WORKFORCE SUSTAINABILITY WITH TRAUMA-INFORMED CARE

Equitable/Person-Centered Care

This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Thank you for joining this training on workforce and sustainability, specifically within the context of trauma-informed care. Workforce resiliency and sustainability is a common topic in this field of work, so why are we bringing it up now? We are talking about it today because the work you already do in this field is difficult, and as we know that CARE populations are complex and have historically had difficulty engaging in care and services; this accelerates the day-to-day challenges for you and your organization, in supporting you to be effective in engaging this population.

Today we will discuss strategies an individual person can take to develop resiliency and resist burnout when working with the CARE population, and we will also talk about organizational considerations.

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Presenters

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Principal
Health Management Associates

RAYSHELL CHAMBERS

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Painted Brain

[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Karen Louise Hill, from Health Management Associates (HMA), has more than 15 years of experience with adverse childhood experiences (ACEs) and trauma-informed care (TIC) training, implementation, and evaluation as it relates to provider operations and billing, design, communications, health literacy, precepting, mentoring, training, TIC, and curriculum development. As a Senior Consultant at HMA Karen has worked to help organizations provide TIC and crisis prevention and de-escalation techniques-based training for county employees through an evidence-based, culturally responsive, and collaborative care management model. Prior to HMA Karen worked as an Interim Vice President of Programs at the University of California, San Francisco (UCSF)/Glide Health Services where she focused on patient care and safety, providing evidence-based and patient-centered care, work organization and clinic flow, health promotion activities, and developing interagency relationships and community alliances.

Rayshell Chambers is the co-founder of Painted Brain, a mental health tech nonprofit based in Los Angeles, that provides peer-based services and practice training in technology and clinical mental health. She is also an independent consultant that

provides capacity building support and grant writing for small nonprofits that serve communities of color. She has dedicated over 20 years of her personal and professional pursuits to designing and advocating for comprehensive health and human service programs that enhance the human condition of the most vulnerable populations. Rayshell holds a bachelor degree in Sociology and Masters of Public Policy & Administration and utilizes both her cultural experiences and lived mental health challenges as a peer to design culturally-responsive programs.

Agenda

Workforce Wellness and Risk Factors
- Review Secondary Trauma and Compassion Fatigue
- Assess, Recover, Mitigate and Strengthen (ARMS)
- Self-recognition of triggers

Resiliency, Self-Compassion, and Self-Care
- Identify protective factors
- Components of mindful compassion
- Strategies for cultivating self-care

How Self-Care and Workforce Wellness Support the CARE Respondent
- What we hope to see

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[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

Our agenda for today is:
- Workforce Wellness and Risk Factors
    - Review Secondary Trauma and Compassion Fatigue
    - Assess, Recover, Mitigate and Strengthen (ARMS)
    - Self-recognition of triggers
- Resiliency, Self-Compassion, and Self-Care
    - Identify protective factors
    - Components of mindful compassion
    - Strategies for cultivating self-care
- How Self-Care and Workforce Wellness Support the CARE Respondent
    - What we hope to see

Objectives

At the end of the session, participants will have an increased ability to:

» Recognize work-related stress and triggers

» Define the Assess, Recover, Mitigate and Strengthen (ARMS) Wellness Regimen

» List at least three strategies for cultivating self-compassion and self-care

» Describe at least one goal for CARE respondents, workforce, and organizations

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[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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Workforce Wellness and Risk Factors

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

The nature of work is changing at whirlwind pace. Now more than ever before job stress poses a threat to the health of workforces and organizations. Like our discussion about stress from trauma, workplace stress also sets off stress alarms in the brain. Evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems, especially cardiovascular disease, musculoskeletal and psychological disorders and organizational health and sustainability.

We will look at workforce wellness and risk factors through the lens of the organization and leadership, as well as the individual.

For more information on workplace stress, visit the CDC's Stress at Work webpage.

[Slide Image Description: This slide shows a list of statistics that demonstrate current concerns with work-related stress.]

Per the National Council for Mental Wellbeing:
- More than nine in 10 behavioral health workers (93%) said they have experienced burnout, and a majority report suffering from moderate or severe levels of burnout (62%).
- Nearly half (48%) of behavioral health workers say the impacts of workforce shortages have caused them to consider other employment options.
- 65% reported increased client caseload, and more than seven in 10 (72%) reported increased client severity since the COVID-19 pandemic.
- 83% of the nation's behavioral health workforce believes that without public policy changes, provider organizations won't be able to meet the demand for mental health or substance use treatment and care.

Another concern is presenteeism, which occurs when a worker is not working up to their full ability due to job related stress, mental distress or injury, physical illnesses related to unaddressed stress challenges. Research shows that presenteeism costs the U.S. economy upwards of $150 billion per year in lost productivity.
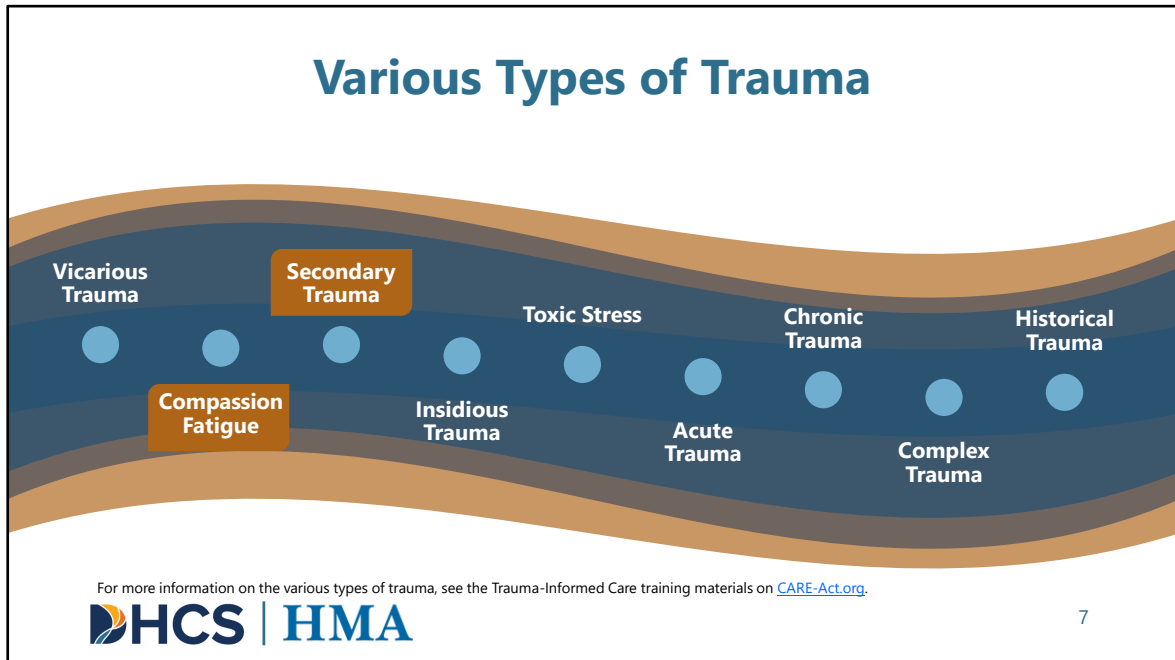
According to the Los Angeles County Department of Mental Health + UCLA:
"These rates are even higher for individuals in social service settings due to factors such as emotional labor and the traumatic realities that clients may face. These factors place outreach workers at higher risk for work-related traumatic stress. Therefore, it is vital that organizational leaders and field-based outreach workers are equipped with the knowledge and tools needed to understand how work-related stress develops and to implement strategies to reduce stress at the organization level and the individual level".

