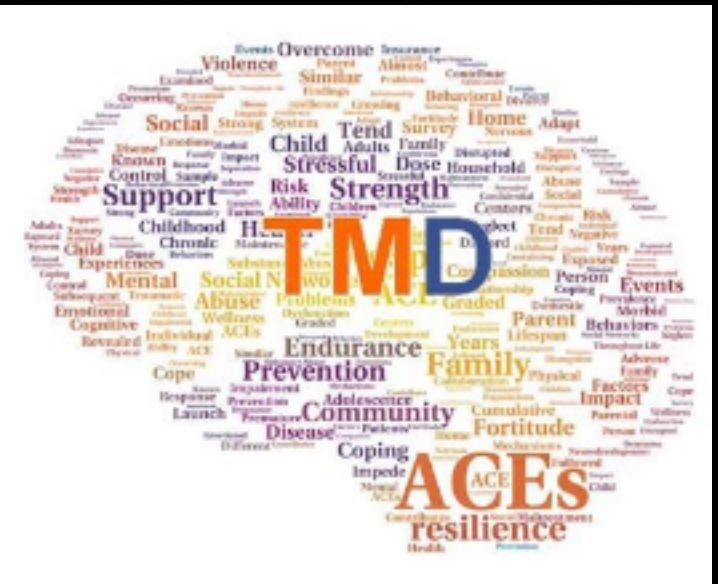
Trauma Informed – Why Does it Matter?



by Trauma Matters Delaware (TMD)

August 7, 2018

Presented at the Professional Development Institute for Trauma Informed Practice

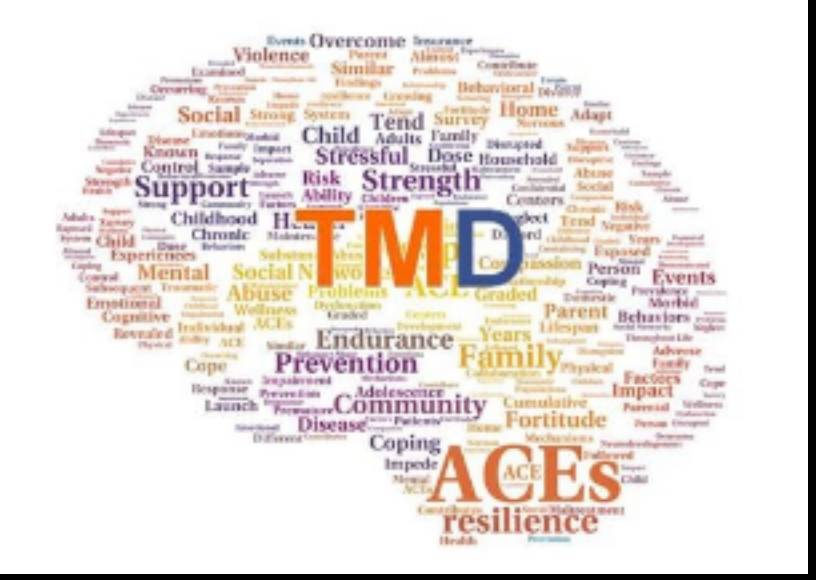
Delaware Law School at Widener University

Wilmington, Delaware

Sponsored by SOAR, Inc. and the Beau Biden Foundation

Presenters

- Nancy McGee, Sexual Assault Network of Delaware (SAND) Coordinator
- Sharon Merriman-Nai, Associate Scientist, University of Delaware Center for Drug and Health Studies
- Marilyn Siebold, Adjunct Professor of Psychology, Wilmington University
- Aileen Fink, Director of Behavioral Health, Bureau of Correctional Healthcare Services, Delaware Department of Correction



Trauma Matters Delaware (TMD)

TMD is a community of people interested in learning more about promoting trauma informed approaches throughout Delaware.

Our Roadmap for Today…

- Cross-Brain Exercise and Overview of Trauma
- Delaware Data on Trauma
- Why Trauma Informed Care (TIC)?
- Building Resiliency
- Breaking down the Barriers to Trauma Informed Approaches
- Taking a Step Towards Trauma Informed Approaches in Your Setting

What is Brain Gym?

- **Brain Gym® International** is committed to the principle that moving with intention leads to optimal learning. The organization was founded in 1987 under the name of the Educational Kinesiology Foundation and in 2000 began doing business as Brain Gym® International.

- Developed by Paul E. Dennison and his wife and colleague, Gail E. Dennison, **Brain Gym® movements, exercises, or activities** refer to the original 26 Brain Gym movements. These activities recall the movements naturally done during the first years of life when learning to coordinate the eyes, ears, hands, and whole body.

- Clients, teachers, and students have been reporting for over 20 years on the effectiveness of these simple activities. Even though it is not clear yet "why" these movements work so well, they often bring about dramatic improvements in areas such as:
  - Concentration and Focus
  - Memory
  - Academics: reading, writing, math, test taking
  - Physical coordination
  - Relationships
  - Self-responsibility
  - Organization skills
  - Attitude

Cross Brain Exercise

Nancy McGee, Coordinator
Sexual Assault Network of Delaware
nmcgee@contactlifeline.org

Trauma Overview

Delaware Data on Trauma

Sharon Merriman-Nai, Associate Scientist
UD Center for Drug and Health Studies
smnai@udel.edu

TRANSFORMING DATA INTO ACTION

Center for Drug & Health Studies

CDHS YOUTH SURVEYS & THE DSAMH SPF-PFS SEOW

DATA COLLECTION

Since 1995, CDHS has collected data on the health and well-being of Delaware students. These surveys are funded by the State's Division of Public Health, Nemours, and others. Findings support many CDHS projects, including the Strategic Prevention Framework – Partnerships for Success (SPF-PFS) initiative.

SCHOOL-BASED SURVEYS

DATA SOURCES	SUBJECTS	SAMPLE	DATA COLLECTION	GEOGRAPHIC LEVEL
Delaware School Survey (DSS)	Substance use; health behaviors; risk and protective factors.	5th, 8th & 11th graders	Annually (Spring)	State, County, District, Zip code, School
Youth Risk Behavior Survey (YRBS)	Tobacco, alcohol, substance use; health/fitness; mental health; sexual behaviors; violence; bullying; and protective factors.	Public middle school & high school students	Every 2 Years, Odd Years (Spring)	State, County
Youth Tobacco Survey (YTS)	Tobacco use and attitudes	Public middle & high school students	Every 2 Years, Even years (Spring)	State, County
College Risk Behavior Survey (CRBS)	Substance use, gambling, personal victimization, relationships	College students	Annually (Spring)	University of Delaware & Wesley College
School Health Profiles	School health policy and professional development addressing a variety of risk and protective factors	Public School Principals & Lead Health Educators	Every 2 Years, even years (Spring)	State

COLLABORATION

The Strategic Prevention Framework – Partnerships for Success (SPF-PFS) engages a robust State Epidemiological Outcomes Workgroup (SEOW) to share Delaware data on substance use and related issues. The SEOW is comprised of representatives from a broad spectrum of agencies, organizations, and community groups. It was created through previous State Incentive Grants and continues with support from Delaware Division of Substance Abuse and Mental Health.

SEOW GOALS:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources;
- To identify, share, and analyze data;
- To create data-guided products that inform prevention planning and policies;
- To train agencies and communities in understanding, using, and presenting data effectively.

DATA COMMUNICATION

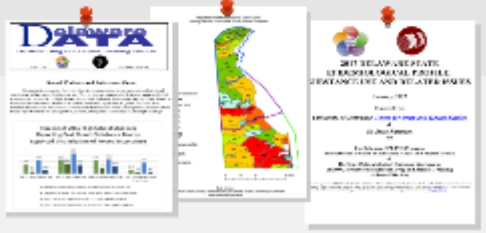
Once it is collected and analyzed, the data is shared widely to implement strategies to promote healthy life choices. Data is posted on the CDHS website and shared through presentations, reports, maps, and infographics. CDHS staff also provide technical support and information upon request.

WHERE TO FIND THE DATA:

Visit
www.cdhs.udel.edu/seow

DATA IS USED TO:

- Promote collaboration
- Assess needs and strengthen funding applications
- Support policy development
- Highlight "success stories" and measure impact
- Identify groups at risk for or experiencing health disparities



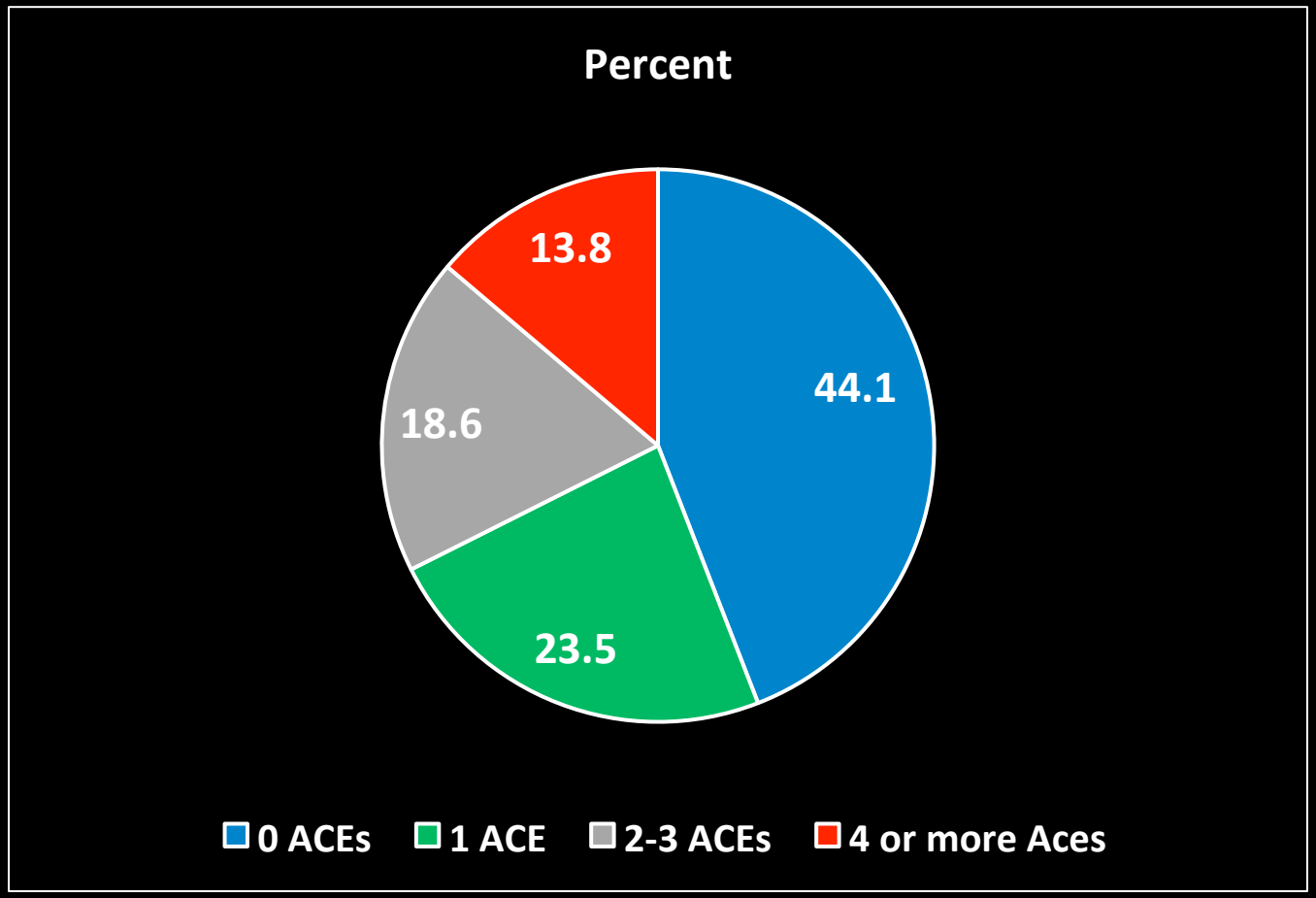
SEOW COLLABORATORS:

at I Ark Addiction
Christiana Care Health Systems
Delaware Academy of Medicine
Delaware Criminal Justice Council
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Criminal Justice Information System
Delaware Department of Education
Delaware Department of Health and Social Services
Delaware Department of Homeland Security
Delaware Department of Services for Children, Youth and their Families
Delaware Office of Controlled Substance
Mental Health Association of Delaware
Delaware Prevention Coalition
Delaware State Police
DEMCO
La Esperanza
KIDS COUNT in Delaware, DE-CCRS
Latin American Community Center
Nemours Health and Prevention Services
Open Door, Inc.
Wesley College
West End Neighborhood House
University of Delaware

