Trauma-informed begins with us

Physical Psychological Safety

A — Be **Aware**

D — **Do** Mindset self-checks

E — **Explore** Sources & Approaches

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Opening

Acknowledging lived experience, with all the differing degrees, as we proceed, we keep that in mind.

Description

Being trauma-informed has multiple components, foundationally it begins with our individual well-being and understanding. In this 75-minute session participants will identify and explore an ADE framework for their self-care and to use when working with/for others (be Aware, Do mindset self-checks, Explore possible sources and approaches); and will also identify and explore some other techniques and tools.

Trainer and contact

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Agenda

- Trauma-informed and safety
- Individuals in ecological systems
- The ADE for self-care
- Some approaches for ourselves and others
- The ADE for working with/for others

Expectations

A safe and betterment-oriented community.

- **Trainer:** Trying to model; Self-care; Respect of others, any sharing; Fluid structure; I might, probably will, fail – how do we keep learning and in relationship when I do; Work with you as a community

- **Group:** Self-care; Respect of others, any sharing; Be present and engaged as possible; Learn in what way works for you; Be part of community

- **Collaboration:** Your knowledge, ideas, and resources.

Disclaimers, disclosure, information

- Any sources used are not endorsements of the source.

- As recognized, information is what it is, and may be constantly evolving.

- Training and materials provided for informational purposes only.

- I am the originator and director of the Connect All initiative, that has 501c3 fiscal sponsorship through We, the World.

- The ADE is by me, Gwendolyn Downing

- Resource: Connect All's "If you need help" "Materials" page

QR code to access PDF of handout: Goes to the "Supportive materials/services" "Handout" page on ConnectAll.online; since I might change after printing. Scroll to cover image.

The Three Es of Trauma:

https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach

- Individual trauma results from an **Event**, series of events, or a set of circumstances

- that an individual **Experiences** as physically, mentally, or emotionally harmful or life threatening

- and that may have lasting adverse **Effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma-informed approach

Substance Abuse and Mental Health Services Administration. 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, 2014. https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023. https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach

Trauma-Informed: Individuals recognize and respond to the impact of trauma, and do our best to eliminate/mitigate sources of trauma, including ourselves; personally, and on the global level. Everyone capable can be trauma informed: individuals; community groups; businesses; systems, such as legal, education, medical, public health; so on.

Trauma Treatment: Interventions that focus on addressing symptoms & responses to traumatic experiences.

The 4 assumptions of a trauma-informed approach (4 Rs)

- **Realization:** Understand how trauma can affect individuals, families, groups, organizations, and communities.
- **Recognition**: Recognize signs of trauma through different pathways.
- **Respond**: Apply the principles of a trauma-informed approach to all areas of functioning of an organization.
- **Resisting Re-traumatization**: Acknowledging trauma and its context in all operations to avoid reinforcing or repeating a traumatic experience.

The 6 Guiding principles of a trauma-informed approach

1. SAFETY   2. TRUSTWORTHINESS & TRANSPARENCY   3. PEER SUPPORT   4. COLLABORATION & MUTUALITY   5. EMPOWERMENT VOICE & CHOICE   6. CULTURAL, HISTORICAL, & GENDER ISSUES

https://stacks.cdc.gov/view/cdc/138924

Safety - Trustworthiness and Transparency - Peer Support - Collaboration and Mutuality-

Empowerment - Cultural, Historical, and Gender Issues

- **Physical and psychological safety**
- **For ourselves and others**

Domains for implementation

SAMHSA has 10 domains to consider for implementation. We are going to focus on 3:

Environment, Practice, and Policy.

	Physical Safety	Psychological Safety
Environment		
Practice		
Policy		

- Things we are already doing well
- Things we know we could do/try differently
- Things we want to think/talk/ask/learn more about

Acknowledgement and today's focus:

