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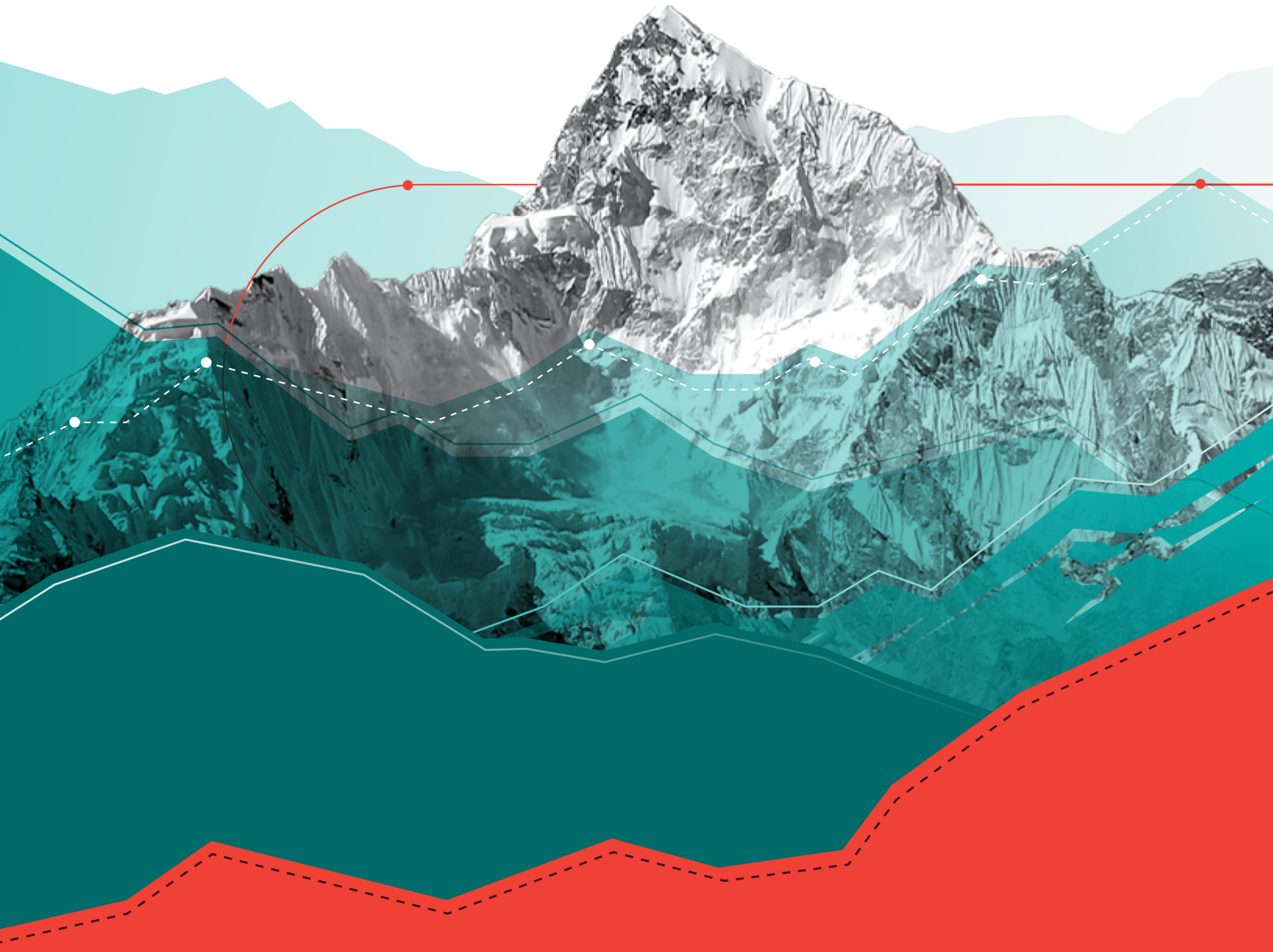

TRAUMA-INFORMED
Quality Improvement

Why data, analytics, and process improvement all need a trauma-informed lens

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Introduction

For nearly the first two decades of our lives, the performance data that we see is presented to us as final. When we receive a grade in school, it represents a specific performance that will never change. That number or letter is the final measurement of our performance on that assignment or in that year. Period. When we get out into the workforce, we finally start to receive data that is no longer "final." Our no-show rate is always the number of appointments no showed, divided by the total number appointments scheduled. But every clinician will track this measurement week to week, month to month, and year to year.

