



**Fostering Resilience and Recovery:
A Change Package for Advancing Trauma-
Informed Primary Care
Key Learning Summary**



Continuum of Stress

The key factor in determining whether stress is positive or destructive is the pattern of stress, and where it lands on the stress continuum.

Positive stress – Mild/moderate and short-lived stress response necessary for health development.

Tolerable stress – More severe stress response but limited in duration which allows for recovery.

Toxic stress – Extreme, frequent, or extended activation of the body's stress response without buffering presence of a supportive adult.

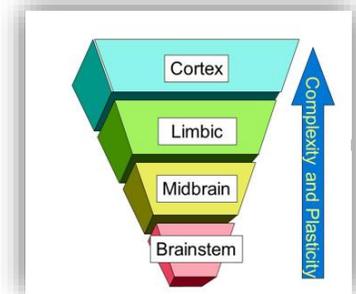
Stevens, J. 2018



Basic Brain Science Concepts and Regulation

Our brain is organized from the bottom up. Our stress response system, and its complex networks, are housed in our lower brain. All the information we receive from the outside world and our internal mechanisms go through this stress response system in our lower brain, and it is there that we decide whether we are threatened or safe. If something makes us feel threatened there will be a variety of responses that we can use to stay safe – commonly known as fight, flight or freeze. Our upper regions of the brain become less effective and our ability to think, communicate and learn are compromised.

Perry, B. 2020



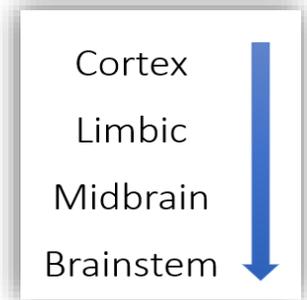


Regulation is the basic strategy for quieting our lower brain

There are **3 ways to regulate**:

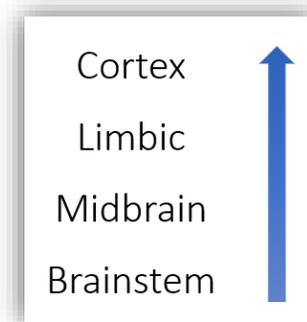
#1 – Top down – Using our frontal cortex, or thinking brain, to calm down the brain and body.

- Mindfulness
- Journaling
- Reflection
- Healthy boundaries
- Clear expectations
- Gratitude practices
- Cultural humility
- Problem solving
- Pause between stimulus & action



#2 - Bottom up – Using strategies that involve our body and senses to calm the lower brain so our thinking brain can come back online.

- Focused breathing
- Grounding exercises
- Regulated day
- Calming spaces
- Sensory and calming tools
- Exercise and movement
- Music
- Visual calming exercises
- Alternative workstations



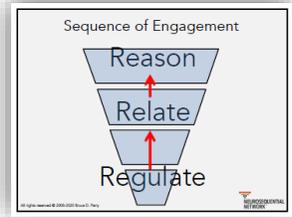
#3 - In relationship with others – Focusing on interactions with a calm friend or adult that can help our emotions decrease in intensity and allow us to calm down.

- Peer support groups
- Mentor and buddy systems
- Huddles
- Vulnerability exercises
- Empathy exercises
- Celebrations
- Recognition activities
- Crucial conversations
- Simple texts
- Regular check-ins



Sequence of Engagement

When we want to communicate with someone, we need to first be calm and regulated ourselves. We can do some deep breathing or movement before engaging. Then we need to relate to the individual on a human level – engage with them, take a moment to check in with how they are doing. After we have worked to regulate and relate, we can more effectively reason around complicated and challenging topics.



Perry, B. 2020



Change Package Framework

Step 1 – Change Management Strategies

Create the conditions for successful change

Step 2 – Trauma-Informed Actions

Change Concepts 1 through 5

Change concept 1

Help all individual feel safety security and trust

Change concept 2

Develop a trauma-informed workforce

Change concept 3

Build compassion resilience in the workforce

Change concept 4

Identify and respond to trauma among patients

Change concept 5

Finance and sustain trauma-informed approaches in primary care

Target Audience

- Primary audience
 - Core Implementation Team
- Secondary audience
 - Primary care staff in all departments



Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change package components

Action Steps		Appear at the beginning of each section and detail planning and implementation steps.
Change Concept Goals		Appear at the beginning of each Change Concept section and outline the objectives for that action.
Implementation Tools		Guide the Core Implementation Team (CIT) to successfully implement the action steps and recommendations.
Key Considerations		Questions for the CIT to resolve to guide implementation efforts.
Checklists		Items that facilitate application such as Implementation Tools for each Change Concept.
Quick Tips		Quick insights into different approaches and ideas for implementation.
Sample Scripts		Examples of dialogue you may want to use in your organization.
Case Examples		Real-world examples of trauma-informed approaches.

