LEADERSHIP CHECK-UP SERIES:
Developing Your Resiliency as a Public Health Professional
Housekeeping

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  – Select “Join by Phone,” then dial the phone number and meeting ID when prompted.

• You will be muted automatically upon entry. Please keep your phone line muted for the duration of the webinar.

• We will have time for Q&A at the end. Please submit your questions for presenters using the chat or Q&A features at the bottom of your screen.

• This webinar is being recorded and will be archived for future viewing on the National Council’s website.
SYSTEMATIC RACISM, HEALTH DISPARITIES, AND COVID-19: LEADING THROUGH COMPLEX TRAUMA WITH RESILIENCE AND HOPE
Today’s Presenters

Amelia Roeschlein, DSW, MA, LMFT
Consultant, Trauma-Informed Services
National Council for Behavioral Health

Aaron Williams, MA
Senior Director, Training and TA for Substance Use
National Council for Behavioral Health
Poll: What type of organization do you work at?

- Local health agency
- State health agency
- State agency (non-health department)
- Community behavioral health
- Hospital-based behavioral health
- Substance use disorder provider organization
- Corporate
- Education facility
- Federal agency
- Other (type in chat box)
Welcome!

Avia Mason, MPH
Senior Director, Leadership and Learning
Association of State and Territorial Health Officials
Leading through complex trauma with resilience and hope
Moment to arrive
What do you need to give yourself permission to do, feel, or not do to show up for this read-along?

Sometimes the first step in getting started is giving ourselves permission. Maybe you need to give yourself permission to:

**01.** Stay open minded

**02.** Give yourself the time you need

**03.** Make a list of questions

Or if you’re doing this in a group setting, permission to:

**01.** Show up to the group meetings

**02.** Ask for what you need

**03.** To pass during group sharing

**04.** Ask for more time

Write your permission slips below or on a sticky note. Feel free to have more than one.
How can you express to my agency that more needs to be done?

Navigating complex emotions in a volatile environment

There is so much information out there and conflicting. Hard to know what is best.

Navigating a productive response in a very complex time

Cultivation of an approach to dialogue that does not demonize or demean people with differing perspectives.

Lack of shared experiences. Agency staff do not reflect culture or diversity of community.

Knowing that systemic change is bigger and slower than what is being demanded right now makes it difficult to feel effective.

my personal opinion vs agency
Agenda

• Current events and Complex Trauma
• Leadership Role is building resilience
Boiling the Ocean
What is Trauma?

Definition (SAMHSA Experts 2012) includes three key elements:

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as overwhelming or life-changing and that has profound **effects** on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.
Intergenerational (Historical) Trauma

“Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”

Yellow Horse Brave Heart, 2003
Rethinking Historical Trauma: Narratives of Resilience
Aaron R. Denham, 2008

Historical Trauma and Cultural Healing, University of Minnesota Extension
Intergenerational/Historical Trauma Events

- Genocides
- Slavery
- Pandemics
- Massacres
- Prohibition/destruction of cultural practices
- Discrimination/Systemic prejudice
- Forced relocation
Microaggressions are everyday experiences of discrimination, racism, and daily hassles that are targeted at individuals from diverse racial and ethnic groups (Evans-Campbell, 2008). Health disparities, substance abuse, and mental illness are all commonly linked to experiences of historical trauma (Miachels, Rousseau, and Yang, 2010).
To you

- **Racial oppression**
  - *Internalized Devaluation*
    - “...oblivious to this infection but emotionally reactive to its effects”
    - “I am bad and unworthy”
    - "Profoundly devalued youth become hypervigilant about gaining respect... To some of these youth, death is preferable to disrespect.”
  - *Assaulted Sense of Self*
    - “…the culmination of recurring experiences with internalized devaluation.”
  - *Internalized Voicelessness*
    - “…results from and fuels internalized devaluation and an assaulted sense of self... it impairs the ability to advocate for oneself.”
  - *The Wound of Rage*
    - “It is virtually impossible to be the depository of perpetual negative and debilitating messages and have one’s sense of self assaulted without experiencing rage. ...It is distinguishable from anger, which is an emotion connected to immediate experiences.”
  - *The Case of a Nobody*
    - “…sense of hopelessness, despair, and rage are the by-products of chronic and repeated experiences of being systematically devalued and having [one’s] sense of self assaulted.”

Healing the Hidden Wounds of Racial Trauma, Kenneth V Hardy
Journal: Reclaiming Children and Youth, Spring 2013 (vol 22, number 1) pg. 24-29
Anxiety is a normal human response to a stressful situation
Intersectionality
Impact of Trauma on Minority Populations and SDoH

• Minority populations are exposed to higher rates of trauma and are less likely to receive adequate mental health treatment due to service barriers and the lack of culturally informed treatment providers (Turner et al., 2016).

