



**Maggie Bennington-Davis MD, MMM**

# **The Neurobiology of Kindness**

# Agenda

- 830-1000: Neurobiology of trauma exposure, ACEs
- 1000-1010: Break
- 1010 – 1110: Culture, Parallel Process, Organizational behavior
- 1110-1120: Break
- 1120-1150: Safety, taking your organization's pulse, healthy habits
- 1150-noon: Break
- Noon-1230: Report out, Questions, Wrap-up

# Trauma Informed Meeting

- Greet the people you are sitting near
- Silence your cell phones, but feel free to come and go from the presentation as you wish
- Sometimes the material “triggers” anxiety or fears... think of your game plan in case that happens to you
- During the mini stretch breaks, engage in a brief physical activity





WHAT'S THE BIG DEAL ABOUT "TRAUMA"?



# WHAT DO YOU SEE?

When you  
change  
the way  
you look  
at things...

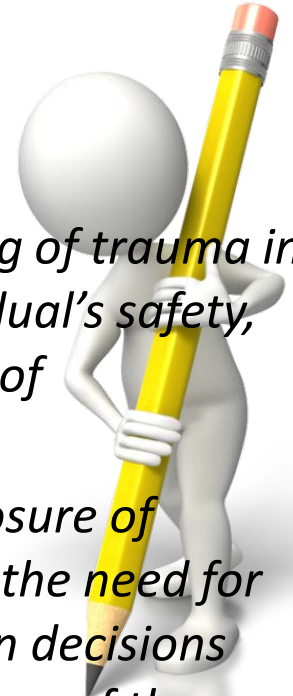
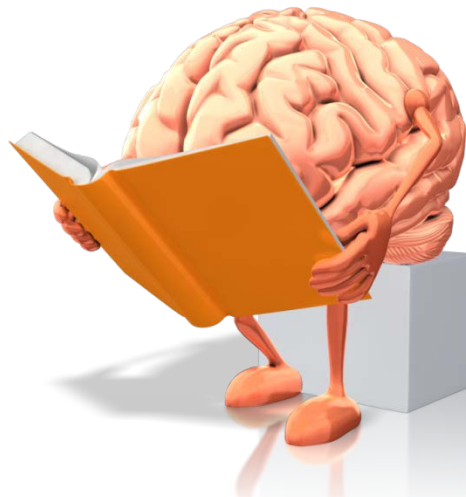


The  
things  
you look  
at  
change

# Trauma Informed Services

- *Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the individual's safety, choice, and control. Such services create a treatment culture of nonviolence, learning, and collaboration.*
- *Utilizing a trauma-informed approach does not require disclosure of trauma. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. TIP is more about the overall essence of the approach, or way of being in the relationship, than a specific treatment strategy or method.*

Trauma informed practice guide  
BC Provincial MH & Substance  
Use Planning Council



# Indicators of Naïve Systems



- People are labeled and pathologized as manipulative, needy, attention-seeking, predatory
- Displays of power and control (by both staff and those they are serving)
- Culture of secrecy (exclusion from discussions) (both staff and those they serve)
- Compliance is sought (instead of collaboration)
- Staff themselves do not feel empowered

# WHAT DO YOU SEE?

What do you see  
upon first glance.





# Another Perspective





# WHAT DO WE MEAN BY TRAUMA?

Trauma: a neurophysiological state involving dysregulation of the nervous system as a result of chronic or overwhelming activation of the stress response

“Traumatization occurs when both internal and external resources are inadequate to cope with the external threat.” Van der Kolk



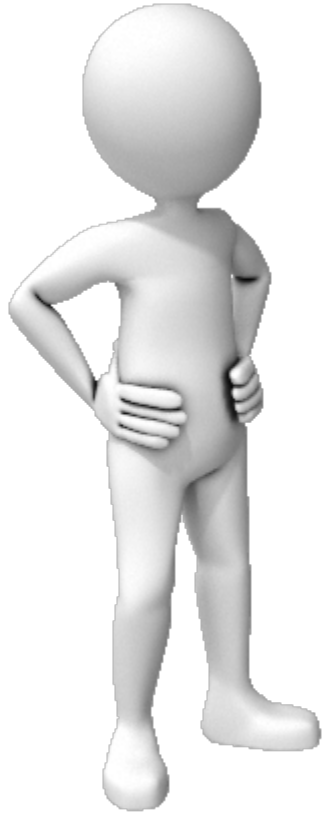
# **Ability to Cope with Trauma**

## **(and the neurodevelopmental effects)**

Depends on:

- Single vs. repeated trauma
- Age when trauma occurred or began
- Agent – natural vs. human
- Nature of the trauma – accidental vs. purposeful
- Environmental supports
- Innate resilience

# CONTEXT MATTERS



Physical context

Developmental context

Multigenerational context

Emotional context

Social context

Economic and political context

Philosophical/religious/spiritual context

Creative, transformative context

**We serve people exposed to trauma, violence, and overwhelming chronic stress, particularly as children, affecting neural development.**

**These experiences call forth a range of responses, including the easy triggering of fight/flight/freeze, intense feelings of fear, loss of trust in others, chronic hypervigilance, a decreased sense of personal safety, feelings of guilt and shame, and difficulty engaging in traditionally administered healthcare services.**

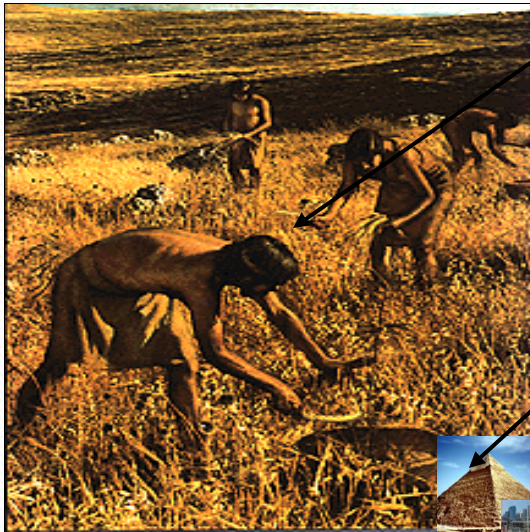
**TRAUMA SHATTERS OUR EXPERIENCE OF REALITY AND  
SHATTERS THE SENSE THAT WE CAN UNDERSTAND,  
MANAGE, AND FIND MEANING IN OUR WORLD**

# **Neurobiology of Exposure to Trauma and Violence**

## **Neurobiology of Thinking**



# What have we used the brain for?



100,000 years:  
Homo Sapiens  
Hunter/Gatherer

5,000 years:  
Recorded history  
Building civilization

250 years:  
“Modern” civilization

# The intelligent brain

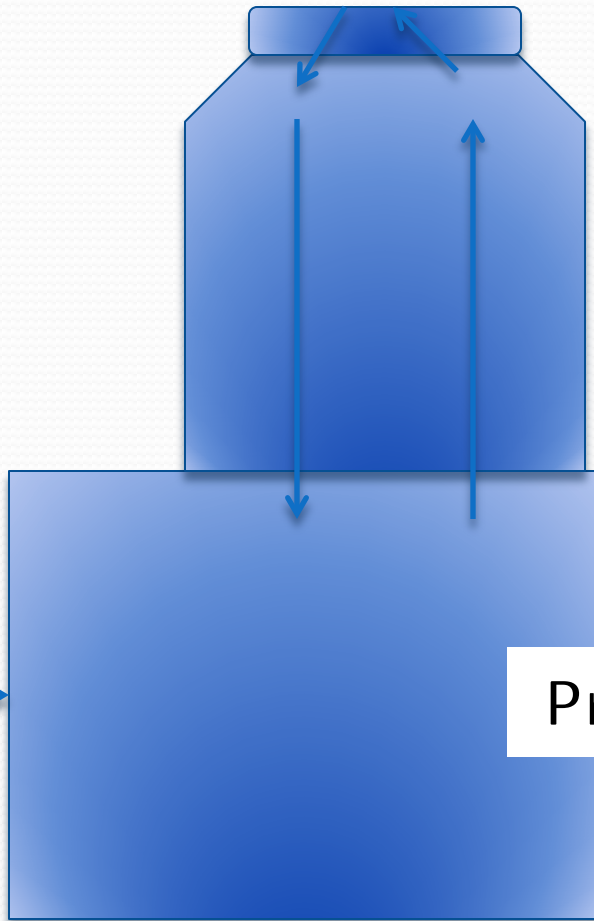
**Prefrontal Cortex**

**Neocortex**  
memory

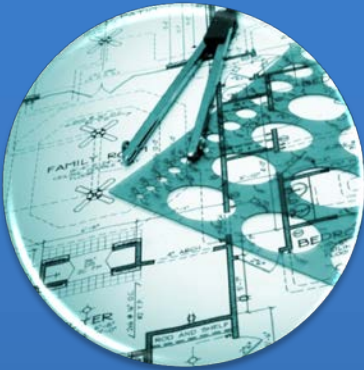
**senses**

Prediction in novel situations

Jeffrey Hawkins



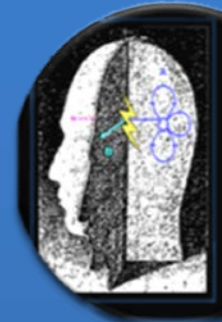
# THE DEVELOPING BRAIN



Brains are built  
from the  
bottom up



700 new neural  
connections/  
second

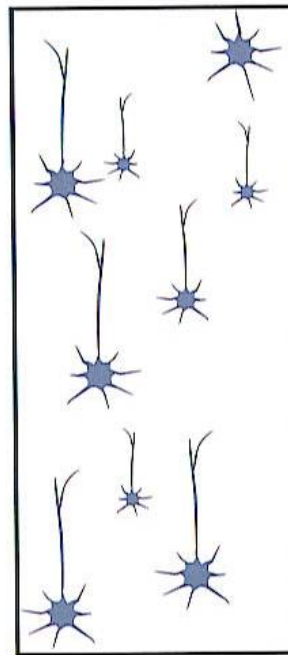


Brain  
development  
most rapid in  
early months;  
continues  
through age 22



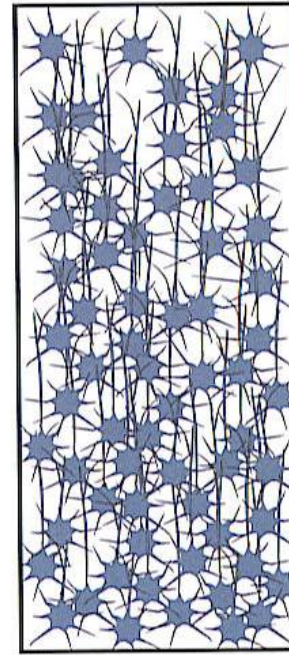
# Here's How the Brain Develops

- The brain needs safe experiences to live.
- It grows, is “pruned” and learns
- It forms connectomes



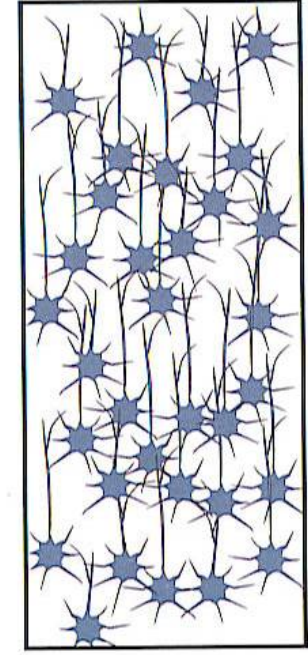
Birth

50 trillion



Age 6

1000 trillion



Age 14-60

500 trillion

# Babies

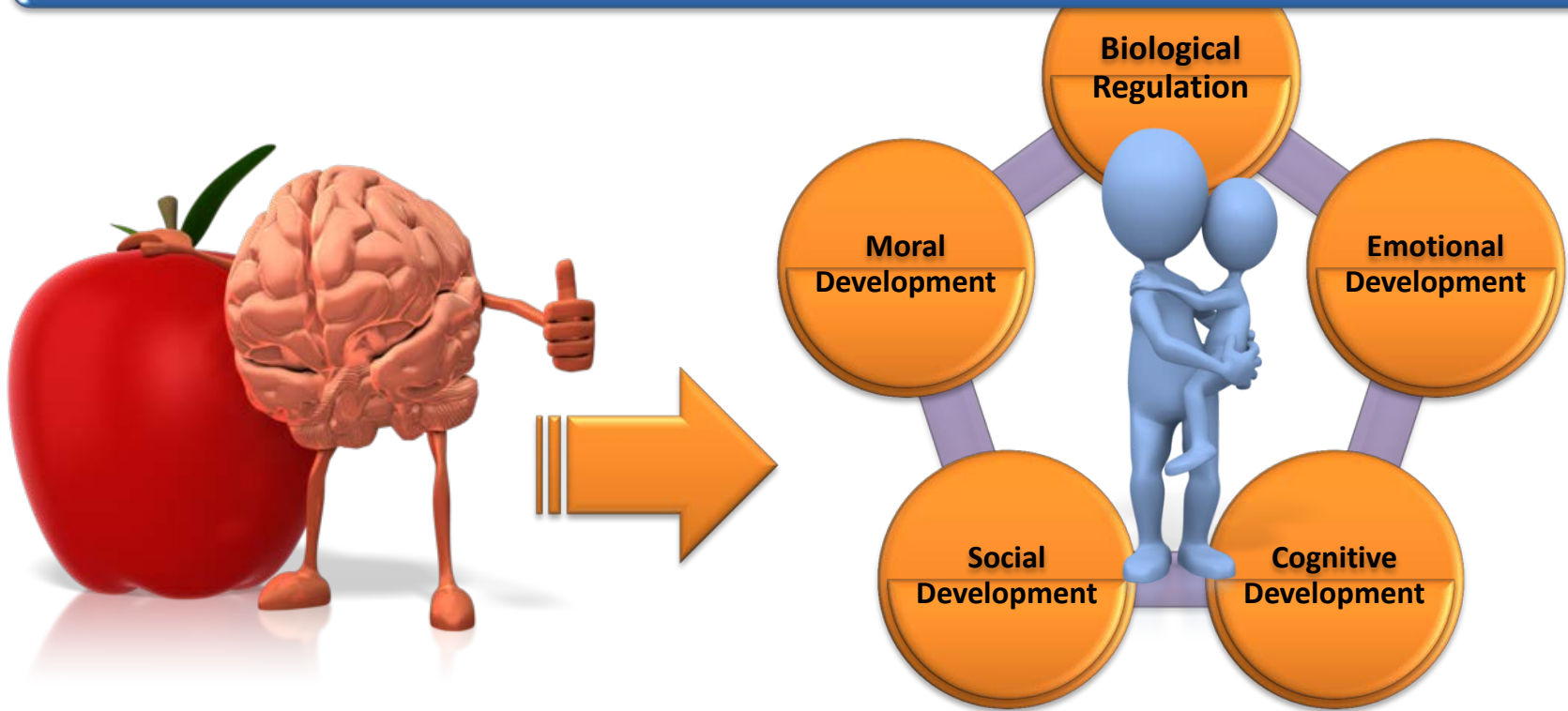
- Great brain potential
- LONG developmental period of helplessness
- No natural defenses
- The only safety is in numbers and staying close to a safe adult
- Biggest risk is from... *other humans!*
- Safest place is also most dangerous place
- Babies, early on, figure out how to distinguish among adults
- Attachment, then, is the key to survival



# ATTACHMENT DETERMINES COMPLEX FUNCTION AND INTERACTION WITH THE WORLD

Most neural network development occurs after birth

Childhood environment determines basic brain architecture

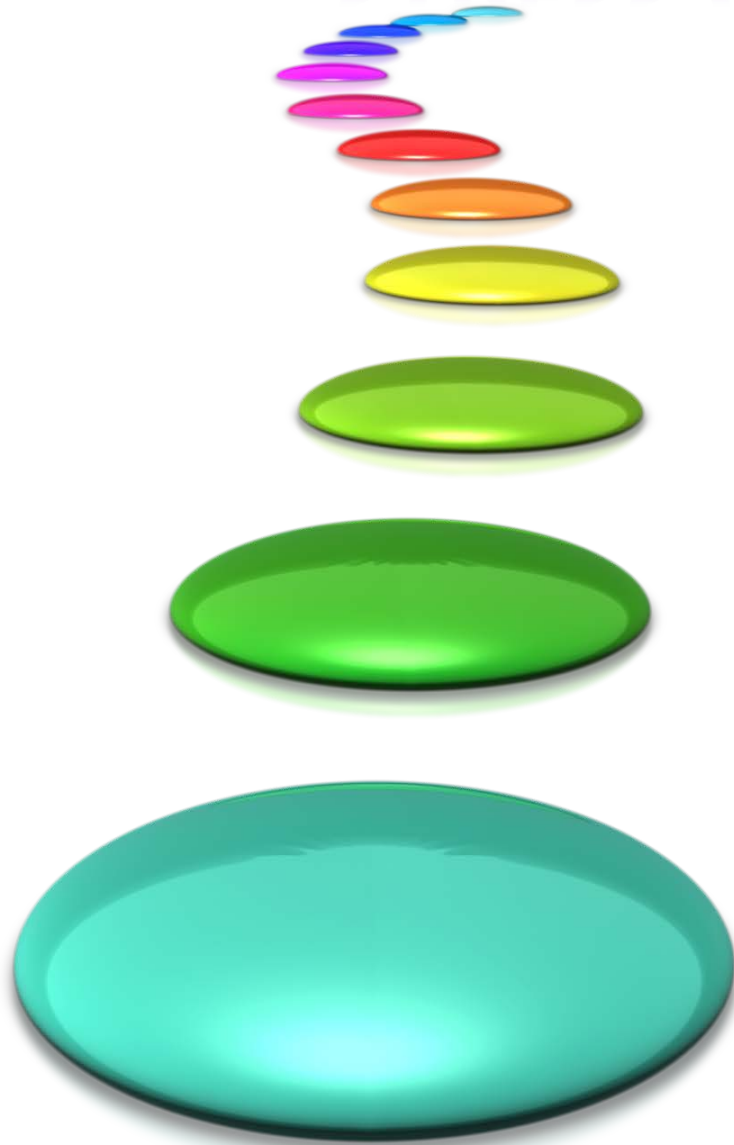


# EXQUISITELY SENSITIVE CREATURE



Stress Activation and  
Relational De-activation

# STRESS CONTINUUM



Allostatic Load

Traumatic

Toxic

Tolerable

Positive

# ***TOXIC STRESS***



**Strong and prolonged  
activation of the body's  
stress management  
systems**

**Sexual abuse, physical  
punishment/abuse,  
neglect, domestic violence,  
community violence – any  
repetitive fear**

**Beta-  
endorphins**

**Cortisol**



The wear-and-tear on the body and brain resulting from chronic over-activity or inactivity of physiological systems that are normally involved in adaptation to environmental challenge

Extreme poverty, repeated abuse or neglect,

Growing up in families facing economic hardship can produce elevated cortisol levels that may stay elevated even after conditions have improved.