- Best is an organizational/system approach, with individuals doing their part.
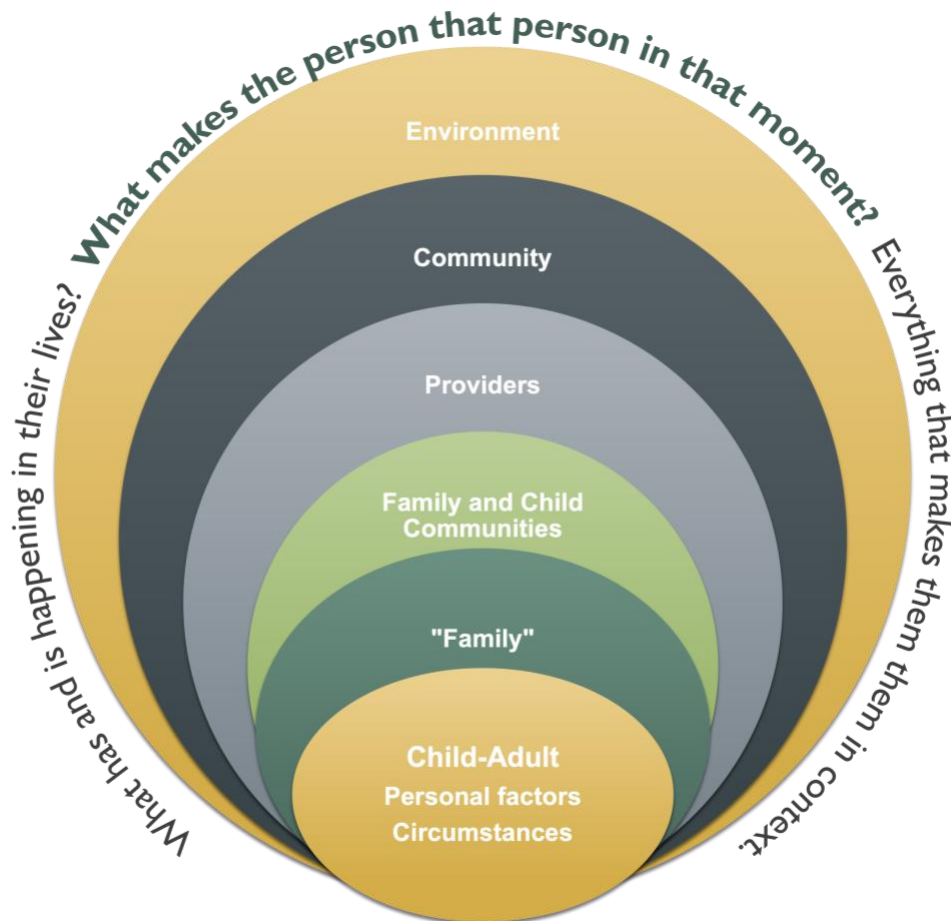- Some of what we can do as individuals within or without that.

Individuals in an ecological system

What makes someone who they are in any moment?

Personal factors and ecological context

What has happened and is happening in their life?

What hasn't happened and isn't happening in their life?

|	
▪ Strengths	▪ Adversity
▪ Protective factors	▪ Past or/and current trauma: Direct; Indirect; Acute; Chronic; Complex; Insidious; Collective/ organizational/ community; Vicarious; Secondary traumatic stress
▪ Historical trauma	
▪ Inter-generational trauma	
▪ Daily life stress	
▪ Burnout	

The ADE for self-care

Self-care helps create safety for myself and others - in my work role, as a partner, as a caregiver, so on.

Foundation

We all have internal and external factors, coming from our personal factors and circumstances, creating responses in our bodies, behaviors, thoughts, and emotions*.

*Regarding emotions: There are situations, such as with alexithymia, where individuals truly aren't going to have/experience/identify emotions the same as others do.
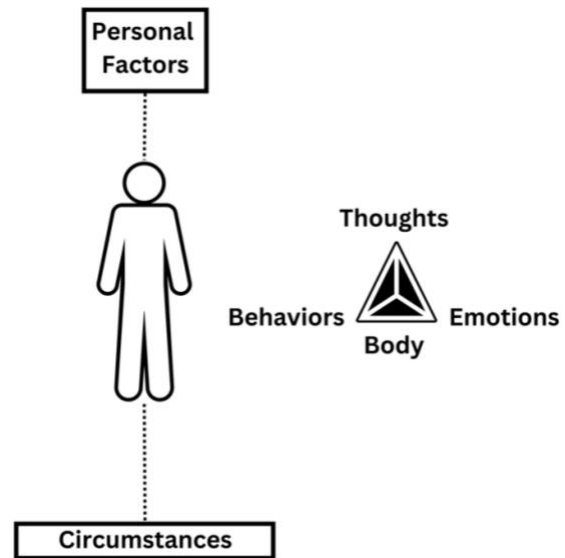
How is our body, behaviors, thoughts, and emotions pyramid interconnected?

ADE for self-care:

- be **Aware** of my body, behaviors, thoughts, and emotions
- **Do** mindset self-checks
- **Explore** possible sources and possible approaches

be Aware of my body, behaviors, thoughts, emotions

Knowing our normal, we want to stay aware of our body, behaviors, thoughts, and emotions. Why is this important? We want to be and do our best, and to do that we have to be aware.