The actual measurements change less often, but they are now regularly updated and constantly monitored. The average experience with performance measurement makes it sound a lot more threatening than it really is. Measuring performance should not be a means for punishing those with lower scores, but rather a means to identify areas for improvement and address those areas so that the overall performance measures will increase for the whole agency or program.

Performance measurement is about continuous improvement. Since there is no "final" grade, then there is no place for punishment or threat. Understanding data as a means to identify areas of improvement rather than as an imposition of judgement is critical. The process of using data effectively must start with acknowledging and working through the trauma that many staff have around data and performance measurement.

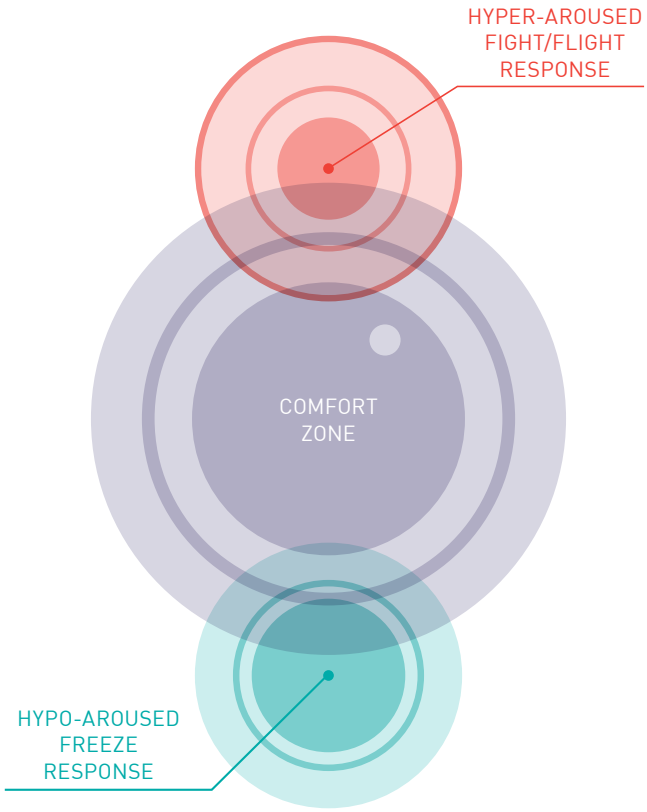
Let's start by understanding the general concept of Solution-Focused Trauma-Informed Care:

Trauma can affect anyone. When triggered, it can cause feelings such as fear or rejection. Understanding this is a first step to incorporating a trauma-informed lens in our quality improvement work. Trauma can affect individuals differently, so recognition of the different signs and symptoms of distress is important. This recognition is critical to the ongoing relationship between quality improvement and data professionals with program staff.

A trauma-informed agency doesn't simply use trauma-informed care with clients, it implements trauma-informed practices across the entire agency. The key is to integrate trauma knowledge into policies, practices, and procedures in all agency functions. A trauma-informed agency typically sees better outcomes because it anticipates what an employee or client may find traumatizing and implements practices and procedures to try to avoid triggering trauma or re-traumatization.

Why is trauma-informed understanding so critical for quality improvement?

Consider Daniel Siegel's concept of the Window of Tolerance. If a conversation around data and performance pushes some people outside of the comfort zone, we lose the attention of the very people we need to process new information and become the creative problem solvers who will drive effective quality improvement plans.



Quality improvement and data analysts need to use trauma-informed practices to keep staff within the window of comfort so that process owners can be at their best interpreting data, brainstorming solutions, and creating paths to improvement. Only good clinical responses to data will create improvement, and good clinical responses will only be achieved by those operating in the emotionally regulated comfort zone.

So, how can quality improvement and data professionals keep their colleagues inside the comfort zone? We will explore how to apply each of the five the widely accepted Principles of Solution-Focused Trauma-Informed Care to help build strong, trusting, and effective relationships between quality improvement staff and program staff.

