

This presentation is one of a series developed in the course of a project of the YWCA Toronto in collaboration with the Centre of Excellence for Women's Health, entitled TIDE (Trauma Informed Development and Education). The project has received financial assistance from the Public Health Agency of Canada, however the views expressed within are not necessarily those of PHAC.

The series is intended to support ongoing integration of TIP within the YWCA Toronto and other YWCAs across Canada.

# TRAUMA-INFORMED TEAMS AND ORGANIZATIONAL CULTURE



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# A culture shift to becoming trauma informed

- For most organizations, a commitment to trauma-informed practice represents *a shift in culture*.
- The culture of an organization reflects what is considered important and unimportant, how it understands the people it serves, and how it puts these understandings into daily practice (Fallot & Harris, 2009).
- TIP focuses on strengths rather than deficits. We can apply this principle to organizational change as well.



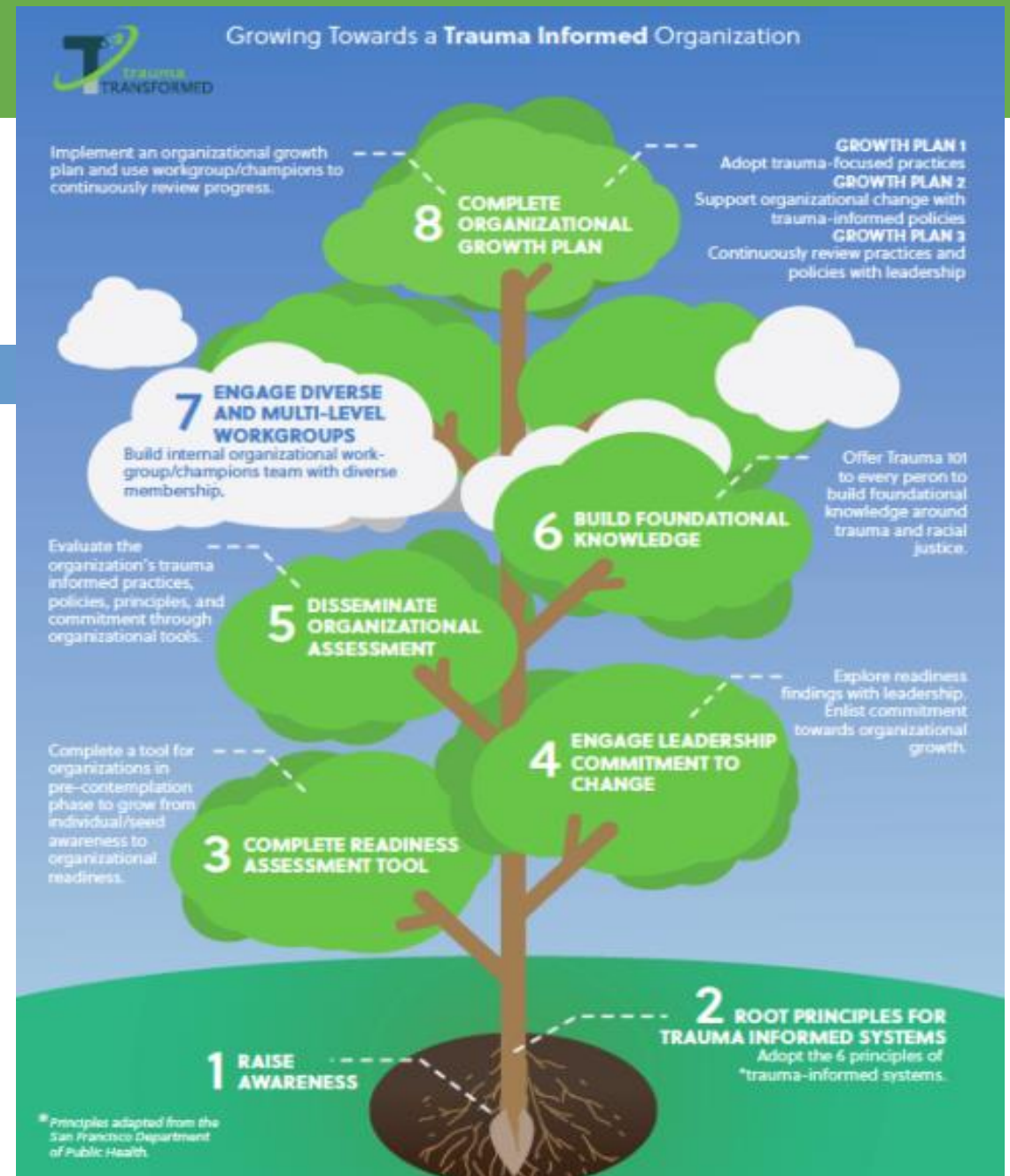
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This poster illustrates how one organization envisions an organizational growth plan for implementing trauma informed practice

