

**Trauma Informed Care at Willis Dady Homeless Services**

Alicia A. Faust

Master of Leadership Program, Wartburg College

Dr. Theresa Moore & Dr. Ashley Lang

March 7, 2025

## **Introduction**

Willis Dady Homeless Services is a homeless service agency in Cedar Rapids, Iowa and serves over 1200 individuals experiencing homelessness per year. Willis Dady's mission is to empower all experiencing homelessness to build futures of self-sufficiency through advocacy, housing, and employment. In fiscal year 2025, Willis Dady has twenty-seven full-time employees, fifteen part-time employees, fifteen seasonal employees, and nearly thirty individuals working through the supported staffing program. Willis Dady's fiscal budget brings in nearly \$3.5 million in revenue and the organization holds over \$9 million in fixed assets. I have been with Willis Dady since 2016 when I started as a case manager, became the Housing Programs Director in 2019, and then the Executive Director in 2020. As the Executive Director, I am responsible for the financial integrity and management of the organization, organizational management and strategic planning, fundraising and donor relations, and the strategic direction of the organization.

Willis Dady first opened its doors in the 1980s as a day center for men experiencing homelessness in Cedar Rapids. It was started by Jim Welborn as his senior project for his social work practicum at Mount Mercy College. Jim was a military Veteran who experienced years of homelessness after exiting the military. While he was experiencing homelessness, he recognized the lack of services for single men, so he vowed that when he gained stability, he would find solutions primarily for single men. Since Willis Dady became a legal, non-profit organization in 1987, it has grown and shifted to what it is today, which is a comprehensive homeless service agency providing six different evidence-based programs to meet the needs of individuals experiencing homelessness in Linn County, Iowa. These six programs include emergency shelter,

street outreach, rapid re-housing, permanent supportive housing, Veteran housing programs, and employment programs.

### **Description of the Problem & Importance**

As a homeless service organization, Willis Dady staff experience vicarious trauma in daily interactions with the population that we serve. As humans, it is also likely that we have all experienced some type of trauma in our lives. As we deal with trauma on a regular basis, it is imperative that staff are trained in and practicing trauma informed care. Willis Dady is a trauma-informed organization and annual training is mandatory for all staff members. Staff regularly implement the training they receive in their regular interactions with the clients that we serve. However, a challenge I have recognized within Willis Dady's culture is the lack of trauma-informed interactions between our staff members.

Although annual training in trauma informed care is provided to all staff, the focus of that training is in working with vulnerable populations, such as the individuals we serve at Willis Dady. The examples provided in the training are focused on the population that is being served, and not how the training tools can be adapted and used in interactions with their coworkers. The adaptive challenge here is to support and encourage staff in leveraging their training in trauma informed care within their interactions with all people at Willis Dady, not just our clients. Not only do we need to continue providing educational opportunities in trauma-informed care, but we also need to reflect that in our work with each other as staff members.

### **Goals & Objectives**

The largest challenge I had to face while determining the ultimate outcomes of this problem was how to solve the negative impact of vicarious trauma on staff so everyone impacted

could see positive change. How can you implement trauma-informed care for nearly fifty employees, so everyone feels safe and heard? I had many ideas on how I would provide a more trauma informed culture at Willis Dady, including physical spaces, policy reviews, and meeting structures. Although most of those ideas are still included, by having staff surveys and focus groups gathering feedback, I was able to determine the best way to address the lack of trauma informed care in Willis Dady's staff culture was to build a full Agency Wellness Plan.

An agency wellness plan is a comprehensive document that describes an agency's commitment to its employees' overall health and wellness. The plan specifically highlights and lays out the policies, procedures, resources, benefits, and goals for creating and maintaining a healthy workplace. The Agency Wellness Plan will be a part of our organization's Cultural Belonging and Systems Work strategic plan and will be completed by December 2026. The Agency Wellness Plan will include initiatives that staff identified as a result of an agency wide survey with a 92 percent response rate and necessary to the use of trauma-informed care within the organizational culture.

First, I will work with our insurance broker to identify the costs associated with a health benefit insurance plan that would offer more affordable and accessible mental health coverage for our insured employees. I will also work with Willis Dady's grant writer to identify a funding opportunity that we could use to incentivize staff to attend mental health appointments, including copay assistance and/or transportation assistance. Second, the wellness plan will include a comprehensive annual staff training plan with biannual staff training surrounding trauma informed care, motivational interviewing, harm reduction techniques, self-care, ethics in the field, how to identify burn out and personal trauma responses, and overall professionalism. Third, internal stress management initiatives will be developed through the agency wellness plan

and implemented upon its execution for all staff. This may include a physical stress management space in our facilities for employees. Fourth, developing a crisis intervention plan to support staff experiencing a mental health crisis. And finally, the Agency Wellness Plan will provide a detailed peer support program that will provide a deeper and trauma informed employee connection.