SPF-PFS Leadership Team, DSAMH: Cecilia Wills, Rochelda Addarly, Sharon Stevens, Monique Scales (SAMHSA, CSAP Prevention Fellow)

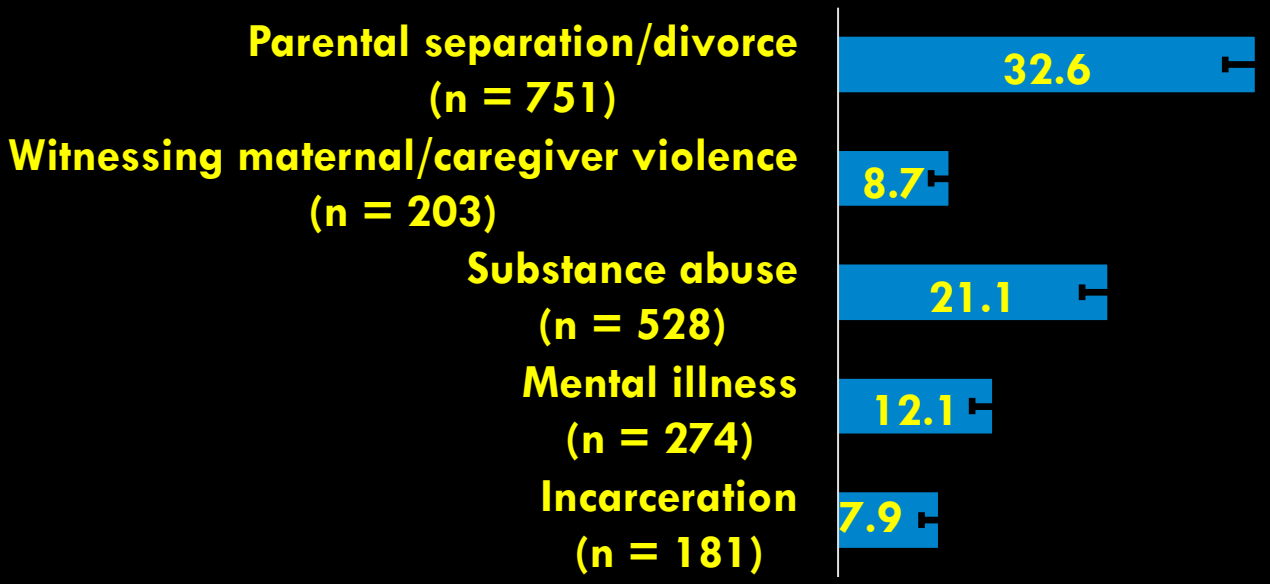
SEOW Facilitator Team, University of Delaware Center for Drug and Health Studies: Laura Rapp, Sharon Merriman, Nat James Hightberger, Dana Holz, Brandie Pugh, Kai Lin, Luye Li, Lin Liu, Roberto Scalf, Dan O'Connell, Steve Martin, Rachel Ryding, and Darryl Chambers

2015 Delaware Household Health Survey



ACEs in Delaware (Adults)

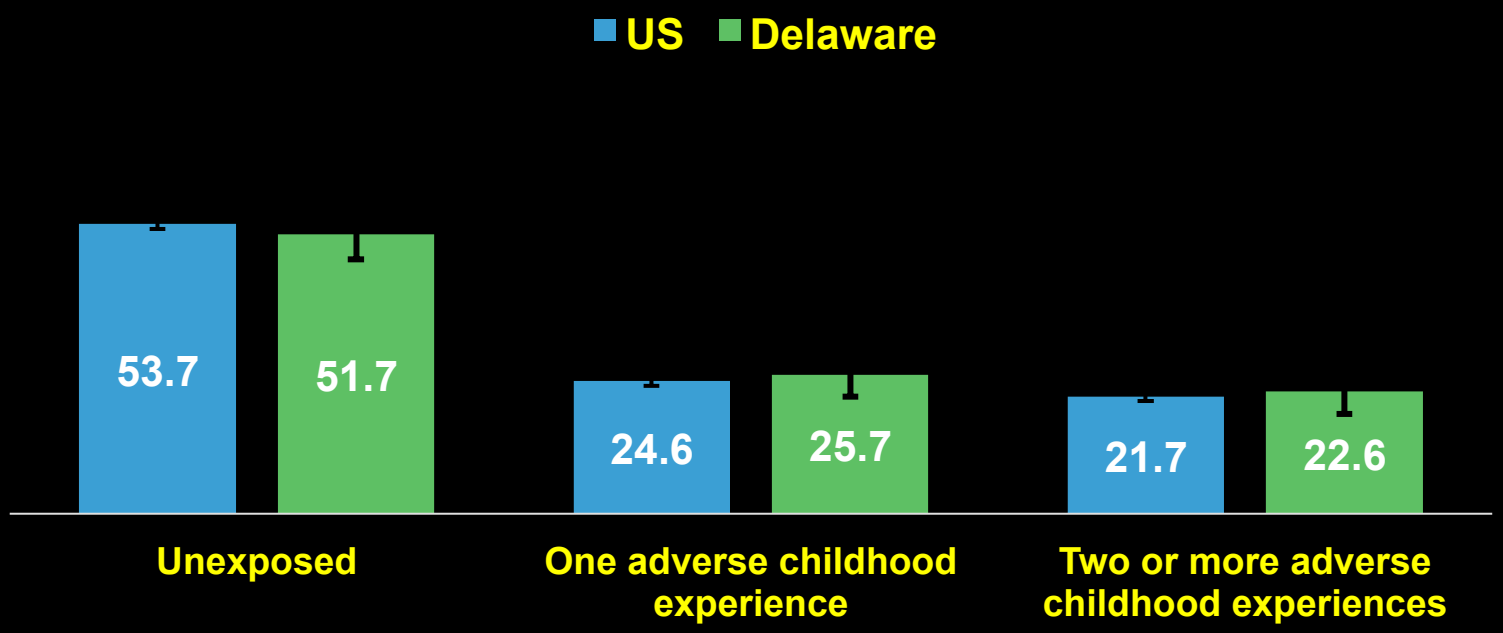
Percent of Delaware Adults 18 and older who indicated having a dysfunctional household, 2015 (DE Household Health Survey)



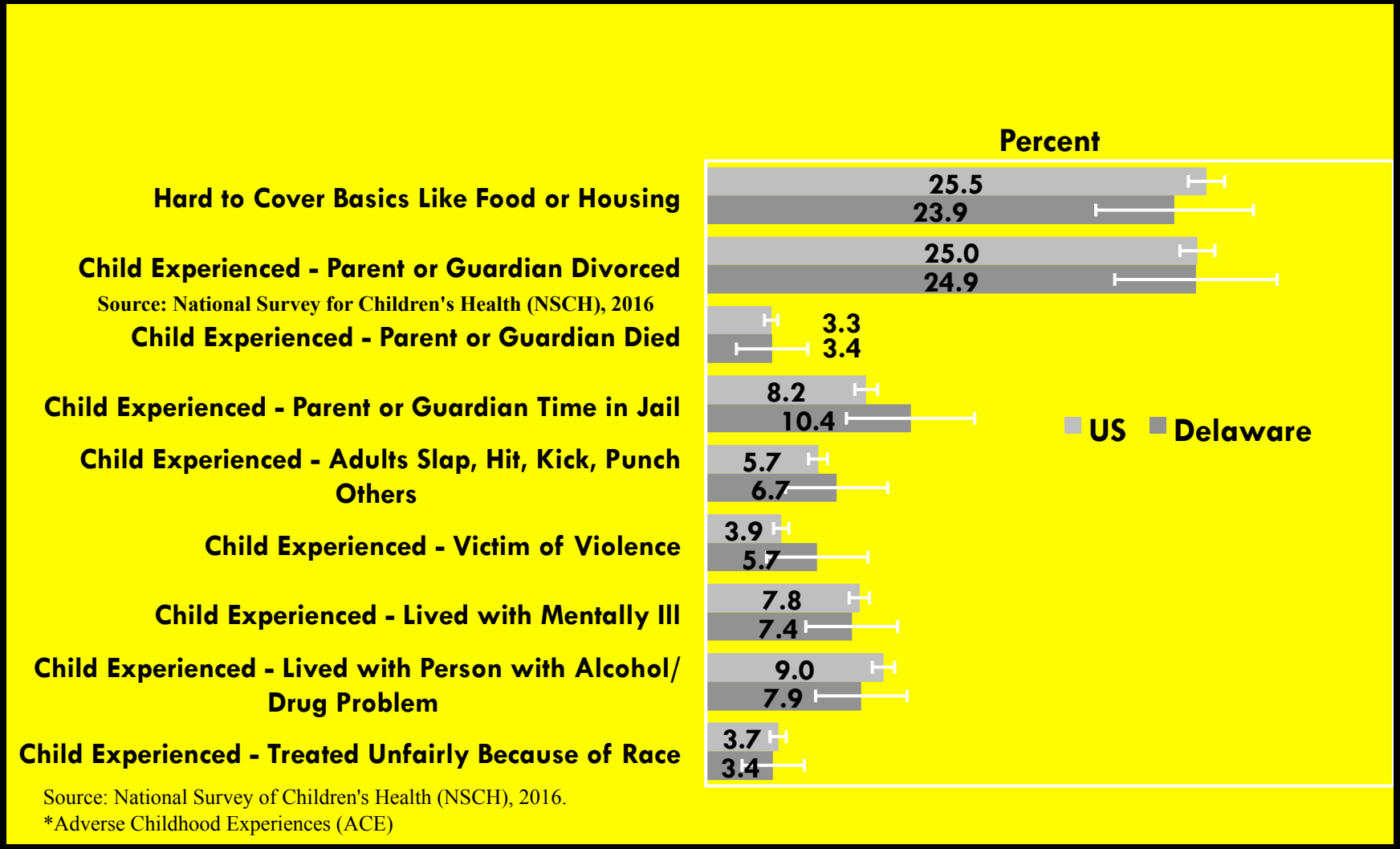
56% of adults had experienced one or more ACES, with nearly 14% experiencing 4 or more

ACEs in Delaware (Youth)

Adverse Childhood Experiences among children 0-17 years of age in the U.S. and in Delaware, National Survey of Children's Health, 2016

