

## DEVELOPING A TRAUMA INFORMED OFFICE

### ELEMENT I: Developing a Trauma-Informed Office

#### An Overview and Rationale

Provider/staff knowledge of the prevalence and impact of trauma can improve sensitivity to and recognition of family needs and improve communication between staff and families. A trauma-informed office is one in which the environment—both physical and human— is supportive, fosters patient comfort and trust, and promotes the health and effectiveness of staff, and improves staff knowledge of trauma and its impact on families. The trauma informed office encourages better staff-staff and staff-family communication and a welcoming environment will improve patient engagement, satisfaction, and ultimately clinical outcomes.



#### COMMUNICATE WITH FAMILIES IN RESPECTFUL, OPEN, & SUPPORTIVE WAYS

##### **GOAL 1: Communicate with Families in Respectful, Open, Supportive Ways**

Increase staff (at all levels) ability to establish supportive relationships with patients, particularly those who have experienced trauma. Why is this important? So that patients and families feel safe and empowered to express their needs and plan their care. This also requires the ability of staff members to communicate empathetically and effectively with each other. Developing authentic, respectful, open relationships with patients and families in ways that respect their life experiences is at the core of trauma-informed work.



#### EDUCATE STAFF AND PARTNERS

##### **Goal 2: Educate Staff and Partners about Trauma and Trauma-Informed Care**

Educate staff (at all levels), as well as partners, about the prevalence of trauma in children, families, and communities and its impact on behavior and health and about factors that promote resilience and recovery from traumatic events. Again, this includes recognition of possible trauma experiences of fellow staff members, and of the impact of working with families with their own trauma experiences.



## HEALTHY OFFICE ENVIRONMENT

### **Goal 3: Create and Support a Healthy Office Environment**

Ensure that the office environment is welcoming, promotes emotional wellness for staff and families, and respects families of different backgrounds and cultures.



## FAMILY COMMUNICATION

### Goal 1. Communicate with Families in Respectful, Open, Supportive Ways

#### Why Is This Goal Important for Trauma-Informed Integrated Care?

A successful provider engages children and families during the visit and encourages them to invest in a long-term relationship. Respectful and non-judgmental communication encourages patients to trust their providers and disclose their concerns. Following trauma, it is even more critical that patients feel safe and remain in control of the care process. A staff that takes time to listen to patient needs, explain a diagnosis, and explore care options empowers that individual to collaborate in and engage with a course of action.

Caregivers' experiences (and possibly ongoing trauma-related symptoms) may influence how they view and talk about their children's behaviors, in both positive and negative ways. Caregivers who have experienced abuse or neglect as children, discrimination, economic insecurity, or emigration may be more concerned than other caregivers for their children's safety; they may feel that they lack role models for meeting children's needs; they may find that situations with their child trigger emotional responses from their past. By recognizing that families bring past experiences to each new encounter, providers can deepen their support for caregivers and avoid misunderstandings that deter families from seeking help.

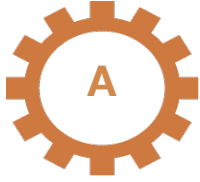
A patient-provider relationship in primary care that fosters trust and empowers the patient/family can:

- **Influence clinical outcomes** above and beyond the effect of specific medical treatments.
- **Reduce barriers to mental health care** - Some caregivers report concerns about biased labeling of children as mentally ill and fear that voicing concerns will lead to inappropriate use of medications. This can be especially relevant to minority caregivers.

- **Improve identification of mental health issues** – When patients and families feel comfortable expressing mental health concerns, providers can better identify and address these issues.

This goal encompasses two key change concepts: A) engaging families at the start of the visit; and B) building comfort and trust with families. As soon as a family walks into the office, there are numerous ways to welcome them and convey respect and sincere interest. Families and patients who have experienced trauma may be anxious or on their guard (without necessarily showing it) or purposely unclear or indirect because what they are trying to express causes them distress, seems shameful, or remains confusing to them. Every member of the clinical team - from front desk receptionists to medical assistants and providers – plays an important role in making these families feel welcome and empowered. *All staff and providers* can help engage families at the start of the visit. And as an essential part of this, in the effort to develop relationships with families and foster engagement, it is important to focus on family strengths as well as problems or concerns.