Principles of Trauma-Informed Care Applied to Quality Improvement

SAFETY

When creating safety around data and quality improvement, the key ingredients are disclosure, acknowledgement, and reassurance. Just like clinicians provide disclosure, acknowledgement, and reassurance to their clients, quality improvement and data professionals should provide the same to project teams. Acknowledging that the data we bring may cause anxiety can help others feel safer about the subject because they we can be prepared for those triggers. In many behavioral health and human services agencies, the study and interpretation of performance data is still new, so framing it that way is helpful acknowledgment.

According to Mental Health Therapist and Trauma-Informed Care trainer Karie Gower, "…being trauma-informed is having the assumption that people are going to respond differently depending on their own histories and stories...Acknowledge what you are tapping into and being trauma-informed is having a conversation [about the emotional reactions they may have]."

Quality improvement staff should verbally acknowledge the potential emotions that staff may have surrounding data. Changing the existing feelings around data in that moment is not possible, so the acknowledgement of potential emotions helps create safety. Before reviewing the data, having a conversation about our feelings about data in general can ease nerves. When we feel safe enough to ask questions, we can begin to recognize data as a safe space.

Dr. W. Edwards Deming—the godfather of the Plan/Do/Study/Act quality improvement methodology—stated in his 14 Points for Management: "Drive out fear, so that everyone may work effectively for the company."

CLINICAL COMPARISON

(SAFETY)

Individuals are more likely to open up and participate if they feel comfortable in a safe space. Participation from agency staff is key to creating effective improvement plans. Clinicians create environments that feel safe when meeting with a client. They ask if they prefer the door open or closed, give them options for meeting times so that they can choose one that is comfortable for them, and make sure that they feel secure before proceeding with the meeting. Quality improvement should be no different. For example, lights on or off when projecting to a screen, camera off options for virtual meetings, etc.

When dealing with anything new, such as data, we need to feel safe to effectively participate. It is the job of quality improvement staff to create a safe space surrounding data for everyone we work with. The safer we feel, the more we can stay in the window of comfort and be poised to enact meaningful change.

CHOICE

Offering choices gives us control, and control is key to staying in our comfort zone. If we are not in the right headspace to discuss a certain topic, the conversation should not be forced upon us as it could lead to re-traumatization. Before approaching someone and asking something of them, we should evaluate their response to the initiation of the conversation and categorize it into one of the three stages of response: immobilization, mobilization, and social engagement.

Following this summarization of reactions in Dr. Stephen Porges' Polyvagal Theory, we can use them as cues for offering choices in quality improvement settings.

Immobilization is a hypo-aroused response where we freeze up and shut down. Immobilization can be a signal that we are not ready for a data discussion and could be battling some triggering feelings about the upcoming work, or perhaps we are bringing difficult external influences with us. Offer the choice to push the conversation or deadline (whatever it may be) to a different time.

Mobilization is a hyper-aroused response that involves "running away" from the issue or avoiding whatever negative feelings have just been imposed upon the individual. This is another signal to offer the individual the choice to deal with the issue now or at another time. Remember, forcing quality improvement work on those not ready to tackle it will likely cause project paralysis and require revisiting the topic again.

Social engagement is a response where the individual is still engaged in the conversation, and they are still within their comfort zone. Social engagement is a positive response and a good indication that the individual is comfortable with the demand. This is the desired response because the individual is still present and can tap into their emotions without being overwhelmed by them.

No one should be forced to do something they aren't emotionally ready to do without choice. Quality improvement staff should see themselves as flexible enough to reschedule when our colleagues are facing high emotional demands. It is critical to long-term quality improvement success to be an ally and look for ways to meet staff under the best possible circumstances.

CLINICAL COMPARISON

(CHOICE)

Choices can help people feel in control of their lives, which can be a confidence booster and help build trust between the client and clinician. When working with clients, clinicians should work based on client preferences whenever possible. This includes where and when appointments are held, the gender or race of the service provider, and many others. These seemingly small choices can have a huge impact of helping clients feel safe.

When offering a choice to someone, wait for the appropriate time to address the issue, and then offer the choice. Gower also mentions that, "to be trauma-informed also requires flexibility."