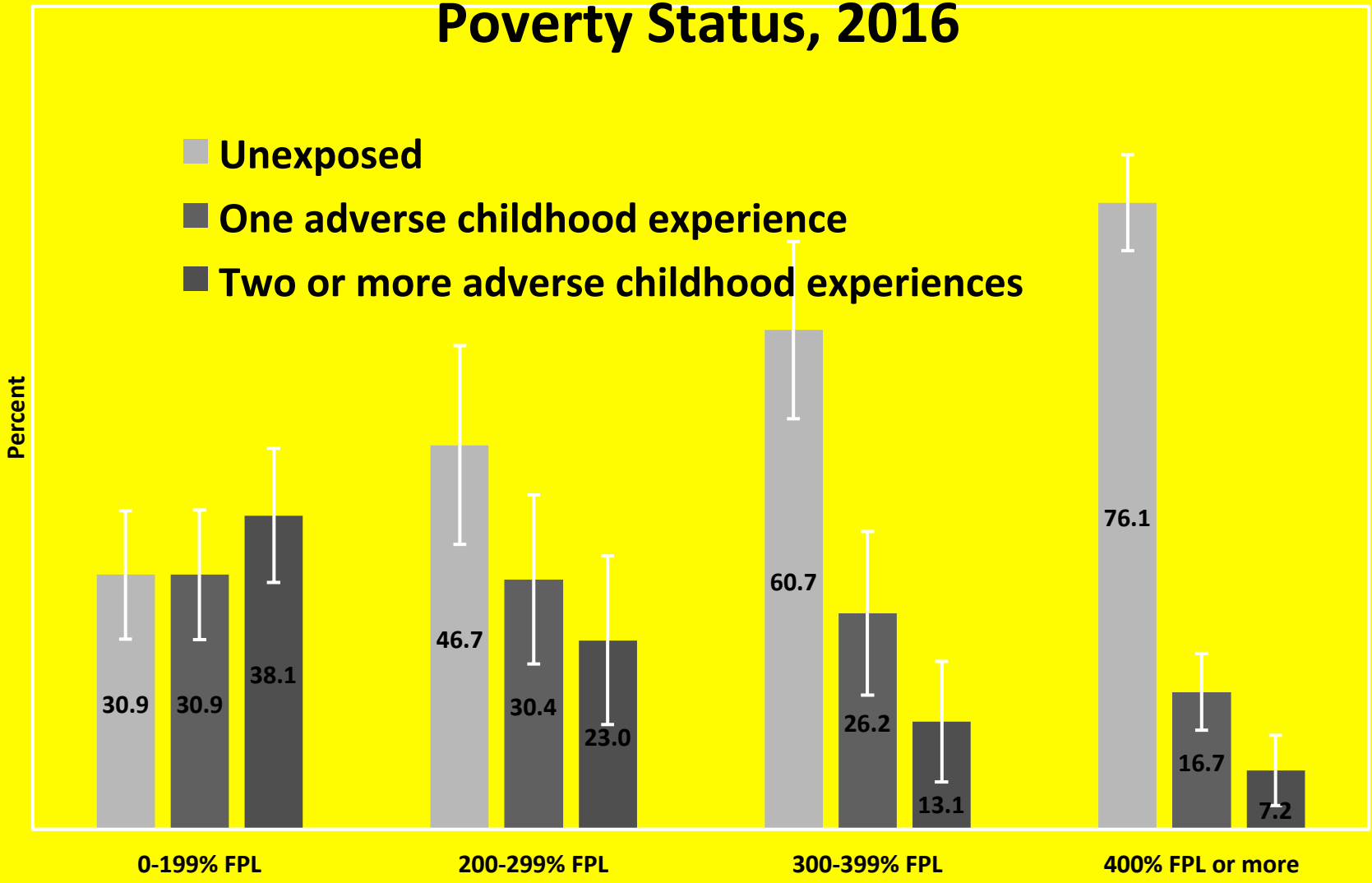


ACEs among Children 0-17 in US and Delaware



Source: National Survey of Children's Health (NSCH), 2016.
*Adverse Childhood Experiences (ACE)

Adverse Childhood Experiences (ACEs) Among Children 0-17 Years of Age in Delaware by Poverty Status, 2016

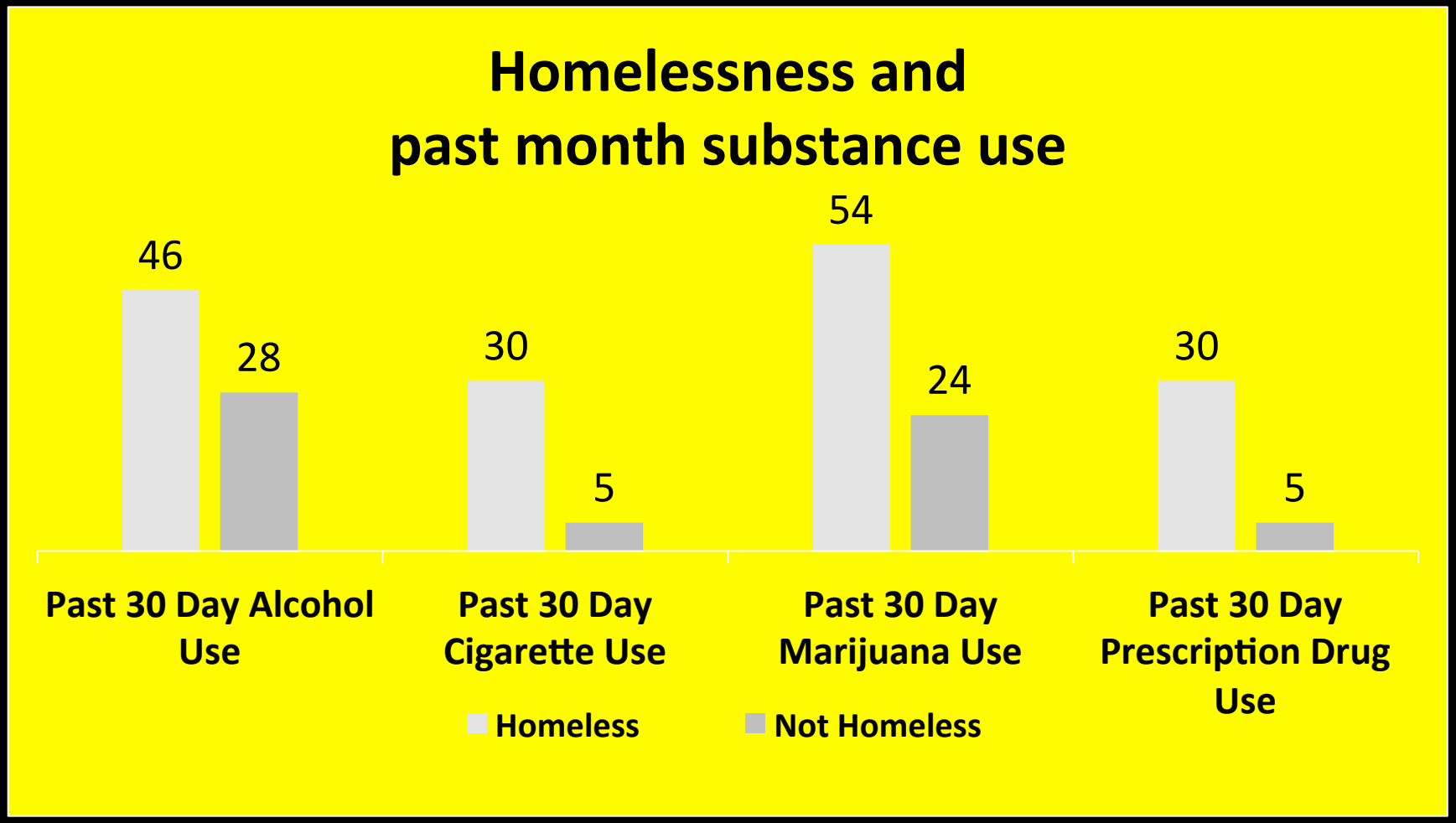


Source: National Survey of Children's Health (NSCH), 2016

2017 Delaware High School Youth Risk Behavior Survey

- CDC-based survey administered in odd-numbered years on behalf of Division of Pubic Health
- Sample of 9th, 10th, 11th, 12th classrooms in a census of Delaware public schools
- 2,096 students participated in 2017 YRBS
- Provides an opportunity to see early associations between ACES and early behaviors with potential to impact health and wellbeing

Homelessness:
Where do you typically sleep at night? (%)



