

**TOOLS FOR TRANSFORMATION: BECOMING ACCESSIBLE,
CULTURALLY RESPONSIVE, AND TRAUMA-INFORMED ORGANIZATIONS**

Implementation Support Guides for Domestic Violence and Sexual Assault Programs

GUIDE 1

**THE SOCIAL, EMOTIONAL, AND RELATIONAL
CLIMATE AND ORGANIZATIONAL TRAUMA**

CATHY CAVE

GABRIELA A. ZAPATA-ALMA, LCSW, CADDC

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NATIONAL
Center on
Domestic Violence, Trauma, and Mental Health

The National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) is one of four Special Issue Resource Centers funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Family Violence Prevention and Services Program. NCDVTMH's mission is to develop and promote accessible, culturally responsive, and trauma-informed responses to domestic violence and other lifetime trauma so that survivors and their children can access the resources that are essential to their safety and wellbeing. Our work is survivor-defined and rooted in principles of social justice.

NCDVTMH provides a comprehensive array of training, consultation, and resources to support domestic violence and sexual assault advocates and their partners in the health, mental health, substance abuse, legal, and child welfare fields as well as policymakers and government officials in improving agency and system responses to survivors of domestic violence and other trauma. For more information, see www.nationalcenterdvtraumamh.org.

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The 2018-2020 Learning Collaborative Teams

Alaska

Alaska Network on Domestic Violence and Sexual Assault
Kodiak Women's Resource and Crisis Center
South Peninsula Haven House
Standing Together Against Rape

Georgia

Georgia Coalition Against Domestic Violence
Harmony House Georgia
Ruth's Cottage and The Patticake House

Maryland

Maryland Network Against Domestic Violence
HopeWorks of Howard County
Maryland Health Care Coalition Against Domestic Violence

New Mexico

New Mexico Coalition Against Domestic Violence
Enlace Comunitario
Esperanza Shelter
La Casa, Inc.

North Dakota

First Nations Women's Alliance
CAWS North Dakota
Domestic Violence Crisis Center, Inc.

Pennsylvania

Pennsylvania Coalition Against Domestic Violence
Victims' Intervention Program
Women's Services, Inc., Crawford County

Washington, D.C.

D.C. Coalition Against Domestic Violence
My Sister's Place

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Introduction

The *ACRTI Implementation Support Guides* series was developed in response to requests from domestic violence and dual domestic violence and sexual assault coalitions for guidance on supporting their member programs' efforts to become more accessible, culturally responsive, and trauma-informed (ACRTI). In partnering with coalitions and programs across the country, it became clear that domestic violence and sexual assault program leaders were also seeking resources to support their own efforts to move ACRTI implementation from good ideas to effective practice. For these reasons, the *ACRTI Implementation Support Guides* are intentionally focused toward program leaders and contain resources and strategies to support organizational change. This first guide focuses on organizational trauma and the social, emotional, and relational aspects of our organizations. It offers leaders information, opportunities for reflection, and strategies to support transformation.

Before You Begin: Recommended Reading

Creating Trauma-Informed Services and Organizations: An Integrated Approach (NCDVTMH, 2019)

This resource describes the framework for an ACRTI approach to advocacy that incorporates an understanding of trauma and its effects; creates accessible environments for healing; recognizes the centrality of culture; attends to the wellbeing of staff, organizations, and communities; and is committed to social justice and human rights. The core principles of ACRTI work—physical and emotional safety, hope and resilience, relationship and connection, and a survivor-defined approach—provide a foundation for creating services that are welcoming and inclusive, attuned to the range of people's experiences, and relevant to the people and communities we serve.