Keep in mind that while the ideal approach to addressing these issues is through a systematic approach, it will require intentional, comprehensive planning, change, and long-term sustainability funding. Individuals will also need to be in a space where they can take care of themselves.

We want to acknowledge both the organizations' responsibility and individual strategies, while recognizing that this training focuses on individual workforce wellness factors, risk factors, and strategies for resiliency and self-care.

Workforce statistics from National Council for Mental Wellbeing, 2023, presenteeism statistic from
Harvard Business Review article.

Various Types of Trauma

Vicarious Trauma

Secondary Trauma

Compassion Fatigue

Insidious Trauma

Toxic Stress

Acute Trauma

Chronic Trauma

Complex Trauma

Historical Trauma

For more information on the various types of trauma, see the Trauma-Informed Care training materials on CARE-Act.org.

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[Slide Image Description: This slide shows a colorful wave that lists the various types of trauma.]

In prior trauma-informed care trainings, we reviewed the spectrum of trauma. As a reminder, there are many types or kinds of trauma. In this training, we wanted to highlight secondary trauma and compassion fatigue as types of trauma that impact workforce wellbeing and can result in stress, moral distress or injury, and burnout without proper precautions and strategies used to address and mitigate such traumas.

As a reminder, compassion fatigue and secondary trauma can be defined as:

- ***Compassion Fatigue**: can happen with providers due to the chronic nature of serious mental illness (SMI) and all of the concerns that can come with comprehensive management and services. The risk is reduced capacity for empathy and can result in burnout or presenteeism.

- ***Secondary Trauma**: can result "from exposure to and working with individuals with complex trauma," (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, page 18), which may include individuals working with CARE

recipients.

Additional types of trauma include:

- **Vicarious Trauma**: "resulting from exposure to and working with individuals with complex trauma" (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, page 18)

- **Insidious Trauma**: "Insidious trauma refers to the daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty." (VAWnet: Online Resource Library on Gender-Based Trauma)

- **Toxic Stress**: is a response to unaddressed trauma; your body stays on the hyperalert with increase cortisol levels and biological changes

- **Acute Trauma**: assault, car accident, surgery, etc.

- **Chronic Trauma**: trauma that reoccurs on an ongoing basis

- **Complex Trauma**: emotional dysregulation (i.e., unstable emotions), interpersonal problems, and low self worth related to multiple prolonged traumas (usually develops very early in life, but can occur at any time in life)

- **Historical Trauma**: "collective complex trauma inflicted on a group of people who share a specific identity or affiliation, is an example of community-level trauma" (Practical Guide for Implementing a Trauma-Informed Approach, page 3). It is not uncommon for Providers to opt for work with individuals with SMI because of experience in their families however sometimes it can be triggering or overwhelming for the provider is support is not available.

For more information on the various types of trauma, see the Trauma-Informed Care training materials on CARE-Act.org.

Case Example:
Meet Edward

What is Edward's situation?

» 35 years old, married with two young children.
» Edward is new to the behavioral health (BH) field and the organization.
» He has a sibling with serious mental illness (SMI). This is one of reasons he selected this profession.
» He has a large caseload that includes several CARE clients who are still not fully engaged in treatment.
» He feels that he has not had enough training and feels unprepared for the complexity of some of his clients.
» He consistently works late and has missed several family activities and events.
» He is beginning to feel very disillusioned about his work and is often exhausted at work.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Edward and a description of Edward's situation.]

We are going to look at these topics and strategies through the lens of Edward. Edward is not one person; he's a conglomeration of people that many of us have worked with before or may identify with to some extent.

Background

- 35 yrs. old. Married with two young children.

- Edward is new to the behavioral health (BH) field and the organization.

- He has a sibling with serious mental illness (SMI). This is one of reasons he selected this profession.

- He has a large caseload that includes several CARE clients who are still not fully engaged in treatment.

- He feels that he has not had enough training and feels unprepared for the complexity of some of his clients.

- He consistently works late and has missed several family activities and events.
- He is beginning to feel very disillusioned about his work and is often exhausted at work.

Consider Edward's experience and how he may be experiencing compassion fatigue and secondary trauma. Serious mental illness is personal to him, and he's passionate about it. But like we said, that can put him at risk for stress, moral distress or injury, and burnout.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Workplace Stress Status

> Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.

National Institute for Occupational Safety and Health (NIOSH)

For more information on workplace stress, visit the CDC's Stress at Work webpage.
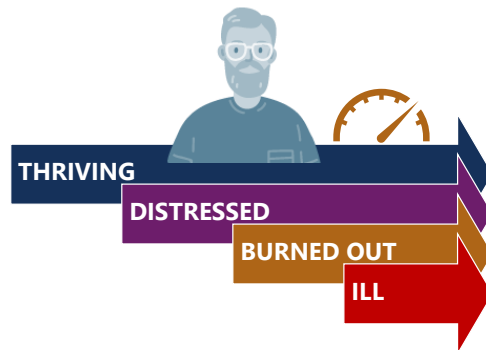
THRIVING
DISTRESSED
BURNED OUT
ILL

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[Slide Image Description: This slide shows an image of an individual depicting Edward and a list of the four levels of workplace stress. A quote from the National Institute for Occupational Safety and Health (NIOSH) is displayed in a blue box.]

Let's take a look at a few relevant definitions. Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury. (CDC's Stress at Work webpage)

A worker's stress status can be represented in the following:
- **Thriving:** Loving one's job, being good at it, and obtaining high levels of meaning and satisfaction in work.
- **Distressed:** Any combination of physical, emotional, and moral strain that does not exceed resources.
- **Burned Out:** Persistent and impairing emotional exhaustion, loss of compassion, and reduced job satisfaction.
- **Ill:** Any persistent work-related physical, behavioral or mental disorder.

