Relationship Education Matters for You, Too: Preventing Burnout through Self Care Webinar

July 25, 2019

Presenters:
Robyn Cenizal, CFLE, Project Director, National Resource Center for Healthy Marriage and Families
Lisa Tieszen, MA, LICSW, Senior Partner, Resilience Works
Karen Johnson, MSW, LCSW, Senior Director of Trauma Informed Services, National Council for Behavioral Health

Operator:
Good day and welcome to the National Resource Center for Healthy Marriage and Family Relationship Education Matters for You, Too: Preventing Burnout through Self Care Webinar. Today’s conference is being recorded. I would now like to turn the conference over to Jennifer Shapiro. Please go ahead.

Jennifer Shapiro:
Hi, everyone and welcome to today’s webinar. We are excited that you are able to join us. Before we get started I wanted to just talk a little bit about the webinar room and what you’re looking at. So if you can’t hear me, this is just a reminder visually to turn on your computer speakers so that you can hear the presentation. And then throughout the webinar we are going to ask you polling questions, we are also going to prompt you to enter any questions that you may have in the Q&A box in your lower right corner. Just so that you know when you enter information into that Q&A box it is visible to everyone, so just being mindful of that. Then up in the upper right corner of your screen there is a list of resources that you can download. And the way that you download those resources is by clicking on the drop down menu and then you can download all of the resources. Or you can select each resource and then hit the download file button below. The resource list in the downloadable resources pod includes a list of resources available through the National Resource Center for Healthy Marriage and Families about this topic as well as resources that our speakers are going to recommend. In addition you can find the speaker bios for today’s webinar in the downloadable resource box. And then later on in the webinar we will talk about the link available to you in the web links pod.

For today’s webinar we are going to talk a little bit about understanding vicarious trauma and fostering individual and organizational resilience followed by a question and answer session.

For our presenters today we have Robyn Cenizal who is the Project Director for the National Resource Center for Healthy Marriage and Families, a federally funded initiative that promotes the integration of healthy relationship skills into social service delivery systems as part of a holistic approach to strengthening families. In addition to ten years of federal level work in the family strengthening healthy marriage and responsible fatherhood fields, she also has over 26 years of local government experience, specializing in strategic public/private partnerships to mitigate community distress including broad expertise with family strengthening, child welfare, workforce development, violence prevention, offender reentry and poverty reduction. She is a certified family life educator and has authored
numerous publications on promising practices associated with serving low income and culturally diverse populations.

We’ll also hear from Lisa Tieszen who is a Senior Partner with Resilience Work. She widely consults to projects including the State Victim Assistance Academy Resource Center, Collective Healing and Vicarious Trauma Toolkit and all projects funded by the Federal Office for Victims of Crime. She has spent over 30 years in health care organizations developing and directing projects, responding to patients and staff affected by trauma. It was while on a child abuse team at Boston Children’s Hospital that she along with colleagues began to identify the co-occurrence of child abuse and the domestic violence. There in 1984 she helped to launch the first domestic violence advocacy project in a pediatric health care setting. Lisa actively engages with organizations and teams through training and consultation to strengthen the resilience and enhance their overall health with an emphasis on trauma-informed principles. She consults widely to domestic and sexual violence programs, as well as legal services groups and works clinically with survivors of childhood and adult trauma in her private psychotherapy practice in Brooklyn, Massachusetts.

Finally we will hear from Karen Johnson who is the Senior Director of Trauma Informed Services at the National Council for Behavioral Health. She provides consultation, training and technical assistance to organizations, systems and communities to heighten awareness of the impact and prevalence of trauma and to advance the adoption of trauma informed approaches. Karen is passionate about the National Council’s work with schools, striving to become trauma sensitive and is the lead on the agency’s partnership with Kaiser Permanente to create a change package for advancing trauma informed approaches within the primary care setting. Karen’s work prior to the National Council includes over 19 years of clinical and administrative experience in child welfare and community based mental health at SaintA in Milwaukee, Wisconsin. She is also the parent of an adult child with severe and chronic mental illness. With her joint professional and lived experiences Karen brings a distinct perspective to mental health, addictions and recovery work across organizations, systems and communities. And with that I am going to turn it over to Robyn Cenizal.

Robyn Cenizal:

Thanks, Jennifer. And welcome, we appreciate all of you taking time out of your busy day to join us for this webinar. I think you’ll find it very informative. And I’m going to tell you just a little bit about the National Resource Center real quick. We focus basically on four core skill areas. We focus on communication and conflict resolution. Those are interpersonal skills that transfer not only within couple relationships, the parent/child relationship, community, workplace relationships. And we also focus on critical skills like parenting and financial education. And we focus on those because those are two of the top stressors regardless of socioeconomic status.

So you’ll find in the Resource Center website a lot of cool stuff. We have a media gallery with lots of videos, podcasts and so forth. We have archived our webinars and our previous newsletters for you to take advantage of. We have a calendar of events, which highlight events that are happening around the county that may be of interest to you, both virtual and physical events. And our resource library has over 3000 research based resources. All of those resources focusing on different stakeholder groups, different populations, as well as our virtual training center.
Our virtual training center includes seven courses. And the courses can be taken by anyone. They’re all free. Everything is free. And when you complete the course, if you pass a quiz with 80 percent accuracy you can get a certificate of completion, which can be used for CEUs. So if you happen to be in a position where you need CEUs it can help you with that. Additionally some of those courses are actually appropriate for the families that you serve or for your own family. So you might want to look at it from that lens as well.

We do put out a monthly newsletter. We try not to blow up your inbox, but we do put out a monthly newsletter and we’ll send out webinar announcements. The newsletter highlights various tips, resources and upcoming events. And we usually link it to some monthly celebration, whether it be, you know, summer time or whatever. And so it’s pretty interesting. I hope you’ll take advantage of that. If you’ve not signed up, you can sign up on the website. We’re also on LinkedIn, so please connect with us if you’re on LinkedIn. Or follow us on Twitter. We would appreciate that. We’re trying to stay connected and reach a broader audience. So we hope that you’ll connect with us.

