



“We have to consciously study how to be tender with each other until it becomes a habit.”

– *Audre Lorde*

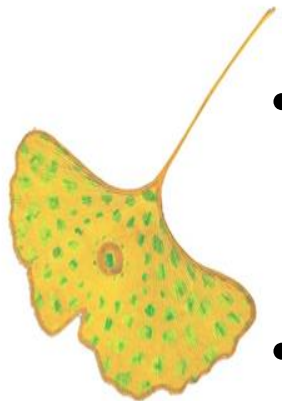
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Learning Objectives



- Be curious about the current context and about how to best support clients and staff
- Engage about TIC
- to unpack and reflect on different ways of debriefing
- To build on skills for supporting high risk and crisis situations
- To engage in social justice and



CONTENT WARNING



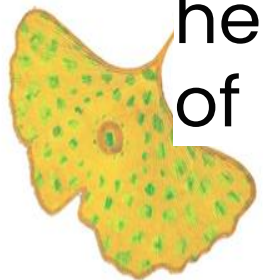
- I will try not to use graphic details and I will be using a low-impact debriefing model.
- There will be small group discussions where you will be encouraged to share but you don't have to share anything that you don't want to.
- I don't distinguish trauma survivors between us and them
- Take care of yourself in whatever way you need



ABOUT KARINE



- Previous Director of Counselling at the Barbra Schlifer Commemorative Clinic as of March 2023.
- I have been a social work educator at Metropolitan Toronto University (formerly known as Ryerson) & George Brown College.
- I have worked in a wide variety of settings & roles which include being a street outreach worker, a mental health counsellor on an LGBT health team, a youth worker and as a Professor of Social Work.



ABOUT KARINE



- Experienced Social Worker, trauma therapist, consultant & educator.
- I am a Queer mother with a long history of grassroots social justice work.
- My work is informed by an understanding of the nervous system and how oppression impacts our bodies and communities.



Seven Generation Teachings



Taught to me by Carla Nelson, Ojibway Bear Clan

We are all treaty peoples and if you are a settler, you have a responsibility to commit to the calls to action from the TRCC, the recommendations outlined in the report of MMIW and supporting land back initiatives.



Current Context



- Leaders and frontline workers are holding **a lot** right now
- People are still processing burnout from the pandemic
- There's a lot of distress, conflict and tension in the air
- Now more than ever, trauma informed practice feels imperative, critical and needed on every level.



CAROLYN SWORA



“When we overlay the collective trauma that the pandemic created, it became the crack that broke the dam at work. We could no longer hide our past traumas or pretend our stress responses were just from “not having enough coffee yet”... People have now realized that pre-pandemic levels of productivity were never “normal” and they believe that there is nothing for us to go back to because everything is different.”

- *Evolve: The Path to Trauma-Informed Leadership*



Trauma-Informed Care



- Our society produces an incredible amount of trauma
- since COVID client situations, caseloads are overwhelming and more complex
- retention and burnout are pressing issues in the field

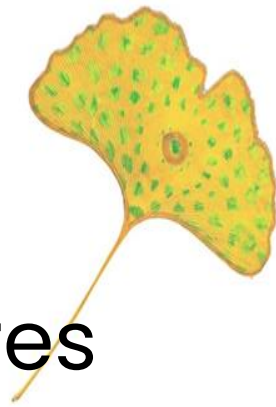


Trauma-Informed Care

- The word trauma often obscures violences and oppression
- Mental health as a term is often overused and what is happening is actually individual and systemic trauma



VIKKI REYNOLDS



“The language of psychology centres on descriptions of individuals’ brokenness which hides the structural violence that promotes suffering.

Legislative poverty, ableism, developer-created homelessness, ongoing colonial violence, racism, anti-Black racism, white supremacy, the prison industrial, cis-normativity, heteronormativity, and rape culture.”

