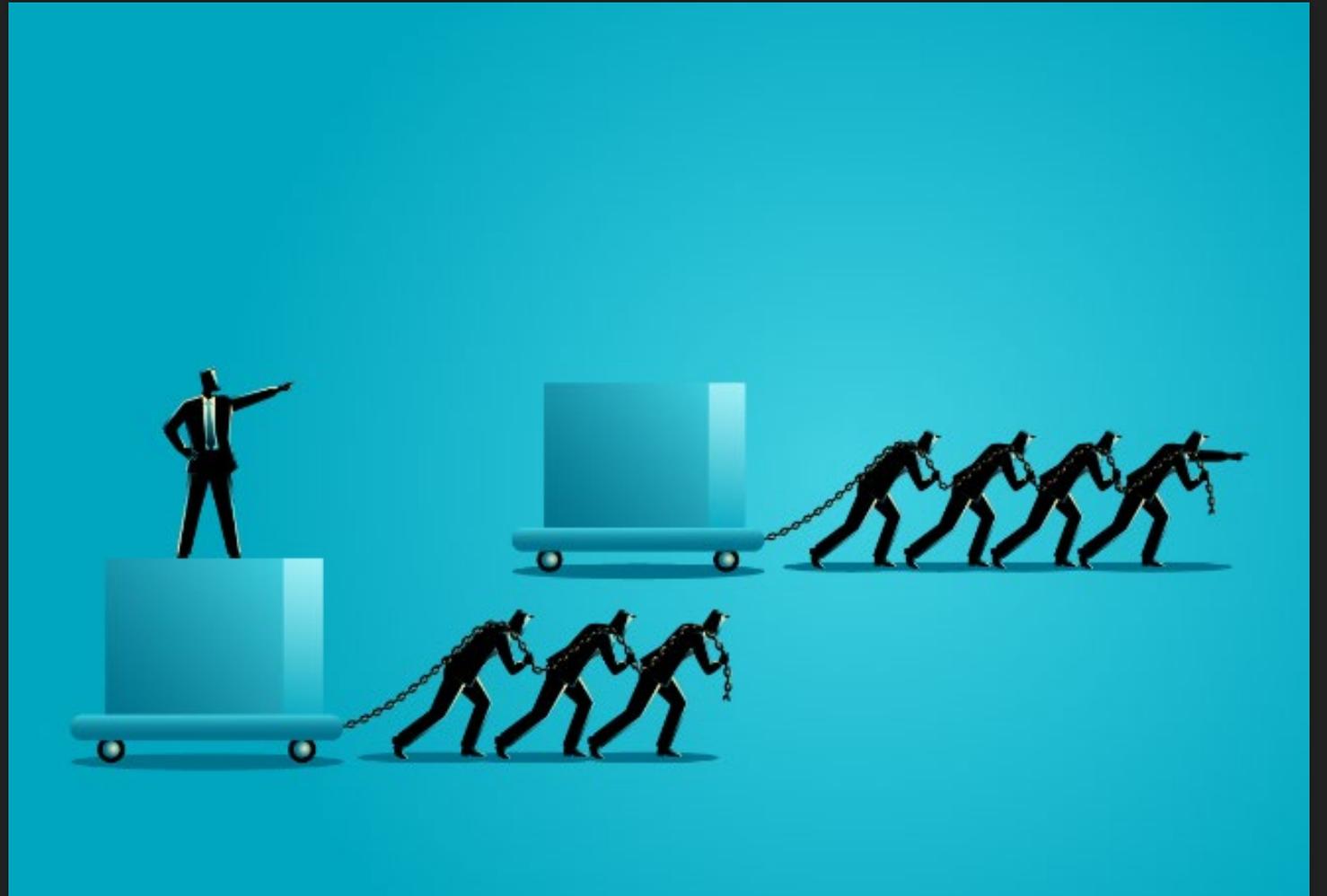
(Peterson, 2015)

# Video

- Leader vs. Manager:

Simon Sinek

- <https://www.youtube.com/watch?v=nSUJwmPQEyg>



# Supervision

- Supervision is a critical strategy in helping practitioners address challenges and prevent, mitigate, and heal vicarious trauma (Berger and Quiros, 2014, p. 298)
- Supervision is a relationship by which supervisees are encouraged to bring their best version of themselves to work every day