It is important to note that this graphic is referring to stages of workplace stress. We

also want to acknowledge the status is not linear and must be considered a fluid process. Some days we are thriving and other days the work is giving us a headache. Also, we must understand that workers often have pre-existing health concerns and life stressors. For example, individuals living with disabilities may experience illness without burnout. The challenge is for work to not exacerbate conditions and ultimately end in distress, burnout, or worsening illness.
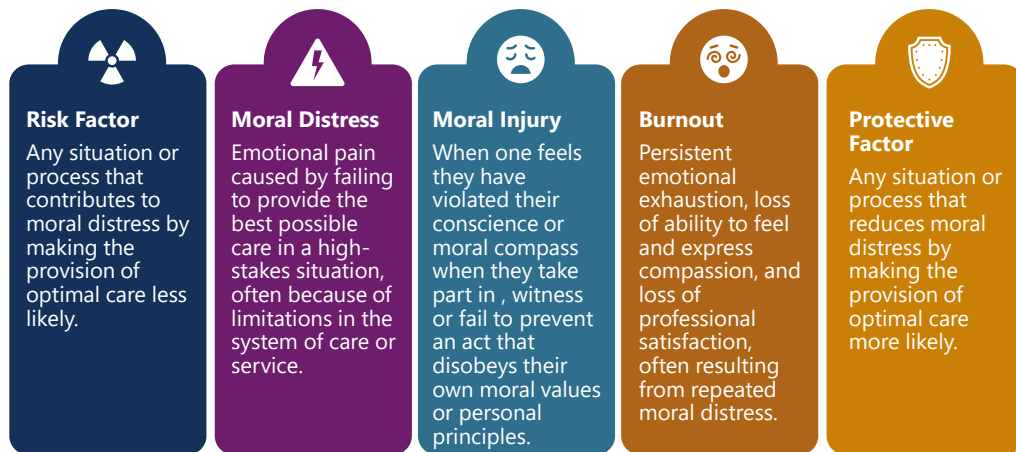
The concept of job stress is often confused with challenge, but these concepts are not the same. Challenge energizes us psychologically and physically, and it can be motivating for us to learn new skills and master our jobs. When a challenge is met, we can feel relaxed and satisfied. Thus, challenge is an important ingredient for healthy and productive work. The importance of challenge in our work lives is probably what people are referring to when they say, "a little bit of stress is good for you."

For Edward, the situation is different – the challenge has turned into job demands that cannot be met, relaxation has turned to exhaustion, and a sense of satisfaction has turned into feelings of stress. In short, the stage is set for illness, injury, and job failure.

We want to recognize that while someone may be experiencing burnout, they may not have the choice to step away or leave. Frontline workers must meet numbers and quotas, and systems are distressed. The purpose of this training is to provide some potential tips and strategies to address, manage, and mitigate burnout. We hope this can support you as you try to maintain balance.

For more information on workplace stress, visit the CDC's Stress at Work webpage.

The Wellness Regimen Definitions

Risk Factor
Any situation or process that contributes to moral distress by making the provision of optimal care less likely.

Moral Distress
Emotional pain caused by failing to provide the best possible care in a high-stakes situation, often because of limitations in the system of care or service.

Moral Injury
When one feels they have violated their conscience or moral compass when they take part in , witness or fail to prevent an act that disobeys their own moral values or personal principles.

Burnout
Persistent emotional exhaustion, loss of ability to feel and express compassion, and loss of professional satisfaction, often resulting from repeated moral distress.

Protective Factor
Any situation or process that reduces moral distress by making the provision of optimal care more likely.

Adapted from the Wellbeing for LA Learning Center course.

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[Slide Image Description: This slide shows colored columns depicting the five points in the Wellness Regimen with their definitions.]

First, we will define the following wellness regimen definitions:
- **Risk Factor:** any situation or process that contributes to moral distress by making the provision of optimal care less likely.
- **Moral Distress:** emotional pain caused by failing to provide the best possible care in a high-stakes situation, often because of limitations in the system of care or service.
- **Moral Injury:** when one feels they have violated their conscience or moral compass when they take part in, witness, or fail to prevent an act that disobeys their own moral values or personal principles.
- **Burnout:** persistent emotional exhaustion, loss of ability to feel and express compassion, and loss of professional satisfaction, often resulting from repeated moral distress.
- **Protective Factor:** any situation or process that reduces moral distress by making the provision of optimal care more likely.

Adapted from the Wellbeing Regimen for Professionals Course.

Risk Factors for Moral Distress
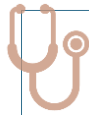
- Provider-Recipient Relationship
- Provider's Social Environment
- Environment or System of Care
- Recipient of Care as an Individual
- Provider as an Individual
- Recipient of Care's Social Environment

Adapted from the Wellbeing for LA Learning Center course.

[Slide Image Description: This slide shows colored icons that relate to the six listed risk factors for moral distress.]

Again, a risk factor is any situation or process that contributes to moral distress by making the provision of optimal care less likely. Moral distress is emotional pain caused by failing to provide the best possible care in a high-stakes situation, often because of limitations in the system of care or service.

Risk factors for moral distress include, but are not limited to:
- **Provider-Recipient Relationship**
    - Language barriers
    - Cultural barriers
    - Lack of trust
    - Power struggles
- **Environment or System of Care**
    - Insufficient resources
    - Unjust policies
    - Poor team communication
    - Poor team leadership

- **Provider as an Individual**
  - Insufficient training for job
  - Past work-related traumas
  - Personal illness or injury
  - Substance misuse
- **Provider's Social Environment**
  - Insufficient social supports
  - Family stressors
  - Financial problems
  - Legal problems
- **Recipient of Care as an Individual**
  - Low socio-economic status
  - History of past traumas
  - Aggressiveness or impulsivity
  - Substance misuse
- **Recipient of Care's Social Environment**
  - Insufficient social supports
  - Community crime or violence
  - Systematic oppression

Keep in mind that while an individual may be doing what they can to carry out their work and support their clients, they may be up against existing system failures. You can't provide something that isn't available (e.g., housing, safety, predictability). So, it is important to have realistic expectations for CARE Respondents and ourselves.

