

Podcast – Organizational Practices and Trauma Informed Care

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Interviewee: Dr. Sandra Bloom, M.D.

The following podcast is part of the Children’s Mental Health Week series released by CPRI in London, Ontario for the Week of May 2-6. CPRI – the Child and Parent Resource Institute provides highly specialized assessment and treatment services to children and youth with complex mental health/developmental disabilities. The education and learning services at CPRI supports evidence informed learning for individuals and organizations working in child and youth mental health and developmental services with the goal to improve the lives on Ontario’s children and youth. Children’s mental health week is a provincial initiative aimed at increasing awareness of mental health issues faced by today’s children and youth and decreasing the stigma that may exist. In addition, it is an information sharing initiative to show that treatment can work and there are always possibilities and opportunities to explore. There is always hope and always support.

Introduction: Today’s podcast is “Organizational Practices and Trauma Informed Care” by Dr. Sandra L. Bloom. Tom Keterlaars will be interviewing Dr. Bloom. Tom is a program support manager at CPRI and is currently leading the implementation of a trauma informed sanctuary model of care at CPRI. Dr. Sandra L. Bloom is a board certified psychiatrist, associate professor of health management and policy, and co-director of the Center for Nonviolence and Social Justice at the School of Public Health of Drexel University in Philadelphia. Dr. Bloom is the co-founder of the Sanctuary Institute, distinguished fellow at the Andru’s Children’s Center, and has written extensively about the Sanctuary Model as a trauma informed organizational development method.

Interviewer: *Thanks for joining us Sandy. I have a few questions about the Sanctuary Model, trauma informed care I would like to ask you and wait for your answers. The first is: You have consulted with people all around the world on trauma informed care. You’ve likely seen the model succeed and fail - can you talk a little bit about successes as well as the failures?*

Interviewee: The successes occur when a whole organization adapts the model and it’s pretty startling. I’ve been at places where people will talk about being in places that are not sanctuary and being in places that are, and describing the differences

really radical and in that, people can be on the same page, be speaking the same language, and have a shift in attitude towards the people they work with and the people they are trying to help. I think it is remarkable actually, but it's not necessarily something you can put your finger on from the outside. You kind of have to be in it and go, how is this so different than it used to be.

Interviewer: Can you speak a little bit about the resistances and the failures?

Interviewee: I think one of the main experiences of failures that I have seen is a result of a lack of leadership. This is a model that really has to be guided and directed by somebody and usually by people at leadership levels throughout the organization. I have seen it fail when there has been a turnover of people who are really leading it and the people that were on the team that got all the training, and basically left the organization without the knowledge being embedded. One of the things that's challenging about it, is it takes quite some time to really get the whole model into the fabric of the organization and in that time things can happen that people are often not in control of. That has been a significant resistance, not really anybody's intention but just the way a failure in the way it's happened. Resistance I think is about resistance to change that this knowledge about trauma and adversity is challenging for people to take on board, particularly, if you have been doing this work for a long time in a certain way and then you have to change the way you do things and your attitude towards other people, it can be quite difficult and it can provoke shame. Looking at the past and what I've done before and wish I hadn't even for it to get to that level, there is often a real resistance to taking the knowledge on board.

Interviewer: *In the model you talk about loss, particularly focusing on the importance of recognizing and honouring the loss before being able to move towards growth and change. Often times, it is seen as a weakness to talk about loss or even recognize loss as something we need to deal with, and in many areas we find ourselves weak in this. Can you speak a little bit about the importance of loss?*

Interviewee: Yes, the issue of loss is really critical. It's a critical component of healing and recovery and it was probably, when we had a treatment program treating adults who had been abused as kids, was probably the last thing we really understood. The enormity of loss and how the likelihood that people would repeat their past was really being guided by the issues of unresolved loss. It's like they couldn't move on because they hadn't really fully grieved what had happened to them in the past. That turned into a universal understanding of the issue of loss and that it's not just patients who have experienced loss, any change means that we have to give up

something that we are going to lose and that is painful. I think in general, human beings are more comfortable denying loss, particularly in other people because it means we have to be empathetic towards somebody who has some kind of grief and that means we feel what they feel and nobody wants to feel grieve. I think it's understandable but we have to get past it.

Interviewer: *When you talked about success, I'm interested in what an organization looks like that's successful in the model?*

Interviewee: Well, of course every organization is different but I think in general, there is a working knowledge of trauma and adversity. You hear S.E.L.F. talked about in the environment as a real tool. You can see people using the toolkit; you can feel that there is better communication between the staff and the clients; the clients are using the concepts; there is less violence; it feels safer; it looks prettier; there is more artwork around; there is more colour around. It's an environment that feels very alive. Creativity is happening and people are not afraid to be innovative and they are being innovative. They are coming up with their own solutions that we didn't think of that are designed to meet their own organizational needs, and there's an excitement rather than a feeling of depression that pervades so many social service environments.

