

# Trauma-Informed Leadership

In the healthcare field, the topic of “trauma-informed care” has been widely applied in the past few years. Medical professionals have come to understand that adjusting practices and attitudes toward patients who may have been previous victims of trauma not only helps patients feel less triggered by medical practices, but actually makes their jobs easier and their interactions with healthcare recipients more positive. Victims of disaster act differently from patients who have not been through a disaster. Victims of childhood sexual or other abuse may react differently from patients who are not survivors. The more ALL patients are treated as if they may have traumas in their experiences, the better the healthcare experience is for all.

And now other industries are taking a look at how being “trauma-informed” may help all their employees, especially in light of numerous traumas impacting today’s workplaces.

Trauma is different than “regular” bad stuff that happens. It is complex psychologically and neurologically. A trigger can set off a fight/flight/freeze reaction instantly and can be temporarily difficult to manage as it “appears” and “feels” exactly like the original wound. Even if the stimulus is not frightening or anything like the earlier incident it can “couple” like a flashback, panic attack, stress reaction by provoking fear or memories. It can be a smell, a color, a sound, a texture, a time of day, specific date, sights, people, words.... triggers are potentially endless in nature. Thus, impossible to predict. So, to have a trauma-informed environment takes patience and collaboration to find methods to manage triggered episodes while also accomplishing the work at hand.

Trauma-Informed Leadership serves in the understanding and appreciation of the vast emotional complexity of human experiences that may not be visible yet still generate a wide variety of emotional responses and behaviors. People respond according to their level of strength and vulnerability. Trauma survivors at work or home or on vacation can display a full range of strength and weakness that may be associated with a unique trigger event that can feel exactly like the original event. There is no way to control, predict, expect, or anticipate what may trigger a survivor...so best practices include a communication plan that focuses a standard of informed leadership that at the very minimum understands that 1) trauma happens, 2) it is complex and unique to the individual survivor, 3) compassion rather than judgement is critical to fast recovery from a trigger, and 4) workplace performance issues need to be addressed within the framework of compassion but not dis-empowerment or co-dependency.

Survivors at work need to learn the skills to manage their own complex trauma survival. Workplaces are not intended to be trauma care centers. There are countless ways to support survivors, direct them to more help, organize and frame the workplace as a safe place, and continue to evolve leadership to manage the emotions and the bottom line paradox.

It will help all leaders to have more information about how trauma and triggers work. But more importantly, it is critical to know trauma happens to a significant portion of your workforce. And that is simply a fact of our world now.

Below are some resources to begin leadership awareness.

- <https://accelerate.uofuhealth.utah.edu/leadership/five-ways-to-practice-trauma-informed-leadership>
- <https://traumainformedoregon.org/wp-content/uploads/2020/08/Research-Notes-Behaviors-and-Actions-of-Trauma-Informed-Leaders.pdf>
- <https://www.workplacepeaceinstitute.com/post/trauma-informed-leadership>
- <https://www.govloop.com/community/blog/6-reasons-to-practice-trauma-informed-leadership-in-your-workplace/>
- [Trauma-Informed Care in Behavioral Health Services](#) (SAMHSA Tips that include tips for a Trauma-Informed Organization)

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