## **Literature Synthesis**

The impact of vicarious trauma on direct non-profit service providers and the importance of trauma informed care has been researched by many in the field. There have been connections made to burn out, higher need for mentorship opportunities, and more risk for post-traumatic stress disorder (PTSD). According to Substance Abuse and Mental Health Services Administration (2014), there are three “E’s” of trauma: events, experience of events, and the effect of those events. “Events and circumstances may include the actual or extreme threat of physical or psychological harm or severe, life-threatening neglect...that imperils healthy development” (p. 8). The experience of the event is different for each individual and may be experienced as traumatic for one and not the other. How the individual identifies, assigns meaning to the experience, and is disrupted by the event determines whether it was traumatic to them. And finally, the long-lasting effects of the event are a determinant of the impact of trauma.

Understanding the impacts of trauma is important in recognizing the need for trauma-informed care training and culture within an organization. According to Ranjbar et al. (2020) “trauma could be considered a public health crisis because of the frequency and effect trauma has on society” (as cited in Greer, 2023, p. 31). Staff at Willis Dady experience the impacts of trauma and vicarious trauma daily in their role working with people experiencing homelessness. Christensen et al. (2013) estimates that 68% of men and 76% of women who are homeless and in substance use treatment also experienced a traumatic event in their lives (as cited in SAMHSA,

2015). Understanding that over half of individuals experiencing homelessness also have experienced trauma increases the vicarious trauma that homeless services staff experience during their workday.

Waegemakers Schiff and Lane (2018) conducted a study to examine the psychosocial stressors of homeless service front line staff, including PTSD, vicarious trauma, and burnout. They surveyed 472 individuals across twenty-three organizations to include demographics, job assignments, educational background, organizational philosophy, supervision and teamwork. They also developed assessments to assess compassion fatigue and PTSD. After analyzing the results, they determined that 33% of respondents reported a high rate of traumatic stress. In comparison, a previous study conducted by Berger et al. (2012) using the same PTSD and compassion fatigue assessment with police, firefighters, and ambulance drivers found that 14% of respondents reported a high rate of traumatic stress (as cited in Waegemakers Schiff & Lane, 2018). When researchers looked at respondents of the homeless services survey who scored just one point below the cut-off for the high rate of traumatic stress, the results increased to 45% of all respondents. Although the results of this study show less than half of respondents identified traumatic stress, the researchers go on to acknowledge the importance of trauma informed care within the homeless service sector focused on service providers.

Trauma informed care is a best practice intervention for direct service providers within the social services field to understand the effects of trauma on the population they are serving and how that trauma may impact behaviors and decisions (Prestige, 2014). Trauma informed care addresses the complex needs that individuals who have experienced trauma may have while informing providers in how to appropriately provide services while being aware and sensitive to the trauma and trauma responses of that individual. Prestige also identifies four key components

of trauma informed care, including trauma awareness, emphasis on safety, opportunities to rebuild control, and a strengths-based approach. These four components were integrated in the study to determine the impacts of trauma on individuals experiencing homelessness. This study found a connection between two primary symptoms of PTSD, social disaffiliation and learned helplessness, and the homeless population that can be addressed by using trauma informed care techniques. By implementing the four pillars of trauma informed care with individuals experiencing these two symptoms in particular, support staff provided more empowering, safe, and supportive environments for clients to break the cycle of homelessness.

Not only is trauma informed care a proven best practice for individuals accessing social services, but there are also studies suggesting that enacting the practices of trauma informed care within the staff and teams of those agencies is also beneficial to provide additional support. Papa and Robinson (2023) believe that providing trauma informed supports to coworkers in high stress and trauma fields “show promise in helping to address these issues” (p. 173). They go on to identify issues trauma informed care can address, such as burn out, frustration with administration, suffering mental health, feeling unsupported, and feeling unappreciated, among other areas of concern. There are many ways to implement trauma informed practices within an organization, and Papa and Robinson recommend beginning with leaders being aware of and recognizing signs of trauma and considering the six principles of trauma informed care in their supervision. The researchers also recommend that leaders be aware of and familiarize themselves with formal screening tools, engage with employees often, and ensure policies and processes are in place that are trauma informed and promote a culture of resilience and equity.

