

# Implementing a Trauma-Informed System of Care: Leadership Strategies to Prevent & Mitigate Organizational Trauma in Behavioral Health Systems

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Miguel Messina, Psy.D, LMHC, CDP

# Failed Dependency

...“Failed dependency” leading to a loss of trust in public institutions and large private corporations. The culture of individualism and privatization has changed the nature of the relationship between persons and the institutions (Hopper, 2012, p. 45).

# Question 1

What thoughts and/or feelings emerge in response of the previous quote?

# Agenda and Learning Objective (Research Questions)

- Identification of the signs and symptoms of organizational trauma in the behavioral health systems
- Role of leaders in preventing, mitigating, and healing organizational trauma
- Understanding the applications of trauma-informed care
- Training and development of leaders in the context of organizational trauma, including trauma-informed principles

# Introduction

- Brief Description of my own dissertation
- Understanding BH organization and placement of community
- Bridging the gap between scholarly work and practice
- The importance of studying other areas of inquiry such as organizational culture and leadership in the BH organizations

# Importance of this topic

- Impact of OT on the BH systems
  - The system, when distressed, overpowers an organization's protective mechanism, leaving the entity defenseless and vulnerable.
  - Over time, these distressed and fractured organizations become reactive, and leaders respond in fear by acting as oppressors to their staff, rather than protectors, increasing demands for delivering services in a way that exceeds resources.
- Recognizing the impact on the systems, individuals and clients
  - Systems are not individuals, but human beings form systems, and trauma emerges deep within the negative emotions and experiences of people in the organization.

# Importance of this topic

- The responsibility of healing and preserving that of which heals the individual, family and community
- Unaddressed organizational trauma has resulted in a hazardous work environment where accidents and workplace injuries occurred as well as abuse of alcohol, tobacco, and drugs by the stressed and burnt out staff resulting in high turnover, low morale and overall organizational distress and fracture .
- The implications of transforming the culture of an organization
- Protect the culture and the organization from traumatization by how the culture of the organization interprets the events as well as how they approach action steps towards solutions.

# Understanding Organizational Trauma

## ● General Remarks

- Crisis and traumatic events are common elements in the life of an individual and an organization. Not every traumatic or stressful event in the life of individuals results in PTSD.
- Not all adversity and stress in an organization produces OT, for an organization with the right structure, this could result in opportunities for growth.
- However, just like individuals, some organizations are more susceptible than others to have their protective barriers ruptured; and if not resolved, results in a persistent and cumulative trauma that eventually causes enough disruption to change the way the system functions.
- Behavioral health agencies by the nature of their redemptive work are mission-driven and often vulnerable and hypersensitive to the external and internal threats.

# Understanding Organizational Trauma (Cont...)

- Culture

- Organizational culture is the vault where the members of the organization share all beliefs, values, and assumptions.
- The organization's unconscious assumptions that operate as part of their culture are less visible and stronger than the conscious elements of the culture, which are more enduring and pervasive as they survive and transcend any particular individual or group.
- In fact, organizational history and culture predate the individual who enters the system and eventually acculturates to the process of the organization.
- Organizational trauma lives in the fabrics of historical culture.

# Understanding Organizational Trauma (Cont...)

- Assumptions

- First, the intense and widespread reaction to traumatic events are normal and cannot be mitigated by obedience.
- Second, traumatization is the result of inadequate mitigation, lack of leadership and organizational awareness of its culture and patterns, and the organization's inability to restore functioning.
- Third, the persistent and cumulative effects of traumatic events influencing and injuring the system become entrenched in the organizational culture.
- Fourth, the degree of traumatization depends on the organization's culture, history and the nature of their work.
- Fifth, traumatization is directly proportional to the extent of the assault and the prolonged period of exposure.

# Understanding Organizational Trauma (Cont...)

- Sixth, traumatization is manifested by the presence of symptoms in teams and groups that resemble individual personal trauma, including fear, anxiety, anger, depression, and helplessness.
- Seventh, team and group emotional responses to traumatization create at least a temporary vulnerability.
- Eighth, the organization loses its compassion and social elements, becoming fragmented, affecting internal and external relationships.
- Ninth, the organization turns inward, negative, and self-destructive.
- Tenth, over time organizations experience despair, leading to the disintegration of its value system and loss of its mission statement.

