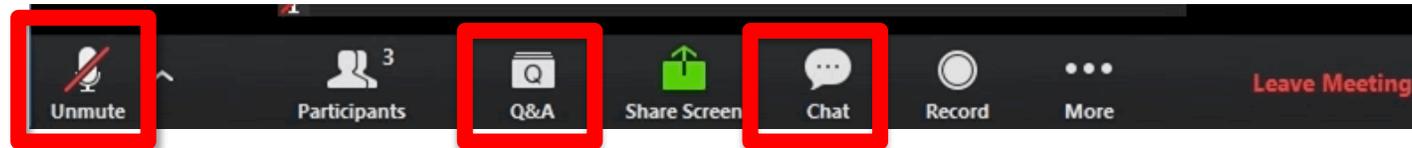


# Building Organizational Resilience

## How to Ask a Question



All functions are located at the bottom of your screen

- Type in the chat box or use the Q&A function
  - You can choose who to send a chat or question to

## Evaluation

**Please provide your feedback on the meeting at the link below.  
Scan the QR code or type the URL into your browser.**



<https://www.surveymonkey.com/r/TIROCWebinarEval>

# Today's Presenter



**Amelia Roeschlein DSW, MA,  
LMFT**

*Trauma Informed Care & Integrated  
Health Consultant*

National Council for Behavioral Health

[AmiR@TheNationalCouncil.org](mailto:AmiR@TheNationalCouncil.org)

**NATIONAL COUNCIL**  
FOR BEHAVIORAL HEALTH

# Personal Commitment



- Take what you need from today's training
- Learning happens on three tracks...
  - Learner
  - Professional
  - Facilitator

To whom are you dedicating your learning today?

## Moment to arrive



## Learning Objectives

Identify

Identify Trauma-Informed, Resilience-Oriented Components that are necessary in to create a resilient organization

Understand

Understand the connection between strong leadership and success in a change management process

Identify

Identify 3 specific skills and techniques necessary to promote resilience in the workforce.

# Stressors of Today

Not feeling safe at work due to real danger and high acuity of disease

Worries about job and employment

Anticipation about the future and unsure how long this will continue??

Constant doom and gloom (i.e. social media, news, etc.)