2017 Delaware High School YRBS

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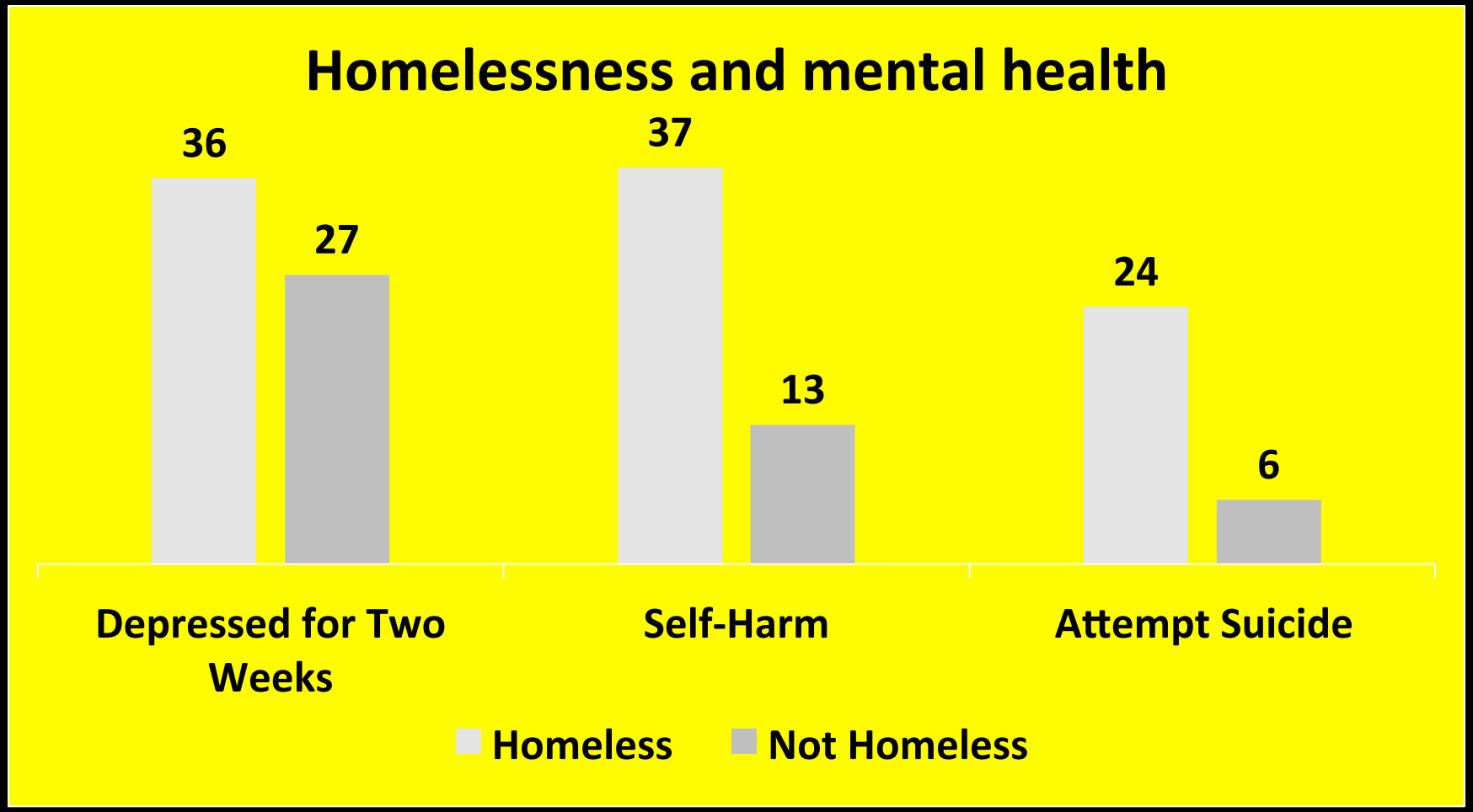
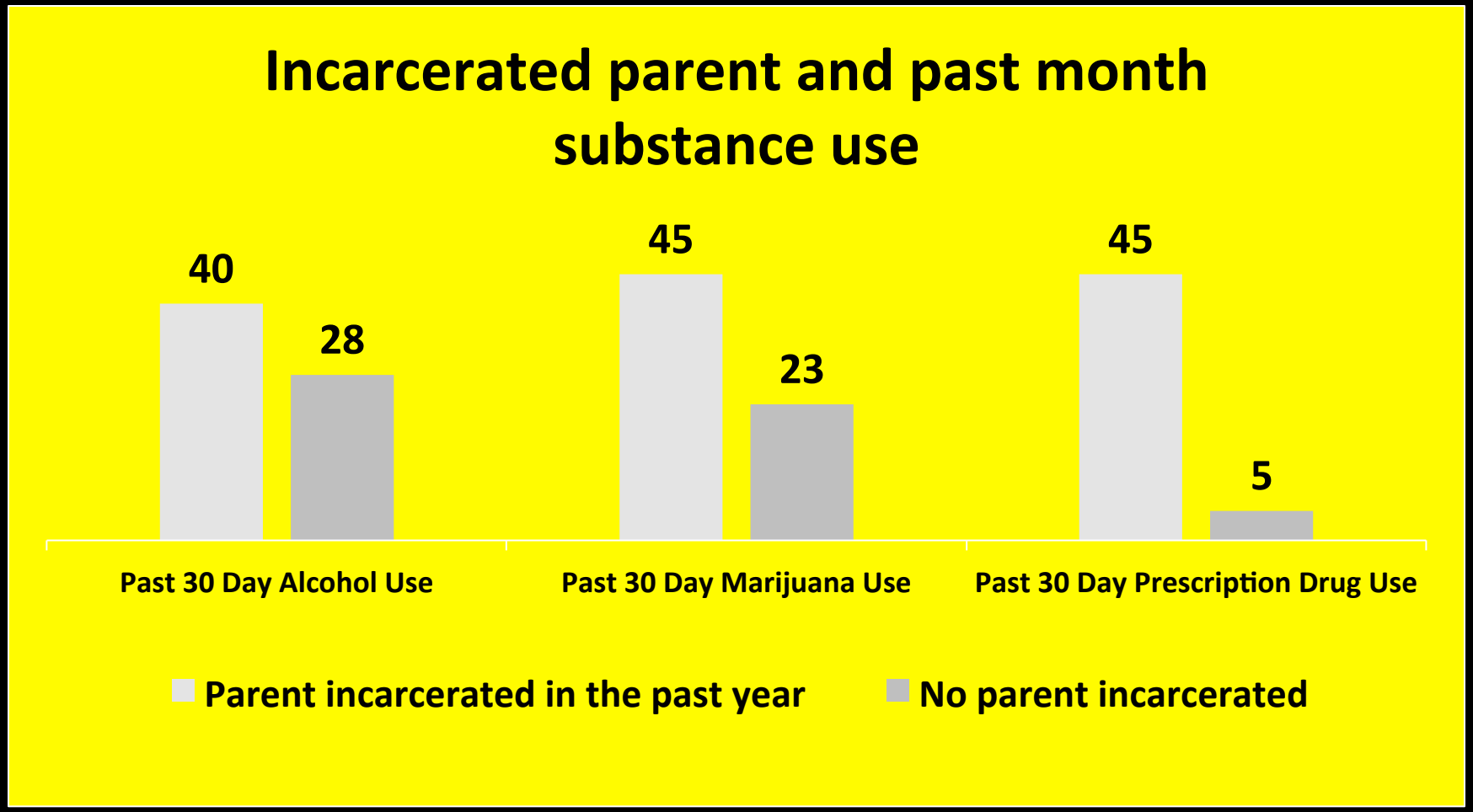


2017 Delaware High School YRBS

Incarceration: In the past year has either your mother or father been incarcerated? (%)



2017 Delaware High School YRBS

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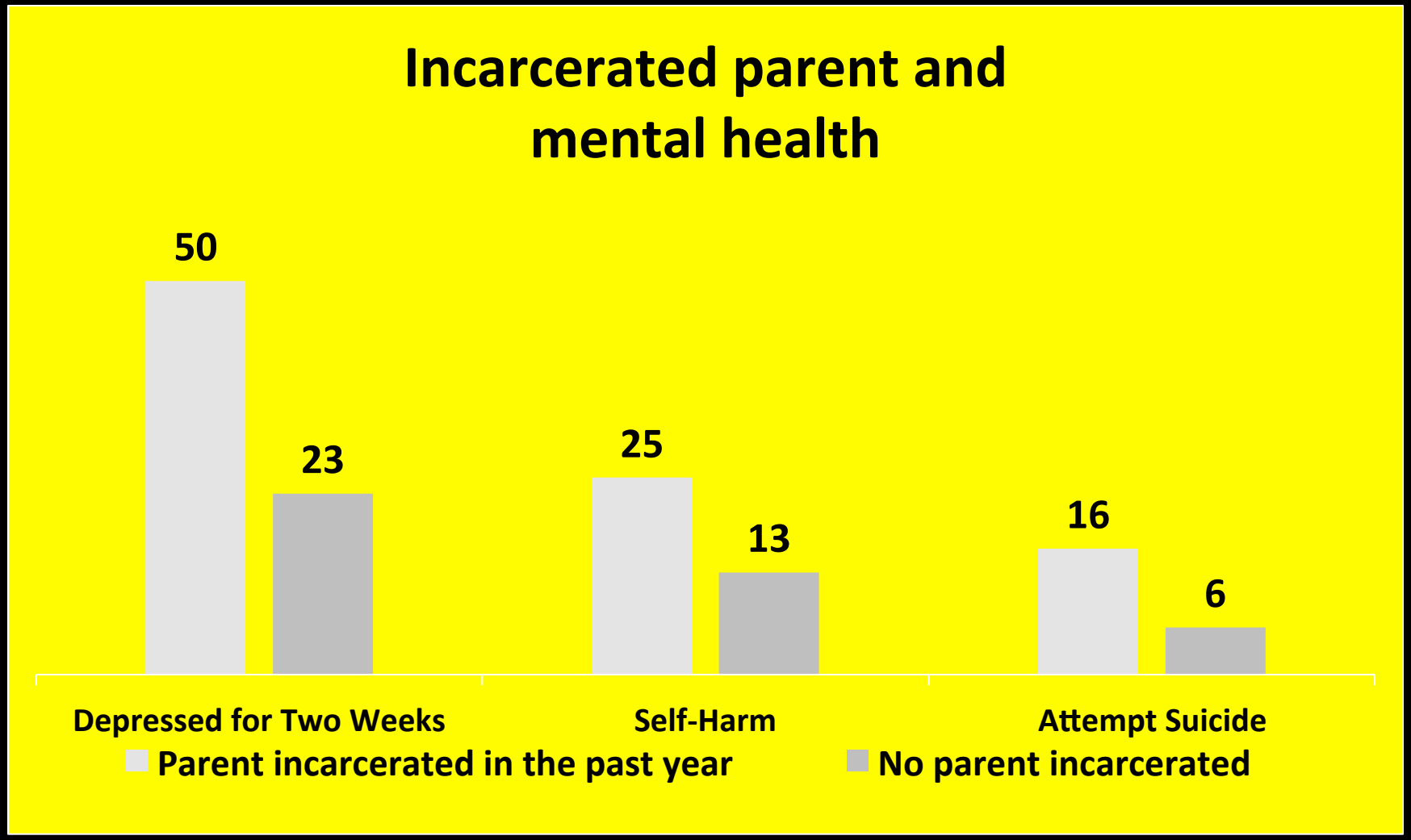
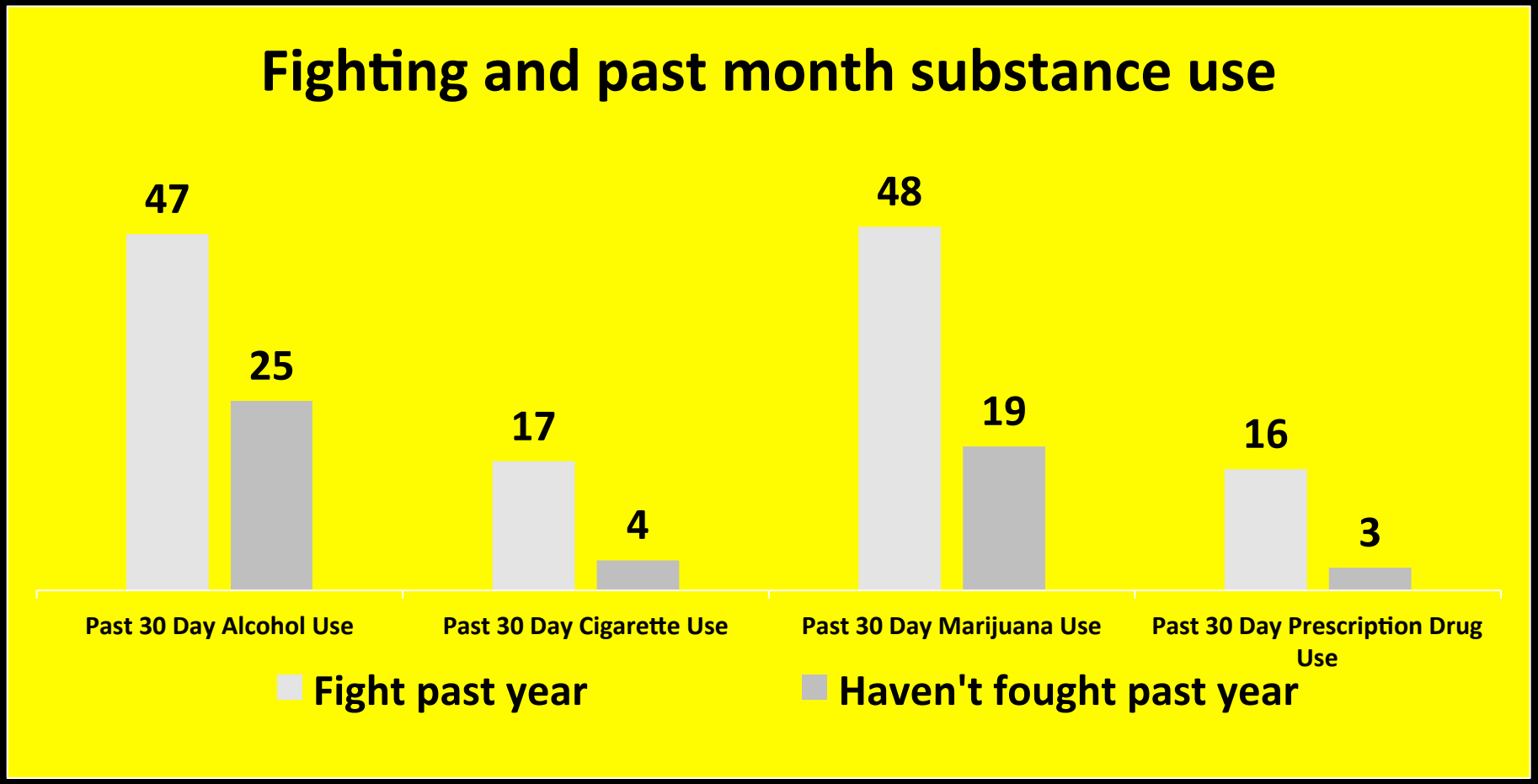


