

TRAUMA-RESPONSIVE ORGANISATIONS

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TRAUMA-RESPONSIVE ORGANISATIONS

The Trauma Ecology Model

BY

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Outcomes Matter, Ireland



United Kingdom – North America – Japan – India
Malaysia – China

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INVESTOR IN PEOPLE

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BIOGRAPHIES

Daryl Mahon is the lead author of this book. Originally trained as a psychotherapist, he has worked across the health and social care sector as a practitioner, leader and researcher. He currently works in research and lecturers in health and social care, while also completing a doctorate degree as well as delivering national and international training in areas related to psychotherapy outcomes and processes. He has published papers widely in several areas, including servant leadership, psychotherapy outcome research and multicultural practices. At a personal level, he has lived experience of being in various institutes throughout Ireland. These experiences provided him with deep insight into how institutes and organisations, even those purporting to care for people can further harm some of the most vulnerable and marginalised in society.

Martha Griffin is an Expert by Experience, Lecturer in Mental Health and Chair of the Certificate in Peer Support Programme. She is a Peer Educator at the Dublin North, North Recovery College. She is on the project team of the Public Patient Project, which increases the participation in Health and Social Research in Higher Education Research. She has always had an interest in social justice, equality and striving for a better world. In 2001, she completed a Bachelor of Legal Studies and Taxation and found that the legal profession for her was not the right tool to work towards improving society and bringing about change. In 2005, she returned to college and completed H.Dip. in Community and Youth Work. She is passionate about participation, people power and change and a member of INTRA (International Network towards Alternatives and Recovery), on the management committee for the Gateway Mental Health Project, a member of the organising group of the Community Development Network and a member of the Community Work Education Forum.

Ravind Jeawon, MIACP, is a Dublin-based Psychotherapist and the Founder of Talk Therapy Dublin, a service that aims to provide inclusive counselling support to clients experiencing distress. Born in Dublin, the son of an immigrant father and rural Irish mother, he comes from a diverse family background that has exposed him to challenging and enriching experiences around

race, identity and religion. His father, descended from Indian indentured labourers, was forced to emigrate from South Africa during the apartheid era. The consequences of forced migration took a toll on his family and influenced his exposure to substance abuse, marital difficulties and a variety of mental health issues from a young age. His wife also immigrated to Ireland from the Balkans for economic reasons, which included a vulnerable period living undocumented. These experiences have ignited an interest in mental health support from a multicultural perspective. Alongside private practice, he works mentoring students and newly qualified therapists from diverse backgrounds and also provides counselling services to the International Organization for Migration in Ireland linked to their voluntary return programme.

Prior to Psychotherapy, his career background was in business development representing multinational companies such as Nestle, Microsoft and Procter and Gamble. This provided the opportunity to spend time in the United Kingdom, United States, Switzerland and the Republic of Ireland. Cultural themes were often relevant in this work from a commercial perspective. The inequality experienced by people due to the fallout from the global economic crash around 2008 seeded uneasiness with his corporate career, which gradually led to a reorientation and an increasing interest in advocacy. He spent five years as a voluntary youth mentor on behalf of the organisation Foróige, which involved mentoring teenagers who grew up in foster care. His voluntary work also extended to supporting and advocating for individuals brutally affected by the ongoing housing crisis in Ireland. As a Therapist, he continues to advocate for more inclusivity within mental health practice, particularly linked to core trainings and an improvement in multicultural responsiveness from caring professions when providing services to minoritised communities.

Michael Norton is an early career Researcher currently working as a Lecturer in the University College Cork and as a National Engagement and Recovery Lead at the Office of Mental Health Engagement and Recovery within the Irish mental health services. He is currently pursuing M.Sc. in Health Care Management at the Royal College of Surgeons in Ireland and has guest lectured in several universities, including Trinity College Dublin and NUI Galway. His current research activities centre around co-production where he is currently writing a textbook on the application of the concept in mental health service provision. His other research interests include peer support, peer led initiatives, recovery and mental health care across populations.

