

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

TRAUMA AND RESILIENCE

LIZ COLECLOUGH, PHD, MSW

DIRECTOR OF COUNSELING AND PROJECT DVORA

JEWISH FAMILY SERVICE

THE IMPORTANCE OF ACKNOWLEDGING TRAUMA, SECONDARY TRAUMA, AND ORGANIZATIONAL TRAUMA: FOCUSING ON STRATEGIES TO BUILD RESILIENCE

- **LEARNING OBJECTIVES**
- PSYCHO-EDUCATION ON TRAUMA
- PSYCHO-EDUCATION ON RESILIENCE
- TRAUMA-INFORMED CARE: BEST PRACTICES IN BUILDING RESILIENCE
 - ADDRESSING CLIENT TRAUMA
 - ADDRESSING SECONDARY TRAUMA (STAFF)
 - ADDRESSING ORGANIZATIONAL TRAUMA (ORGANIZATIONAL CULTURE)

PSYCHOEDUCATION ON TRAUMA

- THE THREE E'S OF TRAUMA
 - EVENTS
 - EXPERIENCES
 - EFFECTS

'EVENTS'

- THE ACTUAL OR EXTREME THREAT OF PHYSICAL HARM, PSYCHOLOGICAL HARM, SEXUAL ASSAULT, AND CHILDHOOD NEGLECT

'EXPERIENCE'

- A PARTICULAR EVENT MIGHT BE TRAUMATIC FOR ONE INDIVIDUAL, BUT NOT ANOTHER
 - PERCEPTION OF TRAUMA CAN VARY VASTLY AMONG INDIVIDUALS
- HOW AN INDIVIDUAL INTERPRETS, ASSIGNS MEANING, AND EXPERIENCES PHYSICAL AND PSYCHOLOGICAL HARM FROM AN EVENT DETERMINES ITS TRAUMATIC IMPACT.

'EFFECTS'

- LONG-LASTING ADVERSE **EFFECTS**
 - THESE MAY BE IMMEDIATE OR DELAYED

DIFFERENT LEVELS OF TRAUMA

- ACUTE TRAUMA
- CHRONIC TRAUMA
- COMPLEX TRAUMA
- HISTORICAL / INTERGENERATIONAL TRAUMA

ACUTE TRAUMA

- SHORT-LIVED, ONE-TIME ENCOUNTERS WITH VIOLENCE
 - VEHICULAR ACCIDENTS
 - ISOLATED PHYSICAL AND / OR SEXUAL ASSAULT
 - NATURAL DISASTER
 - PUBLIC SHOOTINGS
- CAN CREATE DISCRETE, CONDITIONED RESPONSES TO REMINDERS OF THE TRAUMATIC INCIDENT
 - PTSD

CHRONIC TRAUMA

- PROLONGED EXPOSURE TO REPETITIVE OR SEVERE EVENTS OCCURRING REPEATEDLY OVER A PERIOD OF TIME
 - INTIMATE PARTNER VIOLENCE
 - SLAVERY
 - WAR
- MOST SEVERE AND LASTING EFFECTS
- INTERPERSONAL VIOLENCE TENDS TO BE **MORE** TRAUMATIC THAN NATURAL DISASTERS
 - MORE DISRUPTIVE TO OUR FUNDAMENTAL SENSE OF TRUST AND ATTACHMENT
 - TYPICALLY EXPERIENCED AS INTENTIONAL RATHER THAN AN ACCIDENT OF NATURE

COMPLEX TRAUMA = CHILDHOOD TRAUMA

- INFLUENCE OF THE CAREGIVER
 - SOCIAL INTERACTION $\leftarrow \rightarrow$ NEUROBIOLOGICAL DEVELOPMENT
 - CHILDREN LEARN TO UNDERSTAND THE WORLD AND TO REGULATE THEIR BEHAVIOR BY OBSERVING CAREGIVER RESPONSES

COMPLEX TRAUMA

- WHEN CAREGIVERS ARE THE SOURCE OF COMFORT, THE CHILD CAN...
 - LEARN TO TRUST, UNDERSTAND, AND COMMUNICATE EMOTIONS
 - DEVELOP CONFIDENCE TO EXPLORE
 - FEEL CONFIDENT IN PERSONAL ABILITY TO MAKE GOOD THINGS HAPPEN AND / OR TO FIND SOMEONE WHO CAN HELP
 - ESTABLISH A PERSONAL SENSE OF SAFETY AND CONTROL

COMPLEX TRAUMA

- WHEN CAREGIVERS ARE THE SOURCE OF DISTRESS, THE CHILD MAY...
 - STRUGGLE TO UNDERSTAND OR PROCESS WHAT IS HAPPENING AND EXECUTE AN APPROPRIATE RESPONSE
 - STRUGGLE TO REGULATE AND COMMUNICATE EMOTIONS / INTERNAL STRESS
 - LACK TRUST AND CONFIDENCE TO RELY ON OTHERS
 - LACK SENSE OF SAFETY AND PERCEIVED CONTROL
 - EXPERIENCE EXTREME ANGER AND ANXIETY

HISTORICAL / INTERGENERATIONAL TRAUMA

- INTERGENERATIONAL CYCLE OF TRAUMA
 - THE MAJORITY OF ADULTS WHO BOTH EXPERIENCE AND PERPETRATE DOMESTIC VIOLENCE WITNESSED THIS BEHAVIOR IN CHILDHOOD
- EPIGENETICS
 - TRAUMA EXPERIENCED BY EARLIER GENERATIONS CAN INFLUENCE THE STRUCTURE OF OUR GENES, MAKING THEM MORE LIKELY TO 'SWITCH ON' NEGATIVE RESPONSES TO STRESS AND TRAUMA
- STUDIES IN NATIVE AMERICAN / INDIGENOUS COMMUNITY
 - LINKING HISTORICAL TRAUMA WITH HIGH RATES OF SUBSTANCE ABUSE AND SUICIDE