The *ACRTI Implementation Support Guides* are companion resources to *Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations: An Organizational Reflection Toolkit* (NCDVTMH, 2018). The Toolkit provides guidance on initiating an organizational reflection process to support the incorporation of ACRTI principles and perspectives into all aspects of program and service delivery. The Toolkit offers a process for examining organizational strengths, available resources, and opportunities for improvement through consideration of the following seven focus areas:

1. Organizational Commitment and Infrastructure
2. Staff Support and Supervision
3. Physical, Sensory, and Relational Environment
4. Intake Process
5. Programs and Services

6. Community Partnerships
7. Feedback and Evaluation

Together, these resources support coalitions' and programs' efforts to reflect on their organizational culture and current practices, and then plan, implement, and sustain changes that enhance both service access and the quality of service delivery.

Considerations for Accessible, Culturally Responsive, and Trauma-Informed Organizations

Central to the mission of advocacy is to consistently offer survivors of domestic and sexual violence services that support safety, healing, and resilience. In ACRTI organizations, leaders are intentional about connecting the program's mission to the work that advocates are engaged in each day. Everyone is aware of the agency's values and those values are reflected in the experiences of both service participants and staff doing the work. In part, this means survivors experience welcoming of who they are, no matter how they present in their moments of great distress. This also means that service settings have the capacity to support people who have a wide range of responses to distress and that advocates have the skills and support they need to work effectively with survivors from diverse communities.

In ACRTI service environments, providers focus on how survivors are enrolled, engaged, and supported with attention to accessibility and cultural considerations. Staff intentionally make efforts to ensure people are not prevented from participating due to aspects of their cultural identities, family composition, or experiences with health, mental health, or substance use challenges. Program leaders and staff routinely seek out and address inequities and barriers to service access. Cultural responsiveness includes inquiry about individuals' values, traditions, and needs. It also requires that advocates honor survivors' unique perspectives. Incorporating an understanding of trauma is apparent in the ways survivors experience dignity, empathy, collaboration, and respect for their personal agency and autonomy. Additionally, survivors and staff are consistently asked to provide feedback about their experiences with feeling welcomed and supported. There is evidence of their feedback being used to make improvements.

Staff experience effective supervision and are supported in developing their skills and in navigating daily challenges that arise as they work. Staff have job descriptions that define their role in the organization, communication is clear organization-wide, and human resource policies clearly define expectations and benefits. The supervisory relationship is trustworthy and the structure is consistent (e.g., schedule weekly individual meetings, avoid cancelling meetings, and have consistent process to discuss work situations, etc.). Additionally, supervisors flexibly attend to the balance of holding staff accountable for providing advocacy services and addressing staff members' needs for accommodation as they experience trauma or other distress that commonly occurs in the field.

Even with good planning, clear information, and consistency, organizational trauma and

unexpected crisis can disrupt services and staff's capacities to do work they are committed to and feel passionate about.

Activity

Have conversations with all staff about the key principles and perspectives of an ACRTI approach. Discuss the connections between ACRTI values and the mission and values of the program. This initial activity can help create buy-in, lead to enhanced mission and values statements, and prevent misunderstandings that may disrupt ACRTI implementation.

Resources for Learning More

1. *Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations: An Organizational Reflection Toolkit* (NCDVTMH, 2018)

Focus Area 1 Organizational Commitment and Infrastructure
Focus Area 2 Staff Support and Supervision
2. *Organizational Trauma and Healing* (Shana Hormann and Pat Vivian, 2013)
3. *Trauma Stewardship* (Laura van Dernoot Lipsky and Connie Burk, 2009)

Organizational Culture and the Social, Emotional, and Relational Climate

Organizational Culture and Organizational Climate

What is organizational culture?

An organization's culture includes the assumptions people make about the way a program functions. This includes the personality or spirit of the organization, the core identity (who we are and what we do), the creation story (how we came to be), the moral narrative (why we are essential), the way people work together and the way they feel about their work interactions. Within the organization there is a sense of "this is how we do it here."

Shana Hormann and Pat Vivian

The organizational climate involves a more specific focus on how it *feels* to work in a particular place based on aspects of the organizational culture. The social interactions, emotional tone, and interpersonal relationships are influenced by the policies, expectations, and both written and unwritten rules which all contribute to how it feels for all staff. This includes the way people communicate with one another to share about their work and how that communication feels.

