

Episode 271- Susan A. Green: Creating Trauma-Informed Organizations: Planning, Implementing and Sustaining Transformational Change

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello from Buffalo and welcome to inSocialWork. My name is Louanne Bakk and I'll be your host for this episode. The Institute on Trauma and Trauma-Informed Care, or ITTIC, is part of the Buffalo Center for Social Research and the University of Buffalo School of Social Work and is dedicated to providing the public with information on trauma, adversity and its impact. Since its inception in 2012 ITTIC has provided training, education and consulting to a wide variety of organizations and systems both for-profit and not-for-profit on Trauma-Informed organizational change. In this episode Professor Susan A Green, co-director of ITTIC, discusses the increased interest among organizations and systems to provide a Trauma-Informed approach to care and to plan for, implement and sustain Trauma-Informed organizational change. She explores what it means and why it is important for an organization to consider becoming Trauma-Informed. Professor Green describes the experiences of organizations as they transformed into being Trauma-Informed, along with a type of benefits and outcomes that have been observed among clients and staff. The episode concludes with a short discussion on resources that are available for organizations interested in becoming Trauma-Informed including ITTIC's Trauma-Informed organizational change manual and current policy level changes that have been initiated at the national level. Susan A Green LCSW is currently a clinical professor here at the UB School of Social Work. She is certified as an EMDR therapist and in Advanced Critical Incident Stress Management and Trauma Focused Cognitive Behavioral Therapy. Professor Green has taught numerous courses, including social work interventions, trauma theory and treatment, risk and resilience and diversity, and has been working with various groups and individuals for over 20 years as both a special educator and social worker. Professor Green was interviewed in May 2019 by Dr. Nancy J Smyth, Dean and professor here at the UB School of Social Work.

[00:02:57] Well hello everyone! This is Nancy Smyth at the University at Buffalo School of Social Work and I'm really happy today to be here with Professor Susan Green, who is also at our university and I actually had asked her to do this podcast basically because I've been hearing more and more nationally about people's interest in creating Trauma-Informed Organizations. And we'll be talking a lot about what that means and how to do that. And here's the thing is that Susan Green, while she's a faculty here at our school she also is co-director of the Institute on Trauma and Trauma-Informed Care, which we'll be spending a little bit talking about that and what that is and why she started that. And then about experiences doing Trauma-Informed transformation of organizations. And then also hear a little bit about a manual that they've created, which actually is free and downloadable, which hopefully puts this stuff all together so others can start to do this work. Sue, thank you for agreeing to do this.

[00:03:50] Well thank you, what an honor.

[00:03:52] I'm excited to hear it because I've always loved to hear your stories. Can you tell us about what is the Institute on Trauma and Trauma-Informed Care and why did you create it?

[00:04:00] So the Institute of Trauma and Trauma-Informed Care is actually an arm of the Buffalo Social Research Center which is part of the School Social Work. And I was in a conversation actually with you, my Dean, that we were discussing the fact that it seemed as if the community was asking more and more for some information about what is this thing called trauma, let alone how it is that they can think about delivering services at the various spots, have that be an addiction organization, a school or working with folks with mental health issues, that they were finding that as they learned more about what trauma was that they wanted to be more effective in their responses. So as a faculty member at the school I was being asked to actually do trainings, doing coaching or consultation in the community and the demand was exceeding my own ability or other's ability to respond. So as a school, actually we got support to start this institute.

[00:05:00] Right. Well that's taken me back in time a moment to think about those days. So one of the things I remember us talking about was the difference between an organization deciding to provide specific trauma treatment services and then the whole way that an organization works with people. And that this was some of the distinction that you were trying to start to work with organizations about. Can you clarify what that is, those differences?