2017 Delaware High School YRBS

Exposure to violence indicators (%)



2017 Delaware High School YRBS

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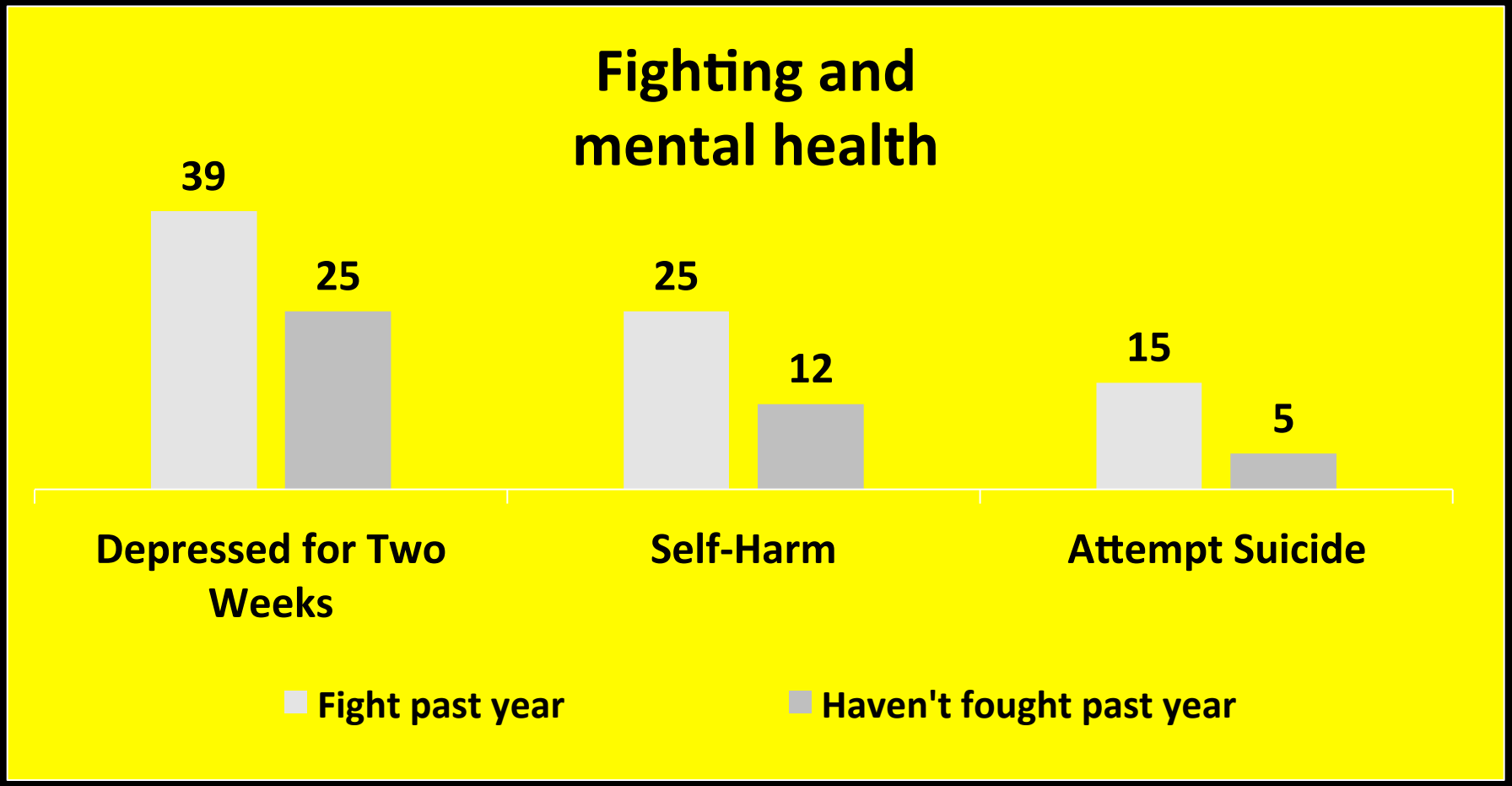

2017 Delaware High School YRBS

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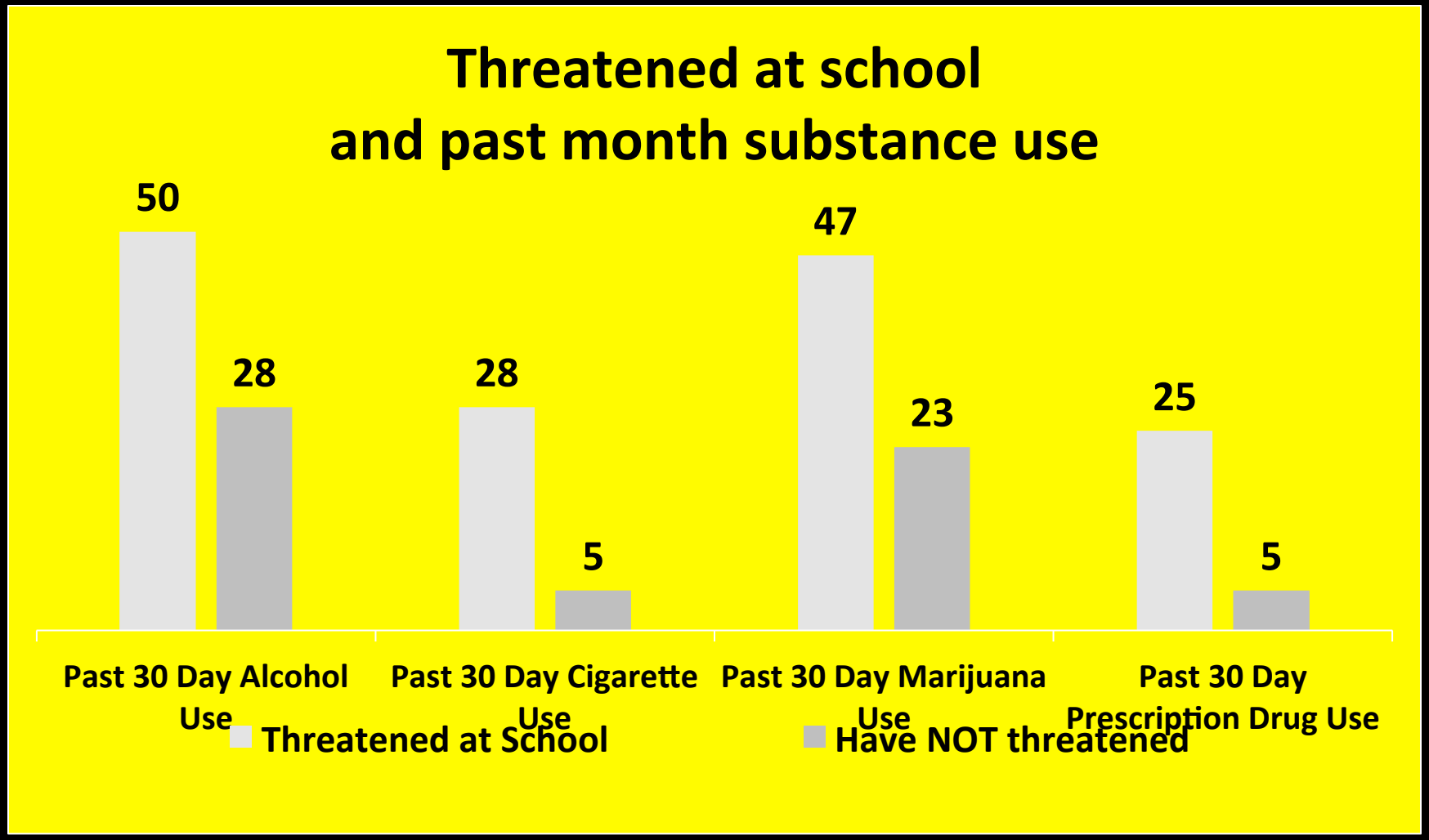
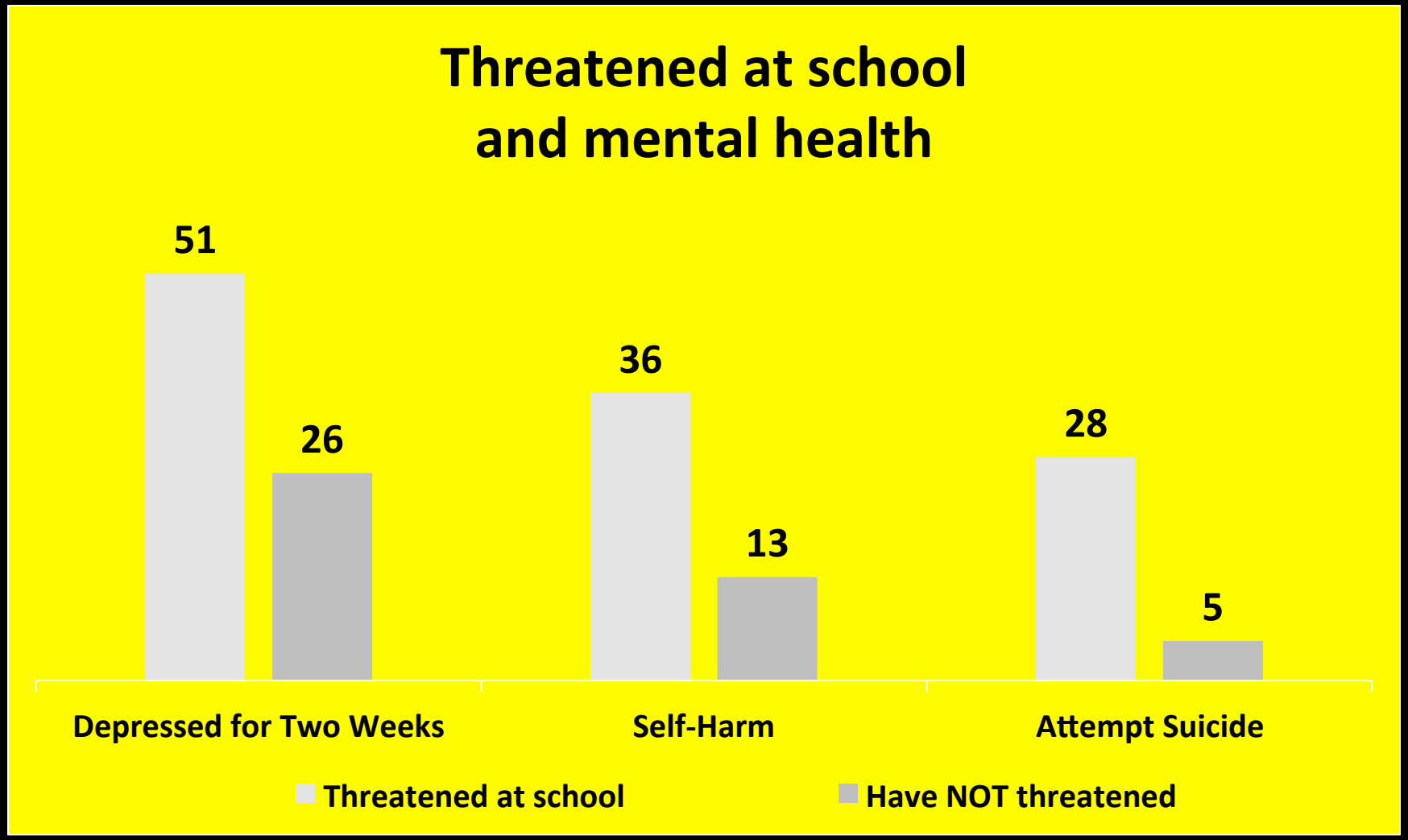


