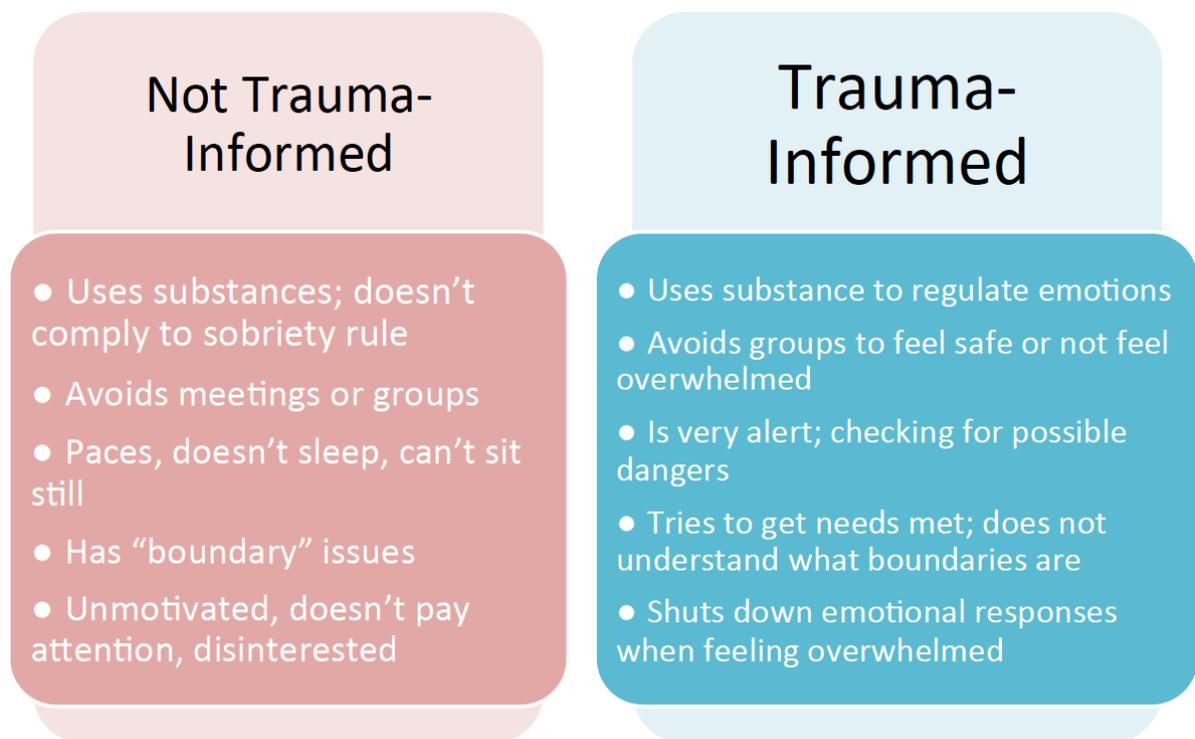**Behavioral Health in the Workplace: Can Trauma-Informed Systems Help?**

Written for the Live Well San Diego initiative by Dawn Griffin, PhD, Program Director, Department of Undergraduate Psychology Program Director, Criminal Justice Systems Assistant Professor California School of Professional Psychology, at Alliant International University

Exposure to trauma and complex stress is common. Trauma and stressors, including one-time exposure, multiple, or repeated overtime, affects everyone differently. For some, these experiences can have a significant impact on how they think, feel, behave, relate to others, and cope with future experiences[1]. As result, some may face greater challenges and disparities as they attempt to achieve health and wellness, feeling safe, and thriving.

