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Stage 4

Trauma-Informed Leadership
for Organisational Change:
A Framework



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Contents

Acknowledgements

Introduction	5
Who is this framework for?	6
Why we need trauma-informed leaders?	6
Reflective Practice.....	6
Professional development:a module to support the Framework.....	8
The Framework.....	9
Overview	9
A Framework for leading change: a trauma-informed approach	9
Framework Domains and Capabilities	10
1. Development of leadership capacity	11
2. Fostering and building relationships	11
3. Partnering and collaborating across disciplines and settings	11
4. Identifying better outcomes.....	11
5. Transforming the organisation	11
What do we need to be transformational leaders?	12
What qualities do leaders need to have?	14
Important attributes for leadership in Trauma-informed care and practice	15
Leadership	16
Strategic Planning	16
Change Management.....	17
Steps to effective Organisational Change.....	18
Promoting Co-design.....	20
Managing change fatigue	21
Four Key Principles to managing change fatigue	22
Summary	24
Appendix 1: Principles of Trauma-Informed Care and Practice	26
Bibliography and Resources	27

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“People underestimate their capacity for change.
There is never a right time to do a difficult thing.”

John Porter
Sociologist, 1921 - 1979

Trauma-Informed Leadership for Organisational Change

A Framework

Introduction

“Leadership is a practice, not a position”, (Heifetz, et al., 2009)¹

Developing leadership capabilities for the mental health and human services workforce is a key priority of MHCC’s trauma-informed organisational change strategy. The audit and implementation resources toolkit **TICPOT**² was designed to support reflection on every aspect of management and practice, and to support organisations to identify opportunities for quality improvement as well as foster innovation as part of organisational change. Critical to implementation is the development of leaders that can champion change.

Mental health and human services need leaders to advocate and bring about an organisational approach that supports workers across a multitude of contexts, and which brings together people with shared values who can work towards a shared vision. MHCC proposes that a framework to drive organisational change is a valuable tool to guide leaders, ensure quality improvement and to enhance consumer and carer/supporter safety and experience of services.

Our vision is that health and human services leaders will be supported by a skilled and competent workforce appropriate not only for today but for tomorrow, and that they will demonstrate a best practice approach wherever they work in service settings across the system.

The vision comprises:

- a safe and healthy culture in which the principles of trauma-informed care and practice (TICP) are embedded across all organisational domains
- a workforce supported by effective leaders that understand and model safe practices, and empower staff to deliver on the vision
- an engaged and skilled workforce
- a sustainable workforce that ensures that the right people are available to deliver the right care, in the right place, at the right time
- a workplace culture that values and promotes safety and the health of staff at all levels
- access and equity to effective, trauma-informed recovery-oriented services delivered in an integrated service delivery environment

¹ Heifetz R A, Linsky M, Grashow A, 2009, *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*, Harvard Business Press, USA.

² Mental Health Coordinating Council (MHCC) 2018, *Trauma-Informed Care and Practice Organisational Toolkit (TICPOT): An Organisational Change Resource, Stage 1 - Planning and Audit, and Stage 2 - Supporting Organisational Change and Stage 3 - Implementation*, Authors: Henderson, C (MHCC), Everett, M. Isobel S (Sydney LHD).

Who is this framework for?

This framework aims to support service leaders and practice champions to foster cultural change and implement TICP throughout an organisation, across any mental health or human service context.

The framework assumes a thorough knowledge of trauma, an ability to integrate theory into practice and an understanding of the principles that underpin a TICP approach as fundamental to recovery-orientation in mental health and human services.

Why we need trauma-informed leaders?

The process of becoming trauma-informed is unique to every organisation and needs to be tailored. However, a universal aim is to establish a culture where the values and principles of TICP ultimately become second nature to all members of staff across the organisation. Implementing TICP is not always easy and characteristically requires the motivation and drive of individuals to initiate and maintain change.

Trauma-informed services are designed specifically to avoid trauma and re-traumatisation of those who are seeking support as well as staff working in service settings. These services seek to ensure “safety first” and commit themselves to “do no harm” (SAMSHA 2003). Trauma-informed leadership is social leadership in which a leader should role model how this vision translates into practice, where trust and respect is built so that people support each other, bring others along and an atmosphere of caring about each other is created.

Organisations need leaders to drive the agenda by developing a process that fosters a service culture whereby staff remain receptive to the change and innovation necessary to promote capacity building and sustainability.

It is important to acknowledge that leaders can be both people in leadership positions as well as staff wanting to lead change. Alongside the direction and guidance of MHCC’s *Trauma-Informed Care and Practice Organisational Toolkit (TICPOT)*, this framework seeks to support individuals through the process of auditing and implementing TICP and successfully driving the associated changes within organisations and services.

Leaders are people who can see the whole picture, take a ‘helicopter view’ of the organisation, investigate and reflect on what is happening across all organisational domains; and consider this in the context of the organisation’s history, context and the role it plays in the service system.

Reflective Practice

Reflective practice is a key principle of TICP, and trauma-informed leaders will role model its practice as integral to the approach. It is in the deliberate examination and critique of our experiences in order to build new understanding that leaders learn to solve problems and exemplify reflective practice. Reflective practice requires self-observation, critical thinking, the ability to evaluate oneself, and the ability to listen to and accept others’ perspectives. It requires an open mind, a non-judgemental stance and a willingness to step back and look at things in new ways.

Leaders who model reflective practice in their relationships and conversations with colleagues as well as those they work with can support them in building insight into their own behaviour and help them to develop new skills and competencies.

Castelli (2016)³ identified six behaviours that underpin the success of reflective leaders. To be a reflective leader, you should:

Value open communication. Have an open-door policy; be a good listener; empathise; be constructive in your feedback; and be credible. Open, honest communication without judgement is essential for people to feel safe to admit and learn from their mistakes.

Build self-esteem and confidence. Build relationships that are encouraging and supportive; provide direction and feedback; be a coach and mentor and provide positive reinforcement. Critical feedback should be clear, specific and constructive to enable learning and development.