Stakeholder specific and culturally responsive resources we think are very important. We have a collection of toolkits that focus on various culturally diverse populations, helping us better understand so that we can be more responsive to those cultures. So as you see here we have an American Indian and Alaska Native resource. We also have a Latino and African American. We most recently completed one for Asian families and it highlights 26 different countries from which Asian families have immigrated from to the U.S. We also have resources for working with military families, Muslim families, Orthodox Jewish families as well as an array of other culturally responsive resources. So I hope you’ll take advantage of those. Fact sheets, research to practice briefs, tip sheets and guides. So something for everyone in our library.

We also launched a special collection, healthy dating leads to healthy marriage. And this, as you can see, is topically organized. We have located this healthy dating leads to healthy marriage resource in a brand new section on our website called Strengthen Your Relationship, which is focused on you and your family and others who might benefit. So as we talk about today’s topic of self-care I hope after the webinar you’ll click on that web link and go and see what resources are out there that might be beneficial to you.

And so with that I’m going to turn you over for a polling question. I’ll be back later to facilitate questions and answers. So be sure to type in any questions that you have in the Q&A box so you don’t lose them throughout the presentation. Lisa, I’ll let you respond to the poll question and then share your presentation.

Lisa Tieszen:

Excellent. Thank you so much. I am so happy to be here talking with all of you today about both the negative and positive impacts of the work that we do with trauma survivors and really focusing on key resources and ways that you can both help yourself and our organizations can be helping us. I’m so glad and appreciate you all responding to the polling question and acknowledging many of you how often you are exposed to traumatic stories at work. We find ourselves as we continue in the field that we are exposed and the more that we are exposed, the more likely we are to develop vicarious or secondary trauma. And that’s really our focus today, both that impact of being exposed, whether you are directly working with clients or whether you are reading traumatic material, whether you’re hearing stories over
the phone. All of the ways that we are exposed we want to consider. And I want to just acknowledge that people across your organizations, even if they may not be clinicians, may not be advocates they too can be exposed just as those of us who have responded are in the work that we do.

So the first quote that I want to have you take a look at is why we are here today and why we’re talking about this issue. Dr. Rachel Naomi Remen says, “the expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” And I know just as I have, you all get wet as well. Whether it’s once a week, whether it’s once a month, whether it’s ten times a day, you are exposed to the traumatic events of your clients or your patients.

And the next two slides are going to talk more specifically about defining these issues. And what we’re talking about today is work-related exposure to trauma. We see it as an inevitable occupational challenge or hazard and that we see a range of impacts. And our model that we developed with a vicarious trauma toolkit really tries to highlight both the negative and the positive impacts. So I want to jump right here to this, because we believe that while our exposure leaves us vulnerable to experiencing vicarious trauma that we can through a number of ways mitigate that negative impact. So what I want to point out is vicarious trauma we’re using that term in the toolkit to the exposure to trauma at work. I certainly want to also say that we can be exposed to trauma to traumatic events in our personal lives and that that can create vicarious or secondary trauma as well.

And the two impacts that we see and want to highlight is change in world view, and this is considered to be the result of our cumulative exposure to traumatic stimuli. And because we have empathy and we engage with victims or survivors of trauma as part of our work that that skill that we’re really working to hone in on makes us more vulnerable because we’ve worked hard to connect with the people we’re working with, we work hard to create safety and express understanding. That makes us good clinicians, good advocates, good allies. It can shift how we begin to view the world. We may begin not to trust in others as much. We may begin to lose hope or faith. And we want to acknowledge that. And I also want to say that it may not just be at work that the exposure has happened. And those of us who are feeling less safe, feeling unfairly treated that we have another layer of that exposure that has grown up with us.

We also have a spectrum of effective and behavioral responses to this exposure. And that’s where we see vicarious traumatization, secondary traumatic stress. We call it many things. But the negative impact can play out in a range of ways. It can tire us. It can leave us depleted, which I will speak more to in a moment. But it’s not simply the reactions that we have cumulatively or acutely that are negative. They also can be positive. And since we began talking about these issues over 30 years ago we have focused on the negative, but we’ve also had terms that reflect the positive impact. And some of those terms post-traumatic growth, compassion satisfaction, vicarious transformation describe the satisfaction that we find in the work that we do as trauma survivors. Vicarious resilience is a newer term and that has come out of work with torture survivors actually and speaks to how we can grow in our own resilience through our exposure to clients or patients.

The neutral is a hypothesis we actually are posing within our project that we may have a neutral response. And you all see it as well. Some days you may be overwhelmed by the stories that you hear, other times you may feel fine. You may not feel impacted. And, in fact, those may be days that you hear fewer stories, but it also may be the day that you have gotten better sleep, that you feel better in
the work, you feel stronger, you’ve gotten some good supervision. So again we wanted to highlight the range of ways we can be impacted by trauma exposure at work.

I want to say a word about burnout because it’s something we often used to refer this work exposure to trauma, the negative impact. And yet it doesn’t take traumatic exposure to burn out. We can burn out in any profession. Vicarious trauma, secondary traumatic stress. Those are issues that we face if we have a steady diet of working with trauma survivors. Burnout is really when we have become extremely depleted in our work, it speaks to an increased mental distance from our job, feelings of negativism or cynicism, reduced efficacy in our work. And any of us, in any field, can experience burnout. And what I want to say that’s different, consider a day for a moment where you have been exposed, you are feeling though pretty good; you’ve connected with the people you’re working with, you see some progress, you’re feeling successful. But then you get tripped up and you’re having a nightmare about someone or you’re feeling the real pain of what someone’s gone through. That is not burnout. Burnout is when we can’t pick up the phone to respond to people day after day, when we are having trouble showing up at work. And so it is distinct. And I just want to keep that in mind as we think about using that term.

We are impacted negatively and positively in our personal and professional lives. And I wanted to focus in on the negative impact professionally for a moment. I see it in four realms: performance, morale, interpersonal relationships at work and behaviorally. Take a look at this, you may see yourselves here. Decreased motivation, either avoidance or obsessiveness over details, overworking, detaching, calling out or being late, overworking. And we did want to ask you to pause for a minute and consider more specifically at work how you feel the impact, but I also think because we are physical, psychological, spiritual, relational beings that it’s helpful to do this cross over, both personally and professionally. Are you feeling depleted? Have you felt depleted? Have you had difficulty engaging with people? Have you kept your door shut, because you really can’t, you just want to get down to work, and you want to avoid any more contact than you need to? Are you having difficulty concentrating?