Even infants and young children are affected by significant stresses that negatively affect their family and caregiving environments





# The people we serve

- Have tremendous exposure to events (trauma) especially as children
- that cause a wash of threat detection all the time

# Those of us who serve them

- Have created ways of thinking about and perceiving the people we serve and their behaviors and our environments
- These patterns of thinking sometimes get in our way
- We must begin with ourselves!

# Quick Stretch (reset your brain)



# The Relationship of Adverse Childhood Experiences to Adult Health Status

**A collaborative effort of Kaiser Permanente and The  
Centers for Disease Control**

**Vincent J. Felitti, M.D.  
Robert F. Anda, M.D.**



# The Adverse Childhood Experiences Study (ACES)

- Largest study ever done examining effects of adverse childhood experiences over one's lifespan (>17,000 people)
- Majority were >50 yo, white, and attended college
- Original study done in California
- [www.acestudy.org](http://www.acestudy.org)

# ACE CATEGORIES

## *WHEN YOU WERE 18 OR YOUNGER*



### ABUSE

- PHYSICAL ABUSE
- SEXUAL ABUSE
- EMOTIONAL ABUSE
- PHYSICAL NEGLECT
- EMOTIONAL NEGLECT



### HOUSEHOLD

- MENTAL ILLNESS
- SUBSTANCE ABUSE
- DOMESTIC VIOLENCE
- PARENTAL SEPARATION/DIVORCE
- INCARCERATION

1 POINT /CATEGORY – ADD TO GET TOTAL ACE SCORE

# ACES Results

## Abuse:

- Emotional 10%
- Physical 26%
- Sexual 21%

## Neglect:

- Emotional 15%
- Physical 10%

## Household Dysfunction

- Mother treated violently 13%
- Mental illness 20%
- Substance abuse 28%
- Parental separation or divorce 24%
- Household member imprisoned 6%

- Two-thirds had at least one ACE
- ACEs tend to occur in clumps



# ACES Deadly Outcomes

- ACEs influence the likelihood of the 10 most common causes of death in the U.S.
- With an ACE score of “0”, the majority of adults have few, often none, of the risk factors for these diseases
- With an ACE score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves

# How the ACES Work

## Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



## Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



## Long-Term Consequences

### Disease and Disability

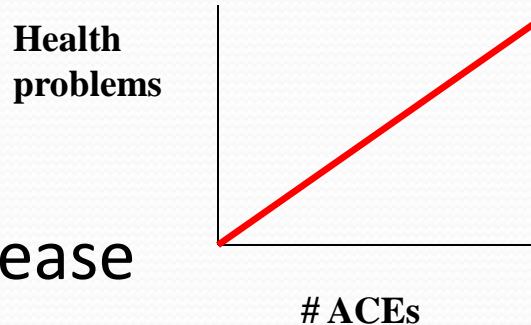
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

### Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

# Positive, linear correlation between ACEs and health problems

- Smoking
- COPD
- Hepatitis
- Cardiac disease
- Diabetes
- Fractures
- Obesity
- Alcoholism
- Other substance abuse



- Depression
- Attempted suicide
- Teen pregnancy and teen paternity
- Sexually transmitted diseases
- Occupational health
- Poor job performance

# ACES SCORE OF 4 OR MORE

Twice as likely to smoke

Seven times more likely to be alcoholics

Six times more likely to have had sex before the age of 15

Twice as likely to have been diagnosed with cancer

Twice as likely to have heart disease

Four times as likely to suffer from emphysema or chronic bronchitis

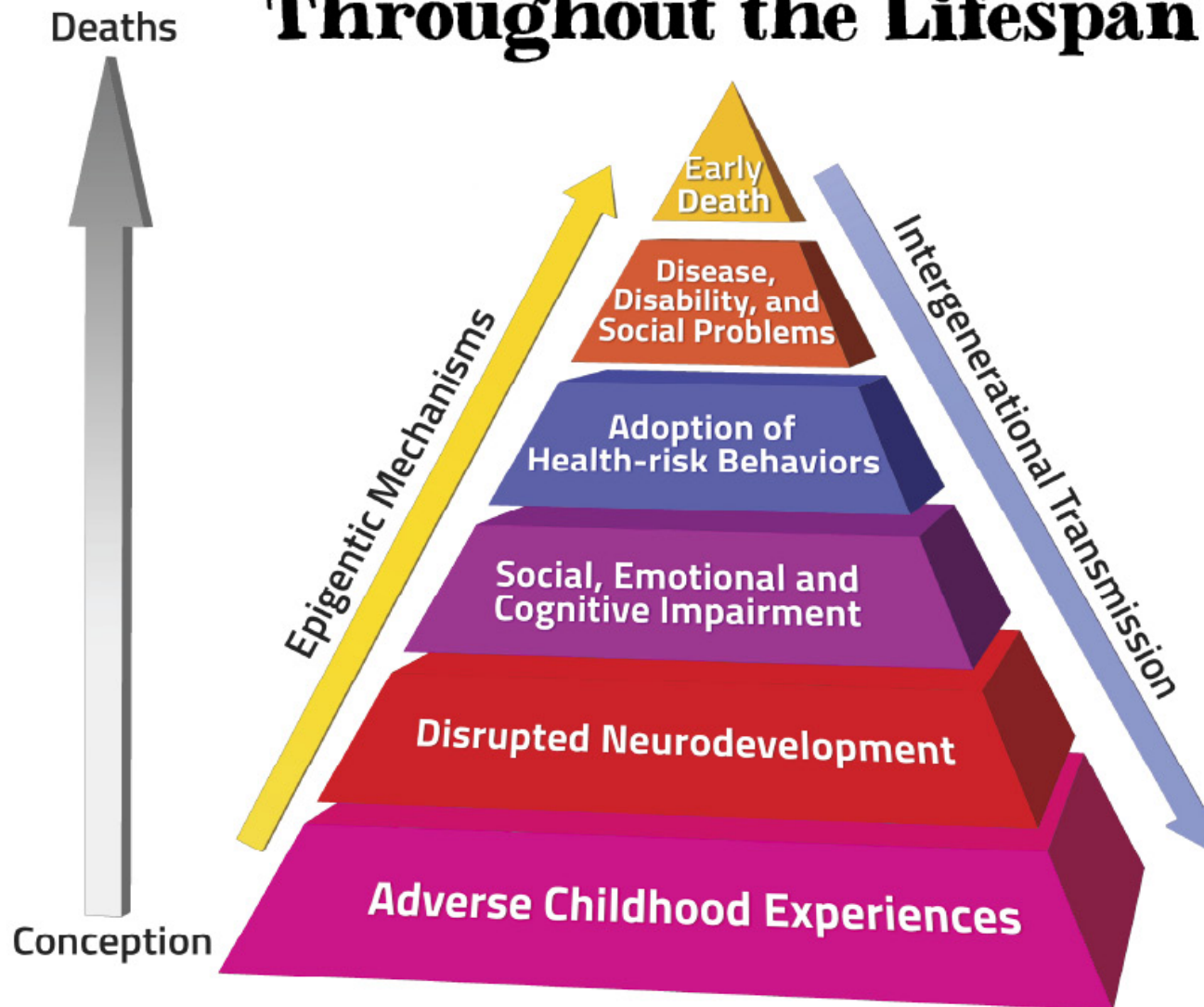
Twelve times as likely to have attempted suicide

Five times more likely to be involved in IPV or get raped

Ten times more likely to have injected street drugs

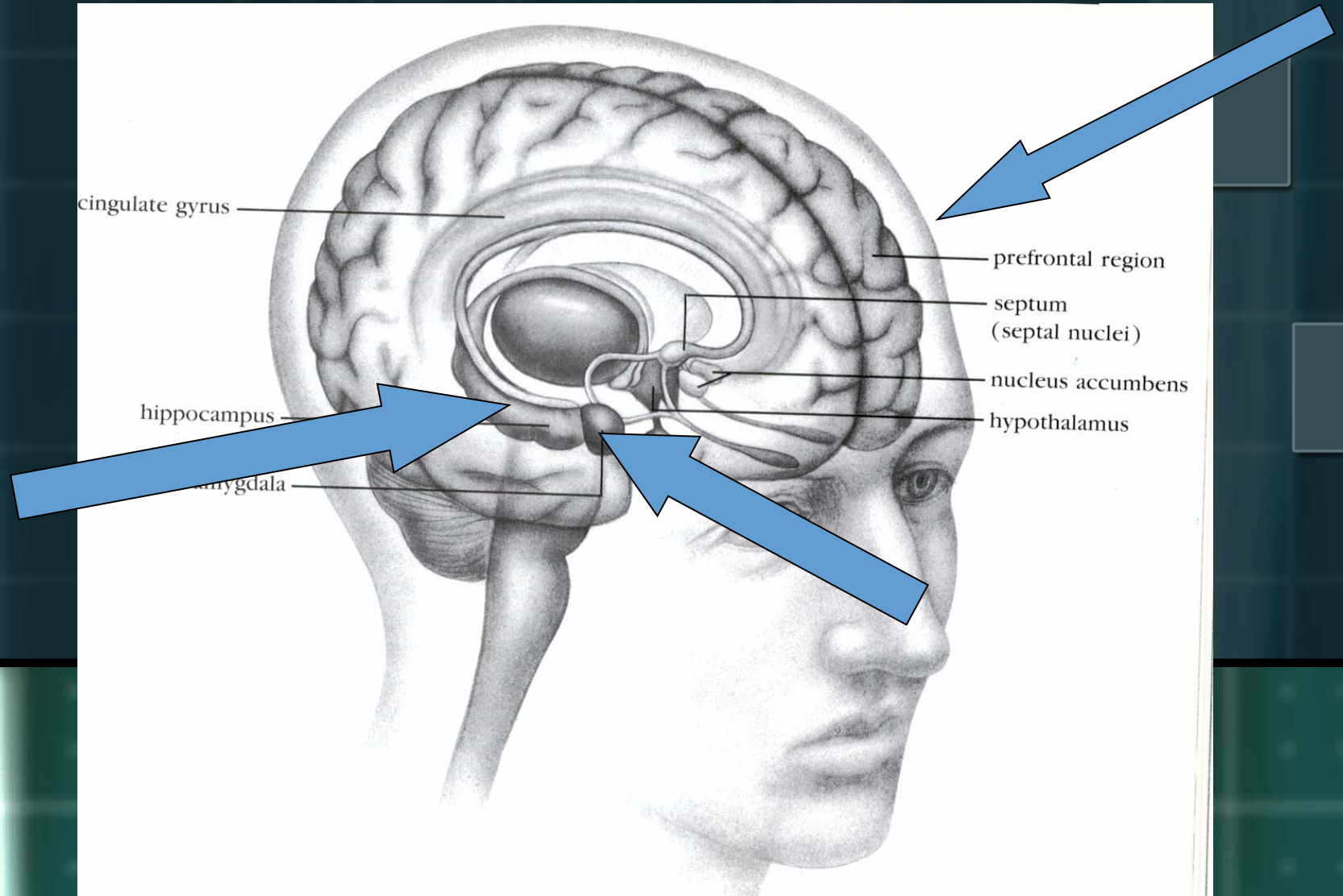
ACEs score of 8 gives four co-occurring problems

# Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan





# Emotional Brain



(Restak, 1988)



# The Limbic System

Amygdala, hippocampus, cingulate gyrus, orbital frontal cortex, insula

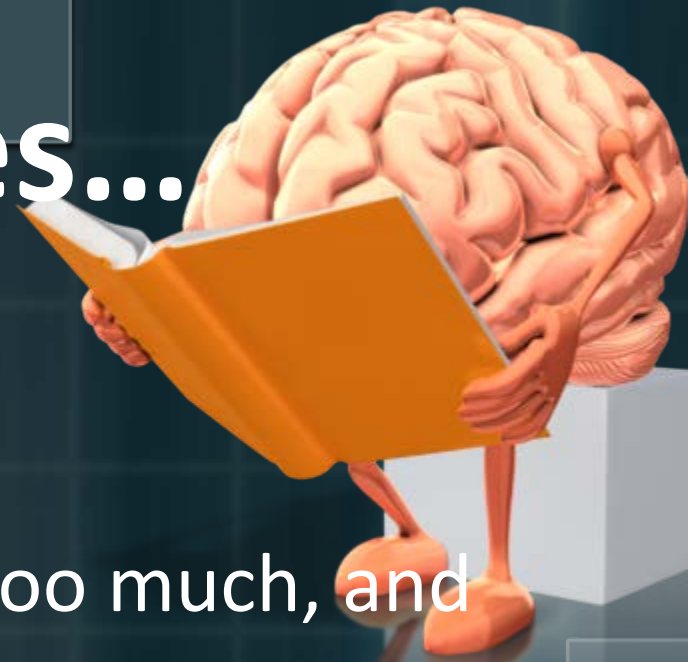
- Determines how you feel, moment to moment
- Drives behavior – usually unconsciously
- Minimize risk, maximize reward
- Hippocampus: short term memory: organizes internal maps that link facts and feelings; recalls if something is a threat or a reward; develops between ages 0 and 2 years
- Amygdala: brain's thermometer for feelings; functioning at birth




# Your brain focuses...

## Prefrontal cortex

- Pays attention
- Enjoys stimulation, but not too much, and not too scary
- Not working much at birth; takes \_\_\_\_ to develop fully
- Continues being shaped throughout life



- 
- A dramatic prehistoric scene featuring a man with long hair and a spear, crouching on the edge of a dark, jagged rock formation. He is looking up at a massive, roaring dinosaur head that appears to be emerging from a bright, cloudy sky. The scene is set against a backdrop of a bright, hazy sky with soft clouds. The overall mood is one of intense tension and danger.
- Hypervigilance
  - Action, not thought
  - Cognitive diminishment
  - Increased aggression
  - Loss of impulse control
  - Speechless terror

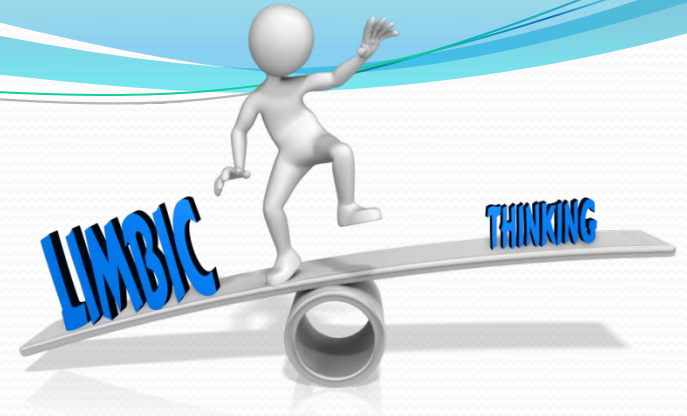
Epinephrine (adrenalin)

Cortisol

Beta-endorphins

# THE HUMAN STRESS RESPONSE

# Over-arousal



- When limbic system is aroused, fewer resources for prefrontal cortex
- This system is surprisingly easily triggered
- When this happens, brain becomes “automatic”
- Difficult to be self-aware, or to inhibit unwanted thoughts
- Chronic overarousal increases allostatic load (cortisol and adrenaline) –produces a permanent sense of threat and low threshold for additional threats (kills neurons too)

# CHRONIC TRAUMATIC STRESS

Exposure to trauma that occurs repeatedly over long periods of time.

These experiences call forth a range of responses, including intense feelings of fear, loss of trust, decreased sense of personal safety, guilt, and shame.

When they occur in childhood, these experiences create “toxic stress” and affect normal development

# Impact of Allostatic Load in Childhood

- Nervous system never turns off so baseline arousal is heightened
- Calming is random, so nervous system unable to predict when to extinguish alarm: hypervigilance
- Loss of synchronization with others
- Learning and memory are usurped by stress so cognitive and emotional learning are forsaken



# HYPERVIGILANCE...

Changes the way you view the world – literally and neurologically

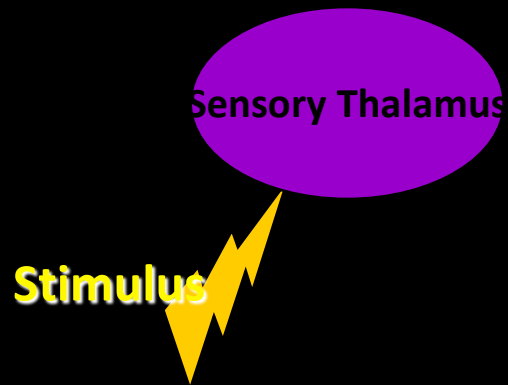


Hypervigilance is an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats.



