

LEADERSHIP CHECK-UP SERIES:

**Developing Your Resiliency
as a Public Health Professional**



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- 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.
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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.

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What do we ultimately do? Doing it in a trauma informed way
How can you express to my agency
that more needs to be done?

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

Navigating complex emotions in a volatile environment

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

Navigating a productive response
in a very complex time

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

my personal opinion vs agency

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

Agenda



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- 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

<http://www.extension.umn.edu/family/cyfc/our-programs/historical-trauma-and-cultural-healing/>

Intergenerational/Historical Trauma Events



Genocides



Slavery



Pandemics



Massacres



Prohibition/destruction
of cultural practices



Discrimination/Systemic
prejudice



Forced relocation

Intergenerational Trauma Perpetuated Today

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**





Community



Crisis



Intersectionality



Impact of Trauma on Minority Populations and SDoH

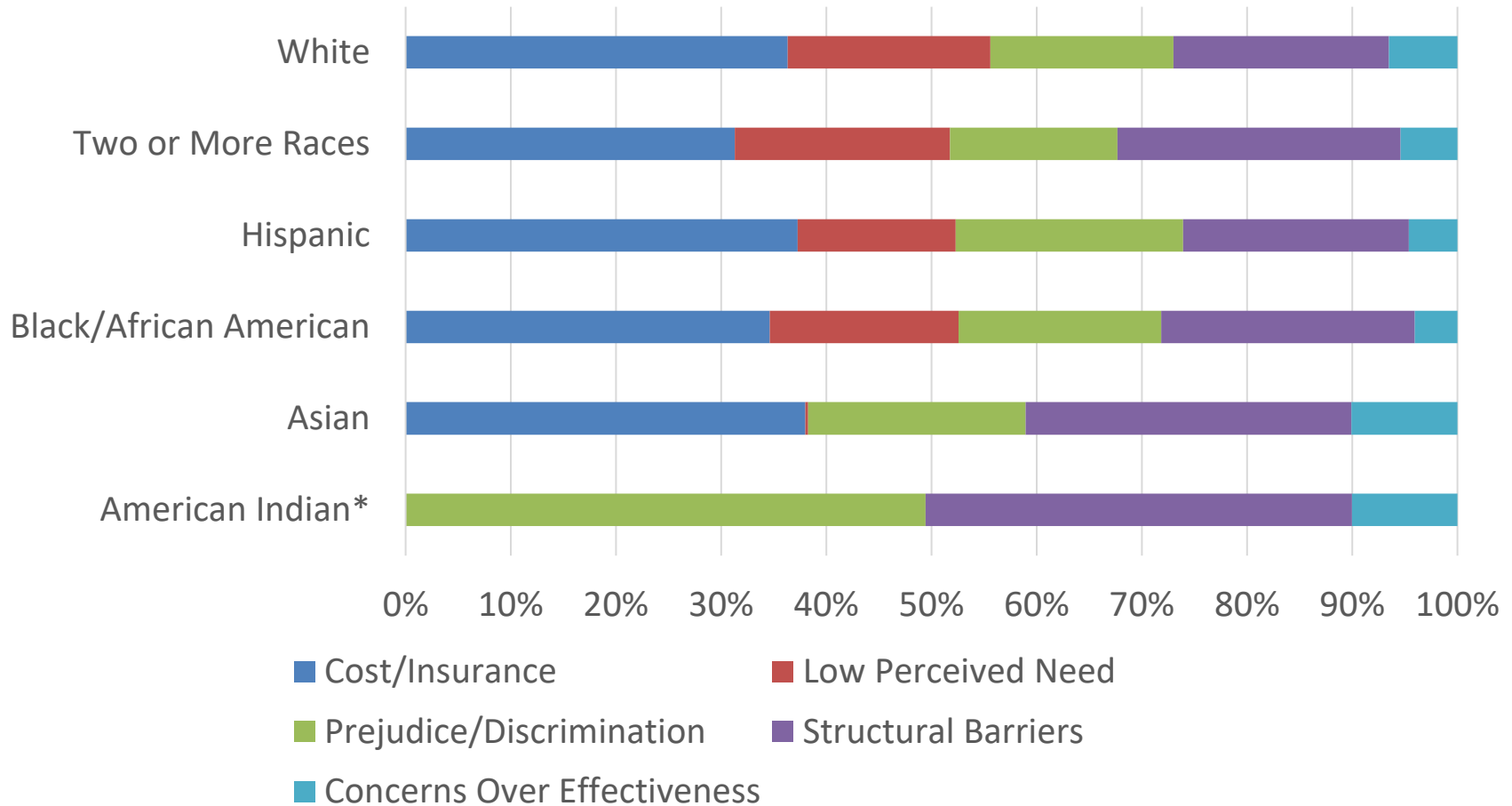
- Minority populations are exposed to higher rates of trauma and are less likely to receive adequate mental health treatment due to service barriers and the lack of culturally informed treatment providers (Turner et al., 2016).
- There are numerous identified barriers for minority communities in accessing 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