[00:05:23] Absolutely. At first I need to absolutely credit though, part of our expert panel that is part of the Trauma Institute, and Dr. Sandra Blum, Roger Fallette, Lisa Nosovich and Lisa Butler. All of them helped us think about how we were positioned in being part of the university to take this idea of being responsive to organizations at a level that hopefully could really sustain organizations in a different way than private practitioners. So with that being said, in that guidance we found that it's certainly Dr. Bloom's Sanctuary Model along with Maxine Harris and Roger Fallette's organizational model in regards to paying attention to policies, paying attention bottom line to how you do business seems to be a huge factor in individuals' ability to respond and to move towards health, if you will. So we've come to a place at this time to concretize as best as we can, we think about trauma service delivery as having three levels. First it's an overarching level, and that is the informed component and that's where every person within an organization actually based on your mission and your values can pay attention to ensuring things like emotional and physical safety, trustworthiness, choice, collaboration and empowerment. And with that being said our second level that we speak about is something called Trauma Sensitive and that's when you start to go beyond it being a thought process of it's more about how you do business day in and day out. So we find that organizations are wanting to take a look at things like their intake process, the languaging that is in their policy handbooks or employee handbooks, signage in terms of in the building, how it is that they think about dealing with one another in terms of H.R. practices, human resource practices, let alone what's available to the staff. Just knowing that the impact of the work matters. And so how are we taking care of our workforce in that way. That's all trauma sensitive. Trauma sensitive is also having to do with choices made around what types of assessments, what type of service delivery options an organization is going to use. So the key that we learn is that probably most individuals are in roles that are providing both informed and sensitive service delivery and it's a very small percentage of the helpers that are doing what we call trauma specific work. Trauma specific work, that's the trauma treatment. And the way that we think about it similar to if you are a person who needed a knee replacement you go to a knee specialist, right? You don't go to your GP, your GP would refer you to the knee replacement doc. And similarly when we're talking about trauma specific treatment it's those treatments that have been researched and are part of evidence-based practice delivery. And there are therapists, there are individuals that certainly know these treatment

strategies, yet they've been certified or licensed to do that. And most of the other work is everybody else, right? It's an hour a week, if you will. Sometimes it might be more than that, it could be an hour every other week that individuals are getting trauma specific treatment, but what about the other 23 hours.

[00:08:43] Well, and I'm guessing that that's true for organizations that are providing, say mental health there's some type of intervention. But now a school system might not have any trauma specific services. It might just be a school that does Trauma-Informed and trauma sensitive.

[00:08:57] Absolutely. And so what's been really fascinating to watch in regards to the last few years specifically, with schools there's been a true desire it seems to want to pay attention very deliberately to social and emotional health, let alone obviously academics. And so as people have learned the science about what's behind trauma, let alone adversity, they are noting that when we are able to neutralize our environment to not re-trigger symptoms of trauma. It allows us to be in a spot of what they're calling the New Universal Precaution. Similarly many of us have learned about Universal Precaution in the past around you put gloves on and if there's body fluid you're not asking the questions about what's wrong here, you're just getting rid of the body fluid. You're protecting yourself in terms of gloves on.

[00:09:48] So for people that don't know that, the Universal Precaution came about when HIV was becoming something that we were all watching for and instead of saying "I'm just going to put these gloves on who have HIV, obviously we may not know. Let's just assume that everybody might have something that we want to protect everyone from being exposed to things that they don't need to be exposed to and just take this precaution with everyone."

[00:10:10] Correct. Because actually as we've learned the numbers in terms of percentage of people that actually have had some type of adverse or trauma experience in their life, it's higher than we would have ever believed. So when you take that type of precaution it puts all of us in a position to be sensitive and informed. So some of the schools that we work with, if not districts we are calling it Trauma-Informed Educational Practice. We've learned from others that this idea of calling everything "care" is a little bit tough to swallow for some of these organizations or systems because certainly they care about people but it's not really their job to do a piece of what mental health services might do or what addiction services might do. We're also involved with hospitals and we call it Trauma-Informed medicine. And so the way that Trauma-Informed approach is being talked about is just as I said, approach and certainly it comes from care.

[00:11:03] Okay, so for listeners who haven't tracked this field, really the push for Trauma-Informed Care came initially within treatment clinics, which is why people use the phrase "care." Because we're going to provide care for people. And now what you're saying is that this has changed and become something that people are beginning to say "really we should be assuming this is the norm for many people who have come into receive services anywhere. And it's not just about care, it's about how we do business in our society."

[00:11:29] Correct.

[00:11:29] Then we're calling it something a little bit different.

[00:11:31] Yes.

[00:11:32] Okay.

[00:11:32] And what's been actually quite rewarding for us at the Trauma Institute is that we are getting asks from actual businesses and for profit organizations out there, meaning that those that are in the production worlds and/or the retail worlds, it is moving beyond truly even just human service deliveries, just knowing that any business deals with humans. And therefore when we're dealing with each other it's using this universal precaution.