# Between Stimulus and Response

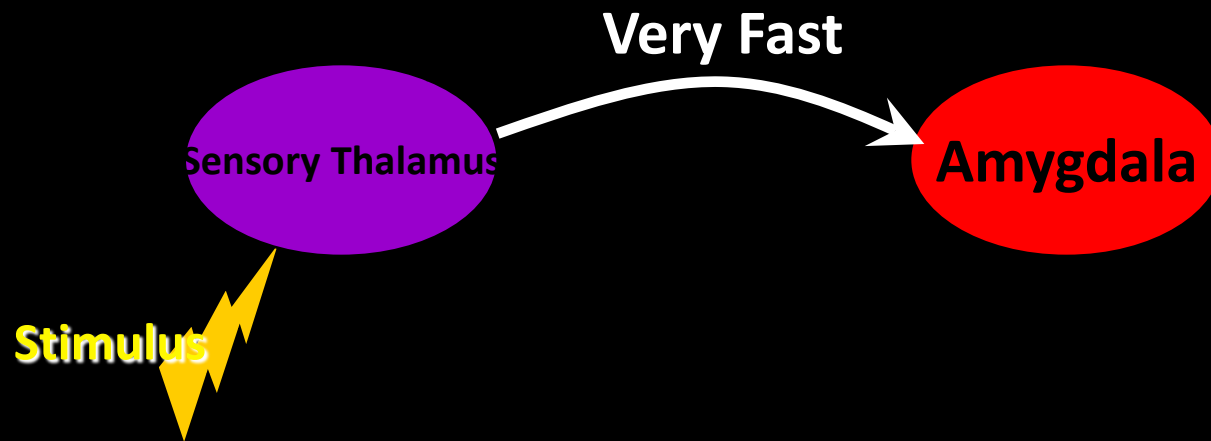
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(LeDoux, 1996)

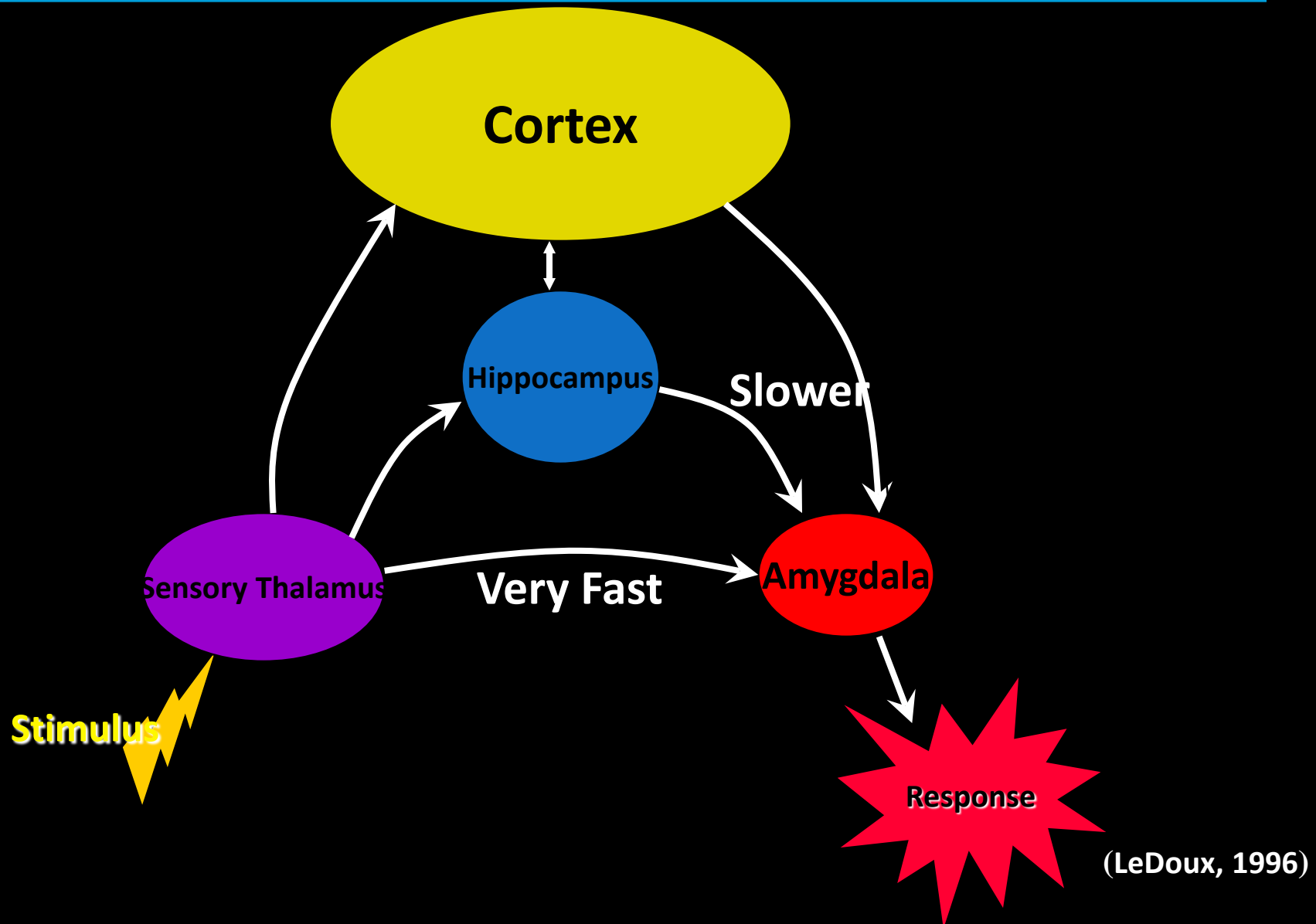
# Between Stimulus and Response

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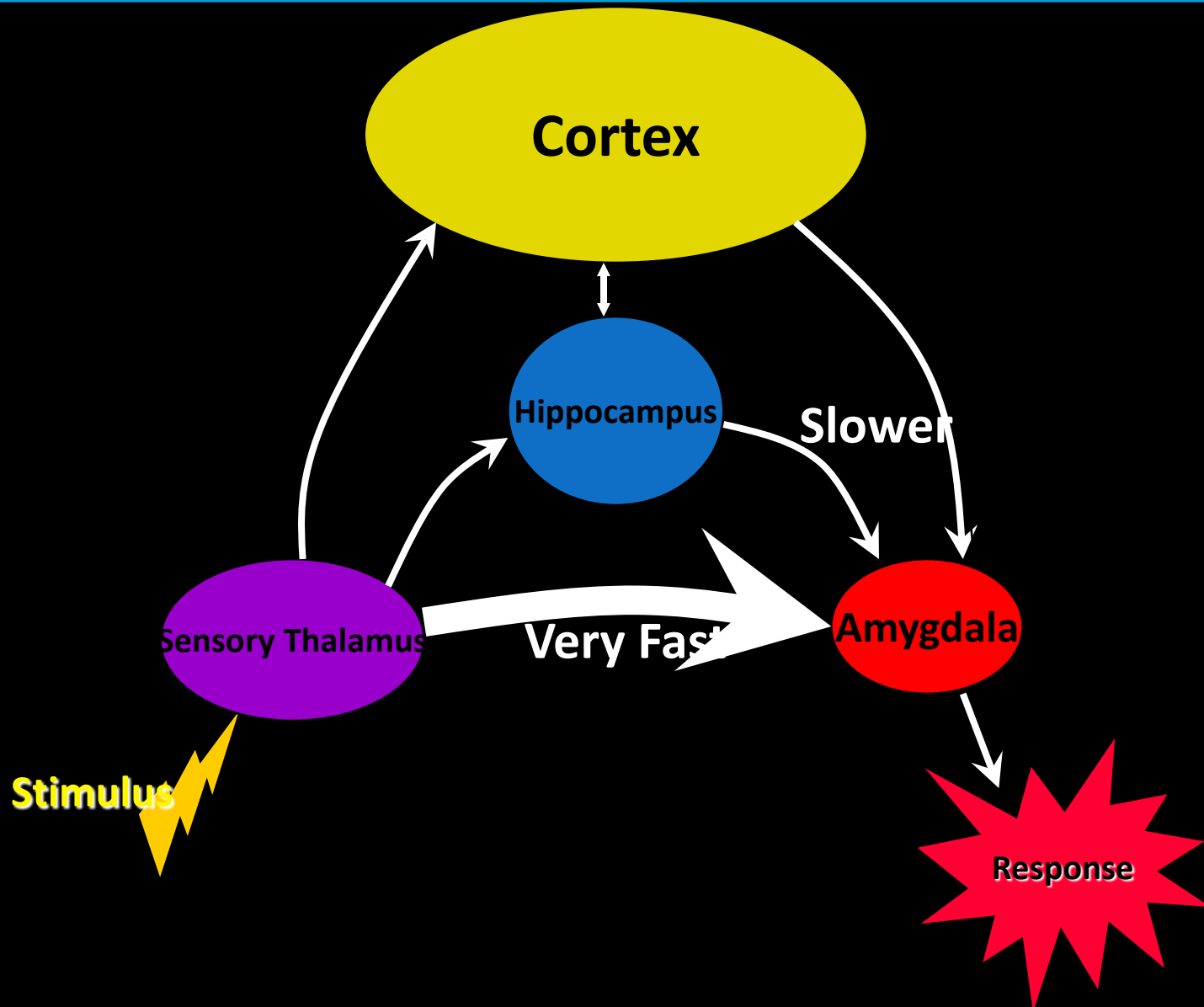


(LeDoux, 1996)

# Between Stimulus and Response

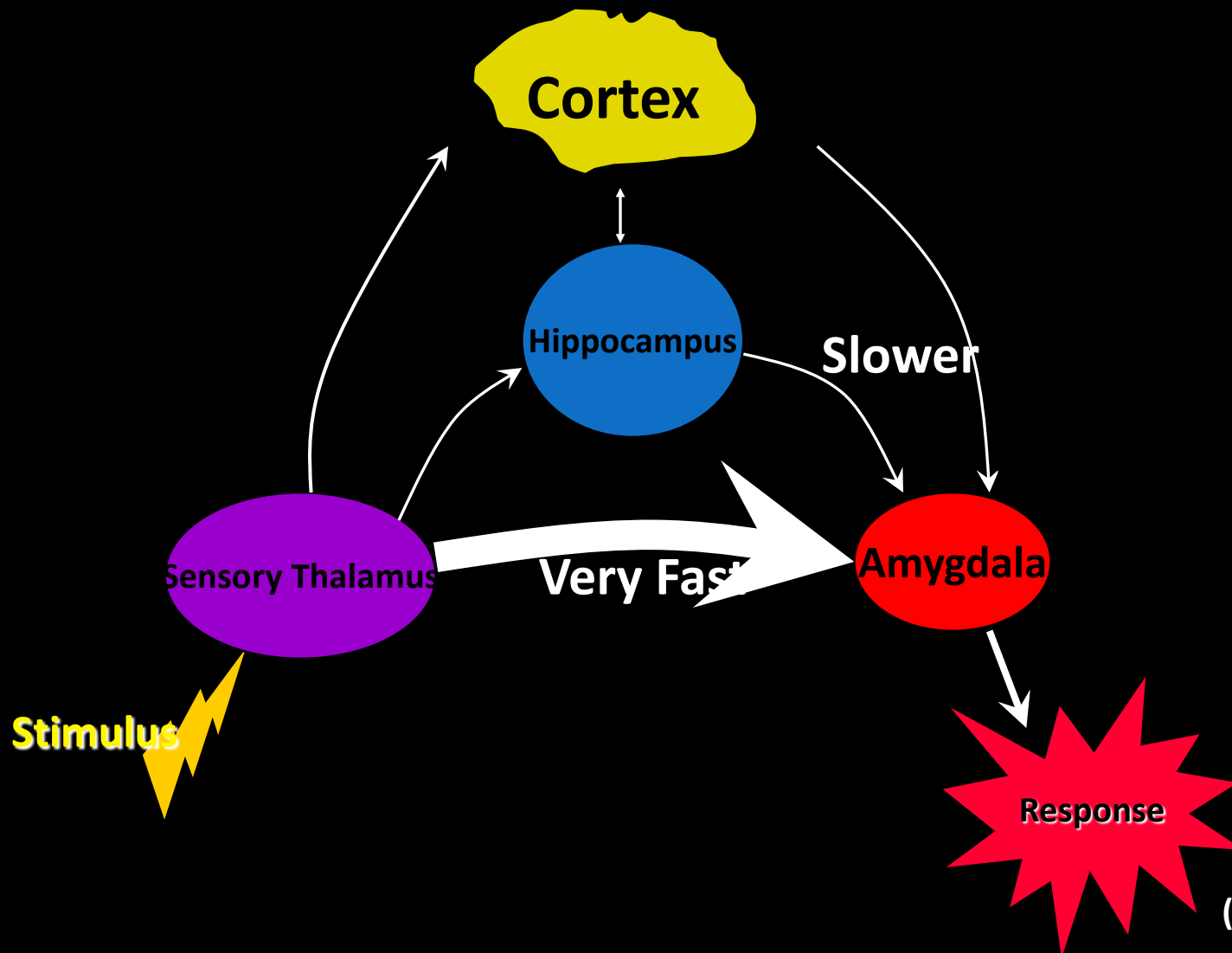


# Between Stimulus and Response



(LeDoux, 1996)

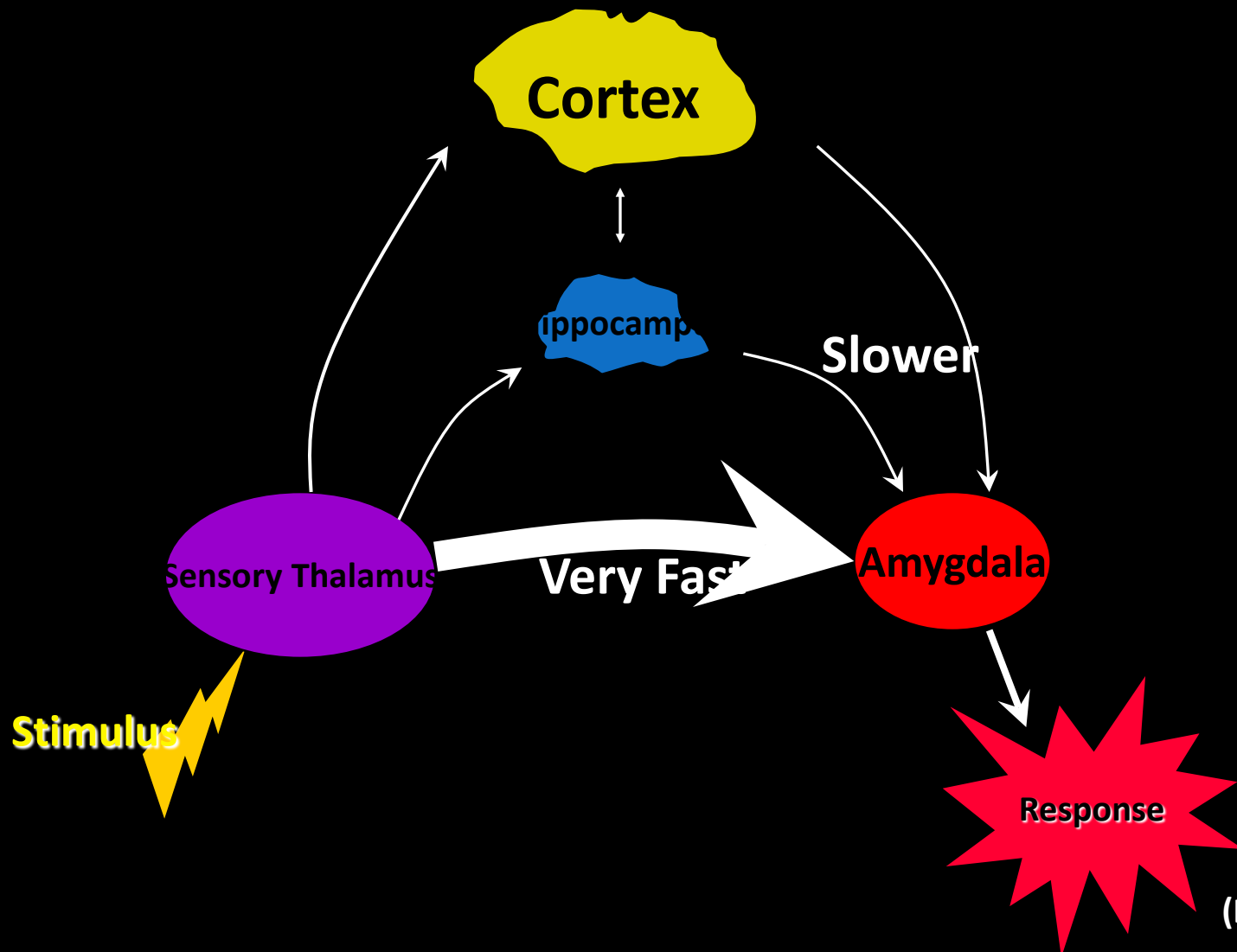
# Between Stimulus and Response



(LeDoux, 1996)



# Between Stimulus and Response



(LeDoux, 1996)

