

# Emotional and Organization Support

Week 1 – Staff Wellbeing Depends on the Trauma-Informed Principles of Safety and Trust

AHRQ ECHO National Nursing  
Home COVID-19 Action Network



# Objectives for this Session:

- Discuss principles of Trauma Informed Care (TIC) with emphasis on safety and trust
- Describe how perceptions impact safety and trust
- Explain the concepts of triggers and retraumatization
- Introduce the “What Matters to You?” framework as it relates to staff wellbeing
- Discuss improvement tools, such as direct observation and shadowing, as data collection methods

# Emotional and Organization Support Module

## 5 Critical Change Opportunities

- Introduce participants to two of the principles of trauma informed care, safety and trust.
- Expand emotional intelligence by recognizing one's stress response.
- Train staff in strategies to respond to stress by identifying feelings and needs with the language of nonviolent communication.
- Integrate a mourning practice into facility culture via team-based processes, such as rounds and debriefs.
- Support psycho-emotional growth by building attuned active listening, debriefs, and learning into daily activities.

# New Questions?

- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?

## *Chat Waterfall:*

What does wellbeing mean to you?



# Why are these topics important?

Kaiser Family Foundation (KFF) and The Washington Post Health Care Workers Survey of 1,327 frontline healthcare workers



62% report worry or stress related to COVID-19 has a negative impact on their mental health



13% have received mental health services

18% report they think they need services (reasons reported included too busy, afraid or embarrassed, couldn't afford it, couldn't get time off work)



Many are experiencing:

Trouble sleeping: 56%



Frequent headaches / stomachaches: 31%



Increased alcohol / drug use: 16%



58% of staff report their employer is "falling short" when it comes to additional pay for employees working in the most high-risk situations



55% feel "burnt out"



46% feel "anxious"



21% feel "angry" when they go to work

KFF/The Washington Post Frontline Health Care Workers Survey | KFF

# Facility Culture and Trauma-Informed Care (TIC)

- Simply put, facility culture is *the way we do things around here*
  - How people are greeted
  - How meetings are run
  - How information is shared
- Becoming a trauma-informed organization is not an item on a checklist
  - It is an ongoing, fluid process *with no end date*
- Your organization is likely already engaged in some elements of trauma-informed care

# Emotional and Psychological Trauma

- “Result of extraordinarily stressful events that **shatter your sense of security**, making you feel **helpless** in a dangerous world. Often involve a threat to life or safety, but any situation that leaves you **feeling overwhelmed and isolated** can result in trauma, even if it doesn’t involve physical harm. The more frightened and helpless you feel, the more likely you are to be traumatized.”

Emotional and Psychological Trauma

<https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm>

# Trauma is an INJURY, not a weakness, illness or character flaw

- Shift from “What’s wrong with you?” to “What happened to you?”



# The virus is a pre-traumatic condition based on two core variables

- **Immobilization** – cannot move (quarantine, shelter-in-place)
- **Unpredictability** – not knowing what is going to happen next, cannot say tomorrow will be a different day or the day after

*“When the world is unpredictable and you cannot move, then the vulnerability to become traumatized is very great.”* Bessel Van der Kolk, MD

Lifelines: How COVID-19 Creates 'Pre-Traumatic Conditions' in the Brain  
By ALEX MCOWEN & PETER BIELLO • MAY 4, 2020

# 6 Principles of Trauma-Informed Care

- “A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector -specific:
  1. Safety
  2. Trustworthiness and Transparency
  3. Peer support
  4. Collaboration and mutuality
  5. Empowerment, voice and choice
  6. Cultural, Historical, and Gender Issues”

<https://www.samhsa.gov/nctic/trauma-interventions>

# What does *safety* mean?

- A safe work environment includes:
  - Physical plant, security, disaster planning, policies and procedures
- Creating safety within a trauma-informed framework *exceeds* those standard expectations
- Includes *emotional* safety
  - Feeling empowered to speak up, safe to discuss challenges, zero tolerance for blaming, bullying or retaliation
- Attitudinal promotion of safety is important but to be trauma-informed, *the organization needs to consider and create means to process distressing circumstances.*

# Do staff feel unsafe in your facility?

- No doubt we want to create environments where people feel safe
- Our instinct is that “we already do this.”
  - We believe this because most people do not come to work with the intention to hurt or re-traumatize people.
- *“I’m a caring, compassionate person. Of course I don’t traumatize people.”*
- The reality is that we can trigger and/or retraumatize another person