Llamas, J. (2006). Trauma and posttraumatic stress disorder in ethnic minorities. American Psychological Association, 6(4), 337–344.

<https://nursing.usc.edu/blog/discrimination-bad-health-minority-mental-healthcare/>



Barriers to Pursuing Mental Health Care



*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

AL Roberts, SE Gilman, J Breslau, N Breslau, and KC Koenen. "Race/ethnic differences in exposure to traumatic events, development of post traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States". *Psychol Med.* 2011. Jan: 41(1):71-83.

Survival Mode Response



Trauma Shapes Beliefs



- Worldview
- Spirituality
- Identity

Impact of Trauma on Behavior Triggers

External reminders of traumatic event

- *Smell*
- *Sound*
- *Sight*
- *Touch*
- *Taste*

Internal reminders of traumatic event

- *Emotions*
- *Thoughts*

Stressors of Today

Social/Physical Distancing

Worries about job duties,
holding employment,
financial constraints

Anticipation about the
future...how long this will
continue?

Lack of control over the
situation

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

Working all the time

Worsening chronic health
problems

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

Social Unrest

Increased substance use,
isolation and loneliness

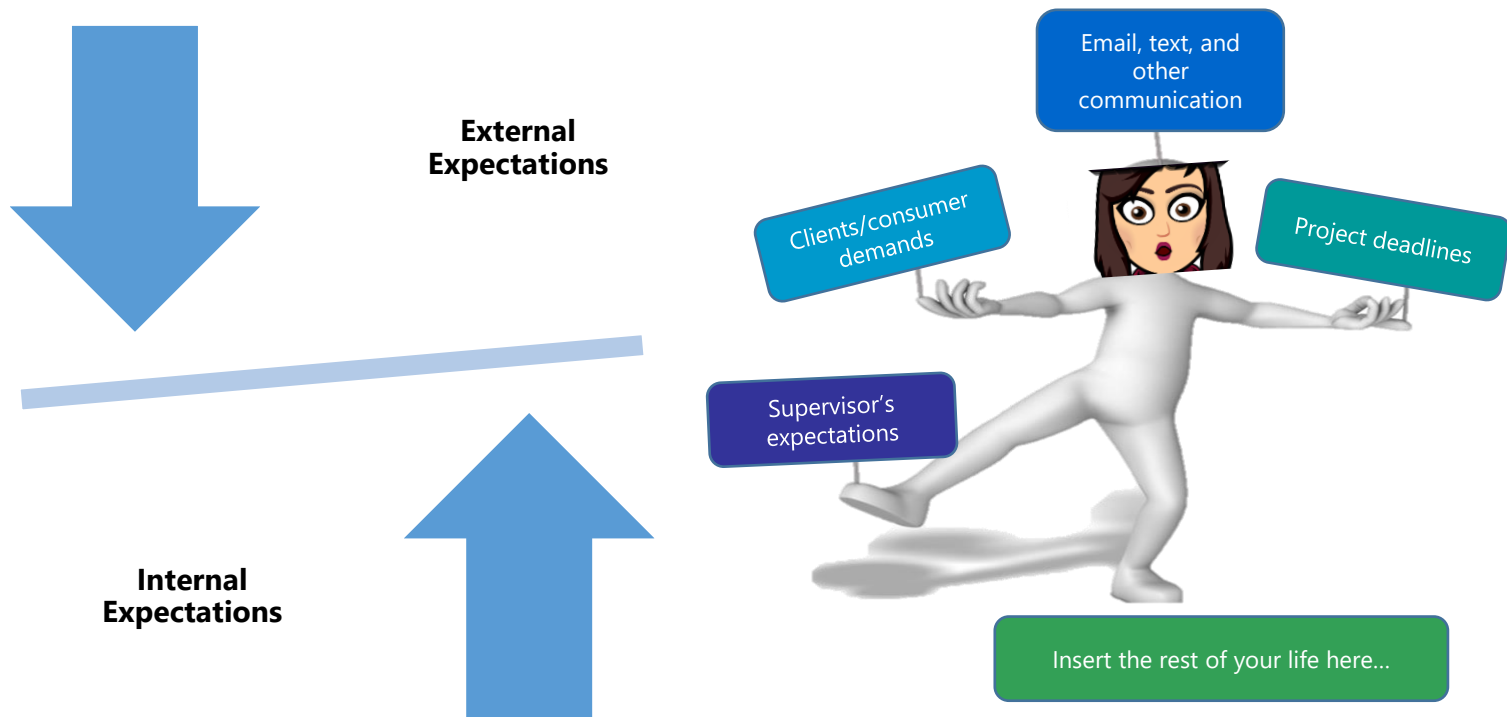
Simple vs. Complex Trauma



Community Crisis Response

- Fear and Anxiety
- Sadness
- Grief
- Anger
- Guilt
- Regret
- Change in behavior
- PTSD/Depression






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		Burnout
Characterized by over-engagement		Characterized by disengagement
Emotions are overactive		Emotions are blunted