• There are numerous identified barriers for minority communities in accessing the broader healthcare system such as:
  – Limited insurance coverage
    • More than half of uninsured U.S. residents are people of color
  – Logistical barriers
    • People with limited resources may find it more difficult to take time off of work, secure child care, or find appropriate transportation
  – Linguistic and cultural differences
    • Particularly for immigrant populations—can result in breakdowns in communication that lead to poorer health outcomes

Barriers to Pursuing Mental Health Care

- White
  - Cost/Insurance
  - Low Perceived Need
  - Prejudice/Discrimination
  - Structural Barriers
  - Concerns Over Effectiveness

- Two or More Races
  - Cost/Insurance
  - Low Perceived Need
  - Prejudice/Discrimination
  - Structural Barriers
  - Concerns Over Effectiveness

- Hispanic
  - Cost/Insurance
  - Low Perceived Need
  - Prejudice/Discrimination
  - Structural Barriers
  - Concerns Over Effectiveness

- Black/African American
  - Cost/Insurance
  - Low Perceived Need
  - Prejudice/Discrimination
  - Structural Barriers
  - Concerns Over Effectiveness

- Asian
  - Cost/Insurance
  - Low Perceived Need
  - Prejudice/Discrimination
  - Structural Barriers
  - Concerns Over Effectiveness

- American Indian*
  - Cost/Insurance
  - Low Perceived Need
  - Prejudice/Discrimination
  - Structural Barriers
  - Concerns Over Effectiveness

*Low precision; no estimate reports

Substance Abuse and Mental Health Services Administration, Racial/ Ethnic Differences in Mental Health Service Use among Adults. HHS Publication No. SMA-15-4906. Rockville, MD: Substance and Mental Health Services Administration, 2015
Exposure to Trauma by Type (2011)

- Asians, Black men and Hispanic Women
  - Higher risk of war-related events
- Blacks and Hispanics
  - Higher risk of child maltreatment, witnessing domestic violence
- Whites
  - Most likely to have trauma, learn of a trauma to someone close and to learn of an unexpected death

Risk for PTSD
Compared to Whites

- Higher for Blacks
- Lower among Asians

Survival Mode Response
Trauma Shapes Beliefs

➢ Worldview
➢ Spirituality
➢ Identity

We do not see things the way they are. We see them as we are.

Heather Marcus
## Impact of Trauma on Behavior Triggers

<table>
<thead>
<tr>
<th>External reminders of traumatic event</th>
<th>Internal reminders of traumatic event</th>
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<tbody>
<tr>
<td>• <em>Smell</em></td>
<td>• <em>Emotions</em></td>
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<tr>
<td>• <em>Sound</em></td>
<td>• <em>Thoughts</em></td>
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<tr>
<td>• <em>Sight</em></td>
<td></td>
</tr>
<tr>
<td>• <em>Touch</em></td>
<td></td>
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<tr>
<td>• <em>Taste</em></td>
<td></td>
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<tr>
<td>Stressors of Today</td>
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<tr>
<td>--------------------</td>
<td></td>
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<tr>
<td>Social/Physical Distancing</td>
<td></td>
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<tr>
<td>Worries about job duties, holding employment, financial constraints</td>
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<tr>
<td>Anticipation about the future...how long this will continue? Lack of control over the situation</td>
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<td>Constant doom and gloom (i.e. social media, news, etc.)</td>
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<tr>
<td>Working all the time</td>
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<tr>
<td>Worsening chronic health problems</td>
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<tr>
<td>Merged roles and constant multitasking (employee, parent, spouse, managing families, schooling)</td>
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<tr>
<td>Social Unrest</td>
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<tr>
<td>Increased substance use, isolation and loneliness</td>
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</tbody>
</table>
Simple vs. Complex Trauma
Community Crisis Response

- Fear and Anxiety
- Sadness
- Grief
- Anger
- Guilt
- Regret
- Change in behavior
- PTSD/Depression
People do well if they can email, text, and other communication.

Insert the rest of your life here...

External Expectations

Clients/consumer demands

Email, text, and other communication

Supervisor’s expectations

Project deadlines

Insert the rest of your life here...

Internal Expectations
Warning Signs

- Thinking the worst in every situation
- Reacting disproportionately
- Never taking a vacation
- Forgetting why you do your job
- Decreased performance at work
- Constantly not getting enough sleep
- Increased arguments with your family
- Decreased social life
Stress vs. Burnout

**Stress**
- Characterized by over-engagement
- Emotions are overactive
- Produces urgency and hyperactivity
- Loss of energy
- Leads to anxiety disorders
- Primary damage is physical