And one way that might help some, is doing routine awareness check-ins.

Example check-in

This can take seconds or as long as needed. You can do the four areas in any order.

Body: What's happening in my body, from the top of my head to my toes? Am I warm, cold; relaxed, tense; numb, stiff, achy; tired, wired; thirsty, hungry; have a headache; and so on?

Behaviors: What are my behaviors? What are my behaviors communicating to myself or/and others about how I'm doing?

Thoughts: What are my thoughts? Am I present? Am I thinking about something I'm excited about, something that is bothering me? Any change from my normal? Are they accurate? Do they line up with my values? So on.

Emotions: What am I feeling?   Calm? Happy? Stressed? Furious? Anxious? Need to escape? "Spaced out"? Disconnected? Withdrawn? Bored? Numb? Confident? Proud? Surprised? Embarrassed? Nervous? Indifferent? Envious? Compassionate? So on.

Do mindset self-check:

Am I being unbiased, strength-based, empowering, trauma-informed, so on?

For both sources and approaches.

Explore possible sources

- What is the possible source(s) for what I am aware of in my body, behaviors, thoughts, emotions?

- Do I need any assistance to identify the source? (Regarding assistance from professionals: Remember that when someone is a professional, they are still a person, and there may be a lack of education and biases.)

- Can I identify the source? Is it one or more?

- What's my best guess, if I can make one?

- What do I not know? Sometimes we may need to learn more to understand the possible sources, e.g., how trauma might impact the four areas.

- Queries such as: when, where, with who, circumstance(s), how often, when does it not happen.

Personal factors (Internal) examples

- Personality
- Intelligence
- Physical ability
- Preferences
- My choices
- Medical
- Mental health
- A need, e.g., hungry, tired
- Disability

Circumstances (External) examples

- Groups: e.g., peer, work, school
- Societal: globally, nation, state, town, neighborhood, etc
- Physical environment
- Postive stress
- Negative stress
- Trauma
- Medical treatment

Example for "What do I not know?" - Secondary Traumatic Stress (STS)

- Symptoms similar to, and at its most severe meet the criteria for, PTSD – from being indirectly exposed to another person's direct traumatic experience(s).

- Can impact children/youth and adults.

Explore possible approaches

Explore possible approaches for what I am aware of in my body, behaviors, thoughts, emotions.

- Is there something I can do/try about the source?
- Is there something I can do/try about the response?
- Is there anything else I can do/try?

In situations the source(s) aren't known, while we are trying to determine that, the three questions are still valid.

Sometimes all we can do is try things.

Depending, e.g., prompts: "What's helped you with something else in the past?" "What are some of your strengths or things you enjoy doing; can that help you with this?"

Questions

While going through the ADE for self-care, what was something significant to you?
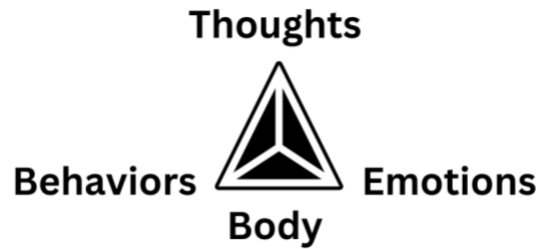
How might doing these steps on a routine basis be helpful to you?

How does this help us with trauma-informed approach efforts?

Using your handout (p22-25) activity

Reminder about body, behaviors, thoughts, emotions pyramid interactions.

Start with what works for you then.

Thoughts

Behaviors **Emotions**

Body

Activity options

- Practice one/some for yourself

- Practice offering the handout to someone, and offering to go through options with them; then choose one to try with them and practice how you'd do it with them

The ADE when working with/for others

Objective

Be attuned and responsive to a person.

The ADE can help us

- Learn a person's typical state – including normal needs, strengths, challenges, and tells.

- Recognize when there is a change in the person – again, with above areas.

- Think through and explore possible sources for what they are experiencing/exhibiting.

- Think through and explore possible approaches for needs, strengths, challenges.

- And even if it is our first-time meeting someone, or someone else is telling us about them; this can help us.

be Aware

We need to know them well enough to know what is typical for them, including their needs, strengths, challenges, and "tells".   And then, recognize when there is any change.

