

Task Shifting

The Next Important Evolution
of Trauma Informed Care

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Trauma and How We Heal: An Invitation

There is a scene in the early part of the movie *Jaws* where the experts are out in the ocean dropping chum to get a sense for how big the shark is that has been causing chaos on their beach. Once they are able to see the shark, they are overwhelmed.

Struggling to find their voice, they declare:
“You’re gonna need a bigger boat.”

This is an appropriate metaphor for the impact trauma has today. Most people know it’s a big problem, but very few appreciate the need for a bigger boat.

What if we could detail the full size and scope of the problem? Would anyone hear the information? Would they be so overwhelmed by it that it would reinforce inaction in a defeatist manner? Haven’t we been through a lot in the past few years? Do we really need to pile on?

We don’t have answers to these questions, and we’re aware we run the risk of another paper that gets buried in the pile of bad news — yet we ask anyway.

Will you read and hear the information? Will you consider not just the size and scope of the trauma problem, but also think about [task shifting](#) as a fundamental strategy to address the problem?

It Takes a Village (to Raise a Child)

The illustration to the right depicts a young person navigating the child welfare system, which at times can be confusing and unresponsive.

What systems of support do they encounter and interact with every day? How many of them are trauma-informed? And, what impact do they have on the child in question?



The Current Size and Scope of Trauma

Before the year 2020, the collective appreciation for the full impact of trauma was just starting to gain momentum.

Wellpoint Care Network was fortunate to be part of a [“60 Minutes” segment](#) in 2018 with special correspondent Oprah Winfrey, Dr. Bruce Perry and our colleagues at Nia Imani Family Inc.

Meanwhile, our colleagues Dr. Robert Anda and Laura Porter at ACE Interface were teaching the world about **Adverse Childhood Experiences (ACEs)**, describing the powerful population-level influence of adversity.

They also were detailing a lesser-known aspect of their work: that the population attributable risk (the portion of the problem that goes away if ACEs go away) to many of the challenges we face is remarkable: *

- Suicide attempts: 67%
- Anxiety: 55%
- Alcoholism: 65%
- Chronic depression: 41%
- Cardiovascular disease: 26%

This is especially relevant as the data suggests addressing the problems of adversity and trauma can lead to improved results in *all* of the above categories. Doing one thing leads to changes in multiple areas.

We were also witnessing an explosion of academic work that explored developmental trauma as a “biological variable,” meaning there was a direct link from trauma to core health outcomes via an inflammation pathway ([Tawakoli, et al, 2019](#)).

All of this was occurring in the context of a powerful exploration of historical and intergenerational trauma and the acute and cumulative effects of oppression in all of its [myriad forms](#).

Some groups — including our colleagues Dr. Pat Rush and Dr. Audrey Stillerman of The Center for Collaborative Study of Trauma, Health Equity and Neurobiology — were bringing all this information together in [compelling new ways](#). The world was starting to pay attention to trauma as a big deal.

Then, 2020 happened. The resulting **syndemic experience** (see sidebar) intensified the world’s trauma in significant ways.

WHAT IS A SYNDEMIC?

We’ve all been living through a *pandemic* for the past four years, but have you ever heard of a *syndemic*? It’s when two (or more) epidemics or disease vectors interact — and actually make each other **worse**.

[Harvard Public Health](#) may have summarized it best in a piece titled “The Age of Trauma.” They reference what happened to us not just as COVID-19, but as a **syndemic experience** that included global conflicts, mass shootings, climate change worries and the tragic reminders of the outcomes of inequity — all **in addition to** COVID-19.

Add all of these macro-events to an existing micro-climate of adversity and trauma, and it becomes difficult to fully absorb the depth and scope of what happened to us as a global society.

Current estimates state the rate of trauma prevalence is currently **33%**. That’s one in three Americans!

* ACE Interface, 2016

The Vulnerable Become More Vulnerable

There is another important aspect of this syndemic dynamic that we must understand. Anytime there are macro-events, they — by definition — affect most or all of us, but they do not affect everyone *in the same way*.

Those with resources and the ability to live relatively safe and comfortable lives are certainly affected, but not on the same scope or scale as those who have been historically and currently disenfranchised. In short, everyone struggles — but the vulnerable become exponentially more vulnerable.