<https://traumatransformed.org/>



# Trauma-Informed Organizational Culture

## AWARENESS

### Commitment to supportive environment

- We agree to support each other in the work we do, identifying that at different times, we might experience vicarious trauma; we are supportive in our approach to addressing this
- We agree to support each other in accessing self-care practices
- We agree to work as a team



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# Trauma-Informed Organizational Culture (cont'd)

## SAFETY AND TRUSTWORTHINESS:

### Commitment to Non-violence

- Right and Responsibility of every person (all staff, participants)
- Attending to dysregulation in a supportive way (staff and participants)

### Commitment to accountability:

- We understand we are accountable to each other, and to ourselves.
- We take responsibility for our actions, and we act with integrity



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# Trauma-Informed Organizational Culture (cont'd)

## CHOICE, CONTROL, COLLABORATION:

### Commitment to Open Communication

- We agree to communicate clearly, directly, and professionally
- We agree to come together to work through difficulties and differences

### Commitment to Participation

- We agree to engage in democratic, participatory practices where people are engaged in the decision making that affects their work



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# Trauma-Informed Organizational Culture (cont'd)

## STRENGTHS-BASED, SKILL-BUILDING and EMPOWERMENT

### Commitment to Learning, Growth, and Change

- We are all learning, and contributing to the on-going learning and development of those around us
- We are responsible for our own continuous growth

### Commitment to Inclusive, Anti-Oppressive Practices

- We are committed to the principles of inclusion, social responsibility, and social justice. We practice cultural responsiveness and value diversity



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# Debriefing for social learning, by organizations

- Many TI organizations are revising their debriefing practices to promote social learning. Debriefing can provide a feedback loop for the ongoing improvement of practice, systems and organizational culture.
- Debriefing after all events is valuable, not just when things go wrong
- Feedback loop - Debriefing practices include some kind of follow-up, e.g., having a team member note any concerns in paperwork or share information gathered during regular supervision.

# Debriefing – for individual workers and whole teams

- Many people carry around the accumulated stories and emotions from their daily work without an opportunity to express, process, and release what they've experienced or witnessed. Debriefing can be an opportunity for people to share what they are feeling and thinking and to receive support. It can also provide an opportunity to connect with others who understand the issues and circumstances and to benefit from other people's experience, knowledge, and insight.
- Many people are beginning to reflect on informal debriefing practices and how these practices might unintentionally contribute to the accumulation of trauma they are exposed to.



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# Debriefing at the Individual level

using low impact  
debriefing with co-  
workers

Source: Mathieu, F. (2008). Low Impact Debriefing: Preventing Retraumatization. Tend Academy, Inc. Available from <https://www.tendacademy.ca/low-impact-debriefing-how-to-stop-sliming-each-other/>



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## LOW IMPACT DEBRIEFING

Debriefing is an important aspect of dealing with trauma and vicarious trauma—but we must remember that what we share also has an impact on the listener. One way to help ensure that we are not unwittingly traumatizing our colleagues and friends is to practice Francoise Mathieu’s Low Impact Debriefing strategy.