Providers can improve communication on a number of fronts to create a welcoming office environment and convey trustworthiness, accessibility, and respect throughout the care experience. The strategies listed below are based on the work of participating Collaborative teams along with other work going on nationally related to trauma-informed integration. While we have tried to be comprehensive with our ideas, this list is by no means exhaustive.



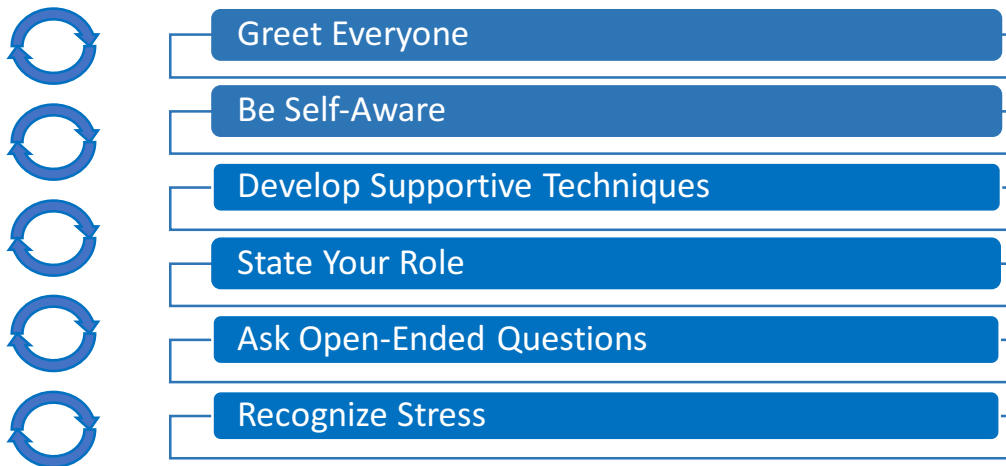
## Engage Families at the Start of the Visit

### Change Concept A. Engage Families at the Start of the Visit

As soon as a family walks into the office, there are numerous ways to welcome them and convey respect and sincere interest. Families and patients who have experienced trauma may be anxious or on their guard (without necessarily showing it) or purposely unclear or indirect because what they are trying to express causes them distress, seems shameful, or remains confusing to them. Every member of the clinical team - from front desk receptionists to medical assistants and providers – plays an important role in making these families feel welcome and empowered. *All staff and providers* can help engage families at the start of the visit. And as an essential part of this, in the effort to develop relationships with families and foster engagement, it is important to focus on family strengths as well as problems or concerns.

#### Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

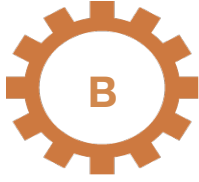


#### Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

<b>Change Concept A. Engage Families at the Start of the Visit</b>	
<b>Change Strategies</b>	<b>Small Tests of Change</b>
Greet everyone	→ Use patients' names during conversations and greet them individually.
Be self-aware	→ Be self-aware of your own mood and responses (tone and content). → Show that you are giving this family your full attention, even if you are busy.
Develop supportive techniques	→ Use an empathetic tone. → Summarize what you are saying in clear language. → Ensure patients understand you by checking in on their understanding.
State your role	→ Explain your relationship with the family. When you can, emphasize that you are committed to working with them over the long term. → Be clear about what you will cover in the visit and check if the family has any additions, questions, or changes they'd like to make. → Explain confidentiality clearly and get verbal or nonverbal confirmation that they understand.
Ask open-ended questions	→ Start with open-ended questions about concerns and the visit agenda. → Be clear about why you are asking and what you will do with the information.
Recognize stress	→ Acknowledge if your questions seem to be triggering or distressing. → Recognize and honor that some patients do not like to discuss things in front of other family members. → Be familiar with and sensitive to the broad range of responses to stress.