Think for a few minutes about the impact for you of work exposure to trauma. And we’re going to take another poll. How has trauma exposure at work negatively affected you or your performance? Please consider you or a colleague. Maybe you’ve seen it in a colleague more than yourself. Could you name one or two ways that you have seen this appear in your workplace? How has trauma exposure at work negatively affected you or your colleague’s work performance? Feeling withdrawn. Leaving, crying sometimes. Too exhausted. Makes me want to quit. Feeling withdrawn, leave crying sometimes. Depletes ability to trust others. Migraines. Nightmares. Absence from work. Loss of focus. Hard to communicate. Discouragement. Substance abuse. Neck tension. Disappointment. Think about leaning towards retirement. Not engaging. Migraines. Not wanting to come to work. Thank you for jumping in and considering this together. I think it’s really important, and if I were with I would have each of you take a look at these comments and check off where you identify as well. There are others I could have at some points in my work also named just as you have named. So thanks for your willingness to name what you have, either experienced or what you have seen at work.

And so in this moment you’ve sat, you’ve thought about some of those negative impacts. But they don’t happen all the time. Do they? They come and go. If you’re feeling the ways that were noted in the poll all the time we wouldn’t do it. So why do we do it? Why do we stay? And already people are jumping in. Thank you. Yes, there’s a very pragmatic, bills. We have to pay our bills, we need the money. But we also make a difference. We care about our clients. We care deeply about the work. It’s too
important to quit. I love those I’m working for. We care about our clients. Thank you for responding.
You love your job. You can make a difference. I can feel I make a difference. Passion about the work.
Family to support. Seeing the positive outcomes. They need us. Thank you so much.

What I often find as we do such polls or consider these issues I find certainly, and even though we don’t
get paid, what we deserve, I will say that outright right now, I want to acknowledge that of course
insurance and our regular paychecks really matter, obviously. But it’s more than that. That’s not what
drives people out of the work. And I have to just acknowledge and appreciate how committed people
are who do this work, how committed you are in your job. And that’s what the rest of this webinar is
really about. How do we stay in this work? How do we build our resilience?

I want to say a few more things about the negative end, before I jump into the positive. But there’s so
much that we get and we want to keep holding on and nurturing the positive. And what I appreciate
about this webinar is the consideration both about individual impact, but organizational impact and
responsiveness, because the response cannot just be on our shoulders. And one of the things we do as I
talk with organizations is I ask them to consider these three areas of negative impact, because the
impact of work exposure to trauma is real, it’s an occupational challenge and hazard, and it affects us in
our productivity, individually, it affects us in terms of staff turnover and it impacts poor organizational
health. It impacts the organizational health overall. And I bet this resonates with all of you.

And so what is an organization to do? That’s what I’m going to talk a bit about now. I was fortunate
enough to be part of the development of the vicarious trauma toolkit. You see the URL down below the
screen shot of the toolkit image on the web. Please go to it after this webinar. But I want to say I was
really pleased to work with many collaborators out of this project, funded by the Office for Victims of
Crime five years ago. And what we did in the course of developing this toolkit was to do a significant
effort in terms of gathering information, resources, literature, websites, policies, procedures, practices
from across the country.

Let me say a few things specifically. For the first time the Office for Victims of Crime when they released
the RFR for this toolkit project they were acknowledging that work trauma exposure was impacting
organizations and individuals. They were acknowledging and supporting a project that would look at the
negative impact on us as workers and that was quite big. They also said in the RFR in putting out the
proposal this isn’t just about the worker taking care of themselves, it’s about organization responding.

So what we did, and our team was based at Northeastern University in Boston, and we worked with
collaborators across the country developing this toolkit, we focused on serving, we put out a survey
some of you may have responded. We surveyed 84,000 people, 10,000 percent return rate, and through
that we gathered input, including resources from people across the country in four distinct professional
groups: victim services, law enforcement, emergency medical services and fire services. We vetted the
items that came in and we also did extensive lit and website searches ourselves to really bring you the
best possible resources that we could and we hope you will find that they will help you.

This is a screen shot of the Victim Services portal. And, in fact, there are portals of the each of the four
disciplines for which we develop the toolkit.

In addition to bringing resources in from across the country and through our searches. We also
developed a number of tools ourselves as a project. And the Vicarious Trauma Organizational Readiness
Guide, or the VT-ORG, is a tool that we specifically designed to help assess an agency’s current capacity in its vicarious trauma response. It helps to prioritize needs, identify resources and literature, and really guide. So it helps to assess in five different areas and it also helps you to begin to get a sense of how you should proceed in assessing your agency and accessing the toolkit.

This is a screen shot of the first of eight pages of the VT-ORG. There are five sections. They are based on five identified organizational pillars of health that are named here. And I want to say we looked a number of organizational assessment tools, we did research as we developed this assessment tool. And we looked at a number of perspectives in terms of organizational psychology to understand these five pillars. I want to say right here as we talk about a vicarious trauma informed organization we’re talking really about a vicarious informed organization because being vicarious trauma informed is really a subset, if you will, or a part of being trauma informed. And I’m going to speak to each of these five pillars and name some of the resources we’ve identified.

Leadership and mission in our view must lead the way with clarity and communication to staff about vicarious trauma as well as about the mission of the organization. They need to be dealing directly with acknowledging and addressing the issues of work trauma exposure. Having an Executive Director, for example, acknowledge what’s going on within an organization both strengths and gaps, directly to the staff really helps boost morale. So having organizational leadership that is transparent, keeping people updated, leaving staff together, not isolated or wondering about what’s going on really matters in an organization.

We looked at management and supervision, maintaining availability. You know what, what I’m going to do, excuse me, is just move us along to these next pillar slides as I speak. I’ve spoken a bit to this issue already about the importance of leadership and mission and the leaders leading out within an organization. They need to integrate strategies into workplace values, operations and practices, to address vicarious trauma in a real way on the ground. The buck starts with leaders, they need to be aware, they need to be active. And the research demonstrates the importance of recognizing that the job can have a negative impact on people, just as I described earlier, and that the organization will act from that knowledge to mitigate that impact. It’s really important that leaders don’t simply say what you should be doing as a staff person. They need to lead the way. It’s one of those don’t just talk the talk, but walk the walk. And you know what I mean, I believe.