IMPACT OF TRAUMA

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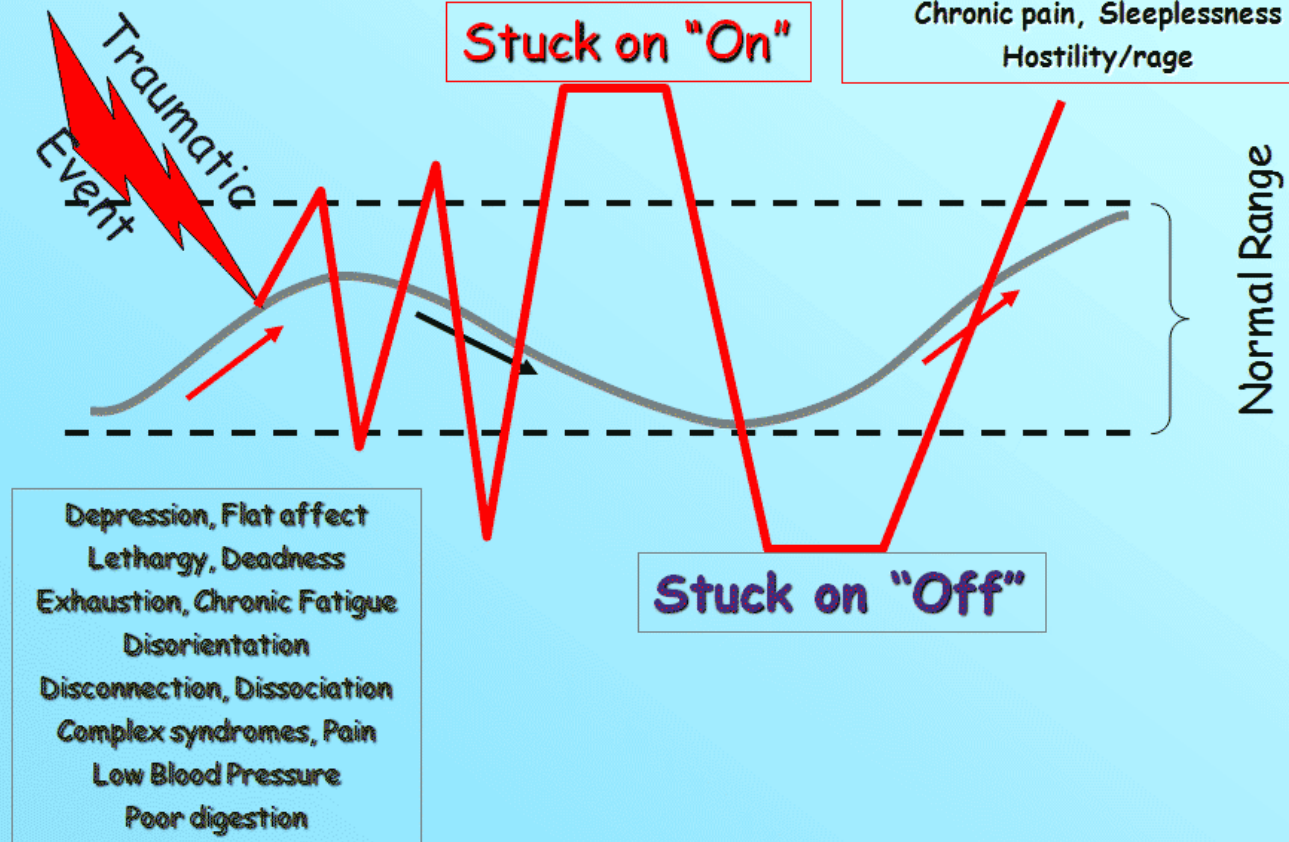
IMPACT OF ACUTE TRAUMA

- ACTIVATION OF SURVIVAL RESPONSES:
 - FIGHT
 - FLIGHT
 - FREEZE
 - SUBMIT
- SHUTTING DOWN OF NON-ESSENTIAL TASKS
- RATIONAL THOUGHT IS LESS POSSIBLE AT THIS TIME

IMPACT OF ACUTE TRAUMA

- SYMPTOMS ASSOCIATED WITH POSTTRAUMATIC STRESS DISORDER (PTSD)
 - HYPER-AROUSAL
 - NERVOUSNESS, JUMPINESS, QUICK TO STARTLE
 - RE-EXPERIENCING
 - INTRUSIVE IMAGES, SENSATIONS, DREAMS, MEMORIES
 - AVOIDANCE AND WITHDRAWAL
 - FEELING NUMB, SHUTDOWN OR SEPARATED FROM LIFE
 - PULLING AWAY FROM RELATIONSHIPS AND / OR ACTIVITIES
 - AVOIDING THINGS THAT TRIGGER MEMORIES OF TRAUMA

Symptoms of Un-Discharged Traumatic Stress



IMPACT OF CHRONIC AND COMPLEX TRAUMA

- PROLONGED EXPOSURE CAN CAUSE AN INDIVIDUAL'S NATURAL ALARM SYSTEM TO NOT FUNCTION AS IT SHOULD
 - HYPER-VIGILANCE
 - DISSOCIATION
 - SOMATIZATION
- ESPECIALLY IN CHILDREN, COMPLEX TRAUMA CAN INTERFERE WITH THE DEVELOPMENT OF HIGHER COGNITIVE SYSTEMS
 - LEARNING
 - MEMORY
 - IDENTIFICATION AND REGULATION OF EMOTIONS

IMPACT OF NEGLECT ON DEVELOPING BRAIN



PREVALENCE

- AN ESTIMATED 70% OF ADULTS IN THE UNITED STATES HAVE EXPERIENCED A TRAUMATIC EVENT AT LEAST ONCE
- UP TO 20% OF THESE PEOPLE MAY DEVELOP POSTTRAUMATIC STRESS DISORDER (PTSD) DURING THEIR LIFETIME
- ACCORDING TO THE NATIONAL INSTITUTE OF MENTAL HEALTH, 3.5% OF AMERICAN ADULTS – MORE THAN 11 MILLION PEOPLE – HAVE PTSD AT ANY GIVEN TIME.