Challenge beliefs and assumptions. Question your own and others' assumptions; recognise blind spots; be open to alternatives; show a willingness to change; and share lessons learned. Our actions are guided by our assumptions about why things are the way they are or why people do what they do. Challenging our assumptions can lead to different interpretations and different approaches to what we do and how we relate.

Create a safe environment that promotes trust. Be consistent in your behaviour; act as a role model for the behaviours that are desired; value opinions even if they are different from your own; and show integrity.

Help others understand how their work relates to the achievement of organisational vision and goals. Explain how tasks contribute to organisational goals; and acknowledge others' contributions.

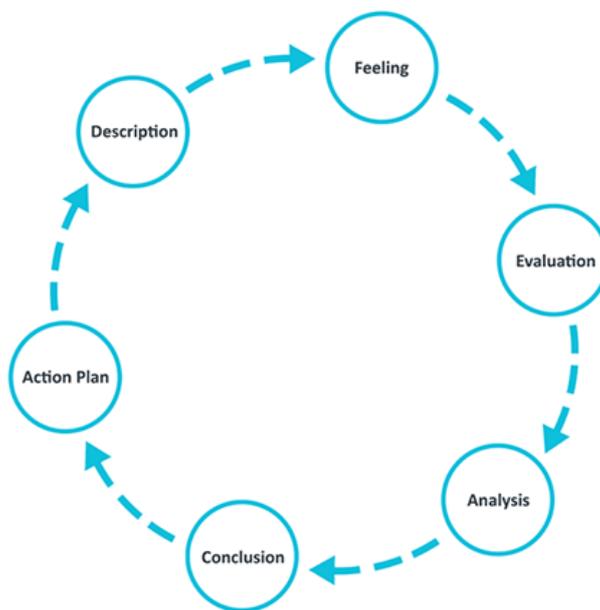
Respect diversity. Respect others' customs/values; promote inclusiveness; and be sensitive about individual differences.

In a trauma-informed context it is particularly valuable to focus on reflection for learning and put effort into creating reflective learning communities for all stakeholders taking part in an organisational change process. Managers and leaders will need to focus on practices, policies, environments and all other aspects of an organisation in order to determine in what ways individual assumptions and beliefs together with a person's experiences and background impact organisational functioning. This is an important part of the self-awareness and growth necessary to lead others.

³ Castelli, P 2016, *Reflective leadership review: a framework for improving organisational performance*, Journal of Management Development, Vol. 35 No. 2, pp. 217-236. Available: <https://www.intechopen.com/books/contemporary-leadership-challenges/reflective-leadership-learning-to-manage-and-lead-human-organizations>

Leadership is complex, and everything about it cannot be written in a handbook, nor is it exhaustively prescribed in the literature on leadership. However, we propose that reflective leadership fills the gap between theory and practice by enabling leaders to construct their own theories of practice during, after and even before their actions. It is a self-development tool that paves the way for growing as reflective leaders who are self-efficient in creating and updating their own practice of leadership.

Gibbs Reflective Cycle ⁴



Professional Development: a module to support the Framework

The intention is that in time this framework will be supported by a training module for senior managers and leaders. A training module would support leaders and organisational champions in progressing transformational change through providing practical strategies and approaches to TICP.

Training would help leaders take their teams on a journey from having good intentions to 'making it happen'.

⁴ Gibbs G 1988, *Learning by Doing: A guide to teaching and learning methods*, Further Education Unit. Oxford Polytechnic: Oxford. Available: <https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle>

The Framework

Overview

Development of the Framework: why do we need it?

Feedback from organisations using the Mental Health Coordinating Council's TICPOT resources has clearly shown that they want a roadmap to assist leaders progress implementation.

The core values that underpin the framework are reflected in TICP principles (see Appendix 1, p.26). They guide the process and intent of TICP implementation and also directly assist those leading the endeavour.

A Framework for leading change: a trauma-informed approach

How will the Framework help?

The framework provides guidance on how to progress change through transformational leadership. Frameworks and toolkits can only help to inform people who will ultimately have to lead and make change happen. However, it can be helpful to reflect on what it takes to make and sustain change and what personal and professional steps may assist to develop and maintain momentum and to drive the change.

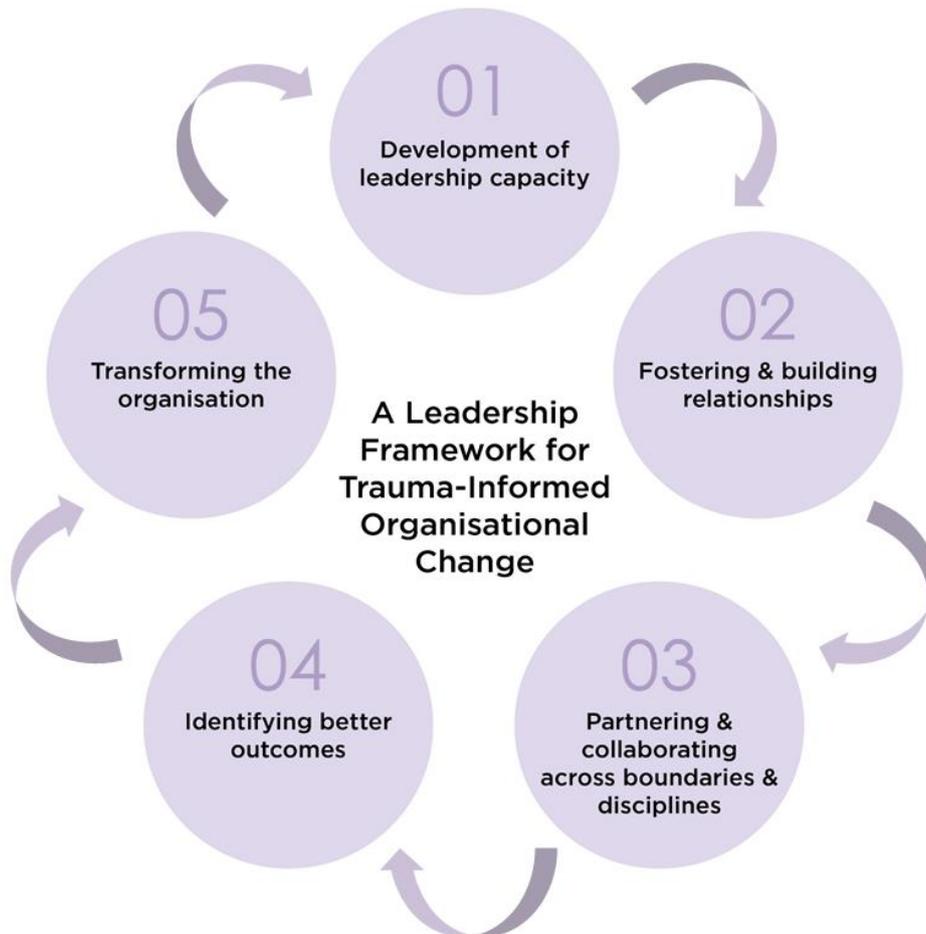
How might this be different from leadership informed by other theory and practice (e.g.: clinical practice)?