2017 Delaware High School YRBS

Exposure to violence indicators (%)



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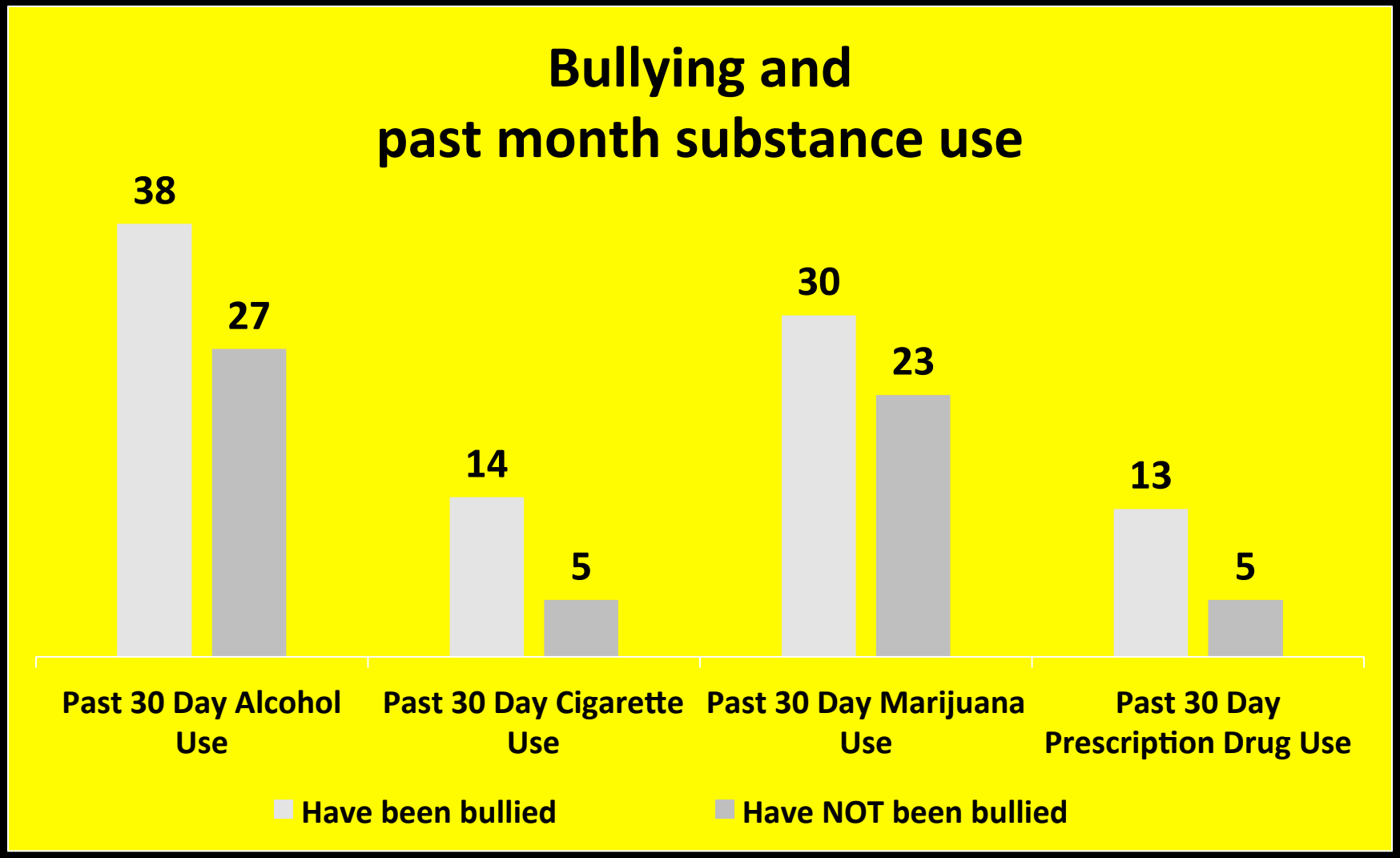

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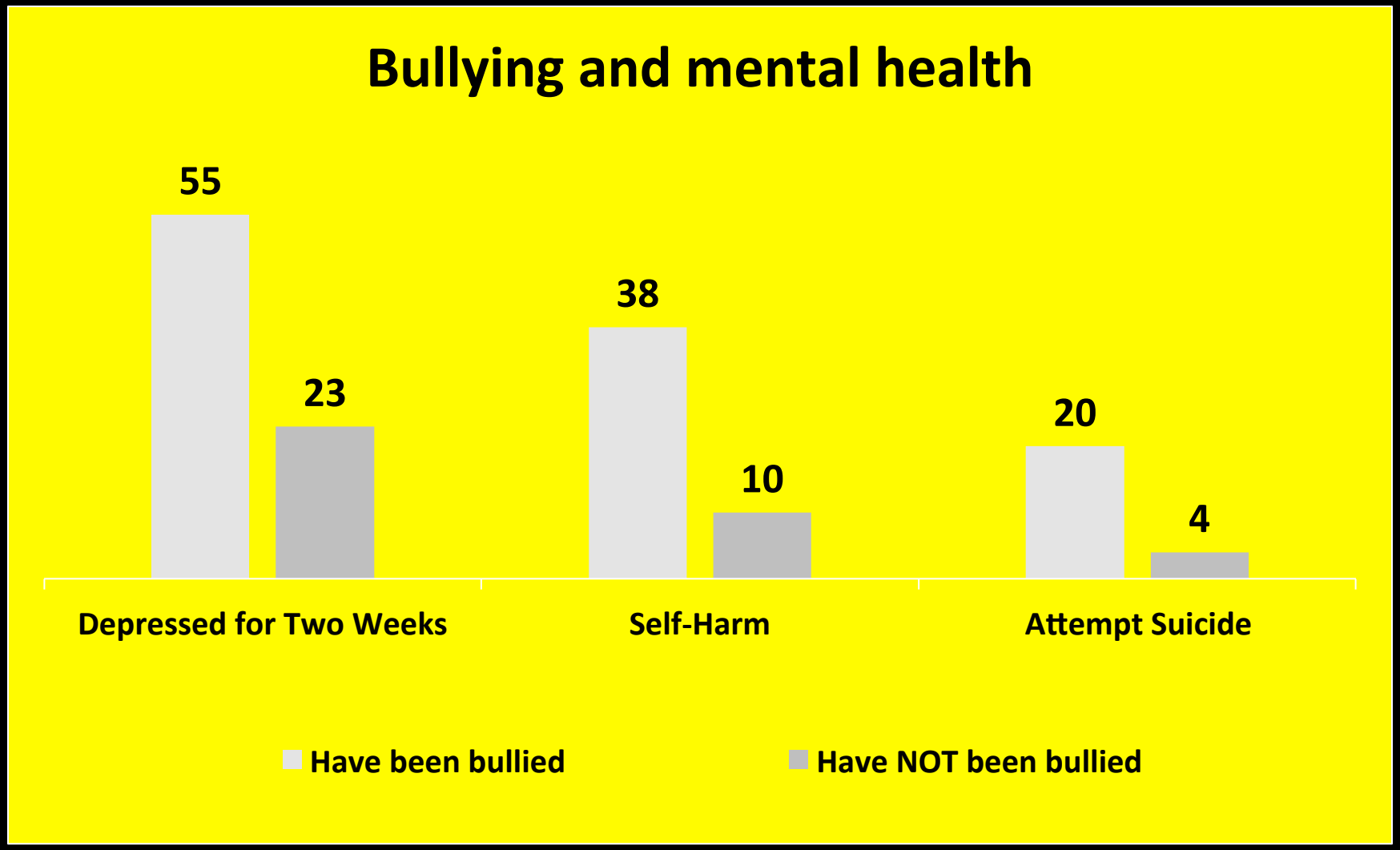

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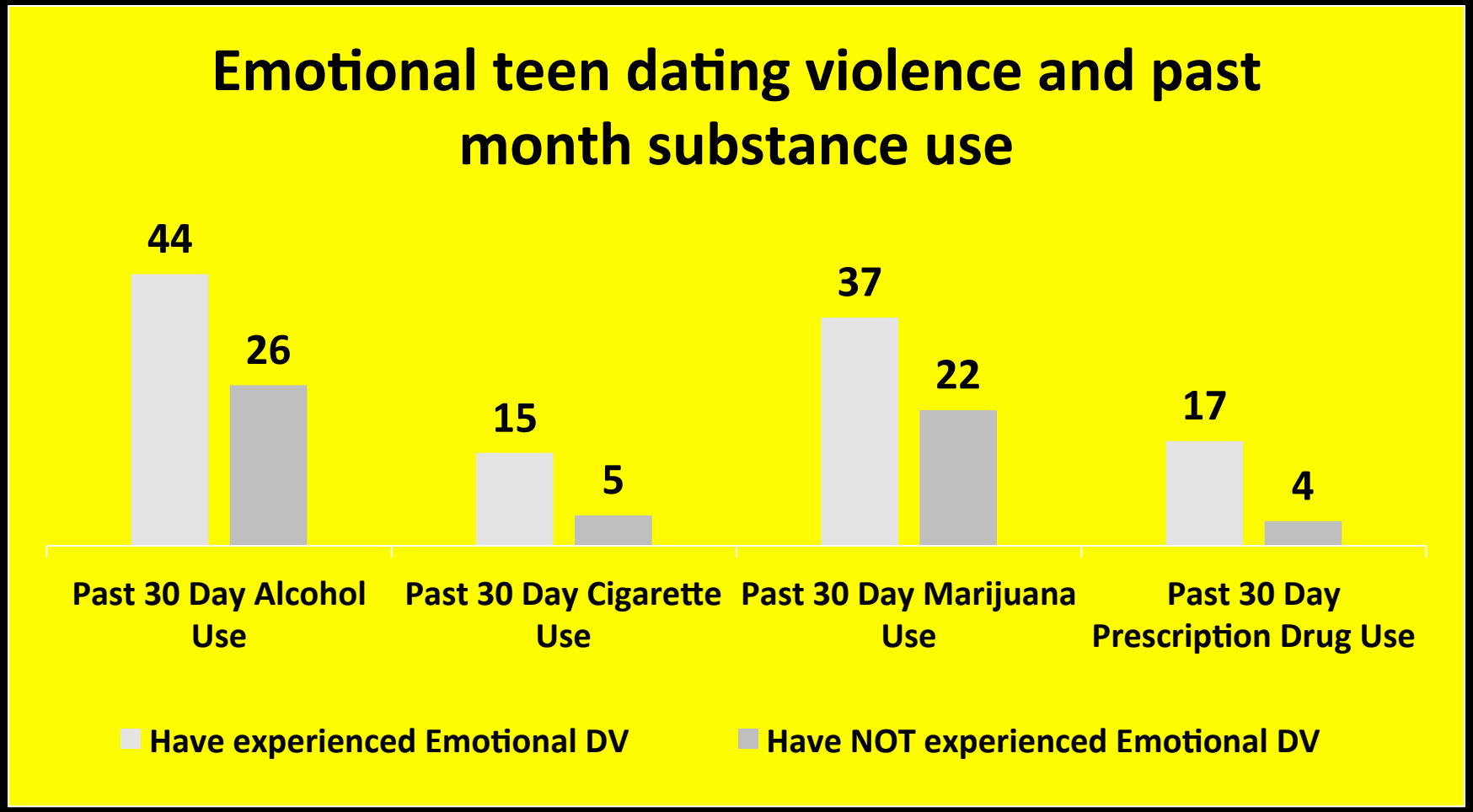