PREVALENCE

- MORE THAN 1 IN 3 WOMEN (35.6%) AND MORE THAN 1 IN 4 MEN (28.5%) IN THE US HAVE EXPERIENCED RAPE, PHYSICAL VIOLENCE, AND / OR STALKING BY AN INTIMATE PARTNER
- OVER 3 MILLION ANNUAL REPORTS OF CHILDHOOD ABUSE AND NEGLECT IN THE US (1 MILLION SUBSTANTIATED)
 - A REPORT OF CHILD ABUSE IS MADE EVERY 10 SECONDS IN THE US
 - IN AROUND 80% OF CHILDHOOD ABUSE AND NEGLECT CASES, THE PARENTS ARE RESPONSIBLE FOR THE CHILD'S MALTREATMENT

PREVALENCE

- MAJORITY OF CLIENTS SERVED BY PUBLIC MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE SYSTEMS ARE TRAUMA SURVIVORS
- 75% OF PEOPLE IN TREATMENT FOR SUBSTANCE ABUSE REPORT TRAUMA HISTORIES

ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

- KAISER PERMANENTE AND CENTER FOR DISEASE CONTROL (CDC)
 - 17,000 PARTICIPANTS

ACE STUDY

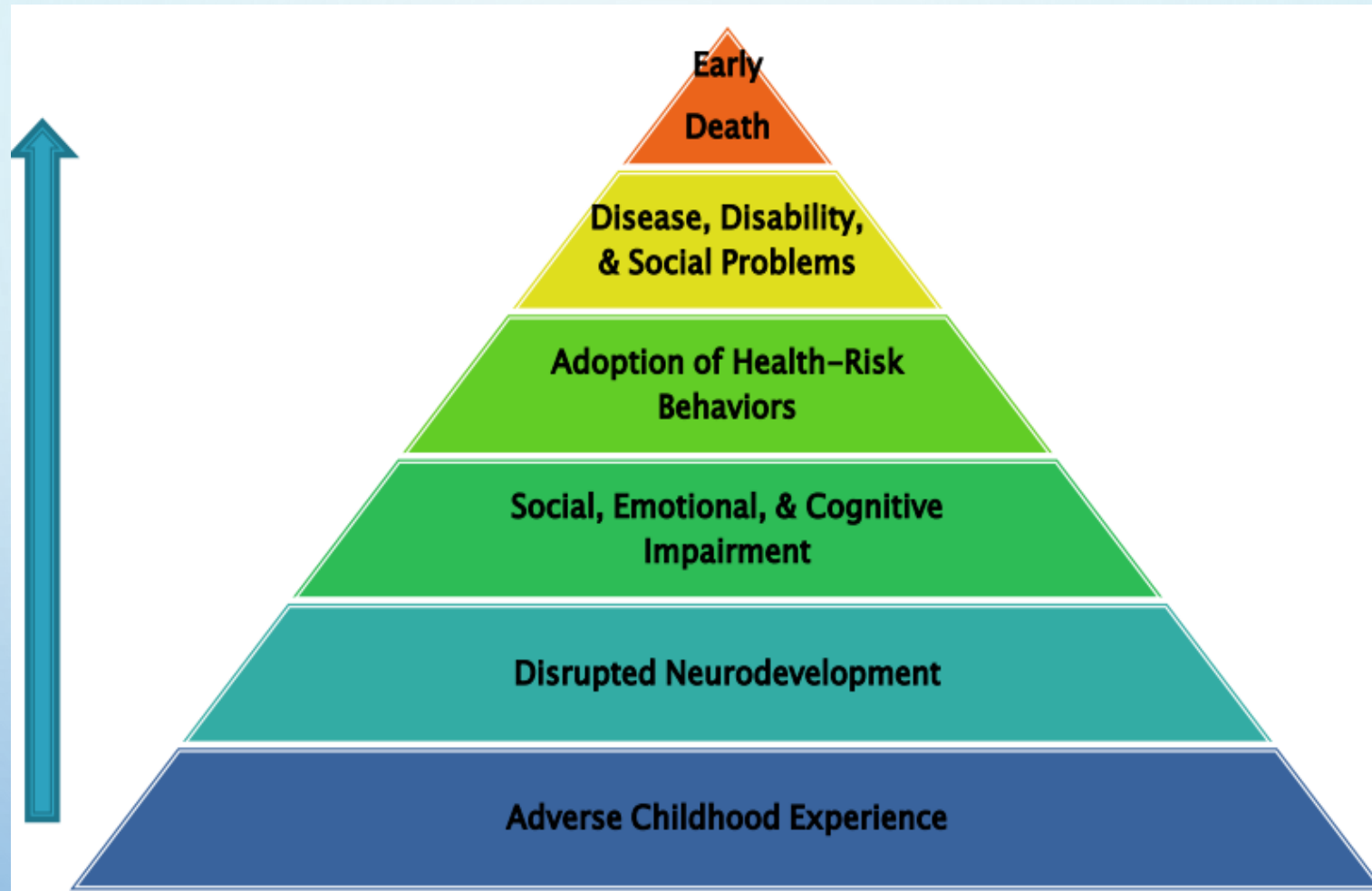
- 10 'YES OR NO' QUESTIONS ABOUT CHILDHOOD EXPOSURE TO DIFFICULT EXPERIENCES
 - ABUSE (VERBAL; EMOTIONAL; PHYSICAL; SEXUAL)
 - NEGLECT
 - POVERTY
 - SEPARATION FROM BIOLOGICAL PARENT
 - WITNESSING INTIMATE PARTNER VIOLENCE
 - FAMILY MEMBERS WITH HISTORIES OF SUBSTANCE ABUSE, MENTAL HEALTH PROBLEMS, AND/OR INCARCERATION