Further, Baird and Alaggia (2021) studied implementing trauma informed care practices in a group setting and the benefits this practice can have in group work and treatment for clients

and employees. They found the first step to implementing trauma informed approaches in group work is to broaden the definition of trauma and to screen for exposure to trauma. Allowing more open-ended approaches to conversations about trauma creates space for discussion and how trauma responses may impact someone's approach to services. The second step is to "minimize possibilities for re-traumatization through containment strategies" (p. 15). This allows the group to contain another's trauma safely so they can share their experience and receive support and encouragement. An example of a containment strategy would be for the group member to visualize a metaphorical container that they will put their trauma in and set aside until they are ready to process it. The final step as recommended by Baird & Alaggia for trauma informed group work is to acknowledge the role that oppression has in trauma and how marginalized groups are more likely to experience systemic trauma. The researchers recognize that many service providers avoid acknowledging the role oppression, discrimination, and marginalization have in trauma experiences which enhance the stigma of a trauma survivor. The researchers also acknowledge the importance of the "organizational commitment to creating a trauma informed culture for all staff" (p. 17) and providing high level training and support in implementing trauma informed practices and services to clients and employees.

Although there are few recent journal articles on the importance of implementing trauma informed care between employees of a social service organization, there are few studies that show the impact this cultural shift can have on employees physical and psychological safety in the workplace. These considerations have informed my project as it relates to implementing trauma informed care within an organizational culture. While studies have shown that trauma informed care is impactful and successful while implemented in providing direct service to



clients accessing services, we must move beyond providing best practices only to the population that we serve and provide that to those around us.

## **Research Process**

To begin to comprehend the need for trauma informed care within the culture at Willis Dady Homeless Services, I started with an informal, one question, voluntary survey for employees. The survey was a scaling question, on a scale of one to ten how often they observe trauma informed care being practiced with their coworkers. As it is not a requirement of their job position to disclose their answer, I made it an optional response with no context or reasoning needed. I chose to email staff and of the 19 that I emailed, eight responded. Through those responses, it was determined that the average score of how often staff are observing trauma informed care between their coworkers a 4.8 out of ten.

After the initial question aligned with my observation of the need for trauma informed care within the staff culture was an area to research further, in consultation with my mentor, I developed a staff survey. See Appendix 1: Trauma Informed Culture at Willis Dady. The survey allowed employees to voluntarily participate in providing an array of open-ended feedback on their interpretation of trauma informed care, scaling questions on how Willis Dady supports staff, and ranking different ways to increase the use of trauma informed care in the employee culture. The survey was provided to employees via a non-Willis Dady issued email, so I was not providing the research as the Executive Director as the organization. With the support of the Board Chair, I incorporated language into the email request to ensure that staff understood their participation or non-participation did not impact their position at Willis Dady Homeless Services.

The survey was completed anonymously by Willis Dady part-time and full-time regular employees as defined in the employee handbook. Willis Dady also employs full-time temporary employees and the survey was not submitted to this definition of employee as they are employed through the supported staffing program and not direct hire employees. As the survey was anonymous, it is assumed that the respondents ranged from the age of twenty-five years of age, which is Willis Dady's youngest employee, to sixty-two years of age. It is also assumed that the respondents ranged from male, female, and non-binary, and Caucasian, African American, and multi-racial employees. Twenty-seven surveys were completed for a sixty-four percent completion rate based on the number of full-time and part-time employees that received the survey request.

There are possible limitations with the survey results as the response rate was just above half of the employees the survey was issued to. As the survey was completed anonymously, there is also no way to know if the survey was completed by more full-time or part-time employees and what impact their employment status may have on the survey results. Another limitation to mention is I did not question if the respondents were direct service providers or administrators at the organization. This may be a limitation as direct service providers would likely have more client interactions and therefore be impacted more by vicarious trauma in their role. If more administrators completed the survey versus direct service providers, a clear vision may not have been provided as to the real needs to combat the adaptive challenge.

## **Analysis**

The survey platform of Typeform was used to issue the staff survey. This platform was chosen as it is an online option that compiles all responses, analyzes the results, and generates a full report for its user. To ensure accuracy with an online system, I used a simple Excel sheet to

input the results and built a formula to receive average ratings for scaling questions. The data sheet verified the results developed by Typeform were accurate and were feasible to use to determine results and conclusions.

