

# LEADERSHIP CHECK-UP SERIES:

Developing Your Resiliency  
as a Public Health Professional



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# WHEN YOUR HELP IS PERCEIVED AS HARM: MAKING SENSE OF PUBLIC REACTIONS TO PUBLIC HEALTH ACTION



# Presenter



**Elizabeth Guroff, MA, LCMFT**  
**Director, Trauma Informed Services**  
**National Council for Behavioral Health**

# Welcome!



**Michael Fraser, PhD, CAE**

CEO

Association of State and Territorial Health Officials



# DEEPAK CHOPRA'S 3-MINUTE MEDITATION

# Overview

- Trauma
- Moral Safety
- Moral Injury
- Taking Care of Yourself
- Taking Care of Those You Lead



# 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.*

# Resilience:

*Ability to adapt well to stress, adversity, trauma or tragedy*

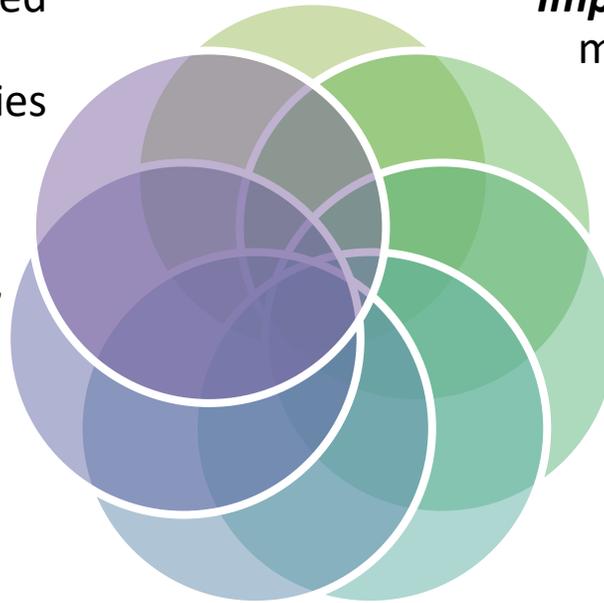
**Emotional regulation:**

The ability to control our emotions, attention, and thus our behavior

**Reaching out:** The continued drive to take on more challenges and opportunities

**Impulse control:** The ability to manage expression of our feelings

**Empathy:** Able to read others' behavior, to understand their states, and build relationship



**Accurate identification** of the cause of adversity

**Realistic optimism:** Being positive about the future *and* realistic

**Self-efficacy:** The sense that we can solve problems and succeed

**We need to have...**



# Paradigm Shift



We begin to ask,  
*“What happened to you?”*  
rather than  
*“What is wrong with you?”*

We have to ask,  
*“What’s strong?”*  
rather than  
*“What’s wrong?”*

## Whose lens do you look through?



# Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

SAMHSA-HRSA Center for Integrated Health Solutions. (2013). It's Just Good Medicine: Trauma-Informed Primary Care. Webinar. Retrieved from <https://bhta.hrsa.gov/index.php/resources/its-just-good-medicine-trauma-informed-primary-care>.