Working All the time

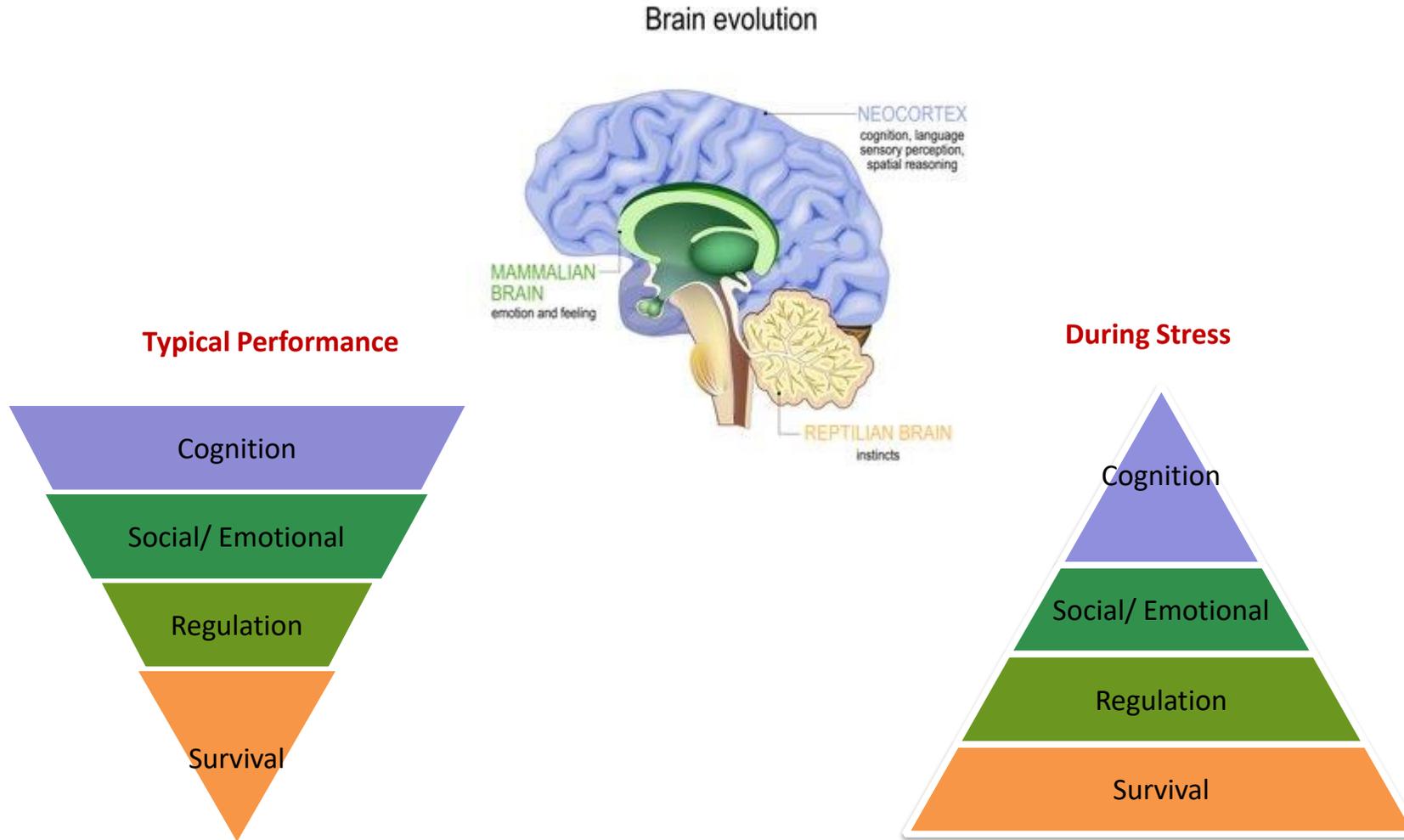
Everyone's in a different boat

Merged rolls and constant multitasking (employee, parent, spouse, managing families, schooling)

Social Unrest/  
