Example #1

After two years of professional development on trauma-informed care, the human resources manager began to notice both an increase in staff desire to better understand client behavior and satisfaction and that they were receiving more requests for support from providers than they have in the past. They talked with the organization's administrative team about the Compassion Resilience Toolkit and came to an agreement that the toolkit would be implemented over the next two years with implementation leadership from the human resources staff. One of the organization's administrators stepped up to consult with the facilitator team and to lead any activities that are specific to administrative leadership. The human resources manager chose to conduct two department-wide sessions for 2 hours, aligning them with pre-existing competency-focused gatherings throughout the year. This offered the opportunity to explore four of the twelve sections in depth and to do some fun experiential self-care activities. The other eight sections would be implemented over the two years in the smaller teams that already existed in each department, with a human resources staff person doing the facilitation. They set aside 30 minutes at their regular team meetings to discuss the implementation of the toolkit and any unique needs of staff within the different departments. They began by working through the appendix sections on Supporting Change Efforts, Dealing with a Significant Staff Disclosure, and Stress throughout the Career Cycle in order to best support staff (and themselves!) over the next two years.

These examples show how health care agencies may choose to implement the toolkit and the role of the toolkit facilitators.
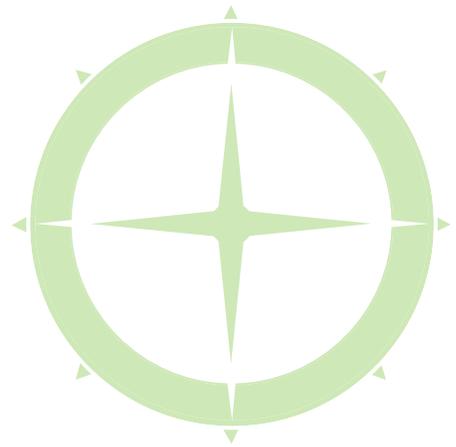
Example #2

The leadership team of a community-based mental health clinic chose to focus the coming year on staff wellness. They had noticed some of the veteran case managers had lost some energy and the newer case managers were not benefiting from the strong role modeling the veteran case managers had offered in the past. They also noted that the number of client complaints had increased by 20% in the past five years. After reviewing the toolkit outline and discussing their hunches about sections that might need a "deeper dive," they chose to implement six specific sections with a brief approach – email the information sections ahead of staff meetings and dedicate fifteen minutes to conduct one staff-wide activity during the meeting. They selected the other six sections to be implemented in professional learning communities (PLC) over the year. Staff would self-select a team to meet with for ninety minutes six times during the year. The two staff people who stepped forward to provide leadership to the toolkit implementation shared responsibilities. One person prepared for the six staff meetings by emailing the information sections and corresponding resource links included in each section and recruited someone to lead the staff-wide activity at each meeting. The other toolkit implementation leader recruited PLC facilitators and met with them to share the toolkit sections they would be exploring and to explain how to select activities from the six sections for their PLC.