For example, Edward may experience the following:
- Challenges related to working with individuals representative of the CARE population.
- Difficulty maintaining his moral compass in a system that can't provide the support his clients need.
- Staffing challenges, where his organization is struggling to recruit and retain staff and provide appropriate supervision training and case monitoring.
- Exhaustion from spending hours working with an individual and calling programs on their behalf, and then not being able to find or provide ideal services and supports.
- Challenges around siloes and separation within the healthcare industry that make it difficult to do his job.
- Edward may also have internal conflicts as a result of his familial obligations or being triggered because of his experiences as a sibling to someone with SMI.

Adapted from the ARMS Workbook.

ARMS: A Wellness Regimen for Professionals

Assess 01 — Recover 02 — Mitigate 03 — Strengthen 04

Adapted from the Wellbeing for LA Learning Center course.

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[Slide Image Description: This slide shows four colored areas that each represent a step of the ARMS Wellness Regimen for Professionals.]

Assess, Recover, Mitigate, Strengthen (ARMS) is a Wellbeing Regimen for Professionals that was developed by Dr. Bill Nash, a pioneer and expert in the prevention, recognition, and treatment of moral injury and leading researcher, educator, and clinician in psychological health.

We'll look at each step individually, along with additional tips and strategies for consideration. Please keep in mind these strategies can be helpful for workers as well as organizations.

Adapted from the Wellbeing for LA Learning Center course.

[Slide Image Description: This slide shows an image of an individual writing on a clipboard with a blue arrow and a description of the ARMS Assess step.]

Assess: Identify the Most Toxic Risk Factors for Moral Distress in Your Work

There are multiple ways to assess and identify risk factors for work-related moral distress. They are not mutually exclusive.

- Consider taking an evidence-based test, such as the Maslach Burnout Inventory (MBI) and Well-Being Index (WBI) tests, to rate your own current level of professional burnout across the three dimensions—Emotional Exhaustion, Depersonalization, and Professional Accomplishment—using a simple 1-10 scale.
- Search online for studies or reports of risk factors for moral distress in your profession and work setting. For example, you could use the search term, "moral distress in social work" to find studies of moral distress in social work.
- Create your own personalized list of morally distressing situations or processes by simply reviewing your recent work experiences, highlighting those times when you experienced the greatest moral distress.
- Collaborate with peers and team leaders to create a consensus list of morally

distressing workplace situations or processes.
- Identify the most common protective factors that decrease the severity of moral distress.

We want to acknowledge that these activities may cause additional stress. Ensure that you are prepared and comfortable prior to assessment.

Adapted from the Wellbeing for LA Learning Center course. For more information on evaluation, visit the Maslach Burnout Inventory (MBI) and Well-Being Index (WBI).

Recover

» *Slow down* and reduce your exposure to morally distressing workplace situations.
  • Reduce your current stress load however you can.
» Replenish your depleted physical, emotional, social, and spiritual resources by making a care plan for yourself.

Adapted from the Wellbeing for LA Learning Center course.

[Slide Image Description: This slide shows an image of an individual leaning against a vehicle talking to another individual with a orange arrow and a description of the ARMS Recover step.]

Recover: Recovery will require you to slow down and reduce your exposure to morally distressing situations

Slow down and reduce your exposure to morally distressing workplace situations. Reduce your current stress load however you can – consider:

• Working less or differently. It could mean taking time off, such as using your vacation time, turning of technology or at the extreme using your medical leave. It could also mean reducing the number of hours each week you work at the most stressful parts of your job, carefully reviewing the acuity of your caseload, and asking for help.

• Working differently means changing what you do or how you do it to make it less stressful or more enjoyable.

Either way, let your moral emotions guide you. To reduce your stress load, seek more experiences that generate positive moral emotions in you such as pride, joy, love, or gratitude, and fewer experiences that generate negative moral emotions such as anger,

guilt, shame and feelings of failure.

Individuals should also consider the following:
- Put safety first
- Celebrate
- Discuss and mourn the challenges
- Use the same stress reduction techniques for yourself-we all have a story!
- Take a vacation or a staycation
- Give yourself and others a BREAK!
- Balance intense cases
- Vary work activities if possible
- Help coworkers develop awareness of oneself, one's needs, one's limits and resources
- Support coworkers in setting appropriate boundaries with clients and workload
- Let the day go and move on after work – e.g., take a shower after work, connect with nature, separate spaces for working vs. living if possible. We understand this is getting much more difficult with working at home. We used to have the commute time to wind down. Carve out opportunities where possible.

Organizations may consider the following:
- At the organizational/leadership level, consider a team that can implement relevant support and resources for staff
- Recognize that some people are better at compartmentalizing than others, but this can still be a challenge
- Foster an atmosphere that supports speaking up
- Support staff asking for help

Recovery also includes replenishing depleted physical, emotional, social, and spiritual resources through a self-care plan. Remember resources include tangible things like:
- Time
- Money
- Self-care activities
- Helping people or institutions
- Physical health and fitness
- Eating healthy meals most days
- If you need medication for a chronic health condition, take it!

Resources also include intangible but no-less necessary things like:
- Emotional support from people you care about and who care about you
- Spiritual support from religious beliefs and practices
- Opportunities to play
- Opportunities to create

Adapted from the Wellbeing for LA Learning Center course.

Mitigate

» Identify the most important protective factors for moral distress in your work.
» Ideas to promote protective factors:
  • Practice trauma-informed care
  • Leverage motivational interviewing and active listening
  • Create greater opportunities for communication
  • Reduce the number of recipients to care for or increase the time to care for a large number of recipients
  • Have self compassion
  • Seek help from others
  • Address conflict
  • Engage in positive relationships

Adapted from the Wellbeing for LA Learning Center course. For more information on trauma-informed care, see SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach and the training on Trauma-Informed Care (TIC) & Organizational Considerations For Behavioral Health Agencies.

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[Slide Image Description: This slide shows an image of an individual sitting at a table looking at a computer screen with a blue arrow and a description of the ARMS Mitigate step.]

Protective factors are situations or processes that decrease the likelihood of experiencing moral distress because of an inability to provide the best possible service or care. Earlier, we talked about risk factors for moral distress. When you're looking to mitigate moral distress, it can help to break down what you're feeling in concrete terms and then figure out different strategies (which may—and often should—include reaching out to others!). Compared to risk factors, protective factors for work-related moral distress may take a bit more work to identify. In studies of risk for moral distress or burnout, protective factors are variables that reduce unwanted outcomes. So, one way to identify your protective factors for moral distress in your work is to search for situations or processes that reduce the impact of one or more of the risk factors you listed in the assessment phase.

Now we attempt to identify factors that can reduce our moral distress, while acknowledging that much is out of our control.
• Practice trauma-informed care.