ACES MUCH MORE PREVALENT THAN THOUGHT

- 11.0% EMOTIONAL ABUSE
- 30.1% PHYSICAL ABUSE
- 19.9% SEXUAL ABUSE
- 23.5% EXPOSURE TO FAMILY ALCOHOL ABUSE
- 18.8% EXPOSURE TO FAMILY MENTAL ILLNESS
- 4.9% EXPOSURE TO FAMILY SUBSTANCE ABUSE
- 12.5% WITNESSED MOTHERS BEING ABUSED

INDIVIDUALS WHO INDICATED 'YES' TO 4 OR MORE QUESTIONS REPORTED SIGNIFICANTLY HIGHER HEALTH RISKS IN ADULTHOOD

- 2X MORE LIKELY TO SMOKE
- 2X MORE LIKELY TO HAVE CANCER DIAGNOSIS
- 2X MORE LIKELY TO HAVE HEART DISEASE
- 4X MORE LIKELY TO HAVE EMPHYSEMA OR CHRONIC BRONCHITIS
- 6X MORE LIKELY TO REPORT SEX BEFORE AGE 15
- 7X MORE LIKELY TO HAVE ALCOHOLISM
- 10X MORE LIKELY TO HAVE INJECTED STREET DRUGS
- 12X MORE LIKELY TO HAVE ATTEMPTED SUICIDE



ACEs Conceptual Framework

THE GOOD NEWS: RESILIENCY

- RESILIENCY IS THE CAPABILITY OF AN INDIVIDUAL TO COPE SUCCESSFULLY IN THE FACE OF CHANGE, ADVERSITY, OR RISK.
- HUMANS ARE **HIGHLY** RESILIENT.
- MANY OF THOSE WHO FACE TRAUMA WILL RECOVER ENTIRELY ON THEIR OWN. RESILIENCY IS HARD-WIRED (AND CAN BE CULTIVATED).

RESILIENCY FACTORS

Factor	Resiliency
↑Level of Exposure to Danger <ul style="list-style-type: none">• Severe and repeated experience of violent events• Increased lifetime load of harmful events	↓
↓Age at initial exposure	↓
↑Social Support, Resources, and Environment	↑
↑Hardiness	↑

SOCIAL SUPPORT, RESOURCES, AND ENVIRONMENT

- CONNECTION / BONDING / SOCIAL INTERACTION WITH FAMILY, COMMUNITY, AND FELLOW SURVIVORS
- POSITIVE EMOTION, HUMOR / LAUGHTER

SOCIAL SUPPORT, RESOURCES, AND ENVIRONMENT

- KNOWLEDGE AND USE OF PROTECTIVE COPING SKILLS
 - GOOD SELF CARE: HEALTHY SLEEP, NUTRITION, EXERCISE
 - PRACTICING GOOD BOUNDARIES
 - HEALTHY COPING VS. UNHEALTHY COPING
- ACCESS TO SAFE AND STABLE HOUSING
- TIMELY AND APPROPRIATE CARE FROM PROVIDERS, SCHOOLS, ETC.

'HARDINESS'

- COGNITIVE ABILITY, TEMPERAMENT, AND SOCIAL SKILLS
- SELF-ESTEEM, SELF-EFFICACY, AND SELF-CONFIDENCE
- BELIEF THAT ONE CAN INFLUENCE ONE'S SURROUNDINGS
 - INTERNAL LOCUS OF CONTROL (VS. EXTERNAL)

'HARDINESS'

- HAVING A MEANINGFUL PURPOSE IN LIFE
- BELIEF THAT ONE CAN LEARN AND GROW (MAKE MEANING) FROM POSITIVE AND NEGATIVE EXPERIENCES
- FEELINGS OF CONTROL, COMMITMENT, AND ABILITY TO SEE CHANGE AS A CHALLENGE

'POST-TRAUMATIC GROWTH'

- GROWTH AND EVEN THRIVING IN SPITE OF AND QUITE OFTEN BECAUSE OF HISTORY
- STRENGTHENING OF ABILITIES / FINDING WISDOM THAT ALLOWS FOR EMOTIONAL GROWTH IN RELATIONSHIP WITH OTHERS
 - STRENGTHENING OF RELATIONSHIPS / SENSE OF CONNECTION
 - INCREASED SENSE OF PERSONAL STRENGTH
 - AWARENESS OF INCREASED POSSIBILITIES


TRAUMA INFORMED CARE (TIC)


- INTEGRATING KNOWLEDGE OF **BOTH** TRAUMA AND RESILIENCE INTO OUR PRACTICE
- TIC AS IT APPLIES TO:
 - CLIENTS
 - STAFF
 - ORGANIZATIONS