# Play

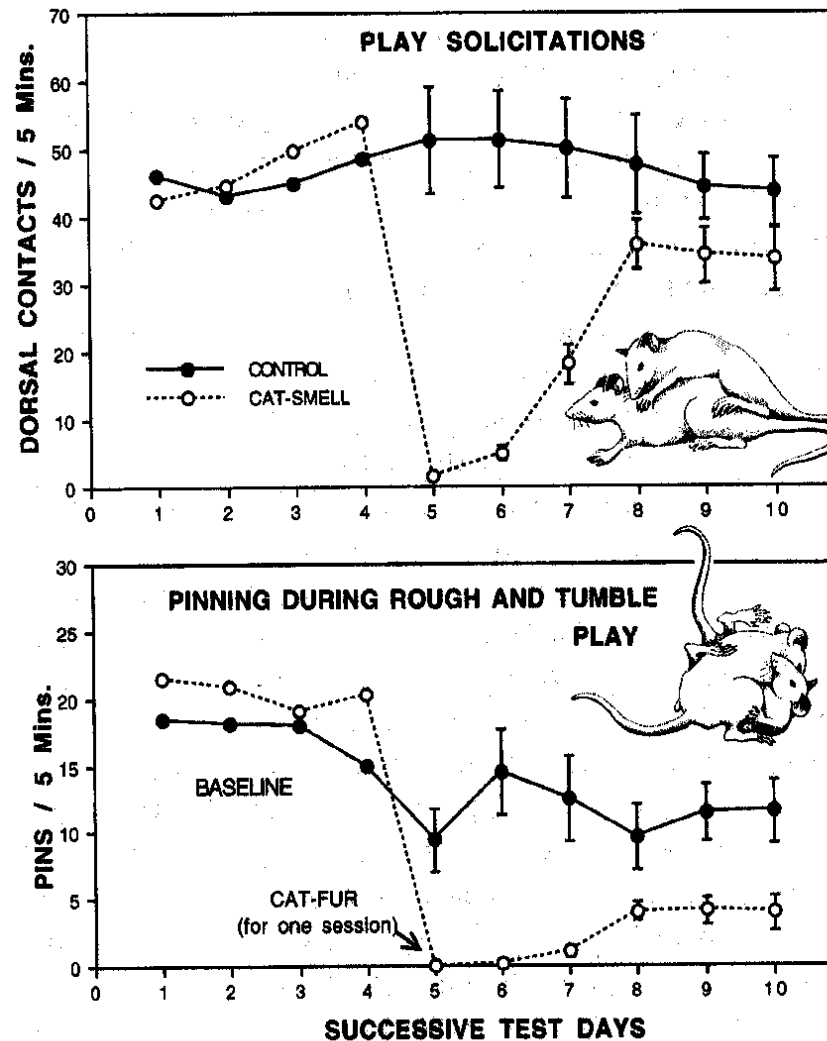
**DORSAL  
CONTACTS**



**PINS**



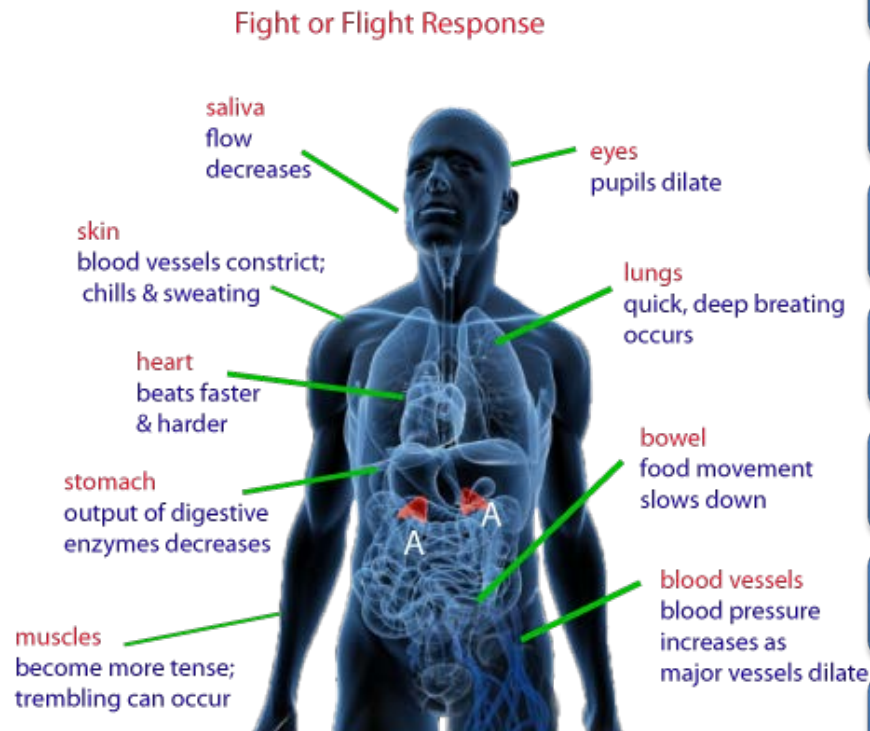
# Play and Fear



In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*, Oxford, New York

# WHAT ARE WE UP AGAINST?

## OUR OWN BIOLOGY: HUMAN STRESS RESPONSE:



State of high alert

Action, not thought

Inability to think clearly

Extreme thoughts

Attention to threat

Intense and prolonged anxiety

Drive to take action

## A DISASTER WHEN THIS BECOMES CHRONIC

# THE MIND BECOMES A TERRORIST

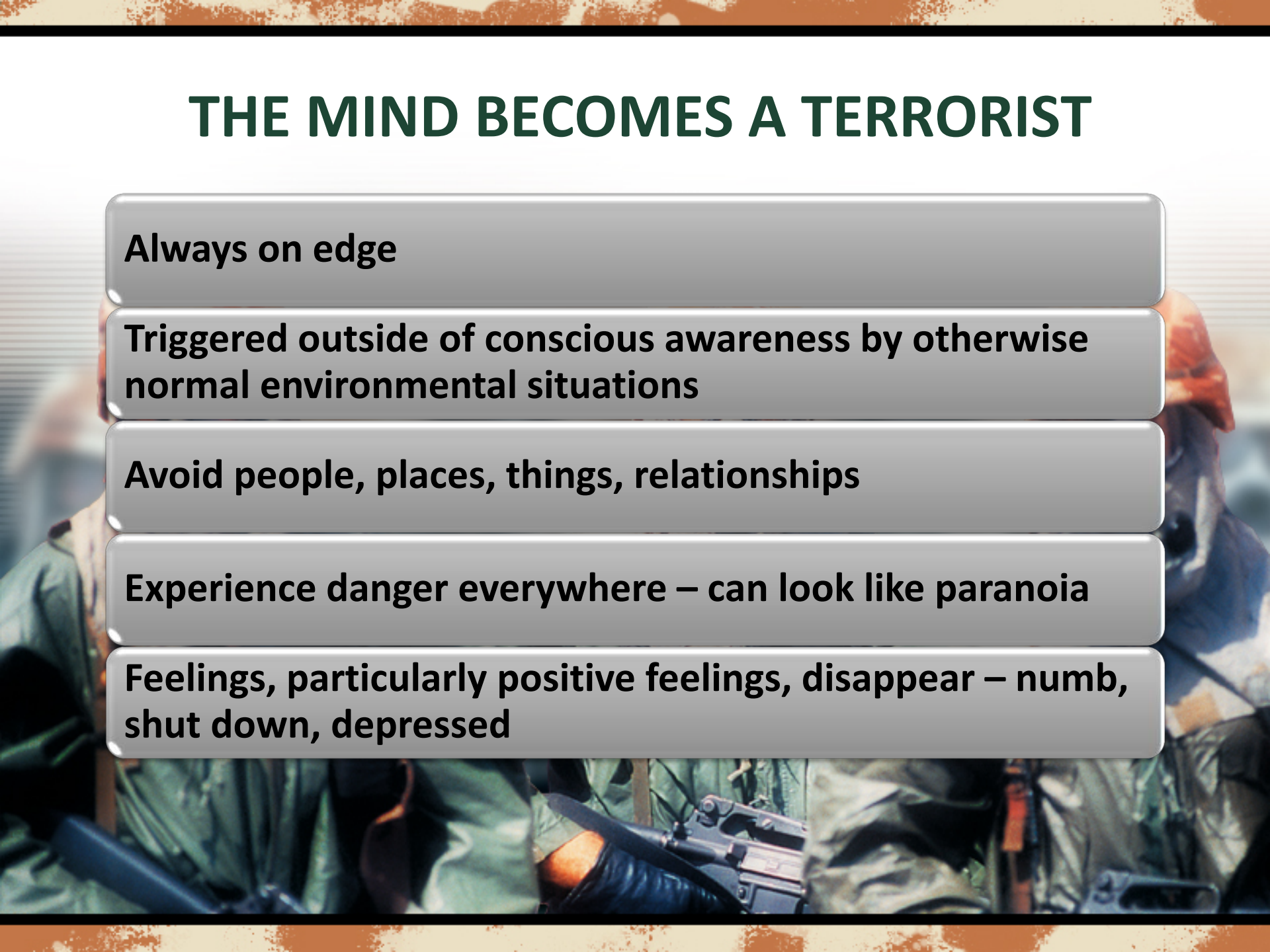
**Always on edge**

**Triggered outside of conscious awareness by otherwise normal environmental situations**

**Avoid people, places, things, relationships**

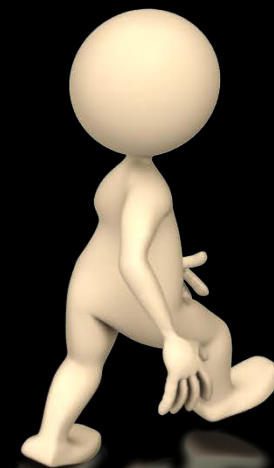
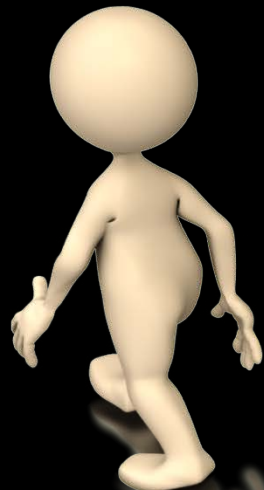
**Experience danger everywhere – can look like paranoia**

**Feelings, particularly positive feelings, disappear – numb, shut down, depressed**



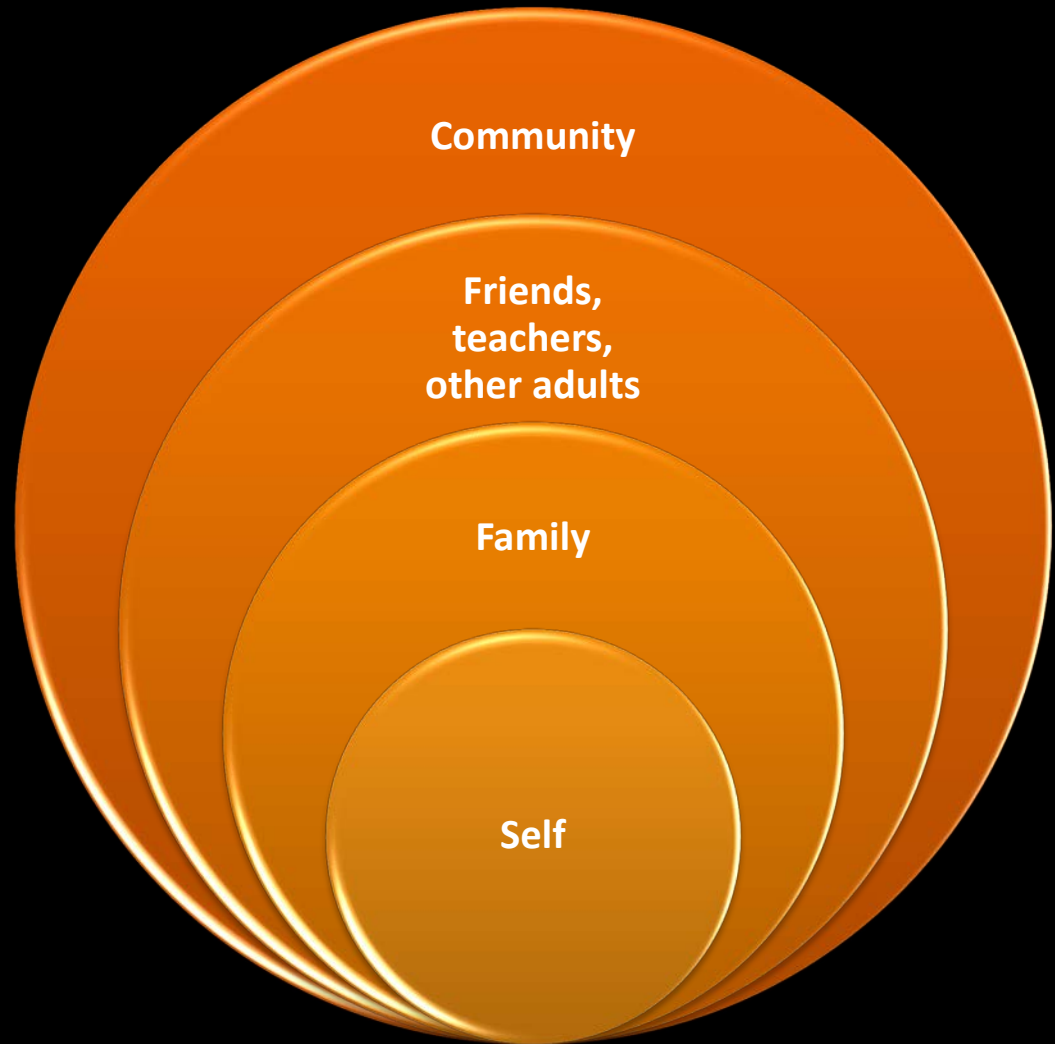
**ADAPTIVE  
COPING**

**MALADAPTIVE  
COPING**

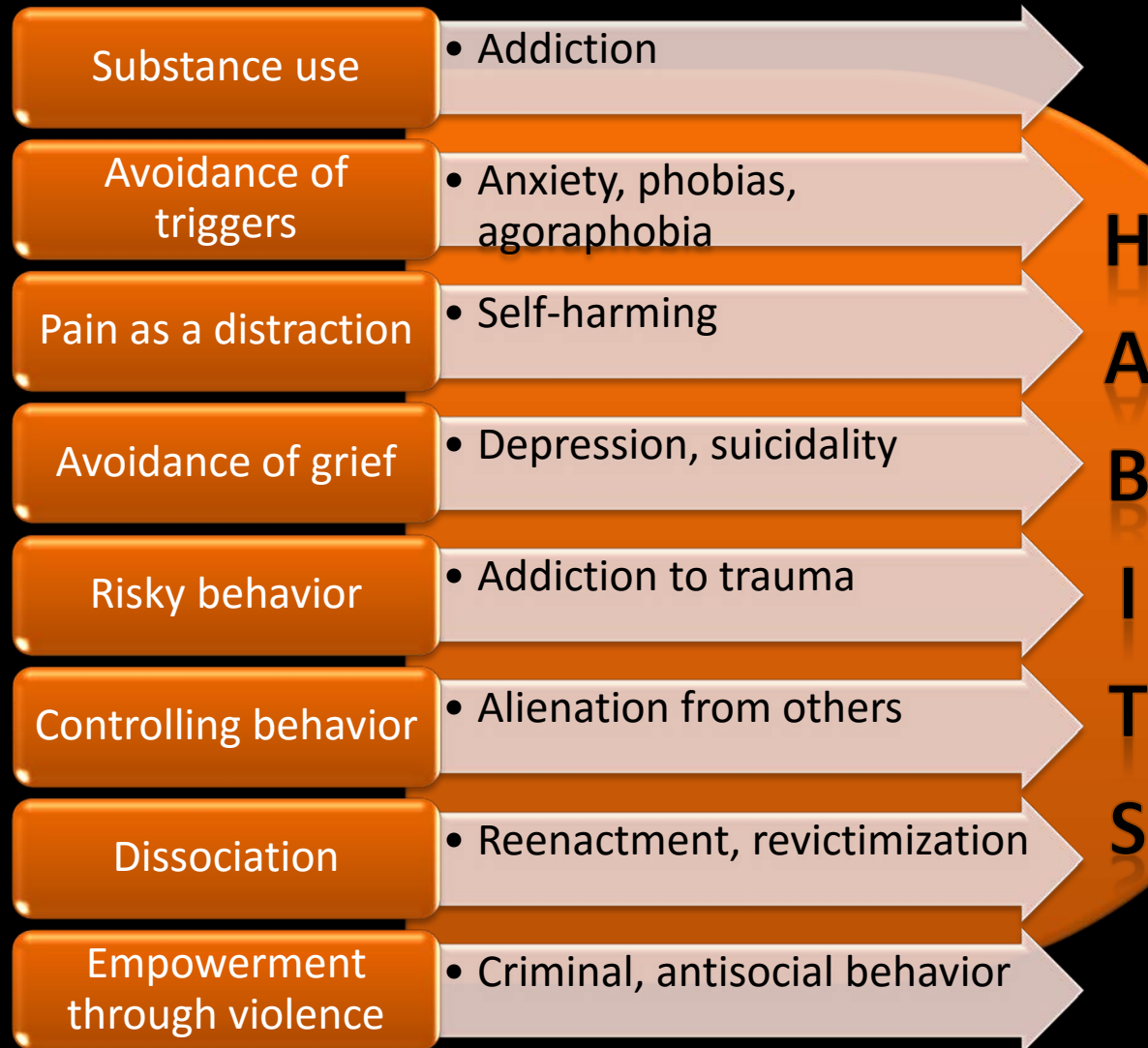




# ADAPTIVE COPING



# MALADAPTIVE COPING



# MANY LABELS – LITTLE HELP

Personality disorder

Depression

Generalized anxiety disorder

Panic disorder

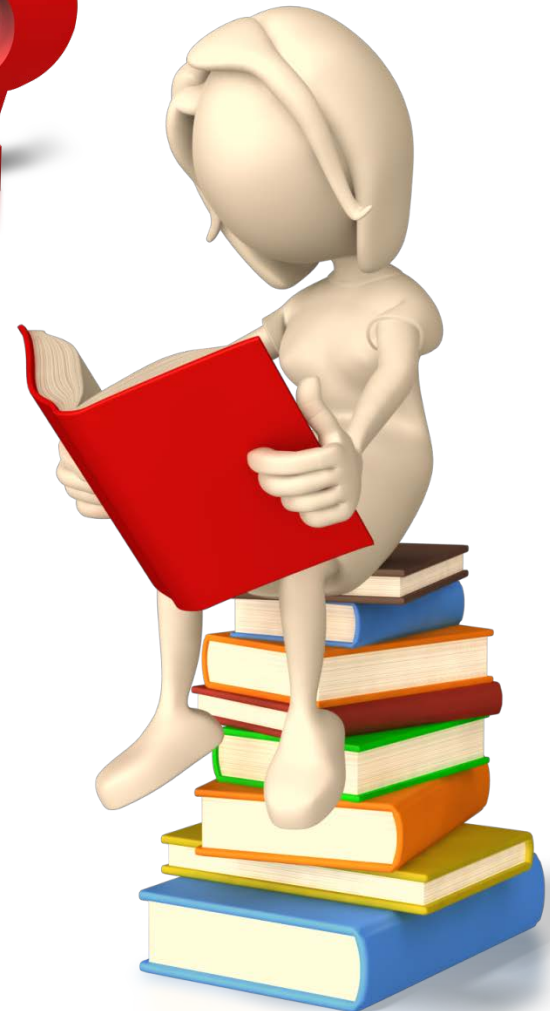
Conduct disorder

Oppositional disorder

ADHD

ETC

ETC



# CHANGING THE FUNDAMENTAL QUESTION

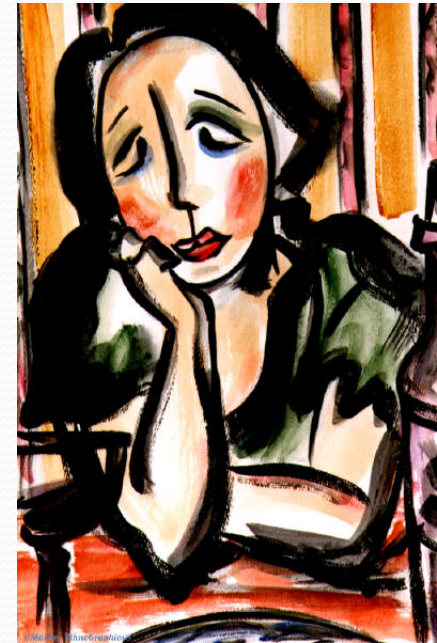
It's not  
"What's wrong with you?"

