

ISSUE BRIEF SERIES

# Trauma-Informed Care for Veterans Experiencing Homelessness

## Building Workforce Capacity

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# Trauma-Informed Care for Veterans Experiencing Homelessness: Building Workforce Capacity

*Trauma-Informed Care for Women Veterans Experiencing Homelessness*, funded by the Bristol-Myers Squibb Foundation from 2012 to 2014 as part of its Mental Health & Well-Being initiative for returning veterans and families, was a multisite demonstration project designed to build the capacity of veteran-serving agencies—particularly those serving women veterans—to adopt a universal, organization-wide approach to understanding and responding to trauma. The National Center on Family Homelessness at American Institutes for Research (AIR/NCFH) partnered with three organizations in Massachusetts—New England Center for Homeless Veterans, Veterans Inc., and Soldier On—that serve homeless veterans and were interested in adopting trauma-informed care. Project activities included (a) introducing an organizational framework for becoming trauma-informed; (b) building the capacity of organizations to integrate trauma-informed care; and (c) evaluating the project’s impact on organizational culture and practice. Project findings suggest that adopting trauma-informed care enhances quality of care for veterans in homeless services and is a promising framework for veteran service systems.

This brief is the second in a three-part series entitled *Trauma-Informed Care for Veterans Experiencing Homelessness*. To access the entire series, visit [www.FamilyHomelessness.org](http://www.FamilyHomelessness.org).

## Trauma-Informed Care: Investing in the Workforce

At its core, becoming trauma-informed requires changes to organizational culture – the deeply rooted values and beliefs that are shared by personnel in an organization.<sup>2,3</sup> Organizational culture guides the way employees think, feel, and react, the way managers make decisions, and in what activities the organization engages. Essentially, organizational culture is best described by providers as “the way we do things around here.”

Moving from a traditional model of care that is rule-based, one-size-fits-all, and provider-driven to a trauma-informed model that is flexible, individualized, strengths-based, and veteran-driven requires significant investment in staff development. A knowledgeable and skilled workforce is the linchpin of trauma-informed care.

### Trauma-Informed Care

*Trauma-informed care is defined as an organization-wide framework that is “grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”<sup>1</sup>*

Although critical, workforce development across service sectors often takes a backseat to day-to-day operations. Long-term benefits of investing in the workforce can appear overwhelming in the face of immediate pressures and programmatic expectations. Staff members in homeless service settings are often paraprofessionals who are overworked, underpaid, and have few opportunities for training or career development, or specific expertise in mental health.<sup>4,5</sup> Delivery of quality services is often hampered by high staff turnover, resistance to change, limited resources, inadequate training opportunities and career ladders, and provider work attitudes.<sup>6,7,8,9,10,11</sup> As a result, these organizations often have limited supervisory and clinical capacity.

Core beliefs about homeless veterans and the role of the helper are often deeply held and difficult to challenge. Organizational change is unlikely to take hold without directly addressing these fundamental assumptions about the population and the work. It is not uncommon for providers in community agencies to view the initiation of trauma-informed care as akin to opening “Pandora’s Box.” They fear creating needs that cannot be met.<sup>12</sup> Resistance to creating trauma-informed services, however, often stems from a lack of knowledge about the impact of trauma and uncertainty of appropriate service responses.

Supporting staff development is a critical first step for organizations to provide trauma-informed care for veterans. Investing in training, supervision, and ongoing support builds organizational culture and capacity to understand and respond to veterans in ways that support recovery and minimize potential for doing additional harm. This, the second brief in the series, outlines four key strategies for building staff capacity to provide trauma-informed care. These are (1) educating and training the workforce, (2) recognizing and addressing secondary trauma, (3) providing trauma-informed supervision, and (4) creating a supportive culture.

## **Building Staff Capacity To Provide Trauma-Informed Care**

### **Educating and Training the Workforce**

*“Staff—all the staff—clinical and operational—are starting to shift their thinking.*

*What’s made the most difference has been for staff to work on concepts. ...*

*I can see people letting go of their old ways.”*

—PROGRAM ADMINISTRATOR

Providing trauma-informed care to veterans experiencing homelessness begins by ensuring that *all staff* receives education about trauma and its impact and skills-based training to provide trauma-informed care.

To ensure a shared understanding and vision for the way to provide trauma-informed care to veterans in homeless service settings, not only clinicians and case managers need education and training. Direct care or support staff often have as much, if not more, contact with veterans and should receive equal opportunity for professional development.

To become a trauma-informed organization, administrators need to make training a priority. To do so, concrete action steps include identifying training topics, mechanisms, and participants, and providing staff with the time, coverage, and flexibility needed to attend trainings that support professional development.