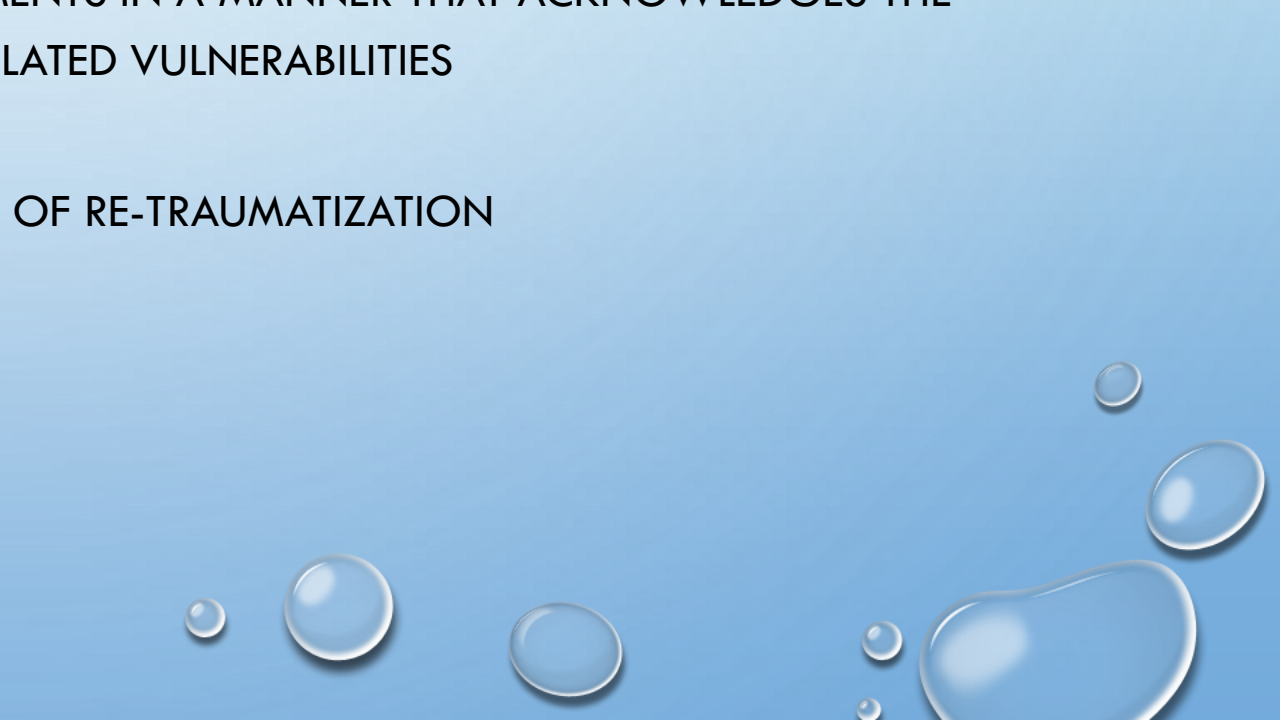
TRAUMA INFORMED CARE WITH CLIENTS

“IT’S NOT WHAT’S WRONG WITH YOU.
IT’S WHAT HAPPENED TO YOU.”





TRAUMA INFORMED CARE VS. TRAUMA SPECIFIC SERVICES

- TRAUMA INFORMED CARE
 - DESIGNING SERVICE SYSTEMS AND ENVIRONMENTS IN A MANNER THAT ACKNOWLEDGES THE IMPACT OF TRAUMA AND ACCOMMODATES RELATED VULNERABILITIES
 - ACKNOWLEDGING AND MINIMIZING THE RISK OF RE-TRAUMATIZATION
- 

TRAUMA INFORMED CARE VS. TRAUMA SPECIFIC SERVICES

- TRAUMA SPECIFIC SERVICES:
 - THERAPIES SPECIFICALLY DESIGNED TO TREAT TRAUMA-RELATED SYMPTOMS
 - TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TFCBT)
 - COGNITIVE PROCESSING THERAPY (CPT)
 - PROLONGED EXPOSURE THERAPY (PET)
 - EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)
 - DIALECTICAL BEHAVIORAL THERAPY (DBT)
 - PARENT-CHILD INTERACTIVE THERAPY (PCIT)

TRAUMA INFORMED CARE WITH CLIENTS

- UNDERSTAND TRAUMA
 - RECOGNIZE MANY BEHAVIORS AND RESPONSES ARE WAYS OF ADAPTING TO AND COPING WITH PAST TRAUMA
- MAXIMIZE SAFETY AND PREDICTABILITY
 - ESTABLISH SAFE AND PREDICTABLE PHYSICAL AND EMOTIONAL ENVIRONMENTS
- ENSURE STAFF COMPETENCY
 - CONSISTENT, PREDICTABLE, AND RESPECTFUL STAFF RESPONSES
- SUPPORT CONTROL, CHOICE AND AUTONOMY
 - HELP CLIENTS ESTABLISH A SENSE OF CONTROL OVER DAILY LIVES
 - ASSIST CLIENTS IN RECOGNIZING TRIGGERS, DEVELOPING COPING SKILLS, AND EMOTIONAL REGULATION

TRAUMA INFORMED CARE WITH CLIENTS

- OPPORTUNITIES TO 'MAKE MEANING'
- OPPORTUNITIES FOR SOCIAL SUPPORT
- INTEGRATED / COORDINATED / HOLISTIC CARE
- UNDERSTAND THAT RECOVERY IS POSSIBLE



TIC NEEDS ASSESSMENT AT A HOMELESS HEALTH CENTER

- CLIENT QUOTES

INTEGRATED, COORDINATED, HOLISTIC CARE

- *“I THINK IT WOULD BE PRETTY IMPORTANT THAT MY DIFFERENT PROVIDERS TALK TO EACH OTHER. YOU KNOW FOR THEM TO KNOW WHERE THE INDIVIDUAL IS AT.*

BECAUSE OF COURSE THE PHYSICAL AILMENTS REALLY AFFECTS YOUR MENTAL HEALTH. I HAVE SIGHT ISSUES, TEETH ISSUES, AND DIABETES. THAT STUFF WORKS ON YOUR MIND. [...]

OR LET’S SAY THAT YOU INJURED YOUR FOOT BECAUSE YOU WERE UPSET AND KICKED A WALL? EVEN IF SOMEONE FIXED YOUR FOOT, IT MIGHT GET BROKEN AGAIN. BECAUSE YOU DIDN’T ADDRESS THE MENTAL HEALTH ISSUE.