Endemically pervasive across all cultures, trauma and its impacts have had a contentious history and remain a socially uncomfortable topic. Alongside discomfort with the acknowledgement of the harm that can arise for people who have experienced trauma, TICP requires realistic reflections on the ways people are harmed within care and treatment contexts; and the lifelong psychosocial adversities experienced by trauma survivors in the community generally. Such factors can influence attitudes and create barriers to implementation by those working in the system, who must be supported and empowered to bring about change.

New approaches can sometimes lead to workers and services feeling criticised as it can imply that their current practices are not aligned to the principles described. Experience has shown that championing and leading a cultural shift can take a personal toll, especially when individuals lack the support and commitment to the planning that must be established to ensure that the process of leadership is itself safe and collaborative.⁵

⁵ Fallot R D, Harris M 2009, *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol, Community Connections*; Washington, D.C., Available: <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>

Framework Domains and Capabilities



Framework Domains and Capabilities

1. Development of leadership capacity and personal resources
2. Fostering and building relationships
3. Partnering and collaborating across disciplines and settings
4. Identifying better outcomes
5. Transforming the organisation

1. Development of leadership capacity

- Demonstrating self-reflection and awareness
- Actively seeking personal growth
- Modelling desired values and behaviours
- Taking responsibility for own performance and contribution to the service delivery.

2. Fostering and building relationships

- Facilitating effective team processes
- Fostering the development and contribution of others
- Harnessing talent and diversity
- Encouraging innovation and flexibility
- Creating workplace culture environments where people feel safe.

3. Partnering and collaborating across disciplines and settings

- Employing a collaborative approach to transforming the organisation
- Ensuring meaningful codesign with consumers and carers
- Mobilising people to undertake collaborative action for service transformation
- Creating cross-sectoral collaborations to deliver services
- Encouraging fresh insights from diverse sources to foster innovation.

4. Identifying better outcomes

- Building a common vision for future trauma-informed recovery outcomes
- Using outcomes for consumers as well as service agreements to drive performance
- Focusing on what makes a difference to results
- Being accountable for performance and resources.

5. Transforming the organisation

- Shaping a preferred future for health service delivery
- Demonstrating critical and systems thinking
- Assessing and working through resistance and other impediments to change
- Being politically astute and building support for change.

What do we need to be transformational leaders?

Whilst transformational leadership in TICP is more than 'quality leadership' as described by the theory in Middleton, Harvey and Esaki (2015)⁶, it clearly demonstrates a commitment to the principles and values of the approach

- **Leadership qualities** - a sense of personal power is crucial for believing that the organisation can be led towards implementing a trauma-informed approach to care; and an ability to clearly plan and communicate pathways for change and instil passion for the provision of care within services that are trauma-informed.
- **Values and ethics** - belief and commitment to TICP values that will allow for the transparency and trustworthiness required to lead change.
- **Empowerment** - positional power or the support of it that will allow passion to translate into action and not just give rise to frustration.
- **Vision** – be clear on what you are working towards.
- **Communication** – bring others along with the vision and communicate effectively, clearly and transparently about processes.

Anchoring values

- **Emotional intelligence** – authentic and adaptive leadership values.
- **Open communication** - ability to listen to without defensiveness and resistance.
- **Social responsibility** - commitment towards meaningful implementation of TICP to benefit staff, consumers and their families, and the flexibility to adapt to what this might mean.

⁶ Middleton J, Harvey S, Esaki, N 2018, *Transformational Leadership and Organizational Change: How do Leaders Approach Trauma-Informed Organizational Change...Twice?* Sage Journal, Research Article, Available: <https://journals.sagepub.com/doi/abs/10.1606/1044-3894.2015.96.21>

Commitment to:

- **Non-violence** - trauma-informed service culture, care and practice must be led in a way that models the principles and reduces harm occurring in the process of change.
- **Social learning** - an understanding that people learn from one another, via observation, imitation, and modelling.^{7 8}
- **Growth and change** – creative thinking and an understanding that growth and change can happen within existing funding structure.
- **Co-design and collaboration** - shared power with service users and their families and supporters needs to be embedded at every level.
- **Human rights** – acknowledgment of the importance of maintaining a human rights perspective in all aspects of care.