When we talk about management and supervision we’re talking about acknowledging the challenges and the negative impact of the work, integrating that recognition into relationships with staff as well as with policies and practices. We can’t be depending simply on someone with a supportive supervisory relationship. We need it also written down and practiced so that it’s consistent across the agency. We need to make sure that staff are responded to and sought out following critical or acute incidents, but also in an ongoing way. It can’t simply be with those big traumatic events, it needs to be steady and ongoing. Sometimes people can...

I’m going to pause a sec. We have lots of research on the importance of supervision and supervisory support. It’s pretty important also that as we’ve seen in a few articles, especially Slattery and Goodman, which is the first citation here, that we need quality supervision. We need a place where staff can go where they feel respected, where they have a voice, where they’re heard and given the guidance that they need. And also that discussion of vicarious trauma is integrated in an ongoing way in supervision,
in performance evaluation and certainly as people are entering and leaving jobs that we need to be integrating more readily discussion about the negative impact of the work.

The third pillar is employment, empowerment and work environment. You all know how contagious a healthy, positive work environment can be in maintaining high quality staff and fostering team work. What you also know is how contagious the negative can be. Negativity can really pull down morale. And so reminding people that it’s not just the negative that spreads like wildfire but that working together, buoying people, taking a look at what good is happening, promoting and maintaining that positivity can really make a difference. One of the ways is really creating formal and informal opportunities for connection. You know those. And, in fact, I can’t remember at the moment if I have a polling question here, but think about when was the last time you gathered as a staff? Was it to celebrate an event? Was it to celebrate someone’s success? Think about also the way you could more formally celebrate together or join together.

Diversifying job tasks I also want to mention quickly. When we have a solid diet of exposure to trauma to our clients it leaves us at greater risk for experiencing vicarious or secondary traumatic stress. Diversifying what we do can make a huge difference having control over that as well. It makes a huge difference.

Fourth, out of five, training and professional development are really, really important in terms of being healthy trauma and vicarious trauma informed. Consider where you have continuing ED, where you have networking and development opportunities. When you point people to training and are really orienting them well they will feel more confident and competent in their role. This can be vicarious trauma specific training. It can also be other training that enriches one’s professional life, one’s job, but also brings somebody into contact with others out in the field.

And as I wrap up, and again write down any questions that have come to mind as I’ve been speaking, because we will address these as we close today, but staff health and wellness is the fifth of our pillars. It’s one area that we also pursued in our research and as many of you know health and wellness and the links between our health and well-being and our productivity are being made clearer and clearer every day. We know that when we come to work well rested, well fed, able to ground ourselves, we can do a better job. And jobs are taking these absolutely more and more seriously for making sure people are taking their time off, taking their breaks. Think about whether you’ve ever taken a fresh air break. Smokers get breaks. What about those of us who don’t smoke? Do you get outside and get a moment of breath and a moment of fresh air? Often organizations are offering yoga, they’re offering meditation, they’re offering a bit of leeway for taking time away from work. They offering us support to get to the Y or get to other health opportunities. Staff health and wellness both on the job and off the job is really important to consider. And I think it’s really getting people to take their vacation time, taking their leave time, not coming to work sick and back too soon are all things that we can support and move forward on within our organizations.

There is plenty more that I can say. This is really my mission to keep people in the work and to help support them and build their resilience, which is also why I’m really happy to pass this onto Karen now, who will talk much more about building resilience. Thank you so much. Before I pass it to Karen, this is where my resources are. Sorry everyone. The tools, all of the tools that I’ve listed below are from our vicarious trauma toolkit, which the URL is placed right up at the top. One of the tools that I’d like to
highlight is the VT101 PowerPoint that we developed for each of the disciplines served by the toolkit. It includes notes. You can take it to your job and use it. Tweak it as you see fit. We want it out there in the world. You also see supervisory guidelines. And there are a number of resource that I think you will find really helpful. Many of you may have read Trauma Stewardship. It is a book that a social worker wrote a number of years ago now, but it has been really helpful to those in the field. And the other two articles listed are about organizational practices. Tend Academy has a number of workbooks for teams and organizations for sale on their website. And they do a lot of good work as well.

Thank you all so much for being part of this webinar and I will pass it on for the second half to Karen Johnson.

Karen Johnson:

Thank you so much. Thank you Lisa. I want to also thank Jennifer and Robyn for inviting me to the webinar today and to Lisa for sharing such rich and valuable information about this really important topic.

I think this next piece is sharing more information on individual and organizational resilience and how we foster that. You know, caregivers and health care providers work in settings that are ever changing. Where funding streams are changing and market trends are changing, often under resourced. There’s significant time pressures. There’s lots of regulatory and organizational demands to get tasks done, administrative type tasks that may make it difficult for us to perhaps spend time with clients as we might like. And, of course, on top of all that we’re caring for individuals who, and partnering alongside, walking beside individuals who have histories of trauma. And as staff members we also bring our own histories of trauma to the work. So there’s a lot going on in our organizations, both in an individual and organizational level that make it difficult and create a challenge for us to remain compassionate and to be resilient, so that we can serve our clients in the ways that we so want to do and that we can also achieve satisfaction in the job itself.

So this slide lays out two dynamics that we’re striving to achieve. Compassion satisfaction on the right, the ability to experience pleasure from doing the work. Many of you talked about that in one of Lisa’s polling questions that you are here to care for others, you love your job, you know you can make a difference and you want to make a difference. So we are absolutely always striving to achieve compassion satisfaction. On the left we have compassion resilience. What is the definition of that? The ability to maintain our physical, emotional and mental well-being while responding compassionately to people who are suffering. We can think of this type of compassion resilience as a reservoir of well-being that we can draw upon on those days when it’s really difficult, when we have difficult situations that we’re addressing. It also helps us be present and effective on those days when everything is going okay.

I would say that for those that are on this webinar the very fact that you are working in a caregiving setting and you are working to improve the well-beings of others shows that you have some level of compassion resilience already. If you didn’t have that you would not have answered the questions as you did about why you stay in that polling question, you would have already left this field.

So we know that building compassion resilience is an active process and it takes place both at the organizational level and at the individual level. So that’s what I want to focus on, how we move towards achieving compassion resilience and compassion satisfaction.
Now as Jennifer noted in my bio I am Senior Director of Trauma Informed Services at the National Council, so I am passionate about trauma informed approaches. And I want to ask all of you on the call today these questions to see if where we are at with those that are with us around your engagement and exposure I guess or involvement related to trauma informed approaches. So the three questions are, please pick one, our organization has received training on trauma informed practices and is working to integrate these practices into an organizational culture, we’ve received training on trauma informed approaches but have not implemented into the organizational culture and we have not received training or been exposed to trauma informed practices within the organizational culture. So if you could just take a moment to pick one of those questions that would be wonderful. Thank you.

