Community-based Organizations: Resources and Supports for Health Plan Staff and Providers

The Growing Awareness of Trauma-informed Care

As awareness grows about the impacts of trauma on individuals and communities, what becomes apparent is that care providers and organizations are at varying levels of readiness. Making referrals to other care providers for health plan members and patients with trauma histories can become an issue if there is a mismatch of trauma-informed readiness. A member or patient could be unintentionally re-traumatized for several reasons – from the color of the walls in a waiting room, to signage that excludes the members and patients (such as "STAFF ONLY"), to the way staff address members and patients. If a member or patient becomes activated, this could cause them to miss appointments and disrupt the continuum of care.

What to Look for in a Trauma-Informed Organization

When looking at an organization, or potential care partner, here are some trauma-informed principles to use as guidelines:

- **Safety** – physical, psychological, emotional, moral and social.
- **Trustworthiness and transparency** – among staff, members/patients, family members and partners.
- **Peer support and mutual self-help** – certified peer support specialists on staff.
- **Collaboration and mutuality** – partnering to level power differentials.
- **Empowerment, voice and choice** – for staff, members/patients, family members and partners.
- Confront **cultural, historical and gender issues** to promote meaningful inclusion.

Ensuring member or patient referrals to trauma-informed organizations will reduce risk of re-traumatization and support better care and improved better outcomes.

Creating Wellbeing for Your Care Team

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

Compassion satisfaction refers to the positive feelings dervied from competent performance as a trauma professionals. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the terms is not used to describe the effects of indirect trauma exposure specifically.

From the National Child Traumatic Stress Network

It can be rewarding to working with children and families who are at risk, but due to the intense and complex needs of children and families at risk, it can also cause secondary traumatic stress (also known as compassion fatigue), vicarious trauma and burnout. These conditions can create poor physical and emotional health outcomes, lower quality of care and staff turnover. When care team members leave the organization, this can negatively impact the continuity of care for members and patients.

The goal is to create an environment of *compassion satisfaction*, where professionals feel good and competent about their work and have strong and supportive relationships with their colleagues. Increasing compassion satisfaction will also help with staff retention. Self-care activities that can help prevent burnout include establishing better boundaries, joining support groups like the American Balint Society and creating a wellness plan. To maintain continuous care for members and patients, awareness about referral sources' methods for addressing compassion fatigue and enhancing compassion satisfaction for their staff is important.

Cultivating Resilience

An important part of creating a trauma-informed environment for care teams is building resilience – the ability to bounce back from adversity. Here are 10 tips to help staff cultivate resilience and bring balance in their everyday lives:

➢ Make Connections	➢ Nurture a positive view of yourself
➢ Look for opportunities for self-discovery	➢ Avoid seeing crises as insurmountable problems
➢ Accept that change is a part of living	➢ Move toward your goals
➢ Take decisive action	➢ Keep things in perspective
➢ Maintain a hopeful outlook	➢ Take care of yourself

What You Can Do

To ensure members and patients experience an uninterrupted continuum of care, here are some questions to ask of the organization and of potential care partners:

- How do we ensure that we partner with trauma-informed providers and organizations?
- Are we and/or our potential partners practicing self-care and preventing burnout?
- How do we communicate our trauma-informed principles to our community?
- How do we help trauma survivors out of their activated states and bring them closer to calm?
- How can we improve our trauma-informed readiness?

Resources

The American Balint Society. https://www.americanbalintsociety.org/

Compassion Fatigue Awareness Project. https://www.compassionfatigue.org/

Peterson, S. (2018, January 30). Secondary Traumatic Stress [Text]. Retrieved from The National Child Traumatic Stress Network website: https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress

TIP 57: Trauma-Informed Care in Behavioral Health Services | SAMHSA Publications. https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816