An Example:

In one program there is daily sharing of whom advocates worked with, the content of their advocacy conversations, and any outstanding concerns that may need to be addressed. This openness isn't a written policy; it is part of the program's culture or the way they do things and helps to ensure continuity of support for survivors. This approach also contributes to staff communicating more openly with each other and with supervisors about work-related challenges. Another program has an unwritten policy that dictates a different approach. In this program's culture each service participant is assigned a primary staff person. There is less sharing among staff and survivors often wait for their assigned staff to come into work to discuss advocacy needs. There is less openness amongst staff and staff appear more guarded in supervisory conversations and staff meetings.

In this example, the communication differences in the two programs relate to how people view their individual work and how the collective interactions of all staff are viewed in terms of accountability, responsibility, and shared leadership.

Organizational Climate and Balancing Power

Working to eliminate the conditions that uphold abuse and violence is central to advocacy. At the same time, people who are highly attuned to structures and behaviors that create power imbalances are working within hierarchical organizations. This tension frequently creates workplace challenges as leaders attempt to balance the desire for collaboration, shared power, and shared responsibility with supervisory practice, a leader's formal authority, and expectations for holding staff accountable for their work. The ways that disagreements and power dynamics surface and are addressed impact the program's organizational climate. While some conflict is a natural part of interactions when people work together, program leaders can be surprised by the intensity of the feelings that staff experience and express.

An Example:

In a program involved in a multi-year ACRTI change process, the consultant returned to conduct a booster session 11 months after the initial training and early implementation planning sessions. During that time, leadership had let go of six staff who were unwilling to be a part of the planned organizational change. The Director expected some staff turnover but without transparency, mechanisms for processing staff's concerns, providing language, and modeling, the remaining staff felt that anyone could be let go at any time. Throughout the program, staff were afraid to speak up and fully engage in the process and to complete activities that were still left to do. It was necessary to press pause, discuss the concerns, and continue open dialogues as the process moved forward. Over time, this openness led to a shift in the climate from a feeling of fear towards a feeling of optimism.

Lorien Castelle

Many leaders find it much easier to focus on plans that are concrete and visible than on the overall feel of the organization. Shifting focus typically means attending to whether leaders welcome and incorporate feedback, consistently communicate with transparency, and share power by asking for and incorporating staff's ideas and input. These may be areas where leaders are vulnerable or feel uncomfortable. Often, it is staff or service participants who raise the need for something to change. If a leader responds with openness, the organizational climate can be strengthened in positive ways. Sometimes, as program practices with service participants shift to be more collaborative, staff also expect their interactions with colleagues and supervisors to feel more collaborative. These expectations at times lead to conflict as the culture—"the way we do things here"—and the climate—"what it feels like"—begin to shift for some but not for others.

Attempts to resolve a specific problem can unintentionally impact organizational climate. A challenge can surface when a practice that feels comfortable for some staff is named or "called out" because it presents a barrier or feels inequitable for others.

An Example:

Staff commonly request an accommodation to have a flexible schedule or to work from home. In some programs there are positions that do not require staff to be on site to accomplish what they were hired to do. Other positions require staff to be on site, particularly for direct service work. For some positions, flexible start and end times work fine. For others, firmly set start and end times are crucial to service delivery. When there is not a transparent policy or discussion about how this works, staff may experience this as an inequity and attribute the disparity to issues related to oppression, often in the form of racism, ageism, ableism, or classism. Additionally, once concerns are named, those impacted and their supporters expect and are often impatient for the practice to stop. At the same time, these types of issues may be invisible and not understood by those who are not directly impacted. Unaddressed conflict can wear away at the stability of an organization and contribute to a sense of pervasive negativity. When there is satisfactory resolution, staff often feel optimistic about openly resolving other concerns.

In response to COVID-19, many programs fundamentally changed their service delivery and staff experienced shifts in their roles and responsibilities. The use of virtual technology changed the way people interacted with one another and impacted their ability to stay connected to the "feel" of their programs.