Systemic Racism

Lack of control over the situation

# Impact of Stress on Brain Energy



Neocortex and Prefrontal Cortex (PFC):  
Executive Functioning

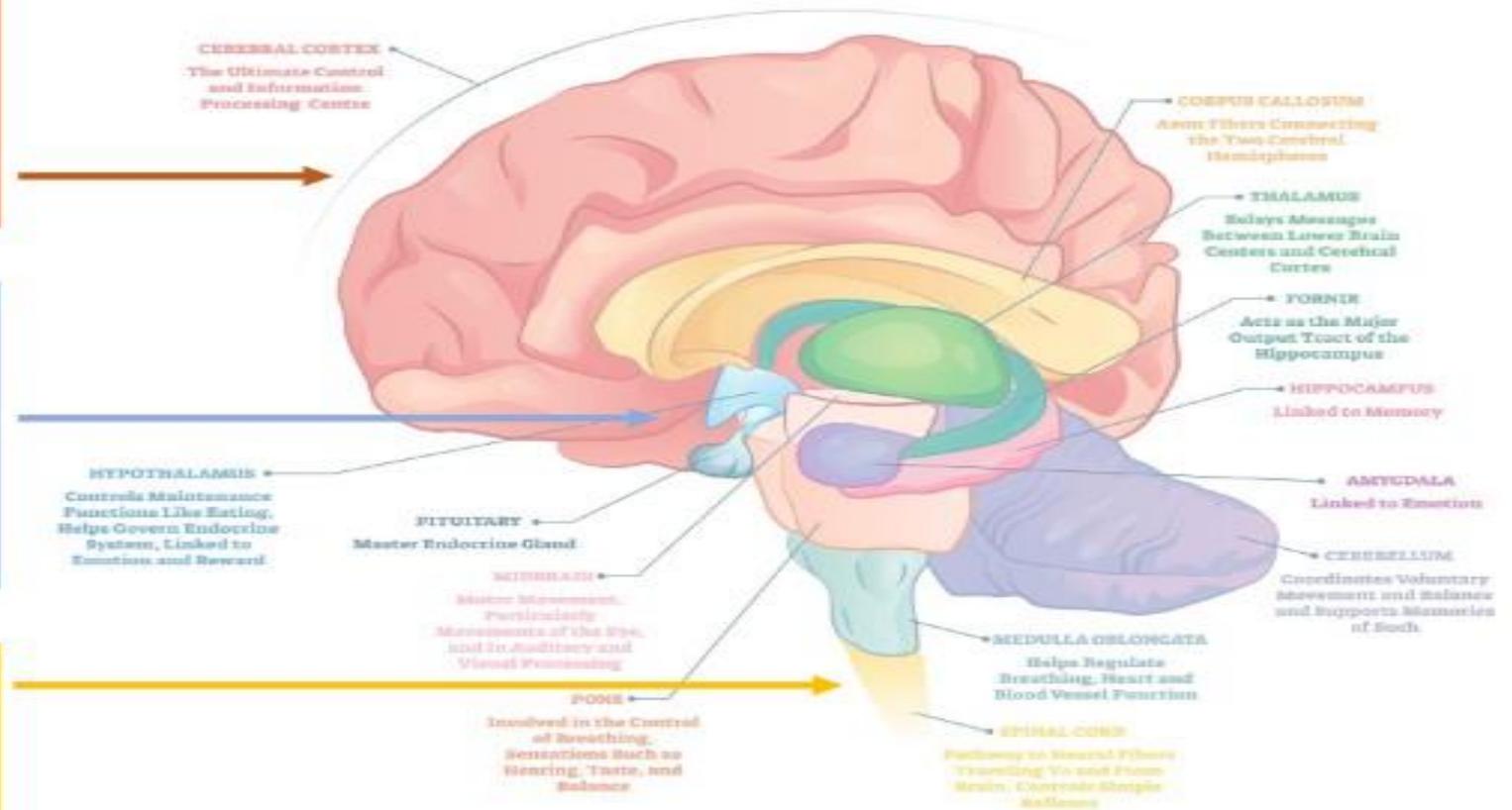
What can I learn?