COLLABORATION

The best quality improvement work results from collaborative teams working together to meet the same outcome. Quality improvement is not possible without the help of the program staff, which makes it critical that quality improvement is presented as a collaborative function. Quality improvement staff provide insight and support with data, but only the program staff can implement process changes. We always want to present quality improvement as a facilitation and support role to the individuals who can help determine change actions and implement them.

Quality improvement and data analysts cannot take for granted the data literacy capabilities of everyone we work with. All parties should work through understanding the data together; meeting at a starting point that feels comfortable for everyone. Data can show us where deficiencies are occurring, but program staff can also provide insight into how data is collected and what defines certain data points that our systems produce. Quality improvement staff should be ready when necessary to slow down. Take the time. Meet one-on-one. Whatever it takes to support individual data literacy learning.

The key to collaboration is consistency. Consistency can make or break a quality improvement clinical collaboration according to Katie Miller LMHC on the Data Doesn't Equal Outcomes podcast, "Do what you say, say what you do, show up when you say you're going to be there, and you will get better outcomes simply because they can trust you and feel safe."

Quality improvement staff deliver the data and offer suggestions on how to improve quality improvement results, but it is the program staff who are the "process owners." Process owners are the people who carry out the process. In this case, the program staff providing care to clients are doing the activities that affect data. Quality improvement staff don't have the position to actually implement changes, which is why fostering a collaborative and supportive environment with all program areas is critical for success.

CLINICAL COMPARISON

(COLLABORATION)

In a therapeutic relationship, the client is the only one who can make changes in their lives. This makes the role of the counselor a collaborative partner who can provide advice, offer situational insights, and suggest activities. However, only the client can execute them. Creating treatment plans and solutions that the client buys into and will give a full effort is the essence of a collaborative partnership.

When people work together toward the same goal, the results are better.

TRUSTWORTHINESS

A key role in any relationship is trust. A client needs to trust that a service provider is doing everything they can to give them the best service possible, and program staff need to trust that data provided by quality improvement staff is accurate.

Four key strategies to build trust include:

1. Embracing and investigating challenges to the numbers
2. Careful explanation of how data being collected is used
3. Developing interpersonal relationships with colleagues
4. Agency-wide training for new hires, and ongoing

1 Quality improvement staff need to gain the trust of program staff by explaining how the data they have collected can be used to improve the quality of care provided to clients, but also working with data collectors to confirm accuracy and understand definitions. If someone says, "Those numbers can't be right," it is vital that they be investigated. The math might be right, but the raw data may mean different things to an analyst than it does to program staff. The devil is in the details, definitions, and interpretations of how activity is documented in electronic systems.

2 If program staff have any questions regarding the data and how it will be used, quality improvement staff should provide answers so that data will seem less threatening. Proving to staff that the data collected will be used to provide better care to clients should boost their level of trust in data if they're actually able to see and understand why this data is collected, and why they need to be involved with it.

3

Another way that quality improvement staff can build trusting relationships is to get to know individuals on an interpersonal level. We should be the first ones to meetings and the last ones to leave so that we can engage in small talk to get to know our colleagues on a more personal level. However, that requires some strategy. According to Gilbert Eijkelenboom in his book People Skills for Analytical Thinkers,[1] "We must consider the iceberg theory that 90% of what drives a human being cannot be seen in surface interactions."

Eijkelenboom writes, "To get a better understanding of the driving force behind people's behavior, we need to look under the water. Bring your goggles and don't forget your winter wetsuit. The water is freezing cold. That's why some people only engage in small talk; they find deeper conversations about needs and beliefs uncomfortable." Even though it doesn't feel comfortable, Eijkelenboom explains the importance of swapping casual questions like, "How was your weekend?" For second level questions, consider asking "What is important for you here at work?" or "What is important to you in our collaboration?" Getting staff to open up through conversation will enable quality improvement staff to make real connections between data and practice and creates an opening for everyone to find common ground for practice improvement.

1. Click here to purchase People Skills for Analytical Thinkers.

4

At a more macro level, everyone in an agency can gain a better understanding of data and why it is helpful by agency-wide training for quality improvement. While it is important to train on topics like Plan/Do/Study/Act, this is also the chance to tell everyone that your quality improvement practice is trauma-informed and assert your commitment to making data a safe space. This can help establish a healthy quality improvement culture within the organization by easing fears many have around data and allow them to feel safer when working with it. Spend time discussing why the collection of data is necessary and that it is meant to be used for improvement instead of judgement. No one can be effective when working out of fear, which is why quality improvement staff need to gain the trust of the agency by framing data as a tool for improvement versus judgement.