- Leverage motivational interviewing and active listening.
- Create greater opportunities to communicate with colleagues, family, leadership, and employee assistance program if needed.
- Reduce the number of recipients to care for or increase the time to care for a large number of recipients. In essence, ealuate the work you are currently doing.
- Have self compassion and give yourself credit for what you are accomplishing.
- Seek help from others.
- Address conflict arising from policies, perspectives, or cultural differences on the team.
- Actively engage in positive relationships with family and friends.

Think about Edward, our overwhelmed BH employee. If he's feeling he is approaching burnout, he can develop his own plan for mitigating his moral stress factors.

For example, Edward experiences insufficient training for the complexity of his patients; he can seek out more training on sever mental disorders to better understand symptoms and communication strategies to use. Edward feels that his case load doesn't allow him to provide enough support to each person; he may need to talk to his supervisor or team leadership about rebalancing his case load. Edward is missing important family and social events; he can communicate to his team his boundaries and keep his personal commitments.

Of course, many of these issues can't be done by Edward alone. And that's where leadership needs to provide a supportive environment for their staff to thrive. Not only out of compassion for their employees but because people can't support others or do their job effectively when they themselves are unwell.

Adapted from the Wellbeing for LA Learning Center course. For more information on trauma-informed care, see SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach and the training on Trauma-Informed Care (TIC) & Organizational Considerations For Behavioral Health Agencies.

Strengthen

» Find and implement strategies to enhance the intensity and impact of your **most important** modifiable protective factors.
» Prioritize these protective factors to make the biggest difference in your wellbeing with the least effort.

Adapted from the Wellbeing for LA Learning Center course.

[Slide Image Description: This slide shows an image of eight individuals stacking hands with a light blue arrow and a description of the ARMS Strengthen step.]

Strengthen: Find and implement strategies to enhance the intensity and impact of your most important modifiable protective factors.

This last step will involve deciding which of the protective factors you listed earlier are your priorities for strengthening; they are the ones most likely to make the biggest difference in your wellbeing with the least effort.

We will discuss additional ways to strengthen the ability to mitigate workplace stressors and risk factors in the second section.

Adapted from the Wellbeing for LA Learning Center course.

Organizational & Leadership Considerations

» Organizations and leadership can start by:
- Building general awareness about job stress
- Securing top management commitment and support for the program
- Incorporating employee input and involvement in all phases of the program
- Establishing the technical capacity to conduct appropriate training

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[Slide Image Description: This slide shows an icon image depicting a downtown city with a description of how organizations can promote workforce wellness.]

Similar to our previous modules in this training, we want to highlight some additional organizational considerations for workforce wellness. Organizations and leadership can support workforce wellness and address and mitigate risk factors.

The most direct ways to reduce workplace stress and improve the health of workers and the environment is for organizational leaders to:
- Acknowledge that workplace stress is real threat to health of the organization
- Implement a trauma-informed workplace
- Review and modify policies and procedures for staff and participants
- Become educated about workplace stress
- Provide comprehensive, ongoing job training and meaningful supervision
- Provide professional stress management training for staff
- Provide confidential employee assistance programs
- Hire a consultant to recommend ways to improve working conditions
- Staff conferences for debrief and discussion private and group. This is different than a client conference. It is an opportunity to discuss challenges and success of the

work.

This involves the identification of root causes of the stressful aspects of work for e.g., excessive workloads, and conflicting expectations.

We understand that directors and managers are sometimes uncomfortable with the above suggestions because it will involve changes in the organizational structure. However, a top priority must be given to the most valuable assets, including the workers and the people they provide services to. Yet, even the most conscientious efforts to improve working conditions are unlikely to eliminate stress completely for all workers. For this reason, a combination of organizational change and stress management is the most effective approach for preventing most adverse consequences of job stress.

How to Change the Organization to Prevent Job Stress:
- Ensure that the workload is in line with workers' capabilities and resources.
- Design jobs to provide meaning, stimulation, and opportunities for workers to use their skills.
- Clearly define workers' roles and responsibilities.
- Give workers opportunities to participate in decisions and actions affecting their jobs.
- Improve communications-reduce uncertainty about career development and future employment prospects.
- Provide opportunities for social interaction among workers.
- Establish work schedules that are compatible with demands and responsibilities outside the job.

Additional considerations include:
- Training
- Case Conferences
- Policies
- Quiet room for staff
- Opportunities for team fun
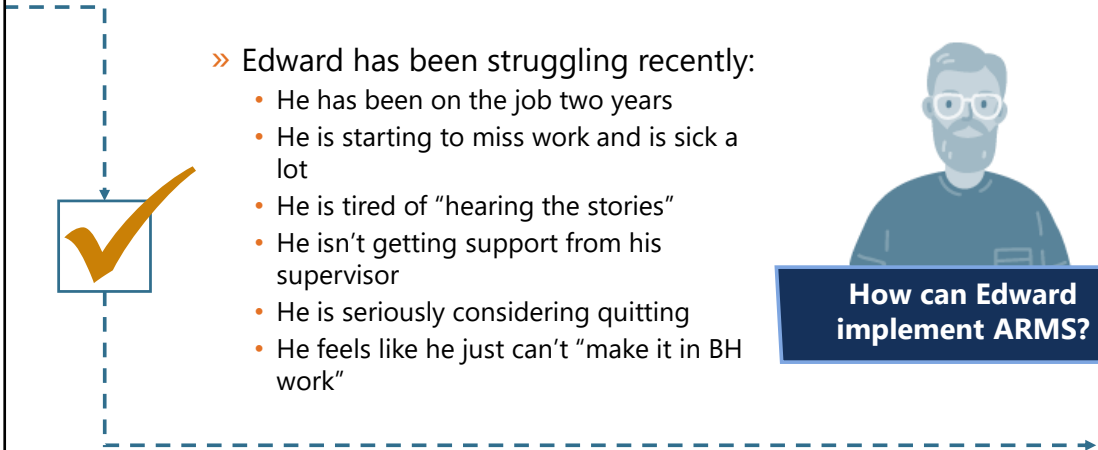
Ideas in Action

» Edward has been struggling recently:
- He has been on the job two years
- He is starting to miss work and is sick a lot
- He is tired of "hearing the stories"
- He isn't getting support from his supervisor
- He is seriously considering quitting
- He feels like he just can't "make it in BH work"

How can Edward implement ARMS?

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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Edward has been struggling recently:

- He has been on the job two years, and is starting to miss work and is sick a lot

- He is tired of "hearing the stories"

- He isn't getting support from his supervisor – he hasn't been able to schedule more than 15 minutes with his boss due to staffing constraints

- He is seriously considering quitting

- He feels like he just can't "make it in BH work"

How can Edward implement some of the strategies listed in the ARMS wellness regimen for professionals?
- Ask leadership for support (e.g., a mentor, sharing his caseload)
- Discuss his needs with his company's Employee Assistance Program (EAP)

As a supervisor or leader, consider how you can anticipate Edward's needs and support

his implementation of ARMS.

