

TRAUMA INFORMED WORKPLACES (TIW)

JFS CEO ALISSA WURTZEL, LCSW WITH SUPPORT FROM

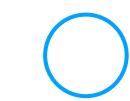
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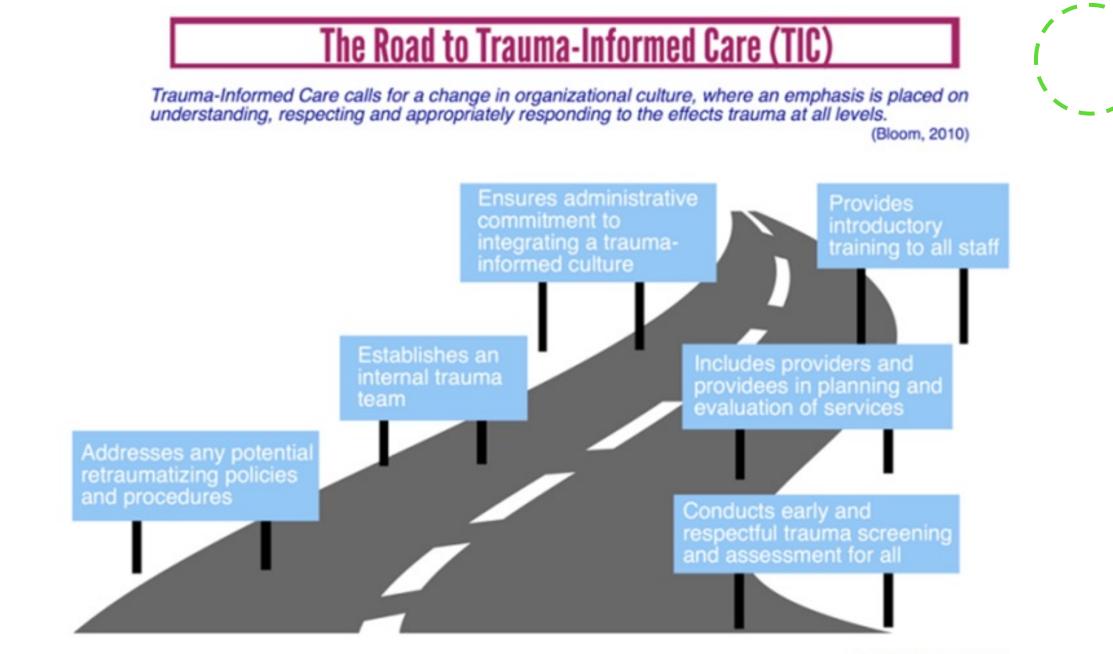
STORY TIME

Why Jewish Family Service necessitated at TIW ...

and why all of our organizations do...







(Fallot & Harris, 2001)

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

The Four Rs of Trauma-Informed Care

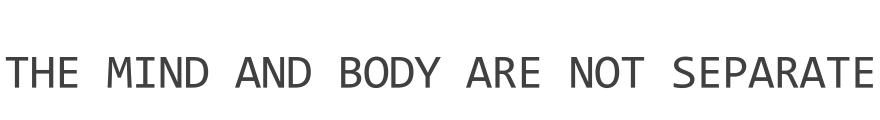




This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

TRIGGERS & GLIMMERS

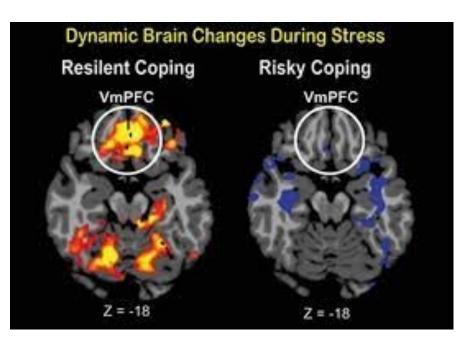
STEPS TO GET TO LAUGHTER





Beliefs wire our brains

for behavior speeds





Our biology adapts to the

OUTCOMES of our behaviors



HOW URGENT DOES THIS SITUATION FEEL?