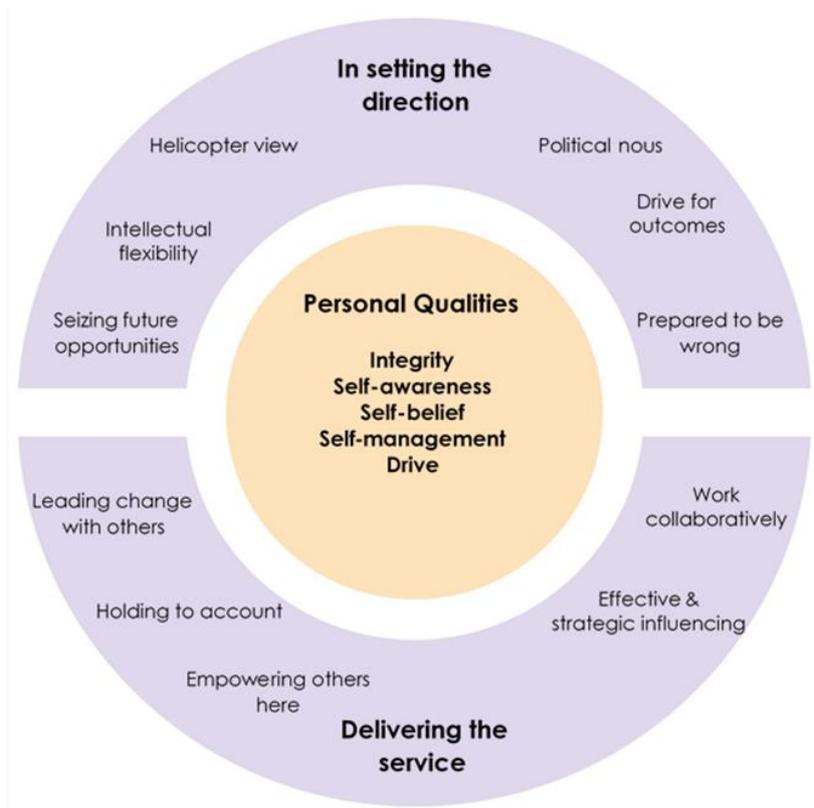
⁷ The theory has often been called a bridge between behaviourist and cognitive learning theories because it encompasses attention, memory, and motivation, theorized by Albert Bandura. Bandura A 1971, *Social Learning Theory*, General Learning Corporation, USA.

⁸ Stodd J 2018, *Social Learning Guidebook*, *Social Leadership*, Sea Salt Learning 2019, Available: <https://seasaltlearning.com/sea-salt-learning/>

What qualities do leaders need to have?

Transformational Leadership

Qualities Overview



**NHS Leadership Qualities Framework 2006,
NHS Institute of Innovation and Improvement**

Important attributes for trauma-informed leadership

- You will have bucket loads of patience - change can be slow and incremental and there will likely be set-backs
- You will understand that relationships are at the core of human service delivery
- You will have strategies to maintain your passion, so that frustration with the pace of change and barriers experienced doesn't turn dedication into anger
- You will bring others along with you, create open dialogue and a supportive culture - you can't lead alone
- You will have worked through your own trauma experiences; recognise when you are re-triggered and seek support. You may need your own space for self-care and wellbeing and recognise that need in others
- You will be open to ideas, take criticism constructively; be open to reviewing your point of view
- You will be flexible and willingly change direction if plans are not working
- You will welcome change and that nothing need be set in stone; inspire and be fearless
- You will celebrate small wins while aiming for bigger ones
- You will maintain boundaries and model self-care and never forget that trauma can generate trauma

As a TI leader you will model the Principles of a Trauma-Informed Care and Practice approach (TICPOT Stage 1, see Appendix 1)

Broadly speaking a trauma-informed care and practice approach is:

- informed by a philosophy of practice approach underpinned by its stated values and principles
- based on the most contemporary literature
- informed by research and evidence of effective practices
- led by people with lived experience and survivors of trauma
- culturally safe and inclusive of diversity

The leadership roadmap to organisational change

In determining its readiness to journey toward becoming a trauma-informed organisation, a leader will need to reflect on **three key areas** to be considered. These areas are critical to the success the organisation will have in achieving its goal.

The three key areas are:

- Leadership (desire and authority to make the change)
- Strategic Planning (creating the plan); and
- Change Management (implementing the plan and maintaining momentum)

Leadership

A critical and required component for success is that leaders are fully supportive of, committed to, and personally embrace the principles of trauma-informed care and practice. Leaders must recognise the benefits of the approach, and incorporate sound systems underpinned by the principles. They must be well informed about the impact that implementation will have on people using the service as well as staff; and to achieving the organisation's mission and its sustainability. Becoming a trauma-informed organisation normally requires system-wide transformation. It includes assessing policies, practices and environments to align with the principles and cultural shift.

Change can be challenging for individuals and organisations. Leaders must consider the role of risk-taking in transformational leadership, champion change as well as allocate resources including people, time, money and technology. Organisational leadership should empower others to take responsibility for the implementation, and for maintaining it as a foundation to the mission and strategic plan. Some leadership models will naturally parallel trauma-informed principles. Other models that are more authoritarian or paternalistic are reductionist and will impede progress. In summary, leaders must embrace and model the principles of being trauma-informed by creating a sense of safety and trust, encouraging and enabling collaboration, choice and control for staff and people using services.

Strategic Planning

Strategic planning is the process of defining:

- Mission Statement - Why do we exist?
- Vision Statement - Where do we want to be?
- Values Statement - What do we believe in?
- Goals and Objectives - What do we want to accomplish?
- Strategies and Tactics - How will we accomplish the work?
- Implementation Plan - What are our priorities?

- Evaluation – What metrics will we use to measure progress? How will we know when we have got there?

Incorporating TICP Principles into the strategic planning process will provide guidance and direction to the organisation.

All organisations need **four critical resources** that a leader can effectively harness to achieve the desired outcomes:

- People whose skills and talents are utilised to do the work
- Technology that is used to create the product or deliver the service
- Finances the organisation uses to pay for what it requires, and
- Partnerships with other organisations that can help support the change

The main driver in the use of its resources is the mission and vision of the organisation. Leaders importantly will acknowledge that the staff are the organisation's greatest resource.⁹

Maximising trustworthiness through task clarity, consistency and interpersonal boundaries¹⁰

Leaders who are trauma-informed will be compassionate and fair, but this should not prevent them from being clear about how people engage and behave towards each other in organisations. In order that staff feel safe with each other, leaders must be clear about the practices and behaviours that are – and are not - consistent with a trauma-informed environment.