## Build Comfort and Trust with Families

### Change Concept B. Build Comfort and Trust with Families

#### Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical, specific and testable – in the sample PDSAs that follow.



#### Implementing Change Strategy through Small Tests of Change (PDSAs)

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Change Concept B. Build Comfort and Trust with Families	
Possible Strategies	Specific Ideas to Test
Build comfort	<ul style="list-style-type: none"> <li>→ Remind the family that they are in control by seeking their permission to ask questions or to make a suggestion. Questions can be deferred if this is not the right time.</li> <li>→ Find non-stigmatizing words to ask about delicate subjects. (e.g., “feeling overwhelmed” can be a good word for discussing stress).</li> <li>→ Offer empathy and assurance of partnership, even if you don’t agree or aren’t yet sure of what to do.</li> <li>→ Refrain from making judgments. Instead, generate hypotheses that help you seek better understanding.</li> <li>→ Give choices by explaining options for both assessment and treatment throughout the visit.</li> </ul>
Focus on family strengths	<ul style="list-style-type: none"> <li>→ Ask caregivers what they do to sustain themselves.</li> <li>→ Ask what caregivers see as strengths of themselves, their children, and family, and what is going well for them.</li> <li>→ Build on existing assets and give permission to scale back goals.</li> <li>→ Provide advice on actions that are positive and health enhancing, such as behavioral activation and self-care (sleep and diet).</li> </ul>
Address stressors	<ul style="list-style-type: none"> <li>→ Help with stress reduction, (e.g. streamlining scheduling may reduce a host of other family problems).</li> <li>→ Have referrals ready for housing, food, and other basic needs when they are lacking.</li> <li>→ Transition from talking about child to talking about caregiver, e.g., “you have a lot on your plate” or “your child’s health is connected to your health.”</li> </ul>
Agree on next steps	<ul style="list-style-type: none"> <li>→ Make a plan with the family for the next steps in care.</li> <li>→ Sum up the visit – give advice verbally and in writing (note: some individuals in risky relationships may not want to have something written or easily findable).</li> <li>→ Ask about possible barriers to follow-up and help troubleshoot.</li> <li>→ Do a warm handoff if you are linking the patient to further care, even within your own office.</li> <li>→ Share contact information to reconnect with you or the office.</li> </ul>



## Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

### ***Change Concept A. Engage Families from the Start of the Visit***

- What communication approaches are being used by frontline staff to greet and engage patients/families?
- What communication trainings are offered to staff?
- How do families understand staff roles (who they are and what they do)?
- How do staff understand their own and honor different races and cultures as they strive to engage families?

### ***Change Concept B. Build Comfort and Trust***

- What communication approaches are being used by frontline staff to greet and engage patients/families?
- What communication trainings are offered to staff?
- How do staff help families understand who they are and what they do?
- How do staff understand their own and honor different races and cultures as they strive to engage families?



## EDUCATE STAFF AND PARTNERS

### Goal 2. Educate Staff and Partners about Trauma and Trauma-Informed Care

#### **Why Is This Goal Important for Trauma-Informed Integrated Care?**

A deeper understanding of trauma should increase support for program changes and improve the quality of care. In order for an office to be trauma-informed, staff at all levels needs to understand what trauma is, how it affects health and behavior, and why it is important to identify and treat trauma-related problems. Education about trauma will not only improve knowledge of the symptoms, potential complications, and needed services, but it will also help staff understand why it is important to address trauma-related problems in primary care with sensitivity and empathy.