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INTRODUCTION

Daryl Mahon

The genesis for this book can be found in my many years of working across the health and social care sectors, within systems of care that provided services to those most marginalised, many of whom having hugely suffered traumatic childhoods and later traumas in adulthood, very often perpetrated by those in positions of authority. Having worked within various organisations, and later in research, one of the things that became apparent to me is that how systems of care are structured and organised and can be far more important for addressing trauma experiences than the interventions that are provided. In recent years, my research interests in servant leadership and the wider trauma-informed field reinforced these beliefs and experiences. The integration of these two concepts is at the core of this book. Specifically, I bring together both these research interests and provide a systematic method for organisations to become trauma-responsive based on several existing trans-theoretical evidence-based practices. As such, this book is about cultural and attitudinal change by practitioners and organisations, where interventions are useless without these core driving forces.

Organisational change is extremely challenging, even with the most well-meaning and innovative cultures, and implementing systematic change remains one of the most difficult tasks for the management and policy makers. As such, approaches to change need to be implemented using differential strategies over prolonged periods of time. The purpose of this book is to set out a way for whole systems of care to become trauma-responsive. I do this by providing a conceptual model that practitioners and systems of care can use as a guiding framework, namely, the trauma ecology model (TEM). This model represents a significant contribution to the literature and a unique way of understanding trauma-informed systems of care. One of the most unique contributions of this book is the re-casting of servant leadership as a trauma-informed model

of leadership that naturally operationalises many of the principles in trauma-informed approaches. The book is concerned with helping the reader understand each element with an additional focus on the ‘how to’ of practice and implementation.

While there is relatively little by way of leadership specific trauma research, the extant literature speaks about how traditional leadership models can help to implement trauma-informed approaches through the uptake of its various components. As I will demonstrate throughout this book, servant leadership takes its starting point to be a trauma-informed leadership philosophy. What do I mean by this? Well, servant leadership shares many of the same values and intentions as the trauma-informed approach. It seeks to empower, provide service to others and behave in ethical and moral ways, while also seeking to heal the emotional wounds of those served within the organisation and within the wider community. Servant leadership is concerned with the growth of others being of service to the higher order needs of others and is also concerned with the least privileged in our societies. It achieves all this and more, while also having excellent organisational, team and employee outcomes. Crucially, servant leadership and trauma-informed approaches share many core characteristics such as empowerment, emotional healing and service to others. Therefore, integrating them in this manner was almost a natural extension of each concept.

Although several of the chapters in this book are based on servant leadership, or the use of servant leadership to operationalise trauma-informed work, not all chapters directly speak about servant leadership. Although the philosophy of emotional healing and service to others permeates throughout each chapter, several chapters that explore micropractices must be discussed as part of the TEM. As such, the structure of this book is set out in the following way.

CHAPTER 1: TRAUMA-INFORMED APPROACHES IN ORGANISATIONS: THE TRAUMA ECOLOGY MODEL

In chapter 1, I introduce the reader to the trauma-informed literature and the six principles of the trauma-informed approaches put forward by the Substance Abuse and Mental Health Services and Administration (SAMHSA). Definitions and descriptions are provided, and a summary of the research in this area is given. The six principles of trauma-informed approaches are outlined, and this chapter introduces the reader to trauma specific and non-specific organisations, describing the characteristics of both. The final section of chapter 1 sets the tone for the remainder of the book by introducing the

TEM, which provides a conceptual framework for organisations to become trauma-responsive through the uptake of various components.

CHAPTER 2: SERVANT LEADERSHIP: IT REALLY IS TRAUMA-INFORMED

This chapter offers a unique perspective on servant leadership by re-casting it as a trauma-informed leadership approach. The need for moral and ethical leadership has never been greater, not least because those most marginalised are often impacted most by unethical practices in systems. An overview of the servant leadership literature is provided by setting the context for the introduction of trauma-informed servant leadership as the preferred leadership approach in organisations who work in settings that trauma prevalence is most likely. An ideographic trauma-informed servant leadership scale outlines the key characteristics of this approach and describes how they are operationalised. While the outcomes associated with servant leadership are outlined, the chapter focusses on two of the outcomes most closely aligned to the trauma-informed approaches literature, psychological safety and trust. In doing so, this chapter describes servant leadership as a trauma-informed leadership approach, while also demonstrating how it can cultivate psychological safety and trust within an organisation. The trauma-informed servant leadership scale can be found in the Appendix.