“a physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

-Sandra L. Bloom, *Creating Sanctuary*, 2013

# Organizational Considerations

## Physical Safety

The sense of being protected from COVID-19 exposure

## Psychological Safety

Addressing the anxieties and fears of being able to take care of oneself

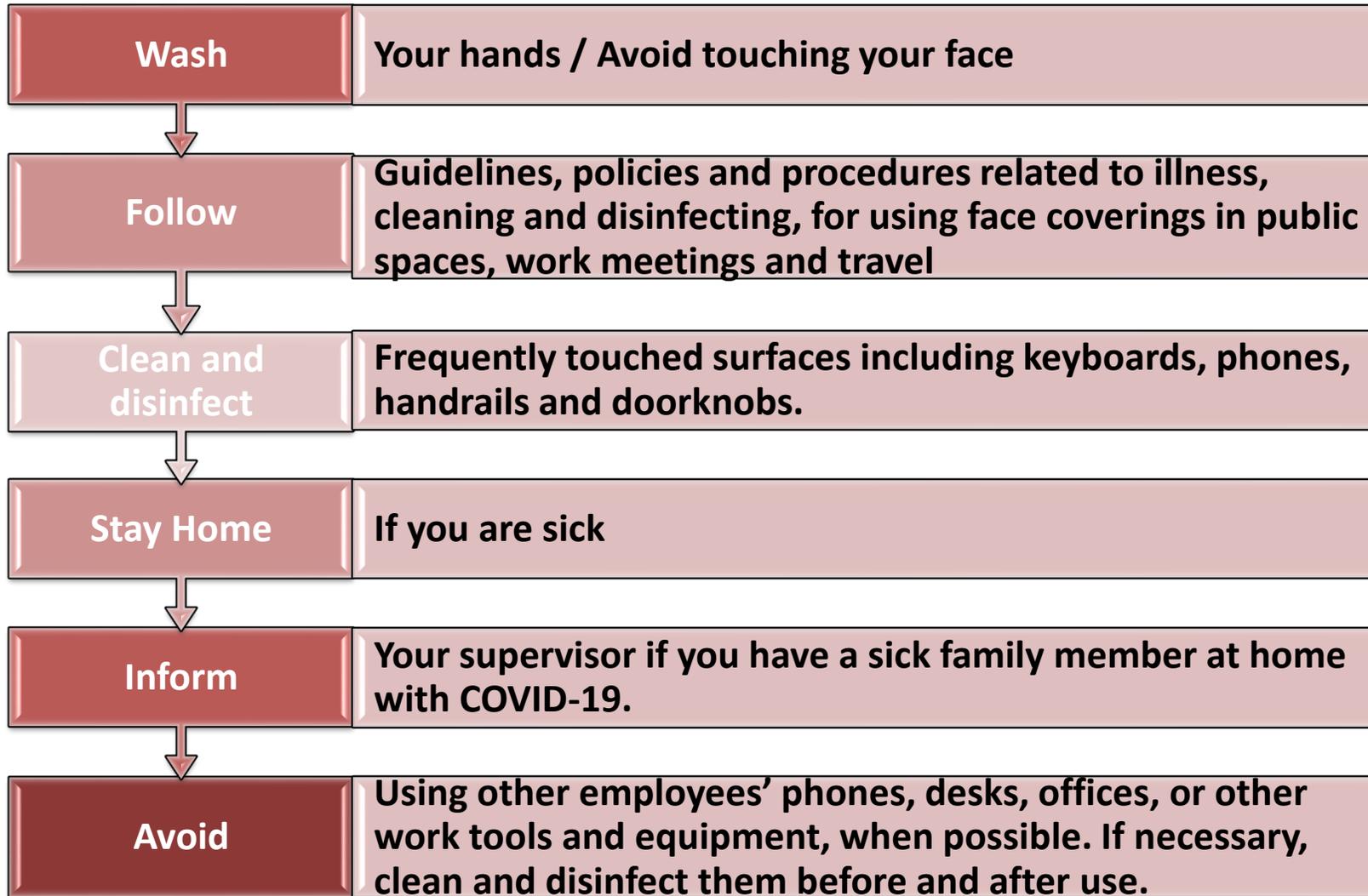
## Social Safety

Addressing the frustration, anger, guilt from the current social unrest

## Moral Safety

- Addressing the **hypocrisy** that is present, both **explicitly and implicitly**

# The “DO’s” for Physical Safety



# The “Don’t Forget To Do’s” for Psychological Safety



Know what to expect of yourself. You may experience a variety of emotions after returning to work, which is normal.



Continue to take care of yourself.



Take care of your children and your family.



Seek help if you need to. If your feelings are too much to bear, seeking help is a sign of strength, not weakness.



Mental health problems—in general and in response to a major event such as the pandemic—are common, real, diagnosable and treatable.

## Moral Safety



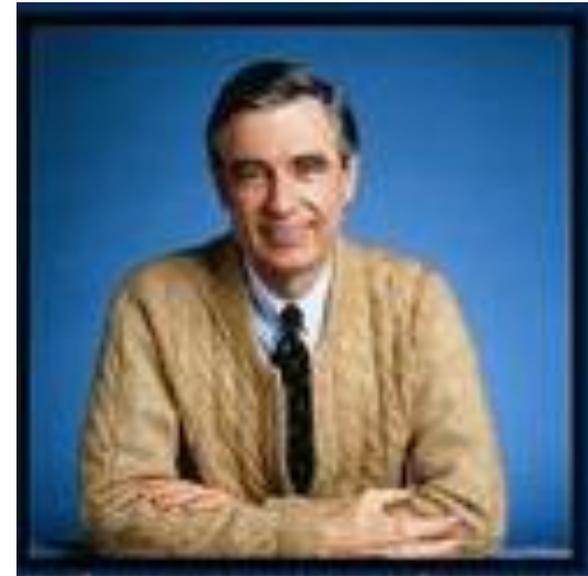
The never-ending quest for understanding how organizations function in the healing process

- An attempt to reduce the **hypocrisy** that is present, both **explicitly and implicitly**
- A morally safe environment struggles with the issues of **honesty and integrity**

-Bloom, 2013

When I was a boy and I would see scary things in the news, my mother would say to me, “Look for the helpers. You will always find people who are helping.” To this day, especially in times of “disaster,” I remember my mother’s words and I am always comforted by realizing that there are still so many helpers – so many caring people in this world.

*Fred Rogers*





## AMA statement on intimidation, threats toward public health officials



JUN 25, 2020

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**Statement Attributable to:**

[Susan R. Bailey, M.D.](#)

President, American Medical Association

“The AMA is concerned by recent news reports that public health officials have been intimidated and threatened for their work establishing local and state policies intended to stop the spread of COVID-19 and save lives. Particularly during this pandemic, it is important that decision-making be driven by science, data and evidence. Physicians, scientists and public health experts are equipped to interpret this data to help inform steps communities can take to improve health, safety and the well-being of our friends, neighbors and loved ones.”

Earlier this year, the [AMA affirmed the need for science-based decision making](#) in this time of disinformation to develop a common understanding that we can trust. To achieve this, the AMA urged that our government’s scientific institutions, now and in the future, be led by experts. The AMA also calls for an environment in which physicians, scientists and other experts are free to communicate evidence-based, factual information without fear of retaliation or retribution. In words and in actions—and especially at this moment—we should be encouraging careers in public health, not discouraging them.

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## MORAL INJURY

Rita Nakashima Brock, Ph.D.  
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Volunteers of America®

Moral injury is not a psychological disorder, but a normal human response to extremity and the disruptive impact of violence, oppressive contexts, and moral failure. Authoritarian systems with a lot of coercive control are especially morally injurious.

[https://www.voa.org/moral-injury-center/pdf\\_files/moral-injury-identity-and-meaning](https://www.voa.org/moral-injury-center/pdf_files/moral-injury-identity-and-meaning)

# Moral Injury

Shay definition: Moral Injury is 1) the violation of what is right by 2) someone in authority 3) in a high stakes situation. This kind of moral injury correlates to betrayal and rage and to higher rates of co-morbidity with PTSD (Jordan, 2017).