Produces urgency and hyperactivity		Produces helplessness and hopelessness
Loss of energy		Loss of motivation
Leads to anxiety disorders		Leads to depression
Primary damage is physical		Primary damage is emotional

Trauma-Informed

REALIZES the widespread impact of trauma and understands potential paths for recovery

RECOGNIZES the signs and symptoms of trauma in individual and systemic levels

RESPONDS by fully integrating knowledge about trauma into policies, procedures and practices

RESISTS re-traumatization

Resilience-Focused

IDENTIFIES programs and best practices proven to build resiliency at both individual and systemic levels

INOCULATES the system culture from the effects of stress and trauma *proactively* rather than reactively by having a strategic plan

INSTILLS a shared vocabulary and skills for resiliency into every aspect of the life of the system

IMPROVES the health of the entire system by promoting restoration, health and growth in ongoing ways

Compassion Resilience Reflection

How is my Self-Care?



How is My Self-Care?

HOW IS MY SELF-CARE?	HEART	SPIRIT	MIND	STRENGTH
relationships:	relationships:	core values:	school/work:	care for body:
RANK: (circle one in each category)	(do) 1 2 3 4 5 (th)	(do) 1 2 3 4 5 (th)	(do) 1 2 3 4 5 (th)	(do) 1 2 3 4 5 (th)
emotions:	emotions:	rest & play:	organization:	stress resilience:
	(do) 1 2 3 4 5 (th)	(do) 1 2 3 4 5 (th)	(do) 1 2 3 4 5 (th)	(do) 1 2 3 4 5 (th)

REFLECTIONS:

HEART	relationships:
	emotions:
SPIRIT	core values:
	rest & play:
MIND	school/work:
	organization:
STRENGTH	care for body:
	stress resilience:
notes:	





Cultural Respect

- Respecting one's beliefs, values, culture, practices and differences.