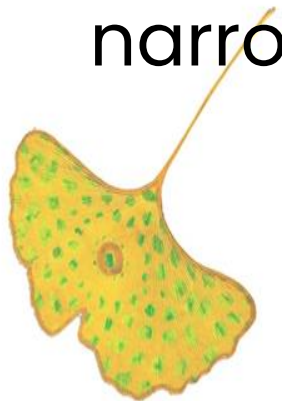


COMPLICATE EVERYTHING

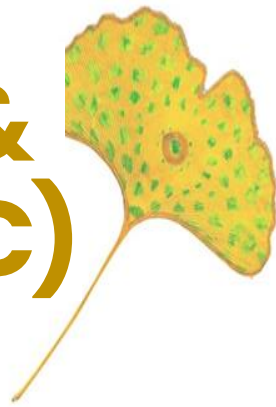


“Persons share complex stories and experiences from their lives, in which there is suffering, hardship, resistance, and responses that are insightful and intelligent. Practitioners too often side with ‘psycho-centrism’, reducing this complexity to simplicity, redefining people’s complex responses and acts of resistance to fit narrowly defined categories of trauma, criteria and symptomatology.”

– *Vikki Reynolds*



Connecting Social Justice & Trauma-Informed Care (TIC)



- We must see our work in context
- Leaders are often put in a very complex situationS
- Lack of resources and social safety net are critical
- All things oppression is connected



Shira Hassan



“The lack of complex trauma analysis leaves all of us vulnerable, especially people whose survival strategies have been named morally wrong or criminal. More than vulnerable, we have become targets of the system that cannot make sense of us and insteads seeks only to control us.”



- *Saving Our Own Lives:*

A liberatory practice of Harm Reduction

The autonomic impact of trauma on our relationships

Linda Thai, LMSW



Trauma replaces patterns of connection with patterns of protection.