[00:12:00] Okay. Well it's interesting you'd say that, because I was talking to someone in the community who is, they just built a new building and they were complaining about the fact that it was a very open design with a lot of windows. They were complaining about the fact that staff were complaining about that work environment and they were sort of saying "oh, you know, look how everybody complains." And I said "Well here, you know what?" I said "A large number of people grew up in families where there might have been physical abuse or when when their abuser was watching people all the time. And in an environment where you feel like people are watching all the time might actually trigger anxiety in people. They might not realize it's connected to those old experiences, but they know they don't feel safe and they feel on edge at work. And so if you have a really open environment with lots of windows, without involving your employees in a process where they can shape that environment a little bit and maybe, you know, get some shades and things that bring the visibility down, you're inadvertently triggering maybe a subset of folks and that's maybe part of what's driving the complaining." and the person look to me like "Huh. That never occurred to me." But would that be kind of an example of what you're talking about in terms of businesses?

[00:13:05] Well businesses and I would say most delivery systems. You know, you just talked at a depth of really critiquing what we've learned to be true about that when people have been exposed to adversity and trauma, often in their adult happenings or even it doesn't even have to be an adult. We're not overly conscious, if you will, of how things might be connected, if you will, to other things. And so that's the piece that we've learned that when organizations or systems choose to become Trauma-Informed they are realizing that this is really a digestive process. It takes a while. It takes actually a bit of a long time to be in a spot to think through, if you will, all of the possibilities. So that's where we are finding that people are "Okay, we've know, this thing about trauma, what do we do about it now?"

[00:13:59] Okay.

[00:14:00] So that's the very thing of those kind of conversations, if not considerations, that folks are finding "Oh okay that does make some sense," as you just said.

[00:14:09] Okay. So you mentioned working with medical health systems and school systems and potentially now businesses getting interested and then of course places that provide mental health addiction treatment, services to children, are there any other types of organizations that you've been working with to help them become Trauma-Informed?

[00:14:25] Yeah. Actually two of my staff right now are in a department of social services outside of New York working with a local county. So I would say social service systems, we've been involved with corrections and/or those that are even in a level of probation law enforcement.

[00:14:40] That's pretty wide then, okay. That's my impression. So I think that's great for people to hear that there's this huge spectrum of different types of organizations. So what have you learned about how to help an organization transform into being Trauma-Informed? What's that process?

[00:14:55] My co-director, Dr. Tom Nochajski, has helped all of us take note of the fact that each organization really is at their own beginning place, and so each one really needs to take a very deliberate look at what are we doing already that matches how it is that we're already doing business that's Trauma-Informed. So thus an evaluation. And so there's a baseline that I would say all spots that we go into truly, if they're looking at having an organizational shift, they're taking a look at their readiness for change, let alone what is happening already. And so the beauty we believe of this whole model is that there's no set point that says that "Okay, you got it." And every organization is going to have really their own profile in regards to taking note of what's realistic for them to pay attention to if they want to put either resources and/or attention around something and what's their best hope of where they want to move towards.

[00:15:55] Okay. So you start with an assessment that then really builds on what the strengths and the desires of that organization are and create a path to go forward...

[00:16:04] Yeah.

[00:16:04] ...Based upon who you are working with and what their goals are. You know what your assessment sort of says, and then you sort of hinted at something else there that suggested to me that while there's a point that an organization may say "well we've done a lot of changes," that this is an ongoing process. It's not like "Okay, we're done. We don't have to worry about this anymore." Would that be true?

[00:16:23] Absolutely. And so I'll just take a medical setting for example. Many times you will hear from folks "Wait a minute. I only have five minutes with the person and so I'm not sure what it is that you're going to be able to tell us that we could do different. However, we're interested in knowing is what we're doing making it any worse for somebody." And so lots of times it's people looking at their processes and also then again the workforce component in terms of what the policies, how it is that they are with each other and really identifying what is their role? And I think there's a relief that comes for people that we're not asking people to intentionally ask people about their trauma all the time. Actually this frees, I think, people up to learn the fact that it's probably not so helpful to do that and it's probably not their job and it's being more systematic around how it is that we can be more helpful to people versus hurtful.