Activity

When there is a change in the approach to services, have frequent conversations during staff meetings about how the changes are working for service participants and how the changes are working and feeling for staff. Support staff to voice concerns and be part of the process of planning and making adjustments, rather than being adversarial or passive participants. Have open discussion about what is going well and where the program and leadership can improve.

The goal is to create an environment that supports staff to experience the same qualities in their work relationships that they are being asked to offer in their interactions with survivors (e.g., inclusion, collaboration, honesty, transparency, choice, shared control, accountability, etc.).

In addition, advocacy is mission-driven or passion-driven work that individuals are drawn to. There is a problematic intensity that can develop when conflicts within the organization interfere with staff's ability to feel connected to the work or to the organization. It helps to create environments where people "call each other in" for conversation to resolve challenges, rather than contributing to a culture of "calling each other out" which can lead to further disconnection. A positive ACRTI organizational climate offers a secure, stable working community where people are able to problem-solve together and feel connected to each other and the organization's work.

Impacts of Historical and Generational Oppression

Examining an organization's climate requires leaders to focus on issues that are complicated, tender topics for everyone and that can contribute to feelings of anger, frustration, despair, or lack of safety. Some staff may be concerned about having challenging conversations due to fear of discomfort. Other staff may have been uncomfortable for a long time or feel deeply harmed because conversations have not taken place. Feeling this way, they continue to do their jobs each day. Examples include but are not limited to the impacts of historical and generational oppression, current national events, the COVID-19 pandemic, and the impact of organizational trauma.

Many programs and coalitions actively take on the challenge of addressing the legacy of misuse of power and use of privilege that has historically moved along racial, gender, and class lines. Many advocates are deeply aware of the impact of those legacies in the context of domestic and sexual violence and view unpacking these realities as central to the work. While some organizations are already deeply immersed in racial equity and the work of cultural inclusion, for many others, having open conversations about identity and oppression in the workplace is new. These discussions can initially feel uncomfortable and disruptive to the organizational climate as people hold hard conversations, learn new language, consider others' experiences in new ways, and share feedback that may be challenging to give and receive. Leaders have opportunities to model ways to participate in these conversations with openness and humility, to facilitate organizational interactions that feel equitable and inclusive, thus supporting the shift toward a more positive climate. It is vital that these conversations are seen and experienced as ongoing work.

Organizational Trauma

Impacts of Organizational Trauma

Hearing about the dynamics and employee relationships that were present at other domestic violence and sexual assault programs involved in their change processes really helped us begin to see the impact of trauma on our staff. As leaders, we were able to stop blaming staff for those

experiences and avoid getting stuck in personalizing their behaviors. Supervisors were able to start coaching staff differently and to foster a strong sense of accountability to themselves, the people we serve, co-workers, and the agency.

Program Director

Much like individuals, programs can also experience trauma, where an event or set of circumstances can overwhelm an organization's protective factors, causing disruption in organizational functioning, identity, and wellbeing. Events leading to organizational trauma include, but are not limited to, mass community or specifically targeted violence, injury or death of a service participant or colleague, and reduction or removal of services due to funding or other factors outside of staff control. The response to COVID-19 pushed many programs to react in new and different ways. Actions or decisions that seem in opposition to agency values and that are closed to discussion or problem solving can also contribute to organizational trauma. Organizational trauma is experienced communally, but it may easily be mistaken for other concerns, such as compassion fatigue or individual burnout. Often, individuals experience and express the signs of organizational trauma, while the structural processes creating the challenges remain invisible.

An Example:

Someone who participated in shelter services over a year ago died in a car accident. Staff felt deeply impacted by the loss and over time, talked about feeling stuck and ineffective. Realizing that things were not improving, the program director facilitated focused conversations to support staff's healing. Details surfaced to help clarify what was happening. The survivor who died was exited from services due to drug use on premises. She was referred to other community-based supports and staff continued to offer support whenever they could. Staff talked about feeling they had missed an opportunity and deeply regretted exiting her from the program. Leaders and staff together considered reevaluating the rules leading to exiting someone from the program, although we had never talked about this previously. Through this tragedy, we initiated action to reconsider the policy. Over time and with additional discussions and productive action, staff began to feel better.