**Low Impact Debriefing is a four-step process:**

- 1. Increased Self-Awareness**  
How do you debrief when you have heard or seen hard things? Take a survey of a typical work week and note all of the ways in which you formally and informally debrief yourself with your colleagues. How much detail do you (or your colleagues) provide?
- 2. Fair Warning**  
Before you tell anyone around you a difficult story, you must give them fair warning. When you call someone with bad news, you often give them warning—for instance, “are you sitting down?”
- 3. Consent**  
Once you have given warning, you need to ask for consent. This can be as simple as saying: “I need to debrief something with you, is this a good time?” or “I heard something really hard today, and I could really use a debrief. Could I talk to you about it?” The listener then has a chance to decline, or to qualify what they are able/ready to hear.
- 4. Low Impact Disclosure**  
When you have received consent from your colleague, you can decide how much to share. Imagine that you are telling a story starting with the outer circle of the story (i.e. the least traumatic information) and you are slowly moving in toward the core (the very traumatic information) at a gradual pace. Think about what it is you need to share in order to process your feelings and reactions to the story.

Keep in mind that when someone comes to share information with you, you also can practice setting boundaries when you don’t feel you are in a place to be supportive.

# Debriefing - Group Level - Take 5 questions

These questions are useful to guide debriefing by a whole team

What did we learn?

What went well?

Did we have any system issues (e.g., communication, policy or procedure gaps, lack of staff)?

Who is going to follow-up to address the problems?

What would we do differently next time?

**MORE<sup>OB</sup>** ([www.moreob.com](http://www.moreob.com))



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# Organizational Resilience

Resilience refers to a person's ability to “bounce back” or adapt to difficult situations and stressful experiences.

While individuals can learn skills and strategies to support their own resilience, organizational practices and procedures are also central to promoting resilience.



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# VICARIOUS TRAUMA AND SELF-CARE



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# Vicarious Trauma

VT refers to *“the cumulative transformative effect on the helper working with the survivors of traumatic life events”* - Saakvitne and Pearlman, 1996

The impact of vicarious trauma occurs on a continuum, influenced by factors such as:

- Degree of exposure to trauma and traumatic information
- Degree of support in the workplace
- Personal supports and self-care practices
- Personal experiences of trauma



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# Vicarious trauma – what does it look like in staff?

## AVOIDANCE

Arriving late, leaving early, missing meetings, avoiding clients/the people you serve

## HYPERVIGILANCE

Feeling on edge, perceiving co-workers as threatening, feeling like everyone is in danger

Seeing things as "black or white"

Being argumentative

Shutting down or numbing out

Decreased empathy, changes in a sense of personal safety



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## Some organizational level practices that help prevent vicarious trauma

- Adequate salary and time off for all staff
- Access to extended health benefits
- Sufficient orientation, professional training, and supervision
- Training about vicarious trauma and regular “booster” sessions
- Plans for safety of all staff
- Peer support networks
- Specific supports for staff who share a common background, culture or community and may have different or unique experiences of vicarious trauma
- Opportunities for staff to provide feedback and be involved in decision-making
- Wellness initiatives



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# Trauma informed Supervision

TIP principles  
can be seen  
when applying  
the PEACE  
approach to  
supervision

Strategy		Bringing this strategy into supervision
<b>P</b>	Predict and prepare	Ensuring staff know the supervision will be based in TI approach – safety, trust, collaboration & choice, strength
<b>E</b>	Enlist	Enlisting ideas for what is going well and topics to be discussed
<b>A</b>	Acknowledge	Acknowledge strengths and challenges
<b>C</b>	Choice and Control	Options for workplans, training needs, support etc. are discussed and choices made
<b>E</b>	Explain	Policies, resources and next steps

PEACE approach developed by Niki Miller <http://ahpnet.com>

This sheet offers commitments for trauma informed supervision

## Trauma-Informed Supervision



### Maintain awareness of the prevalence and effects of trauma for staff

1

- We are aware that many staff may have their own trauma history and may not have disclosed this.
- We remain aware of the experiences of vicarious trauma for all staff and offer increased support when trauma experiences related to work are impacting team members. Through our benefits program, we offer counselling services when needed.

### Safety for staff is a priority: we act in ways that make us trustworthy

2

- We proactively foster physical safety with regular reviews and audits of safety measures and policies.
- We maintain professional boundaries with our staff, acting as models in this regard.
- We maintain confidentiality in discussions with staff, modeling an approach that dissuades gossiping and judgmental statements about others.
- We provide staff a place to bring forward their struggles without judgement nor punishment; we invest in skill-building and development.