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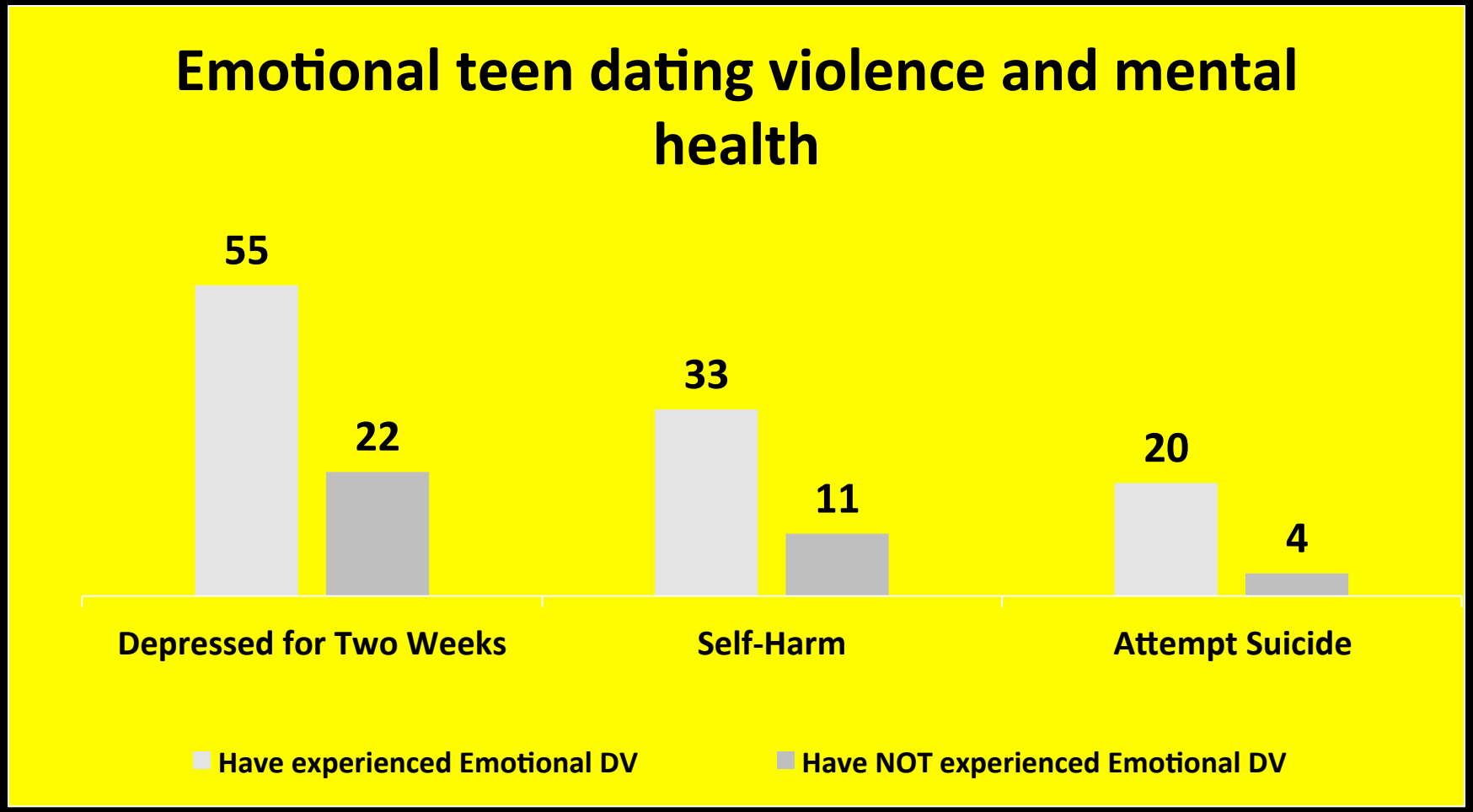

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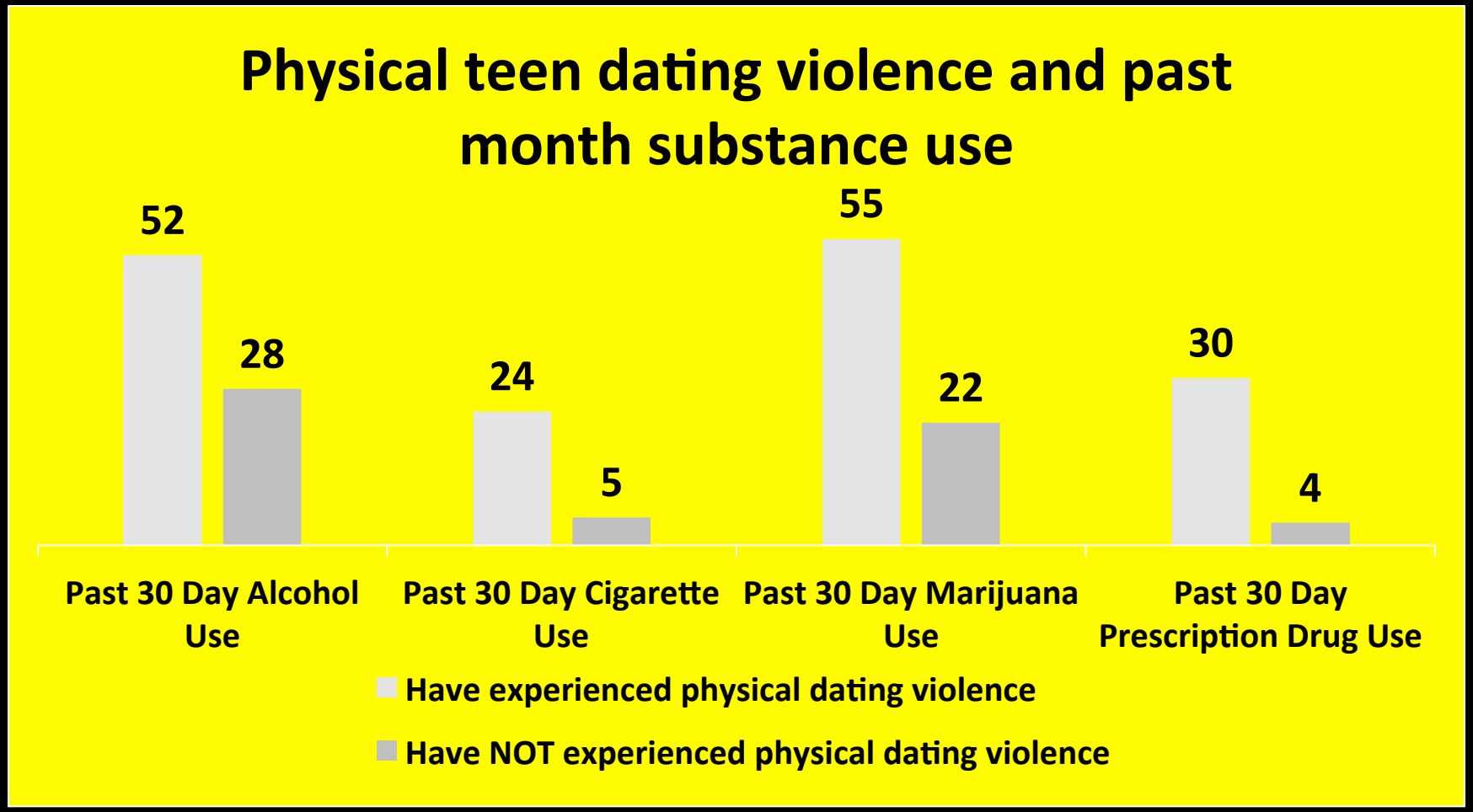