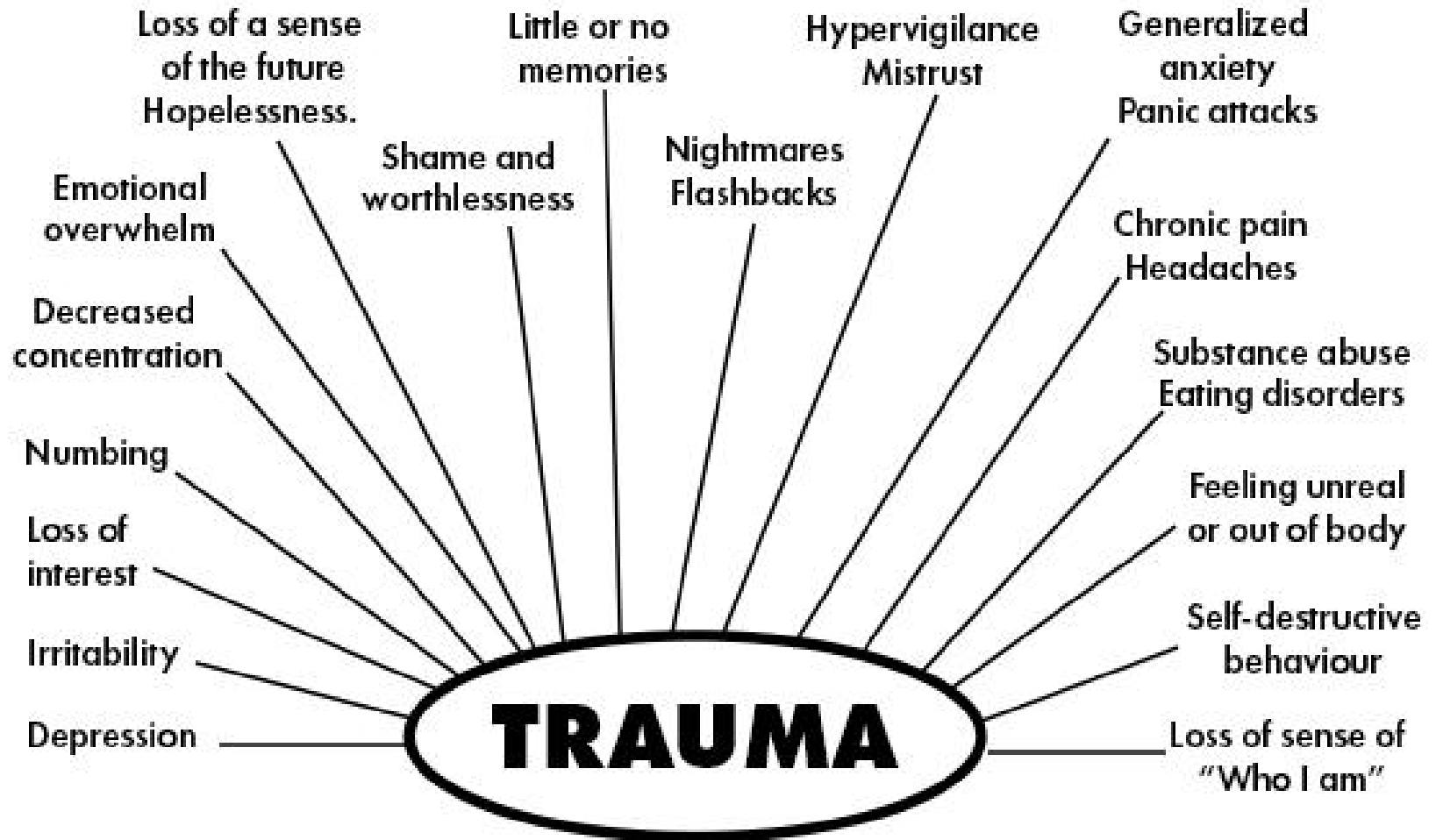
~ Stephen Porges

If you feel safe and loved, your brain becomes specialised in exploration, play and cooperation; if you are frightened and unwanted, it specialises in managing feelings of fear and abandonment.

– Bessel van der Kolk



Impacts of Trauma on Our Brains and Bodies



Adapted from, Bremner & Marmer, 1998.

Janina Fisher



"It would be rare in the mental health treatment world to think of these symptoms as adaptive strategies made possible by the body's instinctive survival defenses. But from a neurobiologically informed perspective, they are survival resources, ways that the body and mind adapted for optimal survival in a dangerous world."

– *Healing the Fragmented Selves of Trauma Survivors (2017)*



Parallel Process



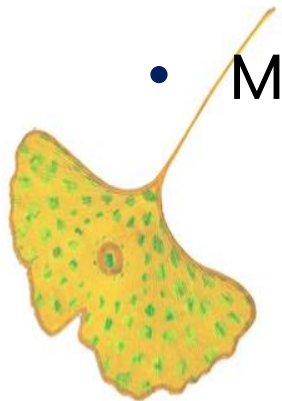
The Sanctuary Model recognizes that just as human beings are susceptible to the misapplication of survival skills, organizations themselves are equally vulnerable. This understanding is reflected in the recognition that there is a parallel between the traumatic symptoms we see in clients and those that we see in an organization. Just as we see individuals who have experienced trauma responding with isolative behavior and withdrawal from the community, we also see organizations facing financial or political stressors respond with isolationism, rigidity and hierarchical decision-making. Intervening in this parallel process requires shifting behaviors and thinking to align with a specific set of values."



Professional Example



- Experience as Director and Consultant, the need for highly creative and critical and collaborative skills.
- Priority and safety
- Connection and Debriefing
- My own experience of VT



Collaboration and Communication



“Collaboration” is sometimes used synonymously with “service/system integration,” “partnerships,” “shared care,” “disease management,” “networks and network analysis,” and “coalitions and community development.”

The terms “collaboration” and “integration” are most commonly interchanged and frequently assigned the same meaning, while at other times “collaboration” is seen as a less formal, less structured level of “integration.”



Collaboration



- Effective Communication
- Consultation
- Coordination
- Co-location
- Integration
- follow ups



Different Types of Case Consults



- Multidisciplinary case consults
- High risk consults
- Individual consults
- Countertransference consults
- Critical Incident Debriefings
- Reflecting on clinical supervision in the field

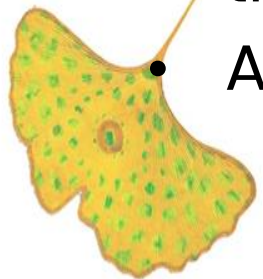


Example of case consult



General Themes

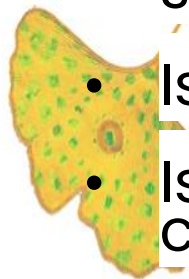
- 1-2 things that went well in your work
- 1-2 challenges in your work
- Something that arose for you in your work
- A trigger or countertransference that you would like to discuss or unpack
- How are you incorporating anti-oppression anti-Black racism/how are you engaging with this? Where are your growing edges?
- A 'miss' you want to discuss or unpack