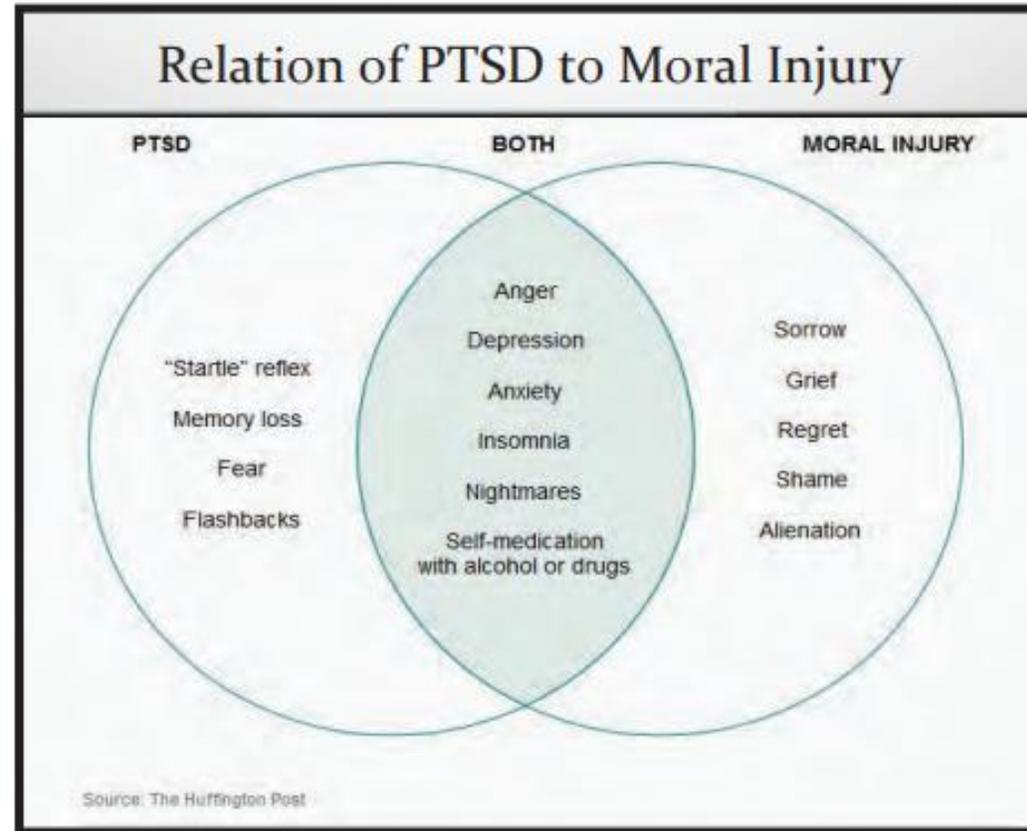
**Brock Definition:** Moral injury is a response to trauma when a person or group's existing core moral foundations are unable to justify, process, and integrate trauma into a reliable identity and meaning system that sustains relationships and human flourishing. It results from:

- A. Being betrayed by people and/or institutions that should have been trusted to be moral and do the right thing;
- B. Committing, witnessing, imagining, or failing to prevent acts or events that can be judged as harmful or evil and that violate foundational social and ethical rules;
- C. Being involved in events or contexts where violations of taboos or acts of harm leave one feeling contaminated by evil or "dirty;" or
- D. Surviving conditions of degradation, oppression, and extremity.

[https://www.voa.org/moral-injury-center/pdf\\_files/moral-injury-identity-and-meaning](https://www.voa.org/moral-injury-center/pdf_files/moral-injury-identity-and-meaning)

## Some Moral Emotions

- Guilt
- Shame
- Embarrassment
- Alienation
- Sorrow
- Remorse
- Outrage/Anger
- Disgust
- Contempt
- Revenge



*The above diagram created by William Nash, M.D., USN ret., Greater Los Angeles VA*

[https://www.voa.org/moral-injury-center/pdf\\_files/moral-injury-identity-and-meaning](https://www.voa.org/moral-injury-center/pdf_files/moral-injury-identity-and-meaning)

# What has happened to you?

# To you

- Messages of worthlessness
- Undermined for being scientifically correct/relevant
  - Punished socially for speaking truth
  - Ridiculed when message doesn't match what others want to hear
- Experiences of being dismissed as unimportant, less than
- When you were harmed for helping people
- When doing no harm causes harm to you
- When the Hippocratic oath is challenged
- When does "do no harm" morally compromise you?



## Some public health officials are resigning amid threats during the Covid-19 pandemic

By Cheri Mossburg, Theresa Waldrop and Naomi Thomas, CNN

COVID-19

### Public Health Officials Face Wave Of Threats, Pressure Amid Coronavirus Response

#### Why many health officials are leaving their roles

Most health officials departing their roles are leaving because of pushback from people who don't like public health restrictions needed to control the pandemic, Freeman, CEO of NACCHO, said.

#### California health officials are experiencing burnout

In California, Ferrer isn't the only one who has experienced threats. "Several other health officers and health directors have received threats," said Kat DeBurgh, executive director of Health Officers Association of California.

Since March, the team at LA County Health has been attacked via email, public postings and letters. At least one health official has a sheriff escort in the community because of threats, DeBurgh told CNN in an email.

#### Some health officials now have personal security

NACCHO said last week that threats toward public officials are happening "across the country, in red states and blue states, large metropolitan areas and rural communities."

"Public health department officials and staff have been physically threatened and politically scapegoated," Theresa Spinner, NACCHO communications director, said in a statement.

As a result, many have obtained personal security as protection.

# Coping with Stress and Fear

**Stay informed—but don't obsessively check the news**

**Focus on the things you can control**

- Plan for what you can
- Ground yourself when you start to feel "what-ifs" spiraling

**Stay connected—even when physically isolated**

- Emotions are contagious, so be wise about who you turn to for support

**Take care of your body and spirit**

- Be kind to yourself
- Maintain a routine as best you can
- Take time out for activities you enjoy
- Get out in nature, if possible
- Find ways to exercise
- Avoid self-medicating
- Take up a relaxation practice
- Help others (it will make you feel better)

# HOW TO DEAL WITH STRESS AND ANXIETY

## MIND



**Accept that you cannot control everything.**

Put your stress in perspective: is it really as bad as you think?



**Do your best.**

Instead of aiming for perfection, which isn't possible, be proud of however close you get.



**Maintain a positive attitude.**

Make an effort to replace negative thoughts with positive ones



**Learn what triggers your anxiety.**

Is it work, family, school, or something else you can identify? Write in a journal when you're feeling stressed or anxious, and look for a pattern.