Limbic System:  
Emotions and Memory

Am I loved?

Brain Stem:  
Appraisal & Survival Functions

Am I safe?



<https://drarielleschwartz.com/neurobiology-traumatic-memory-dr-arielle-schwartz>



## Another Definition

- A **people centric** capability based on the **strategic coordination** of organizational resources, **adaptive leadership**, intelligence, communication, and staff development which enables the identification and analysis of strategic threats through **shared situational awareness**.
- This is underpinned by a **learning culture** to drive **positive adjustment** and **adaptation** during periods of uncertainty.

## Organizational Resilience cannot happen when:

Work demands and pressures not matched to knowledge, abilities, and needs

Insufficient support from supervisors and colleagues

Little control over work processes

Unsatisfactory working conditions, such as workload, pace, and hours

Moral Injury is repeatedly happening (having to take over role of family members due to quarantine)

# Organizational Health = Organizational Resilience



# Two Requirements for Success

## SMART

Strategy

Marketing

Finance

Technology

## HEALTHY

Minimal Politics

Minimal Confusion

High Morale

High Productivity

Low Turnover

Lencioni, P. (2012). *The Advantage; Why Organizational Health Trumps Everything Else in Business*. Jossey-Bass.



# Resilience : Understanding Strong Leadership

# Safety through Vulnerable Collaboration

- Physical
- Emotional/Psychological
- Social
- Moral



**Opportunities for collaboration  
without punishment for failure**



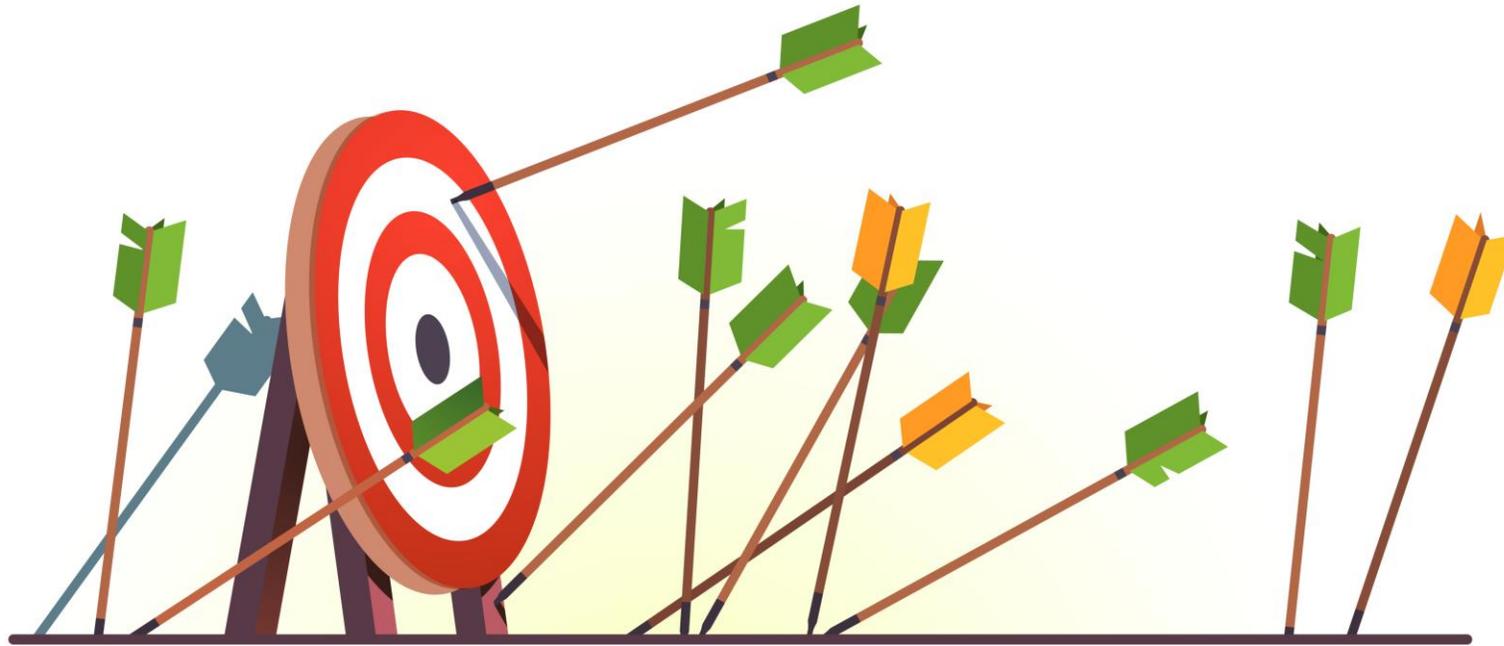
*The Five Dysfunctions of a Team by Patrick Lencioni*



# Resilience : Understanding Critical Elements of Change

## Resilience means supporting and embracing failure

- Innovation and learning support failure- if you don't succeed you learn



# TFT (Terrible First Time)

Meaning making out of new experiences reduces suffering

## 1. Normalize it

Feeling uncomfortable is expected in new situations

## 2. Put it in perspective

This will not last forever, won't always be this hard

## 3. Reality Check Expectations

Often it is more difficult than expected,  
and can be disappointing



Citation: Cadence13. (Producer). (2020, March 20). *Brene on FFTs*. [Audio Podcast]. Retrieved from <https://brenebrown.com/podcast/brene-on-ffts/>

# Resiliencing

- A verb instead of a noun, emphasizing a temporal focus that involves relentless feedback loops of anticipating problems, collaborating and improvising promptly to cope with adverse events, and learning from them continually across all levels individually and in organizations over time, and time after time.



# A Design Thinking, Systems Approach to Resiliencing

## Design Thinking Approach

People who face the problem every day are most likely the ones who hold the keys to the solutions.

Includes:

Desirability  
Feasibility  
Viability



# Creating and reinforcing mechanisms that support resiliencing

- Develop and reinforce a learning culture
  - Gain knowledge from large network of collaborators
  - Reward those that come forward with bad news and critical questions
- Create a climate of psychological safety
  - Exhibit vulnerability and an unknowing stance
  - Encourage all to offer up ideas, questions, concerns without certainty
  - Normalize reflections, reporting, learning and exploration, and make resiliencing part of effective memory and organizational culture
  - Store lessons learned so that they may be accessed again when needed





## Factors that encourage resilience amongst employees

- Feeling valued by the organization.
- Believing that their voice can be heard and matters.
- Feeling supported in their work.
- Believing they have the resources to do their jobs.



# Safety

- Prioritizing physical, emotional and psychological safety in each interaction – share resources with your team.
- Share best practices for each team members role
- Model vulnerability – talk about challenges, difficult emotions and create safe spaces for staff to do the same. Acknowledge if mistakes were made by leadership.
- Check in with staff often, asking how they are doing and what they may need, make sure someone is doing the same for you.
- Regulate, regulate, regulate.