Training includes both education on trauma-related topics for all staff and specialized education and training for staff in particular roles. In some cases, access to training in trauma-specific clinical services may also be necessary. Organization-wide education creates the needed foundation for a shared understanding and approach to the work across an agency; trainings in various practices allow for skill development for staff in different roles. Both types of education and training are needed to meet the needs of homeless veterans (see the third brief in this series, *Trauma-Informed Care for Veterans Experiencing Homelessness: Meeting the Needs of Women Veterans*, for education and training topics specific to working with women veterans).

### Who Should Be Trained?

- Administrators
- Direct care staff
- Case managers
- Support staff (e.g., kitchen workers, maintenance)
- Reception
- Volunteers

General Education for All Staff Working With Veterans	Specialized Skills Building and Trauma-Specific Services
<ul style="list-style-type: none"> <li>■ Traumatic stress and its impact across the lifespan</li> <li>■ Relationship among trauma, mental health, substance abuse, and homelessness</li> <li>■ Core principles of trauma-informed care</li> <li>■ Culture-specific exposure and response to trauma</li> <li>■ Military cultural competence (e.g., general military knowledge, military culture across branches, the Department of Veterans Affairs, services and benefits)</li> <li>■ Secondary traumatic stress</li> </ul>	<ul style="list-style-type: none"> <li>■ Motivational interviewing (all staff)</li> <li>■ Crisis intervention and de-escalation strategies (all staff)</li> <li>■ Strengths-based assessment and case management (case managers)</li> <li>■ Harm reduction (all staff working in programs using a harm reduction model)</li> <li>■ Psychological first aid (all staff)</li> <li>■ Mental health first aid (all staff)</li> <li>■ Self-care strategies for providers (all staff)</li> <li>■ Evidence-based, trauma-specific clinical interventions for addressing posttraumatic stress disorder (PTSD) such as Prolonged Exposure therapy, Cognitive Processing Therapy, Cognitive-Behavioral Therapy (clinical staff)</li> </ul>

## Training Strategies

Becoming trauma informed requires continuous training and support to engage providers and organizations in adapting their systems to meet the needs of trauma survivors. Adults learn most effectively when actively engaged in the learning process.<sup>12,13,14,15,16</sup> As providers are actively engaged, growth occurs at the individual provider level and takes hold in the broader organization; eventually, governments and policy-making communities can also learn and grow.<sup>17</sup> Rather than “one-shot” opportunities, training should be ongoing and varied, and should include opportunities for staff to practice applying concepts and giving feedback. Training strategies may include the following:

- **Large-group trainings.** Large-group trainings can be useful when providing initial staff and leader education about trauma and trauma-informed care. Organization-wide trainings allow for all staff to receive the same information at the same time, to ensure a common understanding across roles and departments. Although helpful when starting out, one-time, large-group trainings are only a place to begin and should not be used exclusively. Staff retention of information is limited if concepts are not reinforced continuously.
- **Small-group trainings.** Small-group trainings allow for more in-depth conversations and opportunities to apply knowledge to practice. Small-group sessions may be conducted for all staff in a particular role (e.g., case managers, clinicians), so that examples and discussions can be tailored. Small groups may also be multidisciplinary, to encourage cross-agency communication and opportunities to learn what staff face in different roles, as well as flexibility in applying trauma-informed concepts. As with large-group trainings, training content must be reinforced day to day to have long-term impact.
- **Team meetings.** Team meetings already in place offer smaller settings in which to convey, clarify, and apply information on a regular basis. Small-group meetings are a forum for open communication, peer support, and additional training and education. These may include regular all-staff meetings, in which particular trauma-related topics can be reinforced each time, and department or shift meetings, in which learning can be tailored to the specific needs of these staff.
- **Individual supervision.** Supervision is a critical mechanism for supporting staff knowledge and skill. Supervision by a manager who understands trauma is an essential follow-up strategy to general trauma training. One-on-one supervision allows the program to meet the individualized needs of each staff member by enabling him or her to learn the way to apply general trauma concepts to daily work, discuss and practice specific ways of responding to and supporting veterans, and monitor job frustration and signs of secondary or vicarious trauma.

Regardless of training strategy, trainings can include a combination of in-person and online learning. Organizations that do not have the internal capacity to train their staff on trauma-informed care may use outside consultants or online resources to introduce concepts to staff. Initially, it can be helpful for organizations to receive some outside consultation while working to build internal capacity to maintain staff knowledge and skills.

Each of the three organizations that participated in AIR/NCFH's demonstration project *Trauma-Informed Care for Women Veterans Experiencing Homelessness* developed their own unique strategies for building staff capacity to provide trauma-informed care.