Step 1: Change Management Strategies

Create optimal conditions for trauma-informed organizational change

Action Steps



- Develop a core implementation team (CIT)
- Ensure continued support from leadership
- Educate CIT members
- Conduct an organizational self-assessment
- Align trauma-informed initiative with existing organizational initiative
- Communicate to stakeholders for engagement and support
- Develop a plan
- Monitor progress



Change Concept 1

Help all individuals feel safety, security and trust

Address psychological, emotional and physical safety in policy and practice and work to ensure patients, family members and staff feel safe at all times

Action Steps



- Conduct an environmental assessment
- Assess patient safety
- Establish trauma-informed rooming policies
- Foster trust through TI patient interactions
- Provide universal education materials
- Ensure staff safety

Implementation Tools



- Hotspots for re-traumatization worksheet
- Environmental assessment
- Patient and staff surveys
- Psychoeducational tools

Key considerations

- What policies exist related to who is in the exam room?
- How are security staff best integrated into the organization?
- Are the steps in the visit described to patients beforehand?
- When is permission sought from the patient throughout the visit?
- How is feedback sought from patients and staff?



Change Concept 2

Develop a trauma-informed workforce

Raise the awareness, knowledge and skills of the workforce needed to support trauma-informed interactions, interventions and policies.

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

Key Considerations

- How do employees provide feedback to the organization?
- How are employees informed of career opportunities?
- How does the organization show appreciation and recognize staff?
- What structures are in place in the organization to assess and minimize vicarious trauma and compassion fatigue?
- How is change processed and communicated throughout the organization?



Change Concept 3

Build compassion resilience in the workforce

Create environments, policies and procedures which promote individual and organizational resilience

Action Steps



- Educate and train staff on workforce concerns
- Create a culture of compassion resilience
- Implement policies and procedures to build staff resilience
- Provide time and resources for staff to process difficult situations
- Encourage staff assessment of wellness practices
- Encourage implementation of self-care plans

Key Considerations

For building a culture of compassion resilience

- What is your vision of the most positive work environment to be your best self in your job?
- What staff behaviors and attitudes would lead to such an environment?
- Which of these are your top five-to-eight priorities for the culture you desire?



Trauma-Informed Primary Care: Fostering Resilience and Recovery

Eric Gentry's Compassion Fatigue Path outlines the progression a person may follow through the stages of compassion fatigue and away from compassion satisfaction or resilience.



Zealot – Many staff come into the field believing that they can make a difference in the lives of those they serve and bring about positive change, regardless of the challenges. At this stage, they might volunteer for extra assignments and put in extra time to get the job done well. The Zealot stage is a hopeful and productive stage of professional wellness.

Irritability – Most often, staff do not remain in the Zealot stage throughout their career. When they see their colleagues and systems as imperfect, it is discouraging and disheartening, which is often associated with the "Irritability" stage. Some hallmarks of the "Irritability" stage are complaining and negative comments about work, distractibility, mistakes and forgetfulness. In this stage, staff are likely to step away from others including participants, coworkers, friends, and family.

Withdrawal – This is the point where staff begin to express being overwhelmed by the amount of work they believe is required to do a good job or by the unrealistic expectations set by someone else. Staff lose their ability to empathize with others while they struggle to keep their own head above water. They can feel numb to their own feelings as they try to cope with chronic exhaustion and physical illness.

Zombie – In this stage, an individual may feel completely hopeless. Anger towards participants, coworkers, friends and family members grows. Many people who reach the zombie stage leave the profession or become significantly impaired in their ability to do their job.

Compassion Resilience Toolkit



Change Concept 4

Identify and respond to trauma among patients

Promote environments and policies which support patient-centered trauma education, inquiry and response that provide opportunities for growth and healing

Action Steps



- Prepare for trauma inquiry and response
- Inquire for and respond to recent trauma requiring immediate intervention
- Conduct inquiry for trauma
- Respond to trauma disclosures