Need vs. Capacity

This understanding is critical for a variety of reasons, but one that is often overlooked is the ratio of need to capacity for the professionals who dedicate their careers to helping the most vulnerable.

Put differently, if we quantified the need of any given patient, client or program participant on a scale from 1 to 10, can we assume the syndemic increased everyone's level of need?

At the same time, mental health professionals *also* experienced the traumatic effects of the syndemic, reducing their own capacity for care at the same time the world's need for support has skyrocketed (see sidebar).

The New Reality

This helps explain why many of the so-called “guardians of society” (teachers, first responders, therapists, social workers, health care providers, community advocates) have felt so [exhausted and “burned-out”](#) post-pandemic.

How will this affect fields with traditionally-high rates of turnover? Will quiet quitting and pivots to new career paths make the numbers even more sobering?

And, when someone decides to leave one of these fields, what does it mean for those who remain? Existing patients will need to be re-distributed to the remaining staff members. How will that, in turn, impact *their* capacity?

What are the implications of continuing this trajectory? What are the solutions? Can we continue with business as usual? Or does this require a different problem-solving approach?

Getting our arms around all of these questions requires tremendous capacity — to think, to absorb, to reflect. Maybe after a few minutes of mindful breathing, we can take the next step.

THE LIMITS OF CONVENTIONAL THINKING

When most people think about addressing trauma, they immediately think about the role of therapists. But, [Mental Health America](#) estimates the number of people to available clinicians is **340:1**.

The average clinical caseload for a full-time therapist is **30 clients**. With that number in mind, it is clear that **there is a significant shortage** of available therapists

The Importance of Task Shifting

We are at a pivotal moment in time in the fight against trauma. Because of the increasing external factors and lack of therapists to address increasing patient demand, we all must play a part. That's where task shifting comes in.

Task shifting is the premise that with proper training and support, professionals with fewer formal qualifications can provide service in lieu of their more-formally-qualified colleagues.

By properly implementing and utilizing task shifting, we could enlist the help of more professionals to become an active part of the solution — and do so in a culturally-congruent manner

Task shifting is *not* meant to replace or diminish the remarkable effect of professional treatment. By distilling the science of mental health into carefully-designed, actionable steps, we can empower people to affect change in their community and ease the load placed on mental health professionals.

A Real-Life Example

Let's imagine your neighbor's teenage son is struggling with depression. More times than not, you may offer helpful information. "Does he need a therapist? I have someone I could recommend."

Following your interaction, it's very easy to believe you have done all you can about the situation because they are now aware of a clinical resource.

We live in a world where that's currently how we solve these problems. But, given what we know about the current strain on mental health professionals, it can no longer be enough.

Task shifting can provide you with the tools you need to make a true impact with every interaction.

It Takes a Village (to Raise a Child)

As partners of the child welfare system begin to engage in trauma-informed education and task shifting (indicated by the green circles), interactions shift, and the child begins to heal.

The more groups that are trauma-informed and trained in task shifting, the more potential for positive interaction the child will encounter throughout their day, greatly influencing their overall healing.



Assembling Trauma-Informed Activists

What if we could expand the concept of task shifting to go beyond the non-clinical professionals involved with children and families? What if we could invite *everyone* to recognize their potential as part of the solution?

We believe that this idea offers a compelling strategy that may help address the full size and scope of the problem we face.

In order to move forward, we must empower *everyone* to become a healer. The problem is only going to get worse unless we all step up and do our part.

We understand that immediate reaction to that statement might be, “But, I’m not trained clinically. I don’t want to screw this up.”

We’re not asking non-clinical professionals or everyday people to be therapists. We’re asking everyone to recognize the potential to be part of the solution by realizing that **everyday interactions matter**.

Armed with some basic information and practical knowledge, we believe you can make a difference.

Building Relationships

Relationships have a remarkable restorative power. Feeling connected to another person and sharing thoughts and feelings can be an extremely powerful base for healing.

Becoming trauma-informed can help you build those relationships. It can offer ideas and insight for how to navigate interactions with people who have been hurt by other people.

Building genuine relationships is one of the most important things we as individuals can do. Establishing caring connections will help in our goal of task shifting — and ultimately, healing.

THE POTENTIAL POWER OF INTERACTION

Consider this example from the book “What Happened To You,” where Dr Perry describes an interaction between a clerk at a grocery store and a young boy who witnessed his mother get murdered.