And Jennifer I’ll let you tell me when the poll is closed. There we go. So it’s been closed and what we see here, the results. Are you going to read them Jennifer? Feel free.

Jennifer Shapiro:

Sure. So it looks like 35.9 folks present, attendees that responded, said that they do receive training on trauma informed practices and they are working to integrate trauma informed practices into their organizational culture. 41 percent, however, mentioned that they have not received training or been exposed to trauma informed practices within the organizational culture. And then 23 percent stated that they received training on trauma informed approaches, but have not implemented into their organizational culture.

Karen Johnson:

Thank you so very much. It shows a fairly even spread, for the most part. There’s a large number in each group. And that is our experience that this movement, this approach is gaining traction and is resonating across service sectors, but there are many of us yet who are just at the very, very beginning stages.

So the reason I just wanted to get an idea of how many folks out there are addressing trauma informed approaches is because I do believe that these principles of trauma informed care are very relevant as a foundation when we’re talking about building individual and organizational resilience. I’m going to go through them very briefly.

The first one being safety. We understand that if we’re going to build a healthy organization that understands both how people are impacted by trauma and we’re going to create environments that are safe and secure and are responsive to the needs of both individuals served by the organization and staff that serve within the organization, we have to embrace safety. You can’t heal from trauma if you don’t feel safe. You can’t heal from adverse events if you don’t feel safe. And you can’t do the work in this compassionate present focused trauma informed way if you are not within a safe work environment.

We also talk about trust and transparency, understanding that folks who have experienced trauma have been rendered powerless. That’s one of the working definition of trauma out of SAMHSA is an event, a series of events that have circumstances that is overwhelming or life threatening and impacts you across numerous domains. And so people who have experienced trauma are slow to trust. And so it’s important for us to always work towards creating trust within the environment, follow through with what we say we’re going to do, don’t make promises we can’t keep, be as transparent as possible, etc. And again these principles are both for the benefit always of the people we’re serving and the people we’re serving next to.
Voice and choice, you’re familiar with that. Making sure that we are always, that everyone involved in the organization understands the choice available to them and can express their voice and their voice is heard.

Collaboration and mutuality I believe is next. And that’s where we are leveling the power differentials to the best of our ability. We’re making sure that we’re focusing on our shared humanity whenever we can. That the work that’s being done, especially, for example, with a client they are the ones driving the team process. We also talk about respecting gender, cultural, historical differences when we’re striving to be trauma informed. And we embrace peer support, making sure that we’re bringing in the peer voice to provide safety and partnership with those who are on their healing journey. So these principles of trauma informed care are really at the foundation of any organization that’s striving to become more healthy, striving to become more resilient. So I would encourage you to the SAMHSA references at the bottom of the slide to explore their information on trauma informed care and trauma informed approaches. For those of you that have not yet looked into this, it is a very promising approach. There is very in-depth work that can be done over a long period of time and it’s not something that we go to one training and check a box. But again it’s very relevant for this topic today.

So when we’re talking about building resilience, again I want to bring today the focus of both individual and organizational, and Lisa also did this, today I want to bring this resource called the Compassion Resilience Toolkit. It is out of the state of Wisconsin. And is in the public domain and the URL is there. And it offers a rich collection of resources for staff and for leaders, there is one for health care and there’s one for schools, around how to, what you need to understand about building organizational and individual resilience.

There are four main buckets of the toolkit. One is about expectations. The second one is about boundaries. The third one is about staff culture. And fourth is self-care. Now the last bucket there, the individual self-care I think is one that in our helping profession, social workers and otherwise, we’ve been talking about for a long time. I can tell you that back when I got my social work degree it was this push to make sure you’re taking care of yourself. I think maybe more new or more recent is this focus on how we do that. But we do it within the context of an organization and an organization has responsibility with everyone involved to address expectations, boundaries and staff culture.

So here’s a polling question. I’d love to hear your thoughts on this. How might expectations affect compassion fatigue, that sense of weariness that we get with our jobs, where we just feel like we can’t go on? Any reflections from anyone on the line? I’d love for you to reflect if you can how expectations might affect, affect or contribute to compassion fatigue? So someone said I’m feeling very tired. Yes, certainly there is an expectation to be the be-all to everyone, to be able to solve every problem. Stress and anxieties are definitely present in the workplace. So having expectations about the amount of support you should get, but that you can’t get. Losing hope in my ability to help those perhaps because expectations might be unrealistic or unclear. Like you have to be the savior. Yes. Perhaps you are expected to have the magic wand. When they are not realistic both can contribute to compassion fatigue. Have to fix the client. People are pushed too much. When you ignore your feelings and keep working. So we know that always has an affect when we are not able to identify our feelings and when we can’t share them with others, when it’s not okay to have conversations with our supervisor about how we’re feeling, etc.
So thank you so much for all the ideas you shared. They’re right on target with what I just want to talk about here briefly is that unclear, hidden or unrealistic expectations drive compassion fatigue. As service providers we most often hold ourselves to high expectations, which can be very helpful. They can help us drive to perform in the ways that we want to perform. But as noted in the polling question, we’re often expected to be available to others, to be healers, to have all this expertise and knowledge across all these skill sets and topics, to provide successful care that is cost effective. All without experiencing any of our own personal stress.

So as noted there that becomes problematic. Expectations that are unclear, unrealistic and fill our heads with how things should be and feel causes us to constantly feel like we’re not achieving that we’re supposed to be achieving. So if our internal dialogue says I should spend more time with clients, the end to that sentence or the result of that is a negative thought about ourselves. Yeah, I’m not spending enough time with clients, so I need to try harder, I need to figure out how to be more efficient. Anyway, this dynamic can result in guilt, frustration and anxiety. So well meaning, but unchecked expectations and form the foundation of compassion fatigue, as we’ve already said.