**ANXIETY AND DEPRESSION  
ASSOCIATION OF AMERICA**

Anxiety and Depression Association of America. (2018). Tips to Manage Anxiety and Stress. Retrieved from <https://adaa.org/tips>.

# BODY



## Limit alcohol and caffeine.

Alcohol and caffeine can aggravate anxiety and trigger panic attacks. Instead, drink water.



## Eat well-balanced meals.

Do not skip any meals and always keep healthy, energy-boosting snacks on hand.



## Get enough sleep.

When stressed, your body needs additional sleep and rest. It's important to get 8 hours of sleep per night!



## Exercise daily.

Exercising can help you feel good and maintain your health



Anxiety and Depression Association of America. (2018). Tips to Manage Anxiety and Stress. Retrieved from <https://adaa.org/tips>.

# ACTION



## Take deep breaths.

Inhale and exhale slowly throughout the day when you are feeling stressed.

# 10

## Slowly count to 10.

Repeat, and count to 20 if necessary.



## Give back to your community.

Volunteer or find another way to be active in your community, which creates a support network and gives you a break from everyday stress.



## Take a time out.

Practice yoga, listen to music, meditate, get a massage, or learn relaxation techniques. Stepping back from problems helps clear your head.



## Get help online.

If you are struggling with stress and anxiety in your life, consider taking a mental health screen. Screening is an anonymous, free, and private way to learn about your mental health. [www.mhascreening.org](http://www.mhascreening.org)



## Talk to someone.

Tell friends and family you're feeling overwhelmed, and let them know how they can help you. Talk to a physician or therapist for professional help.

To access webinars, blogs, and other tools to help you manage stress and anxiety visit:  
[www.adaa.org](http://www.adaa.org)



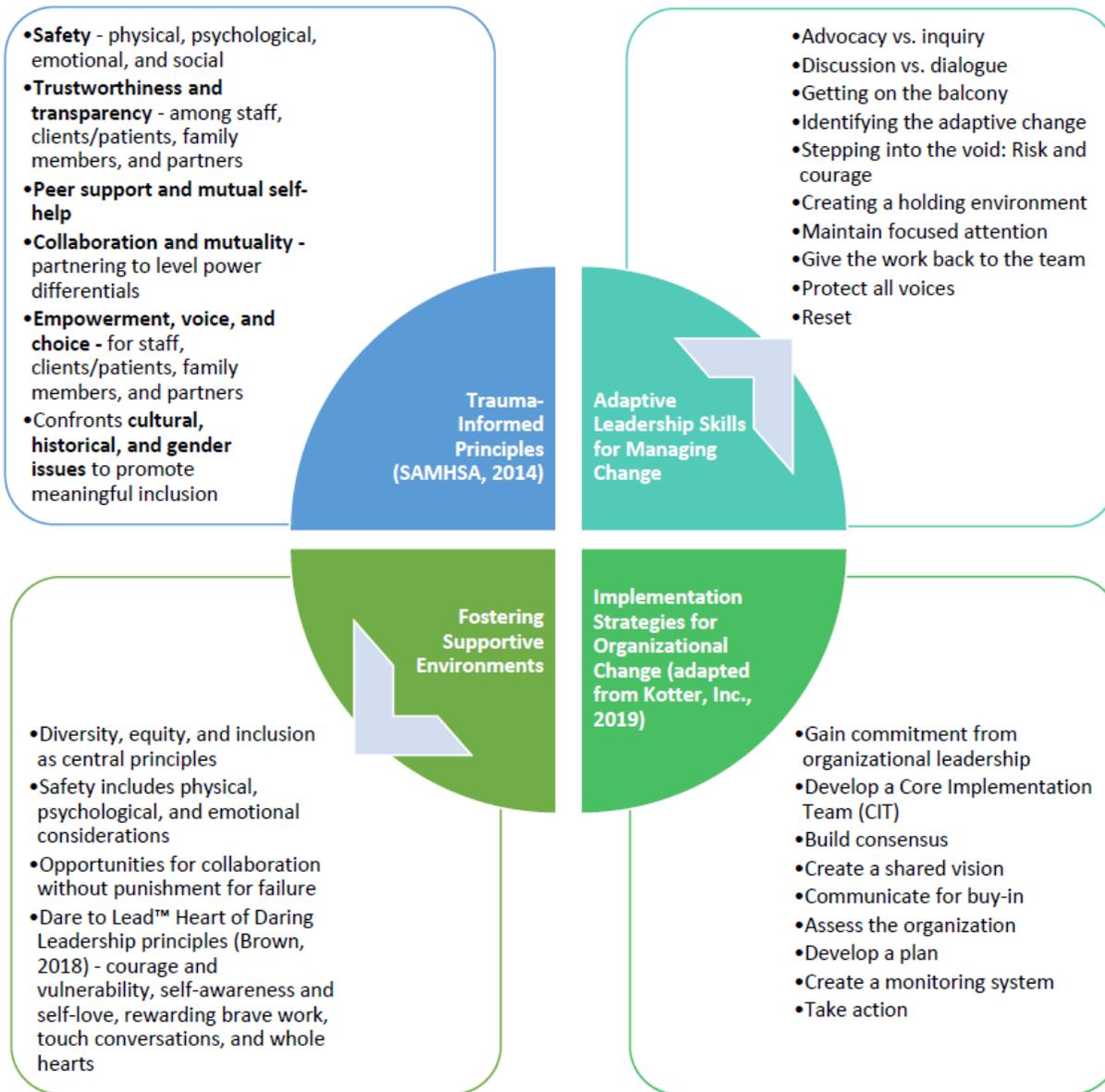
# Role of Leadership in Crisis

- Champion self-care by example
- Lead through relationship
- Provide regulation for those you lead
- Prioritize transparency and compassion
- Provide focus and direction
- Follow up quality improvement and post-traumatic team growth