Leaders will need to ask themselves “to what extent do the program’s activities and settings maximise trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program? How can services be modified to ensure that tasks and boundaries are established and maintained clearly and appropriately? How can the program maximise honesty and transparency?”¹¹

It is vital that a service provides staff with clear directions in its policy and practice protocols about what will be done, by who, when and where, in what circumstances, with what intended outcomes. Likewise, staff must be provided with unambiguous information about professional boundaries in the workplace with colleagues as well as clients and how to manage dilemmas between role clarity and accomplishing multiple tasks.

Effective trauma-informed leaders will seek to maximise trustworthiness by making the tasks involved in service delivery clear, and by ensuring consistency in practice that is honest and transparent.

⁹ SAMHSA 2014, *Concept of Trauma and Guidance for a Trauma-Informed Approach*, SAMHSA's Trauma and Justice Strategic Initiative U.S. Dept of Health & Human Services SAMHSA, Office of Policy, Planning & Innovation, Available: <https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf>

¹⁰ Fallot, R & Harris, M 2009, *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*, Community Connections, Washington, D.C.

¹¹ Ibid.

Simultaneously, as far as possible, leaders will ensure that the program's activities and settings are physically and emotionally safe for staff, and regularly review how a service can be modified to ensure safety is effectively and consistently maintained.

Change Management

Change is dynamic. A process must be led but everyone must be involved in making change. Change that is well managed leads to improvements in processes and systems, is responsive to staff and clients and has a positive impact on culture. Poorly managed change will lead to chaos, disruption and has a negative impact on organisational outcomes, employee productivity, and morale.

Change management processes are extensively researched and well-defined. The additional step taken here is to align change processes outlined in the framework with TICP principles.

The steps below are an example of a change model as adapted from Kotter International.¹²

Steps to effective Organisational Change

1. Explore if and why change is necessary
 - What current practices are not working?
 - How would we benefit from making this change?
 - How do we know what needs to be done?
 - Do we have the necessary resources to embark on this journey e.g., audit tools and information resources (TICPOT 1, 2 & 3)?

You may need to find a way to 'sell' TICP to the organisation using outcome measures or cost benefit.

Don't assume that an organisation will change because it just makes sense to you.

2. Identify strengths and resources the organisation has on which it can build, including identifying multiple 'trauma champions' in the organisation at all levels.

While it may seem courageous to drive TICP alone, it is not a good idea. You will need a support group around you of people with complementary positions and skills to your own.

Spend time identifying key drivers.

¹² Kotter J 2019, *Leading Change, 8 Step Process*, Kotter International, Available: <http://www.kotterinternational.com/>; <https://www.kotterinc.com/8-steps-process-for-leading-change/>; https://www.eiseverywhere.com/file_uploads/3f6e5b107e7e4a7251e67254fb82afe_NancySullivan-The8-StepProcessforLeadingChange.pdf

3. Allow space and time to review the past and honour the intentions of the previous work that had been done.

Many things will have occurred in your organisation that may already align with TICP.

Be sure to acknowledge everything that has been done well in the past. Respect the knowledge within your organisation.

4. Make a commitment to moving forward and ensure access to necessary resources.
5. Create a compelling message

- Why will this change have a more positive impact than current practices?
- How will it benefit staff and those people served?

Key messaging will help you throughout the process to hold the scope, stay focused and sustain engagement.

6. Create open lines of communication

Design multiple ways to engage staff clients, collaborators and other stakeholders.

Knowledge about trauma impacts and TICP needs to be repeated through carefully delivered mechanisms (such as training, education and policy guidelines).

Be prepared to be challenged and find strength in responding in an informed intuitive and respectful way.

7. Communicate, communicate and communicate

Explain the plans, provide progress reports, and give people time to ask questions and clarify their individual roles.

Different modes of communication may be necessary including informal mechanisms of communication.

Be open to varying models of communication, including informal ones to meet different circumstances.

Be open and ensure transparency about setbacks as this will help you move forward.

8. Develop a learning community to encourage peer to peer learning and support.
9. Establish mechanisms to measure progress by starting with a baseline and reviewing outcomes regularly.

The path to TICP can be overwhelming and acknowledging progress using measurable milestones will be critical.

10. Celebrate and ensure short term successes (wins).

Make sure that people know how they have contributed to the organisation's success.

11. Hardwire the changes - Continue to reinforce through structure, policy, rewards and practices why the changes are essential and what the benefits are.

Change is slow and requires maintenance.

Working towards being trauma-informed will evoke change. To increase the chances of a successful cultural shift, a leader must intentionally determine the change model or approach through which they can advance its work. Change can be unsettling for organisations and individuals. A prerequisite at each step is to ensure the ongoing collaboration and support of those around you.

Be inclusive of those who are most resistant. This can present opportunities to explore discomforts and challenge common misconceptions.

Promoting Co-design

Co-design means more than partnering, collaborating and consulting. Trauma-informed leadership places people with lived experience at the centre of organisational and strategic processes that guide the planning, design and evaluation of all health services. [The National Safety and Quality Health Service Standard 2: Partnering with Consumers](#) and the [Lived Experience Framework](#) provide a framework for “experience-based co-design” for health service organisations in Australia.^{13 14} However, what the framework doesn’t do is define who are the people with lived experience.

Trauma-informed leaders will need to ensure that all those progressing organisational change have come to a clear agreement determining who are the people with lived experience that they want to engage in an active partnership, and successfully support and progress co-design processes. For example - might they be those with experience of mental health services as well as survivors of trauma? Would they need to be both? How might carers be represented? Might people from the organisation peer workforce be representatives?

Leaders will need to ensure that lived experience participation is not tokenistic but rather fosters a collaborative and supportive culture that exemplifies shared power and brings systemic and sustainable impacts to their organisation.¹⁵ In other words a collaborative culture that is respectful of inclusion and cooperation, that values lived experience participation (which it demonstrates through remuneration). This will in turn lead to improved experiences and set the foundations for a successful co-design process.¹⁶

¹³ Australian Commission on Safety and Quality in Health Care 2012, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers*, Sydney, ACSQHC, Available: https://www.safetyandquality.gov.au/sites/default/files/migrated/Standard2_Oct_2012_WEB.pdf

¹⁴ Mental Health Commission of NSW 2018, *Lived Experience Framework*, Available: https://nswmentalhealthcommission.com.au/sites/default/files/documents/final_lef_a4_layout_for_web.pdf

¹⁵ Boivin A, Dumez V, Fancott, C, et al. 2018, *Growing a Healthy Ecosystem for Patient and Citizen Partnerships*, Healthc Q.