[00:17:18] So an example of that may be in a totally different type of setting, maybe like a chiropractor who will work on people and manipulate their back and some things like that. They don't need to ask about trauma, but maybe they need to tell people what they're doing before they do it and then afterwards instead of touching somebody just out of the blue to say "I'm going to do this right now and then I'm going to do this and does that sound okay." And then sort of checking in with someone. That that simple modification would be an example of giving someone more control and a more of a collaborative process than I simply lie down on a table and now I do some things to you, and you know, if you've been sexually assaulted at some point in your life that could be hugely triggering.

[00:17:54] And along with even that practice we're in a couple of hospitals and they've deliberately started to look at "wait a minute we ask these same questions five times, by the time somebody gets to a certain spot." And not even just about trauma but other things. It's really looking at how it is that they're doing this, and that's a hard decision sometimes because that takes work on an organization's part to make the decision of "you know what? It makes most sense though that this is where we can put some energy in," but it's going to take up to a year, if you will, before all those processes change.

[00:18:24] Right. And so part of that would be looking at whoever you're providing services to and probably getting inputs from them about how they are experiencing the processes or service system.

[00:18:36] That would be ideal. I think lots of places do satisfaction surveys or some level of feedback from their clients, students, patients. So they may have that data already. Just to go back to the evaluation piece for a moment, What's been fascinating and thrilling to see is that actually organizations are able to get tools free at this point to take some of their own baseline evaluation. So with that being said, it's not always a major cost that folks are finding that they have to invest in moneywise, it costs certainly in other ways but money-wise to really start to move towards this idea of being Trauma-Informed.

[00:19:15] So they may already have data they've got. But also I'm going to guess that your manual includes some assessment tools as well.

[00:19:23] Yeah. We actually have one that was created by Dr. Travis Hales and Tom Nochajski. So a quick look, 10 question new one for folks to get a beginning look, but we have an extensive one that we use at the institute, but we have a resource area that lists other tools that are available on the web, if you will, in terms of folks making their own decisions about what makes most sense. We do collaborate at times with Trauma-Informed Oregon, which is, I'll just promote that website that they provide really an abundance of materials and they have created their own Trauma-Informed evaluation tools that folks can download for free.

[00:19:59] Well now, let me ask you. An organization decides they want to do this because they're starting to understand how many people they work with have been affected by trauma and they become say Trauma-Informed. They've really work with the whole organization to do that. What kinds of benefits do organizations see after they've made these changes?

[00:20:16] So this information is anecdotal at this point. We are in the beginning part of this field in terms of being able to express outcomes. However the last couple of years, not just us but certainly across the country world there is more information coming out. For example, in just the couple of spots that we've been in that I can speak very deliberately to is less restraints.

[00:20:37] In terms of restraining kids or...

[00:20:39] Physical hands-on restraining.

[00:20:41] Because people are out of control.

[00:20:42] Correct. The less turnover of staff, in terms of looking at a two year period. An addiction agency that we were working with, they didn't anticipate this was going to be the

case but unplanned discharges had reduced significantly, lots of percentages, after they became trauma sensitive, if you will. So they would have what they call AWOLS, or people that would just leave unplanned. And the numbers in terms of that reduced significantly. So we worked with a local hospital and they're talking about the emergency room stay and the component of really the numbers are reduced in terms of time frame of people coming back. That's anecdotal and that's the beginning piece of us looking at those numbers and I know that that's people's best hope is to match. Obviously we're going to invest in this and in being matched. Actually there is now policy happening across the country, if not federally local states that people have become aware of the fact that they want to tie outcomes to delivery of services being sensitive, if not informed. So there's more data collection happening so that we can demonstrate and see whether or not this is really something that makes sense for an investment.

[00:21:53] Okay so there's the client outcome level and then the client experience also, I mean things like restraints and such. But you also mentioned staff turnover as a potential factor that is affected by this and that's certainly something that costs organizations a huge amount of money. I just want to highlight something that I know in conversations with people about creating a trauma sensitive organization is it's not just focusing on how you treat your clients. It's the whole organization. It's also how staff are treated. Is that true?