# Understanding Organizational Trauma (Cont...)

- Model
  - Phase one, the traumatizing event sets two possible reactions in motion. First, the expression of stress and second, the propagation of trauma as the symptoms of traumatization begin to emerge.
  - Phase two manifests the symptoms, based on the disruption, in the organization's identity. The identity of the organization ruptures in two. First the idealized image and second, the reality of the present situation as experienced by the employees.
  - Phase three, employees experience anxiety, depression, anger, and uncertainty. The experiences of these emotions negatively affect employee's motivation, quality of work and productivity.

# Understanding Organizational Trauma (Cont...)

- Phase four, employees begin to create defenses individually and as groups. Personal relationships are interrupted.
- Phase five, recognized in this development is the process of adaptation. This phase is critical. Leaders admit to the trouble and stress caused by the disrupting events, they identify the cause and accept the responsibility for the toll experienced by employees and systems.

# Causes for Organizational Trauma

- **Governance and ethical problems**
  - The adversity here relates to violation of regulations, service processes regulations, licensing bodies, fraud, and scandals.
- **Employees mistreatment**
  - Bullying, workplace harassment, violence, prejudice, discrimination and oppressive practices.
- **Organizational changes and adaptation**
  - Systems change, mergers, acquisitions, lay-off, re-engineering, restructuring, closing of mission-based programs, and institutional betrayal.

# Causes for Organizational Trauma (Cont..)

- **Death/loss of key organizational members/clients**
  - Bereavement, attrition and loss of key organizational members. In addition, death of client and other work place accidents and injuries.
- **Adverse experiences in trauma prone occupations**
  - Experiencing of toxic stress, vicarious traumatization, burnout, compassion fatigue, frequent encounters with death and injured people, and high-risk situations.
- **Natural and Man-made catastrophic events**
  - Natural disasters, environmental hazards, national and international health crisis, political turmoil and war, mass shootings, civil violence and mission-driven attacks.

# Definitions

- **Trauma:** “At any level, is an experience for which a person or group is emotionally and cognitively unprepared. This experience overwhelms the self-protective structure, leaving the person or group feeling totally vulnerable and helpless” (Stein, 2004, from Vivian & Hormann, 2013).
- **Traumatized System:** “A persistently traumatized system is one in which a pattern of traumatic events and impacts occur over time and are addressed incompletely or not at all, resulting in a system organized internally around trauma and creating a trauma-genic pattern” (Vivian & Hormann, 2015).
- **Organizational Trauma:** “*Is defined as an organization over-adaptation to the rupture of its protective emotional membrane caused by a potentially traumatizing event and involving the appearance of emotional and organizational disturbances*” (Pena, Van den Broucke, Sylin, Leysen, & de Soir, 2017).

# Other Descriptions of the Same Phenomenon

- *Organizational miasma*: “Defined as a highly toxic and contagious state, manifested as moral and spiritual decay, and exploitation of respect, trust, and cooperative relationships in organizations” (Gabriel, 2012).
- *Organizational darkness*: “Referring to workplace violence, aggression, and insensibility to the individual struggles of the employees” (Linstead, Maréchal, & Griffin, 2014).
- *Organizational implosion*: “Described as a highly disruptive event caused in part by organizational members” (Bozeman, 2011).
- *Zemblanity*: The lack of preparedness and the ability to mitigate the impact of avoidable events cause unintentionally” (Giustiniano et al., 2016).

# Consequences of Organizational Trauma

- The primary impact is felt thru the culture of the organization
- ✓ A rippling and propagating effect, contagion and vicarious effects are possible.
- Development of toxic leadership (Collusion)
- ✓ Creates a pervasive culture and leadership.
- Groupthink, Stonewalling, and Mobbing
- ✓ Provides an outlet, to express aggression, or victimhood and remain anonymous.
- Burnout, compassion fatigue, and vicarious trauma
- ✓ As the system of care becomes fracture, leaders impose greater levels of control and demands for outcomes, accelerating signs and symptoms of primary trauma.