While waiting in line, the young boy looks at the clerk and says, “My mom’s dead. She got killed.” The clerk responds, “Oh honey, I’m sorry.”

In describing the potential power of the interaction Dr Perry states:

“When the little boy looks up to see the clerk and sees a woman about the age of his mother with the same hair color, it’s an evocative cue. For a moment, he is back to the memory of mom and the murder. He looks at the clerk, makes one brief comment — five seconds tops — and gets reassurance. That was enough. One little fragment in the wreckage, a dose of therapeutic revisiting that he controlled. Because it is through controllable, brief revisits that the sensitized system can slowly, painfully be reset. Ideally, thousands of such therapeutic moments can be provided by the therapeutic web of loving sensitive people in your life.”

The ultimate goal and dream would be to assemble together trauma-informed activists who can create that web and create those moments. In so doing, we’ll get to know those around us on a deeper level and create an environment where people look forward to physically interacting with each other.

Increasing Resilience

To effectively become a trauma-informed activist, it's critical to understand that difficult events do not affect everyone the same way. While an event may cause stress or trauma in one person, it can have less effect on someone else.

By definition, **trauma** means someone has not only been *exposed* to a horrible event, but that the *nature* of the exposure and their ability to *cope* with it has been overwhelmed.

When thinking about **resilience rates**, we are basically asking, 'How do we contain the spread of the disease?'

Resilience rates say, 'Yes, we should do everything we can to prevent traumatic events from occurring. But, if we're not realistically going to be able to do that, how do we make sure the majority of people exposed to a traumatic event are not overwhelmed by it?'

The ability to adjust to a traumatic event without becoming overwhelmed by it is **directly related** to how well-connected or relationally-supported they are. It's a reflection of the cohesiveness, connectedness and relative fairness or equity in a community.

These are some of the most critical factors for influencing resilience rates in a positive way. And, their absence tends to influence resilience rates in a negative way.

Our first strategy is *always* to prevent exposure to trauma from occurring. But, when it does occur, how do we set things in place so people aren't overwhelmed by them?

A Real-Life Example

Let's go back to that cordial conversation amongst neighbors talking about the teenage boy struggling with depression.

What if, right after you offer the father the clinician's contact information, you also begin to wonder what you could do to help?

You know that you see him every day while you're walking the dog, but he's always been reluctant to engage. You generally don't say anything, but maybe you decide that moving forward, you're going to make an effort to always give him a wave and a smile.

These short interactions may not seem like much on the surface, but they are critically important. We know that increasing positive interactions and decreasing negative ones can help in the healing process, lowering the risk of alcohol abuse, drug abuse, compulsive sex or self-harm.

We may not know or understand what the teenager is going through inside, but we can change our own actions to provide him with fewer negative interactions. If everyone he encountered daily took the same approach, the impact could be significant.

The Wellpoint Care Network Difference

Trauma Informed Care is Essential to Healing

In late 2007, a small group of Wellpoint Care Network employees saw **Dr. Bruce Perry** in Madison, Wisconsin and instantly knew the concepts and strategies being presented could have a positive impact on the organization's mission to help children and families thrive.

Almost immediately, we built a 90-minute pilot training, building from Dr. Perry's core ideas. This eventually coalesced into an assortment of concepts under the frame of Trauma Informed Care, which were then introduced to an internal employee committee.

That committee reported being able to easily grasp the active strategies which Dr. Perry calls "regulation" activities. They also reported that those strategies were clearly working and making the environment for both themselves and the child better.

They were able to pretty quickly and effectively calm down the children they were directly working with during a crisis. When they got calm and relaxed using these techniques, it opened up a different part of the child to the staff. Staff would describe these amazing stories of doing an activity with a child, and then sitting down with them afterwards and having conversations they had never had before.

Eventually, Trauma Informed Care training would be required for all Wellpoint Care employees.

From there, staff kept saying, "Not only are we getting the hang of this, we're also starting to see incident reduction. We're starting to see these other sides to these children. I think the people who come into our building and the schools these kids attend could benefit from this information as well."

Wellpoint Care then worked aggressively to connect with community partners and offer Trauma Informed Care training externally.

We realized that in order to truly create healing, it would take a village — and, we believed task shifting was the answer. We have now been teaching these core concepts for more than 15 years and are happy to report that as of the end of 2023, **more than 75,000 people** have learned about our approach to Trauma Informed Care.

