

Building a Trauma Informed-Resilient Organization: Encouraging Staff and Organizational Wellness

Kristen Huffman-Gottschling, PhD, LCSW
PACTT Learning Center

Introductions

- If you are willing, place your name, organization and role in the chat.
- What is your Why?

What will we do together today?

- Grounding exercise
- Trauma and definitions
- Experiences of colleagues
- Trauma informed systems of care – workforce perspective
- Resilience – how do we build it?
 - Individual level
 - Organizational level
- What are our concrete ideas for putting it all together?
 - What will you do for yourself?
 - Your colleagues?
 - Your organizations?
- Questions

Grounding Exercise

- What are 2-3 strengths I hold that I use in my work?
- What are 2-3 coping strategies I use to combat work stress, burnout, trauma?
- What strengths have I discovered I have had in the last nine months?
- What has been the biggest challenge or threat to these strengths and strategies during the last nine months?
 - How have I answered those challenges?

Statistics

- 70% of adults have experienced at least 1 trauma in their lives (223 million Americans).
- 60% of youth have experienced at least a single trauma.
- 70% of social worker have experienced secondary traumatic stress symptoms
- Up to 5% of Americans at any time will have a diagnosis of PTSD.
- What does this tell us about the current moment?

Trauma -Defined

- Individual trauma results from an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. ([SAMHSA](#))

Events and Types

A single event
A recurring/strain trauma,
Complex trauma,
Racial trauma,
Historical/Intergenerational trauma

Experience varies based on:

- Age of onset
- Severity
- Duration
- Extent of injury

IMPORTANT:

Trauma always happens in a developmental context. -

- Physical Abuse
- Sexual Abuse or Sexual Assault
- Domestic Violence or a Community Violence
- Emotional Abuse/Bullying
- Neglect (Emotional or Physical)
- Parental Mental Health Issues (chronic depression, suicides, institutionalization parent(s), incarcerated parent(s), addictions & substance abuse)
- Natural disasters (hurricane, fire, flood)
- Sudden and violent death of a loved one
- Witnessing a War, Genocide
- Sustained structural abuse

NCTSN, 2017

Complex Trauma

- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.
- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning

NCTSN, 2017

Reactions

- Physical - Hyper alertness, easily startled, muscle tension, aches and pains, headaches, difficulty sleeping
- Cognitive - Memory loss or memory is out of order (memories may return after sleep cycles), intrusive thoughts, nightmares, difficulty concentrating, or confusion.
- Emotional - Disproportionate reactions, irritability, defensiveness, unexpected mood swings, fear guilt, or anxiety.
- Behavioral - avoidance/withdrawal from people and activities, hypersensitivity, etc.

- **Survival thinking**
- Frontal cortex interruption:
 - Thinking
 - Problem-solving
 - Focus
 - Manage conflict productively

Workforce Related Trauma

- **Secondary traumatic stress/Compassion Fatigue** refers to the presence of PTSD symptoms caused by at least **one indirect exposure** to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.
- **Vicarious trauma** refers to **changes in the inner experience of the therapist/worker resulting from empathic engagement** with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the **covert cognitive changes that occur following cumulative exposure** to another person's traumatic material.
 - Primary symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of **trust, safety, control, esteem, and intimacy**.
- **Burnout** is characterized by **emotional exhaustion, depersonalization**, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.
- **Compassion satisfaction** refers to the **positive feelings derived from competent performance as a trauma professional**. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contributions to clients and others.
- NCTSN, 2011

Sources of trauma in the workforce – pre-pandemic

- What contributes to STT/burnout/VT?
- What has changed in the last nine months?
- Twin – Pandemics
 - Racial justice movements in response to continued police violence
 - Covid-19
 - What else?

What may make colleagues more vulnerable at the current moment?

- Concern about the risk of being exposed to the virus at work
- Taking care of personal and family needs while working
- Managing a different workload
- Lack of access to the tools and equipment needed to perform your job
- Feelings that you are not contributing enough to work or guilt about not being on the frontline
- Uncertainty about the future of your workplace and/or employment
- Learning new communication tools and dealing with technical difficulties
- Adapting to a different workspace and/or work schedule

Resilience – What is the definition of a crisis?

Individual resilience is the ability to cope with life's challenges and to adapt to adversity.

Your levels of resilience can change over the course of your life (or even the day).

1. Connect with those around you.
2. Be active
3. Take notice
4. Be self-compassionate
5. Give
6. Keep learning

Communication and Connections – Cultivating resilience- Individual and Supervisors

- Communicate with your coworkers and supervisor about job stress
- Identify things that cause stress and work together to identify solutions.
 - Talk openly with colleagues about how the pandemic is affecting work. Expectations should be communicated clearly by everyone.
 - Ask about how to access mental health resources in your workplace.
- Connect with others. Talk with people you trust about your concerns, how you are feeling, or how the COVID-19 pandemic is affecting you.
 - Connect with others through phone calls, email, text messages, mailing letters or cards, video chat, and social media.
 - Check on others. Helping others improves your sense of control, belonging, and self-esteem. Look for safe ways to offer social support to others, especially if they are showing signs of stress, such as depression and anxiety.