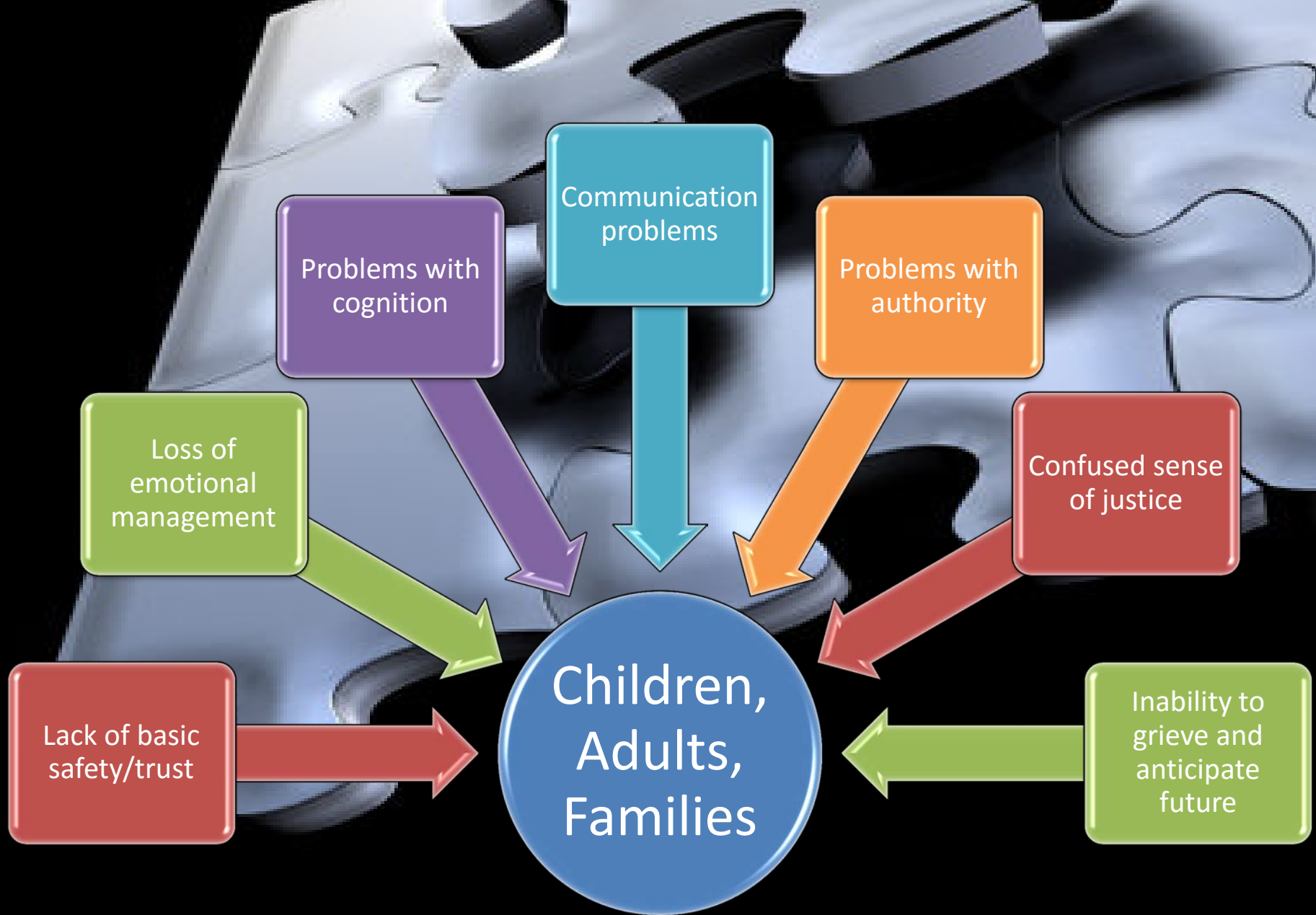
It's  
"What happened to you?"



# What we see

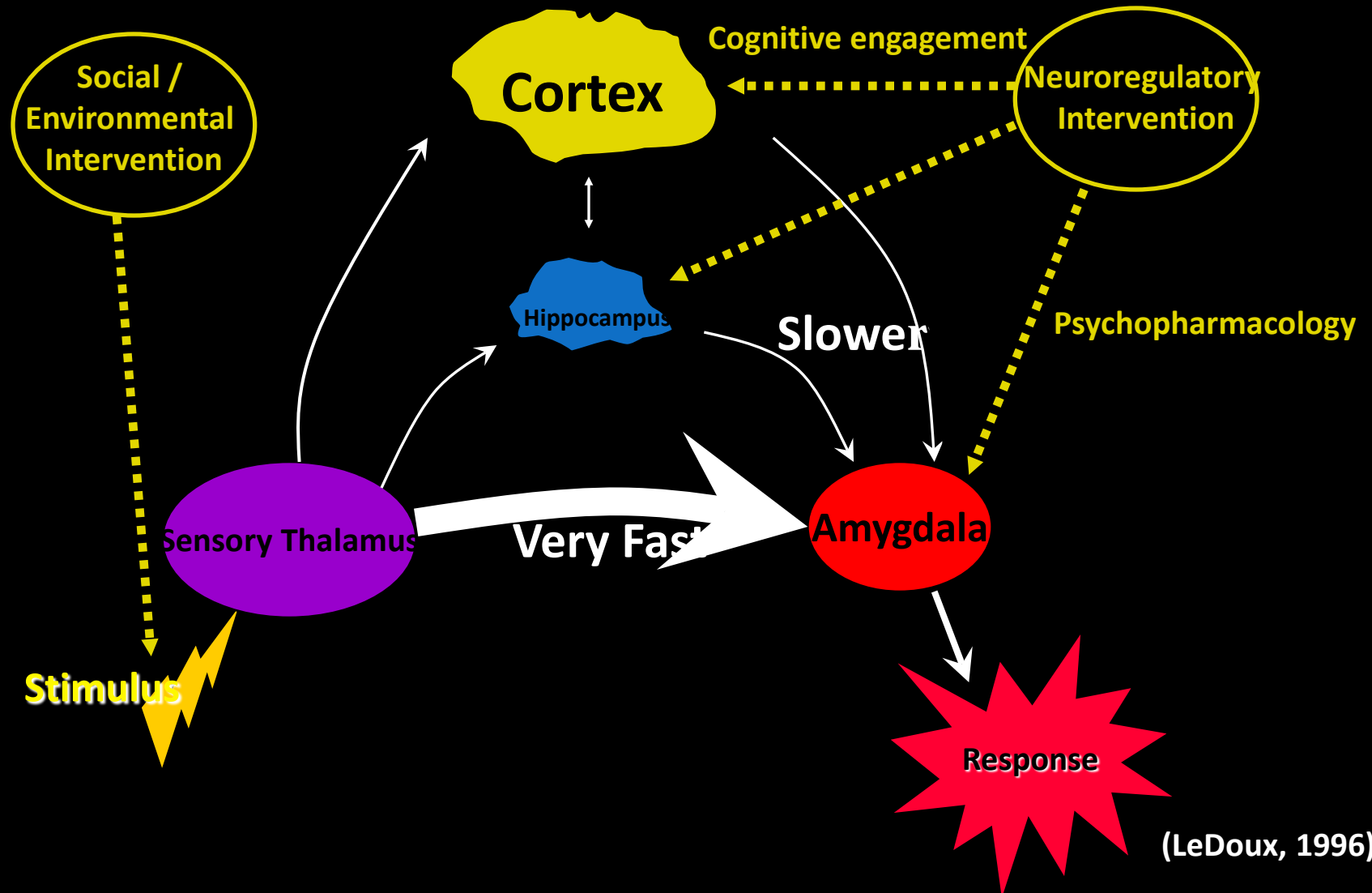
- Disengagement; limited emotional awareness
- Aggression and loss of impulse control in the face of novel situations
- Immediate deterioration into power and control struggles; easily dysregulated
- Aggression and fear in the context of rule enforcement
- “Minor” events precipitating catastrophic reactions





# TRAUMA-ORGANIZED PERSON

# Between Stimulus and Response





# A little physiology

- Stress regulation is atypical (atypical functioning of hypothalamic pituitary adrenal axis)
- Reduced hippocampal volume
- Decreased corpus callosum volume
- Left hemisphere changes
- Reduced volume of prefrontal cortex

# Higher brain levels are plastic longer: Taking your brain to the gym

Increase blood flow & use of the “thinking” brain

Strengthen pathways to the neocortex

Decrease reliance on the “primitive” brain

Hard wire new “habits”

# Changing gears a little...

- Physiologic changes during F/F/F...
  - Increased heart rate
  - Increased BP
  - Increased respiration
- Do you run because you are afraid or are you afraid because you run... (Kohut)



# Stress Research from Jerusalem

- Ariah Shalev at Hadassah Medical School
  - Survivors of suicide bombers
- Following ER treatment
  - Those that do not develop stress symptoms are able to decrease heart rate, calm, quiet their bodies
  - Those that do develop stress symptoms still have hyperarousal, high heart rates, high blood pressure
- *Regulated states appear to be correlated with decreased likelihood to develop stress syndromes*

A woman with dark curly hair, wearing a light blue halter-neck tank top and black pants, is sitting in a lotus position on a blue mat. Her eyes are closed, and her hands are resting on her knees in a mudra. The background is a bright, out-of-focus indoor space.

# How do you “center” yourself?

- Deep breath
- Concentrate on breathing
- Think positive thoughts
- Count to ten

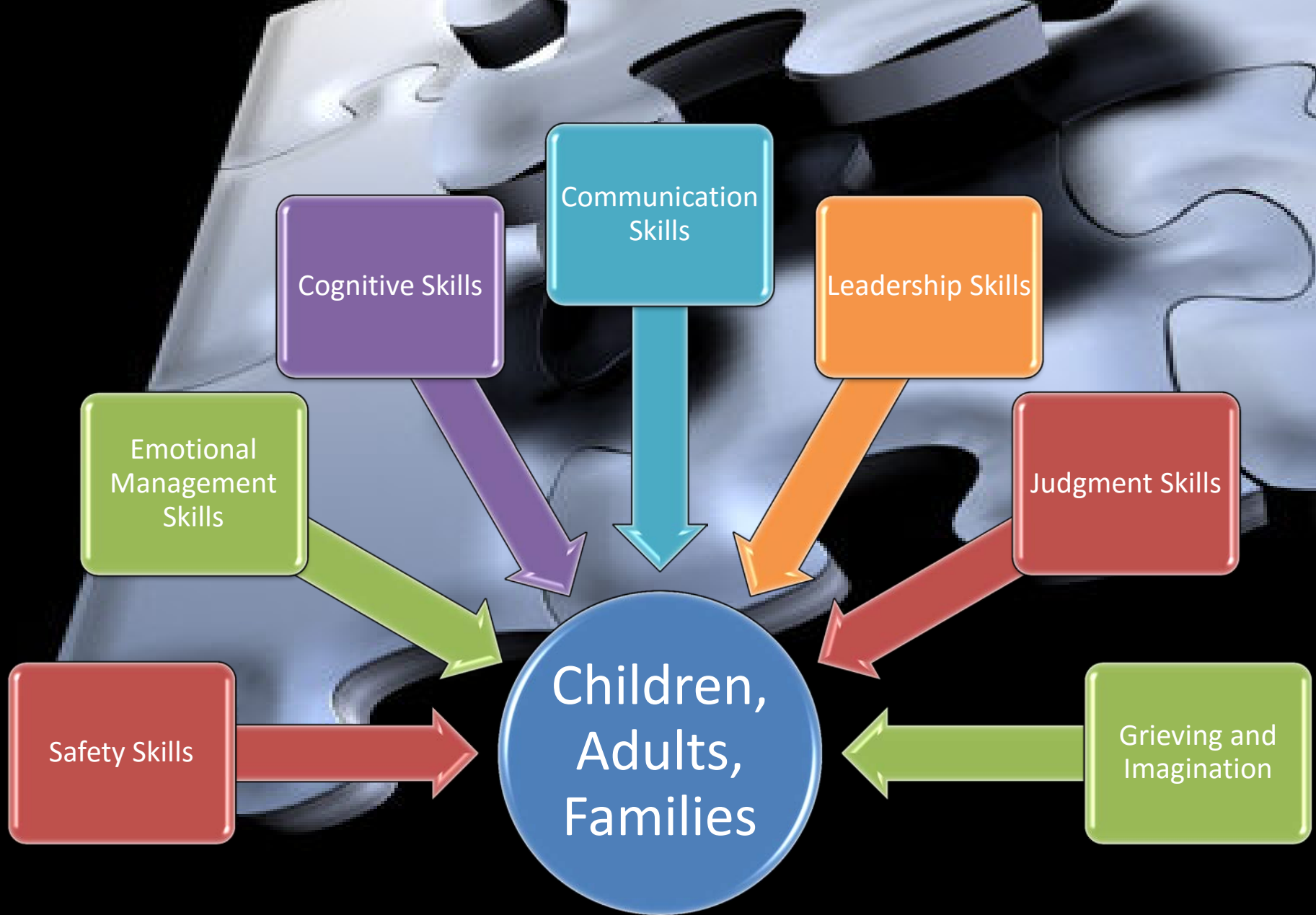
# Goals for a Safe Environment

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- 
- **Maintain Regulating State**
  - **Prevent Re-experiencing States**
  - **Create situations that engage the thinking brain**

Saxe, 2001





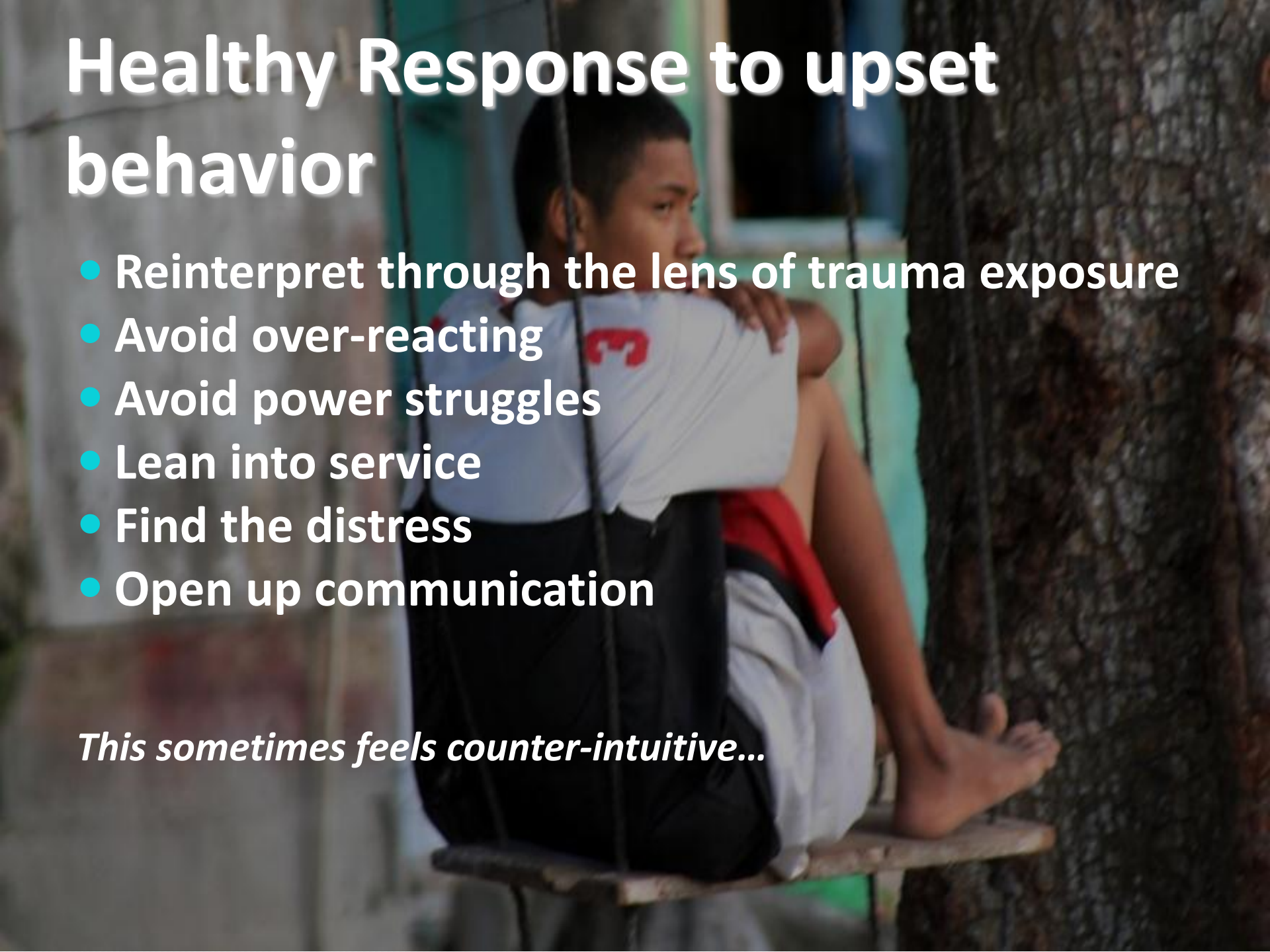
# TRAUMA-INFORMED RESPONSES



# Healthy Response to upset behavior

- Reinterpret through the lens of trauma exposure
- Avoid over-reacting
- Avoid power struggles
- Lean into service
- Find the distress
- Open up communication