Example of Debriefing & Critical Incidents



- Describe the situation (from a low-impact debriefing model).
- What stood out for you personally and professionally?
- What arose in you? (emotionally, physically)
- What do you need to do to take care of yourself at work and after work? What did you learn from it?
- What questions came up for you?
- Are there ways I can deepen my trauma-informed practice?
- What would you do the same or differently in future situations?
- Is there any follow-up?
- Is there any follow up you need to do for yourself or your colleagues?



High Risk Consults

- If a person/children is in imminent danger?
- If there is a potential for a third party to be brought in?
- If the person is at risk of harming themselves or someone else?



Safety Planning and High Risk Situations

A safety plan is a set of strategies, actions and ideas created by a survivor, with some guidance of a support worker, in relation to the identification of risk factors and potential risk of future harm. It aims to keep survivors and children safe and prevent situations where potential abuse and harm can take place.

Areas of Safety Planning

Financial

Emotional

Social/Structural

Physical

Sexual

Community (ie friends and family)

Children

Pets

Tech Safety

Key Questions I ask in a High-Risk Consult

- Tell me what the situation is and what factors you think are important for me to know?
- What is your assessment of the situation?
- What actions need to happen? Today/Tomorrow/Next Week?
- What is the survivor assessment of the situation?
- How do you track your own embodied sense of risk?
- What do you need to feel steady in this a high risk situation
- What are your fears in providing safety planning/risk assessment?
- What are the survivors' biggest fears? What part of the safety plan worries the client the most?
- Noticing self and countertransference
- What is your professional experience and intuition telling you to do?
- What if any agencies and community support are in play? Does the client need more systems in play?

Key Questions I ask in a High-Risk Consult

- Have you documented the safety plan with a trauma-informed lens?
- Have you given the client resources (crisis lines etc)?
- Has the client written down the safety plan?
- Are you understanding the systemic injustices that survivors, the abuser, and the communities are experiencing?
- What is the worst-case scenario?
- What are the strengths of their situation?
- Is there time to reflect/How fast do we need to respond?
- What kind of advocacy does the survivor need?
- Who else is involved in this situation?
- Were there any moments you could slow the survivor down?
- How can you slow things down for yourself?

Key Questions I ask in a High-Risk Consult

- Remind survivors of their strengths
- Is someone in immediate danger? Are children in immediate danger?
- If others are in danger too this could increase the overall risk levels in a number of ways, (children, family, friends, employers, protection workers, professionals).
- Is there a history of threatened or used violence?
- What is the context of the violence (severity) and frequency (likelihood).
- Who else has the survivor told? (friends, agencies)
- Does her abuser(s) know her passwords, her routine, movements, her home/work address or telephone numbers or details of those of her family or friends?
- What risks are there if they stay?/what risks are there if they leave?
- What kind of advocacy does the client need?
- How are you slowing down the process and creating a supportive, empathizing tone during the process?

Questions & Reflections to consider when connecting with Child Welfare

- Is CAS currently involved? Has CAS been involved in the past?
- What was the experience like for the clients and children?
- How does their social location impact the decisions we make?
- What are our legal and professional obligations?
- What does the client want us to do?
- What, if any, is our personal discomfort?
- What are the pros and cons of calling CAS today vs another day?
- If a call has to be made does the client want to be involved? If yes, how so?
- Ask the client how they want us to advocate.

Collaborative Safety Planning & Strength-based Approach

- What does safety look and feel like to your client?
- What is your client's priority and how do they want you to support that?
- How do you communicate your boundaries and limitations to your client so they can make an informed decision about what to share with you?
- How to start a safety planning conversation:
 - Ask the client if they have safety concerns that stand out
 - Name the risks you see and communicate that to the client
 - Ask the client what they are already doing to keep themselves safe
 - When using forms or 'checklist' style tools – pause to check in and see what is resonating for the client
 - Imagine scenarios – ask the client what they would do if...