So in our organizations we really strive to figure out, and we do work, when we’re working to become a resilient organization we take the time to have conversations that set clear expectations for everyone at all levels that are consistently adhered to. So an expectation, for example, about am I supposed to respond to an email I receive on the weekend from my boss? Or can I wait until Monday morning? Am I supposed to turn my phone off for the weekend and evenings? Or do I need to leave it on? I'm not sure. I know my colleague does. Over here they do, over here they don’t. I don't know what I'm supposed to do. So that’s one small example, but a very common one of how we have unclear expectations that can drive this ongoing feeling of weariness. So assessing and clarifying expectations is an important part of the work of becoming a resilient organization.

Next piece I want to talk about boundaries. And a very simple definition: boundaries are what’s okay and what’s not okay. They support our well-being and the well-being of those we serve and those we care about, those we serve next to. So we need to be clear about our boundaries, we need to communicate them in a proactive manner. We need to be able to discuss these with others, with our supervisors and our colleagues who can help us clarify our boundaries and clarify the boundaries across the organization. So some of the questions that we might need to identify or answer is I have the right to, for example, privacy, to having information before making a decision. That’s one boundary clarification. Second might be I need to protect my time and energy. So it’s okay to set a time limit, to say no. And a third expectation might revolve around the category of people may not humiliate me in front of others, go through my personal things, require me to do something that was said in a very again an expectation that I knew nothing about, etc., I have the right to ask for clarification, to problem solve that, to brainstorm for solutions, etc.

This slide shows different types of boundaries. Permeable, rigid, flexible. You know, the one limited, non-existence means that a boundary may be set, but there’s very little reinforcement of the boundary. Rigid is when those boundaries are reinforced at all cost. So that doesn’t allow us to be open to new ideas or perspectives. And flexible boundaries are firm and clear, yet allow us to be open to new ideas and resources when needed.
So this zone of helpfulness is a strategy for an organization and a team coming together to set boundaries. It comes out of the nursing profession, if any of you on the phone are from primary care. And it helps, in this example, nurses to understand those behaviors within that zone of helpfulness that they need to demonstrate, no matter what is going on with a client, either physically or behaviorally. So on the left side we have the under involved staff member. So that’s a lack of involvement in the mission of the organization and the work of the organization. Some examples of under involvement would be someone who says not my client, that’s not my job, I can’t do anything with that today. I’m not able to help you now. Over involvement may be again answering personal messages from a client after office hours, etc. That piece in the middle, that zone of helpfulness is when we have identified behaviors and boundaries that are critical and important to the mission and well-being of the organization.

The Compassion Resilience Toolkit has a really nice exercise and set of tools for how to work amongst your team to set compassionate boundaries and figure out where our behaviors land in our organization to be in that zone of helpfulness. Here’s an example of setting a boundary with a colleague that complains too much. And so we can practice this and learn this over time. So for a colleague who is bringing negative energy around whatever the issue may be, you as their colleague could say back, I’m working on showing up with good energy for my clients, I find that talking too much about what I can’t control makes it hard for me, let’s switch topics.

So the third bucket I was talking about in that slide, if you remember, is staff culture. Values, beliefs, customs, practices, behaviors. So what does your organization want to be able to say about the culture of the staff in your organization as it relates to values? Values is a way of being or believing that we hold most important. So what are those values that your organization holds most important? I’ll give you an example. Brene Brown, I’m going to talk about her in a minute, but in her book, in her organization their values for their organization are to be brave, serve the work and take good care. And so those values are at the foundation of everything they do.

Belief is what do you all agree on are the tenets and the principles that drive your work? For example, one possible belief was clients are experts in their own lives and we follow where they take us. That is a belief that could be at the foundation of your organization, of your staff culture.

Customs, I think Lisa talked a little bit about this. How do you celebrate professional and individual events, birthdays, graduations, project successes? How do you honor individual cultures? Are the practices, moving to the left, practice is: do you have common practices that are just a part of your organization that bring people together, that honor the principles of trauma informed approaches? So huddles, staff circles in which you have a daily practice of getting together to find out how you can support each other. Again, celebrations that you do across your team, across your organizations.

And the last one would be behaviors. How do you treat each other? It’s interesting in all my work around trauma informed approaches there’s a whole lot of activities that have to be addressed, like your lobby and are you asking screening questions for trauma? Many, many activities across numerous domains. And when we get to the core of it, the core of becoming trauma informed it’s about how we behave with each other. So are we empathic with each other? Are we compassionate with each other? So focusing on empathy within the context of your organization and your team is very important. Empathy here defined as the ability to understand and share the feelings of another. I feel with you, I am with you. As opposed to sympathy which means I feel for you or thank goodness you’re over there...
and that’s really bad, but I’m glad I’m not with you over here. So there are various skill sets that go with empathy, such as seeing the world as others see it or taking another’s perspective, being non-judgmental, understanding an individual’s feelings and being able to communicate about your understanding of those feelings. So there’s a lot of emotional intelligence involved in being empathic.

Let me just say that learning empathy is a practice. It happens with lots of work and we’re going to mess up. Everybody experiences empathy in a different way. So what is empathic for one individual might not be empathic for another. So we learn to apologize when we miss the mark. We learn to round back and say I missed it this time, can we try again that kind of thing. But when an organization and staff embrace empathy that is a behavior that contributes to a resilient organization.

So now moving to that last bucket on that chart, on that slide, and that’s the importance of self-care. This would not be a surprise to you. I’m sure we talk about exercise, we talk about eating in a healthy way. We talk about taking care of our bodily needs, such as our sleep, hygiene, engaging in mind and body exercises that renew the soul, such as yoga or meditation and having healthy relationships. The Compassion Resilience Toolkit has a lot of nice information related to individual self-care. This compassion model of wellness, which you see on the slide, is the model that they bring to their work in the toolkit and in the compassion model of resilience there are four sectors that they point that contribute to our wellness in two areas under each sector. All of these are interconnected to support our overall well-being.

Here is listing the eight sectors. Two under the heart. Two under mind, spirit and strength. There are many tools within the Compassion Resilience Toolkit that provide the ability to assess where you’re at in these eight hours of functioning and for lots of ideas of course about how you can move forward to become healthier.

I think if it’s okay I’m going to move beyond this question just for time sake. And let me just say I hope that many of you are doing lots of things to take care of yourself in all of those domains that we referenced. It is incredibly important. And when we don’t do that we do run the risk of developing burnout as Lisa talked about. And when that happens that puts us in a space where we really can’t do the job in an ethical way that we want to do it. So it is incredibly important for us to practice self-care.