CHAPTER 3: SERVANT LEADERSHIP SUPERVISION IN TRAUMA-RESPONSIVE ORGANISATIONS

Similar to servant leadership, trauma-informed approaches recognise that many employees working in organisations have also suffered previous traumas. Concomitantly the trauma-informed literature and the general outcome literature provide evidence that employees working with trauma populations are at heightened risk of experiencing burnout and secondary trauma. Thus, this chapter introduces a model of trauma-informed servant leadership to support employees and reduce the likelihood of burnout and secondary trauma experiences. An overview of the supervision literature and burnout/secondary trauma is discussed. The trauma-informed servant leadership model outlined previously is explored as it relates to supervisors' practices, and an ideographic supervision measure is provided. The final section of this chapter elucidates how servant leadership supervision can operationalise the cultural principle from the trauma-informed approaches for employees. The servant leadership supervision scale can be found in the Appendix for use by practitioners.

CHAPTER 4: SERVANT LEADERSHIP-INFORMED PEER SUPPORT

One of the six principles of the trauma-informed approaches is peer support. In this chapter, Martha Griffin and I discuss a model of servant leadership peer support for working with those who have experienced trauma. In the first instance, an overview of the peer support literature is explored, identifying the key ingredients and outcomes. Then, a model of servant leadership peer support is discussed building on the model discussed in the previous chapters. Again, a model with an ideographic scale is provided and the characteristics are discussed and brought to life. Martha Griffin explores each characteristic unpacking and how they apply to the peer relationship. A servant leadership peer support scale can be found in the Appendix to support the training of peers using the characteristics.

CHAPTER 5: DIVERSE, INTERSECTING AND MULTICULTURAL CONSIDERATIONS IN TRAUMA-RESPONSIVE ORGANISATIONS

All organisations are culturally encapsulated and designed through the lens of the dominant culture. When talking about multicultural identities in this chapter, Ravind Jeawon and I take a broad conceptualisation of this construct to include individual gender, age, religion, ethnicity, race, socioeconomic status, sexual orientation, national origin, heritage and disability status. We discuss these issues and how they combine to be more than a sum of their parts through the concept of intersectionality. We highlight some of the pitfalls in organisational design and process that can impact on service users and briefly highlight some best practices for making organisations more culturally welcoming for service users.

CHAPTER 6: TRAUMA SCREENING AND ASSESSMENTS: CONSIDERATIONS FOR SPECIFIC AND NON-SPECIFIC TRAUMA SERVICES

Many individuals accessing social services will have experienced traumatic incidences, and supports could be the first step in their recovery journey. In this chapter, I discuss how we can identify trauma through screening and assessment in specific and non-specific services. A brief overview of the literature is explored with some of the potential pitfalls discussed as they relate to screening and assessment in the context ethical client care. The debate regarding the pros and

cons of universal screening in non-specific trauma organisations is unpacked. Likewise, the debate around the potential impact of assessment in trauma specific organisations is discussed. Ultimately, regardless of the specificity of the organisation, a sensitive screening and assessment that is guided by the trauma-informed principles of choice, collaboration and empowerment is needed, and this chapter sets out a broad framework for how practitioners and organisations can begin to think about this process in an ethical way that also considers the cultural implications attached to working with diverse populations.

CHAPTER 7: PROVIDING CHOICE AND PREFERENCES TO SERVICE USERS ACCESSING TRAUMA TREATMENT: A MULTICULTURAL LENS

Many trauma survivors have experienced mandated treatment that is re-traumatising. Even when treatment is not coercive, some treatment systems leave those with pre-existing trauma of feeling unsafe, due to the lack of choice or preferences regarding the treatment process, little if any input is sought from the client. Thus, in this chapter, I provide a framework based on evidence-based practices that can be used during the therapy process to operationalise the trauma-informed principles of choice, collaboration and safety within a multicultural context.

An overview of the trauma therapy literature is provided, critiquing the debate of trauma focussed versus non-trauma focussed therapies. Then, I discuss the research around incorporating and assessing client preferences for the type of service they would like, while tracking this on a session-to-session basis through feedback on the process and outcome of care. Finally, a case vignette is presented illustrating what a treatment episode across 20 sessions of trauma-informed multicultural therapy may look like. While this chapter operationalises these principles within trauma specific services, much of the ideas and feedback instruments can be used by those working within the broader health and social care sector.