Program Director

Persistent stress and the potential for trauma are realities within domestic violence and sexual assault advocacy. In addition to the reality that many staff are survivors, trauma responses related to the experiences of others, or secondary trauma, is a daily reality of supporting people who have been victimized by violence. Unaddressed trauma can impact staff in any organization. The COVID-19 pandemic presented many unique challenges for the field, leaving many feeling overwhelmed. Additionally, program and coalition staff work daily in high need and often low resource environments. These factors make it essential for leaders to proactively develop strategies to consistently address trauma experienced by advocates, to prevent organizational trauma whenever possible, and to increase organizational resilience since the potential for trauma is ever present.

Recognizing Organizational Trauma

The first action in addressing organizational trauma is to become aware of its presence. Organizational trauma can be easily mistaken for burnout, and while burnout can increase the risk for organizational trauma (and vice versa), they are distinct concerns.

Organizational trauma can be misunderstood as staff not being interested in their work or no longer being good at their jobs. Without this awareness, the focus is on staff performance rather than on whatever has happened to everyone. Individuals may experience feelings of isolation, blame, and failure in their roles. Recognizing the potential signs of organizational trauma allows leaders to restore connection and move forward in the program's healing.

Potential signs of organizational trauma include, but are not limited to, a reduced sense of respect and empathy for service participants and colleagues, a lowered sense of staff effectiveness and organizational competency, or staff identifying strongly with other staff and service participants. Staff begin to take on stress and anxieties experienced by others and then are unable to separate this out from their own experiences. People experience emotional dysregulation, which may include emotional numbing, apathy, being on constant alert for danger, work-related nightmares, intrusive thoughts, and loss of motivation. These experiences impact absenteeism, creating a spike in the use of paid and unpaid leave.

Organizationally, unaddressed trauma has many negative impacts. One possible impact is "mission drift" or "mission creep." This means actively seeking projects that are outside of the program's scope of work, but staff may feel are more likely to have a positive impact. This can feel and look positive but the impact is to pull staff away from current services. Another potential impact is the sense of "team" is disrupted and there is little interest in the activities that keep teams working together effectively; instead individuals seek out ways to sustain themselves. Pervasive cynicism can interfere with staff's capacities for reflecting, learning, growing, and working together, which impacts attention to work quality. This is fertile ground for distrust between staff and leaders and many people feel a lack of safety inside and outside of work, as they seek understanding and validation of their experiences. In some instances, when staff do gather, they typically focus conversation on what is problematic within the program and seek to support one another's views. In the presence of organizational trauma, once well-functioning teams can splinter into small affinity groups that exclude others. This can escalate to a point that anyone who appears to be outside of the distress that some are experiencing is harshly judged and people view expressions of joy in the work as suspicious. In other instances, the expectations that staff and leaders have for each other can be unrealistic leading to creation of impossible demands. Effective communication comes to a halt as communication becomes aggressive, evasive, and very rigid. This includes conversations about work expectations, work-life balance, wellness, and self-care, which can become a lightning rod for conflict and value judgment. The overall impact of organizational trauma is reduced productivity and high staff turnover.