THE POWER OF CARING CONNECTIONS

Imagine something terrible has happened to you.

Who will protect you?

Who will advocate for you?

Who will help you feel safe?

Who can you turn to for comfort?

These are the Caring Connections that can increase resilience rates and make a traumatic event less overwhelming, interrupting a trauma response.

People without these supports in place are especially vulnerable to trauma.

Seven Essential Ingredients

For task shifting to be successful, the concepts around implementing Trauma Informed Care should be easy to grasp. That's why Wellpoint Care Network created the [Seven Essential Ingredients of Trauma Informed Care](#) (7ei).

They are:

- 1. Prevalence**
- 2. Impact**
- 3. Perspective Shift**
- 4. Regulation**
- 5. Relationship**
- 6. Reason to Be**
- 7. Caregiver Capacity**

The 7ei were created as a synthesized and distilled version of the expert ideas on treating, addressing and helping facilitate recovery from trauma.

They are vital to understanding the sources and impacts of trauma. Within one framework, you will find an explanation of the realities of trauma — that it's common and its impact is lasting — as well as the keys to overcoming related barriers.

This framework is an organizational commitment. It is applied to all of our therapeutic activities across all services for children, adults and families within our organization.

We have seen first-hand how the 7ei can help caregivers promote healing that can ultimately allow children and families to overcome even the most serious adversities to thrive.

At Wellpoint Care, we also have a track record of figuring out how the Seven Essential Ingredients can be modified further for different groups based on their specific needs.

Over the last 15 years, we have taken what we have learned ourselves and paired that with what groups are telling us about how that synthesis and distillation is going, what needs to be tweaked or modified, or what other activities or strategies are needed.

Above all, we know that acting with compassion during stressful times not only benefits those we serve, our colleagues, families and the community; the positive effect can actually be *self-sustaining*.

A Real-Life Example

Let's go back to our teenage neighbor. Why doesn't he engage in any verbal or non-verbal interaction with you? Perhaps it is because he has been hurt by relationships in some fashion in the past.

Maybe he's lost a close family member to illness, or is getting over a bad relationship. He may be adopting a protective stance, becoming more withdrawn and guarded around non-essential connection.

We believe that teaching folks to truly understand these and other core outcomes that result from trauma can fundamentally change how they approach people. Subtle non-verbal changes (facial expressions and body language that represent no judgement, compassion, curiosity and empathy) can start to encourage those who are relationally-guarded to start to take risks.

When that happens from an attuned and motivated person, it can make a huge difference.

The Impact of Task Shifting

At Wellpoint Care, our dedication to task shifting and adherence to the Trauma Informed Care philosophy and practice [has been proven to lead to better outcomes](#) in many [caregiving and community environments](#).

That's why we train faith leaders, educators, coaches, social workers, human service leaders, police officers, judges and more. We know that when groups put theory into action, results start to show.

- [Family Services of Northeast Wisconsin](#) has seen a significant drop in incidents.
- At [Seeds of Health](#), staff feel better prepared when kids are having tough days and not thinking rationally.
- [Cor Defense](#)'s program was created to help people heal and thrive.
- [Lakeshore Community Health Care](#) is leading a community-wide effort.



It Takes a Village (to Raise a Child)

When task shifting is successful, positive changes begin to spread between partners within the system. Now, every interaction has the opportunity to add something positive to the child's experience.

Over time, these positive interactions can add up, influencing the child's view of themselves and contributing to their overall healing from trauma.



Putting Theory Into Action

A great example of task shifting in action is [our research](#) into how Trauma Informed Care positively impacts child welfare outcomes.

Child welfare organizations and agencies have been adopting Trauma Informed Care perspectives and practices for over a decade in hopes of improving organizational culture, case management practice and treatment services. With support from a \$450,000 grant from the Greater Milwaukee Foundation and an independent project evaluator (Dr. James Dimitri Topitzes of UW-Milwaukee), Wellpoint Care Network set out to implement and evaluate a comprehensive trauma-informed child welfare program.

The study's results reveal that trauma-responsive child welfare case management can positively influence stability and permanency outcomes among children involved in the child welfare system (*see sidebar*).