CLINICAL COMPARISON

(TRUSTWORTHINESS)

Clinicians need to build relationships with clients that are based on trust. Trust is similar to safety in that clinicians should provide their clients with full disclosure; there should be no surprises. Unexpected events, whether good or bad, could cause re-traumatization in the client, so it is important for them to trust that what they expect is what they will get.

Seeking help for a traumatic situation can often be hard for a client because it requires them to relive some of the distress. A client needs to feel like they can trust their service provider before they are able to have an effective session. Working through trauma is complicated, and it involves a lot of difficult conversations. A client needs to trust that what they are doing will help them in the end, and it is incumbent upon quality improvement staff to build that relationship with their agency as well.

EMPOWERMENT

Empowerment at the peer level comes when quality improvement staff create environments for clinical staff to feel connected to data.

Quality improvement cannot succeed without involving agency staff with data, so it is crucial for everyone to be comfortable with it. There are two critical paths we can use to create clinical connections with data.

- Understanding the Why
- Unsolicited Success Stories

Understand the Why

Empower staff by helping them understand the "Why" of it all is important, especially when explaining the need for data collection. Documentation can be cumbersome and tedious, so making connections to the data and the relevance of that data goes a long way toward getting clinical staff to embrace their role as the creators of the data. Katie Miller explains, "People need to know why. Sometimes data folks tend to say, 'Just do this thing.' But we don't talk about why. Show people how the data they collect is part of a wonderful picture. But, then also show them how that is part of a bigger picture."

Unsolicited Success Stories

Stories of success can help clinicians feel empowered about data because they are able to see exactly how their efforts have paid off. They're given a feeling of accomplishment and will be inclined to chase after that feeling again. Just because data wasn't asked for or wasn't part of a project doesn't mean that it shouldn't be talked about. As a quality improvement professional, if you see a trend that shows a positive result, share it! Then investigate it. Find out what ideas or strategies the clinical team implemented to get those positive results. Improvements don't happen in a vacuum, so share good results with context for their committed and intentional efforts.

Whether it is the program, a team, or an individual, proactively sharing success will be welcomed and appreciated, and creates positive associations with data that help reverse the default feelings of anxiety many have around data and performance conversations.

A clinician can help a client feel empowered by demonstrating exceptional customer strength skills. This includes offering realistic hope for the future for your client. Let them feel comfortable with what is to come and confident that they can overcome it by giving them realistic expectations and providing them with a validating and affirming atmosphere. Empowering clients is all about letting them feel like they can do something, that they have what it takes to overcome an obstacle.

Clinicians need to care for and support their clients, just as they would want quality improvement professionals to support them when they are dealing with data. It is important for all agency staff to feel empowered about data. They need to know that, although it seems scary, data provides the information they need to become a better service provider to clients. When program staff feel empowered about data, they can better work on their quality improvement efforts, resulting in their clients feeling more empowered as well.

Conclusion

All of the principles of trauma-informed care intertwine. They are all codependent on each other. Collaboration is weak without trust, and trust is hard to build without the assurance of safety, and so on. A theme that is true in all the principles of solution-focused trauma-informed care is that comfort matters. Keeping your teams inside the window of comfort where we can all do our best work is the critical component to success in our quality improvement programs.

Because someone seems fine on the outside does not mean the same for the inside, which is what trauma-informed care is all about. Trauma is not always obvious, but someone who is trauma-informed would be aware of potential triggers and emotional responses and how to provide the right type of care to that person. Essentially, meeting someone where they are means intentionally listening to understand their values, needs, desires, and even their trauma-responses. To "meet them where they are" is a skill everyone should learn and is equally important when implementing continuous quality improvement projects.

About the Authors

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Erin is a Marketing Student at the University of Buffalo with a passion for service. She has spent time in both youth and senior programming for the Town of Hamburg, NY. At CCNY Erin combines her passion for positive community impact and her writing ability to create educational content around evaluation, data & analytics, and quality improvement for health and human services agencies.

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THE HUMAN SIDE OF ANALYTICS

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