Methods to Address Organizational Trauma

There are a number of strategies programs can use to address organizational trauma. These include the following:

1. Increase protective factors
2. Routinely cultivate self-awareness and self-care
3. Provide critical incident debriefing and reflection
4. Support healing

1) Increase Protective Factors

Protective factors promote the resilience of an organization and increase the capacity for effective coping when faced with difficult circumstances. Protective factors include staff's ability to see and experience an alignment of their personal values with the values and priorities of the organization as a whole. The mission, vision, and values of the organization are clear and consistently evident in the culture and interactions of the organization between leaders and staff, staff and other staff, and between all employees and the service participants. Leaders model the values and there is a clear sense of "we are in this together!" People work together well and communication is effective and frequent. Staff are engaged, leaders are strengths-based, and feedback is shared and viewed as opportunity for growth and learning. The organizational climate feels inclusive and, when challenges arise, there is less isolation and more team togetherness. Overall there is a sense of emotional safety, openness, flexibility, and being able to trust that leaders and the organization as a whole are invested in the services provided and are equally invested in caring for staff. Caring for staff is evident in the approaches to staff development, supervision, family sustaining wages, leave benefits, healthcare, and employee assistance. The values of advocacy organizations are reflected in the culture, effectiveness, solidity; the interactions of the staff and management; and of course, through the informed, caring support provided to participants.

An Example:

In response to the COVID-19 pandemic, many essential program staff could not go back and forth between their homes and the shelter. Some staff were housed in hotels away from their families, to prevent the spread of infection. Efforts were made to shore up the protective factors by including all staff in daily check-ins, sending care packages to the hotel, and making sure staff had the equipment to stay in touch with their families. Additional supervisory and colleague support helped to maintain connection for the team as a whole. Discussions included "real talk" about how people were doing and what would be helpful.

Jes Cooper

2) Cultivate Self-Awareness and Self-Care

Healing organizational trauma takes time, attention to the realities of the work, openness and honesty about what people experience, and concrete actions to increase communication and

connection. Sometimes the organizational challenges are not clear to everyone although the impacts might be.

An Example:

Staff typically work very long shifts in the shelter and schedules can be unpredictable at times if survivors are in crisis and require staff flexibility. In response to COVID-19, staff who typically work nonresidential services and have a more structured daily schedule, were supporting residential clients housed at a hotel. Working in different and less predictable roles due to the pandemic amplified the stress staff had been experiencing for a long time.

Jes Cooper

This connection may not be obvious to everyone. Leaders have a key role in understanding challenges staff face and offering strategies to cultivate their own and staff's self-awareness and self-care as movement toward organizational wellbeing.

Activities

- Provide training, supervision, and other learning opportunities to openly discuss the impact of trauma on advocates and advocacy. These conversations help to normalize trauma as a common human experience for many people who are drawn to this work and that is frequently part of the work.
- Provide effective supervision. Effective supervisory practice includes consistent scheduled time for supervisors to be present with staff, structure for conversations that support information sharing and feedback, expectation setting, staff development, shared problem-solving, and opportunities to reflect on relationships and interactions as situations occur in the work. In supervision it is also helpful to strategize directly with staff about programmatic changes or challenges, relational repair, and ways to strengthen connection if staff are feeling isolated.
- Provide learning opportunities to develop a variety of strategies that support self-care. There are a range of activities that sustain people as they work. Some mind-body healing resources directly address dysregulation and are practical for incorporating while at work. Some program leaders have found creative ways to support staff wellbeing that are low or no cost (e.g., encouraging staff to use their breaks to take walks, eat away from their desks, create wellness resource bulletin boards, offer in-house training on wellness tips and tools, etc.).

An Example:

A program decided to begin their team meetings with a few minutes of mindfulness practice or deep breathing. They found that this resulted in reduced experiences of compassion fatigue

and that the quality of their communication, as well as their empathy, solution finding, and sense of competence increased as a result. While these practices by themselves can't cure organizational trauma, they do offer a buffer and provide staff with a way of working together through calm, clear communication.