Many staff and providers minimize the extent to which children and families are exposed to trauma, the possible negative impact of childhood trauma exposure, and the importance of early identification and intervention. Staff education can be one tool to overcome this knowledge gap. When providing staff education there are several important things to remember:

#### **One-time trainings are not sufficient to maintaining a trauma-informed office**

To integrate trauma-informed practice into daily routines, information must be continually reinforced. Various activities can be put in place to reinforce education over time, such as:

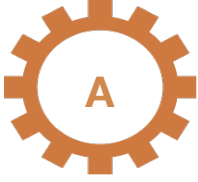
- Continuing education on trauma as it relates to patients and families
- Performance expectations and reviews
- Reflective supervision on complex cases
- Ongoing training and awareness on the impact of trauma on providers

#### **Some providers may have concerns about receiving trauma training**

They may feel that they don't have time to inquire about trauma or that they do not have the skills and resources to address trauma if it is identified. A trauma-training program can address these concerns and acknowledge them as valid. The process can mirror interactions with families – concerns are respected and, rather than being met simply with assurance and being set aside, are taken as a starting point for problem solving once there is agreement on goals.

**Some providers may themselves have experienced trauma or feel affected by the stories they hear from their patients.** It is important for providers to recognize how their own exposure to trauma may affect their patient and staff interactions. This recognition and self-awareness helps providers cope with negative feelings and burnout. Training should include strategies for staff to support each other.

This element relies on four change concepts: 1) provide education to all staff about the impact of trauma on families and children; 2) help staff and providers understand the importance of addressing trauma-related problems in primary care; 3) help staff and providers understand the importance of working with both children and their caregivers to adequately care for the child; and 4) help staff and providers understand the importance of being sensitive patients' cultural and racial backgrounds.

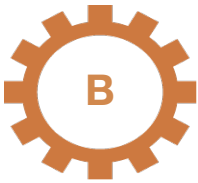


Provide Education to All Staff about the Impact of Trauma on Families and Children

### **Change Concept A. Provide Education to All Staff about the Impact of Trauma on Families and Children**

Training on the high prevalence of trauma exposure in children and families can help staff and providers understand that trauma exposure is widespread. Training about trauma must emphasize that each individual (depending on ethnicity, culture, past experience of discrimination, trauma, and resilience) may experience the impact of trauma differently (see Appendix A.2; Training Resources, PowerPoints). Trainings about the impact of trauma on families and children can include the following components:

- Sources of trauma; definitions of trauma
- Prevalence of trauma exposure and related problems
- Somatic and mental health problems related to trauma

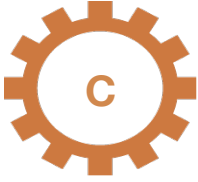


Understanding the Importance of Addressing Trauma-Related Problems in Primary Care

### **Change Concept B. Understanding the Importance of Addressing Trauma-Related Problems in Primary Care**

Education about the impact of untreated trauma-related problems and the effectiveness of early interventions can motivate providers to ask and talk with patients about potential and actual traumatic experiences in a thoughtful way (see Appendix A.2; Training Resources, PowerPoints). Trainings on the importance of addressing trauma-related problems in primary care can include the following training components:

- Impact of untreated trauma-related problems
- Effectiveness of early intervention



## Understanding the Importance of Working with Both Children and their Caregivers

### **Change Concept C: Understanding the Importance of Working with Both Children and Their Caregivers to Adequately Care for the Child**

The mental health and experiences of caregivers/caregivers can seriously impact their children’s development. Education on the importance of working with whole families – not just children -- can motivate providers to ask and talk with patients’ family members about their own potential and actual traumatic experiences. Trainings on the importance of working with families can include the following training components:

- Connection between caregiver mental health and caregiving capacity
- Connection between caregiver mental health and child development
- Incidence and prevalence of adult mental health issues (e.g., ACEs study)
- Reminders about wide range of trauma exposure, incidence of trauma exposure, and impacts when trauma remains untreated into adulthood

#### Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to translate change concepts A, B, or C. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Have formal staff training days