Value of Cultural, Historical, Gender Specific Issues



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





[Source: Gardenswartz & Rowe, Diverse Teams at Work (2nd Edition, SHRM, 2003)]

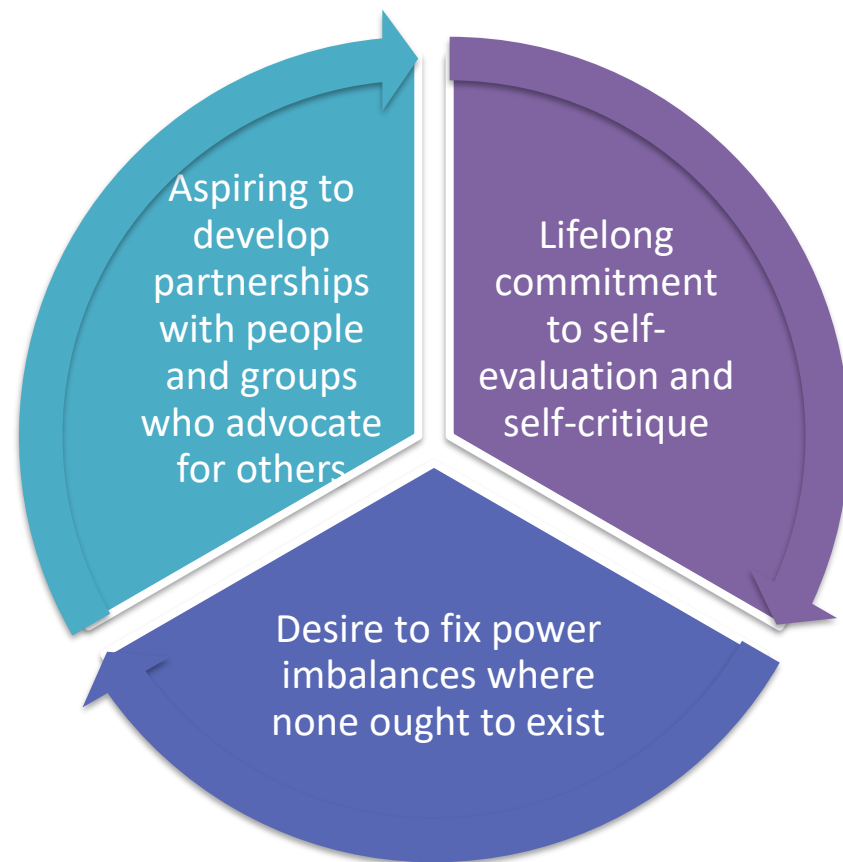
Cultural Humility

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

Step 1

- Recognize that you have biases

Step 2

- Identify what those biases are

Step 3

- Dissect your biases

Step 4

- Decide which of your biases you will address first

Step 5

- Look for common interest groups

Step 6

- Get rid of your biases

Step 7

- Be mindful of bias kick back

<https://www.cookcross.com/docs/UnconsciousBias.pdf>

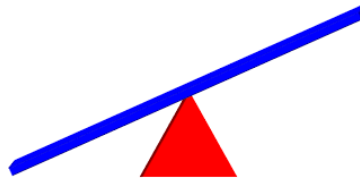


We need to have...



Compassion Resilience Hope for the Hurting

- **Impact of Trauma**
- **Compassion Fatigue**
- **Professional Distress**



Compassion Resilience



Building Resilience Individuals and Systems

Expectations

- Realistic ones for yourself
- Realistic ones for others

Boundary Setting

- Know what you want/can say 'yes' to

Staff Culture

- Connecting with colleagues in a way that heals & helps

Self-Care

- Mind
- Spirit
- Strength
- Heart

<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 Families

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

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

ABC's of Community Response

Acknowledge

Acknowledge history and be specific and accurate

As a country we are grappling with the result of hundreds of years of systemic racism and violence against people of color.

