Making the Case for Trauma-Informed Care: Tips for Talking with Leadership

By Meryl Schulman, Center for Health Care Strategies

IN BRIEF

Securing buy-in from leadership is often a critical first step in securing meaningful investments for trauma-informed care within health care organizations. The following technical assistance tool offers considerations for trauma-informed care champions when talking with leadership about the value of a trauma-informed approach, and provides sample language that champions can use to adapt their pitch to different leadership audiences. This tool, made possible through support from the Robert Wood Johnson Foundation, was derived from a series of interviews with key health care stakeholders, including health system executives, clinical administrators, and payers (see interviewee list on page 2), to better understand what it will take to "make the case" for broad adoption of trauma-informed care in the health care sector.

Trauma-informed care can be championed by an individual at any level of an organization, but receiving buy-in from leadership is often a critical first step to sustaining any long-term commitment. Leadership support is essential to securing meaningful investments in trauma-informed care, and certainly to spreading it throughout a health care organization or system. Furthermore, senior leadership play an important role in communicating the rationale and benefits of trauma-informed care to generate organization-wide buy-in, allocating resources to train staff, and changing organizational policies and practices to promote trauma-informed approaches.

The following technical assistance tool, made possible through support from the Robert Wood Johnson Foundation, was informed by a series of interviews with key health care stakeholders, including health system executives, clinical administrators, and payers, to better understand what it will take to "make the case" for broad adoption of trauma-informed care in the health care sector. This tool is aimed at supporting champions when approaching leadership about the value of adopting a trauma-informed approach in health care settings. It offers key considerations for talking with leadership, and sample language that champions can use to tailor their pitch to different leadership audiences.

Six Considerations for Talking with Leadership about Trauma-Informed Care

1. ***Identify your audience.*** Prior to approaching leadership, consider whom you will need buy-in from to invest in trauma-informed care, as well as their role(s) within the organization. Tailor your pitch to that individual's goals and objectives within an organization. For example, a

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champion's approach might differ when speaking with a chief medical officer versus a chief financial officer, or when the organizational leader has a strong background in behavioral health and already understands the impact of trauma on health and the value of trauma-informed care. A chief medical officer might be interested in trauma-informed care for its potential impact on staff burnout and patient engagement, while a chief financial officer might be more interested in its potential impact on staff retention. It is important to recognize that there is no "one size fits all" approach to making the case for trauma-informed care as individual health care organizations and their leaders have unique needs and strategic priorities.

2. ***Understand the implementation process, and associated time and cost commitments.*** Leadership will want to know what it takes to become trauma-informed. Consider connecting with other organizations that have invested in trauma-informed care, as well as potential trainers that could support your organization to help gather this information. It is important to recognize that becoming trauma-informed is an incremental process that can be phased in over time. Emphasizing this for leadership may make adoption seem less daunting and more palatable. Champions might also highlight that training can be woven strategically into existing practice and system change efforts, including work related to behavioral health integration and value-based payment, as well as regularly scheduled staff training. Instead of proposing an organization-wide transformation to trauma-informed care, champions approaching leadership might consider piloting this work on a smaller scale — measuring the near and intermediate-term impact of those efforts — and then going back to leaders with a pitch to scale based on positive learnings and outcomes.

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**Title at the time of the interview.*

3. ***Articulate the value of trauma-informed care.*** Leadership will be interested in understanding the potential impact of their investment. Empirical evidence, while still limited in this emerging field, suggests persistent impacts on staff knowledge, attitudes, and behaviors, and positive impacts on client outcomes.[1] Anecdotal evidence from both the clinician and patient perspectives can also serve as a powerful tool to demonstrate the value of trauma-informed care. Early adopters of trauma-informed care, and their patients, have powerful stories that can be shared to demonstrate how trauma-informed approaches change the way they provide and experience care.[2] Champions should also consider highlighting:

   - **The relationship between trauma, health-risk behaviors, and poor physical and behavioral health outcomes.**[3,4] This knowledge can help providers better understand the potential root cause of disease for their patients and why they may engage in health-risk behaviors.
   - **The use of trauma-informed care as a strategy to address some of health care's most prevalent and costly medical conditions**, such as chronic obstructive pulmonary disease and diabetes, given the relationship between trauma and physical health outcomes.[5]
   - **The potential for trauma-informed care to help providers better engage people with complex health and social needs**, many of whom have trauma histories.[6] Indeed, many leading complex care providers recognize trauma-informed care as a core competency for staff.[7]
   - **The prevalence of trauma across society, particularly among historically marginalized populations**.[8] Given its ubiquity, it is critical that health systems recognize and appropriately respond to trauma.
   - **The emphasis that trauma-informed care places on creating a culture of wellness and reducing staff burnout**. Given the prevalence of burnout in the provider community, there is a compelling case for using trauma-informed care as a tool to empower, engage, and retain staff.

4. ***Be strategic.*** Trauma-informed care has the potential to help health care organizations meet other existing objectives and strategic priorities. Consider outcome measures for which providers and/or systems are currently accountable, such as patient engagement and patient satisfaction, and articulate to leadership how trauma-informed care might help the health system meet these targets. In addition, trauma-informed care can be framed as a tool to augment existing care model redesign efforts, such as patient-centered medical homes, complex care management, physical and behavioral health integration, and efforts to address health-related social needs. Lastly, trauma-informed care may help health systems work toward broader population health strategies, such as reducing health disparities and improving health equity.