Interviewer: *This podcast was intended to raise awareness specifically for Children's Mental Health Week in Ontario. How do you feel trauma informed care is different for children and youth than it is for adults?*

Interviewee: I think with children, the issue of trauma informed care becomes so important because they are developing so rapidly. The longer the time we spend not understanding trauma and adversity means the longer the time the child's going to spend in a not very healthy place, in their own heads. I think there is almost more of an urgency about services that are delivered to kids because of that developmental issue, that we need to quickly address the ways in which their physiology and their brain is being shaped by forces that we don't want to go on. We want kids to have better developmental experiences. I think that's probably the main difference because other than that all of the concepts and knowledge applies even in treating adults, there's just not the same sense of urgency I think about really taking this on and getting to it. I think that's why in the United States, pediatricians have been leaders in trying to figure out how to apply the Adverse Childhood Experiences to health care. I think they too sense an urgency developmentally that we have to do something to help kids who are really hurt.

Interviewer: *Can you speak a little bit about treatment or next steps because in many cases, we might be better at trauma informed but trauma responsiveness might be our next real big step. In many cases, I don't know if the system is ready for that response. I'm very interested in what you would have to say about those next steps in regards to treatment.*

Interviewee: What I've been thinking about is, because now I'm a former clinician, as in I had a practice for many years and now I'm in public health, so I think on three levels of public health in approaching this issue. In my definitions, trauma informed means what everybody in the public needs to know about knowledge, trauma and adversity. Trauma responsive is where I put what needs to happen in organizations. It is necessary for organizations that are going to try and help people who have been exposed to trauma and adversity; whether they are children, adults, and families, to policies and procedures in place that minimize any further damage and maximize the possibility of growth and recovery for everybody. Trauma specific treatment is very important and often follows on creating the context and getting the public support for deeper treatment that has to be engaged in order to help the person really heal, in order to get the barriers that have been created by previous trauma out of the way, and help them to heal. I think a system that is really going to be trauma informed and trauma responsive and be able to deliver trauma specific treatments is the vision that I have for what is going to evolve in terms of really intensive treatment environments.

Interviewer: *In Sanctuary we talk about safety under four domains; psychological, moral, social, and physical. Often times, we hear about the physical and everybody responds to the physical, but you put an equal playing field on all four. Can you speak to why?*

Interviewee: In my experience, I see physical safety as being necessary but not sufficient. That erosion in physical safety is a result of a prior lack of safety that could be in the individual. It's likely to have been within a social context, and it's likely to have been in a meaning framework/moral framework where things are not consistent and violence is in some way encouraged/supported. I see them as being all part of the same cycle and that actually, physical violence, unless you are talking about a truly disoriented or disabled brain, occurs within much broader contexts. We prefer to think that the physically violent person is all we have to deal with, but when you actually trace episodes of violence and how they occur, there is a cascade of previous events that are often not understood or even discussed that actually precipitated the violence, the physical violence that has occurred. And so going

backwards with that, when you talk about creating a safe environment, then you can start with physical safety. Often change in that way does start with an alarm - there is so much physical violence that the attention only gets paid to physical safety. But it isn't too long before people doing the work of trying to make an environment safe say, "We have to do something about how people feel safe with each other," and "What about the people working with people who are doing disrespectful things or actually laying the ground work for physical safety," and "what about our values?" I think they are inevitably connected and I think the system gets safer when we attempt all four domains.

Interviewer: *In Sanctuary you also talk about levelling power and hierarchies in our world, and it is a very challenging concept. You also talk about systems being non-linear, being living. These a lot of concepts that are very challenging in regard to where we work, in a world that delivers expectations from a top down approach, and where decisions are usually made in isolation and then imposed on others. Can you speak a little bit about the importance of levelling power? How do you do that?*

Interviewee: I think the levelling of power hierarchy often has to be modeled and desired by people who are at the top of the hierarchy - and why would anybody want to do that? Having been the leader myself, the reason underlying why I really focused on the distribution of power is because it made life a lot easier for me in the leadership position. I could count on a whole lot of other people instead of making all the decisions, me having to be all powerful, all knowing when I wasn't. It wasn't enormously comforting to have other people be able to share in that decision-making capacity, so I think it's in our group interest but it's also in our self-interest to share power. Unless you really believe that you are all knowing in every decision and that every decision you make is right, it's better to have other people whose opinion you can trust. You are a lot safer in the world when you are not doing it all by yourself.