From: www.mataora.wananga.com/how-do-you-stay-safe.html

Worksheet: batjc.wordpress.com/resources/pods-and-pod-mapping-worksheet/

LOW-IMPACT DEBRIEFING



Critical to high-stress environments
Newspaper headlines vs. newspaper details

Retelling vs. Reliving

Asking for Consent

Strengthening internal and external
boundaries



LOW IMPACT DEBRIEFING

Four steps to protect our loved ones, colleagues, and ourselves from unnecessary traumatic details



SELF-AWARENESS

Be aware of the stories you tell and the level of detail you provide. Are all the details really necessary? Can you give an abbreviated version that still communicates the necessary information?

1



FAIR WARNING

Warn your listener that the content you are going to share is disturbing or traumatic. You might start the conversation with: "I need to debrief a difficult situation and the story involves traumatic content."

2



CONSENT

Seek permission by asking: "Is this a good time?" or "I heard something really hard today, could I talk to you about it?" The listener now has a chance to decline, or to qualify what they are able and ready to hear.

3



LIMITED DISCLOSURE

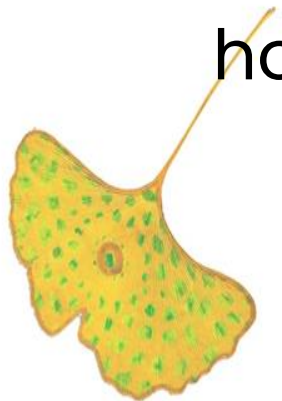
Decide how much to share. Start with the least disturbing details and gradually add more information as needed. You may not need to share the most traumatic details to get the benefits of sharing the experience.

4

Follow-Up Reflections and Self-care



- What are ways you and your staff can take care of each other (micro and mezzo)
- How do we engage in clinical curiosity, both with ourselves and each other
- How do we have a learning environment by honoring our misses and learning from them



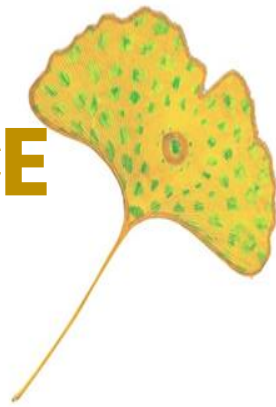
Vicarious Trauma



- For any organization that serves vulnerable populations experiencing trauma, it is essential that staff are aware of what vicarious trauma is, and that they can recognize and monitor it in themselves and their colleagues.
- Vicarious trauma is the experience of trauma symptoms brought about by directly supporting others through their experiences of trauma. This can begin with stress and fatigue but, left unmanaged, can transform a helper's own sense of safety and result in loss of focus and motivation, as well as secondary trauma symptoms.
- Workplaces can reduce the impacts of vicarious trauma and increase staff wellness through training, preventative policies, regular supervision, frequent debriefing of difficult experiences, and proactively building individual plans for meaningful self-care



TRAUMA-INFORMED PRACTICE STARTS WITH US



“We need to regulate our nervous systems with intention. as we continue with these practices, were able to rewire our how bodies respond during those same stressors that deregulated us. Nadine Burke Harris notes, the more we do these stress reducing practices, the more you’ll reduce stress hormones, reduce inflammation, and enhance neuroplasticity...”

– *Carolyn Sworna*

– *Evolve: The Path to Trauma-Informed Leadership*



HOPE IS A DISCIPLINE



“Resisting negativity and fostering believed-in- hope is a useful and necessary tactic against despair. Our job alongside people who are suffering is to be the bringers of hope: not to throw up our hands, but to roll up our sleeves. This requires the development of a finely attuned sense of hope, and a tenacious commitment to the moment-to-moment intention to seek out the acts of resistance (Reynolds, 2010; Richardson & Wade, 2008) and moments of justice doing, no matter how small and trace those may be, and amplify them into a believed-in-hope.”

- *Vikki Reynolds*



The 5 Step Self-Holding Exercise

for Self-Regulation of PTSD Symptoms





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Or see more of the work I do:
karinesilverwoman.com