[00:22:21] Oh yeah. I'll just give an example that it's really about modeling the model and I'll take our school for example. There was a statement made about, "yeah I feel unsafe walking into this bathroom because there's this hidden area that nobody can see anything," and actually there was a mirror put into the bathroom spot that would show whoever walked into that bathroom, "hey you can see what's going on." A very simple solution in some ways to a outcry, if you will, from folks saying "this doesn't feel okay" and leadership took it on as "I hear you and we'll invest, and here's the deal," and there was a turnaround within, let's say, a couple of weeks. And when folks feel as if their administration, if not their leadership is modeling the model, let alone their employee practices are also in a spot that universal precaution is being used there. So a lot of the folks are asking now for how do we do Trauma-Informed supervision. How is it that we do training in a way of our new employees with new hire that would allow us to be in a spot with them that they are experiencing these components of what the essence is, if you will, of being sensitive informed in a way that gives them the message that they're safe, if you will.

[00:23:36] So really thinking about every piece of what we're doing with employees from this lens. It's sort of more of a paradigm shift in a lot of ways.

[00:23:44] It absolutely is. And that's where Sandra Bloom will talk about, and I think she might even said it in one of our podcasts here. It's like rolling a boulder uphill. If you are looking to try to shift an organization and leadership isn't right at the table from the beginning and it really is more of a top down approach.

[00:24:05] So I'm curious then, as you've worked with organizations do you make decisions to not work with an organization if the leadership is not on board or do you adjust your plan in some way?

[00:24:14] I would say that we try to adjust the plan as much as possible because generally we aren't out looking for business. Generally people contact us. And so there's been an interest expressed at least by one or a few from a spot saying we want this to happen. So we want to work with what's there already if possible. But we're very deliberate

in letting folks know what's possible then. But the larger system, s if the superintendent or the board is not at the table we have said let's wait on this until you get them on board.

[00:24:50] So they may be talking even about what would be the strategy to help to build support before you move to committing to transform an organization. Yeah that makes sense. So you're very strategic about that, sounds that you don't want to waste your efforts and waste their effort. Yeah that could just increase more frustration for people.

[00:25:06] So I have a comment that I want to make about that, because it's the piece that we're seeing is that as people are learning about this idea, what we at the Trauma Institute really try to caution around is that, we call it content dumps, that when you expose people to the information about what is trauma and adversity and it's only a one time shot, meaning that you bring all your staff, all your employees together and you educate them for two hours on what this stuff is, I get very cautious, if not worried, and sometimes say don't do it, to be honest with you, if there's not a plan for at least some level of follow up. Trauma is something that people generally, let's just keep it back there. It's an issue that we want to avoid. Who wants to bring it up and put it in front of you? And so if we're stirring the pot at all and there's not a plan in regards to how it is that we can be present at least to this information and where I see it happen is. Dr. Zana and Vincent Filletti back in '94 is when the Adverse Childhood Experiences Study was first published and that movement of looking at what they're calling the ACE Study at this time, ACE information is really overwhelming information at times for people to first digest.

[00:26:21] And that's just for people that don't know it's sort of an assessment where you fill out a bunch of questions about what you were exposed to in childhood and these are the Adverse Childhood Experiences that bear huge prediction value for health and mental health problems cross the site really. But to just asked me to fill that out and then there's no follow up could really be overwhelming and really re-traumatizing to people.

[00:26:41] And it has happened that way.

[00:26:43] So that's a good example of what you've learned about what doesn't work, what is not helpful. Are there any other things that you've seen that "I wouldn't do that right now" or this is the better strategy because this other thing we did really sort of crashes and burns?

[00:26:56] Because it really does take a lot of over big picture thinking if you really do want to move your organization and/or the system when somebody is not assigned the task of thinking about that, it is well intended people that are often not in a spot to give it the energy and determination that it needs to at least continue on the continued path.

[00:27:20] So many people who have the job of thinking about this, you know, it's my job to wake up and think about this Trauma-Informed and how it's relating to our organization or our service system in some way. Now you've developed a process, I'm remembering, where you develop champions in these organizations to sort of work with them over time. Can you say a little bit about that?

[00:27:40] Yeah it's an organization identifying who within your organization really, number one, would want to do this and who makes sense in terms of formal or informal power to be able to actually carry it through. So really having more than one champion is helpful. Having voice from folks that are across the organization, from direct care employee to the person that's receiving services or a union member or certainly then somebody who would

be an administrator, etcetera. So it's a combination, you have a team of at least two or three if not more that would be in your organization. And it allows for then a cross pollination to occur and people have different experiences at each of those levels and how to then be in a spot that lots of organizations, they don't have a full time TI Trauma-Informed person that they've hired. Some have, that is their job. We had a system recently in Texas, a full health care system that literally hired one of our graduates who is the TI person for all the health care centers to keep an eye on things. Them knowing that "you know what, we all have the desire but we all have these other jobs that we have to do." Other organizations it's, you know, two hours a month or maybe even two hours a week, or how is it that they meet at least once a month as a committee to make sure they're crossing the t's and dotting the i's.

