

## Infrastructure for Change: The TIC Workgroup

Although we have seen some success with individual champions or small grassroots efforts that create a ripple effect in organizations, most successful TIC implementation initiatives begin with foundational training and subsequently the establishment of a workgroup that is charged with leading the implementation effort. Ideally, staff at all levels and from all roles in an organization receive training in the core knowledge areas: the nature of trauma; the impact of trauma on brain development and functioning; how trauma shows up in service systems; how systems may inadvertently re-traumatize or activate a trauma response; secondary and vicarious trauma in the workforce; and the definition and principles of trauma-informed care, including care of the workforce as well as the population seeking or using services.

A TIC workgroup is usually established soon after initial training. It has not worked particularly well, in our experience, when organizations have put this responsibility into existing structures such as quality improvement or safety committees. A team that is created specifically for this purpose has been more effective. The job of the workgroup (Guarino et al., 2009; SAMHSA, 2014b) includes:

- gathering information to identify strengths and challenges;
- recommending priorities for change;
- developing solutions or action steps in priority areas;
- monitoring results; and
- proposing additions or changes to agency policy to institutionalize trauma-informed practices.

These primary purposes are generally well understood. What is sometimes overlooked is the role of the workgroup to sustain momentum across the organization and to model trauma-informed practice. For instance, if a workgroup forms and begins to meet but is not heard from again for six months, the opportunity to build on and enhance the initial impact of training is missed and staff buy-in may be lost. Moreover, even if the workgroup comes up with recommendations for changes and is successful in getting them instituted by management, the opportunity to demonstrate transparency and inclusiveness is missed if other staff feel unheard.

The most successful workgroups send out regular updates about membership, process, activities, priorities, and proposed recommendations, along with information about trauma or TIC (articles, video clips, fact sheets, etc.). These missives are also an opportunity to recognize exemplary practices observed in the workplace and to disseminate new ideas or concrete examples that staff can use. Some of our favorite workgroup communication tools have been electronic newsletters, but a simple email will suffice so long as it is regular, informative, and

invites feedback. To encourage staff input, it can be helpful to create an email address for the workgroup. This serves the dual purpose of institutionalizing the group and ensuring that no one person is solely identified with the effort.

### **Forming the Workgroup**

Workgroups can be challenging to manage and sustain. Some of the difficulties are preventable by considering the following as the initial team comes together.

**Membership.** It is axiomatic that workgroups represent different roles and different levels of authority in the organization (Guarino et al., 2009), but issues of *relationship* and *power* inevitably come into play. In large complex organizations, individuals will not necessarily know one another. One technician in a residential setting gently pointed this out when his expert outside consultant was confused by the awkward silences in the room. It helps to know ahead of time that the work of the first few months may progress slowly until relationships form.

More challenging are inevitable power differences if management or senior management is represented along with line staff, facilities staff, front office staff, etc. The advantages to including senior managers are manifold. Their direct involvement sends a message that TIC is valued at the highest levels. Moreover, the authority to make changes happen is also present; without that, workgroups can spin their wheels coming up with ideas and priorities that are subsequently ignored or rejected by the leadership or governance body. In some instances, we have seen strong resistance to including senior management because of significant trust issues. However, the workgroup is the place where some of these divisions can begin to be breached; sustaining factions only contributes to the problem and undercuts the effort.

It is helpful if workgroups include individuals with lived experience of trauma and of the organization or service system. In our experience, this rarely happens. More successfully, we have seen peer support personnel added to workgroups and consumer advisory groups involved in helping with the assessment and planning process (e.g., walking through the lobby or waiting areas; reviewing signage; providing perspective on what feels safe, welcoming, or otherwise in the agency's practices).

Considering the discussion and tasks involved, the optimal group is comprised of eight to ten members. However, workgroups may need to be larger to represent constituencies in the organization and to ensure reasonable attendance at meetings. If the group is larger, and attendance remains high, sub-committees can form for different tasks.