¹⁶ The Agency for Clinical Innovation (ACI) 2019, *A Guide to Build Co-design Capability*, NSW Health.

A supportive environment in the context of fostering meaningful partnerships with people with lived experience, carers and staff can be understood as an 'engagement capable environment' where an organisation creates an environment that embeds meaningful engagement throughout the core work of the organisation.^{17 18}

Whilst partnership should be understood as everyone's business (from senior leadership team to frontline workers) it is critical that leaders champion and embody the partnership model.¹⁹

Leaders need to develop strong, inspired and highly persistent style to overcome barriers to engagement and demonstrate what co-design should look like in practice.²⁰ This involves clearly articulating the organisation's goals related to partnerships and promoting the concept of shared leadership throughout the workplace.

Being brave and courageous is considered a key principle and enabler of co-design. To be brave and courageous is believing that anything is possible. This is underpinned by optimism and a 'can do' mindset. It requires and understanding that any challenge can be overcome with creativity and collaboration,^{21 22} and that commitment and support will often be required without always knowing the co-design outcomes in advance."

Managing change fatigue

What is change fatigue?

Change fatigue is a lack of interest, passive resignations or withdrawal towards change efforts by an organisation, teams or individuals. Evidence suggest that 70% of change initiatives fail because of change fatigue. In health care services, the frequent introduction and revision of policy, practice and organisational structures creates an environment highly susceptible to change fatigue.

What does change fatigue look like?

A change-fatigued workplace is in constant motion with uncertainty, projects started but not finished, too many projects or tasks being done at once, changes in direction or priority or constant restructuring of management and resources. Negativity is high, absenteeism and

¹⁷ Rowland P, Brosseau M, Houle C, 2018, *Patient Roles in Engagement-Capable Environments: Multiple Perspectives*, Healthc Q.

¹⁸ Cited: Australian Commission on Safety and Quality in Health Care 2012, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers*, Sydney, ACSQHC.

¹⁹ Australian Commission on Safety and Quality in Health Care 2012, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers*, Sydney, ACSQHC.

²⁰ O'Connor P, Di Carlo M, Rouleau J, 2018, *The Leadership and Organizational Context Required to Support Patient Partnerships*, Healthc Q.

²¹ Western Australia Council of Social Services 2016, *Co-design Principles to Deliver Community Services in Partnership in WA*, Perth: WACOSS 2016.

²² Cited: Australian Commission on Safety and Quality in Health Care 2012, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers*, Sydney, ACSQHC, (p.14).

presenteeism increase, good people leave, people work against each other and self-preservation becomes their number one goal. Often there is a divide between managers and staff.

When introducing a trauma-informed care and practice approach, change fatigue may be observed when staff appear sceptical, feel patronised or blamed, talk about ‘the new recovery’ or the latest ‘buzz word or approach’.

Managing change fatigue in transformational change ²³

One of the biggest challenges in workplaces today is the sheer volume of change. It impacts decisions at every level of management and service delivery. It creates uncertainty, leaving people feeling lost, overwhelmed and lacking trust in decision makers. It reduces productivity and efficiency – the very things change is meant to improve. As a result, change fatigue is being experienced at a phenomenal rate in many organisations.

A leader must recognise what leads to change fatigue, and what it can look like, and consider how to best introduce trauma-informed care and practice to a workforce fatigued from recurring change.

Four key principles to managing change fatigue ²⁴

1. Change certainty

Transformational change starts with developing a culture of ‘change certainty’ as a key strategy against change fatigue. This means that you will have to be clear on your messaging and where this change fits within existing models and approaches.

In the organisation that has developed essential agility and flexibility and thinking skills towards change (whether it is fast or slow paced, small or large change initiatives) it is understood that there is always movement. Change is now the norm in these organisations and staff can pace change with maximum effect while offsetting change fatigue.

Ask these three questions to start developing a ‘change certainty’ culture in your organisation:

- What do people in the organisation believe about change?
- What does their actions say about their beliefs?
- What impact are these beliefs having on the organisation?
- Where does trauma-informed care fit within existing and emerging approaches?

²³ Diane Gray of Change Play Pty Ltd (www.getagameplan.com.au), edited by CCI. Available : <https://www.cultureincorporated.com.au/four-key-principles-to-managing-change-fatigue-in-transformational-change/>

²⁴ Ibid.

2. Change is constant

Change does not have a beginning and end. It is constant, consistent and continuous. It can occur at different times, in different ways and at different paces. Sometimes it can be so subtle that we are not aware changes are occurring all the time.

Our thinking will filter out a large portion of the change we are exposed to, to protect us from information overload. We can use this to our advantage. We can be better prepared and have more resources available for significant change. However, we need to acknowledge the existence of changes we were not directly aware of, so we become more change intelligent.

The more change intelligent we become the more resilient we are through change, thus change fatigue is less likely to be a problem and change is more likely to be sustainable.

This may mean taking the time to acknowledge the things staff and services are already doing well, listening to descriptions of current approaches and collaboratively determining what TICP may look like in each part of service. It involves recognising and building on existing strengths, recognising the contextual relevance of TICP and facilitating an organisation in making the links between where we are and where we want to be. TICP is a philosophy and approach that does not have set steps and performance indicators, it may need to fit alongside other quality improvement changes that have been implemented rather than replace them.

Three useful questions to ask consistently are:

- What am I now noticing about change that I was not aware of before?
- How do I know change occurred?
- What are the consequences?

3. Change together sustainably

Isolation creates change fatigue. Developing a 'change certainty' culture includes appreciating that people filter change differently, and these differences will provide an organisation the leverage to make change sustainable. Strength can be achieved through taking a journey together and learning from what other people can bring to the 'change table'. It means more choices are available for consideration, particularly where significant change is required. In order to implement TICP you will need a team approach, and this will require time to establish and consolidate. Invite people onto the team with various attributes who are passionate and driven but also invite those who are reluctant or uncertain.