[00:28:59] And then when you work with an organization over time you are having some regular contact with those champions?

[00:29:05] Yeah. We would consider our best hope in terms of working with folks is that we would call it, we have face time with them each month so that we're able to be either via net or be certainly Skyping in or WebEx in or Zoom in and if people are not local that we're at least meeting with them for an hour a month. And when we have local contracts we are actually in-house doing one on one coaching for 10 to 15 hours per month that we're actually on the floors or in the classroom or in the business, if you will, in terms of working with folks looking at policy handbooks, looking at supervision, watching, observing classrooms, real time feedback.

[00:29:43] Okay. That's something that seems to have been more helpful to organizations when they make this change.

[00:29:47] Yes.

[00:29:48] So the manual that you've developed, whereas you said people are in all different roles. You wrote this manual out not that long ago. When did you guys...?

[00:29:55] Actually it was just January of 2019 is when it was published.

[00:30:01] Okay it's out. People can request it to your website, right?

[00:30:03] Yes. At the school social work, University at Buffalo School of Social Work you would look for the Institute on trauma and Trauma-Informed Care, which is underneath the research center. However the email SW-ITTIC@Buffalo.edu, that's our institute email. If you were to just email there we would then send you, you just say request the manual and we would send it out to you if you don't get to the website.

[00:30:30] You mean you've already had almost 3000 requests and that's without really doing much public announcement of this.

[00:30:36] You got it.

[00:30:37] And I'm just looking at the roles of people who've requested this. I mean it's everything from directors to instructors, case managers, Child Protective Services workers, graduate students, teachers, crime victim specialists, attorneys, deputy chiefs, deans, physicians, chaplains. I mean this is all over the map here. Nurses, people across quality compliance, office people. That sort of captures that these people with interests can be

anywhere in an organization. And I think you said something about formal and informal power that there are people who by virtue of who they are may have a lot of influence in an organization even if they're not the one who's technically in a position to create policies, but they influence others. So that's kind of exciting that you've already had that kind of impact with a manual really without even trying much. And then I think, what is it, already 37 states and 10 countries you've been getting requests from?

[00:31:26] I know. I just, I feel so excited at the idea that I am, this is all about me right now, but living on the planet at a time that actually people are interested in hearing about this. It brings me such hope to take notice of really across the world individuals are really interested in how to do this work. Because actually what we've learned, Nancy, is that at the end of the day most people really want to be more helpful than hurtful. And this whole idea of being trauma sensitive and informed and when we're knowledgeable about just taking notice in that way it's just tweaking a lot of things that a lot of folks already do but being more intentional about it. And the manual really lays out for folks a step by step way for them to think about what's already happening. We did a lot of research, certainly with the guidance of our expert panel too, to know what's it take to be a Trauma-Informed organization. So the manual is laid out with what we call 10 key developmental areas, which are influenced by SAMHSA, which is Substance use Mental Health Services. They had a 10 domain piece that they put out about five years ago saying this is what it means to be Trauma-Informed and so it connects those dots and it allows spots to be in a place of taking notice of how are we looking at our training, supervision, hiring practices, policy, leadership, communication, finances, things that businesses just do all the time. And it gives some language around that. Sandra Bloom, she has the Cadillac version, I would say, of creating a system or a Trauma-Informed organization using the Sanctuary Model in hiring the Sanctuary Institute. That's a huge investment. There are many places though that aren't in a spot that they can hire out something like that. They want to make small steps if not at least more affordable steps. And so this manual gives anybody the opportunity to take a look. Take a look for yourself and see what makes sense.

[00:33:21] So the Sanctuary Model that she's got is something people can contract for but that's a very expensive ongoing system. But not everybody is in a position to start there anyway. But there's also other models. I mean there's other ways to get to here. That's part of what I'm hearing you say is by starting where an organization is and looking at their strengths and their interests, a path forward can be carved using a manual as the guide that will look different from one organization versus another.

[00:33:46] You got it. And then it gives a template, we would hear from people is this Trauma-Informed or is this the way to do it. So this manual, in our opinion, gives people that information of how to think about this.