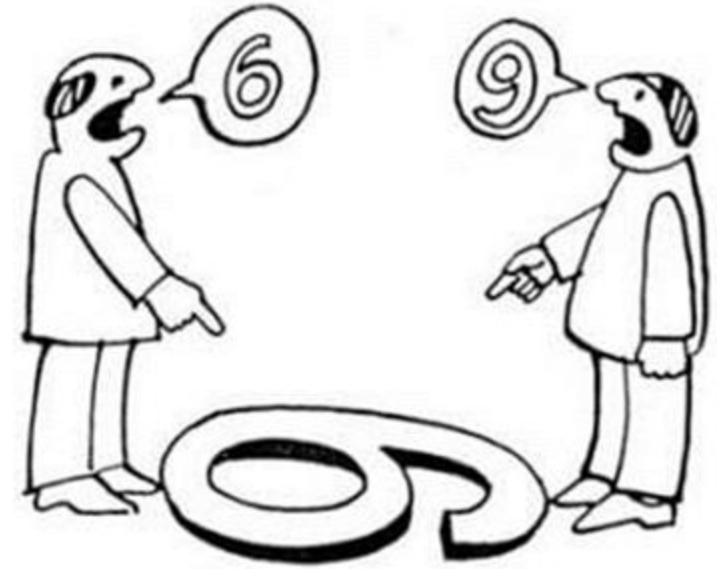
Kathleen Bickel, MD, MPhil, MS  
University of Colorado School of Medicine

# What does *trust* mean?

- Trust includes qualities of respect, compassion and a genuine desire to be present with and relieve another person's suffering
- Predictability with processes and daily activities helps build trust
- The organization makes conscious efforts to not retraumatize staff
- Emphasis is not on 'getting it right all the time' but rather how situations are handled when circumstances provoke feelings of being vulnerable or unsafe

# Perception is crucial

- A person's perception is their version of truth
- It is not a matter of right or wrong, good or bad
- Seek to understand the person's perception and what observations or experiences contribute to that perception



# 4 Concepts of Trauma-informed care

- 1) **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- 2) **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- 3) **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- 4) Seeks to actively **resist re-traumatization.**"

<https://www.samhsa.gov/nctic/trauma-interventions>

# Triggers and re-traumatization

- A **trigger** is anything (a smell, a sound, an emotional state, a situation, etc.) that reminds a person of a trauma.
- **Re-traumatization** is “...any interaction, procedure or even something in the physical environment that either replicates someone’s trauma literally or symbolically, which then triggers the emotions and cognitions associated with the original experience.”

Trauma-Informed Organizational Change Manual,  
<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>



# Re-traumatization from COVID-19

- Multi-Sensory (sight, sound, smell, touch and taste)
  - Sirens, latex smell, crinkle of gowns, seeing residents sitting alone in rooms, residents calling out for help
- Inner and outer physical sensations
  - Shortness of breath, racing heart, claustrophobia from PPE
- Emotional States
  - Fear, powerlessness, uncertainty, shock, regret, isolation, exhaustion, depression, tense, anxiety, confusion, suspicion
- Situations
  - Being refrained from touching, being allowed to touch, prohibiting residents from seeing their families, being around crowds, residents dying alone

(adapted from Anderson, Ganzel, Janssen, 2018 & Ganzel, 2018)

# Triggers (trauma reminders) can be interpreted as...

- “I’m not safe.”
- “I can’t protect myself.”
- “I’m going to die.”

Janssen S. Assessing for PTSD in Terminally Ill Patients. *The New Social Worker*. Accessed April 29, 2019.

# Universal precautions model

- For infection control protocols, staff glove and gown no matter the level of hazard
- From a trauma-informed care perspective, assume all individuals have a history of trauma and glove up metaphorically to reduce possibility of triggering or re-traumatizing others.

Trauma-Informed Organization Change Manual, <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>

# Thank you!

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# Building a Culture of Emotional Safety and Trust to Support Staff Wellbeing

## Session 1 – Let's get curious!

How to use direct observations and “What Matters to You?” to improve processes and wellbeing for all

# Why Staff Wellbeing Matters: By the Numbers

- The average cost to replace an employee in nursing home facilities ranges from \$3,500-\$5,000.
- Turnover rates ranging from 40-75% and organizations can easily spend \$375,000 or more in employee turnover over the course of the year.
- Turnover and burnout compromises resident care and outcomes.
- Dissatisfied staff create toxic culture among colleagues and between leaders, which can lead to poor reputation in the community.