## Results

In review of the survey results, there were key themes that support the initial research need for increased trauma informed care within the organizational culture at Willis Dady Homeless Services. An important takeaway was that 91% of respondents agreed that their definition of trauma informed care aligned with the definition of trauma informed care as provided by Substance Abuse and Mental Health Services Administration. It was important to begin the survey with a clear understanding how employees identified trauma informed care in comparison to the official definition of the term as this is the term that informed the questions throughout the survey.

The survey results also provided staff's insight into how they recognize when their peers may be struggling with retraumatization or are triggered by vicarious trauma while at work.

Table 1 shows the results of the multiple-choice question of what are common signs that make you believe your coworker is struggling with retraumatization or is triggered at work? Staff were able to select more than one response.

Table 1: How Staff Notice Their Peers are Triggered

Angry outbursts with their coworkers or client	100%
Irritability	82%
Avoiding interactions with certain clients or avoiding going to certain locations	73%
Flashbacks and hallucinations	73%
Blaming themselves for clients not making progress	64%
Missing appointments or meetings	64%
Physical symptoms such as headaches, shaking hands, sweating, etc.	64%

Increased substance use outside of work	55%
Brain fog or difficulty remembering a task they agreed to or a conversation	46%
Inability to deescalate a client	46%
Blaming clients for not making progress	36%
Other: Saying a client looks/body language/verbiage triggers them	9%

Staff also identified that Willis Dady can increase its efforts to support employees with additional trauma-informed care training. On a scale of 1 to 10, Willis Dady was averaged at 6.3 in equipping employees with the tools to empower employees to approach interactions with each other in a trauma informed manner. The survey also provided input on how additional support can be provided to employees by Willis Dady Homeless Services. Table 2 provides the average ranking of what supports respondents would like Willis Dady to implement to better uplift a trauma informed employee culture.

Table 2: Ways Willis Dady Can Better Uplift Trauma Informed Care

Include more mental health benefits for all employees	2.91 average
Include more staff training on trauma responses and trauma informed care	3.55 average
Add physical space for staff to go if they are triggered at work	3.73 average
Make Willis Dady facilities more trauma informed	3.91 average
Implement stress management initiatives	4 average
Develop a crisis intervention plan to support staff experiencing a mental health crisis	4.82 average
Implement a peer support program to create opportunities for employee connection	6.09 average
Other: Implement annual training to address hidden trauma's such as misogyny, racism, and microaggressions	NA

## Discussion

It is apparent that staff at Willis Dady recognize that the organization is working to equip employees with tools to practice trauma informed care with their colleagues, while they are also open to new ways to incorporate this best practice. It is also evident that staff have a clear understanding of what trauma informed care is and how it relates to the clients that the organization serves and to the employees. It is important to continue connecting the mission of the organization to the staff to increase fulfilment and purpose in daily work.

Following the completion of the staff survey, the responses to the question provided in Table 2 were analyzed with my mentor to take out any identifying information or language as the results are anonymous. The results were then put into two separate groups. See Appendix 2. Survey Groupings. The groupings were two opportunities for the organization to move forward with to increase trauma informed practices and better support employees experiencing vicarious trauma. The options were presented to the Equity and Inclusion Committee, which is a group of staff members who have no formal authority within the organization. The primary purpose of the committee is to drive the organization's diversity, equity, and inclusion initiatives and provide training to staff as needed. It was determined by myself and my mentor that I have this committee move an opportunity forward as they were an impartial group that were responsible for ensuring equitable support, training, and initiatives were implemented for all employees.

## **Conclusion**

It was determined that the most equitable path forward to increasing trauma informed practices and support for Willis Dady employees was to develop a comprehensive Agency Wellness Plan. This plan reflects five of the eight recommendations by survey respondents as ways Willis Dady can provide additional trauma informed supports to employees. The Agency Wellness Plan will require Willis Dady to hire an external consulting firm to develop the plan to

incorporate all portions of the plan as presented. The timeline for the completion and execution of the plan is December 2026. The results will provide staff with additional training, support, and resources to build their knowledge of their own triggers and responses to vicarious trauma, will allow them to provide support and encouragement to their teammates, and allow for them to continue connecting to our organizational mission while living their purpose.

The consulting firm will also determine future implementation and monitoring of the Agency Wellness Plan. Determine the implementation and monitoring will ensure continuity of the plan as the organization sees staff and board turnover and updates to the organizational strategic plan. The plan monitoring will allow the organization's Development Team to secure future funding for long-term budgetary needs for staff training and mental health benefits that may not be paid for by existing agency or grant funding. The Agency Wellness Plan will be owned internally by the Senior Leadership Team of Willis Dady and updated every three to five years alongside the agency strategic plan. This will allow the organization to ensure the initiatives outlined in the plan still align with the values of the agency and meet the needs of all employees.