### Lessons From the Field: Strategies for Building and Sustaining Trauma Knowledge

**New England Center for Homeless Veterans (NECHV):** NECHV's first priority in becoming trauma-informed was to educate all staff about trauma. To achieve this goal, NECHV divided all 135 employees into learning groups of approximately 10 to 13 staff members. All staff, including the CEO, participated in the learning groups, which were led by members of the trauma working group. To support NECHV, AIR/NCFH developed a four-part webinar series on trauma and corresponding activities to be used in the learning groups. Learning groups met every 4 to 6 weeks to view each webinar as a group and engage in activities led by working group leaders. This format allowed NECHV to reach all staff with sustained training over an extended period.

**Soldier On:** Soldier On integrated trainings on trauma-related topics (e.g., trauma and its impact, trauma-informed care, secondary trauma and self-care, and crisis intervention) into its core curriculum, delivered via their Training Institute. Case managers and supervisors across New England, New York, New Jersey, Pennsylvania, and Mississippi came together for large-group, in-person trauma trainings conducted by AIR/NCFH. To sustain trauma knowledge over time, managers attended a training in trauma-informed supervision in which they were educated about trauma concepts, as well as about the way to use an online webinar series and activities to bring concepts to their supervisees in small groups. Managers will receive ongoing clinical support via Skype as they integrate trauma education and trauma-informed practice into staff meetings and individual supervision.

**Veterans Inc.:** Veterans Inc. used its staff meetings as the primary vehicle for staff development, using a combination of online and in-person strategies. Staff from across New England attended in-person trauma trainings conducted by AIR/NCFH. To build internal capacity to provide trainings, Veterans Inc.'s training committee identified follow-up training topics and methods for delivering information that could be done in house. For example, the organization identified military cultural competence as an area of need. Staff watched an online module on the topic during an all-staff meeting and followed up with customized discussions and activities tailored to their needs.

## Recognizing and Addressing Secondary Trauma

*"If your compassion does not include yourself, it is incomplete."*

—JACK KORNFIELD



## Defining the Terms

***Burnout:*** Emotional exhaustion and diminished sense of accomplishment due to general occupational stress. Burnout can be experienced in any profession or work environment.

***Secondary traumatic stress:*** The presence of PTSD symptoms caused by at least one indirect exposure to the traumatic experiences of another. Occurs in fields where service providers are working with people who have experienced trauma.

***Vicarious trauma:*** Changes over time in the way professionals view themselves, others, and the world as a result of the cumulative exposure to another person's traumatic material.<sup>18</sup>

People who work in the helping professions frequently find themselves doing emotionally intense work. Providers working with veterans who have experienced traumatic life events—combat, Military Sexual Trauma, life histories of exposure to violence, struggles with mental health and substance abuse, homelessness—are exposed to the additional stress associated with bearing witness to these experiences. Listening to intense stories and observing the impact of traumatic experiences can have a significant effect on providers.

In some cases, this “secondary trauma” can lead to posttraumatic stress responses in providers similar to those of the veterans being served. Providers who are traumatized by their work may experience diminished ability to trust others, difficulty maintaining intimate relationships outside of work, increased concern about their own safety, and intrusive thoughts and images related to the traumatic stories of others.<sup>19,20</sup>

Ongoing exposure to secondary trauma can lead to a cumulative impact known as “vicarious trauma” and includes changes in the way providers see themselves, others, and the world around them. Vicarious trauma may manifest on the job as increased difficulty leaving work at work, poor boundaries, increased irritability with coworkers and families, and doubts about professional capabilities and impact.<sup>20</sup> These challenges impact job performance and, by extension, on the quality of care for veterans.

### Supporting Self-Care

For professionals to provide trauma-informed care, they must simultaneously take care of themselves. Individual self-care strategies that organizations can encourage include

- establishing balanced routines;
- taking breaks;
- eating lunch;
- using vacation time;

- participating in various rituals to express feelings;
- using existing supports and networks of peers; and
- learning specific techniques, such as mindfulness, meditation, breathing, and relaxation exercises.

To encourage self-care at a programmatic level, organizations need to formally integrate these concepts into all staff development activities. Organizational strategies include

- educating all staff on secondary traumatic stress, vicarious trauma, and self-care strategies;
- addressing topics related to self-care in team meetings;
- encouraging staff members to understand their stress reactions and develop their own self-care plans;
- providing regular opportunities for self-reflection and self-awareness training; and
- providing trauma-informed supervision and creating a supportive organizational culture.