Awareness includes:

- Information from them

- What I garner from my interactions with them

- What I garner from observing them

- Information from others

- Depending on situation, whatever historical information possible from the person or/and other sources

With experiences/exhibiting, as appliable, we want to be aware of details, such as: when; where; with who; what is the circumstance; how often; when does it not happen.

And even if it is our first-time meeting someone, or someone else is telling us about them; this can help us be as aware as we can be of the person.

Do mindset self-check:

Am I being unbiased, relational/collaborative, strength-based, empowering, trauma-informed, so on? For both sources and approaches.

Why is this doing this important when working with/for others?

"All behavior is communication" – "All experience/exhibit has a source"

"All behavior is communication," doesn't mean every behavior is us consciously communicating something; it means that every behavior has a source for it, that is being communicated. And we want to go beyond this; changing behavior to exhibiting (e.g., rash, facial twitch), and include experiences (e.g., pain, sleep difficulties).

Also, we don't want to assume the source for one exhibit/experience is the same as for a repeat/similar exhibit/experience.

Examples:
- If you are with someone and they throw up, that behavior/exhibiting is communicating to you that something is wrong. What it doesn't tell you, is whether: it is intentional; a stress reaction; they have a health issue – and if it is a health issue, what kind; they are stressed and have a health issue; and so on. And then if a week or so goes by and they throw up again, the source(s) could be the same or different. Or maybe it's not that they are throwing up, it is they have (experiencing) sleep difficulties; and there are multiple possible sources for that. And if later, they have another round of sleep difficulties, the source(s) could be the same or different.
- If a person wants something to eat, might be: really are hungry; feel hungry because stressed; fear of no food later; habit; et cetera.
- If a person appears lost in thought, might be: they are intelligent and imaginative; a stress response; et cetera.

Explore possible sources

Sources can help us get to needs, strengths, challenges, and approaches.

Think: What is the possible source(s) for what they are experiencing/exhibiting?

We really want to check ourselves that we are being unbiased; and think through all possible sources of what they are experiencing/exhibiting. *Reminder on misattribution:* Misattribution is any time we incorrectly identify the source of something. While obviously we never want to misattribute (if avoidable), it can literally be a matter of life or death, or serious injury. *Reminder on what is not misattribution:* In situations where there is a delay, difficulty, or inability to identify the source(s), when we acknowledging we don't know, it is not misattribution.

Might Ask: As appropriate to, and depending on, the situation. Be respectful – use your mindset. Example: "You seem _____, is that accurate?" Depending on their response, you can let it go, ask more, or go to approaches…. Also, remember they might not know, it might not be any of your business; so on.

Use the question list: might offer it to them; do it with them; use some yourself.

- What is the possible source(s) for what I am aware of in my body, behaviors, thoughts, emotions?
- Do I need any assistance to identify the source? (Regarding assistance from professionals: Remember that when someone is a professional, they are still a person, and there may be a lack of education and biases.)
- Can I identify the source? Is it one or more?
- What's my best guess, if I can make one?
- What do I not know? Sometimes we may need to learn more to understand the possible sources, e.g., how trauma might impact the four areas.
- Queries such as: when, where, with who, circumstance(s), how often, when does it not happen.

Explore possible approaches

Three general questions to consider

• Is there something they/I/we can do/try about the source?

• Is there something they/I/we can do/try about the response?

• Is there anything else they/I/we can do/try?

In situations the source(s) aren't known, while they/I/we are trying to determine that, the three questions are still valid.

New connection

As we've been discussing, there are all the "it depends" – so again, examples.

ASK: "What would help you right now, or you think might help you?"

3 of possible responses:

- Tell you what they need from you
- Tell you they need to do something
- Tell you they don't know what to do or what they need

    Some possible follow-ups:
    - "What's helped you with something else in the past?"
    - "What are some of your strengths or things you enjoy doing? (e.g., Reading, is there a way they can use that in this situation?)
    - May check on things like last time they ate, do they need meds.
    - May offer them the "tools and approaches"/similar handout, and offer to go through options with them.

GIVE: Positive feedback, regardless of outcome. Offer any resources

Other:

What do you need?

Anything you'd like me to do?

People in our "norm"

Our norm:

- Recognize/know each other's norms: strengths, needs, challenges, "tells", so on.

- Identify our "team"

- Maybe ask someone to be specific support or/and accountability

Considerations:

- Routine check-in.

- Outside of routine, what are scenarios or/and signs, that you would like them to check in with you.