Interviewer: At CPRI we have this vision of what will happen when we become a certified Sanctuary organization, a hope and a dream and an expectation maybe and it's probably not attainable. All the things that you have been talking about, goals that are achievable and setting ourselves up for failure almost, is a real fear at times of mine as a person implementing the model. Can you speak a little bit about making attainable goals and what reality might be once we are certified?

Interviewee: I think probably all of us who do this kind of work and talk about these kind of ideas are on the idealistic versus pessimistic scale, right? And I think it's

really important that we be there and that we hold a standard for ourselves and things could be a whole lot better than they are. Because we are human and because we have to deal with lots of other human beings, they are unlikely to be perfect. I can probably envision a perfect world more than I can actually attain, but anything is an improvement from where we are. And I think it's very satisfying to watch those improvements unfold. I've seen a difference. I started this journey a long time ago and nothing had changed and nobody knew what I was talking about and now lots of people do, like you. Lots of places like your place want to do something else and want to use and use this knowledge to do better work. I think it's a very self-re-enforcing kind of process so when you do better work, the results are better and that feeds you, and we need feeding. Much of what we have been doing in our fields of endeavour have not been sterling, have not had great outcomes. I know from my experience that when we do things differently and we use a bit different knowledge base, we get better outcomes. And that is what fed me, that's what drives my passion is really my patients who got remarkably better, mainly because when we stopped putting obstacles in their way, the natural process of healing and recovery and adaptation could occur. I think that's what you guys will see. You will see as you are different, not everybody has to be and not everybody has to be on the same page, you just need a tipping point. When you reach that tipping point, you are going to get better results from the kids, amazing things are going to happen, they'll teach you things that are delightful to know and that will further reinforce the cycle. Will you ever get to the point where it is perfect? No. I don't know even know what that would be like, but will you be able to look back and say, "Wow it's really better than it was." Yeah you will. I think that's success by my definition.

Interviewer: *One final question, you wrote your books and they were entitled "Creating", "Destroying", and "Restoring", three very powerful names but all for a reason I am sure. Can you speak about the reason behind the titles?*

Interviewee: I wrote "Creating Sanctuary" first and I wrote it because at the time, I knew our program was going to end. I knew that the health care system in the United States basically was making it impossible for a specialty program like ours to exist. So at the time, I thought about the medieval monks and how they had been as the dark ages were coming into Europe. They were transcribing the manuscripts to try to bury them, to try to keep them alive, and I wrote my first book to really try and keep the knowledge that we had gained from perishing with us. That would be part of a discourse that I had drawn from people like Maxwell Jones and the leaders in the democratic therapeutic community, and this would be another part of that story. I didn't realize that it would lead to so many doors opening, I just didn't know that. I was pretty sad at the time because I thought life as I had known it was about to end,

so it did however open doors. And “Destroying Sanctuary” came from my experience with all those opening doors and I started talking to a lot of other people from a lot of other programs in all different sectors. I started talking about organizational stress because I knew it up close and personal. Every single time I talked about it, people would come up to me afterwards and say, “How did you know how to exactly describe where I work?” And I had to laugh and say it’s not where you work, it’s where everybody works. It’s the same problems, and as I kept getting feedback I thought, you know I think people who are caregivers need a conceptual framework for thinking about what it is we are dealing with. And maybe we can deal with it more effectively. It was kind of parallel too. We had learned with our patients that once they understood about what had happened to them and what the result of that was, they used that knowledge to grow. Knowledge really is power. So I thought maybe that is what we need. Maybe those of us who do this work maybe we need a conceptual framework so that we get out of the personal experience and recognize well this is something that is happening across our whole system or across our whole state or across our whole country. That is what I think has been starting to be helpful, I think it’s just getting out there conceptually. The third book, “Restoring Sanctuary and Destroying Sanctuary” were originally one book and then the publisher wanted to do two. I went with two and she said, do the first one that’s your research base and then do the second one about what you are doing now. So “Restoring Sanctuary” was really the work from 2005 until when it got published, which was 2013. It was about creating a model, what the model looks like, what it is based on, what tools we use, how to think about it, and stories about how organizations have used it. I wrote “Destroying Sanctuary” and “Restoring Sanctuary,” and they were coauthored with Brian Farragher, who was at the time the COO at Andrus Children’s Centre and the person that I really developed all this with, along with Sarah Yanosy, the Director of the institute. So that’s kind of how they evolved. Maybe I have another on the way, maybe it will be a quadrilogy not a trilogy – I don’t know yet.

Interviewer: Thank you very much for your time. I truly appreciate talking with you, your words are inspirational.

Interviewee: Thank you Tom, it was a pleasure.

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