Share educational materials at staff meetings



Use staff newsletters, bulletin boards, and communications

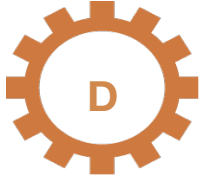


Have optional or informal times for discussion

## Implementing Change Strategy through Small Tests of Change (PDSAs)

For all of these change concepts, there are clearly limitless changes that can be tested and ultimately implemented, as evidenced by the long list above. We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Change Concepts A, B, and C. Provide Education to All Staff	
Possible Strategies	Specific Ideas to Test
Have formal staff training days	<ul style="list-style-type: none"> <li>→ Develop and deliver formal training on trauma and the topics described above.</li> <li>→ Include all levels of staff, including front desk staff, nurses, administrators, physicians, etc.</li> <li>→ Ensure that the training provided is meaningful and accessible to all who are involved.</li> </ul>
Share educational materials at staff meetings	<ul style="list-style-type: none"> <li>→ Use existing meeting times to incorporate education about trauma.</li> <li>→ Dedicate a specific block of time at each existing meeting for initial and ongoing education.</li> </ul>
Use staff newsletters, bulletin boards, and communications	<ul style="list-style-type: none"> <li>→ Reinforce education and provide new information in written communications you have with staff.</li> <li>→ Have a dedicated section of a staff newsletter or bulletin board to focus on trauma-related issues.</li> </ul>
Have optional or informal times for discussion	<ul style="list-style-type: none"> <li>→ Invite staff to host or facilitate informal discussions about trauma-related issues.</li> <li>→ Have periodic “brown bag lunches.”</li> </ul>



## Understanding the Importance of Being Sensitive to Patients' Cultural and Racial Backgrounds

### **Change Concept D: Help Staff and Providers Understand the Importance of Being Sensitive to Patients' Cultural and Racial Backgrounds**

A person's race and culture can influence their views of trauma, mental health, and medical care. In clinics where the provider and patient come from different racial and cultural backgrounds, being aware and sensitive of the patients' background is particularly important (see Appendix A.2; Training Resources, Marginalized Populations). Staff trainings about race and culture can include:

- Knowing who you are and how that impacts your work with persons of other races and cultures
- Knowledge of patients' racial and cultural background
- Importance of being sensitive to a patient's race and culture
- Understanding of implicit bias, micro aggressions, historical trauma, personal biases, institutional racism, and structural/systemic racism
- Important role of primary care in preventing and treating trauma

#### Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to test change concept D. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Build Knowledge of the Community



Create Safe and Supportive Spaces



Facilitate and Engage in Challenging Conversations



Collect and Use Data

## Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

<b>Change Concept D. Help Staff and Providers Understand the Importance of Being Sensitive to Patients' Cultural and Racial Backgrounds</b>	
<b>Possible Strategies</b>	<b>Specific Ideas to Test</b>
Build knowledge of the community	<ul style="list-style-type: none"> <li>→ Go on community tours.</li> <li>→ Talk directly with community members about their race, culture, values, beliefs about family, etc.</li> <li>→ Read narratives about patients' experiences.</li> </ul>
Create safe and supportive spaces	<ul style="list-style-type: none"> <li>→ Ensure staff develop comfort with the conversations about race and culture through group agreements, especially agreements focused on creating a non-judging, non-blaming environment.</li> <li>→ Share office values and ensure they include clear statements about respect, openness, and lack of judgment.</li> <li>→ Model safety and support at all levels of the organization, particularly at the leadership and supervisory levels.</li> </ul>
Facilitate and engage in challenging conversations	<ul style="list-style-type: none"> <li>→ Bring in facilitators who are experienced and skilled in challenging conversations.</li> <li>→ Ensure that the conversations are ongoing and not one-shot trainings.</li> <li>→ Validate and honor different voices and perspectives.</li> </ul>
Collect and use data	<ul style="list-style-type: none"> <li>→ Collect data by race and culture to see if there are disparities.</li> <li>→ Review data and have discussions about any differences you see (if any) by race and culture.</li> <li>→ Identify opportunities and challenges that may be specific to race or culture.</li> </ul>



## Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

### ***Change Concept A. Provide Education to Staff about the Impact of Trauma***

- What is the general understanding of and attitude about addressing trauma-related issues in the office?
- How is training provided about trauma and resilience?
- What is covered in the trainings and what do you feel is most effective?

### ***Change Concept B. Help Staff/Providers Understand the Importance of Addressing Trauma in Primary Care***

- How do you know if providers and staff are applying the training to their everyday work with children and families?
- What do you have in place to support, reinforce, and strengthen the training content?