# Consequences of Organizational Trauma cont...

- Miss use of employees benefits, quitting, resignations, and transfers request
  - A very important sign of avoidance, somethings necessary and intentional, other times as the direct result of unaddressed and unmitigated trauma
- Disconnection from individual and organizational mission/vision and the present circumstances
  - Cognitive dissonance as part of traumatic consequences, role confusion and unrealistic expectations
- Client care
  - Deterioration in the quality of services, “staff is more concern about managing their personal stress, symptoms, work etc...making it impossible to be fully focus and present
- Outcomes
  - Ripple effect of negative consequences for the entire system
- Cost or replacing, training new staff

## Question 2

Can we prevent the potential changes, threats, adversity, potential harm and opportunities that BH organizations are exposed to?

# Leaders and Leadership the Primary Focus

- Leader contributing to organizational trauma
  - ✓ It requires humility and a conscious effort to identify their role in the organization including the role as containers of thoughts, feelings, and emotions about the organizational culture, and to express them in a manner that validates the experiences of individual members.
- Culture of the organization, the individual and Leadership
  - ✓ Mitigating and preventing organizational trauma is a shared responsibility not of the individual but the group, systems, and culture. The focus should be at the systemic level, how the organization operates and manages functionality.
- System of care (the individual as the system)
  - ✓ Mistakenly, the phenomenon of organizational trauma has been attempted to be understood by placing attention on individuals within an organization. This identification cannot be the only focus of leadership interventions because in the case of adverse situations, individual change is impeded by failures of organizational systems to change.

# Need for Interventions

- Tracing the “rupture” or series of events leading to traumatization
  - Prevents blaming of internal and external factors. Calling out the adversity allows for collective understanding and response.
- Acknowledging the circumstances leading to the events or series of events
  - Impact or fracture/s in the system.
- Acknowledging the consequences
  - As it concern to the organization, systems of care, employees and clients.

# Need for Interventions

- Containment and implementation of safety
  - ✓ Making resources available to neutralize the propagation of the trauma effect, implement safety on employees and intervene where the system has fracture
- Allowing the expression of the trauma as it manifests through the organization
  - ✓ Individuals must be allowed to express fears, anxieties, validations and the desire to persevere, particularly those most affected by the adversity. Secrecy perpetuates the trauma, creates lack of trust, and disrupts systems of care.
- Moving collectively through healing, learning and post trauma growth
  - ✓ The result of intentional interventions are stronger when people are served to believe that the organization and leaders have their best interests and shows in practices, structures and new policies.

# Trauma-Informed Care

(This is where it fits as a source of)

- Creating and strengthening the protective factors, systems of care, and barrier to the culture
- Cultivating and building internal relationships based on organizational mission/vision and strategic plan
- Cultivating and building external relationships with individuals, families, communities, other organizations, stakeholders and etc....based on the mission/vision of the organization

# Trauma-Informed Care

(This is where it fits as a source of) Cont...

- Securing a respectful place in the community to seek and receive support when needed
- Responsible for informing the cost of the emotional labor in providing services and what these services are community
- Protecting primary care providers from systemic forces that contribute to adversity
- Create a safe place for clients to welcome and receive services

## Question 3

Do community members and stake holders understand what we do? the services we provide? The implications, the impact and the cost?

# Leaders Responsibilities based on Trauma-Informed Principles

- Leading in times of crisis, adversity and change
  - To be present, engage, and available, to manage the emotions into health transformative energy, and create meaning.
- Continue leadership post crisis and adversity
  - Collecting and communicating the lessons learned, opportunities to coach others, assist in interpersonal growth, and implement the new information.
- Creating a culture of learning, resilience and post trauma growth
  - what changes are needed in order to prevent similar circumstances? (staff includes the leader!) (systems and organization).
- Implementing a (TI) top-bottom culture reflected in policies, strategic planning, organizational structures and business
  - The importance of this work, has to matter to all in the organization

# Leaders Responsibilities based on Trauma-Informed Principles (Cont...)

- Bottom-up identification of organization needs and impact on the systems of care
  - ✓ This process alert leaders where possible disruptions, and fractures are emerging or has the organization heal, stabilized and grew from previous experiences (Open and clear communication). It might be an indication that more work needs to be done.
- Implementing dynamic protective methods to manage change and possible adversity (Scorecards)
  - ✓ Intentional implementation of systems that informed readiness and disposition, mitigates changes and unwanted consequences other disruptions and monitor the results positive and negative after implementation.

## Question 4

Could leadership based on trauma informed principles be a more active way to measure leadership skills and effectiveness?