The *Journal of Child Custody* published the findings of the three-year research project on August 5, 2019. The article states three primary findings of significance:

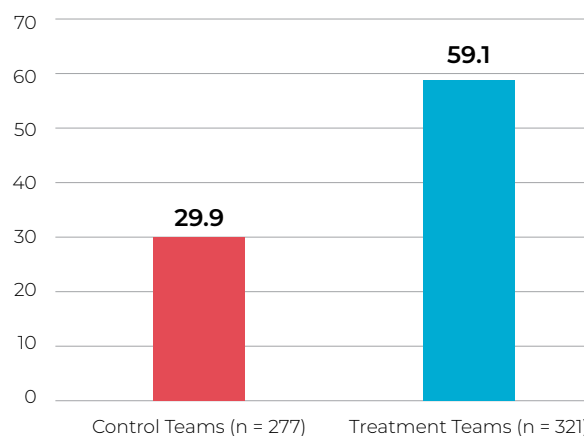
- Placement stability was positively influenced.
- Permanence was positively influenced.
- Practicing in a trauma-responsive manner contributed to Staff Satisfaction.

We believed that case managers could successfully task shift, and it turns out they could. It's one thing for us to claim that anecdotally, but to have a validated research study backing that up takes it to another level.

It almost defies logic, which just underscores how improbable it was. But, if the improbable becomes probable in that environment, I'm not sure there's any discipline or group that it would be improbable for.

Task shifting is for *everyone* — and can make a true impact.

Percentage of Children Who Attained Permanency



Topitzes et al, 2018

Evolution is Key

Though we've been doing this for 15 years now, the content and materials in Wellpoint Care Network's trainings are ever-evolving. We knew from the beginning these theories and concepts would need constant updating based on real-life experience, and are always adapting to keep up with the changing world.

One of the earliest evolutions to our course curriculum was realizing that we cannot talk about trauma without talking about **intergenerational** and **historical trauma** (see sidebar). These topics are now woven into every training that Wellpoint Care does.

The second major evolution was the realization that it can be hard to heal without fundamentally thinking about the community, the conditions and the world the individual who experiences trauma lives in.

From then on, we knew **equity** had to be a part of the conversation. We can't truly help people heal and recover without equity.

Another important evolution that's happened over the years stems from hearing people say, "It really requires a lot from me to be able to hold space for the intensity of people's stories, to share some of their difficulty or their pain. I'm not sure I have the capacity to do that."

We've always thought about that. That's why **Caregiver Capacity** was an original element of the Seven Essential Ingredients. It has taken on even more importance as of late.

Our curriculum is like a coin that you can flip on either side. One side of the coin is specific ways to think about these ideas and concepts and strategies for the people we serve. But, if you flip the coin over, you can say, "Those same concepts, ideas and strategies can help me serve them better and can enhance my individual or group capacity."

INTERGENERATIONAL & HISTORICAL TRAUMA

Intergenerational trauma: If you have ancestors or older relatives who went through a very distressing or oppressive event, their emotional and behavioral reactions could ripple through the generations of your family and affect you.

Historical trauma: Multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration and the violent colonization of Native Americans.



A Lifelong Commitment

We know that task shifting requires a lifetime of learning and commitment. Repetition and practice are key. Sophistication and experience matter.

At Wellpoint Care Network, we have trained more than **75,000 people** and have had **more than 500 sessions** of training this vital information.

Our Trauma Informed Care curriculum has been well-tested and vetted. It's continuously being updated from both the content and application point of view. Because of this, we know what works and what will have a true impact on those who attend a training.

It's not enough to just sit through a couple hours of training with a pen and paper. We incorporate activities and real-life examples throughout the course. Trainees experience what it is like to lose concentration and focus, what it is like to see regulation in action and much more.

We want individuals to walk away saying, "Okay, now that I've had all that happen in this training, what does my client or person I'm worried about need? What are their unique attributes or challenges so that I can tweak this concept or idea or intervention and put it into practice?"

At the end of the day, our goal is to have that relational interaction between the trainee and the person they are dealing with be fundamentally different. That is the only way task shifting will truly work.

A Real-Life Example

Let's go back to our neighborhood teenager. How many people will he interact with in just one day? Parents, siblings, a bus driver, a librarian, teachers, neighbors, perhaps his friends' parents, a store clerk, a police officer. The list could go on and on.