### ***Change Concept C. Help Staff/Providers Understand the Importance of Working with Parents & Caregivers***

- How are staff and providers taught to work with parents and caregivers?
- How are staff and providers supported in working with parents and caregivers?

### ***Change Concept D. Help Staff/Providers Understand the Importance of Honoring Patients' Races and Cultures***

- How are staff and providers taught to honoring racial and cultural differences?
- How are staff and providers supported in honoring racial and cultural differences?



## CREATE AND SUPPORT A HEALTHY OFFICE ENVIRONMENT

### Goal 3. Create and Support a Healthy Office Environment

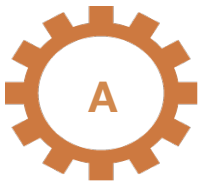
#### **Why Is This Goal Important for Trauma-Informed Integrated Care?**

The physical space and cultural tone of an office plays an important role in putting patients at ease. Patients and their families will feel more comfortable if the office has a calm, welcoming atmosphere, demonstrating a respect for diversity and an interest in emotional health. The office should have private space for confidential conversations at each stage of a visit including patient registration, documentation of vital signs and concerns, screening, and post-visit interactions for laboratory work and referral/follow-up planning.

Other environmental factors that can affect patient comfort and satisfaction are scheduling time lags, waiting time between registration and visit, visit length, processes for scheduling follow-up visits, and referral processes. A long wait could discourage a patient from keeping the visit or it could reduce their interest in discussing their concerns. Short visits in primary care may hinder or limit conversation of family needs. Thus, it is important to try to reduce wait time and allow sufficient visit length to discuss patients' psychosocial concerns.

Trauma-informed care includes a focus on office staff. While caring for children can be deeply satisfying, it can also lead to compassion fatigue, which in turn may result in burnout and secondary traumatic stress. It is therefore essential to recognize and address the emotional needs of all staff.

This goal includes three change concepts: 1) set the tone in the office; 2) provide materials to underscore the importance of psychological health; and 3) recognize and address self-care needs of staff.



Set the Tone in the Office

### **Change Concept A: Set the Tone in the Office**

Offices can be the source of stress to many families – scheduling appointments and interruptions during visits can cause stress for patients and their families. Offices can minimize the stress associated with visits by creating an office tone that is trauma informed.

#### Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to test change concept A. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Make the Office Inviting



Create Safe and Supportive Spaces  
Offer Flexibility in Scheduling



Make Patient Time Sacred

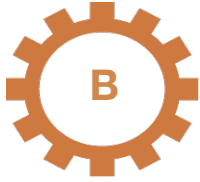
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community to get a sense of what strategies they find most engaging, supportive, and respectful.

<b>Change Concept A. Set the Tone in the Office</b>	
<b>Possible Strategies</b>	<b>Specific Ideas to Test</b>
Make the office inviting	<ul style="list-style-type: none"> <li>→ Use fun colors.</li> <li>→ Have interactive materials for children.</li> <li>→ Have materials for caregivers (see Strategy B).</li> <li>→ Reflect the communities and families served in terms of posters, books, toys, languages used.</li> <li>→ Play calm, welcoming music.</li> </ul>
Offer flexibility in scheduling	<ul style="list-style-type: none"> <li>→ Have options available to meet the needs of patients.</li> <li>→ Create office procedures to address patient preferences.</li> </ul>
Make patient time “sacred”	<ul style="list-style-type: none"> <li>→ Instill policies that allow for an uninterrupted patient visit.</li> <li>→ Allow for time in all visits to discuss some psychosocial issues.</li> <li>→ Create mechanisms that allow providers to offer longer visits when they might be needed.</li> </ul>



Provide Materials to Underscore the Importance of Psychological Health

### **Change Concept B: Provide Materials to Underscore the Importance of Psychological Health**

Waiting rooms can prime families to start thinking about mental health, trauma, and resilience by displaying materials about mental health and child development. Posters and pamphlets can both educate families about the importance of mental health and strategies to promote well-being through different stages of development. To ensure that families can relate to the material, it is important that materials depict people of diverse backgrounds and are available in different languages (see Appendix A.3; Fact Sheets/Posters). Materials on mental health include:

- Table top materials with strategies to deal with stress
- Family-friendly posters on trauma-related health and mental health conditions.
- Fact sheets about mental health across developmental stages

#### Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to test change concept B. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Make the Office Inviting



Create Safe and Supportive Spaces  
Offer Flexibility in Scheduling



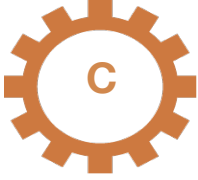
Make Patient Time Sacred

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<b>Change Concept B. Provide Materials to Underscore the Importance of Psychological Health</b>	
<b>Possible Strategies</b>	<b>Specific Ideas to Test</b>
Have materials available in the waiting area	<ul style="list-style-type: none"> <li>→ Have posters that normalize the importance of mental health and emotional well-being for children and families.</li> <li>→ Develop or adapt existing handouts and have them available in the waiting room.</li> </ul>
Share during visits	<ul style="list-style-type: none"> <li>→ Give materials to all caregivers (normalizing the process) and use them as opportunities for conversation.</li> <li>→ Do talk-backs with caregivers based on the materials to ensure they understand them and can make meaning of them.</li> </ul>
Send as follow-up	<ul style="list-style-type: none"> <li>→ Develop materials that are intended to follow-up on the visit in positive, supportive ways.</li> <li>→ Use as link to or rationale for follow up with specialists, if needed.</li> </ul>



## Recognize and Address Self-Care Needs of Staff

### **Change Concept C: Recognize and Address Self-Care Needs of Staff**

Helping families work through trauma and illness can be draining on staff and providers. When working towards trauma-informed integrated care, it is important to support staff wellness as well as recognize signs of compassion fatigue, secondary traumatic stress, and burnout (see Appendix A.3; Secondary Traumatic Stress, Surveys and Self-Care Strategies).

#### Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to test change concept C. Each of these possible strategies is detailed further – making them even more practical and specific – in the sample PDSAs that follow.



Survey Staff



Build Self-Care into Office



Actively Support Self-Care

#### Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your

community to get a sense of what strategies they find most engaging, supportive, and respectful.

<b>Change Concept C. Recognize and Address Self-Care Needs of Staff</b>	
<b>Possible Strategies</b>	<b>Specific Ideas to Test</b>
Survey staff	<ul style="list-style-type: none"> <li>→ Invite regular feedback from staff on compassion fatigue, secondary traumatic stress, and burnout.</li> <li>→ Have staff complete compassion fatigue “tool,” such as the ProQOL.</li> <li>→ Be transparent about how the survey results will be used. Use the survey results to inform policies and practices.</li> </ul>
Build staff self-care into office	<ul style="list-style-type: none"> <li>→ Build conversations about self-care into regular meetings and supervision.</li> <li>→ Include self-care activities as part of regular meeting agendas.</li> <li>→ Have a self-care station or wellness room in the office for staff with items such as green tea, yoga mat, de-stress balls, etc.</li> </ul>
Actively support self-care	<ul style="list-style-type: none"> <li>→ Have staff include self-care strategies in their own employee/personnel evaluations and plans.</li> <li>→ Follow up with staff about their own self-care.</li> <li>→ Ensure that leadership and managers model “good behavior” related to self-care.</li> </ul>



## Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

### ***Change Concept A. Set the Tone in the Office***

- What have you done to make offices/exam rooms more conducive to discussion and demonstrative of respect?
- What policies are in place to reduce interruptions and maintain privacy during visits?
- How have you created flexibility in schedules to allow for longer discussions of psychosocial concerns?
- How have you made it less difficult for patients to schedule follow-up visits?