YOU’VE GOT TO TALK TO EACH OTHER AND SEEING WHERE THE PERSON IS ACTUALLY AT. YOU’VE GOT TO TIE THE PHYSICAL, MENTAL, EMOTIONAL HEALTH TYPE OF THINGS TOGETHER IN ORDER TO REALLY KNOW THE PERSON - YOU KNOW REALLY WHERE THEY’RE AT AND WHAT NEEDS TO BE DONE.”

SUPPORT CONTROL, CHOICE, AUTONOMY

- *“WHEN I FIRST CAME IN HERE, I WAS A MESS. I REALLY DIDN'T FEEL LIKE I COULD GET CONTROL OF ANY PART OF MY LIFE. BUT MY TEAM HERE... THEY WERE GREAT. WORKED WITH ME STEP BY STEP.*

REALLY HELPED ME BREAK DOWN GOALS THAT SEEMED OVERWHELMING AT FIRST. THEY HELPED ME SEE THE STEPS THAT I COULD JUST TAKE INTO ONE AT A TIME.

IT'S NOT LIKE THEY WERE JUST TELLING ME WHAT TO DO. IT WAS MY DECISIONS. MY GOALS. MY ACTIONS. THEY WERE MY GUIDES. MY ADVOCATES. BUT THE RESPONSIBILITY WAS MINE. LIKE TRAINING FOR A RACE OR SOMETHING, AND THEY WERE THE COACHES.

THEY DIDN'T DO IT FOR ME. YOU GOTTA DO IT FOR YOURSELF. BUT THEY PROVIDED THE STRUCTURE, EDUCATION AND MOTIVATION TO MAKE AT ALL MANAGEABLE. NOW I JUST FEEL A LOT MORE CONFIDENT. A LOT MORE OPTIMISTIC ABOUT MY FUTURE. A LOT MORE IN CONTROL. I FEEL LIKE I'M GONNA BE OK FOR THE FIRST TIME IN A LONG TIME.”

OPPORTUNITIES FOR SOCIAL SUPPORT

- *“ONE TIME, I WAS... I WAS KIND OF LIKE A SICK, QUIET KIND OF PERSON. BUT ONCE I CAME IN HERE, I GOT TO RUNNING MY MOUTH.. [LAUGHTER]. IT USED TO TAKE ALCOHOL FOR ME TO START RUNNING MY MOUTH AND OPENING UP AND EVERYTHING.*

BUT ONCE I GOT HERE AROUND MY PEERS. [...] I DIDN'T FEEL ALONE IN MY ENDEAVOR. I HAD OTHER PEOPLE AROUND ME AND OTHER PEOPLE WITH THE SAME PROBLEMS AND WE GOT TO TALKING ABOUT IT AND THEN I WASN'T ALONE ANYMORE. AND THAT'S A GOOD THING TO HAVE SOMEONE TO ENDURE THINGS WITH YOU.”

OPPORTUNITIES TO MAKE MEANING (HELPING OTHERS)

- *“WHEN I WAS IN PRISON, I TRIED TO HELP THE KIDS. I TOOK A LOT OF TIME HELPING KIDS WHEN I WAS IN PRISON. AND I GAIN THEIR TRUST, AND THEY TALK TO ME. AND I JUST SHARE MY EXPERIENCE WITH THEM. AND THE ONE THING I ALWAYS THINK FOR THEM KIDS WAS I BUILT THEIR CONFIDENCE UP.*

AND SURPRISINGLY A FEW OF THEM - I HEARD BACK FROM A FEW OF THEM. THEY'RE DOING GOOD. YOU KNOW, WHICH I'M REALLY GLAD I WAS ABLE TO HELP THEM. ONE WAS SAYING THAT, IF IT WASN'T FOR ME, HE WOULD BE LOST. THAT MADE ME FEEL GOOD. MADE ME FEEL LIKE I DID SOME GOOD JUSTICE.

IT MADE ME FEEL WONDERFUL ABOUT MYSELF. I FELT GOOD. IT'S A BLESSING TO BE ABLE TO HELP OTHER PEOPLE. TO KNOW THAT, EVEN THOUGH I MESSED UP MOST OF MY LIFE, I WAS ABLE TO HELP SOMEBODY.”

TRAUMA INFORMED CARE: STAFF AND ORGANIZATIONAL CULTURE

- ADDRESSING SECONDARY AND ORGANIZATIONAL TRAUMA
- TRAUMA RISK FACTORS = ↓ SOCIAL SUPPORT
↓ SENSE OF PURPOSE / MEANING / CONTROL
- RESILIENCY / PROTECTIVE FACTORS = ↑ SOCIAL SUPPORT
↑ SENSE OF PURPOSE / MEANING / CONTROL

ADDRESSING RISK OF SECONDARY TRAUMA

Individual Risk Factors	
Overworked (taking on too many tasks)	High caseload of trauma survivors
Past history of personal trauma	Poor respect for boundaries
Less experience	Too many negative or unsuccessful clinical outcomes
Limited training in client trauma and secondary trauma	

ADDRESSING RISK OF SECONDARY TRAUMA

Organizational Risk Factors	
Role ambiguity / Overload	Perpetually high caseloads for employees
Not identifying secondary trauma in employees	Lack of structures that allow employees to see their successes
No opportunities for continuing education	No support for personal therapy

PROTECTIVE FACTORS AROUND SECONDARY TRAUMA

Individual Protective Factors

Availability of social support inside and outside of the workplace

Awareness of secondary trauma

Strong principles

Feelings of competence

PROTECTIVE FACTORS AROUND SECONDARY TRAUMA

Organizational Protective Factors	
Restrictions on long work hours and high caseloads	Workplace flexibility
Accepts employees stressors as real and legitimate	High tolerance for individual differences
Systems to express support clearly, directly and abundantly	Availability of conflict management tools