Importantly when an organisation collectively understands and builds the 'change certainty' culture, it means people are trusted to make decisions, respected for their input. They will also have freedom and accountability to use their initiative on smaller, everyday changes that make a difference to frontline effectiveness which reduces the likelihood of change fatigue. One of the biggest risks for change fatigue is a lack of trust in the change ahead because decisions are made in isolation and as a result people do not have consistent control over decision making in their everyday work. Transparency of process and intent may help to ensure that people feel invested in the change.

Questions to ask are:

- What would happen if the change is undertaken without consultation and communication?
- Who is struggling with the change that is on the table? How can we help them?
- What choices are now available through collective sharing and how do they help make the change sustainable?

4. Change can be transformational

There is a common misconception that change management is a process to 'get through', which is why 70% of change initiatives fail. This way of thinking is a linear, transactional approach – aligning steps to be completed to cross the change finish line. The main problem with this approach is the steps are often done in isolation, without consideration to the impacts on other areas of the organisation.

Transformational change requires going beyond transactional alignment of processes. It is continuous and multi-directional, using multiple intelligences to keep momentum and motivation flowing. It requires the ability of the change leaders to think with both rational and emotional intelligence, then respond to a situation with agility and flexibility. Only then can leaders positively influence change fatigue. Significant skill is required for successful transformational change and its importance should not to be underestimated.

While action needs to happen for change to materialise, it will have limited success until the thinking behind the transformational change action is attuned with the culture, system and people involved in the WHOLE organisation, with staff understanding the full impact change may have on each element. Focusing on how TICP may improve staff experience and validate existing good practice may help to ensure that staff feel invested in longer term change.

Questions to ask:

- What is the desired outcome of the transformational change?
- What are the rational and emotional considerations of the change?
- How does the change impact on the culture, systems and people? And how does the culture, systems and people impact the change?

Summary

Where change fatigue is highly evident, it means change has been managed in a linear, transactional style that generally ignores the emotional impact change has on the culture, systems and people within the workplace. People then become disillusioned, uninspired and resistant to change rather than embracing change as a normal part of the workplace. Often in health, a new idea emerges suddenly, led by individuals who are outcome focused and driven and may then leave for other positions.

It is important to take time to establish processes and teams before launching a TICP initiative. This is to ensure adequate investment and communication and to build trust with services and individuals who may well feel they have 'seen this all before'.

Change happens whether we want it to or not. Developing a culture of 'change certainty' is essential to successful transformation change that relies on both rational and emotional intelligences from the collective people in the workplace.

Transformational change goes beyond the linear alignment of process. It needs acclimatisation that challenges the way change happens, taking organisations, teams and individuals to a level rarely experienced in traditional change management. It means the organisation is more effective because people bring more value to the process by working together than what they can do alone. The four key principles suggested (p.22) can provide an opportunity to make change sustainable thus reducing change fatigue and developing an agile, flexible 'change certainty' culture in the workplace.²⁵

The Framework presented in this document is not set in stone, it is a 'living document' subject to a dynamic environment. MHCC welcomes feedback from those sharing the journey. It is the initial step to capture some core considerations from which a leader can evaluate what is necessary to bring about change in their organisation. This may require a shift in ethos as well as leadership style, and strategic planning and an intentional framework for change are critical pieces to examine in preparation for the work to come.

Leaders will need to empower others to be actively and meaningfully involved and neither be unilaterally directive or passive - but model the principles; which must be clearly integrated and reflected in the organisation's strategic plan.

Leaders must intentionally consider how information will be communicated in support of the change process (TICPOT Stage 2).

Thank you for your interest in MHCC's ongoing trauma-informed care and practice initiative.

Please feel free to provide your feedback on this resource by contacting Corinne Henderson, E: corinne@mhcc.org.au

²⁵ Change Anything training developed by Changing Change International (CCI). Diane Gray, Change Play Pty Ltd (www.getagameplan.com.au)

Appendix 1: Principles of trauma-informed care & practice

(TICPOT Stage 1)²⁶

The eight foundational principles that represent the core values of a trauma-informed care and practice approach are:

1. **Understanding trauma and its impact** - A trauma-informed approach recognises the prevalence of trauma and understands the impact of trauma on the emotional, psychological and social wellbeing of individuals and communities.
2. **Promoting safety** - A trauma-informed approach promotes safety - Establishing a safe physical, psychological and emotional environment where basic needs are met, which recognises the social, interpersonal, personal and environmental dimensions of safety and where safety measures are in place and provider responses are consistent, predictable, and respectful.
3. **Supporting consumer control, choice and autonomy** - A trauma-informed approach values and respects the individual, their choices and autonomy, their culture and their values.
4. **Ensuring cultural competence** - A trauma-informed approach understands how cultural context influences perception of and response to traumatic events and the recovery process; respecting diversity; and uses interventions respectful of and specific to cultural backgrounds.
5. **Safe and healing relationships** - A trauma-informed approach fosters healing relationships where disclosures of trauma are possible and are responded to appropriately. It also promotes collaborative, strengths-based practice that values the person's expertise and judgement.
6. **Sharing power and governance** - A trauma-informed approach recognises the impact of power and ensures that power is shared.
7. **Recovery is possible** - A trauma-informed approach understands that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer and former consumer involvement at all levels of the system; facilitating peer support; focusing on strength and resiliency; and establishing future-oriented goals.

²⁶ Mental Health Coordinating Council (MHCC) 2018, *Trauma-Informed Care and Practice Organisational Toolkit (TICPOT): An Organisational Change Resource, Stage 1 - Planning and Audit, and Stage 2 - Supporting Organisational Change and Stage 3 - Implementation*, Authors: Henderson, C (MHCC), Everett, M. Isobel S (Sydney LHD). Available: <http://www.mhcc.org.au/resource/ticpot/>

8. **Integrating care** - A trauma-informed approach maintains a holistic view of consumers and their recovery process; and facilitating communication within and among service providers and systems.