- Reach out to Edward to ask how he is doing.
- Let Edward know about EAP.
- Meet with Edward regularly to get a sense of his stress levels.
- Consider adjusting Edward's partnerships and teams.
- Discuss the realities of the job when onboarding employees and list out resources for them.

Resiliency, Self-Compassion, and Self-Care

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Now let's discuss how leaders and workers can foster and build resiliency. We suggest that a viable mechanism is through self-compassion and self-care.

Self-Care

> "One of the hardest, yet most important parts of being a caregiver is taking time to attend to self-care. It is self-care that restores energy and builds that capacity to give care, yet it is often neglected."

The Dance of Caring: A Caregiver's Guide to Harmony

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[Slide Image Description: This slide shows an image of an individual handing a box of food to another individual. A quote from The Dance of Caring: A Caregiver's Guide to Harmony is displayed in a purple box.]

Self-care and resiliency are important for people working with CARE respondents.

"One of the hardest, yet most important parts of being a caregiver, is taking time to attend to self-care. It is self-care that restores energy and builds that capacity to give care, yet it is often neglected." – The Dance of Caring: A Caregiver's Guide to Harmony by Eddie Madril

[Slide Image Description: This slide shows an image of two individuals sitting on a couch talking with the definition and benefits of self-compassion listed.]

Self-compassion is a way of relating to who we are with compassion and acknowledging and embracing that imperfection is a human quality and part of our shared humanity.

Benefits of self-compassion include:
- Supports resilience
- Increases health promoting behaviors
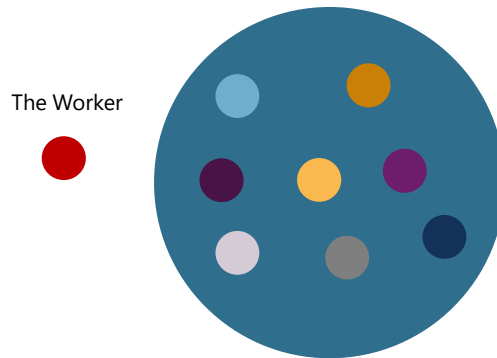- Decreases anxiety and depression
- Creates positive emotional responses

For more information on self-compassion, view The Five Myths of Self-Compassion and The Power of Self Compassion.

Self-Compassion as Resiliency Tool

"When we witness the suffering of others on a daily basis, we can experience personal distress to the point of burning out, and caregivers who are especially sensitive and empathetic may be most at risk. At the same time, **when we give ourselves compassion, we create a protective buffer, allowing us to understand and feel for the suffering person without being drained by their suffering**."

-Kristen Neff, The Five Myths of Self-Compassion

The Circle of Compassion

The Worker

For more information on self-compassion, view The Five Myths of Self-Compassion, The Power of Self Compassion, Self-compassion and psychological well-being in older adults, and Self-compassion and physical health: Exploring the roles of perceived stress and health-promoting behaviors.

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[Slide Image Description: This slide shows a quote from The Five Myths of Self-Compassion in an orange box with a circle diagram that depicts how a worker has compassion for everyone but themselves.]

Self-compassion can be used as a resiliency tool.

As noted by Kristen Neff: "When we witness the suffering of others on a daily basis, we can experience personal distress to the point of burning out, and caregivers who are especially sensitive and empathetic may be most at risk. At the same time, when we give ourselves compassion, we create a protective buffer, allowing us to understand and feel for the suffering person without being drained by their suffering."
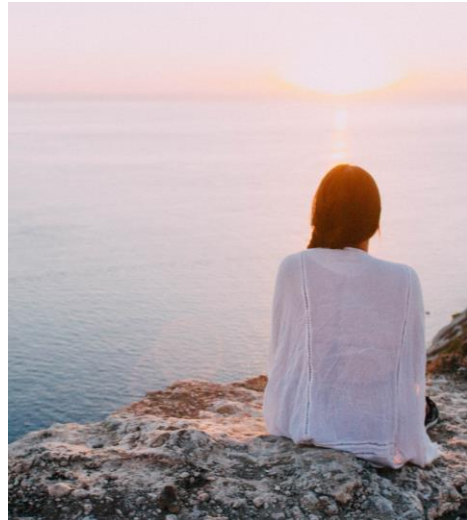
The Circle of Compassion is another way of thinking of self-compassion as a resiliency tool. The worker remains outside of the circle of compassion, meaning we have

compassion for everyone but ourselves.

For more information on self-compassion, view The Five Myths of Self-Compassion, The Power of Self Compassion, Self-compassion and psychological well-being in older adults, and Self-compassion and physical health: Exploring the roles of perceived stress and health-promoting behaviors.

[Slide Image Description: This slide shows an image of an individual looking at a sunset. Three bullets list ways to practice self-monitoring mindfulness.]

There may be situations and times when conversations and/or experiences between you and the CARE respondent are difficult.
- Pay attention to the immediate experience and allow for increased recognition of mental events in the present moment.
    - Be aware of what's going on in your mind. What are you thinking?
    - What does your body feel like? What are you experiencing?
- Adopt a curious, open and accepting orientation toward your own experiences in the present moment.

It is important to be mindful and address your feelings and their feelings. You may at times need to get help to process, so remember asking for help is a strength.
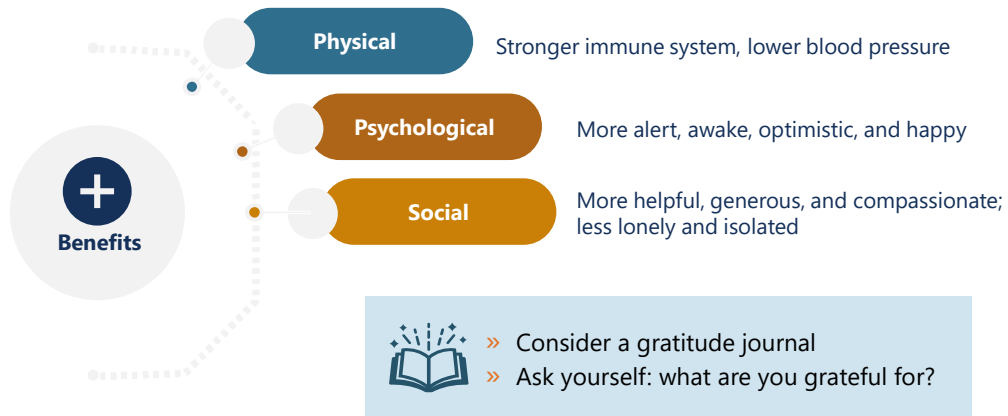
[Slide Image Description: This slide shows a two-sided diagram that lists the myths and facts of self-compassion.]