CHAPTER 8: CO-PRODUCTION IN TRAUMA-RESPONSIVE ORGANISATIONS

In this chapter, Michael Norton discusses co-production within mental health organisations. While the ideas and principles are discussed in these specific settings, these trans-theoretical principles can equally be implemented within other health and social care settings. This chapter provides an overview of

some of the key thinking in co-production as it applies to mental health. A comparative analysis is drawn between co-production, trauma-informed care and servant leadership illustrating how all three concepts share many of the same ideas and philosophies.

CHAPTER 9: DEVELOPING A TRAUMA-RESPONSIVE ORGANISATION: AN IMPLEMENTATION SCIENCE APPROACH

Even with the best of intentions, motivations and commitment, implementing evidence-based practices and programmes can be hugely difficult. Indeed, the change management literature explicates this with most initiatives failing. This chapter situates the implementation of the TEM within the implementation science literature, with a complete guide for organisations on how to go through various stages of implementation. This chapter provides an overview of the steps needed for successful implementation. A framework is provided for organisations that can be utilised to fit their individual context. As such, I don't provide a 'how to' for each of the various components of the TEM, but a general framework that can be used in the planning, design and evaluation to support embedding these practices into organisational culture in order to get to a sustainable level of implementation. The trauma ecology model fidelity measure (TEM-FM) can be found in the Appendix to support the process of implementation for your given context.

TRAUMA-INFORMED APPROACHES IN ORGANISATIONS: THE TRAUMA ECOLOGY MODEL

Daryl Mahon

CHAPTER LEARNING OUTCOMES

- (1) Understand the prevalence and impact of trauma
- (2) Examine how organisations can be responsive to trauma survivors needs

ABSTRACT

In this chapter, an overview of the trauma-informed approach is described. The background and context to trauma, its impact on the person, and organisational responses are considered. More specifically, I distinguish between trauma specific and non-specific organisations by defining the characteristic of each. This chapter sets the tone for the remainder of the book by introducing a conceptual model for both specific and non-specific trauma organisations. In order to do this, I outline the differential components that are deemed necessary for organisations to be trauma-responsive; in doing so, I introduce the Trauma Ecology Model to the literature, outlining its various components.

Keywords: Trauma-informed care; implementation; ACEs; Trauma Ecology Model; adversity; organisational context

INTRODUCTION

The genesis of trauma-informed approaches in research terms can be traced back to the Adverse Childhood Experiences (ACEs) research study. This large retrospective study investigated the correlation between childhood trauma and subsequent health in 17,000 adults. Findings suggest that ACEs impact all aspects of a person's wellbeing, such as physical, mental and emotional health, and possibly reduce life expectancy (Felitti et al., 1998; Shonkoff, Garner, the Committee on Psychosocial Aspects of Child and Family Health, the Committee on Early Childhood, Adoption, and Dependent Care, & the Section on Developmental and Behavioral Pediatrics, 2012) . The study was mainly carried out with White middle-class Americans, which may impact generalisability. Childhood trauma was found to be a common occurrence with 30% disclosing substance use in the home; 25% reported sexual abuse; 27% reported physical abuse; 9% neglect, and 17% reporting experiencing emotional neglect. The impact of traumatic stress can be devastating and long-lasting, interfering with a person's sense of safety, ability to self-regulate, sense of self, perception of control and self-efficacy and interpersonal relationships (Hopper, Bassuk, & Olivet, 2010).

Traumatic experiences are said to have a cumulative impact on the individual insofar as the more experiences a person has been exposed to, the more likely they are to have poor physical and mental health problems. Survivors of childhood trauma are more likely to have poor health outcomes and draw on differential medical treatments and resources (Read, Hammersley, & Rudegeair, 2007; Shevlin, Housten, Dorahy, & Adamson, 2008). Survivors of trauma, especially during childhood, are significantly more likely to experience health issues such as chronic lung, heart and liver disease as well as depression, sexually transmitted diseases, tobacco, alcohol and substance use throughout life.

Childhood trauma is also linked to increase social service costs (Centers for Disease Control and Prevention, 2012; Hughes et al., 2017) and premature mortality (Rogers, Power, & Pinto Pererira, 2019). As such, healthcare systems and policy makers are increasingly recognising the need to have trauma-informed and responsive organisations. No universal definition of trauma exists, as such, practitioners and organisations may have their own conceptualisations. However, the following popular definition is provided by SAMHSA (2014, p. 2):

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.