Build

Build community

Ask what people need. Share options. Encourage collaboration, mutuality, empowerment, voice, choice, trustworthiness, safety (physical, psychological and social).

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

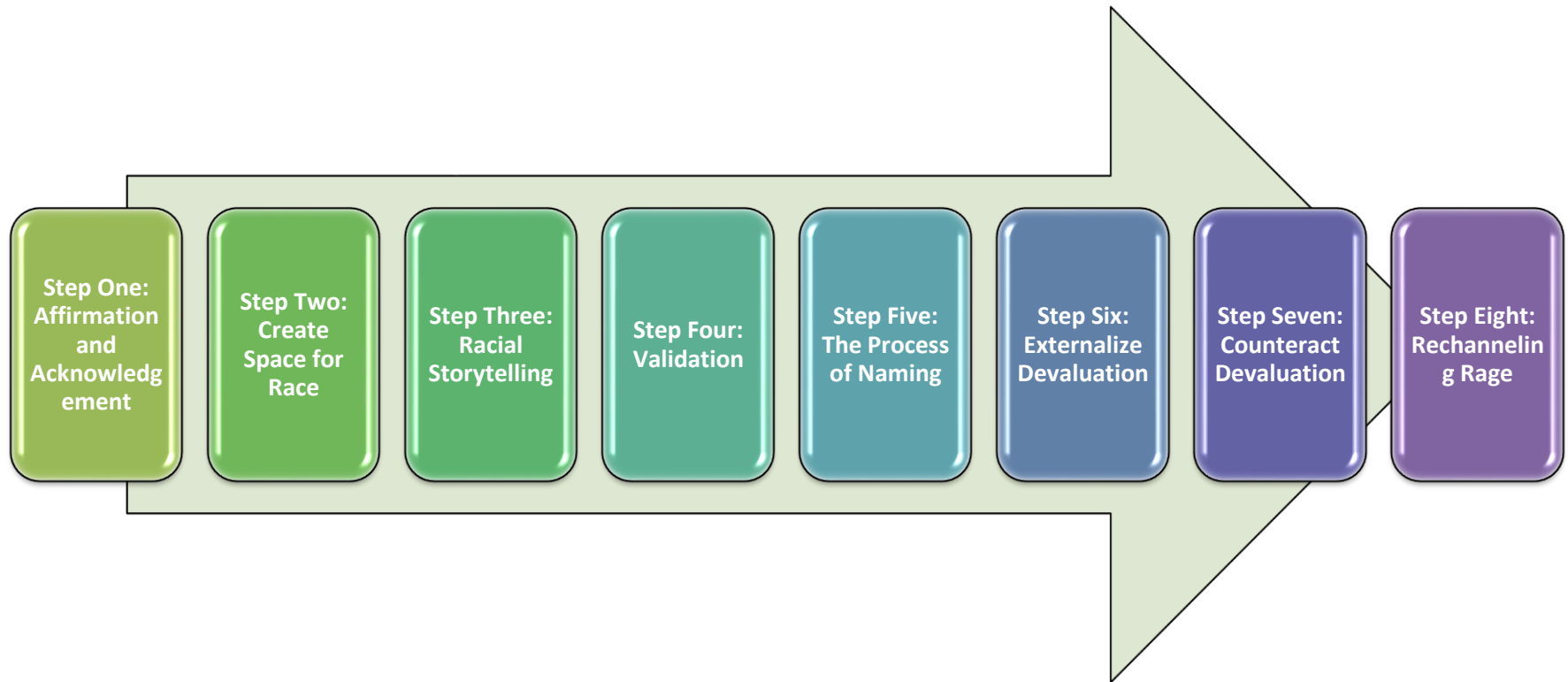
Ask yourselves what is your vision for a new system and develop an action plan for dismantling what is for what you want in the future.