Bibliography and Resources

- Australian Commission on Safety and Quality in Health Care 2012, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers*, Sydney, ACSQHC, Available: https://www.safetyandquality.gov.au/sites/default/files/migrated/Standard2_Oct_2012_WEB.pdf
- Bandura A 1971, *Social Learning Theory*, General Learning Corporation, USA.
- Boivin A, Dumez V, Fancott, C, et al. 2018, *Growing a Healthy Ecosystem for Patient and Citizen Partnerships*, Healthc Q.
- Castelli, P 2016, *Reflective leadership review: a framework for improving organisational performance*, *Journal of Management Development*, Vol. 35 No. 2, pp. 217-236. Available: <https://www.intechopen.com/books/contemporary-leadership-challenges/reflective-leadership-learning-to-manage-and-lead-human-organizations>
- Department of Mental Health State of Missouri Roundtable 2017, *Organizational Considerations In Becoming Trauma Informed: First Steps 2017*, Available: <https://dmh.mo.gov/trauma/docs/organizationalrequirements.pdf>
- Fallot R D, Harris M 2009, *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*, *Community Connections*; Washington, D.C., Available: <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>
- Gray P 2015, *Leadership in a rewarding, complex and demanding world* by Paul Gray (@PAG1962) posted 24, July 2015
- Gray D, Change Play Pty Ltd (www.getagameplan.com.au), edited by CCI. Available: <https://www.cultureincorporated.com.au/four-key-principles-to-managing-change-fatigue-in-transformational-change/bid>
- Gibbs G 1988, *Learning by Doing: A guide to teaching and learning methods*, Further Education Unit. Oxford Polytechnic: Oxford. Available: <https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle>
- Heifetz R A, Linsky M, Grashow A, 2009, *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*, Harvard Business Press, USA.
- Kotter J 2019, *Leading Change, 8 Step Process*, Kotter International, Available: <http://www.kotterinternational.com/>; <https://www.kotterinc.com/8-steps-process-for-leading-change/>; https://www.eiseverywhere.com/file_uploads/3f6e5b107e7e4a7251e67254fbf82afe_NancySullivan-The8-StepProcessforLeadingChange.pdf

Kusmaul N, Wilson B & Nochajski T 2014, *The Infusion of Trauma-Informed Care in Organizations: Experience of Agency Staff*. Taylor and Francis online, Available: <https://www.tandfonline.com/doi/abs/10.1080/23303131.2014.968749?src=recsys&journalCode=wasw21>

Menschner C & Maul 2016, *A Key Ingredients for Successful Trauma-Informed Care Implementation, Issues Brief*, Advancing Trauma-Informed Care, Center for Health Care Strategies, Available: http://www.chcs.org/media/ATC_whitepaper_040616.pdf

Mental Health Coordinating Council (MHCC) 2018, *Trauma-Informed Care and Practice Organisational Toolkit (TICPOT): An Organisational Change Resource, Stage 1 - Planning and Audit, and Stage 2 - Supporting Organisational Change and Stage 3 - Implementation*, Authors: Henderson, C (MHCC), Everett, M. Isobel S (Sydney LHD). Available: <http://www.mhcc.org.au/resource/ticpot/>

Middleton J, Harvey S, Esaki, N 2018, *Transformational Leadership and Organizational Change: How do Leaders Approach Trauma-Informed Organizational Change... Twice?* Sage Journal, Research Article, Available: <https://journals.sagepub.com/doi/abs/10.1606/1044-3894.2015.96.21>

NHS Leadership Qualities Framework 2006, NHS Institute of Innovation and Improvement <https://mentalhealthpartnerships.com/resource/nhs-leadership-qualities-framework/>

NHS Education for Scotland 2017, *Transforming Psychological Trauma: A knowledge and Skills Framework for the Scottish Workforce*. Scottish Government

NHS Education for Scotland 2018, *Everyone matters: 2018 – 20 Workforce Vision, Implementation Plan*, Scottish Government.

NHS Scotland 2019, *Quality Improvement, Scottish Improvement Leader (SCIL) Programme*, Available: www.nes.scot.nhs.uk

NSW Health Leadership Framework 2013, Health Education and Training Institute. The NSW Health Leadership Framework is adapted from the *Leads in a Caring Environment Framework*, with the kind permission of the Canadian LEADS Collaborative. Dunnoon D, 2008, *The Leadership Mode*, Chapter 4. Available: https://www.heti.nsw.gov.au/_data/assets/pdf_file/0014/426020/NSW-Health-Leadership-Framework.pdf

O'Connor P, Di Carlo M, Rouleau J, 2018, *The Leadership and Organizational Context Required to Support Patient Partnerships*, Healthc Q.

Project Lift 2019, *Project Lift works across Health & Social Care in Scotland*, supported by Scottish Government. Available: <https://www.projectlift.scot/our-elements/leadership-development/>

Rowland P, Brosseau M, Houle C, 2018, *Patient Roles in Engagement-Capable Environments: Multiple Perspectives*, Healthc Q.

SAMHSA Trauma and Justice Strategic Initiative 2014, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Substance Abuse and Mental Health Administration, USA, Available: <https://store.samhsa.gov/system/files/sma14-4884.pdf>

SAMHSA 2014, *Concept of Trauma and Guidance for a Trauma-Informed Approach*, SAMHSA's Trauma and Justice Strategic Initiative U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Policy, Planning and Innovation, Available: <https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf>

Stodd J 2018, *Social Learning Guidebook*, Social Leadership, Sea Salt Learning 2019, Available: <https://seasaltlearning.com/sea-salt-learning/>

Te Pou o te Whakaaro Nui 2018, *Trauma-informed care resources for leaders and managers*, Part of the Wise Group, New Zealand, Available:
<https://www.tepou.co.nz/uploads/files/resource-assets/Trauma-informed%20care%20resources%20for%20Leaders%20and%20managers.pdf>

Western Australia Council of Social Services 2016, *Co-design Principles to Deliver Community Services in Partnership in WA*, Perth: WACOSS 2016



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