Some myths of self-compassion include:

- Myth: Self-compassion is a form of pity
- Fact: Self-compassion is a remedy to self-pity

- Myth: Self-compassion is a weakness
- Fact: Self-compassion is a strength

- Myth: Self-compassion makes a person complacent
- Fact: Self-compassion is a powerful motivator

- Myth: Self-compassion is narcissistic
- Fact: Self-compassion is a way to relate to who we are with kindness, even if we feel inadequate

Adapted from Kristin Neff's Five Myths of Self-Compassion.

Cultivating Gratitude

Physical	Stronger immune system, lower blood pressure
Psychological	More alert, awake, optimistic, and happy
Social	More helpful, generous, and compassionate; less lonely and isolated

+ Benefits

» Consider a gratitude journal
» Ask yourself: what are you grateful for?

For more information on gratitude, view The Science of Gratitude white paper.

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[Slide Image Description: This slide shows three colored blocks that describe the physical, psychological, and social ways to cultivate gratitude. Additionally, an icon of a book is show with the gratitude journal consideration.]

The benefits of acknowledging and cultivating gratitude are rooted in research.
- Gratitude allows us to celebrate the present
- Gratitude blocks toxic, negative emotions
- Grateful people are more stress resistant

How can you acknowledge and cultivate gratitude? Keep a Gratitude Journal:
- List 5 thing that you are grateful for once per week
- Count each positive daily

Perhaps you don't have time to journal or list 5 items. Instead, each morning you can name one thing you are grateful for, and each night you can reflect on what you are grateful for. Whether big or small, it all counts.

Perhaps the interaction with the CARE respondent went so much better than you anticipated. Perhaps it didn't go quite as well, but you handled it well and then got

support for you and your CARE respondent.

Consider: what are you grateful for?

For more information on gratitude, view The Science of Gratitude white paper.

Self-Care On the Spot (SOS) Planning

SOS ✓ ✓ ✓ ✓

» Listening to a favorite music playlist
» Using aromatherapy – keep a favorite scent in your bag
» Stepping away from the situation
» Squeezing a ball
» Taking a brisk walk
» Engaging in a 1-3-minute stretch break
» Spending time on a short meditation
» Using 1-3 minutes for deep breathing

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[Slide Image Description: This slide shows an icon of a clipboard that says SOS with a checklist. Next to the icon is a list of self-care on the spot planning ideas.]

We are spending a lot of time on self-care because we want you to continue your work without it taking too much of a toll on you personally.

Create a Self-Care on the Spot (SOS) list, or a list of at least five safe, effective self-soothing tools that help you calm down. When you're feeling overwhelmed or triggered (or you know you're about to be triggered), you can use your strategies to help you in the moment. You can teach them to your CARE respondent too!

SOS ideas:
- Listening to a favorite music playlist
- Using aromatherapy – keep a favorite scent in your bag
- Stepping away from the situation
- Squeezing a ball
- Taking a brisk walk
- Engaging in a 1-3-minute stretch break
- Spending time on a short meditation

- Using 1-3 minutes for deep breathing

I'M SAFE Checklist

🏫	I	=	**Illness**
📱	M	=	**Medication**
🙁	S	=	**Stress**
🍾	A	=	**Alcohol and Drugs**
🎐	F	=	**Fatigue**
🥣	E	=	**Eating and Elimination**

I'M SAFE Checklist adapted from the Agency for Healthcare Research and Quality tool.

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[Slide Image Description: This slide shows the I'M SAFE Checklist. Each letter has an associated meaning and an icon to represent each.]

Important to have in your toolbox and part of your ARMS regimen is the I'M SAFE Checklist. Self-assessment is self-care and an important step of self monitoring.

We must take time or hold space for ourselves. It can be helpful to regularly run the I'M SAFE checklist and make sure YOU are OK. When we are juggling work, life, health, family and supporting others, we can forget ourselves. The result is fatigue and less than optimal responses and decision making.

I'M SAFE Checklist:
I=Illness - Am I feeling so bad that I cannot perform my duties? Am I working sick?
M=Medication - Are medications I am taking affecting my ability to provide support? Or have I NOT taken meds that I need to so I can function better on the job?
S=Stress - Is there anything, such as a life event or situation at work, that is creating a stress response? Do I have a self-care plan and am I using it?
A=Alcohol and Drugs - Is my use of alcohol or drugs affecting me such that I cannot provide support? Am I using substances to relax and reduce stress too often?

F=Fatigue - Am I too tired? Do I need to go to sleep and turn off my phone and TV?
E=Eating and Elimination – am I eating a healthy meal, have I taken time for my personal needs? Am I hydrating?

I'M SAFE Checklist adapted from the Agency for Healthcare Research and Quality tool.

Scheduling Time for Self-Care

» What are your priorities?
- Set a realistic goal
- Schedule it first
- Fit everything else in after
- Find your Happy Place!

Remember to put **YOU** on the schedule.

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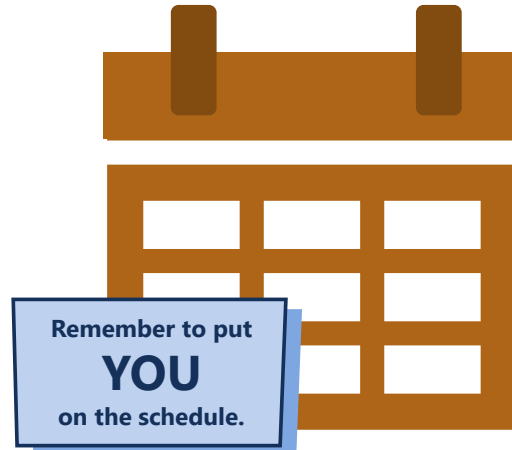
[Slide Image Description: This slide shows an icon image of a calendar with a list of ways to practice self-care as a volunteer supporter.]