3) Critical Incident Debriefing and Reflection

An unfortunate reality of advocacy work is that critical incidents will occur involving people served, staff, or both. Debriefing using the skillset of reflective practice (Cave and Johnan, 2014, NCDVTMH, 2016) is most helpful when it is available as close to the incident as possible; it can occur with a supervisor, within a team meeting, or with a team member's support. This opportunity for reflection typically includes the following elements:

1. What happened?
2. What are the affected staff members' thoughts and or feelings about what happened?
3. Perspective checking and feedback: What went well? What would you want to do again if a similar situation came up? What didn't work out as well? How could we be better prepared if a similar situation occurs in the future? The supervisor or peer then offers perspective and gives feedback.
4. What would be helpful to do next? Together, all involved make a plan for the next time this situation comes up. This includes consideration of additional resources, such as training, technical assistance, an employee assistance program, or other resources that might exist outside of the organization.

An Example:

An advocate providing emotional support to a survivor while in court was unexpectedly asked by the judge to answer a few questions. Although unprepared for legal advocacy and not trained to provide expert witness testimony, the advocate agreed to the judge's request and answered a few questions. Ultimately, the court did not rule in favor of the survivor, the survivor blamed the program and exited services, and the advocate was upset, feeling this outcome was their fault. In supervision, the advocate shared what happened and the supervisor was deeply concerned about this breach of policy.

Upon learning about the event details, the supervisor acknowledged the advocate's strengths by saying, "I know that you have a strong desire to help and have a great track record with supporting survivors. It can be really challenging to unexpectedly be put on the spot that way by the judge when the courts have so much power and authority." Then, to explore thoughts and feelings the supervisor asked, "What was going through your mind (what were your thoughts) when the judge asked you to answer a few questions?" The question could also have been, "What were you feeling at the time?" The advocate's response, "I know about the policy but the judge asked, I thought I should do it and I thought I could help."

The supervisor then offered perspective and feedback by understanding the desire to help and reviewing the reason the policy is in place. “The policy is that only those who are prepared or trained can represent the program in court and then, only when subpoenaed. The policy is in place to protect survivors. We could potentially worsen a survivor’s outcome or situation, and ultimately lose their trust and put them in more danger.”

In collaborating on a plan for the future the supervisor asked, “Is there anything you could have done differently that we should think about together if this situation comes up again?” They discussed that it is common to feel compelled to respond because of the power and authority a judge or other professional might express. They created a strategy to say, “The agency’s policy is that staff cannot speak on behalf of the organization without a subpoena.”

They also agreed to check in with leadership when in doubt.

For follow-up, the supervisor raised this issue at a staff meeting and engaged all staff in review of the policy to not only understand it, but to also see if the policy needed adjustment. As a team, they created talking points that everyone could access when these types of situations arose. The supervisor also checked in with the advocate at their next meeting to ask about additional ideas and using this new skill.

Coalition Director

4) Support Healing

Sometimes incidents leading to organizational trauma involve death, grief, or other losses. Grieving is culturally specific; how people grieve may be unique to them, their families, or communities. In organizations, leaders have many different approaches, needs, and practices to balance when grief and loss impact the entire staff. It helps to engage everyone in discussing ways to acknowledge loss and to be as inclusive as possible in the planning. It is important to remember that healing, no matter what the event, takes time and people are all rarely on the same timetable.

An Example:

Following the death of a shelter resident, several staff worked together to bring in a terrarium with a caterpillar to the shelter. Staff and residents connected around caring for the caterpillar and observing its transformation. When the butterfly emerged from its cocoon and was ready to be released, everyone participated in a ceremony of remembrance, sharing thoughts about the person who had been lost, and released the butterfly.

Program Director

During the pandemic, these kinds of rituals occur virtually but are no less important to acknowledging life and loss and healing grief. The key is to provide strategies to lessen the

isolation, which most people experience as a result of COVID-19, and then to collectively acknowledge the specific loss that has occurred in ways that feel meaningful to those impacted. While these shared events do not immediately heal the grief everyone is feeling, they do help people feel less isolated in their grief. In the example above, there were additional opportunities to talk as needed about their loss over many months. Acknowledging and healing organizational trauma takes time, commitment, openness, humility, creativity, and willingness to change. Healing is to be expected and organizations often emerge more resilient and cohesive than before.