### We promote collaboration across all levels of the organization

3

- We actively seek out ideas and feedback from the staff to improve services and team development.
- We consistently offer opportunities for staff to contribute to strategic directions and day-to-day operations.
- We model respectful, collaborative approaches, mindful of our words, body language and tone.

### We promote strengths and skill-building in our team

4

- We acknowledge that all staff have strengths and skills to contribute to the organization.
- We offer training opportunities and invest in the professional development of all staff.
- We maintain regularly scheduled supervision with team members.
- We encourage work-life balance that allows for staff to be healthy and maintain wellness in their roles.
- We offer constructive and encouraging feedback; performance reviews are opportunities to identify areas of growth and promote learning and skill-development.

### We model and promote self-care and self-awareness

5

- We maintain healthy work-life boundaries, both for our own well-being, and as models.
- We know our own indicators of stress, burn-out, and vicarious trauma, so that we may recognize and attend to them when needed.
- We have identified self-care strategies, and access these on a regular basis.



## Individual level – wellness practice

- **A**wareness – attunement to one's needs, limits, emotions and resources
- **B**alance – balancing the multiple aspects of self & one's activities
- **C**onnection – to oneself, to others and to something larger

Saakvitne, K.W. and L. Pearlman, 1996



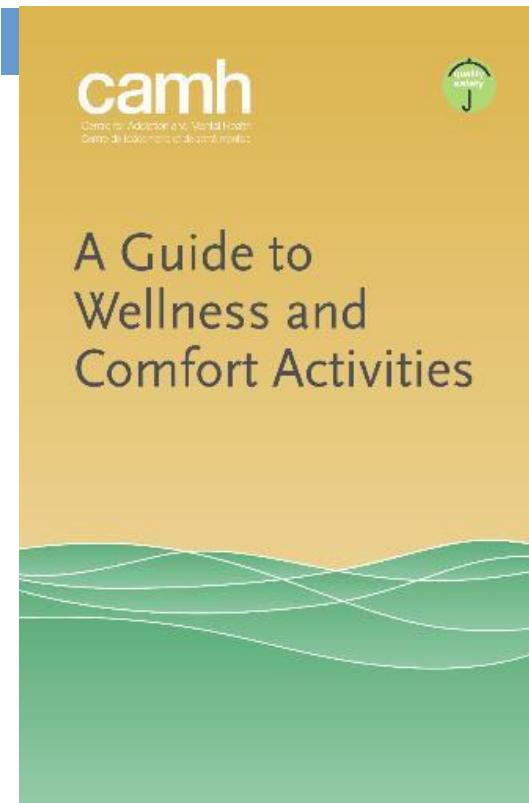
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# Wellness tools and resources

Many tools have been created to support worker self care



## Aboriginal women create mindfulness app in language, bringing outback meditation to the world

By Katrina Beavan

Posted 16 Mar 2019, 1:19pm



PHOTO: Wanjirra Lewis worked on the Uti Kulintjaku program and app. (Supplied: NPY Women's Council)