# Why Trauma-Informed Supervision (TIS) in a Trauma-Responsive Culture?

- Promotes staff retention, reduces turnover (Barak, Nissly, and Levin, 2001; Knudsen, Roman, and Abraham, 2013)
- Reduces levels of vicarious trauma experienced by staff (WCSAP, 2014)
- Influences supervisee ability to more effectively cope with their work
- Facilitates and supports effective dissemination and sustainability of best practices (Miller et al., 2006; Schwalbe, OH, and Zweben, 2014)

# Trauma-Informed Supervision

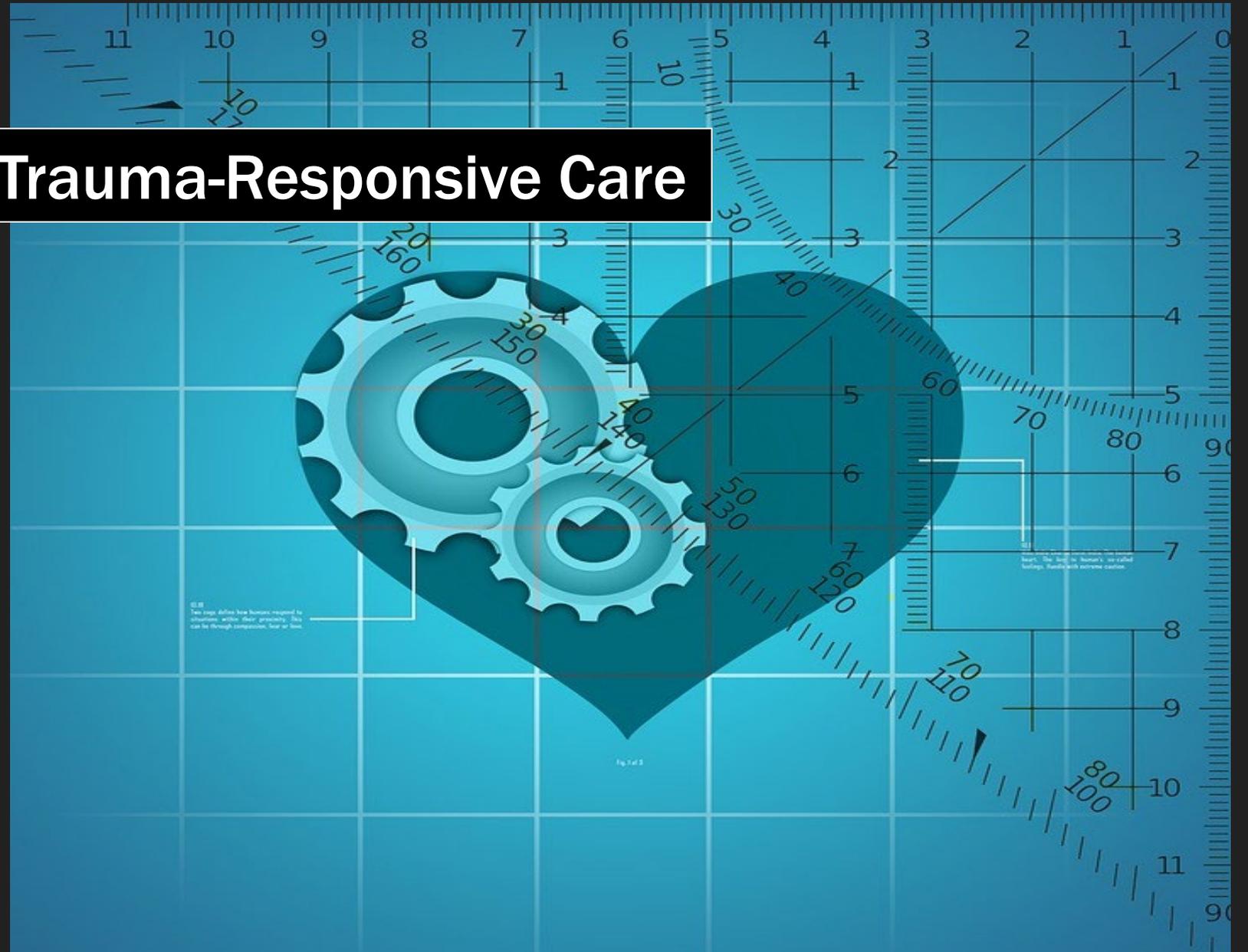
What it looks like:

- Supporting staff – Relationship-based supervision
- Reflective supervision – a trauma-informed supervisory model
- Model is consistent with skills and principles emphasized in motivational interviewing:
  - Collaborative approach
  - Shared expertise
  - Reflective listening
  - Affirming strengths to build confidence

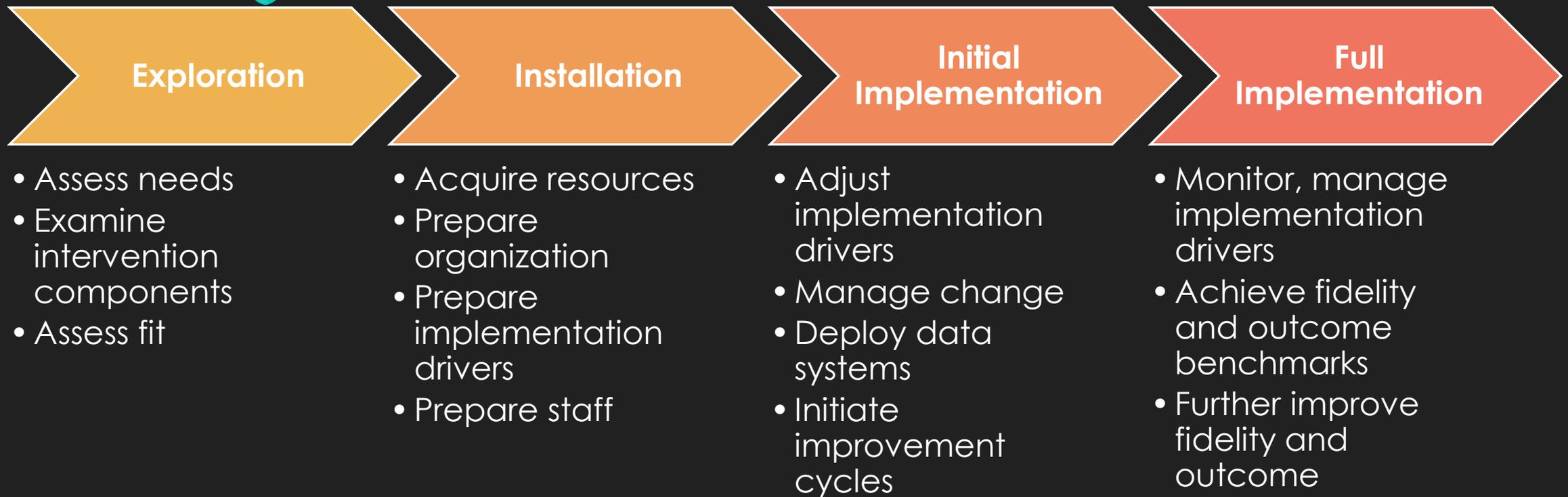
# Best Practices for Reflective Supervision

- Hold regularly scheduled meetings without interruptions or distractions
- Follow an agreed upon agenda
- Be emotionally present
- Observe and listen closely
- Avoid judgment
- Be compassionate and respond with empathy
- Ask for feedback
- Use motivational interviewing techniques
- Model open communication
- Focus on building the relationship and on being genuine
- Provide supportive feedback and build upon worker's strengths
- Create an open environment to share challenges and mistakes
- Help employees find meaning in their work
- Inquire and support self-care