- And if applicable, anything about how they should do that, e.g., the approach, communication style

- Healthy interactions

Reflective practice with low-impact debriefing – adapted from NCTSN toolkit

1. Have conversations in private

2. Self-Awareness

3. Fair Warning

4. Consent

5. Limited Disclosure – focus on your reactions and needs

    - Refrain from one-upmanship when describing trauma or stressor stories.

Caregiver considerations when exploring

These considerations are worded for those in a caregiver role for another person of any age (infant to elder).

Ask them.

Consider their strengths or things the like to do: e.g., Reading, is there a way they can use that skill in this situation?

Be honest: If a person can understand us, we want to be honest about exploring. And, even if we think they can't, it's best practice to do so anyway.

Using language they can understand, share:
- What our intent is.
- Why it might or might not work.
- How we will listen to them.
- And as needed, we will keep trying.

Example, "I want you to both be and feel safe. Sometimes you/I/we don't know what will work for you. As you/I/we are trying to figure that out, everything you tell me helps us both identify what might. Also, sometimes, when we try things that don't work, it might seem like we did something that made things worse. But it's okay. We were just trying, and we will talk about it. (Person- What if I can't think/talk about this sometimes) When you can't, I'll keep trying."

Give positive feedback: We want to give positive feedback anytime we take a step – regardless of the outcome.
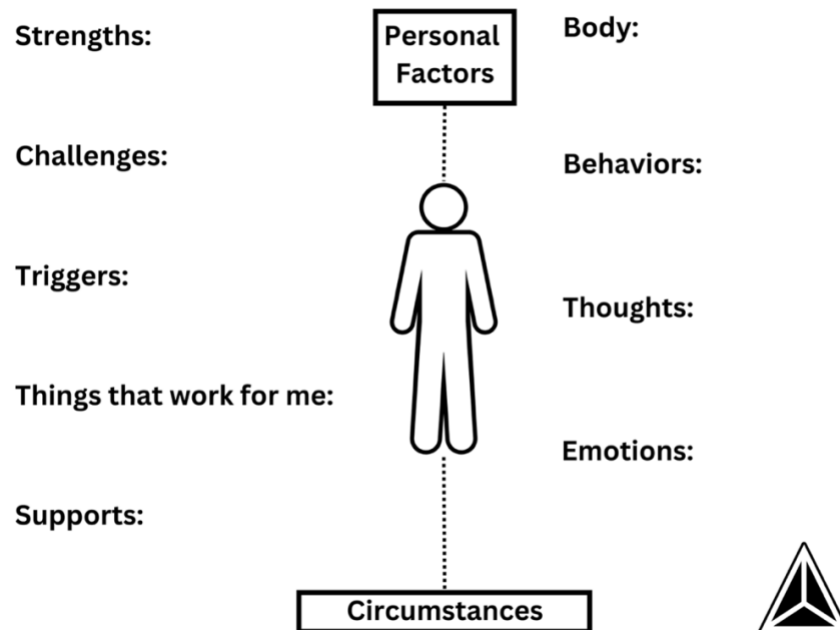Examples:
- To be honest, I was nervous when you told me that you wanted to cook dinner for everyone without help. You did such an amazing job. Would you be willing to show me how you made _____?"

- "That coping skill didn't work for you, and I'm sorry it didn't. And I really appreciate, that as hard as it is, you keep trying different skills to find something that does work."
- "Thank you for telling me that humming or talking to yourself helps you feel calm, and for giving me permission to check in with you if there is anything else I can do to help.

Use a framework: This can help them/you, think it through and track information, before they/you try, as they/you try, and after they/you try.

Example:

Strengths:

Challenges:

Triggers:

Things that work for me:

Supports:

Personal Factors

Body:

Behaviors:

Thoughts:

Emotions:

Circumstances

ADE with others activity

Scenario:

First session of 8-week course. Taylor is a participant, who was running a little late, and the only seating left was furthest from the door side and towards the front. Taylor is repeatedly rubbing their neck, checking the door, and looking over their other shoulder towards the back. They are interactive, but appear to be struggling to focus at times, and apologize when it takes them a second to focus and interact. There hasn't been a break for you to check in with them, but you're planning to do so.

Suddenly the door to the room opens and another staff member steps in. Someone hadn't signed in, and the staff member needs to make sure it's taken care of before they leave. You were focused on the door and who was coming in, so you didn't see Taylor's initial reaction; however, Taylor has quietly stood up and gone to stand at the back of the room, on the door side, and is doing a little stretching. When you resume class, Taylor stays standing where they are, and seems comparatively withdrawn from before.

Questions:

While going through the ADE for others section, what was something significant to you?