See AIR/NCFH's

*What About You? A Workbook for Those Who Work With Others*

at [www.familyhomeless.org](http://www.familyhomeless.org)

*for additional tools and activities for supporting staff self-care.*

## Providing Trauma-Informed Supervision

*"Supervision is a form of experiential learning. It is a forum where supervisees review and reflect on their work in order to do it better."<sup>21</sup>*

Supervision is often the primary vehicle for educating and training staff, and reinforcing and integrating concepts into daily practice. Supervision is a time for reflection and ongoing assessment of workload needs, and a place where staff can discuss work successes and challenges, and reflect on skills needed to improve their work. Trauma-informed supervision adds an additional layer, which includes helping staff understand and apply trauma concepts and build needed skills to support veterans who have experienced trauma. Supervisors are trained to understand trauma and its impact on veterans, and to help staff to do the same.

Key components of trauma-informed supervision include

1. providing, applying, and sustaining trauma education and training;
2. modeling trauma-informed care within the supervisory relationship; and
3. recognizing and addressing secondary trauma and supporting staff self-care.

Trauma-informed supervision mirrors the core principles of trauma-informed care, with a particular focus on the way these principles are applied within the supervisory relationship.

Core Principles of Trauma-Informed Care <sup>22</sup>	Applying Core Principles to Supervision
<b>Understanding trauma and its impact</b>	Supervisors are trained in trauma and trauma-informed care, and incorporate that understanding into supervision. Supervisors work to understand the ways that they and their staff may be affected by the work (e.g., secondary/ vicarious trauma) and learn to recognize the warning signs.
<b>Establishing safe and supportive relationships</b>	Supervisors create an environment that is consistent, predictable, respectful, and strengths based, in which supervisees can feel safe to share their work experiences and ideas, and express feelings and concerns.
<b>Supporting choice, control, and autonomy</b>	Supervisors support staff to gain a sense of control and autonomy in their roles. Supervision is staff driven, based on needs and mutual decision making.
<b>Sharing power and governance</b>	Supervisors regularly ask for staff input and feedback about the supervisory relationship and regarding broader goal planning and decision making within the larger agency.
<b>Ensuring cultural competence</b>	Supervisors are aware of and are open to a range of staff experiences, backgrounds, and opinions, and create opportunities for ongoing discussions about cultural awareness.
<b>Integrating care</b>	Supervisors maintain a holistic view of staff that understands the interrelated nature of staff health and wellness, and quality of care for veterans. Supervisors model balance and self-care, and support their staff to incorporate self-care strategies.
<b>Believing that healing happens in relationships</b>	Supervisors model the types of relationships they are teaching their staff to build with veterans and repair relationships with staff when there are challenges.
<b>Understanding that recovery is possible</b>	Supervisors spend time helping supervisees identify future goals for themselves and the veterans they serve.

## Creating a Supportive Culture

In addition to providing education and training in trauma and trauma-informed supervision to reinforce concepts and skills, organizations can work to ensure that the core principles of trauma-informed care are mirrored in the broader agency culture. Creating a supportive culture for staff means demonstrating the importance of staff safety, choice, control, and empowerment that is parallel to what is being practiced with veterans. Concrete strategies may include the following:

### Creating a Supportive Culture<sup>23</sup>

#### *Employee control and input*

- The organization provides opportunities for staff to provide input into practices and policies.
- The organization reviews its policies on a regular basis to identify whether they are helpful or harmful to the health and well-being of its employees.
- Employee job descriptions and responsibilities are clearly defined.
- The organization provides opportunities for staff members to identify their professional goals.
- Staff members have formal channels for addressing problems/grievances.

#### *Communication*

- Staff members have regularly scheduled team meetings.
- Regular discussions of the way people and departments are communicating and relaying information are addressed in team meetings.
- The organization provides opportunities for staff in different roles to share what one another's days are like.
- The organization has a way of evaluating staff satisfaction on a regular basis.

#### *Work environment*

- The work environment is physically well maintained (e.g., clean, secure).
- Employee rights are posted in places that are visible.
- The organization provides opportunities for community building among employees.
- The organization provides opportunities for sharing about different cultural backgrounds of employees.
- The organization has a no-tolerance policy concerning sexual harassment.
- The organization has a no-tolerance policy concerning bullying.
- Workplace issues, including grievance issues and interpersonal difficulties, are managed by those in the appropriate role and remain confidential.

## Conclusion

Building trauma-informed veteran service systems requires a commitment to the ongoing training and support of providers and organizations to transform their practices and incorporate appropriate services for the veterans served. One-shot trainings are not enough and will ultimately fail. Organizations must build an infrastructure to support ongoing workforce development. An investment in the workforce is an investment in providing quality care for veterans. Although challenging, workforce development represents a relatively low-cost, high-yield investment compared with the enormous human and economic toll that unaddressed trauma takes on veterans and their communities.

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