This diagram shows how a trauma-informed system might respond versus a non-trauma informed response:

Not Trauma-Informed	Trauma-Informed
● Uses substances; doesn't comply to sobriety rule	● Uses substance to regulate emotions
● Avoids meetings or groups	● Avoids groups to feel safe or not feel overwhelmed
● Paces, doesn't sleep, can't sit still	● Is very alert; checking for possible dangers
● Has "boundary" issues	● Tries to get needs met; does not understand what boundaries are
● Unmotivated, doesn't pay attention, disinterested	● Shuts down emotional responses when feeling overwhelmed

Being trauma-informed is a component of cultural competency; an approach to engage all people an organization serves, all staff and those encountered while conducting business. The result is a shift in how the organization thinks of and responds day-to-day in their interactions with others. Understanding trauma

experiences and their impact can change the lens through which an organization sees, hears and understands those we work with and those who come for care. The vision driving an implementation of trauma-informed systems is to improve the health and wellness of the community by providing innovative and integrated policies, practices, services and systems so that all residents can engage and enjoy lives that are healthy, safe and thriving.

Behavioral Health issues can also be prevalent in the workforce. Mental illness and substance abuse annually cost employers an estimated $80 to $100 billion in indirect costs (when people are at work but not fully engaged or productive) [2]. In addition to behavioral health (mental health and substance abuse), chronic stress has similar impacts and can also lead to physical ailments. However, physical illness or injury account for less absences than the impact of stress and anxiety. Stress is not likely to be eliminated; therefore, an organization's response can be adjusted so that stress is used to one's advantage. This Ted Talk supports this position and provides strategies toward turning stress into a positive aspect of individuals' personal lives and a part of the workforce.

Working in a trauma-informed system, individuals recognize that they personally are not immune to the impacts of behavioral health issues, stress or trauma. At the core of our ability to help others is our ability to help ourselves. Naturally, wellness of the workforce is a priority for an organization that recognizes the need to support a workforce able to meet the complex needs of the community.

The recognized need for wellness was further supported in the 2012 Trauma-Informed Behavioral Health assessment findings. High rates of burnout and vicarious trauma were consistently reported. One Key Informant participant explained the impact, "… *the social workers are hearing the mom's story, the dad's story, the child's story, and they're hit by everything… It can just be a lot*."

Another participant stated that they now recognize the need for self-care, as they had gained weight, stopped participating in their children' activities and seemed to check out of the workforce: "*I just was going through the motions, I went to work, tried not to get too close to anyone or anything, came home - most of the time {angry} and didn't really understand why, took in out on my family - not physically but man would I yell a lot*."

These personal stories highlight the need to care for ourselves before we can begin to care for others in a way that does not engage in doing more harm than good.

The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 2014). The Trauma-Informed Integration has adopted the WHO eight-dimension model of wellness (see figure). Understanding that all eight dimensions are interconnected, we may find that when we feel financially stressed (e.g., debt building), we may experience anxiety (emotional), sometimes leading to medical problems (physical), and our effectiveness at work may be impacted (occupational), and we may even question our own meaning and purpose (spiritual). When we are out of work (occupational), we lose some of our opportunities to interact with others (social), cannot get the quality foods and medical care we need to stay well (physical), and may need to move to a place that feels less safe and secure (environmental) [4]. Therefore, our wellness is a major contributor on our overall functioning and development.

The Family Youth Roundtable holds a monthly supervision for Family/Peer Support Partners. I have had the privilege of providing the supervision to these amazing people for the last 8 years. Frequently we have discussed their strategies for developing and maintaining their wellness. The Family Support Partners explained that they practice well-being strategies in front of the families/children they work with. For instance, one Partner shared that she is now juicing every morning. As she enjoys her freshly made juice in front of the families, they often ask about what she is drinking. She explained that this opens the door for her to explain why she practices this form of wellness.

Another Partner explained that his agency engages in 'home group meals' where staff and families they work with have dinners together. They sit, talk, reflect, and laugh over a meal, as a family. Additional partners explained other strategies they practice such as playing music that calms and focuses them prior to seeing their clients. When their clients arrive, they hear the calming music and see the partners relaxed, focused and present in the moment. One partner explained; "We are modeling what we hope our families will eventually do – but we need to meet them where they are at, not where we want them to be."

Wellness is a conscious, deliberate process that requires being aware of and making choices for a more satisfying lifestyle[5]. A trauma-informed workplace includes a self-defined balance of wellness habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, social contact, and supportive relationships[6]. In a trauma-informed workplace, we see a balance of kindness, competence and care – toward self, others we work with and those we provide care to.