Remember secondary trauma and compassion fatigue is when the trauma did not happen to you, but you heard about it or witness it and it effects you. These types of trauma can add up and affect us emotionally and if we are not careful, we can try to protect ourselves in ways that are not helpful.
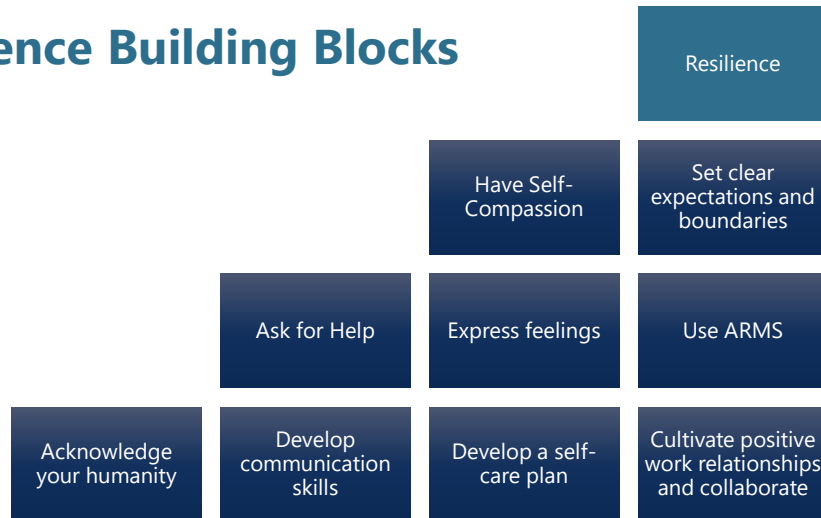
This might seem strange, but our lives have gotten so busy that if things are not in a calendar we can easily overlook them. Schedule time for yourself; put it on the calendar and keep your commitment to your wellness.

What are your priorities?
- Set a realistic goal
- Schedule it first
- Fit everything else in after
- Find your Happy Place!
- If you feel you are not spending enough time with partner, family or friends- schedule it

- If you have been missing your exercise, remember that just 15-20 min matters- schedule a mile of walking using your phone app
- Schedule your meal prep for healthy meals
- Don't forget your health maintenance- schedule your primary care and dental vists

Resilience Building Blocks

Resilience

Have Self-Compassion | Set clear expectations and boundaries

Ask for Help | Express feelings | Use ARMS

Acknowledge your humanity | Develop communication skills | Develop a self-care plan | Cultivate positive work relationships and collaborate

For more information on resilience, view the Resilient Individuals article and UCSF's Collaborative Approach study.

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[Slide Image Description: This slide shows ten blue boxes that list resilience building blocks.]

On this slide you see a list of building blocks for resilience for you and the CARE respondent, including:
- Acknowledge your humanity
- Ask for Help
- Develop communication skills
- Have self-compassion
- Express feelings
- Develop a self-care plan
- Set clear expectations and boundaries
- Use ARMS
- Cultivate positive work relationships and collaborate

For more information on resilience, view the Resilient Individuals article and UCSF's Collaborative Approach study.

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Consider the following practical interventions:
- Embrace imperfection- Say "This is hard"
- Mindfulness- Say "This is moment of challenge"
- Shared humanity- Say "I am not alone" and "We all struggle"
- Send self-care and support- Say "What do I need" or "How can I support myself"

How Self-Care and Workforce Wellness Support the CARE Respondent

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

What We Hope to See

- Improvements in CARE respondents' engagement in treatment
- Increased engagement in the CARE process
- Participation in development of the CARE agreement or CARE plan
- Participation in self-care
- Seeking assistance when needed
- Open to respectful guidance and feedback
- Knowledgeable about self-care strategies and implementing as needed
- Participation in the development of Psychiatric Advanced Directives if requested

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[Slide Image Description: This slide shows icon images of various individuals from different backgrounds with a list of goals the CARE Act aims to accomplish in order to promote workforce wellness for CARE respondants.]

Workers that are refreshed and engaged provide better services and care. CARE respondents may respond better to someone that they feel safe with, and they can trust. Someone who is consistent and follows through. Taking care of yourself improves your work and is better for those you serve.

From this work, we hope to see:
- Improvements in CARE respondents' engagement in treatment
- Increased engagement in the CARE process
- Participation in development of the CARE agreement/CARE plan
- Contribution and participation in self-care
- Seeking assistance when needed
- Open to respectful guidance and feedback
- Knowledgeable about self-care strategies and implementing as needed
- Participation in the development Psychiatric Advanced Directives if requested

Ideas in Action

What are you currently doing that you will **STOP** because it isn't working?

What haven't you done that you will **START** because it may work?

What are you already doing that you will **CONTINUE** because it works well?

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Ideas in Action:
What are you currently doing that you will STOP because it isn't working?
- Being hard on myself

What haven't you done that you will START because it may work?
- Start scheduling time for myself
- Run my I'M SAFE Checklist
- Being realistic in my expectations

What are you already doing that you will CONTINUE because it works well?
- Leaning on my colleagues for support

[Slide Image Description: This slide shows an icon of a magnified glass with Edward in the middle. A summary of this presentation is listed.]

In Summary:
- Workforce wellness requires applying trauma-informed practices at an individual and organizational level.
- Approach yourself with kindness and empathy to build resiliency.
- Develop simple strategies that promote comprehensive wellness and resilience and reduces job stress.
- Use: Assessment, Recovery, Mitigation Measures, and a Plan to Strengthen (ARMS).
- Organizations must lead in the effort of Workplace Wellness.

Objectives

At the end of the session, participants will have an increased ability to:

» Recognize work-related stress and triggers

» Define the Assess, Recover, Mitigate and Strengthen (ARMS) Wellness Regimen

» List at least three strategies for cultivating self-compassion and self-care

» Describe at least one goal for CARE respondents, workforce, and organizations

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[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:
- Recognize work-related stress and triggers
- Define the Assess, Recover, Mitigate and Strengthen (ARMS) Wellness Regimen
- List at least three strategies for cultivating self-compassion and self-care
- Describe at least one goal for CARE respondents, workforce, and organizations

Next Steps

» Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/TA requests.

» Review additional topics in this training series:
  - Part 1: Trauma-Informed Care & Organizational Considerations
  - Part 2: Incorporating Trauma-Informed Care into the CARE Process

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[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Review additional topics in this training series:
    Part 1: Trauma-Informed Care & Organizational Considerations
    Part 2: Incorporating Trauma-Informed Care into the CARE Process

Questions?
CARE-Act.org | info@CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org.**

Resources

» DMH + UCLA Wellbeing for LA Learning Center - Assess, Recover, Mitigate, Strengthen (ARMS): A Wellbeing Regimen for Professionals
» The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are
» Teaching the Mindful Self-Compassion Program – A Guide for Professionals

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[Slide Image Description: This slide shows a list of resources relevant to the training.]

- DMH + UCLA Wellbeing for LA Learning Center - Assess, Recover, Mitigate, Strengthen (ARMS): A Wellbeing Regimen for Professionals
- The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are
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