Two more things. Two more points I want to add here is that it’s really important to ask for help. It’s hard to do. And I think we all think we can take care of it. When you shared your expectations I think it reflected for me that you, like me, many of you may be struggling to ask for help. But it is a practice that we also need to bring to our organizations. And I do know that leaders, the research tells us that leaders trust staff more readily when they ask for help. So if they have a staff member who asks for help, asks for clarification, tells a supervisor when they’re overwhelmed, that, in fact, increases that supervisor’s ability to trust that individual and to give them, to rely on them in the future or work on their professional development, etc. So asking for help really contributes to trust between individuals and within the team culture.

And then, of course, taking a break for our spirit. What do you do that make you feel most alive, most like yourself? What are you doing when you feel most alive, with whom are you surrounded by? So what brings you joy? To figure out how you do this individually and whenever possible to bring that into the workforce, the workplace is very, very important.
Another resource that I just want to share before I close out here is Brene Brown’s work. You’ve heard me reference her once in this discussion, but she’s a social science researcher who has become more and more in the public domain or more in the mainstream because of her recent Netflix, The Call to Courage show that aired in April. She has studied for 20 years vulnerability, shame, compassion, courage. All of her books are very, very helpful. But this book came out, Dare to Lead, came out in October 2018. And it really talk about the fact, and helps us understand that we are all leaders. Leaders is not about titles or the corner office, being a leader is about being willing to step up, to put yourself out there and to lean into courage. It’s got wonderful tools, wonderful reflections on what this means.

There are three big takeaways. One is you can’t get the courage without rumbling with vulnerability. So there’s a lot of talk about being brave and rumbling with vulnerability. Living into our values, learning how to trust, learning to rise. The second takeaway is self-awareness and self-love matter. Who we are is how we lead. So the greatest barrier to courageous leadership is not fear, it’s how we respond to our fear, how we armor up, how we self-protect instead of learning to be vulnerable and create an environment in which others can be vulnerable with each other in a safe way in which we can align with our values and then lean forward to do all the really difficult and challenging work that we need to do. The third takeaway from the book is that courage is contagious. So if leadership is doing it and encouraging brave work, tough conversations, it disseminates throughout the organization.

And here are just the references that I talked about. So that’s what I have to share today. Thank you so much. This is critical work. This taking care of ourselves and our organizations, understanding how we’re impacted by the work is at the core of making sure that we can serve the clients in the way that we want to and we can stay in this profession and perform in the way that we want to and stay energized. So it’s been a privilege to share this with you today. Thanks so much.

Robyn Cenizal:

Thanks, Karen. That was great. And thank you Lisa as well. What great information folks. I mean, this is just a really good reminder of how important it is to take care of ourselves. And I would just also add that one of the important reasons we need to take care of ourselves is to model self-care for the families that we’re working with. We know that many of the families that we’re working with are dealing with all kinds of struggles, and if they’re not using self-care then it’s not helpful to them either. So it’s a great opportunity to model that. So thank you both. And I’m a huge Brene Brown fan. For any of you who have not looked at her work, it’s great. And she’s got of a lot of clips on YouTube. So perfect podcast to listen to if you’re commuting or just want something positive to listen to and don’t have time to sit down and read a book. Multi-tasking as we all know we are guilty of. So any way you can get the good information in is a good way to get the good information in.

So let me transition us to some questions. We have some great questions already up. The first question I’m going to direct to you, Karen. How do I set boundaries around my work and personal time with a supervisor who works around the clock including evenings and weekends?

Karen Johnson:

Very good question and a very common question. So it’s a difficult question to answer, especially if it is within the context of an organization that hasn’t necessarily started to look at some of these things, it doesn’t necessarily understand the impact of all the things we’ve talked about and work performance
and staff turnover and retention. So I think sometimes we know that supervisors will say, yeah, I email you on the weekend but you don’t have to do that. It’s okay. You take care of yourself and then don’t model it. Similar to what was just said leaders need to model this for staff. So it really does go to leaders to model this. I think possibly opening up the conversation with a supervisor with some questions about help me understand or tell me more about.

Well, in the book Brene Brown talks about rumble questions, you know, having difficult conversations, leading into conversations that are uncomfortable to have. But perhaps if it’s possible to talk with that supervisor around this pain point, this dynamic and if it’s possible then to explore how it affects you, how confusing it is for you, how it’s not sustainable. It really isn’t sustainable. Not that you’re threatening to leave. I wouldn’t suggest that you’re going to say change this or else. Maybe you’re at that point, but likely not. But over time it is not sustainable. And it does impact how you serve and are present for the people, your clients.

So I guess my thought is to open up the conversation with your supervisors if you can. There are certainly lots of short articles all over the place about how burnout is one of the biggest problems in our workforce today across all professions, as Lisa noted that isn’t just helping professions. And it is really at the core of our workforce not being able to achieve the goals that we would really want to achieve. So having that conversation. And then when there are specific examples that you can call out and say, so, for example, this is where I’m confused and this is what I need help with. Is it okay for me to blah, blah, blah when I see you doing this? I think those are some ideas that I might have.

Robyn Cenizal:

Great. Lisa, did you want to add anything?

Lisa Tieszen:

You know the only thing that I would add and I think this is a really tough issue for people is as Karen was suggesting talking with the supervisor, and I bet this is more broadly a team or unit issue, and see if it’s possible to talk a bit about the impact on the work culture when everyone is feeling this and how to help each other set some limits. I mean, it may be so engrained in the manager, the supervisor that she or he isn’t aware of what they’re doing quite, it’s just how they operate, and how to help support each other across the team to set some healthy limits. And yet I do think it’s a really hard one and would start one on one with the possibility of working towards some more team conversations, because I bet it’s affecting morale.

Karen Johnson:

Thank you, Lisa, and I would just add related to those team conversations this specific resource, there are others I’m sure, but the Compassion Resilience Toolkit does offer suggestions on how to have staff circles and how to broach these difficult conversations. Brene Brown’s work obviously also gets at hard conversations, really a lot of the work in there is about how do we create environments in which we can talk about this difficult stuff.

Robyn Cenizal:

And I would add I tend to be that person, because I'm a morning person, right, so it’s not unlike me to send out emails at four am. But I do always tell my staff that I don’t expect them to respond then just to
respond during their traditional time, but that that’s when it’s convenient for me. But I think that the key sometimes is that they need to believe you, right? So my staff know that I mean that. And sometimes staff or leadership say, oh, you don’t need to. But what leadership is really doing is basically counting down, waiting for you to respond.