Overwhelmed by this issue and disrupting my day Minor anxiety & frustration by this issue and need ideas for next steps Confident to navigate this situation if I have the proper resources

"TRAUMA GLASSES" OFF OR ON



Trauma Glasses Off	Trauma Glasses <mark>On</mark>
Manipulative	Getting needs met in ways that have worked in the past; doing whatever is necessary to survive
Lazy / unmotivated	Feeling disconnected, alone, or unheard by other; looking for connection; depressed, fearful, overwhelmed, or "frozen"
Resistant	Mistrustful of others due to history of being hurt by others; scared to make progress and then lose everything
Disrespectful	Feeling threatened, unsafe, out of control
Attention-seeking	Overwhelmed; lacking the skills to make decisions about what to do first or to organize

EMPLOYEE CONFLICT RESOLUTION FORM

This form is to serve as an optional way to allow employees to help resolve conflicts that do not rise to the level of discrimination, sexual harassment, or contract grievances. Those types of complaints have specific procedures, mandated by law, and follow a separate procedure.

Date:

Name/Position:

Staff to be at Meeting:

Facilitator's brief summary of conflict for discussion:

Is this meeting about a single event, reoccurring situation, or quality of relationship?

Please outline the concern(s), which resulted in your decision to initiate this process. Specific examples / dates detailing your concern(s) are encouraged. Ensure to include the impact it has on the work environment for you.

How urgent does this situation feel? (check one)

□ Overwhelmed

□ Minor anxiety and frustration by this issue and need ideas for next steps?

□ Confident to navigate this issue if I have the proper resources?

Using the Types of Communication Chart, do you and the other person have similar or different styles? Depending on your answer, what impact do your styles have on clear communication?

With your "trauma-informed glasses on", what do you notice about both parties reactions?

What specific steps, check-in's, and behaviors will support meaningful and respectful communication from this point on?

WHO NEEDS A HUG?

Humans thrive on physical connection, and hugging is one of the most powerful ways to show physical support.



WHAT IS THE BENEFIT OF HUGGING?

- Reduces Stress Levels
- Reduces Pain
- Improves Heart Health
- Boosts Self Esteem
- Improves Relationships

TOUCH STARVATION/TOUCH DEPRIVATION

- Loneliness
- Depression
- Stress
- Alexithymia (trouble feeling emotions)
- Attachment issues
- Personality disorders
- Physical pain
- Poor sleep quality



HOW TO IMPLEMENT HUGGING?

- Situational Awareness.
 - Be aware of policies.
 - Body Language.
 - o Culture.
 - Current Events.
- Do not run counter to your instincts.
- Ask for permission in a neutral tone and bog language—and be prepared to accept a "no" gracefully.
- Remember that relationships change.





HAND HUG

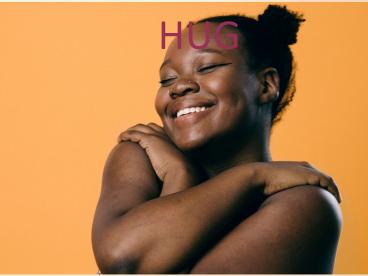
> HAND SHAKES

IT'S OKAY IF YOU'RE NOT A HUGGER!

WEIGHTED

BLANKET

SELF



WORDS OF AFFIRMATION

REFRENCES

- Dreisoerner, A., Junker, N. M., Schlotz, W., Heimrich, J., Bloemeke, S., Ditzen, B., & Van Dick, R. (2021). Self-soothing touch and being hugged reduce cortisol responses to stress: A randomized controlled trial on stress, physical touch, and social identity. *Comprehensive Psychoneuroendocrinology*, *8*, 100091. https://doi.org/10.1016/j.cpnec.2021.100091.
- Skipic, Z. (2022, August 26). Why Hugging is Important for Your Health Sheba Medical Center. *Sheba Medical Center*. https://www.shebaonline.org/why-hugging-is-important-for-your-

health/#:~:text=Studies%20show%20that%20hugs%20and,Hugging%20Improves%20Heart%20Health.

 https://www.advisory.com/daily-briefing/2018/01/08/huggingpatients#:~:text=Proponents%20of%20hugging%20patients%E2%80%94such,about%20so meone%3F%22%20Hornstein%20said.