# Champion Self-Care by Example

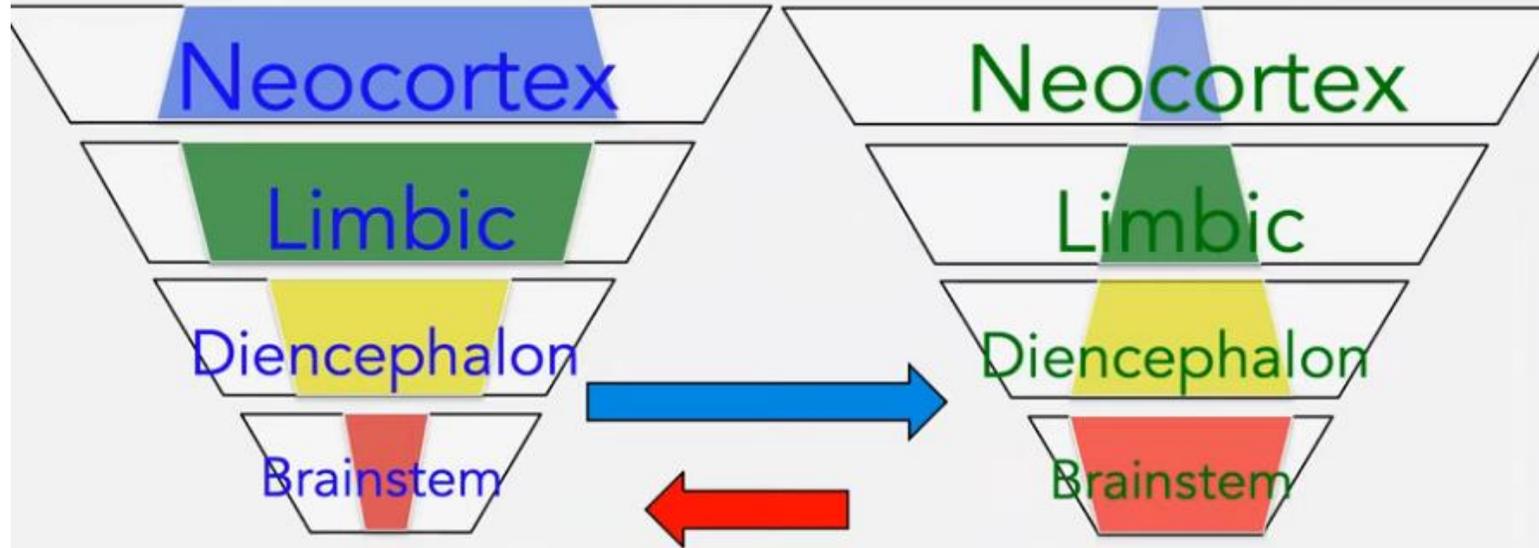
**KEEP  
CALM  
AND  
WALK  
THE TALK**

## The National Council's Framework for Trauma-Informed Leadership



# Relational Contagion

*A calm, regulated adult can regulate a dysregulated person.*



**BUT**

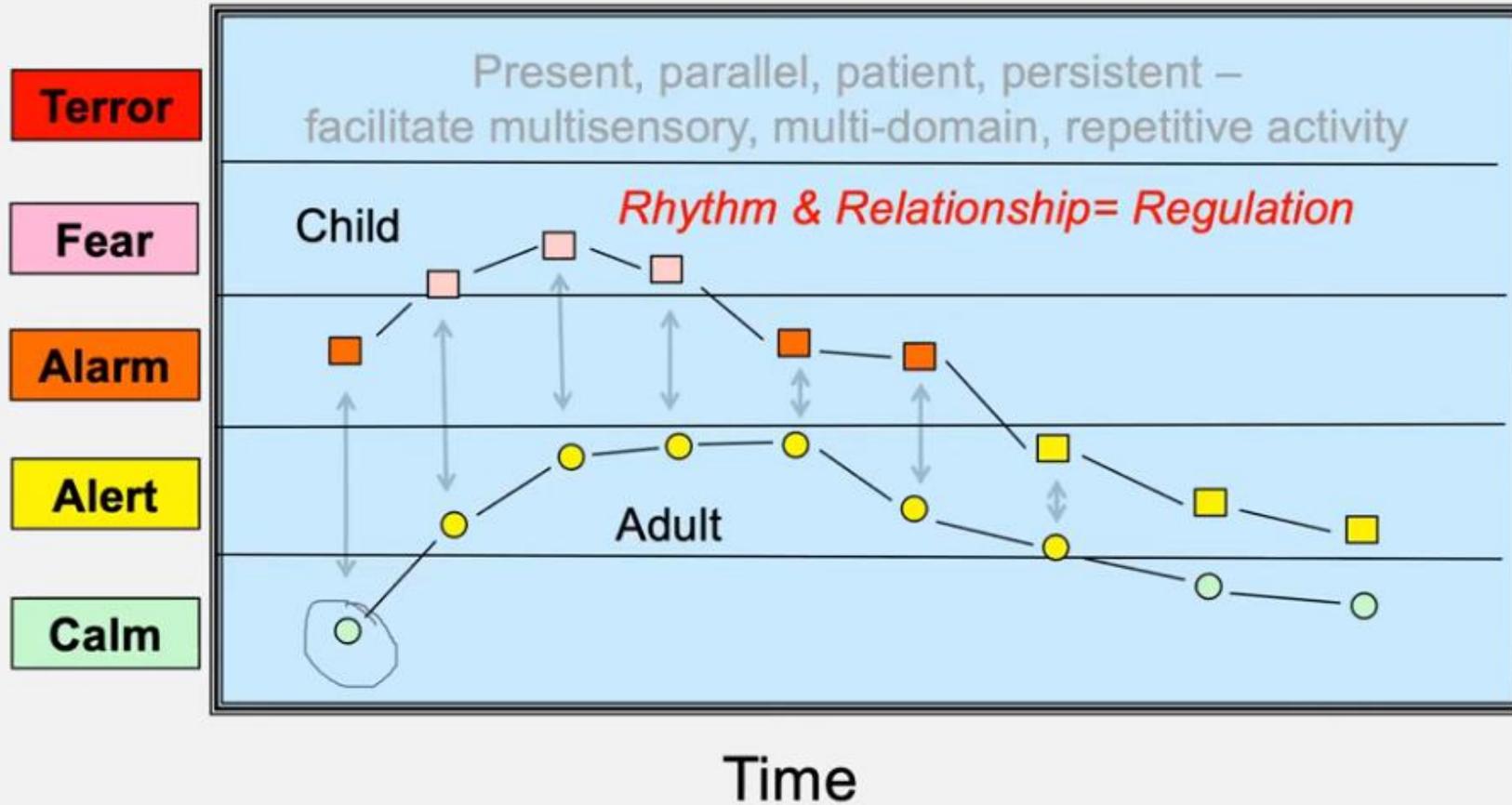
A dysregulated adult can NEVER calm anyone.