PERSONAL PRACTICES TO ENHANCE RESILIENCE AND INTERRUPT DEPLETION

- EXERCISE
- BE IN NATURE
- INVEST IN POSITIVE RELATIONSHIPS
- DON'T ISOLATE
- PRACTICE GRATITUDE
- PRACTICE SELF-COMPASSION
- SEE HEALERS
- SLEEP
- SLOW DOWN
- ADDRESSING ADDICTION
- MANAGE MEDIA INTAKE
- RESIST DECISION FATIGUE
- FOCUS ON OPTIONS
- CONSIDER A PLAN B; KNOW WHEN TO WALK AWAY

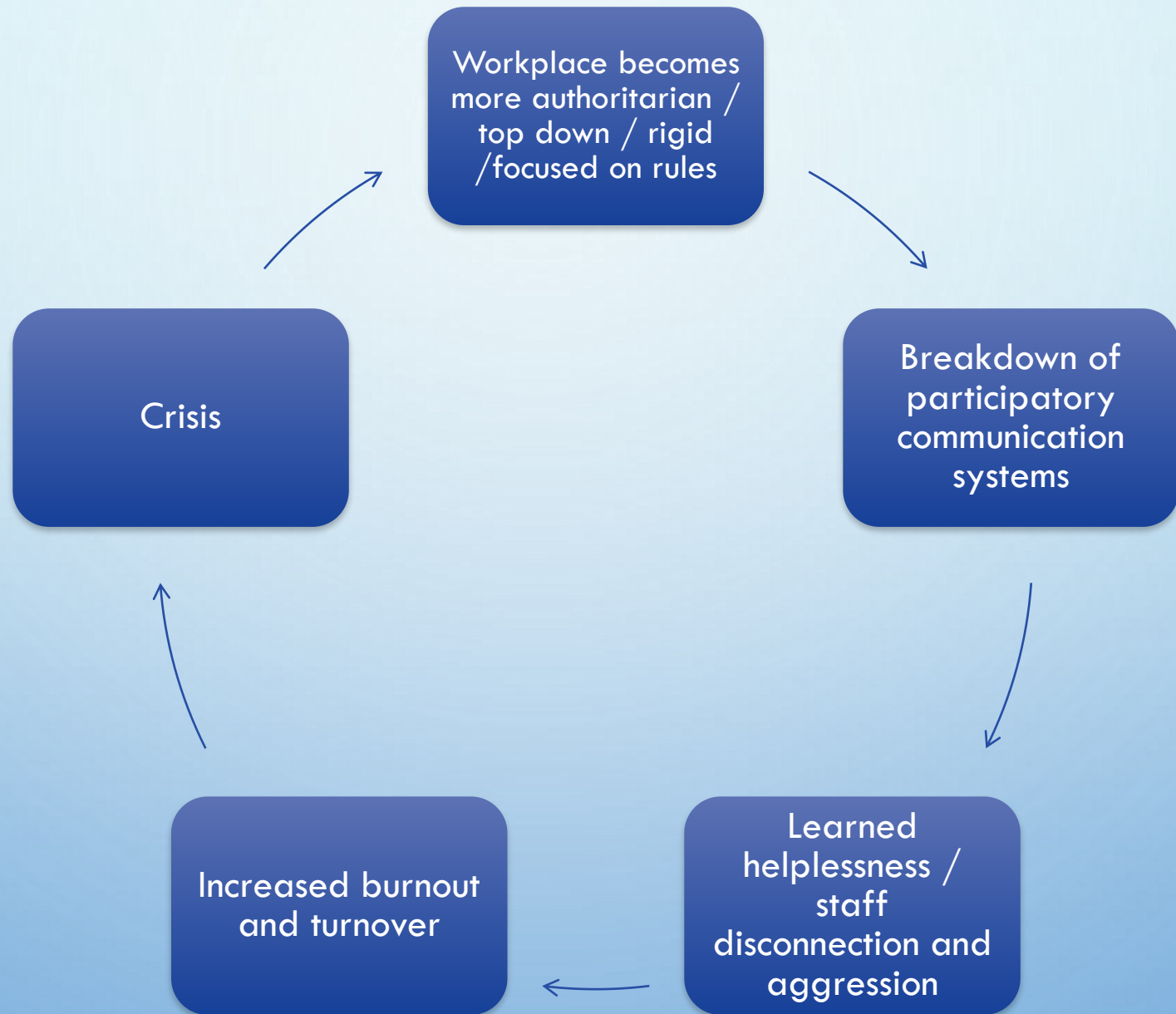
MINDFULNESS AND RELAXATION PRACTICES

- DEEP BREATHING
 - 4-7-8 BREATHING
- BODY SCANS
- MINDFUL MOVEMENT / YOGA
- PROGRESSIVE MUSCLE RELAXATION

DEEP BREATHING EXERCISE

ADDRESSING RISK OF ORGANIZATIONAL TRAUMA

- ORGANIZATIONAL AND TEAM HEALTH DEPENDS ON A CONSTANT FLOW OF COMMUNICATION
 - A BREAKDOWN OF THIS COMMUNICATION INCREASES THE RISK OF VICARIOUS AND ORGANIZATIONAL TRAUMA



ADDRESSING RISK OF ORGANIZATIONAL TRAUMA

Most Protected	Most at risk
Engaged / Participatory / Transparent Decision-Making	Top-down / Secretive Decision- Making
Reflective Supervision	Exclusively Task-Oriented Supervision
Relationship-based Care	Lack of Attention to Relationships
Addressing Conflict	Ignoring Conflict
Competent	Unprepared / Overwhelmed