5. ***Anticipate apprehension.*** Prior to engaging leadership, it may be valuable to think through areas that may be a source of apprehension. For example, primary care providers may be apprehensive of screening for ACEs or trauma given the limited time they have with patients, the sensitive nature of the questions asked, and a limited understanding of how to address both current and past trauma that may be identified. Consider connecting with providers who have embraced these screening approaches and recognize there are steps that can be made for a practice or organization to become more trauma-informed without screening for ACEs or trauma.[9,10] Furthermore, adopting a trauma-informed approach requires that staff learn about

trauma — this may be challenging as staff may have their own trauma histories. When conducting trauma trainings, trainers should be prepared to support staff who may be triggered during a training session. Later on in the process of becoming trauma-informed, organizations should provide supervisors with tools and strategies, such as reflective supervision, to help staff manage their emotions and process their reactions on an ongoing basis.

6. ***Be persistent.*** It is important to recognize that not all champions will be successful their first time approaching leadership. Listen to their concerns, refine your approach, and then make your pitch again. Furthermore, as a champion for trauma-informed care, do not underestimate the value of small, incremental changes. There are a number of changes individuals can make to embrace trauma-informed principles,[11,12] as well as steps organizations can take to lay the groundwork for an eventual shift to trauma-informed care.[13] Consider including leadership in any relevant activities, and be sure to highlight the value of these incremental changes to both patients and staff when re-approaching leadership for an investment.

Make Your Pitch: Sample Language for Champions

There are a number of key points that champions should consider when speaking with health care leadership about the value of adopting a trauma-informed approach. The following is sample language that champions can use when explaining the rationale for investing in trauma-informed care.

Clinical

- **Over 61 percent of US adults reported at least one ACE in a national analysis conducted by the Centers for Disease Control and Prevention.** Given the prevalence of trauma across society, it is likely that many people who interact with the health care system have trauma histories. Furthermore, the same study showed that historically marginalized populations — including people who identified as black, Hispanic, or multiracial, people with an income of less than $15,000 per year and those who were unemployed or unable to work, and people who identified as gay, lesbian, or bisexual — are at higher risk for ACEs.[14]

- **Trauma, particularly exposure to adversity during childhood, negatively impacts both physical and behavioral health**. Compared to individuals with zero ACEs, individuals with four or more ACEs are approximately: 10 times more likely to have injected street drugs; 12 times more likely to have attempted suicide; and four times more likely to have chronic obstructive pulmonary disease.[15]

- **For clinicians, understanding the impact of trauma on health sheds light on the potential root cause of disease for patients**, and provides a more complete patient history. For their patients, learning about the effects of trauma on health and behavior can be a revelation in realizing that there is not something "wrong" with them, but that they are a product of their life experiences.

- **Trauma influences people's behaviors and relationships, which may affect individuals' ability to effectively engage in care** and follow directions from a medical provider. A person who has experienced trauma may feel unsafe, betrayed, and/or have difficulty trusting people. This may lead to heightened emotions, such as anger or aggression, as well as numbing and isolation.

Numbing may also be achieved through health-risk behaviors, such as substance use or having multiple sexual partners, and isolation can lead to disengagement in care.[16]

- **Understanding the effects of adversity and trauma is especially important for providers working with children and their families.** In the absence of protective factors, such as a stable, caring relationship, children exposed to strong, frequent, or prolonged adversity are at risk for developing a toxic stress response. This can impact brain development and other organ systems, and increase the child's risk for stress-related disease and cognitive impairment later in life.[17] With this knowledge, providers can emphasize opportunities to support at-risk families in strengthening protective factors to build resilience and mitigate the effects of trauma.

Workforce

- **Trauma-informed care acknowledges that staff may have their own trauma histories, or suffer from compassion fatigue and burnout.** By prioritizing workforce wellness — for clinical and non-clinical staff members — trauma-informed care has the potential to improve staff morale and satisfaction, reduce burnout, and improve workforce retention. Given the high rates of provider burnout and its cost to health systems,[18] there is a strong case for adopting a trauma-informed approach to care to better support the workforce.

Cost of Inaction

- **People with trauma histories may adopt maladaptive coping mechanisms**, such as smoking, using drugs and/or alcohol, or overeating, that put them at higher risk for some of the most prevalent and costly medical conditions. This includes chronic obstructive pulmonary disease, diabetes, obesity, and excessive alcohol use, among others. Trauma-informed care can help providers better understand why a person may have adopted certain behaviors that put them at risk-for or exacerbate certain diseases, and lay a foundation for more trusting relationships that may ultimately contribute to patients better managing these health conditions.
- **The total lifetime economic burden associated with child abuse and neglect in the United States is estimated at $124 billion**, and child maltreatment often results in poorer health and increased health care costs over a lifetime, from childhood and throughout adulthood.[19]

Learn More

This technical assistance tool is a product of ***Advancing Trauma-Informed Care***, a national initiative made possible by the Robert Wood Johnson Foundation that aimed to better understand how trauma-informed approaches can be practically implemented across the health care sector.

To learn more about practical strategies for implementing trauma-informed approaches, visit CHCS' *Trauma-Informed Care Implementation Resource Center* at **TraumaInformedCare.chcs.org**.

Endnotes

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[7] The Camden Coalition of Healthcare Providers is a leader in the field of complex care management that recognizes trauma-informed care as a guiding principle for its work with patients. For more information, see: https://hotspotting.camdenhealth.org/care-interventions-101/.

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[10] For more information on inquiring and responding to current and past trauma in adult health care settings, see: From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care. Available at: https://www.whijournal.com/article/S1049-3867(18)30550-4/fulltext.

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[16] For more information on how trauma impacts relationships, see: International Society for Traumatic Stress Studies. Available at: https://www.istss.org/ISTSS_Main/media/Documents/ISTSS_TraumaAndRelationships_FNL.pdf.

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