# Blueprint for Trauma-Responsive Care



# Implementation Stages Framework

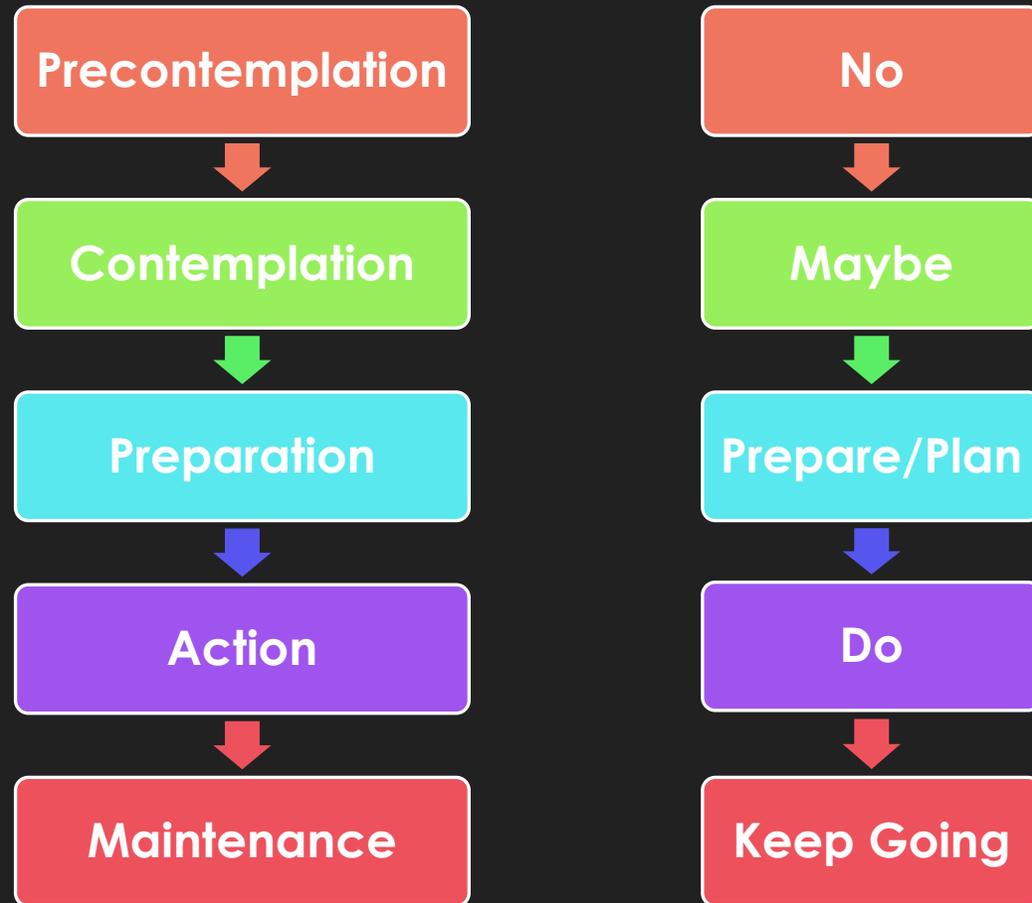


# Culture Change

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

- Sandra Bloom, M.D.

# Transtheoretical Model Stages of Change



# Six Key Principles to a Trauma-Responsive Approach



Safety



Trustworthiness and  
Transparency



Peer Support



Collaboration  
and Mutuality



Empowerment  
Voice and Choice



Cultural, Historical,  
and Gender Issues

# Safety In Supervision

- Encourage staff to create wellness plans
- Make work environment a sanctuary for all
- Self-assessment of leadership style, approach, and practice
- Consistent times and days for supervision
- Minimal interruptions
- Clear trauma-sensitive communication
- Tell people what you are going to do before you do it



# Collaboration and Mutuality

About partnership and leveling of power differences

- There are systematic ways for staff to give feedback to leadership
- Supervisor's knowledge is not privileged over the staff's
- Acknowledging the expertise of staff
- Allow staff to play an active role in their development

# Empowerment, Voice and Choice

Throughout the organization and among clients served, individual's strengths and experiences are recognized and built upon.

- Leaders involve all staff in planning and evaluation
- Leaders work with staff to develop career goals and promote opportunities for job development
- Thoughtful look at workloads
- Leaders ensure staff have access to resources and training necessary to implement TIC
- Recognition when staff do good work

# 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.)

- Leaders model and support behaviors that move past cultural stereotypes
- Leaders are aware of their own implicit biases and privilege
- Leaders incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served

# Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope.

- Understanding importance of peer support for people in recovery
- Supervise peer support effectively
- Support culture change that improves service delivery across the organization by embedding peer support services

# Questions?



# Resources

ACEs Connection Resource Center

<https://www.acesconnection.com/g/resource-center>

Empathy: Simon Sinek

<https://www.youtube.com/watch?v=IJyNoJCAuzA>

How To Become A Leader: Simon Sinek

<https://www.youtube.com/watch?v=urrYhnaKvy4>

Start With Why-Simon Sinek

[https://www.youtube.com/watch?v=u4ZoJKF\\_VuA](https://www.youtube.com/watch?v=u4ZoJKF_VuA)

Stages of Change

<https://www.youtube.com/watch?v=eE2gw5eF4Ro>

<https://www.youtube.com/watch?v=F7UBEOD3VDQ>

<https://www.youtube.com/watch?v=ayjXMix-nMw>



# Thank You!

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