*This sometimes feels counter-intuitive...*



# WHO IS SUPPOSED TO SUPPLY THESE COMPLEX INTERVENTIONS?

Teachers

Parents

Other Caregivers

Mental health workers

Child welfare workers

Healthcare providers

Corrections officers, probation, parole



You

**AN INFORMAL SURVEY:**  
**Out of 350 people working in healthcare services**

Psychological abuse (Parents)	37%
Physical abuse (parents)	29%
Sexually abused	25%
Emotional neglect	35%
Physical neglect	12%
Substance abuser in household	40%
Separated from one/both parents	41%
Witnessed DV	21%
Imprisoned household member	10%



*A growing proportion of the U.S. workforce will have been raised in disadvantaged environments that are associated with relatively high proportions of individuals with diminished cognitive and social skills.*

Knudsen, Heckman et al. (2006)

*Proceedings of the National Academy of Science*



# Workforce Crisis

# WORKPLACE STRESS



# TOXIC ORGANIZATIONAL CULTURE

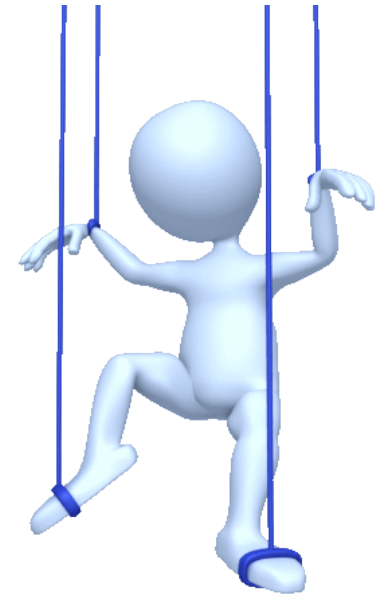


*“main sources of stress for workers are the ways in which organizations operate and the nature of the relationships that people experience within the work setting”*

**Bloom and Farragher, p. 70**

***Destroying Sanctuary, 2010***

*The greatest perceived stressor for people is a lack of control over their participation or the outcome of their work.*



# ORGANIZATIONAL TRAUMA

**Suicides**

**Homicides**

**Patient or staff  
deaths**

**Lawsuits**

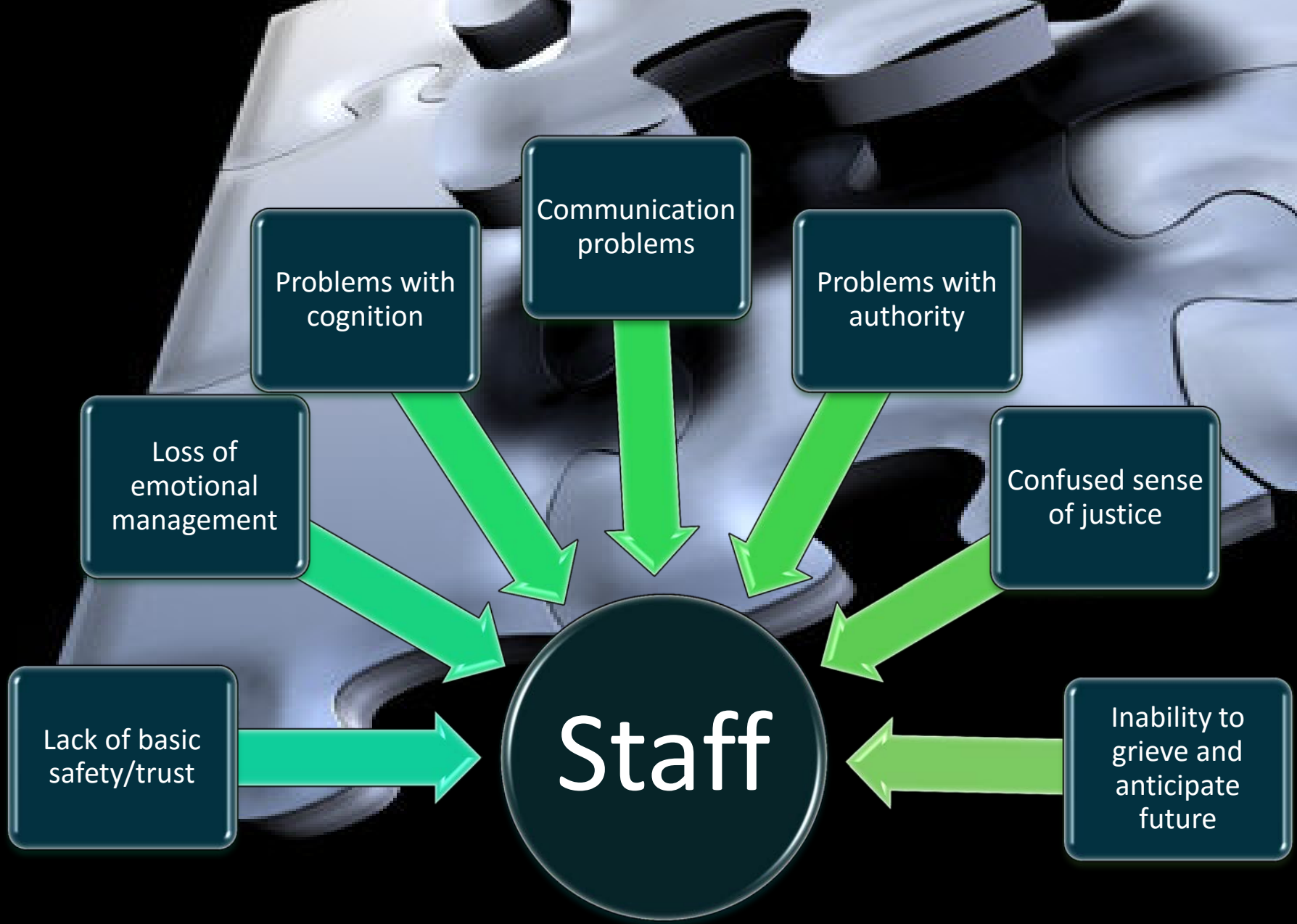
**Loss of funding**

**Patient or staff  
injuries**

**Sexual abuse**

**Media attacks**

**Health  
transformation**





# Groups Under Stress

- Communication becomes terse and fragmented
- Upset-ness and fear among leaders manifested in workforce
- Silos develop; small number of powerful people make decisions in isolation
- Change, any kind of change, seems threatening

# Organizations

Affected by:

- Chronic stress
- Acute stress

(AND... Can develop  
resilience)

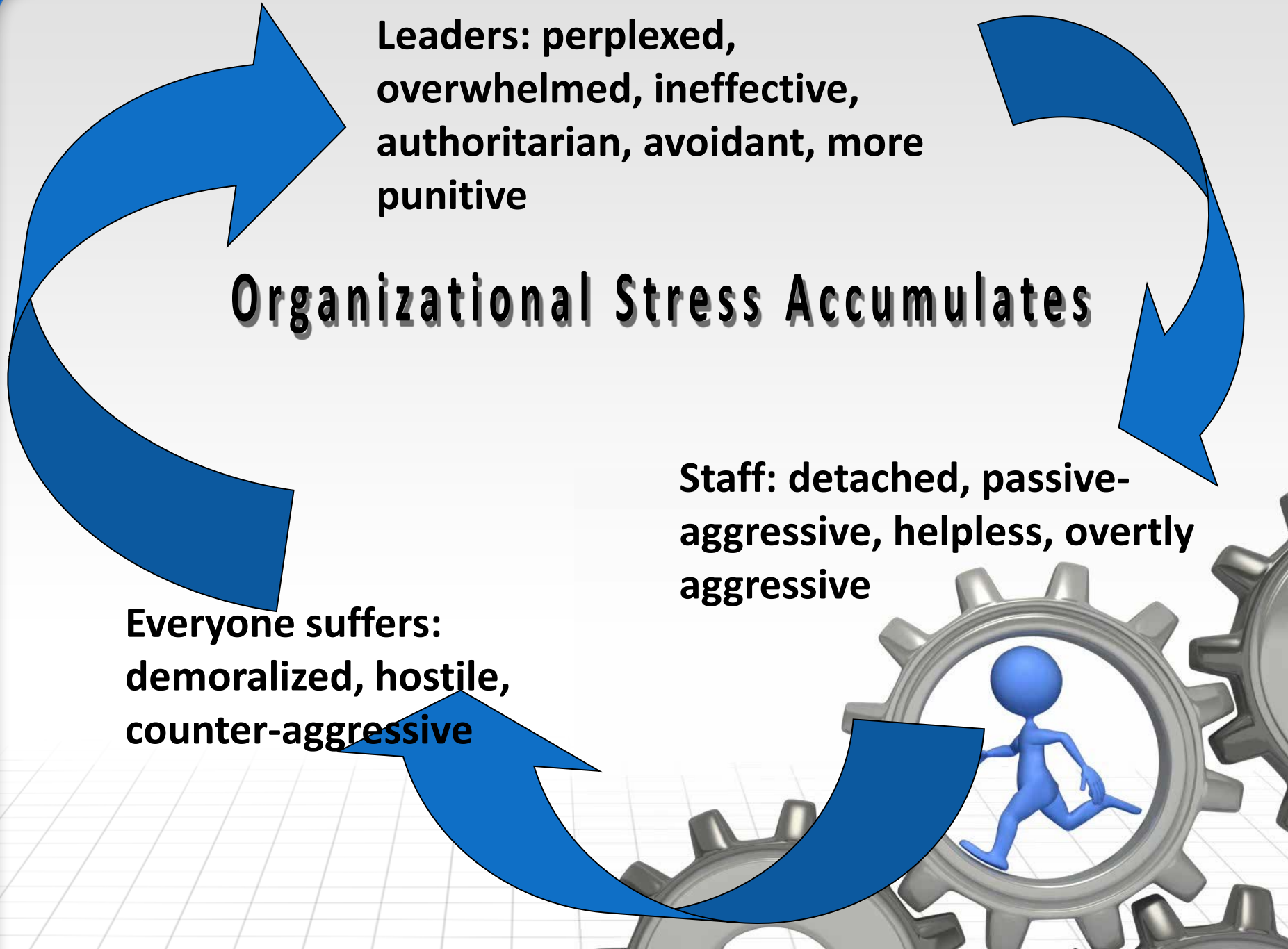


**Leaders: perplexed,  
overwhelmed, ineffective,  
authoritarian, avoidant, more  
punitive**

## **Organizational Stress Accumulates**

**Staff: detached, passive-  
aggressive, helpless, overtly  
aggressive**

**Everyone suffers:  
demoralized, hostile,  
counter-aggressive**



# Stressed Organizations

Participatory processes break down

Decisions become oversimplified

Create more problems than they solve

Interpersonal conflicts erupt and aren't dealt with

Ethical conflicts abound

Organizational values erode

Mission is lost

Organization steadily declines unless it is rescued





## Heading Downhill

Emotional intelligence decreases

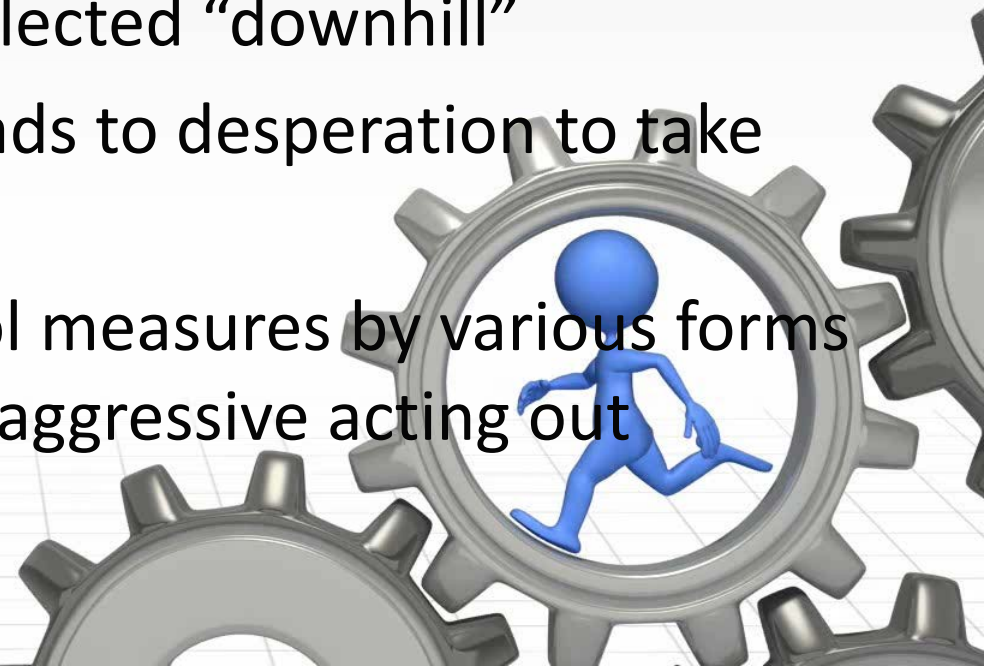
Organizational emotions are poorly managed

Methods of control become pathological

Punitive measures get reflected “downhill”

Feeling of helplessness leads to desperation to take control

Employees react to control measures by various forms of aggressive and passive-aggressive acting out





# The System Grinds On

Workers do the best they can

Frequent job changes, searching for a better place to be

Long-timers become hopeless and demoralized, and new staff and patients bear the brunt

Solutions to complex problems are over-simplified (measurement, EBPs are examples)



# Trauma-organized Organizations

Organizational hyperarousal

Loss of sense of future

Strategy makes way for urgency

Impulsive decision-making; reaction to perceived immediate “threat”

Organization ceases to learn from its own behavior (loss of error correction)

Crisis mode (self-perpetuating)