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NEUROSEQUENTIAL  
NETWORK™

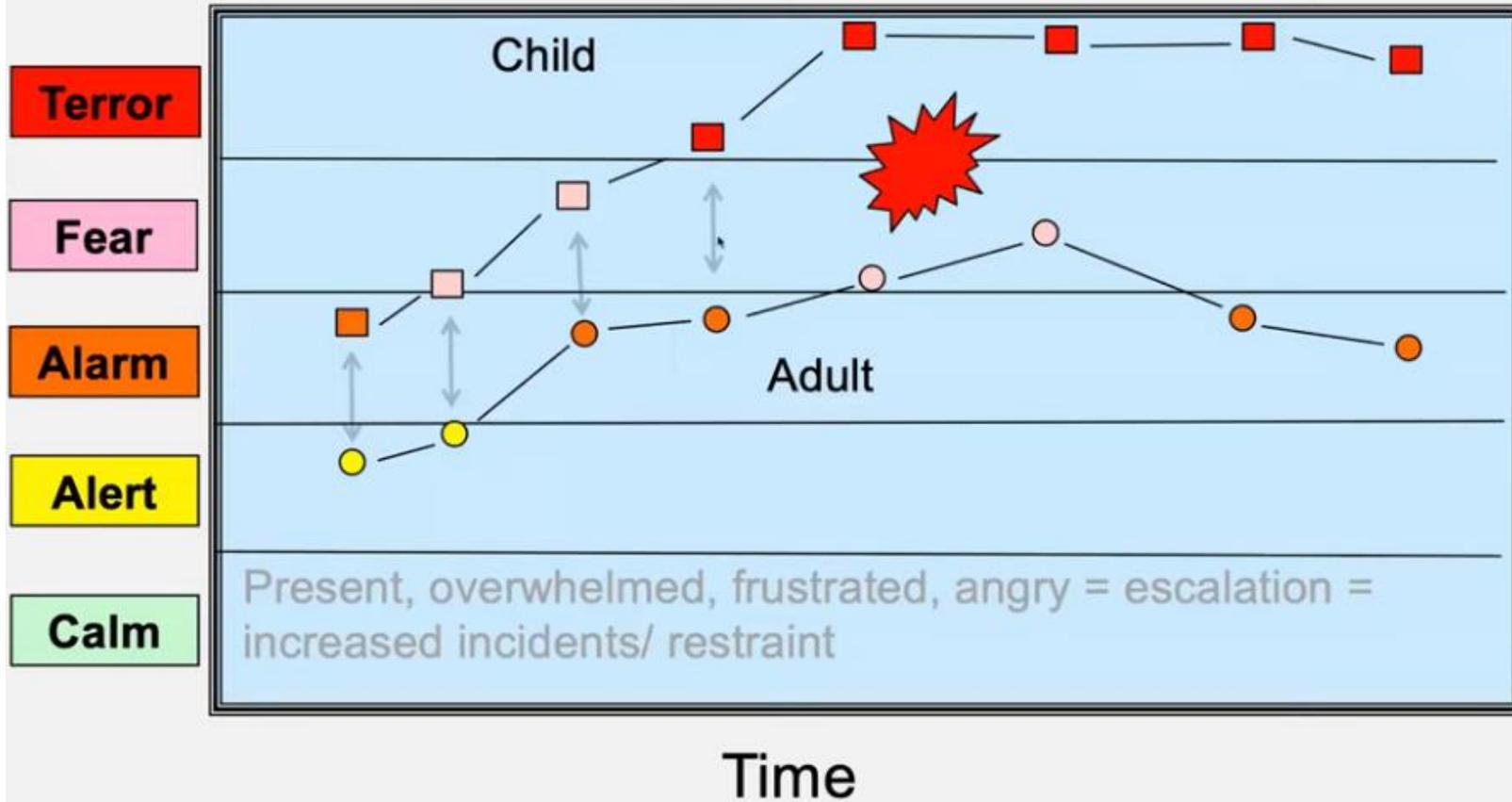
# Co-regulation

Reactive child and well-regulated adult (e.g. teacher)



# Co-dysregulation

Reactive child and overwhelmed adult (e.g. teacher)



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# Discharge of Trauma

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easy charge

easy discharge



sympathetic

parasympathetic

# Parasympathetic - (rest and digest)



# Sympathetic - (fight, flight or freeze)

FIGHT



FLIGHT oohlala!



FREEZE



# Discharge of Trauma

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easy charge

easy discharge



sympathetic

parasympathetic

FIGHT



FLIGHT oohlala!