Each of these interactions will have an impact on the teen — either positive or negative.

What if in half of these daily interactions, the adult was trauma-informed? They would ask the question, "What happened to you?" rather than "What's wrong with you?" and the entire interaction would be completely different.

When you look at it this way, *everyone* could benefit from Trauma Informed Care Training — whether you have a 10-second interaction with a child or an eight-hour interaction. This is not just for therapists and teachers.

Our goal is to reach as many people as possible. That's why at Wellpoint Care Network, we not only offer Trauma Informed Care training, but we also empower individuals to become certified to take these resources and tools back to their own circles.

What We've Learned

Over the last 15 years, Wellpoint Care Network has learned some important lessons about the implementation of Trauma Informed Care.

1) Repetition is critical.

We'd love to live in a world where if we exposed 100 people to core strategies and information once, they would all consistently execute them. It just doesn't work that way. We live in a world that is not so open to repetition. We're constantly searching for the next new thing.

But, a one-and-done training is not going to get it done. The only way to make sure task shifting is successful and that people are truly making an impact is to make sure they are receiving varying forms of repetitious exposure to concepts, ideas, skills, practicing behaviors, etc.

2) Healing happens everywhere.

We are still conditioned to believe that the primary place healing takes place is in the context of a formal professional relationship. There are plenty of good benefits to that — you can ensure interventions are consistent and can more easily and empirically measure them — but it's incomplete to what we would say the truth is.

And, the truth is that when you teach people about some of these simple concepts with enough repetition and they put them into practice in day-to-day interactions, impactful healing comes from that. By and large, we have underappreciated the potential that can have on being part of the broader healing strategy. That's why task shifting is key to everything we do moving forward.

“Relationships are the agents of change and the most powerful therapy is human love. People, not programs, change people.”

— DR. BRUCE PERRY

3) Hope gets buried.

Amidst all of the mess, pain, tragedy and difficulty, hope can easily get lost. But, hope is remarkably stubborn (in a good way). It has a natural tendency to not go away. Like springtime, even when it's buried, there often is still this subconscious knowledge that it will sprout. We must keep hope alive if we want to see the change we are working towards.

4) Connection is key.

As a society, our primary mode of feeling good or of solving problems is to connect with another person. That, as a default wiring, is a really good thing. Connection is key in task shifting. It is that trust and relationship that will create healing environments.

In Summary

The things that happen to us matter greatly to our physical and emotional stability, as well as our ability to thrive.

Wellpoint Care Network is at the forefront of the healing practice called Trauma Informed Care, which is based on brain science and delivered by our caring and highly-trained staff.

Among the children, adults and families of all types we serve, the one common denominator is trauma.

Whether it be childhood neglect or abuse; living in poverty or other adversities; historical trauma or racial injustices that still occur today, trauma creates powerful barriers to thriving in our day-to-day lives.

Since trauma is at the core of so many hurdles for so many people, we have made Trauma Informed Care central to our work.

We started adopting Trauma Informed Care practices more than 15 years ago. Soon, it became much more than a practice area: it is now an organizational philosophy infused across our entire continuum of care.

Our trauma-informed practice has been designed for and revised by the task shifting (or non-clinical) community. We believe in concrete, practical strategies. And, we've seen those strategies make a positive difference in the community.

We believe every person can benefit from being trauma-informed and our experienced group of trainers are here to guide you.

Learn more and start your task shifting journey today at wellpointcare.org/trauma-informed-training.

“Hope is a good thing, maybe the best of things, and no good thing ever dies.”

— ANDY DUFRESNE, *SHAWSHANK REDEMPTION*



About the Author

TIM GROVE is the Senior Director of Trauma Informed Strategy and Practice at Wellpoint Care Network. He has 30 years of experience in the social services field, has served as a mentor with Dr. Bruce Perry and the Neurosequential Network and as a Master Trainer of ACE Interface.

His expertise has been highlighted in a variety of media projects, including CBS's "60 Minutes" with Oprah Winfrey (2018), PBS Wisconsin's "Not Enough Apologies" documentary (2019), Institute for Child and Family Well-Being's Neglect Podcast (2022) and much more.

Grove has led Wellpoint Care Network's Trauma Informed Care (TIC) movement for the last 15 years. He is also the creator of the Seven Essential Ingredients (7ei).



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