IDENTIFYING BIASES & STIGMAS





TRAUMA

MENTAL ILLNESS

WORK ETHIC





SELF-RATING DISTRESS

A self rating allows YOU to compare it to your MOST distressing event YOU can imagine. Keeps OUR BODY as the measure, not a provider/ external time expectation for completion.







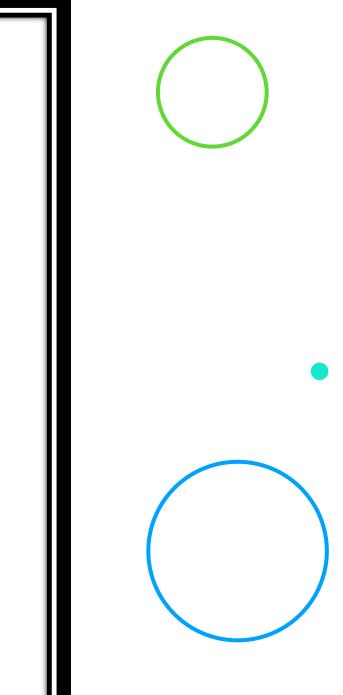




1. When someone asks you a question, do you answer them directly, or do you as "why" first?

2. When you are frustrated with a work moment or project, do you "spread it" and tell others, or "contain it" and look for a solution or task completion strategy?





LOW REGARD FOR OTHERS

PASSIVE AGGRESSIVE -Using sarcasm -Actions and feelings don't match up -Denying any issues -Avoiding confrontation -Subtly sabotaging or annoying others

AGGRESSIVE -Speaking loudly -Using "you" statements -Demanding in language -Interrupting others -Blaming others -Seeking to intimidate

ASSERTIVE

HOW ARE YOU

COMMUNICATING?

HIGH REGARD FOR SELF

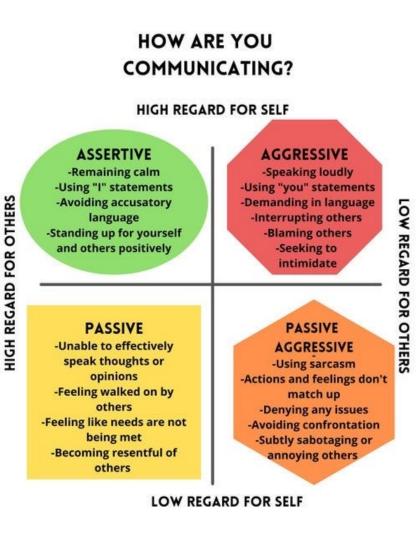
-Remaining calm -Using "I" statements -Avoiding accusatory language -Standing up for yourself and others positively