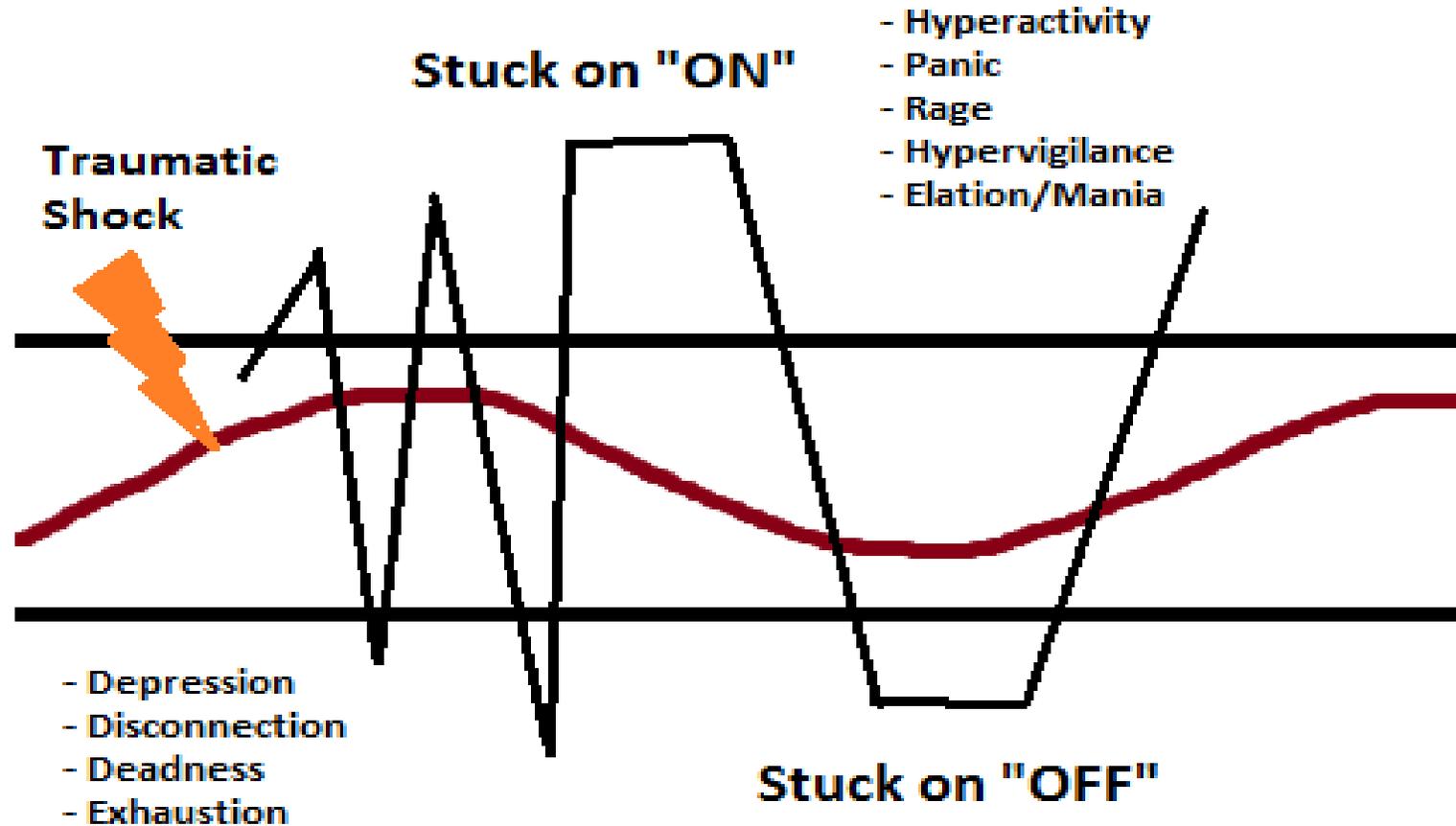


FREEZE



# When trauma is not discharged

## Overactivated Nervous System



FIGHT



FLIGHT oohlala!



FREEZE



FIGHT



FLIGHT oohlala!



FREEZE



# Resilience

“Resilience is the capability of individuals to cope successfully in the face of significant change, adversity, or risk. The capacity changes over time and is enhanced by protective factors in the individual and environment.”

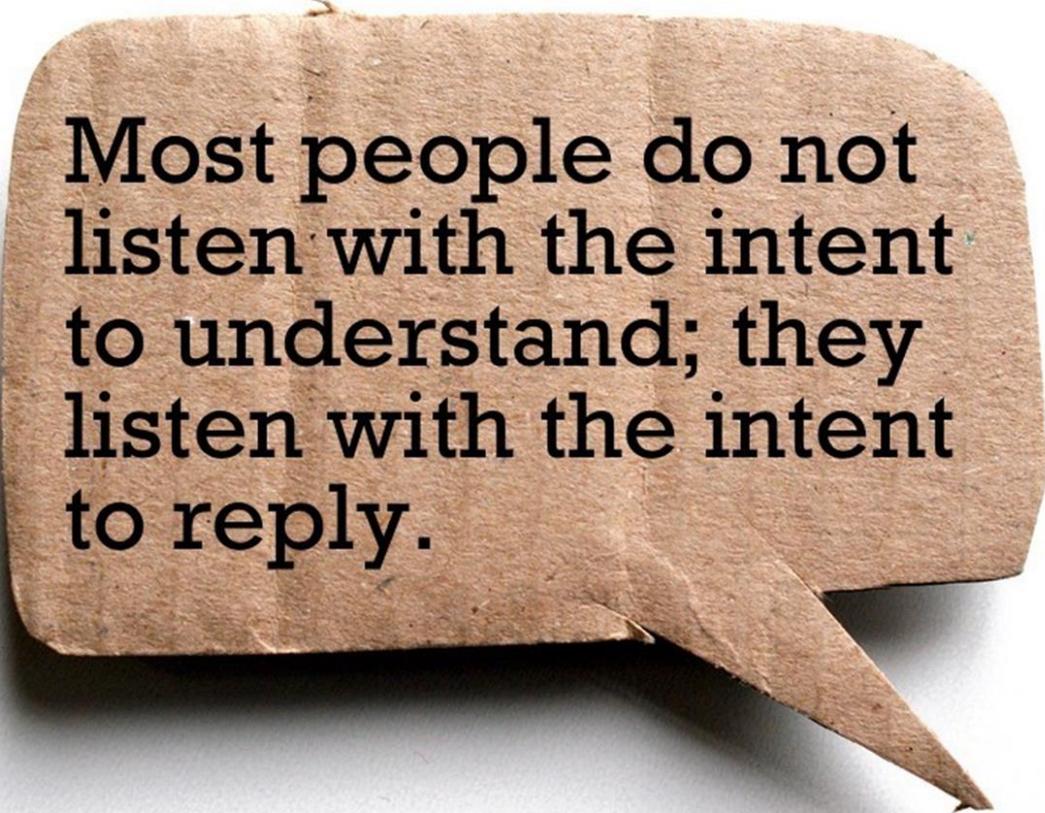
(Stewart et al., 1997)