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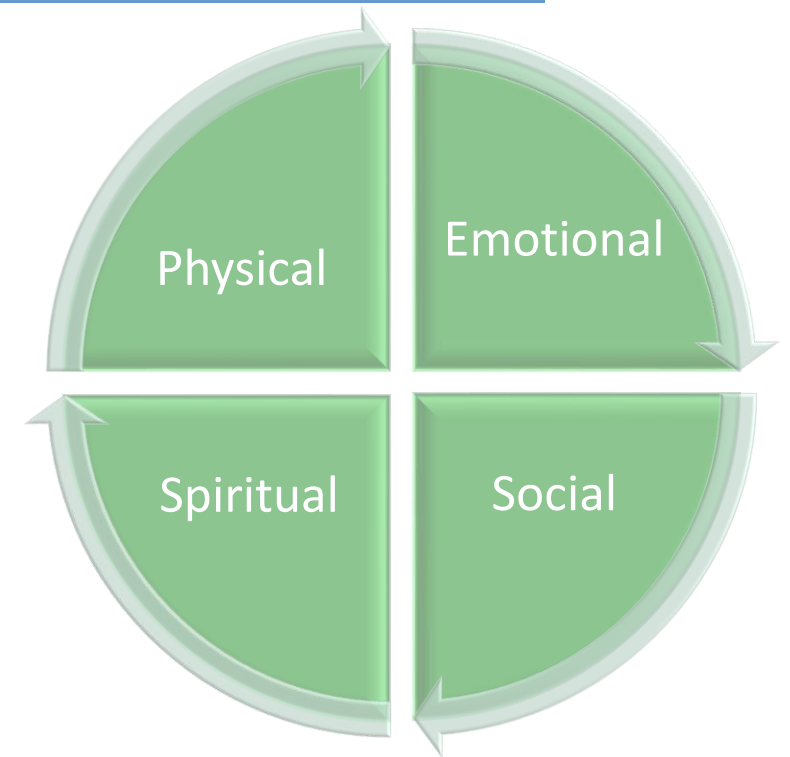
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What are your current self-care practices in each of these domains?

Identify one practice in each domain that you can add to your practice, or amplify



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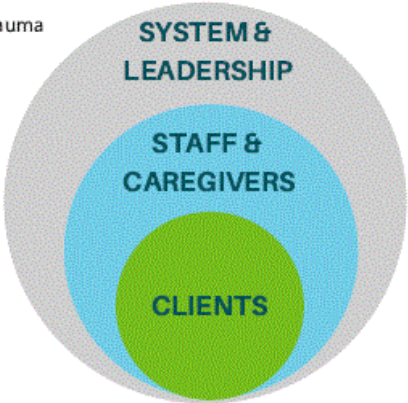
It is important to note that it is not only about individual workers doing TIP but about whole organizations and systems changing their cultures.

This image of that organizational change process comes from the **Trauma Transformed** group in the Bay Area  
Source:

<http://traumatransformed.org/>



- Understanding Trauma & Stress
- Cultural Humility & Equity
- Safety & Stability
- Compassion & Dependability
- Collaboration & Empowerment
- Resilience & Recovery



**TRAUMA-REACTIVE**

- Fragmented
- Reactive
- No felt safety
- Overwhelmed
- Fear-driven
- Rigid
- Numb

**TRAUMA-INFORMED**

- **Resists** re-traumatizing
- **Recognizes** socio-cultural trauma
- **Realizes** widespread impact
- **Recognizes** effects
- **Responds** by shifting practice

**HEALING ORGANIZATION**

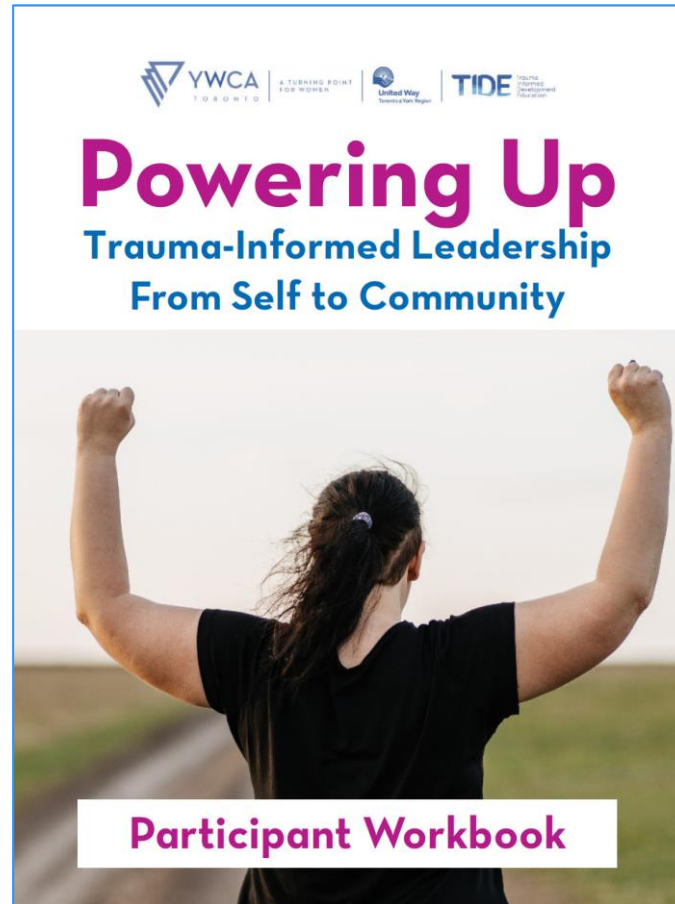
- Integrated
- Reflective
- Collaborative
- Relationship-centered
- Growth and Prevention-oriented
- Flexible & adaptable
- Equitable & inclusive