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



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

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

TRAUMA-INFORMED, RESILIENCE-ORIENTED CARE

TI-ROC CLIMATE OF EQUITY ASSESSMENT

This tool was created for organizations to assess their current climate as it relates to equity. The information gathered from this assessment will aid organizations in identifying areas for improvement and modifications may need to be made to create a more equitable environment.

This assessment should be offered to be voluntarily completed by all staff members. The assessment below.

When institutions and systems of power are not equitable, they can create barriers to care and recovery. Forward, Moving the Role of the Community Forward, from and relate to other cultures.

Center for Cultural Competence

TRAUMA-INFORMED, RESILIENCE-ORIENTED CARE

CULTURAL HUMILITY SCALE

Please think about the staff member for whom you are completing this document. Using the scale below, think about the extent to which you agree or disagree with the following statements about that staff member.

Regarding the core aspect(s) of my cultural background, this staff member...

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
1. Is respectful.	1	2	3	4	5
2. Is open to explore.	1	2	3	4	5
3. Assumes they already know a lot more.	1	2	3	4	5
4. Is genuinely interested in learning.	1	2	3	4	5
5. Acts superior.	1	2	3	4	5
6. Is open to seeing things from my perspective.	1	2	3	4	5
7. Makes assumptions about me.	1	2	3	4	5
8. Is open-minded.	1	2	3	4	5
9. Is a know-it-all.	1	2	3	4	5
10. They actually do understand more than they actually do.	1	2	3	4	5
11. Asks questions when they are uncertain.	1	2	3	4	5

This scale was adapted from Hays, R. D., Chao, M. T., & Chao, J. (2012). Cultural Humility: Addressing cultural differences. *Journal of Counseling Psychology*, 59(1), 102-110. doi:10.1037/a0028205

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TRAUMA-INFORMED, RESILIENCE-ORIENTED CARE

Organizational Self-Care Training Activity Worksheet

It is tricky to explore organizational self-care. It can force us to confront the invisible, hidden, and explicit organizational habits that we've created and that can often be uncomfortable to talk about. Here are examples of some common organizational habits:

- Learning delays in the sink for someone else to clean up
- Program meetings starting ten minutes after the scheduled start time
- Team meeting requests made of colleagues which include incorrect or inconsistent information
- Last minute requests made of colleagues which include incorrect or inconsistent information

There are other organizational habits which more directly sabotage an organization's self-care (i.e., its ability to reflect, renew, and be resilient):

- Scheduling back-to-back meetings
- Cancelling or continuously rescheduling meetings with colleagues, including direct reports, peers, and supervisors
- Saying "yes" to any and every request that comes in
- Doing more with less

Simply put, these habits are unsustainable. As writer and monk Thomas Merton said, "The frenzy of our activities neutralizes our work for peace. It destroys our own inner capacity for peace, because it kills the root of the inner wisdom which makes work fruitful."

So, how do you create an organizational self-care strategy? We encourage the following steps:

1. Reflect first on what the organization does to take care of itself. Start from a place of strength and think about what your organization does well to create a supportive environment. I would consider that you probably have a few practices already in place (for example, one-on-one coaching or peer coaching circles) that you could leverage.

2. Spend some time thinking about what your organization does well to create a supportive environment. I would consider that you probably have a few practices already in place (for example, one-on-one coaching or peer coaching circles) that you could leverage.

Resources

- https://www.voa.org/moral-injury-center/pdf_files/moral-injury-identity-and-meaning
- <https://portlandmeansprogress.com/readiness-assessment>
- <https://alliancetoendhunger.org/wp-content/uploads/2018/10/SAW-for-HFC-10-Racial-Equity.pdf>
- <https://racc.org/wpcontent/uploads/buildingblocks/foundation/CCC%20-%20Tool%20for%20Organizational%20Self-Assessment%20Related%20to%20Racial%20Equity.pdf>
- <https://www.raceforward.org/practice/tools/workforce-development-racial-equity-readiness-assessment>



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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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