# What is Active Listening?

- A skill, developed over time and improved with practice
- Requires listening to understand, not listening to respond
- Includes listening with all your senses, being fully present in the conversation
- Includes active exploration and interest in what the speaker is sharing with you
- Conveys your investment in the relationship with the speaker



# Step 1



Most people do not listen with the intent to understand; they listen with the intent to reply.

Words: Stephen R. Covey / Image: Marc Wathieu

Active Listening starts with

## Reflective Listening

1. Listening to understand
2. Paraphrasing what was heard
3. Verifying what you think you heard

# Reflective Listening

“What I hear you saying is....”

“Is that correct?”

**Yes** - “Is there anything you’d like to add?”



**No** - “What did I miss?”



- Continue process until the speaker has nothing else to add
- Do not provide any response to what is said
  - Including non-verbal responses

# Step 2

Now that we've heard, we need to respond with

## Active Listening

1. Responding to what we heard
2. Not sharing your opinion if it wasn't asked for
3. Not answering questions that weren't asked

Only respond to what you heard the speaker say



# Empowerment Tools That Can Be Taught

- Emotional regulation techniques such as breathing exercises
- Self-care such as sleep hygiene, good nutrition, exercise
- Cognitive approaches, visualization or meditation
- Body work such as Qi Gong, yoga stretching
- Creating a quiet, safe, comfortable space
- Music, art, dance and other creative endeavors
- Connecting with supportive family/friends virtually
- Creating structure, making the bed everyday, getting out of pajamas
- Spiritual rituals
- Pleasurable activities

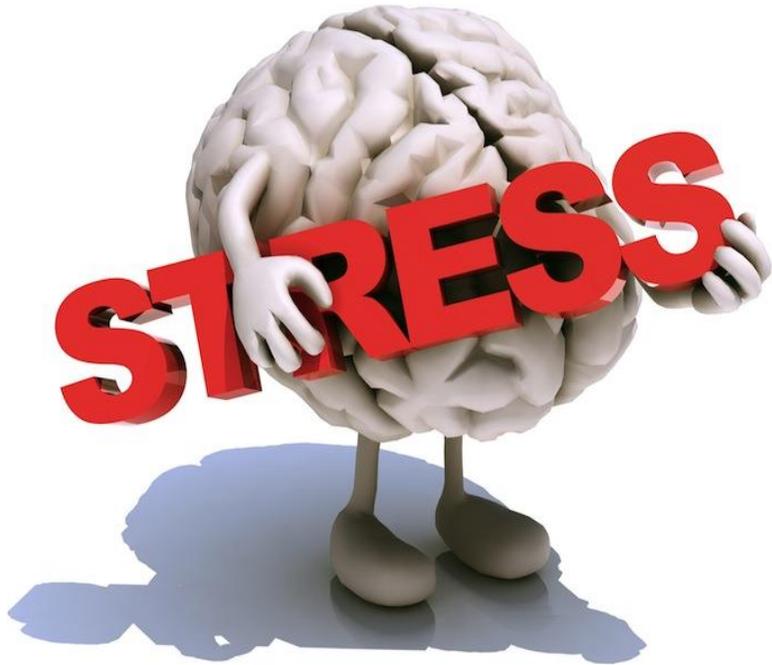


# Arousal Continuum

<i>Internal State</i>	CALM	ALERT	ALARM	FEAR	TERROR
<i>Cognitive Style</i>	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
<i>Regulating Brain Region</i>	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
<i>Dissociative Continuum</i>	REST	AVOIDANCE	COMPLIANCE Robotic	DISSOCIATION Fetal Rocking	FAINTING
<i>Arousal Continuum</i>	REST	VIGILANCE	RESISTANCE Crying	DEFIANCE Tantrums	AGGRESSION
<i>Sense of Time</i>	EXTENDED FUTURE	DAYS HOURS	HOURS MINUTES	MINUTES SECONDS	NO SENSE OF TIME

Adapted from Perry, B. and Szalavitz, M. (2007). *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook – What Traumatized Children Can Teach Us About Loss, Love, and Healing.* Basic Books.

# Survival Mode Response



=

Inability to

- Respond
- Learn
- Process

# Impact the Lower Brain



**Rhythmic**

**Respectful**

**Repetitive**

**Rewarding**

**Relational**

**Relevant**



Brous, K. (2014, April 11). *Perry: Rhythm Regulates the Brain*. Retrieved from <https://attachmentdisorderhealing.com/developmental-trauma-3/>

# Examples

- Supervisor refers to your female coworker as “always angry about something.”
- A supervisor says, “All lives matter! What’s wrong with them?”
- A patient refuses to work with a staff member because of their race.
- Supervisor in reference to client of color says, “They’re like that, what can you do?”
- Your workplace leadership is all Caucasian men and women who decide they do not need a DEI committee as they don’t think it’s an issue for their organization as they “don’t see color.”
- Patient tests positive for COVID-19 and goes to work due to fear of not being able to provide for family.

# Discussion



[This Photo](#) by Unknown author is licensed under [CC BY-NC-ND](#).

We cannot create safe and secure environments without being racially just – what does this mean for your organization?



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# Thank You!

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