## Trust and Transparency

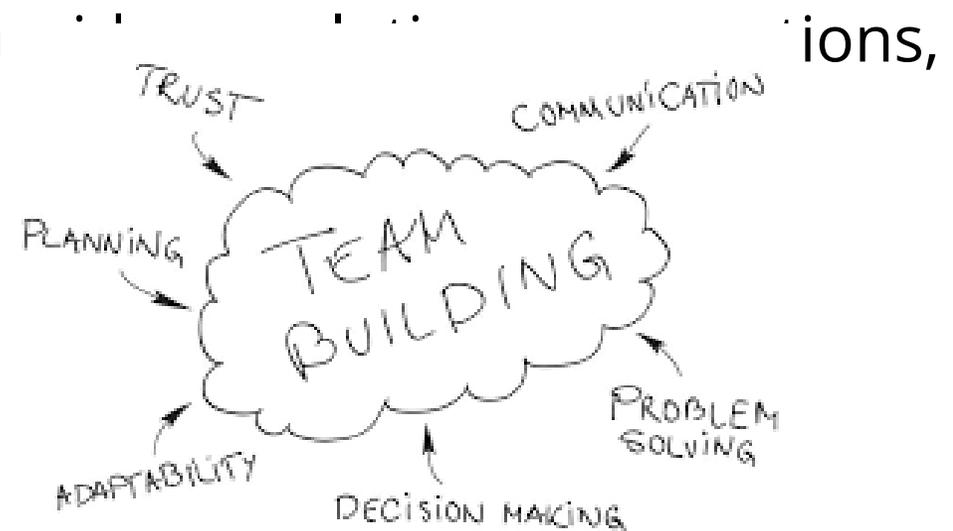
- Share as much information as possible.
  - Trust that staff can handle difficult news.
  - Consider daily check-ins/meetings to allow for information sharing/processing- this is outside of huddles or staff daily turnover. Especially important for non-professional staff such as environmental services etc.
- Examine current expectations/increase vulnerability
  - Adjust to changing needs and challenges of staff.
    - Acknowledge mistakes and label them as such.
    - Role modeling by manager/normalizing accessing mental health services and emotional well-being: “We’d be worried about you if you weren’t impacted by this “.



*Compassion* becomes real when  
we recognize our shared humanity"  
Pema Chodron

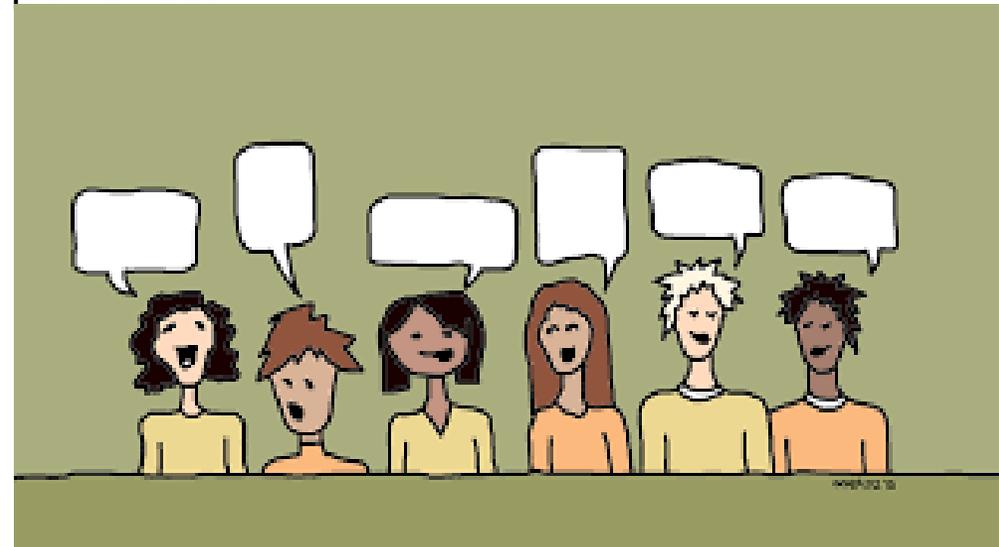
## Collaboration and Mutuality

- Allow time for social interaction.
  - Allowing staff to build in time for supervision or consultation (supervisor or peer) in particular if there is no formal support (outside of EAP).
  - Use daily check-ins/meetings to ask for questions, critical feedback.
- Partner with Staff
  - Look for common experiences not only related to crisis.
    - Share child/pet photos.
    - Use humor.