Activities

- Use the reflection questions for leaders to consider your own responses. Have discussions with staff about the organizational climate. Discuss what is working well and ask for feedback about potential areas for growth and change.
- Use *Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations: An Organizational Reflection Toolkit* (NCDVTMH, 2018) to reflect on current practice. Focus Area 1 Organizational Commitment and Infrastructure and Focus Area 2 Staff Support and Supervision are good places to begin reflecting on the alignment between how leaders intend for an organization to function and what people actually experience. This can also lead to discussions that surface challenges, inequities, and potential policy review.
- Intentionally focus time and effort on the social, emotional, and relational or interpersonal climate. Consider whether staff feel their workplace is inclusive and they are valued. Also consider if communication within the organization feels open, staff are connected, and teams are able to problem-solve together. If challenges exist, consider talking with other leaders for peer support, reaching out for technical assistance, using recommended resources, seeking leadership coaching, or attending training.
- Have conversations about what people believe are the unwritten rules in your program. These conversations can be surprising and can offer insight as to how staff perceive leaders and their own work.
- Consider the ways that conflicts are resolved within your program. Do staff feel solutions are equitable? When conflict occurs, explore the ways that power and privilege are part of the problems and may impact the solutions.
- Consider training or other learning opportunities to explore the impacts of historical and generational oppression and organizational trauma in advocacy. These topics are commonly mentioned in discussions about issues that impact programs, yet leaders often express difficulty in navigating these conversations.
- Develop methods to address organizational trauma by increasing protective factors, cultivating self-awareness and self-care, providing opportunities for individual and group debriefing of critical incidents, and supporting group healing. Staff often have ideas about what will help and bringing in outside assistance to support the processes can be useful.

Training on debriefing and reflective practices can be a proactive strategy if the organization is not currently in crisis. If there is already crisis and leaders do not have skills for debriefing or reflective practice, seek technical assistance or training to navigate the current crisis.

- Provide training and openly discuss the impact of trauma on advocates and advocacy. NCDVTMH offers this training as part of its ACRTI Core Curriculum Training.
- Provide effective supervision and seek out training to bolster supervisory skills.
- Consider the new skills and practices that were put into place in response to COVID-19. What lessons learned might continue to be helpful as programs make decisions on how to continue the work in our field? What strategies fostered connection while we worked and helped to sustain our energy when we were in distress?

Reflection Questions for Leaders

Reflection Questions for Leaders #1: An Integrated Approach	
DATE COMPLETED:	Ideas
After reading <i>Creating Trauma-Informed Services and Organizations: An Integrated Approach</i> (NCDVTMH, 2019), how can I share this with staff?	
Do ACRTI principles and perspectives align with the current mission, vision, and value statements of our organization? If yes, where is that alignment?	
If there is not alignment, what discussions are needed to determine next steps?	
Considering the organizational changes we want to make, what is essential for us to start doing?	
Considering the organizational changes we want to make, what is essential for us to stop doing?	
Considering the organizational changes we want to make, what is essential for us to continue doing to move the organization forward?	

Reflection Questions for Leaders #2: Organizational Culture and the Social, Emotional, and Relational Climate	
DATE COMPLETED:	Ideas
What does the organizational climate feel like to me as a leader?	
What have service participants said about what it feels like to be here?	
Are there processes or practices that make participants feel unwelcome?	
What concerns have service participants expressed about our program?	
What have staff shared about what it feels like to work in our program?	
Have staff expressed feeling unwelcome or excluded?	
How are conflicts resolved in our organization?	
How are challenges related to power dynamics resolved in our organization?	
Do staff receive what they need from supervision?	
How does unaddressed trauma affect our organization?	
Are there losses we are grieving?	
Is there work we have done or could do to address secondary trauma?	
Are there actions we can take to cultivate self-awareness and self-care?	

<p>Are there ways we can strengthen our program’s health or wellness?</p>	
<p>Are there aspects of organizational climate I would like to change?</p>	
<p>Do I have the resources and support to make changes I would like to make? What do I need?</p>	

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