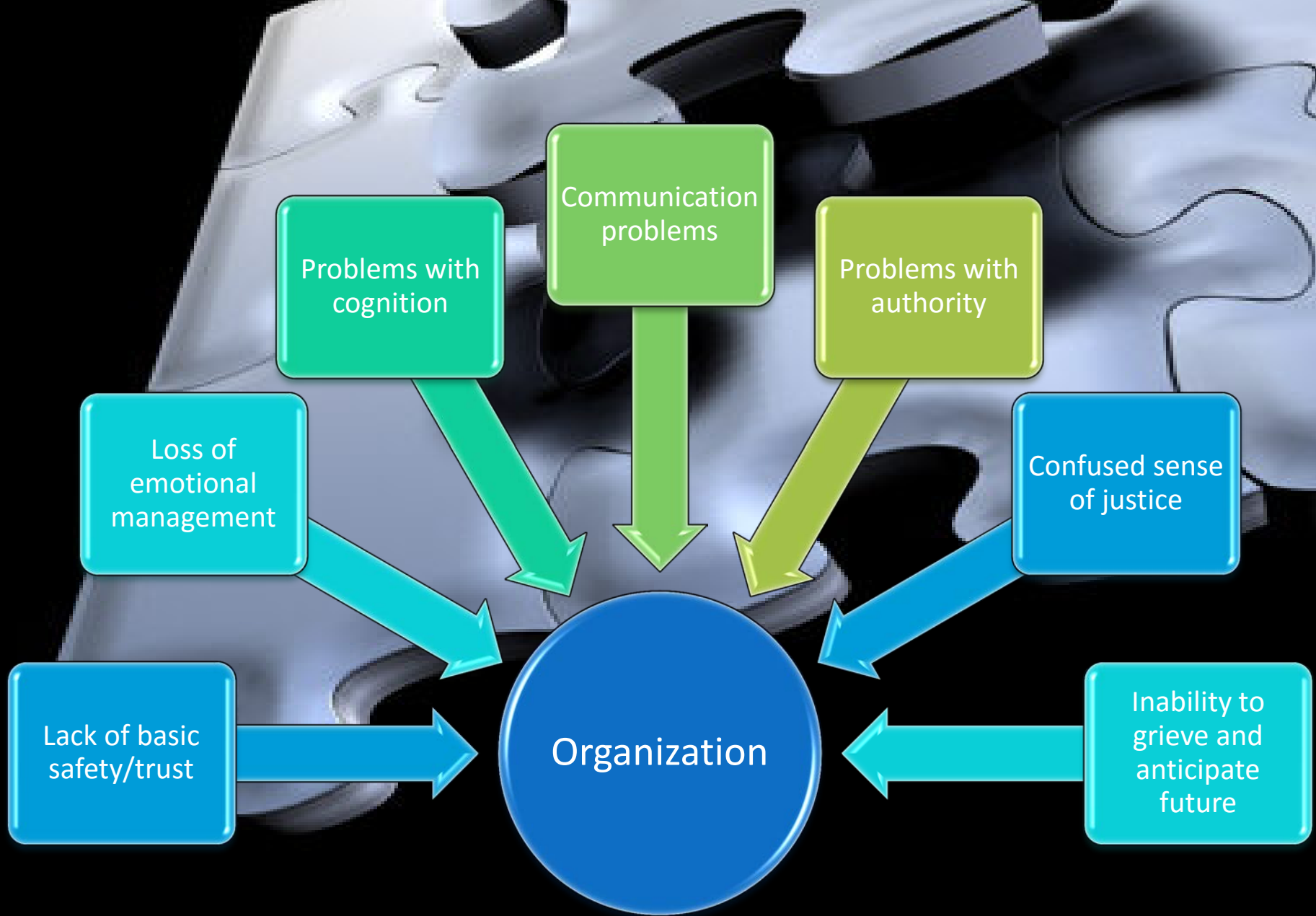
Us/them mentality

Loss of communication

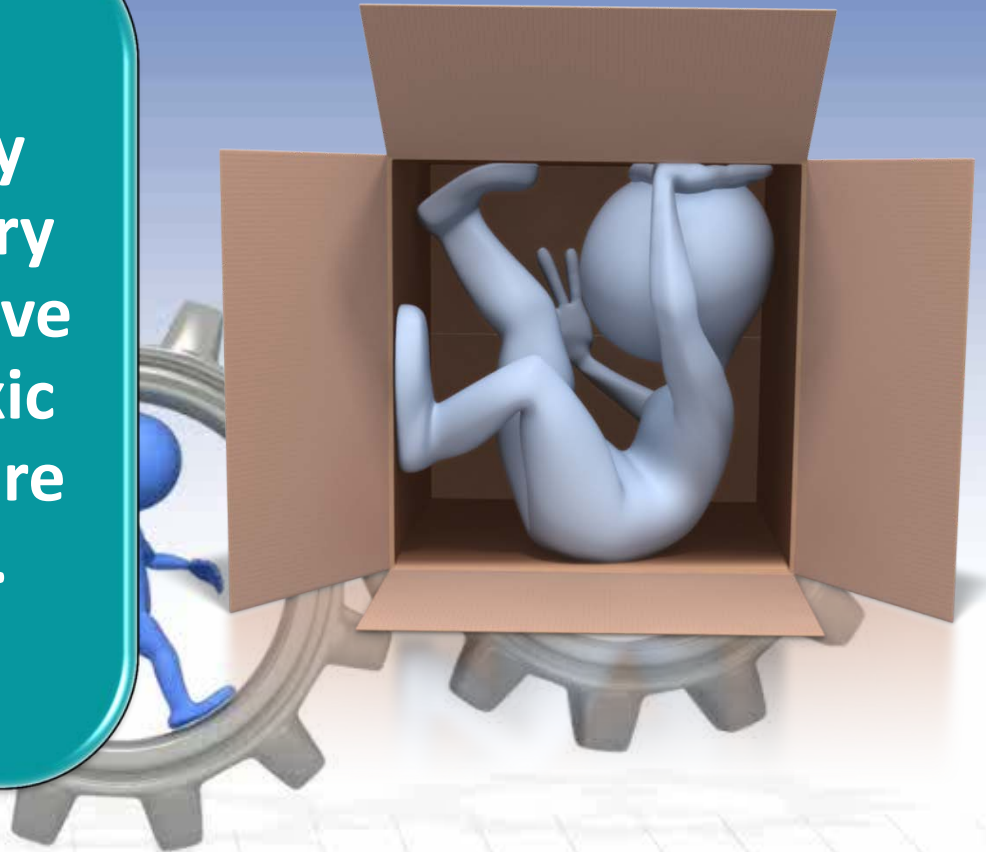
Organizational amnesia

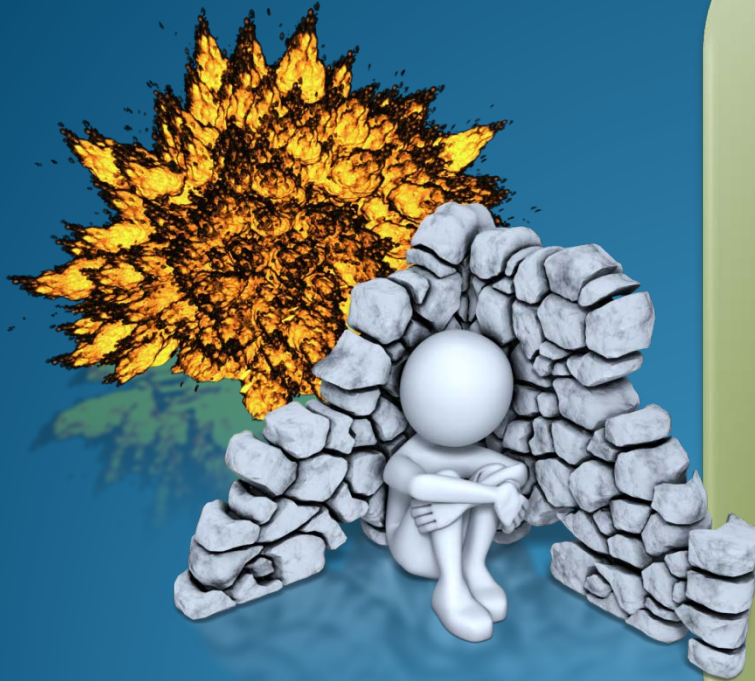






**As a result, our  
systems frequently  
recapitulate the very  
experiences that have  
proven to be so toxic  
for the people we are  
supposed to help.**





Expecting a protective environment and finding only more trauma.

Dr. Stephen Silver (1986) *An inpatient program for post-traumatic stress disorder: Context as treatment. Trauma and Its Wake.*

# SANCTUARY TRAUMA

# Dire Straits

- The very things that help us are those most affected by this chronic stress
  - Relationships
  - Hope
  - Therapeutic healing rituals
  - Humor



# VICARIOUS TRAUMATIZATION

What is it?

Who gets it?

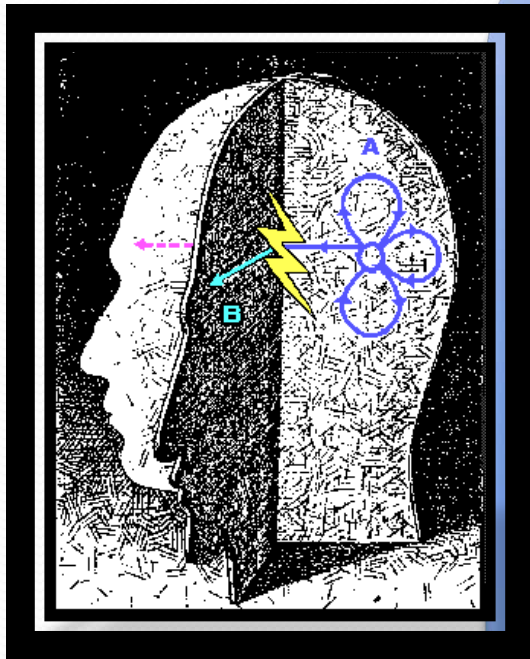
What causes it?

What are the risks?

Do I have it?

What do I do about it?

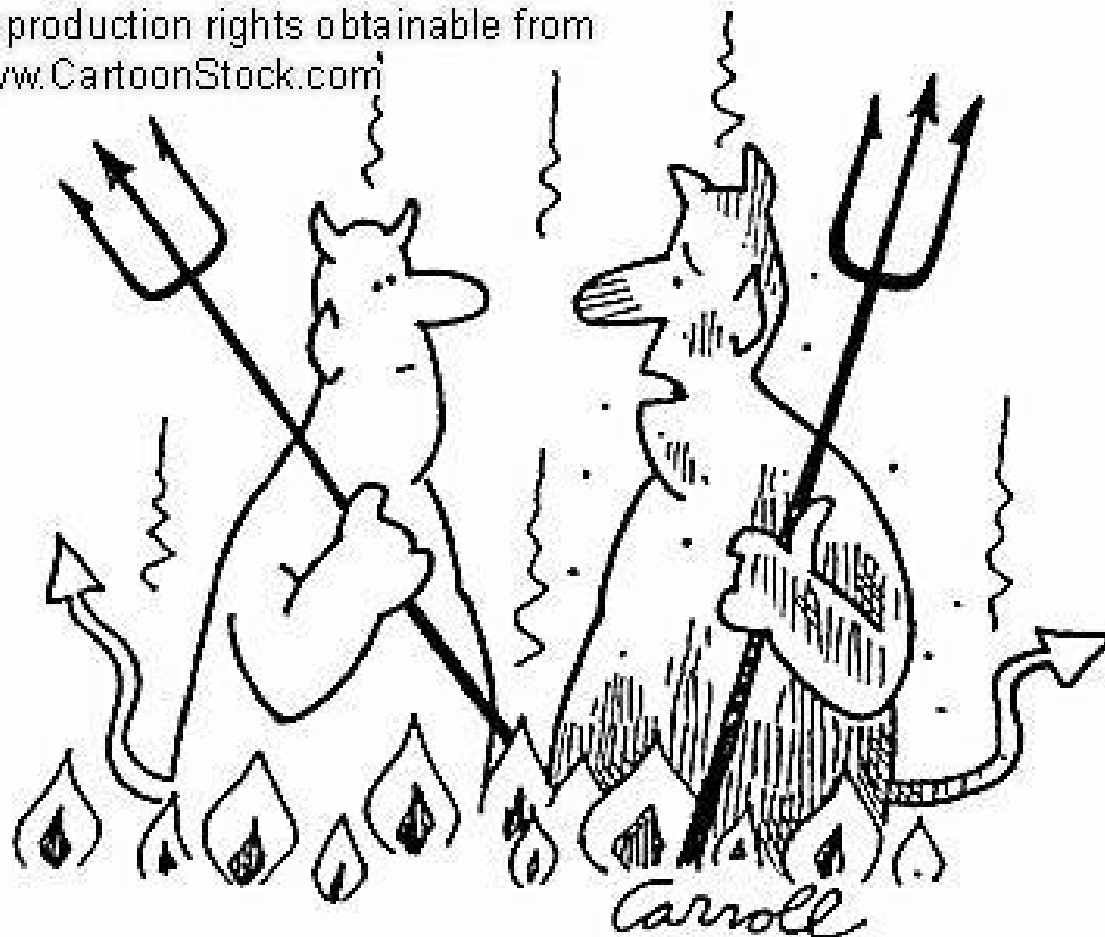
# VICARIOUS TRAUMATIZATION



The cumulative transformative effect on the helper of working with survivors of traumatic life events, both positive and negative.

*Saakvitne & Pearlman, 1996*

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search ID: cza0054

"When you've been here as long as  
I have, you'll start to burn out."



A collection of symptoms associated with emotional exhaustion; a process rather than a fixed condition that begins gradually and becomes progressively worse.

The process includes 1) gradual exposure to job strain; 2) erosion of idealism; 3) a void of achievement

# BURNOUT

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

# NEGATIVE EFFECTS OF BURNOUT

(GOLEMBIEWSKI ET AL, 1987)

Absenteeism (Presenteeism)

Job turnover

Low productivity

Overall effectiveness

Decreased job satisfaction

Reduced commitment to the job

Negative impact on home life

# NEGATIVE EFFECTS OF BURNOUT

(GOLEMBIEWSKI ET AL, 1987)

heart attacks, chronic fatigue, insomnia, dizziness, nausea, allergies, breathing difficulties, skin problems, muscle aches, menstrual difficulties, swollen glands, sore throat, recurrent flu, infections, colds, headaches, digestive problems, back pain

The Japanese have a word, *karoshi*, for sudden death that results from overwork.

# VICARIOUS TRAUMATIZATION

(SAAKVITNE & PEARLMAN, 1996)

No time, no energy

Disconnection

Social withdrawal

Sensitivity to violence

Alterations in sensory experiences – symptoms of PTSD

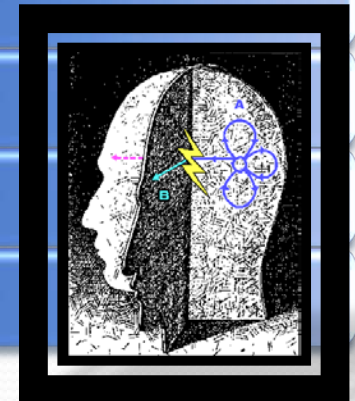
Nightmares

Cynicism

Despair and hopelessness

Diminished self-efficacy

Changes in identity, worldview, spirituality



# ORGANIZATIONAL RISK FACTORS FOR PROMOTING VICARIOUS TRAUMA

- Provide no respite for staff

- Unrealistically high caseloads – role overload

- Denial of severity and pervasiveness of trauma

- Failure to identify and address secondary trauma

- No opportunities for continuing education

- Insufficient vacation time

- Do not support personal therapy

- Role ambiguity

- Failure to capture success





DO I HAVE IT?



1. My job involves exposure to distressing material and experiences.

2. My job involves exposure to traumatized or distressed clients.

3. I find myself distressed by listening to my clients' stories and situations.

4. I find it difficult to deal with the content of my work.

1. Strongly disagree

2. Disagree

3. Slightly disagree

4. Neither agree nor disagree

5. Slightly agree

6. Agree

7. Strongly agree

5. I find myself thinking about distressing material at home.

6. Sometimes I feel helpless to assist my clients in the way I would like.

7. Sometimes I feel overwhelmed by the workload involved in my job.

8. It is hard to stay positive and optimistic given some of the things I encounter in my work.

1. Strongly disagree

2. Disagree

3. Slightly disagree

4. Neither agree nor disagree

5. Slightly agree

6. Agree

7. Strongly agree

# What can we do about it?

*People are capable of finding pathways to reverse the destructiveness of trauma and turn it to their advantage.*

Stephen Joseph (2011). What Doesn't Kill Us: The New Psychology of Posttraumatic Growth .

# PROTECTIVE FACTORS



**Social support**

**Social support**

**Social support**

**Social support**

**Social support**

**Social support**

**Social support**

**Social support**

**Social support**

# ***INDIVIDUAL PROTECTIVE FACTORS***

Social support

Supervision and consultation

Resolution of one's personal issues

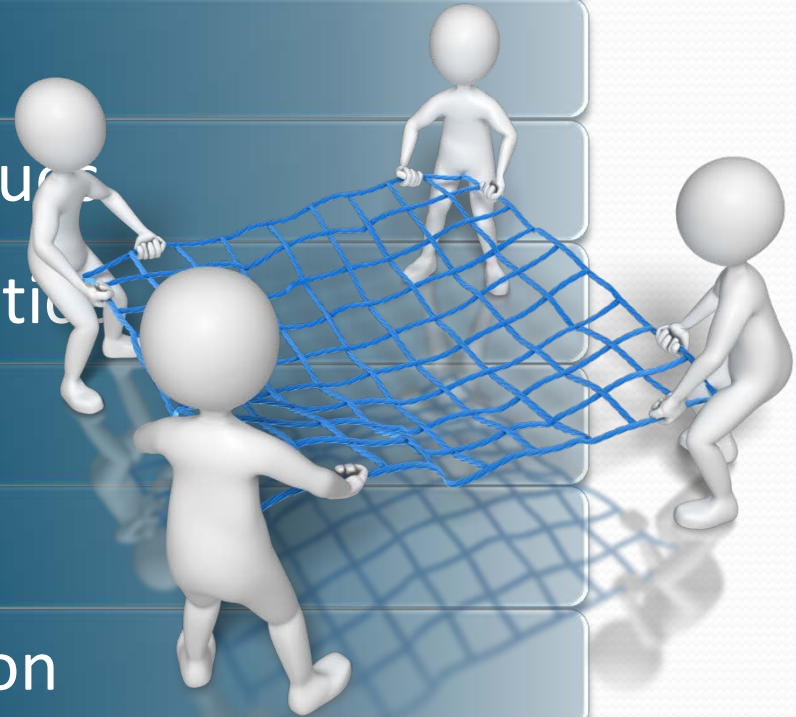
Strong ethical principles of practice

Knowledge of theory

On-going training

Emotional intelligence/regulation

Awareness of the potential and impact of VT





# PROTECTIVE ORGANIZATIONAL FACTORS

Stressors are accepted as real and legitimate – stressful situations are routinely debriefed

Problem is viewed as a problem for the entire group and not limited to the individual

The group intentionally seeks emotional regulation

Leaders model and practice mindful decision making

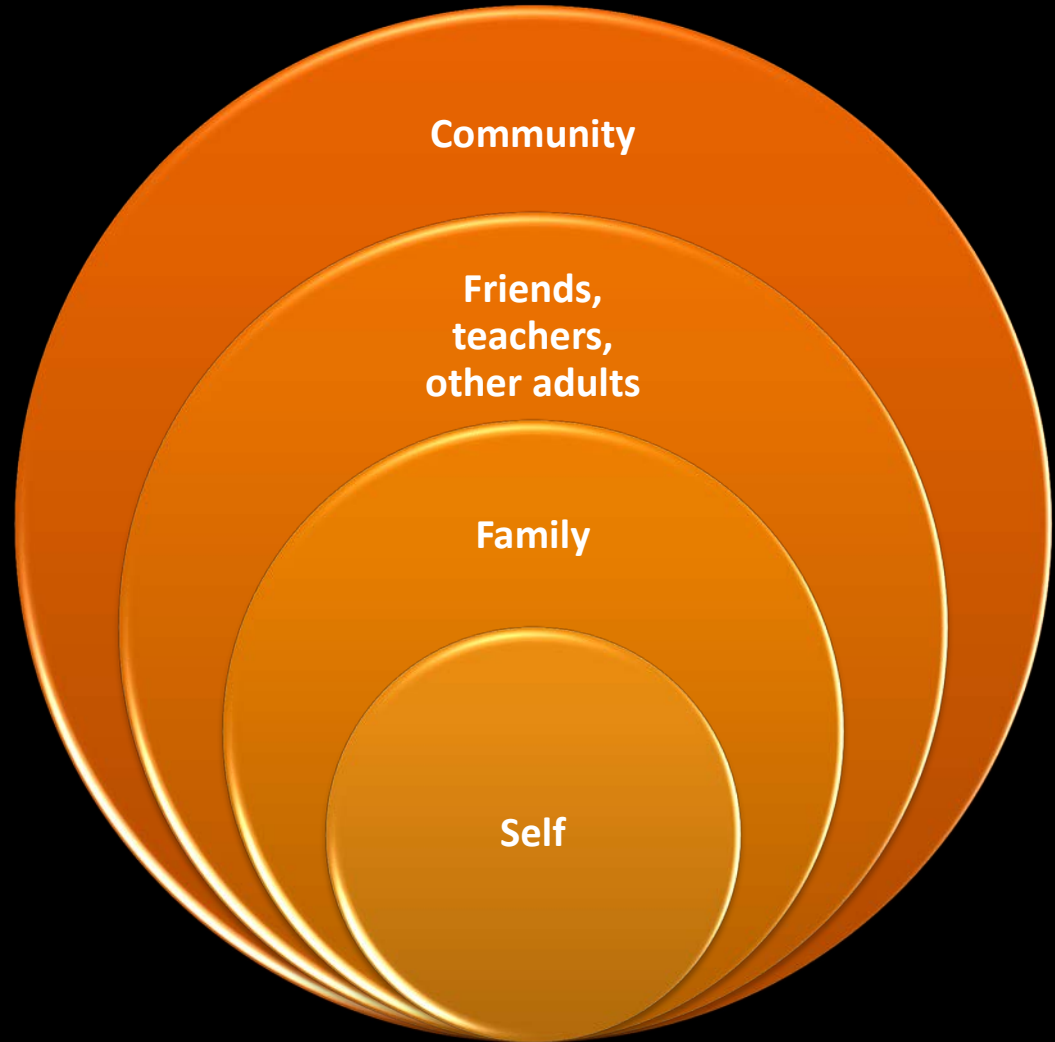
General approach to the problem is to seek solutions, not affix blame