TRAUMA INDUCING

TO

TRAUMA REDUCING

# An ongoing process



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**TIDE** Trauma  
Informed  
Development  
Education

## Trauma-Informed Approaches to our Practice

Consider to what extent your program or service is already applying trauma-informed principles and practice, and note them in the 1<sup>st</sup> column. The 2<sup>nd</sup> column is for ideas that might be the focus of further action.





Principles	We are already...	Commitments for going forward...
Increasing trauma awareness		
Providing safety-physical, emotional, social and moral		
Offering opportunities for choice, collaboration and connection		
Offering opportunities for skill building- self regulation, grounding		

This project has been made possible by a financial contribution from The Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of PHAC.

This info sheet lists resources available online on trauma informed organizations and prevention of vicarious trauma

## Resources on Vicarious Trauma and Trauma-Informed Organizations

The following includes a selection of resources on building trauma-informed organizations. In addition to focusing on trauma-informed practice at the level of organizational and system change, many of the resources include a focus on promoting the well-being of the workforce, including preventing and addressing vicarious trauma and encouraging self-care.

	<p><b>Attunement and Self-Assessment in Supervision</b></p> <p>A resource developed by Trauma Informed Oregon with strategies for “tuning” in as a supervisor as well as questions you can use to assess how trauma informed the supervision is. It is not an exhaustive list but it can be helpful in doing a personal assessment. 2 pages.</p> <p><a href="https://traumainformedoregon.org/wp-content/uploads/2016/01/Attunement-and-Self-Assessment-in-Supervision.pdf">https://traumainformedoregon.org/wp-content/uploads/2016/01/Attunement-and-Self-Assessment-in-Supervision.pdf</a></p>
	<p><b>Building Dignity: Design Strategies for Domestic Violence Shelter</b></p> <p>Building Dignity, a project of the Washington Coalition Against Domestic Violence, explores design strategies for domestic violence emergency housing. Thoughtful design dignifies survivors by meeting their needs for self-determination, security, and connection, while supporting parenting and minimizing the need for rules. The ideas on the website reflect a commitment to creating welcoming, accessible environments that help to empower survivors and their children, and have their origins in conversations with shelter residents and advocates. The site is designed to be useful to advocates, executive directors, architects and designers.</p> <p><a href="http://buildingdignity.wscadv.org/">http://buildingdignity.wscadv.org/</a></p>
	<p><b>Breaking the Silence Trauma-informed Behavioral Healthcare (2011)</b></p> <p>A special issue of the National Council for Community Behavioural Healthcare's Magazine focused on trauma-informed care. Includes “stories of change” from over 25 organizations ranging from mental health centres to correctional facilities. 84 pages.</p> <p><a href="https://www.thenationalcouncil.org/wp-content/uploads/2012/11/NC-Mag-Trauma-Web-Email.pdf">https://www.thenationalcouncil.org/wp-content/uploads/2012/11/NC-Mag-Trauma-Web-Email.pdf</a></p>
	<p><b>Changing Communities, Changing Lives (2012)</b></p> <p>This report prepared for SAMHSA describes trauma informed care as a social movement: tracing its history, the strong role of survivors, and the ongoing need to support organizational and system change. 10 pages.</p> <p><a href="https://www.nasmhpd.org/sites/default/files/NCTIC_Marketing_Brochure_FINAL(2).pdf">https://www.nasmhpd.org/sites/default/files/NCTIC_Marketing_Brochure_FINAL(2).pdf</a></p>