Figure: Eight Dimensions of Wellness
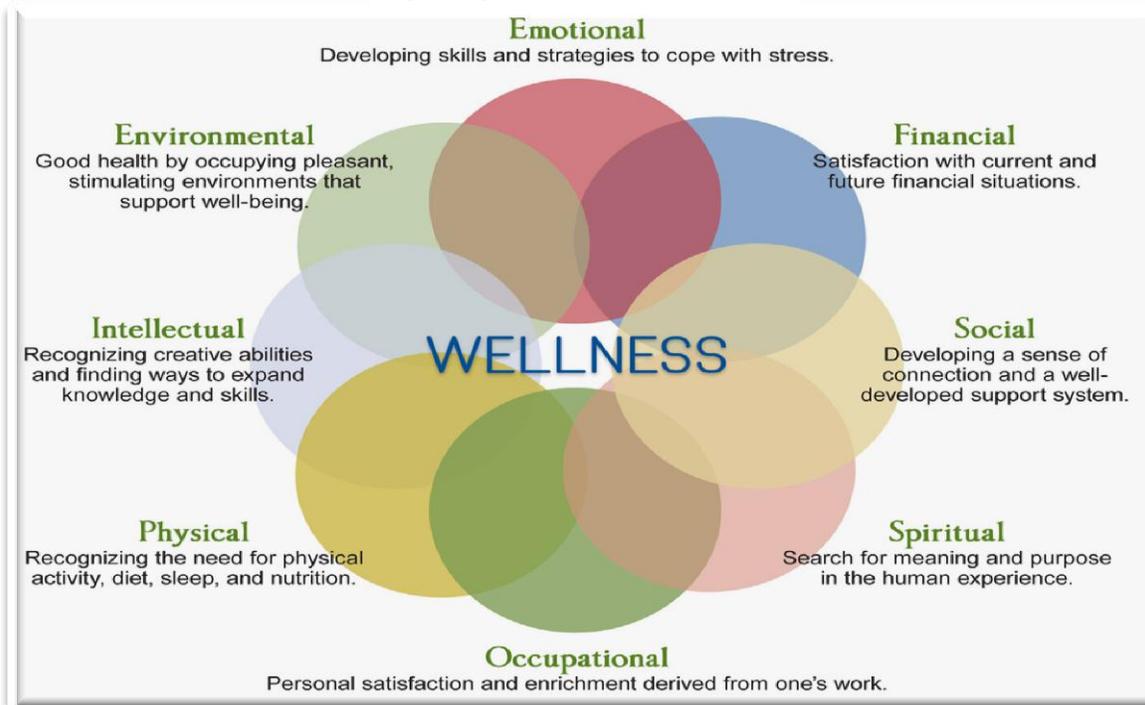
[1] Felitti V. & Anda, R., 2010. "The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare," In R. Lanius and E. Vermetten, Eds., *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease*. Cambridge University Press. 2010.

[2] Finch, R. A. & Phillips, K. (2005). An employer's guide to behavioral health services. Washington, DC: National Business Group on Health/Center for Prevention and Health Services. Available from: www.businessgrouphealth.org/publications/index.cfm

[3] Stewart, W. F., Ricci, J. A., Chee, E., Hahn, S. R., & Morganstein, D. (2003). Cost of lost productive work time among U.S. employees with depression. *Journal of the American Medical Association, 289*(23), 3135-3144.

[4] Hosman, C. M. H., & Janè-Llopis, E. (2005). The evidence of effective interventions for mental health promotion. In *World Health Organization - Promoting Mental Health: Concepts-Emerging Evidence-Practice*. (pp. 169-188). Geneva, Switzerland: WHO. Available from: *www.who.org/publications*

[5] Marlowe JF: Depression's Surprising Toll on Worker Productivity. (2002). *Employee Benefits Journal*, March, pp. 16-20.

[6] U. S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General - Executive summary.* Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Available from: *www.surgeongeneral.gov/library/mentalhealth/toc.html*