# The Leader

- Transformational Leadership

Comprised of four dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. These leaders act as role models and can formulate an inspiring vision for the future. They encourage employees to be creative and innovative, as well as give them autonomy to make their own decisions, while at the same time coaching them so that they can develop their abilities. Resolves the stress of adversity and forecasts future events.

- Emotional Intelligence

Self-awareness, self-regulation, motivation, empathy, and social skills: A style of leadership that fosters relationships rather than oppressing employees and causing more harm and emotional distress. Assist in displaying emotional stability and focus that others can respond to and demonstrate.

# The Leader

- The role of body regulation
  - The ability of activating and remaining regulation of one self and intervening in assisting to regulated others is a skill that requires time and intentional practice. It perhaps and ability that include knowledge of how trauma and stress is manifested in the body, along with a practical application of emotional and social intelligence, and the believe that this is a role as a leader.
  - Leaders will experience grief, worry, and stress; nevertheless, they can also use these situations to cope and strengthen their skills, commitment to the field of work, and areas of expertise as well as a commitment to employees, the organization, and the community.
- Self-care
  - Our work is bound up in our identity and values in life. It necessitates being continual learners. Our work is done in community, therefore it requires personal mission/vision and intentionality. Most follow the recommendation provided in the prevention of compassion fatigue.

## Question 5

Where do we come from, what took place for us to assume a leadership position?

# What motivated us?

- Being a good primary provider
- By seniority and attrition
- Increase in Pay
- A change from primary care work
- Natural evolution
- Intentional, curiosity, and wanting to learn

# Training and Development of Leaders (A missed Opportunity)

- Very clear expectation and descriptions of what the role leader entails
- Learning to lead and manage
- Understanding the responsibility of managing people
- Exploring personal readiness, disposition, and reasons for taking into this new role
- Assessment of base-skills and additional knowledge, skills and attitudes needed to be acquire and develop in the new role

# Training and Development of Leaders (moving forward)

- Opportunities to apply new fundamental of project management, budgeting, employee's performance plans, coaching, mentoring and relationship building
  - Accomplished by trainings, seminars and opportunities to implement new skills in a new role.
- Importance of interpersonal development
  - Mentoring and seeking intentional opportunities to mitigate and resolve conflict and adversity, exposure to challenges, and follow ups as part of learning.
- Assess and increase Emotional Intelligence skills and abilities
  - Assessing these skills at the beginning and creating intentional areas of improvements. Partnering/discussion and follow ups.

# Study Results (Summary)

- OT in the behavioral health systems

Strong consensus validates the presence of organizational trauma in behavioral health organizations.

- Organizational trauma to personal trauma.
- Potential of being cumulative and entrenches in the culture of the organization, resulting in interpersonal conflicts.
- Formal intervention and acknowledgment are needed.
- Experience disintegration of its prescribed structures.
- Symptoms are those of collusion, groupthink, and scapegoating of key staff members.
- BH Organizations are at high risk of traumatization based on the role they play in the community.
- Traumatization comes from the unmitigated internal and external adversity

# Study Results (Summary)

- Leadership roles:
  - Leaders are responsible for managing changes, transitions and predict potential events that can rupture the protective membrane of an organization.
  - Leaders have the opportunity to initiate the process of adaptation to changes just by taking responsibility and acknowledgment of potential harm.
  - leaders have to demonstrate the skill of honest listening, transparency and trustworthiness and recognizing a toxic climate and fracture systems.
  - Resiliency and the ability to motivate individuals towards posttraumatic growth are highly rated roles for leaders.

# Study Results (Summary)

- Leadership development and training topics
  - Transformational leadership was rated high in the consensus process throughout the study.
  - Understanding the impact of a traumatic event and be ready to listen for signs and symptoms.
  - To connect staff's work to the mission and vision of the organization, particularly during difficult times, is necessary to develop a culture of resilience.
  - Organizations and their leaders are best when they create adversity preparedness.
  - Become a trauma-informed leader

## Question 6

Feedback:

Name two or three points you learned useful in your work?

Name two or three points you will like to add to future presentations to meet your learning needs?

# Thank you

- Dissertation:

Messina, M. J. (2019). *Failed Dependency: Leadership Strategies to Prevent, Mitigate, and Heal Organizational Trauma in Behavioral Health Systems* (Doctoral dissertation, Ashford University).

- Contact information:

migueljmessina@gmail.com

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