Lisa Tieszen:

I find too, this is Lisa, again, that I do those early emails too. And it’s making me think of the future that most of us have that we can send the email later. It’s a problem if I think, oh, I’ll send it later and I might forget it. I don’t want to dwell on this too much. But we could in fact shift maybe not our behavior if really we go to bed at a decent hour, we’re managing ourselves, taking care of ourselves, but we send those at eight am, for instance. It doesn’t freak people out in the same way.

Karen Johnson:

I will say that there is a delay option on Outlook at I’ve been known to write the email on a Saturday and not let it go out of my box until 8:30 Monday morning. Now that’s a great strategy for exactly what we’re talking about, but then I have to look at my own behaviors.

That’s a work around Karen, but are you honoring the deal when you’re like faking it, like you send it on Monday morning? So that’s a question.

Lisa Tieszen:

That’s what I was throwing in too, right, that I go to bed at 8:30 in order to be up at 5:30, whatever. I’m with you.

Robyn Cenizal:

So Lisa let me ask you a direct question here. What resources are available for organizational leadership to begin implementing specific policies and practices that address vicarious trauma?

Lisa Tieszen:

Well, I would say definitely the toolkit. I mean, one of the tools that I was highlighting is the organization, the VT-ORG as we call it, the assessment tool, because it can help you really get a sense of where we’re doing really well and where are we struggling? And so if there hasn’t been adequate supervision across the organization, for instance, what can we do, and there are a number of articles as well as a tip sheet that we developed in the project that lay out some more effective supervisory practices. The assessment tool will help guide people in taking a look at where they’re doing well, so you can spend some time speaking about that within team meetings.

So I guess the two articles that I mentioned that are reviews of organizational practices, there are some other books out there as well, that help people look at the issues that we’ve raised today and get people started on their path. But I guess an assessment of some sort, whether it’s our VT-ORG, whether it’s using the professional quality of life survey. So if, for instance, the leader isn’t completely sure that this is an organizational issue, but think it’s rather an individual staff person’s issue I think giving an individual assessment tool around compassion fatigue, compassion satisfaction burnout can be really helpful to really underscoring, no, this is a relevant issue for our whole staff, let’s assess the staff and
then move forward. And someone could go into the toolkit, look for, for instance, supervisory or management practices and get some of those tools.

Robyn Cenizal:

Karen, did you want to add anything?

Karen Johnson:

I would echo the pro qual. That’s a very useful tool for assessment of these workforce concerns. And I think as far as leadership resources, you know, reflective supervision is a resource that’s out there. It comes out of the early childhood movement. It’s a fairly involved implementation process to bring reflective supervision to your organization. But there are tenets and components of that that you can take from, if you can’t take on the whole thing that can inform how you provide supervision. And that can be an important leadership tool.

Robyn Cenizal:

One more question. Go ahead, finish your thought.

Karen Johnson:

I was going to throw in, sorry, the National … I always do this, there has been work, for instance, we’re talking about supervision, the National Child Advocacy Center and their accreditation group has laid out some very good guidelines for practices that are relevant, not just in child advocacy centers, but across professional lines around policies regarding staff care, development supervision that would take us to another level. That’s it.

Robyn Cenizal:

Okay, so following up on that I want to give each of you a couple of minutes to give me two or three concrete things that you feel like a supervisor can do on a regular basis to monitor, encourage and support staff in self-care. So we’ll go with you first and then go to Lisa.

Karen Johnson:

Okay. So as a supervisor make sure you’re doing your very best to learn or to get to know your staff on a human level. Who are they as people? So when you’re crafting your supervision schedule moving beyond always do the administrative tasks or the client tasks, caseload tasks to sorting out, you know, what do you have in common, what are your shared experiences? And that doesn’t have to be in a supervision session, but just in general as a leader making sure that you are getting to know folks. Walking around the office and checking in with people, what do you need? If that’s a new practice, you may want to make sure that people aren’t like, oh, my God, why are they walking around? But as it becomes more common, how are you doing today? What can I help with? I loved what I saw in your email yesterday. That was the coolest idea. Thank you so much for sharing it. And then, of course, working with your staff, a third one, working with your staff to ensure that their caseloads and their workload if they’re not doing direct service, but their workload is reasonable. And you’re always striving to talk about that and adjust as needed.

Lisa Tieszen:
Those are great. I’m going to echo a little bit of what Karen is saying, but valuing staff, acknowledging the positive. We too often hear what we’ve done wrong. We don’t hear enough of what we’ve done right. So saying something positive or writing something positive every day. Or every week, at least. Modeling self-care behaviors. Taking a break for lunch. Taking a walk outside and inviting others in. Having a steady supervisory practice. Not letting go of supervision because of things being so hectic. But I think that steadiness, availability, even if you’re super accessible and you think that makes all the difference, it does make the difference to be accessible, to be walking around the office, for instance, as Karen’s suggesting, but knowing that your supervisees know you will be in your office when you said you would be for that supervisory session no matter how often it is, really matters for people. And I guess I’ll just slip in there that it is a really mutually respectful and open relationship in which the supervisor cares about the whole of the person without being too intrusive. So that’s it.

Robyn Cenizal:

Awesome. Thank you both. So we are reaching the end of today’s presentation and so I’m going to turn it back over to Jennifer to talk a little bit about the survey and certificate process for you. But please join me in thanking both of our presenters. Such great information. And please do take advantage of the resource lists in the downloadable box, as well as check that link out to the Strengthen Your Relationship web page. And our contact information is here. Please, if you’re not following us, please do so. And please visit the website and take advantage of all the free research based resources that are out there for all of you. Thank you again. Jennifer to you.

Jennifer Shapiro:

Thank you everyone for joining the webinar today. When you close out your browser you will automatically be directed to our post webinar survey. It should only take about two minutes to complete. But we do ask that you please complete that survey. The information that you provide helps inform us as to how we can improve these webinars in the future. Additionally if you are interested in receiving a certificate of completion, which can be used towards CEUs, then when you complete the post webinar survey it will prompt you and direct you to an online form where you can enter your information. It will populate the certificate for you and then you can save it to your computer or print it directly. And otherwise thank you so much for joining our webinar today. Hope you have a great day.