**Burnout**
- Characterized by disengagement
- Emotions are blunted
- Produces helplessness and hopelessness
- Loss of motivation
- Leads to depression
- Primary damage is emotional
<table>
<thead>
<tr>
<th>Trauma-Informed</th>
<th>Resilience-Focused</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REALIZES</strong> the widespread impact of trauma and understands potential paths for recovery</td>
<td><strong>IDENTIFIES</strong> programs and best practices proven to build resiliency at both individual and systemic levels</td>
</tr>
<tr>
<td><strong>RECOGNIZES</strong> the signs and symptoms of trauma in individual and systemic levels</td>
<td><strong>INOCULATES</strong> the system culture from the effects of stress and trauma <em>proactively</em> rather than reactively by having a strategic plan</td>
</tr>
<tr>
<td><strong>RESPONDS</strong> by fully integrating knowledge about trauma into policies, procedures and practices</td>
<td><strong>INSTILLS</strong> a shared vocabulary and skills for resiliency into every aspect of the life of the system</td>
</tr>
<tr>
<td><strong>RESISTS</strong> re-traumatization</td>
<td><strong>IMPROVES</strong> the health of the entire system by promoting restoration, health and growth in ongoing ways</td>
</tr>
</tbody>
</table>
Compassion Resilience Reflection

How is my Self-Care?
Cultural Respect

- Respecting one’s beliefs, values, culture, practices and differences.
Culture is...the shared values, traditions, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable. 

Singh, 1998

Intersectionality is a framework for conceptualizing a person, group of people, or social problem as affected by a number of discriminations and disadvantages. It takes into account people’s overlapping identities and experiences in order to understand the complexity of prejudices they face.

Crenshaw, 1993
Cultural Humility is another way to understand and develop a process-oriented approach to competency.

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

Hook et al, 2013

-Tervalon & Murray-Garcia, 1998
What is Implicit Bias?

Implicit Bias is...

Attitudes, Stereotypes, & Beliefs that can affect how we treat others.

Implicit bias is not intentional, but it can still impact how we judge others based on factors, such as:

- Race
- Ability
- Gender
- Culture
- Language
Seven Steps to Identify and Address Implicit Bias

1. Recognize that you have biases
2. Identify what those biases are
3. Dissect your biases
4. Decide which of your biases you will address first
5. Look for common interest groups
6. Get rid of your biases
7. Be mindful of bias kick back
We need to have...
Compassion Resilience
Hope for the Hurting

- Impact of Trauma
- Compassion Fatigue
- Professional Distress
### Building Resilience
**Individuals and Systems**

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Boundary Setting</th>
<th>Staff Culture</th>
<th>Self-Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Realistic ones for yourself</td>
<td>• Know what you want/can say ‘yes’ to</td>
<td>• Connecting with colleagues in a way that heals &amp; helps</td>
<td>• Mind</td>
</tr>
<tr>
<td>• Realistic ones for others</td>
<td></td>
<td></td>
<td>• Spirit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Strength</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Heart</td>
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</tbody>
</table>

[https://compassionresiliencetoolkit.org](https://compassionresiliencetoolkit.org)
Replace the Negative Culture with a Compassionate Culture for all

Staff
- Diversity, Equity and Engagement
- Build Staff Relationships
- Teach Skills (e.g. de-escalation)
- Support

Clients
- Racial Equity Lens
- Build Relationships
- Teach Skills (exec. function)
- Support

Families
Safety and Respect: Creating a Safe and Secure Environment for EVERYBODY

We need to create a mutually respectful interpersonal climate that fosters safety, trust, choice, collaboration, and empowerment.

“Mistakes made here often.”
Everyday...Everywhere...Everyone
As a country we are grappling with the result of hundreds of years of systemic racism and violence against people of color.

**Acknowledge**

Acknowledge history and be specific and accurate

As a country we need to

**Build**

Build community


**Create**

Create safe space for open, honest, dialogue and education

Hold space for different experiences and journeys. Allow for non-people of color to examine their role in combating racism.

**Develop**

Develop plans of action to dismantling systemic racism

Ask yourselves what is your vision for a new system and develop an action plan for dismantling what is for what you want in the future.

**Expand**

Expand beyond diversity, equity and inclusion to justice

Examine your systems and external impact. Assess where you are on the racial equity journey and get clear on how you serve to advance justice.
Healing Hidden Wounds

Step One: Affirmation and Acknowledgement
Step Two: Create Space for Race
Step Three: Racial Storytelling
Step Four: Validation
Step Five: The Process of Naming
Step Six: Externalize Devaluation
Step Seven: Counteract Devaluation
Step Eight: Rechanneling Rage

Healing the Hidden Wounds of Racial Trauma, Kenneth V Hardy
Journal: Reclaiming Children and Youth, Spring 2013 (vol 22, number 1) pg. 24-29
Resources
Resources


- https://portlandmeansprogress.com/readiness-assessment


Questions
Thank You!

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MENTAL HEALTH FIRST AID:
A PRIMER FOR PUBLIC HEALTH PROFESSIONALS AND COMMUNITIES

THURSDAY OCT. 22 AT 3-4 P.M. ET

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Register here