ADDRESSING RISK OF ORGANIZATIONAL TRAUMA

Most protected	Most at risk
Clear Expectations	Role Confusion / Overload
Supportive / Flexible / Positive-Reinforcement Style	Authoritarian / Rigid / Punishment Oriented Style
Long-term Approach to Hiring (Growth-Oriented)	Short-term Approach to Hiring (Crisis-Oriented)
Open-Minded / Continuous Learning	Apathetic / Resistant / Critical of Change
Shared Vision / Goals	Disconnected Vision / Goals

PARTICIPATORY VS. TOP-DOWN

- PARTICIPATORY DECISION-MAKING = TWO WAY COMMUNICATION
 - GATHERING STAFF FEEDBACK / INVOLVING STAFF IN THE DECISION-MAKING PROCESS
 - TRANSPARENT
 - 'WHAT GOES UP MUST COME DOWN.'
 - IT IS THE JOB OF THE DECISION-MAKERS TO INFORM STAFF OF BOTH HOW THEY CAME TO A DECISION AND HOW THEY INCORPORATED STAFF FEEDBACK (OR WHY THEY DIDN'T / COULDN'T).

REFLECTIVE SUPERVISION VS. TASK SUPERVISION

- TASK SUPERVISION
 - WHAT YOU DID; WHAT NEEDS TO BE DONE
- REFLECTIVE SUPERVISION
 - ENCOURAGING SELF-REFLECTION: TAKING A STEP BACK
 - HOW DID AN EXPERIENCE IMPACT YOU OR YOUR CLIENT?
 - RELATIONSHIP-BASED
 - REQUIRES AN EMOTIONALLY 'SAFE' RELATIONSHIP WITH SUPERVISOR
 - CONSISTENT
 - WITHOUT A DESIGNATED TIME AND PLACE, REFLECTIVE SUPERVISION WILL BE THE FIRST THING TO GO WHEN FACED WITH A NUMBER OF TASKS.

RELATIONSHIP-BASED CARE

- INTERTWINED WITH THE IDEA OF REFLECTIVE SUPERVISION.
- THREE TYPES OF RELATIONSHIPS
 1. PROVIDER / CLIENT RELATIONSHIP
 2. RELATIONSHIP WITH 'SELF' (I.E. INTROSPECTION)
 3. RELATIONSHIP AMONG MEMBERS OF THE PROVIDER TEAM

ADDRESSING VS. IGNORING CONFLICT

- AIMING FOR A COLLABORATIVE APPROACH TO CONFLICT
 - REACHING OUT
 - TAKING PERSPECTIVES
 - EXPRESSING EMOTIONS
 - CREATING SOLUTIONS

BUILDING COMPETENCY

- ADEQUATE JOB TRAINING AND KNOWLEDGE OF AGENCY POLICIES / PROGRAMS / PROCEDURES
- OPPORTUNITIES FOR SKILL-BUILDING
 - ASKING STAFF ABOUT THE AREAS IN WHICH THEY WOULD LIKE TO INCREASE THEIR COMPETENCY.
 - PROVIDING IN-HOUSE TRAININGS AND / OR ENCOURAGING EMPLOYEES TO PURSUE EXTERNAL EDUCATIONAL OPPORTUNITIES

CLEAR EXPECTATIONS VS. ROLE OVERLOAD / CONFUSION

- ENSURING THAT STAFF HAVE CLARITY IN THEIR ROLES AND TASKS

LONG-TERM VS. SHORT-TERM HIRING

- GROWTH-ORIENTED FOCUS VS. EMERGENCY-ORIENTED FOCUS
 - HIRING WITH THE 'LONG-TERM PICTURE' IN MIND
 - RESISTING THE URGE TO QUICKLY FILL A VACANCY WITH THE FIRST PERSON WHO MEETS THE BASIC REQUIREMENTS

LONG-TERM VS. SHORT-TERM HIRING (CONT.)

- ENSURING AN APPROPRIATE 'FIT' BETWEEN NEW HIRES AND THE DESIRED CULTURE OF THE DEPARTMENT OR ORGANIZATION
 - NOT JUST TASK-ORIENTED
 - CLARIFY EXPECTATIONS AND AGENCY CULTURE (E.G. TRAUMA-INFORMED CARE; RELATIONSHIP-BASED CARE; REFLECTIVE SUPERVISION) IN THE ADVERTISEMENT, INTERVIEW, AND ORIENTATION
 - ENSURE A 'PERSONALITY FIT' WITH CURRENT TEAM
 - MIGHT TAKE LONGER THAN A SHORT-TERM APPROACH



SUPPORTIVE / FLEXIBLE / POSITIVE-REINFORCEMENT VS. AUTHORITARIAN / RIGID / PUNISHMENT-ORIENTED

- MODELING POSITIVE BEHAVIORS
- TRUSTING YOUR TEAM
- ACKNOWLEDGING STAFF FOR THEIR SUCCESS AND STAMINA

OPEN MINDED / CONTINUOUS LEARNING

- CONSISTENT REFLECTION, EVALUATION, AND ASSESSMENT

SHARED VISION

- UNITED GOALS AND LANGUAGE
 - WITHIN AND BETWEEN DEPARTMENTS
- PROMOTING CLEAR STRUCTURES FOR COMMUNICATION AND COLLABORATION
 - ENCOURAGE INTER-DEPARTMENTAL TEAMS AND CASE CONFERENCES, ESPECIALLY WHEN WORKING WITH THE SAME CLIENT.

RESOURCES

- **TRAUMA STEWARDSHIP: AN EVERYDAY GUIDE TO CARING FOR SELF WHILE CARING FOR OTHERS**
 - BY LAURA VAN DERNOOT LIPSKY
- **HANDOUT: 20 POWERFUL, PRACTICAL STRATEGIES IN BUILDING RESILIENCE**
 - ALTHOUGH THIS HANDOUT IS FRAMED FOR CHILDREN, IT OUTLINES STRATEGIES THAT ARE VERY IMPACTFUL ON ADULTS

QUESTIONS?