How might using the ADE on a routine basis be helpful?

How does the ADE help us with trauma-informed approach efforts?

Some tools and approaches

This p22-25/similar can be found on the "If you need help" "Materials" page on ConnectAll.online.

Apps:

NOTE: Some things to consider when using hotlines or mental health/wellness apps/online services.

• How do they protect my privacy? Are there steps I can take to protect my privacy?

• Are they ethical in their practices?

• What is the benefit/cost/risk of using them?

PTSD Coach (https://mobile.va.gov/app/ptsd-coach): By the Veterans Administration, is for anyone experiencing Post Traumatic Stress, or wanting to know more to help someone else.

WYSA stress: Depression & anxiety therapy chatbot app (has free option).

Moving forward (https://www.veterantraining.va.gov/movingforward/): By the Veterans Administration, is for anyone coping with stressful problems.

Woebot - Your Self-Care Expert (https://woebothealth.com/): Helps with an array; everyday stresses and challenges, symptoms of depression and addiction.

Mindfulness: Headspace, Insight Timer, Mindfulness Coach, 10% Happier

Other: ACT coach, Virtual Hope Box, CALMapp

Techniques:

NOTE: Not all techniques work for everyone. And if one works one time, it might not work another time; and vice versa, it might not work then work later.

Mental – Physical – Soothing Grounding, Healthline: 30 Grounding Techniques to Quiet Distressing Thoughts (https://www.healthline.com/health/grounding-techniques)

A few examples:

Mental: List as many things in a category as you can. Alphabetically list a category. Do math/number exercises. Go through anchoring facts.

Physical: Touch something. Breathing exercise. Physical activity. Use your 5 senses.

Soothing: Think of face/voice/thing/place that soothes you. Talk yourself kindly through it. List positive things.

5-4-3-2-1 practice- In your mind, out loud, or written:

- 5 things I can see

- 4 things I can touch

- 3 things I can hear

- 2 things I can smell

- 1 thing I can taste

SOS Technique, developed by Julian Ford:

- Slow down - Slow down or stop; as needed, connect to body and let mind clear.

- Orient - Pay attention to where you are, what you are doing, who you are with, what's important.

- Self-check - How stressed or calm you are in the moment *and* how in control or dysregulated you are.

Breathing techniques: There are so many options, here's two examples.

- *Box breathing:* Exhale to a count of four. Hold your lungs empty for a four-count. Inhale to a count of four. Hold the air in your lungs for a count of four. Exhale and begin the pattern anew.

- *Mindful breathing:* Example, breathe in and out to a phrase, e.g. "I breathe in calm, I breathe out tension."; "Breathing in, I know I am breathing in. Breathing out, I know I am breathing out".

Example other approaches:

- **Thoughts:** Check for value alignment. Check for accuracy. Replace them. Let go. Think about or do something else. Express them/do something creative. Make a plan. Talk to someone.

- **Do a blend of mindfulness and physical**. While stretching, walking, so on: What's the closest/farthest sound I hear? What's the closest/farthest thing I see? What's the loudest/quietest sound? How relaxed/tense? So on.

- **Physical and empty mind**. Maybe focus on the movement or your breath as needed.
    - These stretches may be good for times like mini breaks: 4 Quick Stretches to Do If You've Been Sitting in the Car for Hours (https://www.self.com/gallery/sos-stretch-long-car-ride)

- **Physical and** sing, talk nonsense, recite a poem, so on.

- **Relax physically and mentally**. Slump, stretch out, curl up, let your mind empty, let your mind wander…

SC-ADE (adapted SBNRR mindfulness practice with the ADE):

This can be modified to your needs and time available:

Stop: Stop what you are doing, take the pause, give yourself space. If you need to, use external or internal cues to do this.

Center: Everyone is different. For some, you might skip this and go to "be Aware". For some, it is helpful to pay attention to your breath and take a moment to breathe in whatever way works for you. For others, you might need a different (like grounding) or combined approach. For anyone, you might need to try different approaches at different times.
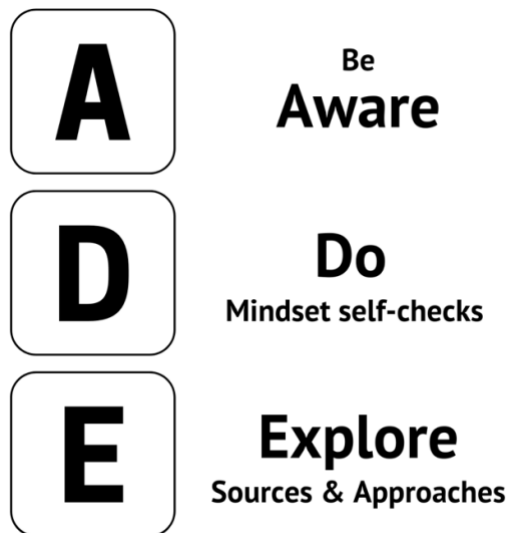
be Aware of my body, behaviors, thoughts, emotions: Notice what is going on with your body, behaviors, thoughts, emotions. You are not judging yourself, just notice what is going on.