### ***Change Concept B. Provide Materials that Underscore the Importance of Psychological Health***

- What materials are available in the office to explain mental health in child-friendly and caregiver-friendly language?
- What materials are available with strategies to reduce stress?
- How are these materials shared with families in open, non-threatening, non-blaming ways?
- How do materials, posters, and your office environment reflect children and families from the diverse backgrounds and languages you serve?

### ***Change Concept C. Recognize and Address Self-Care Needs of Staff***

- What trainings are in place to educate staff about emotional fatigue?
- What materials are available with self-care strategies?
- What do you have in place to support staff who may have experienced their own trauma or are affected by their work in trauma care?
- How does your office environment support and promote staff wellness and self-care?

## Element I: For More Information

### ***Goal 1. Communicate with Families in Respectful, Open, Supportive Ways***

The resources listed below can be found in Appendix A.1. The resources below include references, guidelines, and tools that may be helpful as you test ideas in this area.

#### ***Communication Background***

1. A Common Factors Approach to Improving the Mental Health Capacity of Pediatric Primary Care. (Wissow et al., 2008)
2. Health Information Technology to Facilitate Communication Involving Health Care Providers, Caregivers, and Pediatric Patients: a scoping review. (Gentles, SJ, Lokker C, McKibbin, AK)
3. Communicating With Children and Families - From Everyday Interactions to Skill in Conveying Distressing Information
4. Doctor-Patient Communication: A Review (Ha, Anat, Longnecker, 2010)

#### ***Communication Strategies***

1. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

### ***Goal 2. Educate Staff and Partners about Trauma and Trauma-Informed Care***

The resources listed below can be found in **Appendix A.2**.

#### ***Toxic Stress Background***

1. Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician (Garner et al., 2011)
2. The Lifelong Effects of Early Childhood Adversity and Toxic Stress (Shonkoff et al., 2011)
3. AAP - Toxic Stress Threatens Kids' Long-term Health
4. Adverse Childhood Experiences and the Lifelong Consequences of Trauma
5. Neuroception - A Subconscious System for Detecting Threats and Safety (Porges, 2004)

6. The Science of Early Life Toxic Stress for Pediatric Practice and Advocacy (Johnson et al., 2013)
7. Study: Nearly half of US Kids Exposed to Traumatic Social or Family Experiences
8. Accumulated Childhood Trauma and Symptom Complexity
9. Child Sexual Abuse: Consequences and Implications
10. A Reporter at Large: The Poverty Clinic

***Training Resources: PowerPoints***

1. It's Just Good Medicine: Trauma-Informed Primary Care
2. Trauma Informed Care in Medical and Behavioral Settings
3. ACES and Integrated Care
4. Toxic Stress Overview
5. Elizabeth Hudson's Slide Set from WI Trauma-Informed Care Training

***Training Resources: Marginalized Populations***

*Native Americas*

1. Historical Trauma of the Original Peoples of North America (Canada)
2. Traditional Interpretations of PCIT

*Migrants*

3. Trauma-Informed Care for Displaced Populations- A Guide for Community Based Service Providers

*Foster Kids*

4. The Invisible Suitcase - Behavioral Challenges of Traumatized Children (NCTSN)
5. Helping Foster and Adoptive Families Cope with Trauma

***Goal 3. Create and Support a Healthy Office Environment***

The resources listed below can be found in **Appendix A.3**

***Fact Sheets/Posters***

1. After the Hospital - Helping My Child Cope
2. Things That Help Babies Wind Down (CHADIS)
3. Mental Health Poster Children (AAP)
4. Mental Health Poster Children- Spanish (AAP)
5. Mental Health Poster Adolescents- Spanish (AAP)
6. Posters on Resilience (AAP).

***Secondary Traumatic Stress: Surveys***

1. Building Your Bounce Adult Resilience Survey
2. Compassion Fatigue Self-Test
3. Professional Quality of Life Scale Self-Score
4. The Concise Professional Quality of Life Scale Manual

5. Short Life Stress Test
6. Secondary Traumatic Stress-Informed Organizational Assessment

***Secondary Traumatic Stress: Self-Care Strategies***

1. Building Initiative
2. Ideas for Self Care-Fill Ups Handout