Support is expressed clearly and abundantly in the form of praise, commitment and affection





# ADAPTIVE COPING



*pattern of shared basic assumptions that a group has learned as it solved its problems...and that has worked well enough to be considered valid and taught to new members*

How we do  
things around  
here

**Culture**

Accumulated  
Wisdom

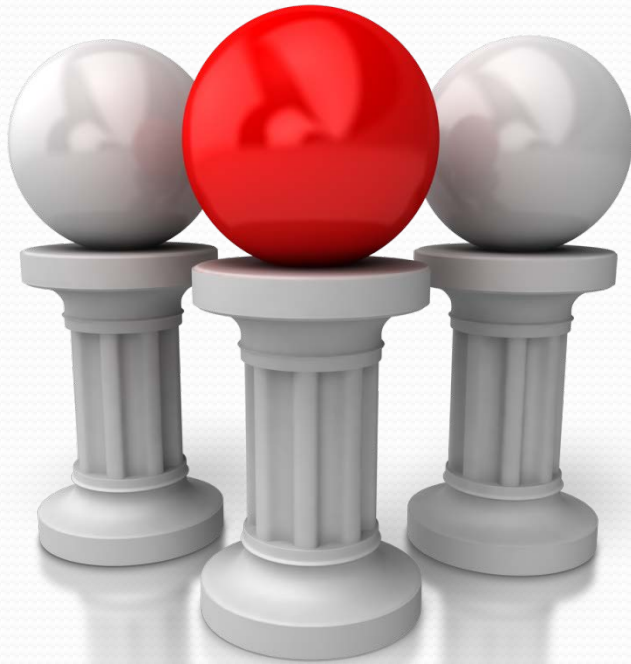
Largely  
unconscious

# Five Squirrels

- Donald Geisler 2005. “Meaning from Media: the Power of Organizational Culture”. Organization Development Journal 23 (1): 81-83.



# COMMUNICATING VALUES



What we reward

What we punish

What we say

What we do not say

What we do

What we do not do

# What is YOUR culture like?

- How are people brought into your group?
  - Inside jokes?
  - Urban legends?
  - Insider vocabulary?
- What message(s) are sent to group members?
- What message(s) do you WANT to be sending?



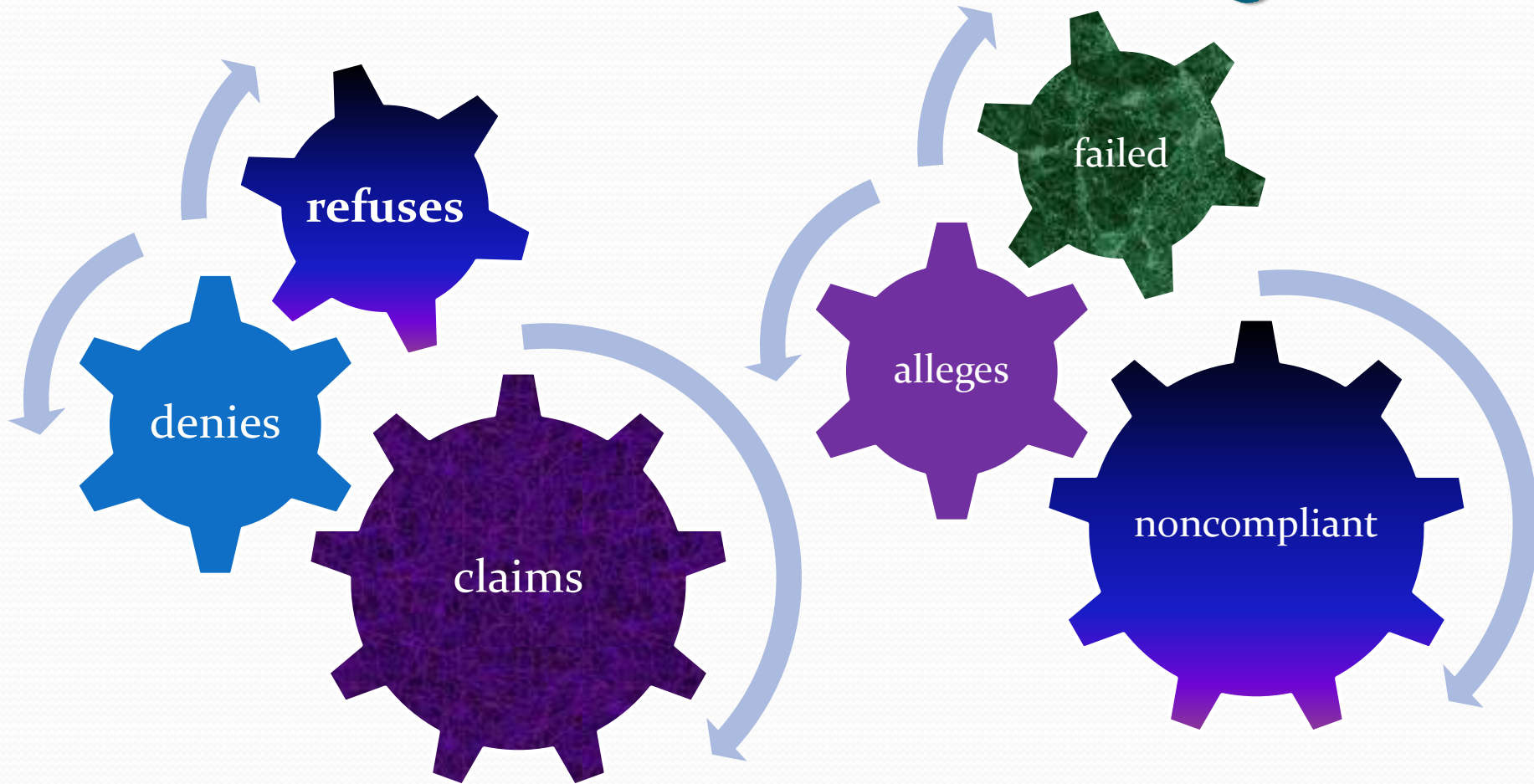
# Rituals make Traditions

- What is your welcoming ritual?
- What is your blowing-off-steam ritual?
- What is your dealing-with-an-upset-staff-member ritual?
- What is your loss ritual?
- What is your celebration ritual?
- What do these rituals say about your culture?
- How do these rituals fit with becoming trauma informed?





# Language and vocabulary





# Physical Environments

- Have an impact on attitude, mood, and behavior
- Physical environment has impact just as do medications, clinician advice
- Strong link between physiologic state, emotional state, and the physical environment
- Natural environment promotes increased dopamine, faster healing, and less pain in surgical patients

# Color matters (UBC, 2009) (Drunk Tank Pink - 1970s)

**Creativity**

**Attention to  
detail**

# Calming through Architecture: From Security to Safety

- Minimize noise and crowding (noise stifles creative learning)
- Offer calming distractions (water, plants, pictures)
- Provide shared spaces with moveable seating (gives people the ability to control their personal space and interactions with other)
- Sound-absorbing surfaces reduce noise (and stress)
- Offer natural light
- Comfortable chairs and soft surfaces
- Consider music

What does YOUR environment say?



# Welcoming ritual

- People are group animals – you are either out or in
- When strangers or competitors are encountered, you generate a threat response
- But it is very easy to affiliate with others... offering something, finding something in common, using each other's names



# Lived Experience – Been There, Done That

- Learning from those who have been through the system
- System navigators
- Role models
- Glimpse of what could be
- Hope!



# Staff to staff interactions

- Be kind
- Be friendly
- Be inclusive
- Empower each other
- Play together
- Talk together
- Work out differences with emotional intelligence





# Open Communication

- Listen to understand
- Say what you mean
- Mean what you say
- Don't be mean when you say it...



# Cat Hair?



# PRACTICAL Thoughts....

- How would you create a “safe” environment?
  - Physical?
  - Psychological?
- How would you eliminate “cat hair”?
- What ideas do you have for the hypervigilance phenomenon?
- How do you engage *thinking*?
- What are your triggers?
- What coping skills do you use at work?



# How stressed is your organization?

## Are you Trauma-Informed (kindness-informed)?


- Take the pulse of your own organization...
- Does the organization have symptoms of stress?
- How does your organization cope with trauma?
- What are the healthy behaviors your organization practices?



- *How do you foster HOPE here?*

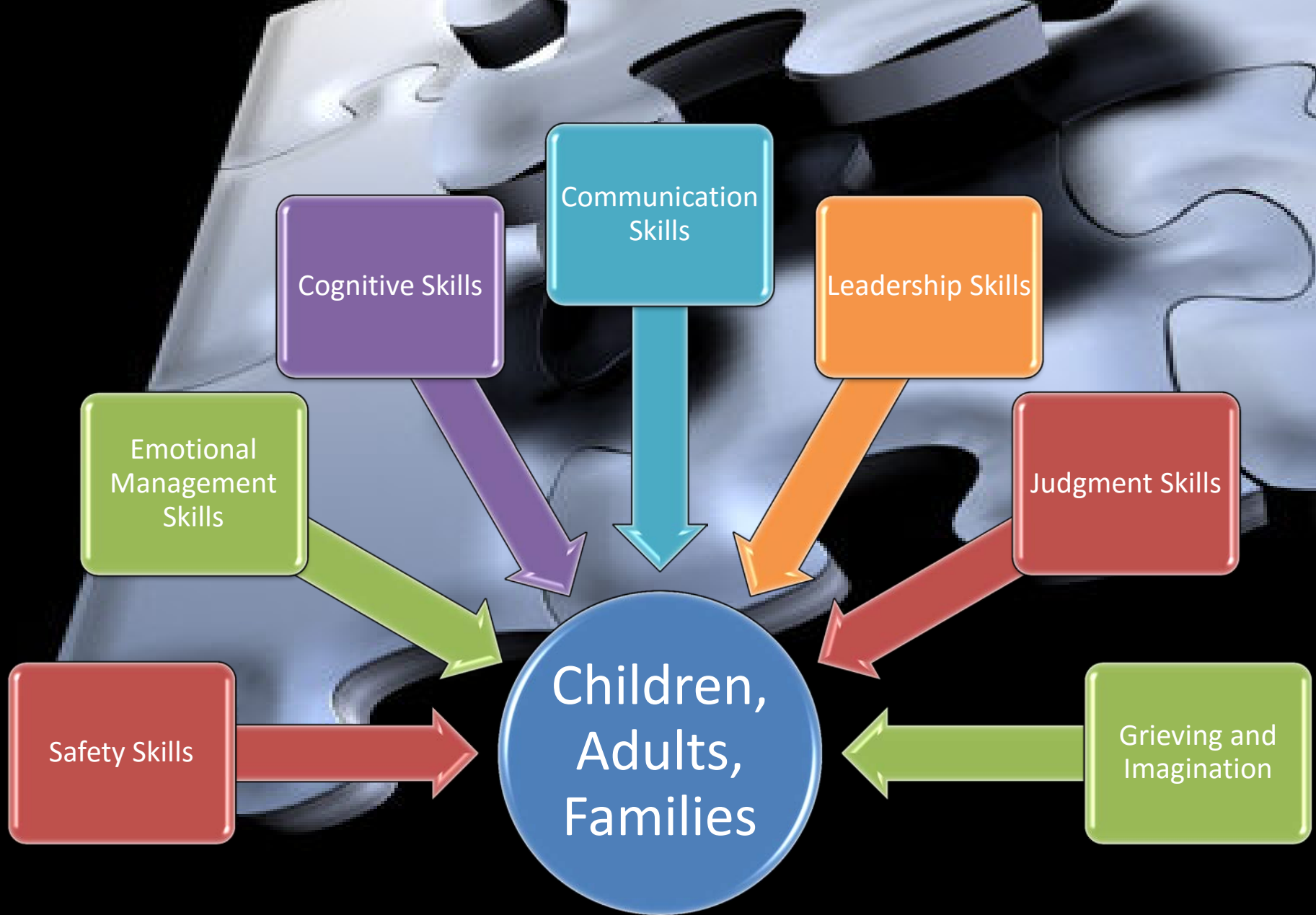


# Be *With* One Another

- 
- Laugh
  - Play
  - Commiserate
  - Hope
  - Work
  - Produce

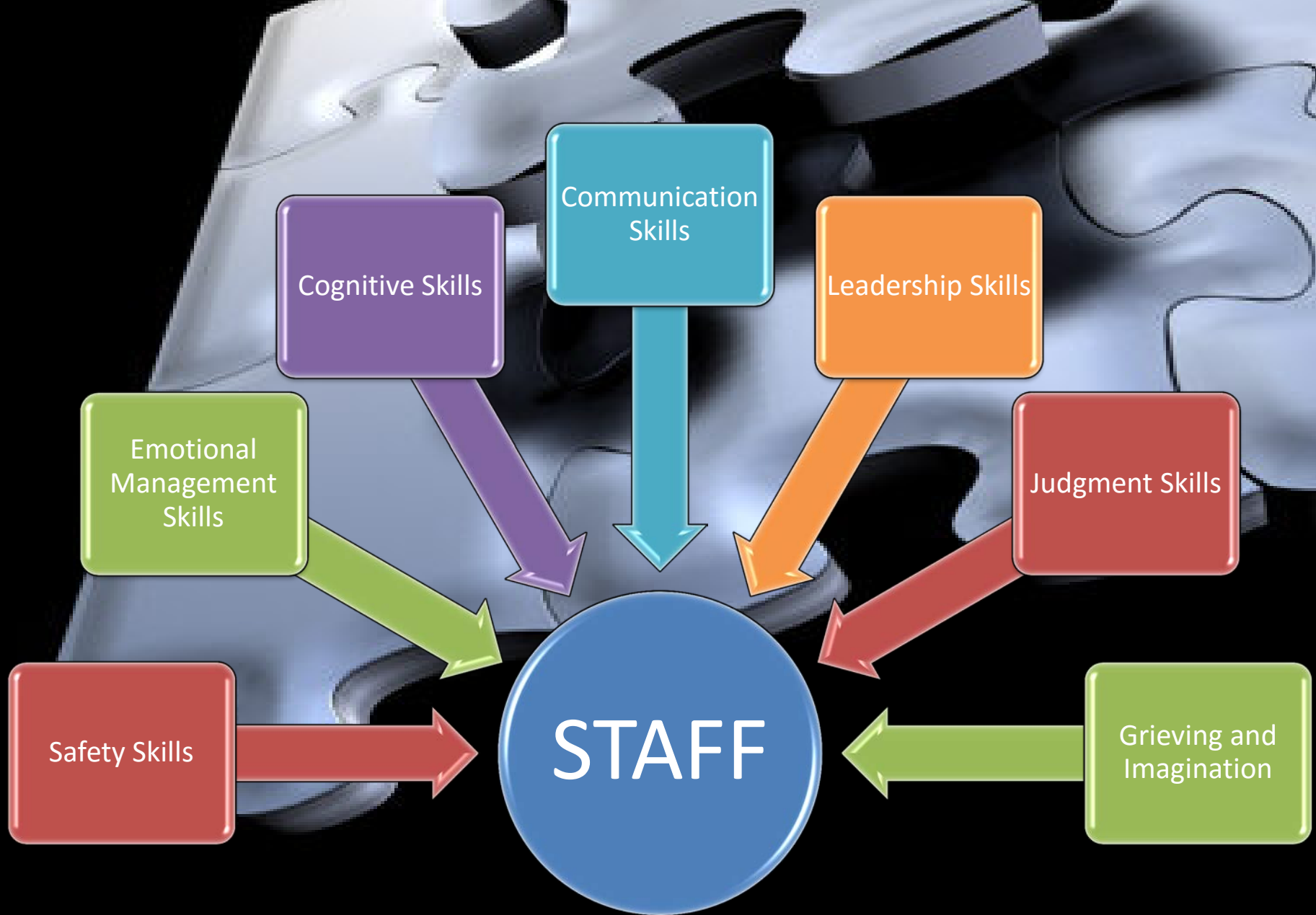
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# TRAUMA-INFORMED RESPONSES





# TRAUMA-INFORMED RESPONSES



# TRAUMA-INFORMED RESPONSES

# SO MAKE SURE YOU...




Listen to each other

Rest

Learn from each other

Exercise kindness and respect

And have a lot of laughs along the way



*You never know when you're  
making a memory...*

*--Rickie Lee Jones*