*“If you’re not taking care of your caregivers, how are they going to deliver good care for your clients [residents]?”*

*“In all the years I’ve worked here, I’ve come away with so much more than I have given to anybody. I have become a better person, a kinder person, a better listener, because of the residents.”*

<https://www.onshift.com/blog/senior-care-staff-turnover-by-the-numbers-why-it-matters-to-you>

Mukamel DB, Spector WD, Limcangco R, Wang Y, Feng Z, Mor V. The costs of turnover in nursing homes. *Med Care*. 2009;47(10):1039-1045. doi:10.1097/MLR.0b013e3181a3cc62

<https://www.forbes.com/sites/nextavenue/2019/06/11/what-some-nursing-homes-do-to-retain-quality-staff/?sh=76eaa0a4589b>

# What is a Trauma-Informed Environment?

1. **Safe**
2. **Trust** and transparency
3. Supportive
4. Collaborative
5. Enables staff to be empowered, heard, valued
6. Culturally diverse, equitable, and inclusive

# How Can Emotional Safety and Trust be Built into Processes to Support Staff Wellbeing?

## Characteristics of Emotional Safety:

- Feeling **empowered to speak up**, safe to discuss challenges, **zero tolerance for blaming**, bullying or retaliation.

## Characteristics of Trust:

- **Respect**, compassion and a **genuine desire to be present**.
- **Predictability** with processes and daily activities.
- How situations are handled when circumstances provoke **feelings of being vulnerable or unsafe**.

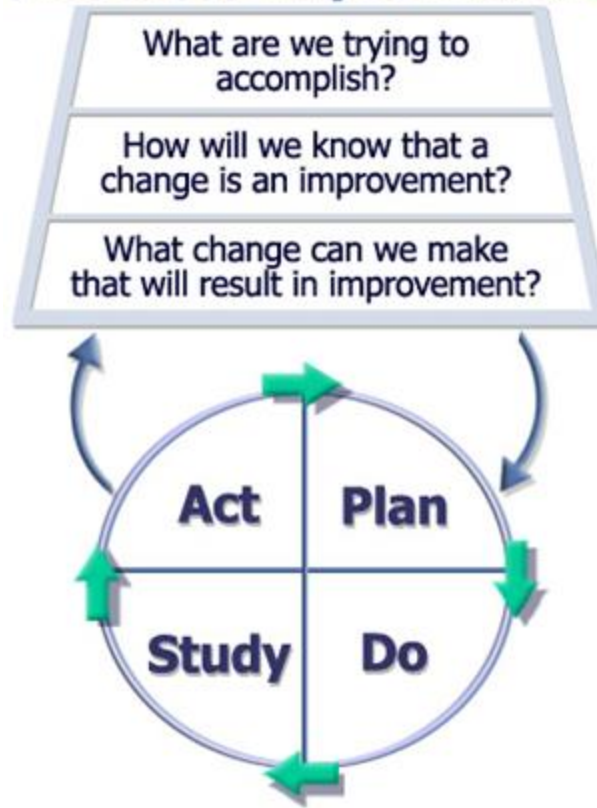
## Processes:

- Morning meeting
- Resident rounds and care conferences
- Huddles



# The Basis for Testing and Learning Model for Improvement: IHI and API

## Model for Improvement



## Learn in Small Doses

- Try out the idea with a small number of staff/residents, gather and incorporate the feedback to enhance **trust** and **safety**.
- Use **staff feedback** and **feelings** to **iterate and improve the idea**; Stack the deck in your favor so that the idea is most likely to succeed and gain the buy in.
- **Communicate the plan** and next steps. Learn from small samples, get your process working, and then spread.
- **Celebrate** and share successes; **learn from failures**. Acknowledge that the process and humans are imperfect...and that's ok. Thank staff for sharing their feedback, emotions, and openness to change.

The Improvement Guide, 2<sup>nd</sup> Edition, Langley, Moen, Nolan, et.al., Jossey-Bass 2009

# What Could We Do This Week?

- Ask 5 staff in different roles:
  - What does emotional safety look, feel, and sound like in your nursing home? How would you describe a safe environment?
  - What does trust look, feel, and sound like in your nursing home? How would you describe a trusting environment?
  
- What do we learn from the feedback provided from staff?

# Additional Resources

- TIP 57 Trauma-Informed Care in Behavioral Health Services by the Substance Abuse and Mental Health Services Administration (SAMHSA), <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>
- Trauma-Informed Organizational Change Manual From the University of Buffalo, <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>

# Wrap up

- Final comments or questions?
- Any topics you would like the faculty to discuss next week?
- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us.
- 1:1 and small group coaching is available from your coach and Training Center Team.

# Thank you!

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