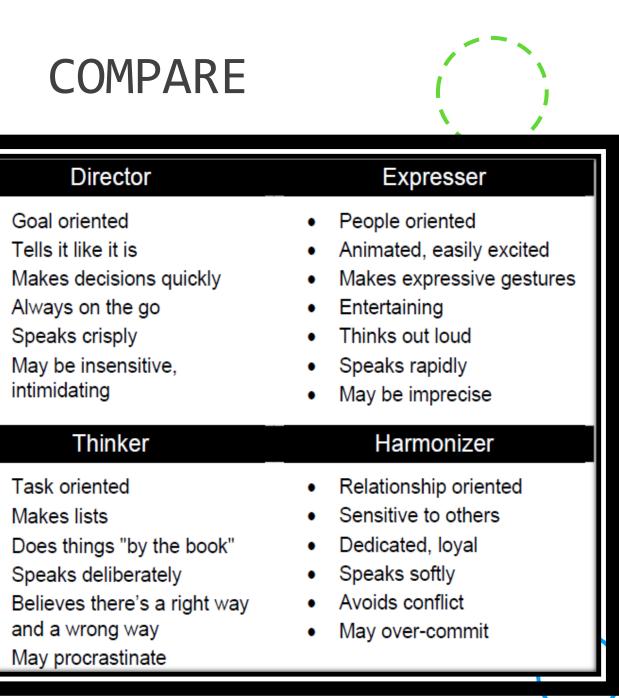
PASSIVE

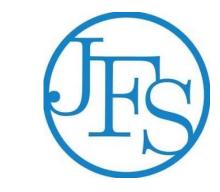
-Unable to effectively speak thoughts or opinions -Feeling walked on by others -Feeling like needs are not being met -Becoming resentful of others

LOW REGARD FOR SELF

HIGH REGARD FOR OTHERS







TRAUMA INFORMED PROGRAM







CONFLICT/RESOLUTION

6 GUIDING PRINCIPLES BEHAVIORS TI GLASSES

BIOENERGETICS, SOMATIC HEALING & A TIW







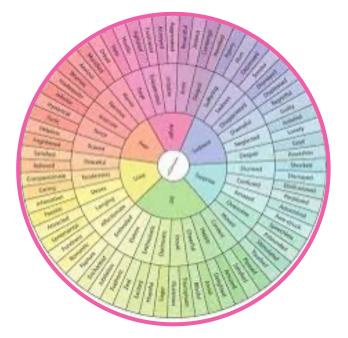
HOW YOU SHOW UP

SELF AWARENESS

COMMUNICATION

ENERGY AND HEALING







MOVEMENT



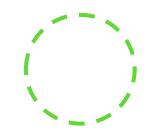
THINKING

Should I do less?



CLIENTS AND TEAMMATES HOW ISSUES GET RESOLVED

MOVEMENT



At work

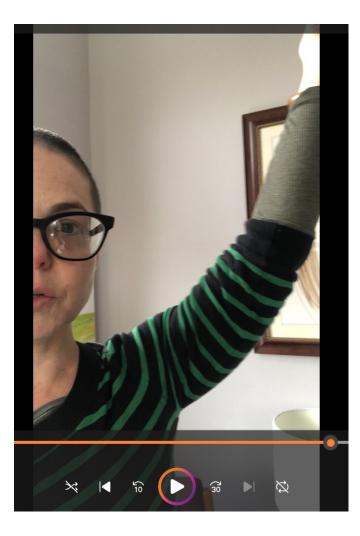


At home





SELF-DISCLOSURE, AN EXAMPLE





LETS MOVE TOGETHER



Example from the audience



Breathing in Community





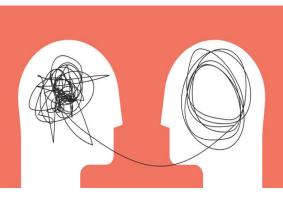
How a TIW informs how we operate in the

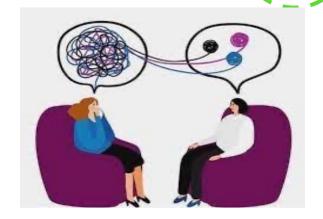
Community

Work Coping Skills are not "Therapy"

OCCUPATIONAL PSYCHOLOGY:

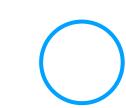
- DESENSITIZES REPETITIVE WORK STRESSORS
- PRACTICED AND EDUCATED DURING WORK TIME
- CHANGES BELIEFS/BEHAVIORS WITHOUT TELLING "MY WHOLE STORY"
- CAN BE DONE ANYWHERE/TIME
- BUILDS COMMUNITY AND
 COMMON LANGUAGE
- PACE OF AGENCY
 NEED DRIVES
 READINESS FOR
 CHANGE





THERAPY:

- PAID FOR AND AT SPECIFIC TIME
- OFFERS UNCONDITIONAL SUPPORT
- SAFE SPACE TO DISCLOSE TRAUMA DETAILS
- PACE OF INDIVIDUAL'S NEED DRIVES READINESS FOR CHANGE