# Voice and Choice- nothing about us without us

- Seek staff input.
  - Offer options for altering work schedules based on staff needs- ask them what they need
  - Normalize grief around losses and blurred roles such as caretaking roles traditionally done by families.
  - Ensure all staff know how to access resources available to them
  - Openly discuss moral injury/second victim- normalize experiences
  - Seek critical feedback- key to resiliencing practice
- Recognize your privilege
  - Practice cultural humility.
  - Be curious and unknowing regarding how this may be impacting your staff.
  - Ensure everyone is invited to contribute.



## Peer Support

- Rely on each other.
  - Buddy system to ensure regular check-ins.
- Help yourself by helping others.
- Normalize trauma symptoms.
  - Encourage empowerment tools.
  - Encourage a culture of compassion.
  - Employee Protection Plan.



# Cultural, Historical and Gender Considerations

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

- Diversity, Equality, Inclusion
- Cultural Humility

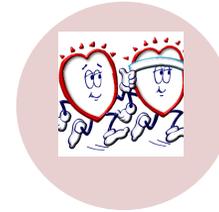


Other Considerations

# Promote Physical, Emotional, Spiritual and Workplace Self Care



Encourage and assist with practical ways to cope



**Physical self-care:** involves movement of the body - exercise, health, nutrition, sleep, rest, water intake, medication, supplements, **physical** touch, and sexual needs. Some examples of **physical self-care** include – going for a walk on the beach and having an epsom salt bath



Put YOURSELF on the Calendar. Block out time for self-care on your calendar.



Get enough sleep as often as you can. Sleep is usually the first thing to go when under stress.



Eat healthy food. Forego the temptation to order pizza or reach for processed sugar filled foods.

# A Culture of Compassion

## Dispositions:

- ✓ *Growth Mindset*
- ✓ *Compassion*
- ✓ *Resiliencing*
- ✓ *High Expectations*
- ✓ *Empathy*



# Evaluation

**Please provide your feedback on the meeting at the link below.  
Scan the QR code or type the URL into your browser.**



<https://www.surveymonkey.com/r/TIROCWebinarEval>



# Questions & Discussion

# Resources

- <https://www.healthline.com/nutrition/16-ways-relieve-stress-anxiety#section1>
- <https://www.helpguide.org/articles/anxiety/coronavirus-anxiety.htm>
- <https://adaa.org/tips-manage-anxiety-and-stress>
- <http://mentalhealthchannel.tv/episode/youre-wired-for-anxiety-and-youre-wired-to-handle-it>
- <https://compassionresiliencetoolkit.org/staying-resilient-during-covid-19/>
- <https://www.neurosequential.com/covid-19-resources>

# References

- American Psychological Association. (2015). Guidelines on Trauma Competencies for Education and Training. Retrieved from: <http://www.apa.org/ed/resources/trauma-competencies-training.pdf>
- Anda, R. F., Porter, L. E., & Brown, D. W. (2020). Inside the Adverse Childhood Experience Score: Strengths, Limitations, and Misapplications. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2020.01.009
- Baker, C. N., Brown, S. M., Wilcox, P. D., Overstreet, S., & Arora, P. (2015). Development and Psychometric Evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. *School Mental Health*, 8(1), 61-76. doi:10.1007/s12310-015-9161-0
- Benard, B. (2004). *Resiliency: What we have learned*. San Francisco, CA, WestEd.
- Bethell et al. Positive Childhood Experience and Adult Mental and Relational Health in a Statewide Sample. *JAMA Pediatrics*, 2019;173(111)
- Bronfenbrenner, U. (2005). *Making Human Beings Human: Biological Perspectives on Human Development*. Thousand Oaks, CA: Sage.
- Cerney, M. (1995). Treating the “heroic treaters”. In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 131- 149). New York, NY: Routledge.
- Cook, J., & Newman, E. (2014). A Consensus Statement on Trauma Mental Health: The New Haven Competency Conference Process and Major Findings. *Psychological Trauma*, 6(4).
- Dezelic, M. S., & Ghanoum, G. (2016). *Trauma treatment: healing the whole person: meaning-centered therapy & trauma treatment foundational phase-work manual*. Dezelic & Associates, Inc.
- Diener E., Seligman M.E.P. Beyond money: Toward an economy of well-being. *Psychol. Sci. Public Interest*. 2004;5:1–31. doi: 10.1111/j.09637214.2004.00501001
- FalLOT, R. D. & Harris, M. (2009). *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol*. Washington, DC: Community Connections.
- Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at [www.homeless.samhsa.gov](http://www.homeless.samhsa.gov) and [www.familyhomelessness.org](http://www.familyhomelessness.org).
- Hellebuyck, M., Nguyen, T., Fritze, D., & Kennedy, J. (2017). *Mind the workplace*(pp. 1-25, Rep.). Alexandria, VirginiaVA: Mental Health America. <https://www.mentalhealthamerica.net/mind-workplace-2018>
- Institute for Health & Recovery. (2014). *Developing Trauma-Informed Organizations: A Toolkit, Second Edition*. Retrieved from <http://www.healthrecovery.org/publications/detail.php?p=30>