Implementation Tools

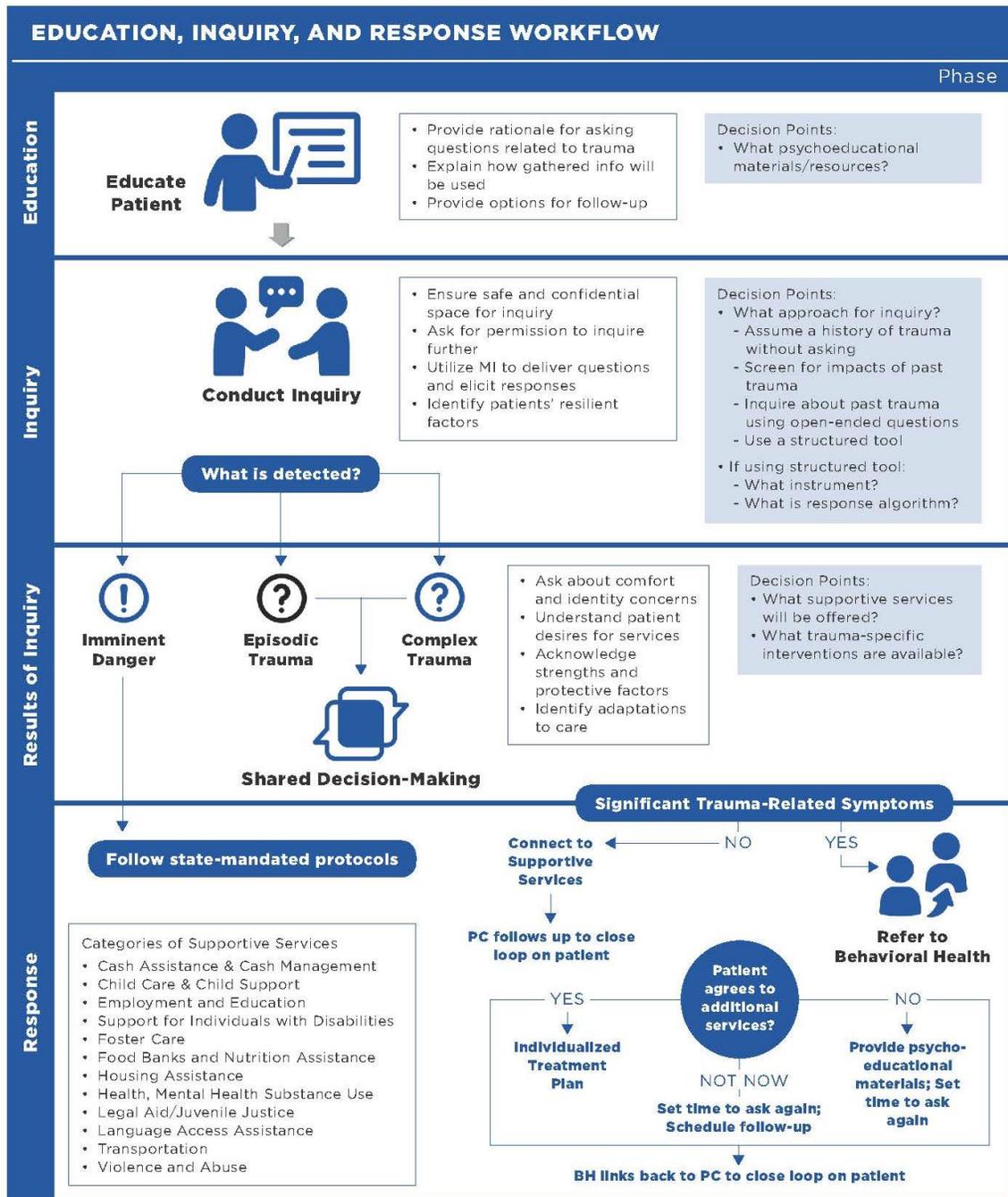


- Psychoeducational tools
- Education, inquiry and response pathway visual
- Resources and guidance for trauma-informed inquiry
- Sample scripts



Preparing a Clinical Pathway

Example Response Pathways for Organizations — Education, Inquiry and Response in Primary Care Pathway





Conducting Trauma Inquiry

After preparing the clinical pathway and training staff, integrate inquiry for trauma into all appointments. The figure below outlines four approaches to Trauma Inquiry:

OPTION 1

Assume a History of Trauma Without Asking

Referrals can be offered to onsite or community-based interventions that address experiences and consequences of past trauma regardless of whether a patient chooses to disclose their trauma history.

OPTION 2

Screen for the Impacts of Past Trauma Instead of for the Trauma Itself

Common conditions highly correlated with trauma, such as anxiety, depression, posttraumatic stress disorder, chronic pain and substance use disorders, can be more effectively addressed when services are trauma-informed and offer evidence-based trauma-specific interventions.

OPTION 3

Inquire About Past Trauma Using Open-ended Questions

Open-ended questions about past trauma sensitively included in a routine history allow patients to disclose any form of trauma they feel is relevant to their health and well-being.

OPTION 4

Use a Structured Tool to Explore Past Traumatic Experiences

Multiple validated scales exist to screen for past trauma. Carefully consider why, when, how, and by whom it will be administered, as well as who will have access to the information.



Plan to Respond

Type of Trauma	Response
Interpersonal Violence Intimate Partner Violence Domestic Violence Danger to Children Suicidal or homicidal ideation	Immediate assistance Comply with mandated reporting laws Patient education
Episodic Trauma: Exposure to an episodic or singular event	Patient education, connect to supportive service
Complex Trauma: Repetitive, prolonged or cumulative	Patient education, connect to supportive services, refer to behavioral health or other supports
Systemic Trauma: Results from the contextual features of environments and institutions	Patient education, connect to supportive services, refer to behavioral health or other supports

Select a method for inquiry

- Single-item, open-ended question
- Multiple tailored structure question
- Validated and reliable tool
- Self-administered screens



Change Concept 5

Finance and sustain trauma-informed approaches

Identify, develop and implement sustainable financing strategy to maintain a trauma-informed approach in primary care

Action Steps



- Identify all planned, new and existing activities resulting from implementation of trauma-informed approaches
- Measure trauma-informed activities
- Use billing mechanisms to finance trauma-informed approaches
- Identify nonfinancial resources for support
- Analyze policy landscape and select an advocacy goal to support sustainability
- Develop advocacy messaging for identified stakeholders

References

- Compassion Resilience Toolkit, retrieved from <https://compassionresiliencetoolkit.org/>.
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- Stevens, J. (2018). ACEs Connection Presentation.

Download the Change Package

<https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/>