- **Body:** What's happening in my body, from the top of my head to my toes? Am I warm, cold; relaxed, tense; numb, stiff, achy; tired, wired; thirsty, hungry; have a headache; and so on?
- **Behaviors:** What are my behaviors? What are my behaviors communicating to myself or/and others about how I'm doing?
- **Thoughts:** What are my thoughts? Am I present? Thinking about something I'm excited about, something that is bothering me? Any change from my normal? Are they accurate? Line up with my values? So on.
- **Emotions:** What am I feeling? Calm? Happy? Stressed? Furious? Anxious? Need to escape? "Spaced out"? Disconnected? Withdrawn? Bored? Numb? Confident? Proud? Surprised? Embarrassed? Nervous? Indifferent? Envious? Compassionate? So on.

Do mindset self-check: Am I being unbiased, strength-based, empowering, trauma-informed, so on?

Explore possible sources, for what I am aware of in my body, behaviors, thoughts, emotions: Remember individuals in ecological systems; and interaction of body, behaviors, thoughts, and emotions. What is the possible source(s) for what I am aware of? Do I need any assistance to identify the source? Can I identify the source? Is it one or more? What's my best guess, if I can make one? What do I not know? So on. // Queries such as when, where, with who, circumstance(s), how often, when does it not happen.

Explore possible approaches for what I am aware of in my body, behaviors, thoughts, emotions

- Is there something I can do/try about the source?
- Is there something I can do/try about the response?
- Is there anything else I can do/try?

In situations the source(s) aren't known, while trying to determine that, the three questions are still valid. Depending, e.g., prompts: "What's helped you with something else in the past?" "What are some of your strengths or things you enjoy doing; can that help you with this?"

Additional sources for self-care and secondary traumatic stress

CalTrin (California Training Institute) (https://www.caltrin.org/)

- **CalTrin Self-Paced Courses**

    o Understanding Compassion Fatigue and Secondary Traumatic Stress

    o Strategies for Addressing Compassion Fatigue and Secondary Traumatic Stress

- **CalTrin Training Archive**

    o Secondary Traumatic Stress and Reflective Practice/Supervision

    o Trauma, Compassion Fatigue & Secondary Traumatic Stress

    o Organizational Strategies: Addressing Compassion Fatigue & Secondary Traumatic Stress

Secondary Traumatic Stress Consortium – free resources (https://www.stsconsortium.com/free-resources)

Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces. National Child Traumatic Stress Network's learning center (https://learn.nctsn.org/)

Southern Regional Children's Advocacy Center – Secondary Traumatic Stress Resources (https://www.srcac.org/reflect-refuel-reset/)

University of Kentucky Center on Trauma and Children's Secondary Traumatic Stress Innovations and Solutions Center (https://ctac.uky.edu/projects-and-programs/secondary-traumatic-stress-innovations-and-solutions-center-sts-isc)

- Staying Inside the Window of Tolerance: An Advanced Training on Secondary Traumatic Stress and Resiliency

Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision - NCTSN (https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision)

Virtual Calming Room - Sacramento City Unified School District (https://calmingroom.scusd.edu/): Has strategies and tools for students, families, and staff.