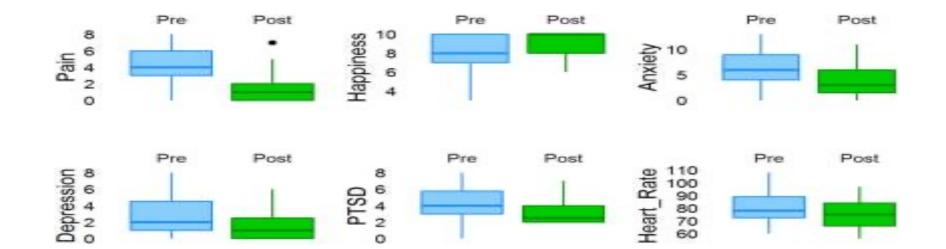


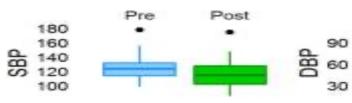


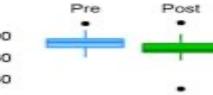
EFT TAKE HOME POINTS

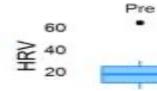
1995- Current research proves effectiveness as well as debunks random tapping Connects sides of brain to override fear Acupressure points signals rest and digest Repetition = lasting changes Dose with "healthy stimuli" Don't skip any parts of the recipe Free and available to all, at any time





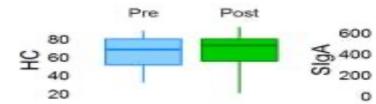


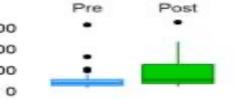


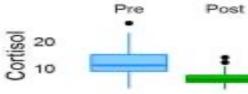


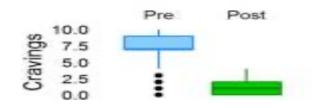


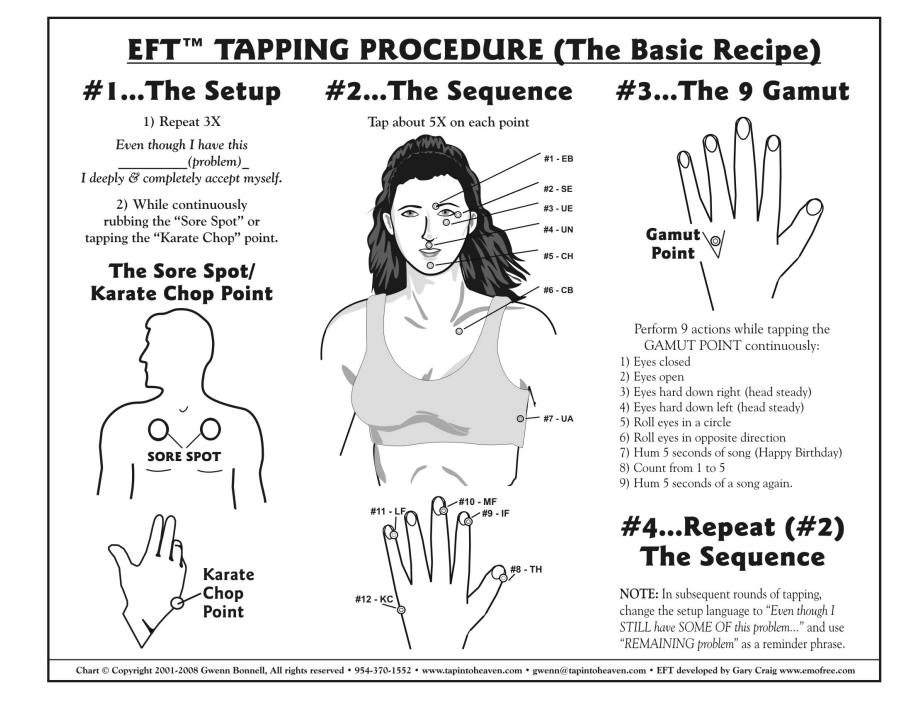
Post











QUESTIONS







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