[00:33:58] So someone comes and gets this manual and decides we're going to try doing this. Are there any sort of tips or advice you'd have for them in terms of starting?

[00:34:06] Read the whole thing first.

[00:34:08] Okay.

[00:34:09] Because it really is in the sections that it's in because we have three stages. There's pre-implementation, implementation and sustainability and some of the things that are going on in an organization truly might be in implementation stage. Yet something else might be haven't even quite started yet. And those same key developmental areas are as

you look at the full manual you'll see what's happening in pre-implementation is also happening in implementation and is also happening in sustainability. There's just different questions that one has to ask depending on those areas.

[00:34:43] Okay. So reading through the whole manual gives people enough of an overview that they're better able to start to strategize.

[00:34:50] And it's a little cumbersome in the sense of people see the manual, they're like "All right. This is quite large." It has a lot of appendices, though. So there's a lot of tools and quick guides to help people so know that we think it's a pretty easy read. It's got sections but get the big picture first, then dive in.

[00:35:07] All right well that sounds like good advice. A good starting place for folks. Was there anything else that you thought would be important for people to understand? I mean we've talked a little bit about this whole process about why this is important and how to go about doing it. And then a little bit about the policy perspective.

[00:35:22] I would like to add that it is happening right now. We're July 24 2019 is when we're taping this right now, but it was literally on July 11th 2019 that it was the first hearing in Congress that was held on trauma to the House Oversight and Reform Committee. And so was a couple of panels that were there. So I've been told that there was actually a standing ovation in regards to the information that was received. It was a few hours long. And I don't think this is going away. And part of the gift that I've been given in terms of being at the Institute is that I get to be in a spot that I hear about things, right? So I've seen where across the United States, states, New York State being one of them, just in the last couple of years there's been absolute movement around resolution, bills, policies, oversight pieces of people saying "this has to be in the way that we do business."

[00:36:18] In all of our organizations and all of our communities.

[00:36:21] In the many systems. I mean if you were in the field 20 years ago and you were a pioneer in the Western New York area in regards to certainly having folks consider the fact that trauma exists, and that was, we're talking what, in the early 90's, late 80's early 90's. And so the platform is really different in 2019 than when you were pushing that boulder uphill.

[00:36:44] Back in those days it was about talking to mental health system people about the fact that all the things we were doing to help people were sometimes hurting them inadvertently. Like someone gets taken down and with restraints on an inpatient unit and nobody considers the fact that you have a whole unit of people seeing this who many of whom grew up in abusive families and now they've seen something that looked a lot like, you know, being abused and that that's triggered them all off and then you end up with a whole group of people being anxious and upset. Or nightly bed checks in an inpatient unit to see if people are still there but for a sexual abuse survivor those nightly bed checks might actually be triggering them to wake up in terror. So that's the level we were at back in the 90's, right? And we were certainly thinking about how do you do assessments in ways that are collaborative and not sort of showing power over folks. But nobody at that time was thinking about, at least not that I remember, how we run everything from how our communities plan to how organizational systems work. And yet it does make sense. I mean I remember we were educating students early here who then were going to work in agencies and then getting burned out because they knew what clients should be getting and agencies weren't providing it. And they just couldn't tolerate working there anymore.

So that's the problem about educating people but not addressing the system concerns. So it's exciting. I didn't know about the hearings.

[00:38:04] I know, right? Amazing.

[00:38:05] So there's a lot of ways people can be thinking about this. The manual will be helpful for those who want to get a free copy to think about transforming organizations. But it sounds like there's a lot of policy levels people can be tracking this and taking action as well. Well thank you for taking the time out from all of your consultation and training work in this area. I'm excited to see what people do with the manual if they choose to get it. And if not they just have a slightly different way to think about doing all the things that social work does.

[00:38:31] Again thank you Nancy.

[00:38:33] You've been listening to Professor Susan A. Green's discussion on creating and sustaining Trauma-Informed organizations. I'm Louanne Bakk. Please join us again at [inSocialWork](#).

[00:38:53] Hi I'm Nancy Smyth, professor and Dean of the University of Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree and continuing education programs, we invite you to visit our website at www.socialwork.buffalo.edu. And while you're there check out our Technology and Social Work Resource Center. You'll find it under the Community Resources menu.