**Recruitment and length of service.** We have seen three approaches to recruitment: (a) the open invitation (anyone is welcome to join) which honors interest but may not achieve representation across the organization and may also result in an overly homogenous group with respect to views; (b) appointment by a senior manager or supervisors in different programs, which gains representation but could be perceived as favoritism and may not be representative of different perspectives; and (c) a slot-based application process with openings for representatives from different roles and levels, asking interested staff why they want to participate and what they bring to the process. In whatever way recruitment occurs, it is important to think through, ahead of time, the consequences and to have a process that is as transparent as possible. It has also been helpful to form the workgroup with a limited duration (six–eight months works well), at which point the group can revisit the structure, membership, and process. The TIC initiative will be ongoing (we have worked with organizations over four–five years in some cases) but membership in the workgroup need not be a long-term commitment. In fact, some organizations rotate membership regularly to give more staff a chance to participate, bring new ideas, and reduce the burden for individuals. It is important to have some continuity in the group, however, and a set of priorities to work from, so that it does not feel like starting over as the membership changes.

**Facilitation and technical assistance.** Many workgroups find it helpful to have support, at least initially, from outside the organization. This can increase credibility in the early planning stages as well as help with structure and manage power differences or conflict. In small organizations or in those with knowledgeable staff, outside technical assistance may not be necessary. In the end, sustainability rests on internalizing the process. Ideally, an outside facilitator phases out as soon as possible, providing any additional consultation only periodically.

Even with outside assistance, someone in the organization will need to set up meetings, send out reminders, write agendas, facilitate the meetings, take minutes, etc. Management’s commitment of staff time for a designated point person is important. This role can rotate, but we have found it works best when the point person is a committed champion for trauma-informed care, is relatively well-versed in the concepts, has the ear of leadership, and is respected by colleagues.

## **The Workgroup Process**

Forming the workgroup carefully may help avoid some of the common challenges to the process, but will not prevent others, especially those related to long-standing undercurrents in organizations with a history of trauma and oppressive practices. The condition of organizational

trauma and its long-term impact has been described in detail (Bloom, 2010; Bloom & Farragher, 2011). Briefly, this occurs when a system becomes fundamentally and unconsciously organized around the impact of chronic and toxic stress, such that the essential mission of the system is undermined. We find this phenomenon sometimes reflected in workgroup dynamics (Vivian & Hormann, 2013). It is likely that *any* change process or introduction of innovation would run into the challenges related to organizational trauma, but the explicit focus on TIC (especially the open acknowledgment, often for the first time, of toxic stress and/or vicarious trauma in the workforce) almost certainly heightens its likelihood. This can show up in a variety of ways.

In systems like housing, child welfare, juvenile justice, community mental health, and others, there may be members of the workgroup who bring long-standing frustration with management or deeply held anger about perceived past wrongs; others may need to share their sense of being overwhelmed with the work itself or of not feeling seen, heard, and supported by managers or colleagues. For example, in a large complex public system, early successes with implementation were dismissed by one powerful workgroup member as not really addressing the important issues. This may have reflected a lack of shared vision and goals, but it also reflected deeper underlying issues. In one community mental health program, the TIC workgroup hung on through a very difficult phase (the facilitator said it felt like six months of group therapy) before they were ready to start work in earnest. If the workgroup cannot move past those feelings, however, the process breaks down. In some cases, it has been necessary to revisit group membership, goals, and expectations in order to restart processes that stalled out.

If there is a history of mistrust or finger pointing between different parts of the organization either across departments/programs or between line staff and management, this may show up as well. Silence in workgroup meetings can signal merely a lack of confidence or uncertainty about how to proceed but it may also reflect a lack of safety or strong resistance to working together. In some organizations, there can also be a sense of hopelessness or a lack of belief that anything will be different (a felt sense that initiatives come and go, are billed as promising but do not change anything).

All of this takes time to overcome and may sometimes be impossible (Bloom, 2012; Burnes, 2011), at least in the short run. In fact, there is probably a case to be made for holding off on a TIC initiative in some instances. However, we have seen TIC efforts in agencies struggle through ups and downs over a period of years, experience frustration and confusion in meetings, see changes in membership of the workgroup, have periods of inactivity, and still move forward. Organizations persist through these challenges when there is a commitment of key staff and leadership, understanding that it is a long haul process, solid relationships that exist or are built during the process, and—on a practical note—have strong facilitation skills available to the

group. A set of guidelines for the workgroup (see, for example, Trauma Informed Oregon, 2016b) may help steer the process if the guidelines are reviewed, adapted as necessary, endorsed by the membership, and used regularly during meetings.

*From Yatchmenoff, D.K., Sundborg, S.A. & Davis, M.A. (2017). Implementing Trauma-Informed Care: Recommendations on the Process. Advances in Social Work, 18(1).*