Example of "Recommended strategies to mitigate STS", from NCTSN

From: National Child Traumatic Stress Network's learning center: Cuellar, R., Hendricks, A., Clarke, M., Sprang, G., & the NCTSN Secondary Traumatic Stress Collaborative Group. (2021). Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
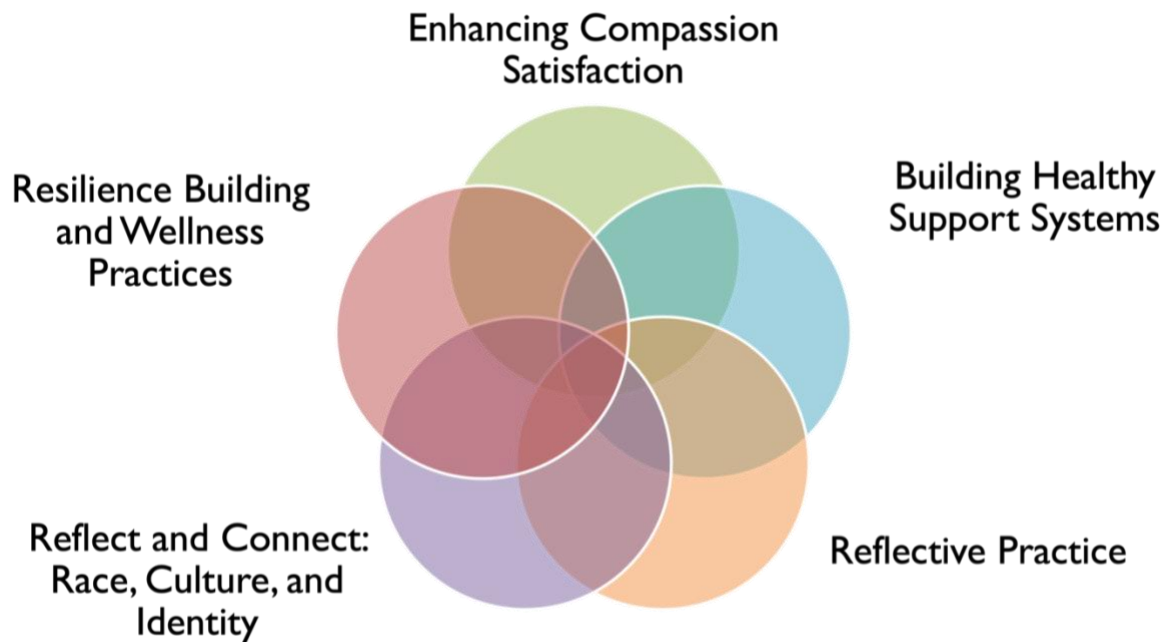
Enhancing compassion satisfaction:

We all have bad days at work, but there are also moments that remind us why we do this work.

- Think about a rewarding moment at your job.
- What are 3 things that you love/enjoy about your job?
- Think about 5 people whose lives you've touched.
- Why did you take your current job?
- What are 3 compliments you have received from your co-workers, or 3 things you think you do well?

Building healthy support systems:

- Form or attend a process/consult group.

- Ask to take a walk and/or debrief with a co-worker.

- Leave a note of gratitude for a co-worker.

- Give a compliment or praise for a job well done.

- Share "moments of grace & goosebumps" with your team.

- Eat lunch together, go for a coffee/tea break, or bring snacks to a meeting.

- Tell a joke/funny story or show photos to a co-worker.

Reflective practice:

- What are your most salient signs and symptoms of work distress? When are you most likely to notice these come up, and when could you take stock on a regular basis?

- What client encounters or histories/stories tend to bring up strong emotions and reactions in you? How might this connect to your own history, family norms, or personal vulnerabilities? How might this influence or change your interactions with clients/situations that tend to activate these "hot or soft spots" for you? What has helped you to respond effectively in the past?

- What emotions tend to be most difficult for you to feel during the work day (with clients or co-workers)? How might this relate to the way emotions were handled in your own family of origin (e.g., which emotions were "allowed" or not) or from other key influences?

Reflective practice with co-workers, low-impact debriefing:

- Have conversations in private.

- Engage in Low-Impact Processing with co-workers when you feel stuck or ruminative.

  1. Self-Awareness

  2. Fair Warning

  3. Consent

  4. Limited Disclosure (avoid "**sliming**" your co-workers!)

- Refrain from one-upmanship when describing trauma or workplace stressor stories.

Reflect and Connect: Race, Culture, and Identity

Consider your own identities. How do your identities influence…

- …the way you see the world?

- …the way you see your work?

- …the way you understand the children and families with whom you work?

Check in with yourself…

- When you think about your work and your community, how do you feel?

- How do factors related to your identities contribute to your resilience and/or your experience of STS?

- Do you have someone to talk to about how you are feeling?

Connect with others to build mutual support around how your identities, cultures, race, and history may affect your responses to your work.

- Informal, supportive discussions with peers

- Regular peer processing groups

- Peer support and/or mentorship outside of your organization

Seek out and participate in traditional, cultural, and community healing, ceremonies, and supports.

Be honest and real about current injustices and challenges while also holding space for idealism, hope, and building change for future generations.