# References

- Klunder C.S. Preventive stress management at work: The case of the San Antonio Air Logistics Center, Air Force Materiel Command (AFMC); Proceedings of the Managing & Leading, Society of Psychologists in Management Conference and Institutes; San Antonio, TX, USA. 29 February 2008
- Lipsky, L. V., & Burk, C. (2009). Trauma stewardship: An everyday guide to caring for self while caring for others. San Francisco, CA: Berrett-Koehler.
- Maslach C. Understanding job burnout. In: Rossi A.M., Perrewe P.L., Sauter S.L., editors. Stress and Quality of Working Life: Current Perspectives in Occupational Health. Information Age Publishing; Greenwich, CT, USA: 2006. pp. 37-51
- Mathieu, F. (2012). The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization. New York, NY: Routledge.
- Masten, A. S. 2001. Ordinary magic: resilience processes in development. *American Psychologist* 56(3):227-238.
- Meyers, L. (September 27, 2018). Could Toxic workplaces be killing your clients. *Counseling Today*. Retrieved June 23, 2019, from <https://ct.counseling.org/2018/09/could-toxic-workplaces-be-killing-your-clients/>.
- Posen, D. B. (2013). *Is work killing you?: A doctor's prescription for treating workplace stress*. Toronto: Anansi.
- Quick, J. C., & Henderson, D. F. (2016). Occupational Stress: Preventing Suffering, Enhancing Wellbeing. *International journal of environmental research and public health*, 13(5), 459. doi:10.3390/ijerph13050459
- Saakvitne, Pearlman & Staff of TSI/CAAP (2013). *Transforming the Pain: A workbook on Vicarious Traumatization*. Created by Olga Phoenix Project: Healing or Social Change.
- Sege and Browne. Responding to ACEs with HOPE; Health Outcomes from Positive Experiences. *Academic Pediatrics* 2017
- Stamm, B.H. (2005). *The ProQOL Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout and Compassion Fatigue/Secondary Traumatic Stress Scales*. Washington, DC: Register Report: A Publication of the National Register of Health Service Providers in Psychology.
- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma- Informed Approach. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Sprang, G., Ross, L., Blackshear, K., Miller, B. V. V. Rabel, C., Ham, J., Henry, J. and Caringi, J. (2014). The Secondary Traumatic Stress Informed Organization Assessment (STSI-OA) tool, University of Kentucky Center on Trauma and Children, #14-STSO01, Lexington, Kentucky.
- The Fear of Feelings at Work (Lam, The Atlantic, 2017)
- Townsend, V. (2015, January 2). [https://www.washingtonpost.com/opinions/what-doesnt-kill-you-doesnt-necessarily-make-youstronger/2015/01/02/939f250e-8f7e-11e4-ba53-a477d66580ed\\_story.html](https://www.washingtonpost.com/opinions/what-doesnt-kill-you-doesnt-necessarily-make-youstronger/2015/01/02/939f250e-8f7e-11e4-ba53-a477d66580ed_story.html) [Editorial].
- Ungar, M. (2013). Resilience, Trauma, Context, and Culture. *Trauma Violence Abuse*. 14(3) 255-266.
- Van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.