## Appendix 1.

### Trauma Informed Culture at Willis Dady

1. How do you define trauma informed care?
2. Using your definition of trauma informed care, on a scale of 0 to 10, how often do you see trauma informed care being used between other staff at Willis Dady?
3. Using your definition of trauma informed care, on a scale of 0 to 10, how often to you use trauma informed are in your interactions with other employees at Willis Dady?
4. According to Substance Abuse and Mental Health Services Administration (SAMHSA), trauma informed care “realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma...and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” Does this definition align with your previous definition and understanding of trauma informed care?
5. What are common signs that make you believe your coworker is struggling with retraumatization or is triggered at work?
6. On a scale of 1 to 10, rate the following statement: "I feel that Willis Dady equips employees with the tools to empower employees to approach all interactions with trauma informed care."
7. Willis Dady can better uplift a trauma informed employee culture by implementing the following:
  - a. Make Willis Dady facilities more trauma informed
  - b. Include more mental health benefits for all employees
  - c. Add a physical space for staff to go if they are triggered at work
  - d. Include more staff training on trauma response and trauma informed care
  - e. Implement stress management initiatives through an agency wellness plan
  - f. Develop a crisis intervention plan to support staff experiencing a mental health crisis

8. If you chose other, or if there anything else not listed that Willis Dady should consider implementing to support a trauma informed employee culture, please list that here.



## Appendix 2.

### Survey Grouping

#### Grouping 1:

- Prioritize Physical Surroundings and Needs:
  - Make Willis Dady facilities more trauma informed
    - Example: Install interior door at Willis Dady Works and remove barbed wire surrounding Supportive Housing Complex
  - Add a physical space for staff to go if they are triggered at work
    - Renovate 1 client office at Willis Dady Works and overnight room at Shelter to be a place to relax. Add comfortable chairs, essential oils, salt lamps, coloring books, etc.
    - Example: CMC or Foundation 2
  - Include more mental health benefits for all employees
    - Adjust agency budget to include stipend for PTE for mental health care
    - Partner with EIHC to pay for telehealth therapy for employees
    - Provide mental health time off for therapy appointments
    - Add budget line item to pay for therapy copays for FTE

#### Grouping 2:

- Develop a Comprehensive Agency Wellness Plan
  - Contract with external firm to develop plan to clearly state Willis Dady's policies, procedures, resources, and goals for maintaining a healthy and safe culture.
  - Agency Wellness Plan will include but is not limited to:
    - Comprehensive annual training program for all employees to include trauma informed care, vicarious trauma, microaggressions, and implicit bias

- Comprehensive and inclusive mental health benefit program
- Stress management and vicarious trauma initiatives
- Crisis intervention and succession planning
- Internal and external peer support programming

## References

- Baird, S. L., & Alaggia, R. (2021). Trauma-informed groups: Recommendations for group work practice. *Clinical Social Work Journal*, 49(1), 10-19. doi:<https://doi.org/10.1007/s10615-019-00739-7>
- Greer, J. A. (2023). Introducing trauma-informed care principles in the workplace. *Discover Psychology*, 3(1), 31. doi:<https://doi.org/10.1007/s44202-023-00094-2>
- Papa, A., & Robinson, K. (2023). Leadership and trauma-informed care: Working to support staff and teams. *Journal of Emergency Nursing*, 49(2), 172–174. <https://doi.org/10.1016/j.jen.2022.11.001>
- Prestidge, J. (2014). Using trauma-informed care to provide therapeutic support to homeless people with complex needs: A transatlantic search for an approach to engage the "non-engaging". *Housing, Care and Support*, 17(4), 208-214. doi:<https://doi.org/10.1108/HCS-09-2014-0024>
- Substance abuse and mental health services administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. 2014. <https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>. Accessed 14 March 2025.
- Substance abuse and mental health services administration. Behavioral health services for people who are homeless. 2015. <https://library.samhsa.gov/product/tip-55-behavioral-healthservices-people-who-are-homeless/sma15-4734>.

Waegemakers Schiff, J., & Lane, A. M. (2018). PTSD symptoms, vicarious traumatization, and burnout in front line workers in the homeless sector. *Community Mental Health Journal*, 55 (454-462). doi: <https://doi.org/10.1007/s10597-018-00364-7>