Control

- Identify those things which you do not have control over and do the best you can with the resources available to you.
- Increase your sense of control by developing a consistent daily routine when possible — ideally one that is similar to your schedule before the pandemic.
 - Keep a regular sleep schedule
 - Take breaks from work to stretch, exercise, or check in with your supportive colleagues, coworkers, family, and friends.
 - Spend time outdoors, either being physically active or relaxing.
 - Do things you enjoy during non-work hours.

Role

- Remind yourself that each of us has a crucial role in fighting the current challenge.
- Remind yourself that everyone is in an unusual situation with limited resources.
- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting and mentally exhausting
- If you feel you may be misusing alcohol or other drugs (including prescription drugs) as a means of coping, reach out for help.
- If you are feeling like coping is too difficult seek extra support

Trauma-Informed Systems of Care- Building Resilience in your Organization

- Recognizing trauma is widespread
- Recognizing signs and symptoms of trauma
- Creating policies that support staff when facing trauma
- Creating systems of supervision that focuses on wellness and support
- Training and Education
- Encouraging as much work/life balance as possible
- Building networks of outside support.
- Encouraging a focus on physical wellness
- Time off

- Safety
- Trust and transparency
- Cultural Humility
- Collaboration and mutuality
- Voice and choice
- Peer support

Safety – It’s about leadership

- Training and resources
- Model vulnerability and uncertainty
- Avoid blame
- Grace and compassion – align and connect
- Create structure – maintain structure
 - Supervisor check ins
 - Buddy system
 - Phone calls
 - Time

Richardson & Ingoglia, 2020

Trust and Transparency

- Communication
- Staff are strong
- Provide opportunities for processing
- Understand expectations
 - How can expectations be adapted to meet the current challenge?

Richardson & Ingoglia, 2020

Collaboration and Mutuality

- Working together safely
 - Zoom
 - Access for everyone
 - Fatigue
 - Partner with different teams to problem solve and plan
 - Assume positive intent
 - Find commonalities
- Stay connected

Richardson & Ingoglia, 2020

Voice and Choice

- Everyone is seen and understands options
 - Staff input around change
 - Where can you do this more?
 - Offer options
 - Explore questions.
 - Normalize feelings
- Expect different responses and different engagement needs
 - Quiet, frustrated, what else?

Richardson & Ingoglia, 2020

Peer Support

- Building Connections
 - Focus on successes and celebrate
 - Practice kindness as a means of empowering and connecting
 - Normalize trauma symptoms
 - Self-care
 - Self-compassion
 - Create a buddy system for check-ins and support

Richardson & Ingoglia, 2020

Cultural Humility

- Lifelong learning and critical self-reflection
- Actively addressing power imbalances and inequity
- Developing nurturing and mutually beneficial partnerships or dynamics
- Institutional accountability
- Where do you center the story?
- What is your help privilege?
- How can you check it?
- Ensure all staff have access to all aspects of the trauma informed approach

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.

Building a Resilience Response at the Organizational Level, Duchek (2017)

- Anticipation – Proactive action
- Coping – Concurrent action
- Adaptation – Reactive Action

Anticipation capabilities- Preparation for the unexpected

- Observation and identification
 - Threat detection through environmental scanning
 - Values and incorporates outside knowledge to mitigate risk
- Preparation
 - Nimble
 - Training in managing crisis
 - Find opportunities in adversity
- Well Resourced
 - Collaborative & Networked
 - Strong infrastructure
 - Learning culture

Coping Capabilities – Managing Adversity

- Accepting reality
 - Managing the cognitive challenge of denial
 - Understand limits
 - Balance confidence and caution
- Developing and implementing solutions
 - Fully understanding the scope and meaning of the crisis – developing a collective narrative
 - Improve and solve problems creatively
 - Develop ad hoc networks for idea generation and implementation
 - Clear responsibility chain YET open culture for creative solution planning

Adaptation Capabilities

- Non-defensive reflection and learning
- Change
 - Who holds the power in this phase?
 - Who is responsible for culture shift?

What will you do?

- Questions?

THANK YOU!

Contact

Kristen Huffman-Gottschling
kgottschling@pactt.org

References

- Bonanno, G.A., Galea, S., Bucciarelli, A., & Vlahov, D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of Consulting and Clinical Psychology, 75*(5), 671-682
- Duchek, S. (2017). Organizational resilience: A capability-based conceptualization. *Business Research, 13*(2), 235-246
- Kaiser Permanente (2020). Coronavirus Disease 2019: Social Health Playbook. v.1. 10.09.2020 https://about.kaiserpermanente.org/content/dam/internet/kp/comms/import/uploads/2020/10/KP-COVID-19_Social_Health_Playbook_FINAL.pdf
- National Child Traumatic Stress Network. Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress
- Rangachari, P. & Woods, J.L. (2020). Preserving organizational resilience, patient safety, and staff retention during COVID-19 requires a holistic consideration of psychological safety of healthcare workers. *International Journal of Environmental Research and Public Health, 17*, 4267.
- Richardson, J. & Ingoglia, C. (2020). Building organizational resilience in the face of Covid-19. *National Council for Behavioral Health*.
- Robb, D. (2000). Building resilient organizations. Vol. 32, No. 3
- Robert Wood Johnson Foundation (2016). Strategies for encouraging staff wellness in trauma-informed organizations.
- Trauma Informed Oregon (2020). *A trauma informed workforce: an introduction to workforce wellness*.