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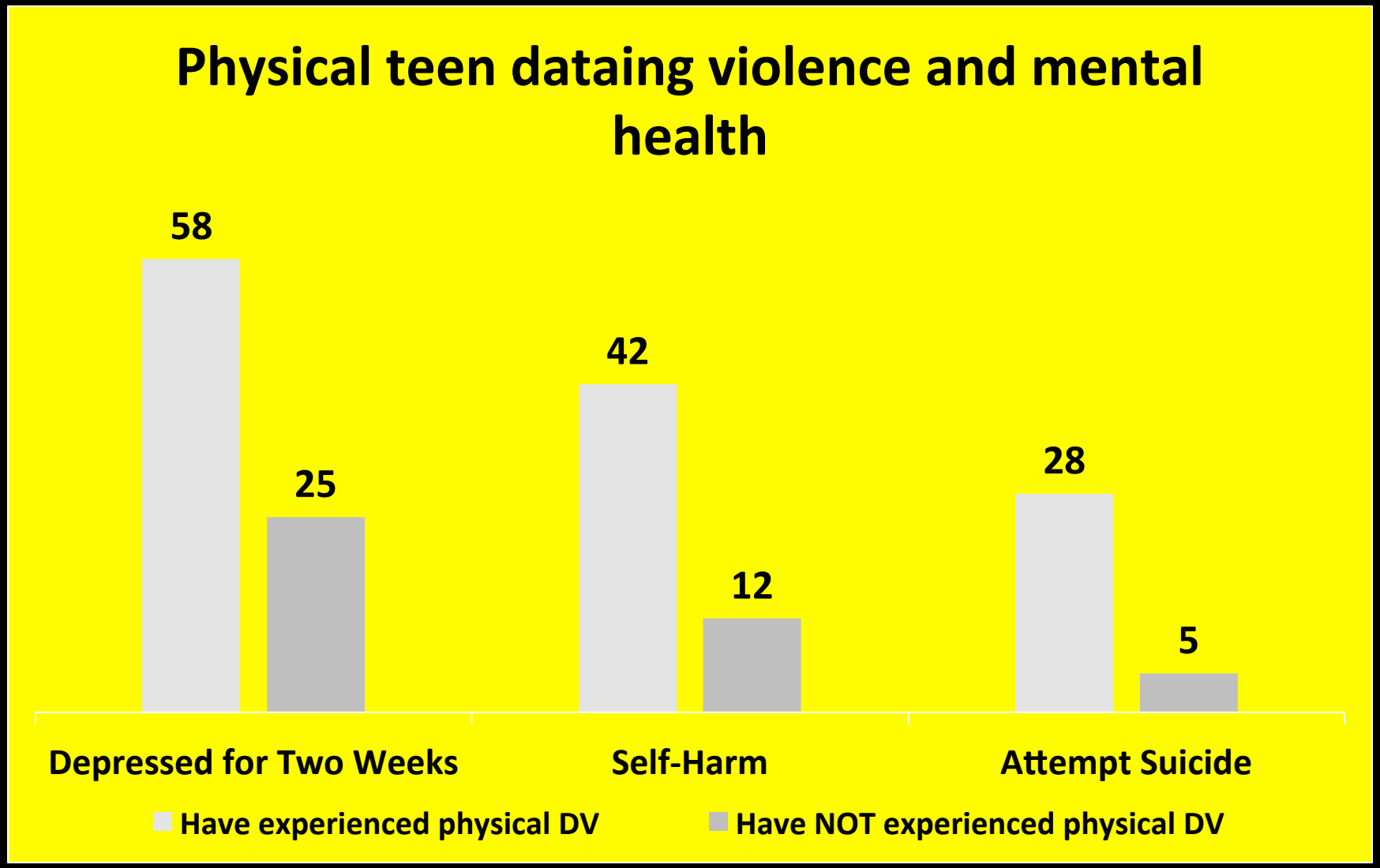
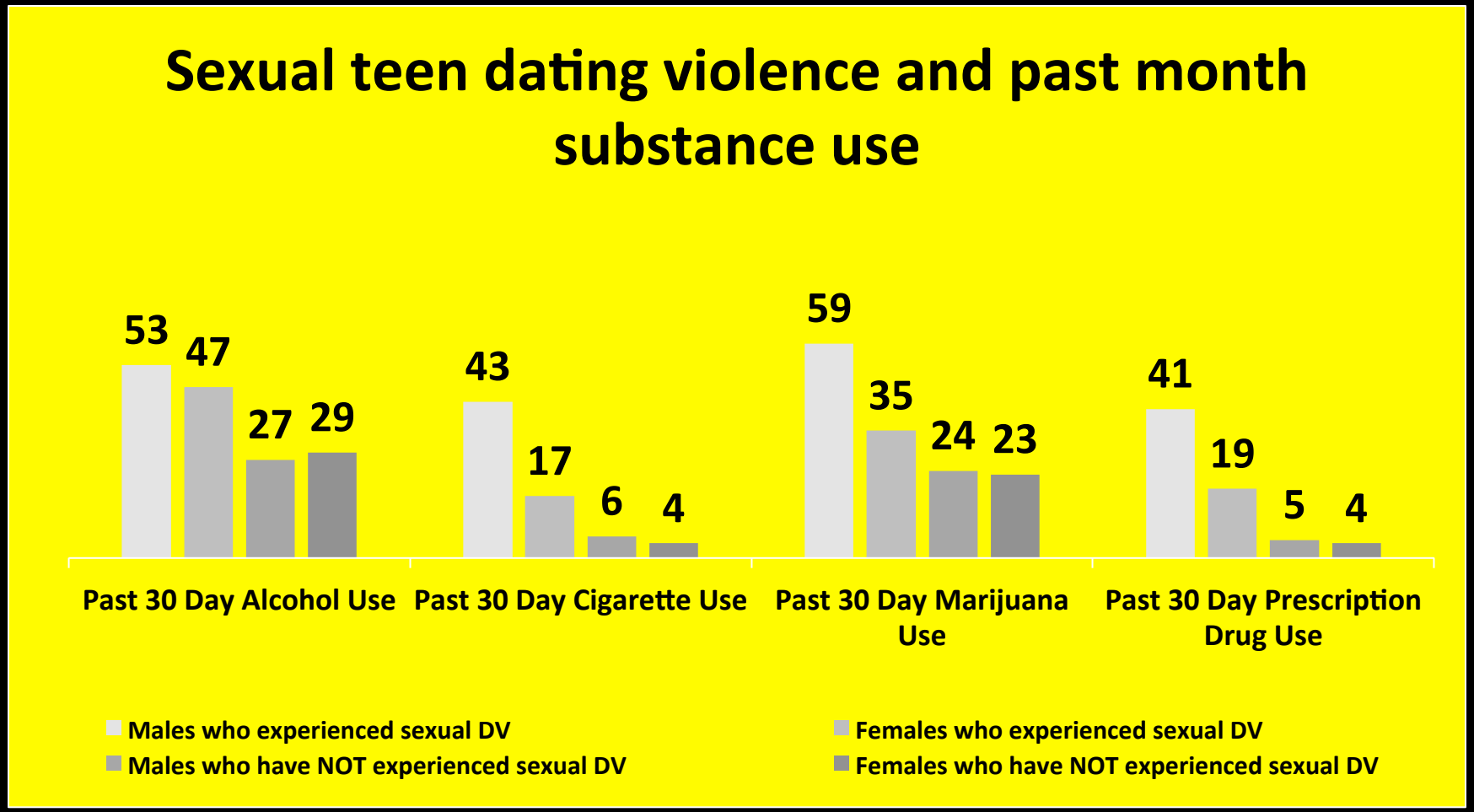


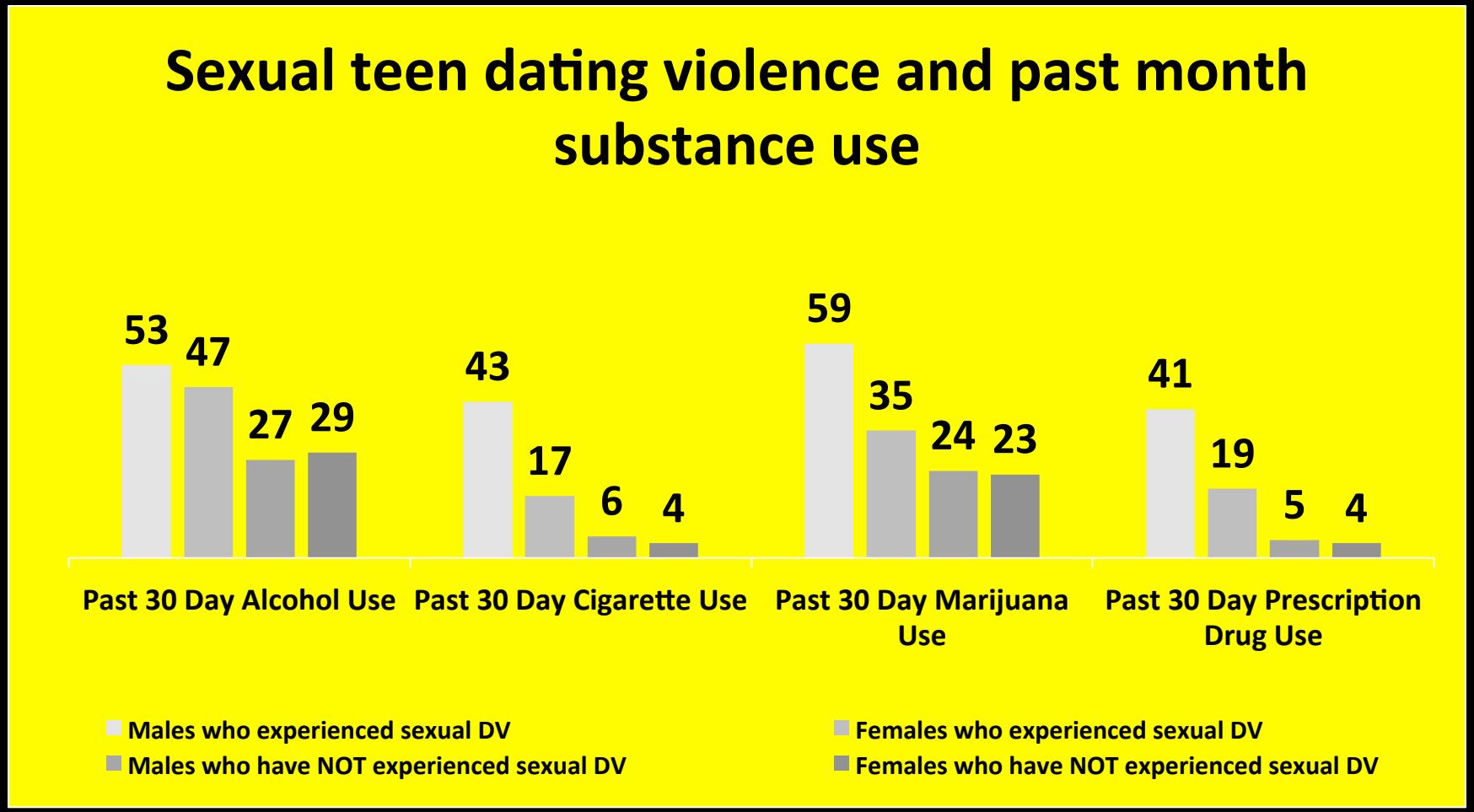
2017 Delaware High School YRBS

Exposure to violence indicators (%)



2017 Delaware High School YRBS

Exposure to violence indicators (%)



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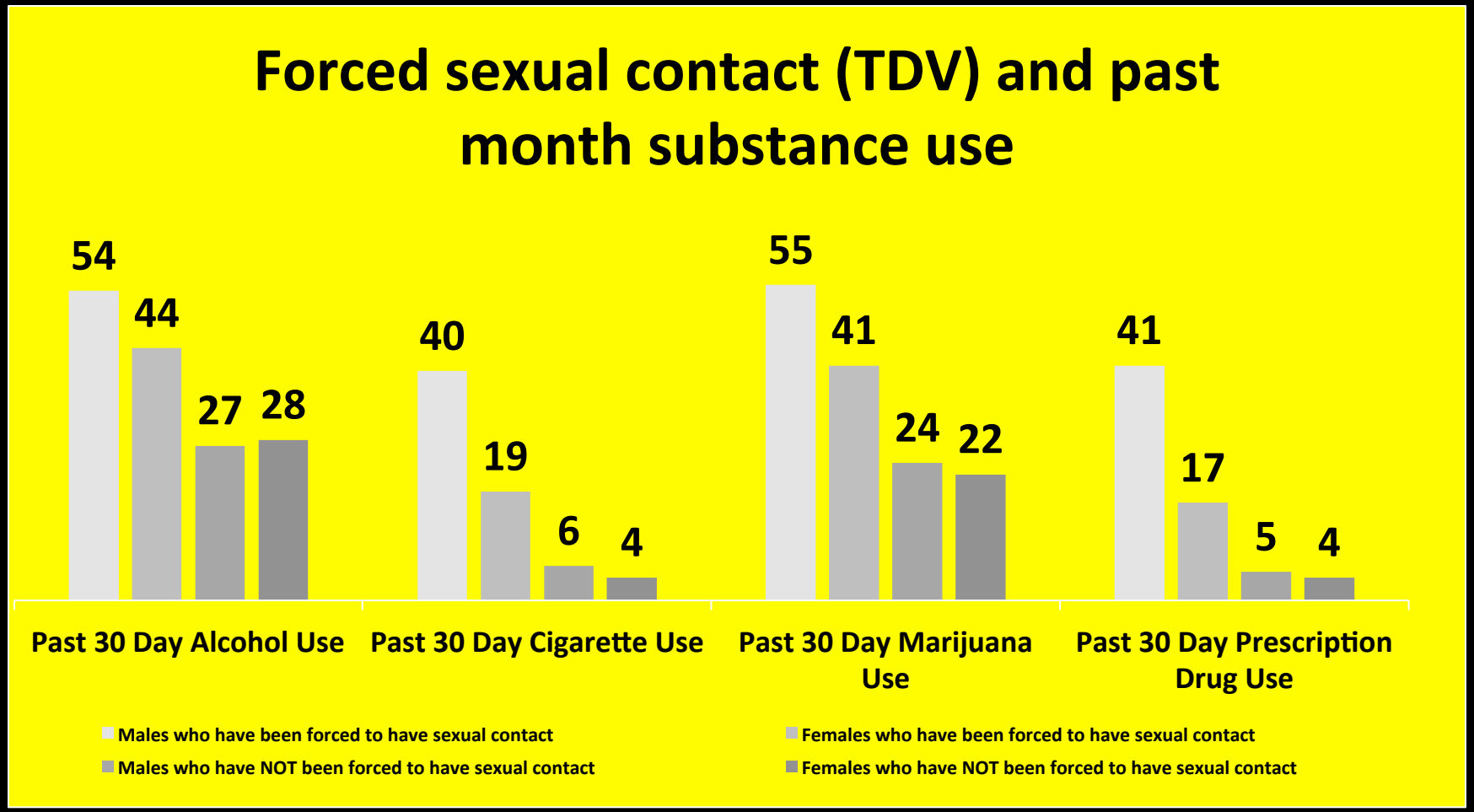

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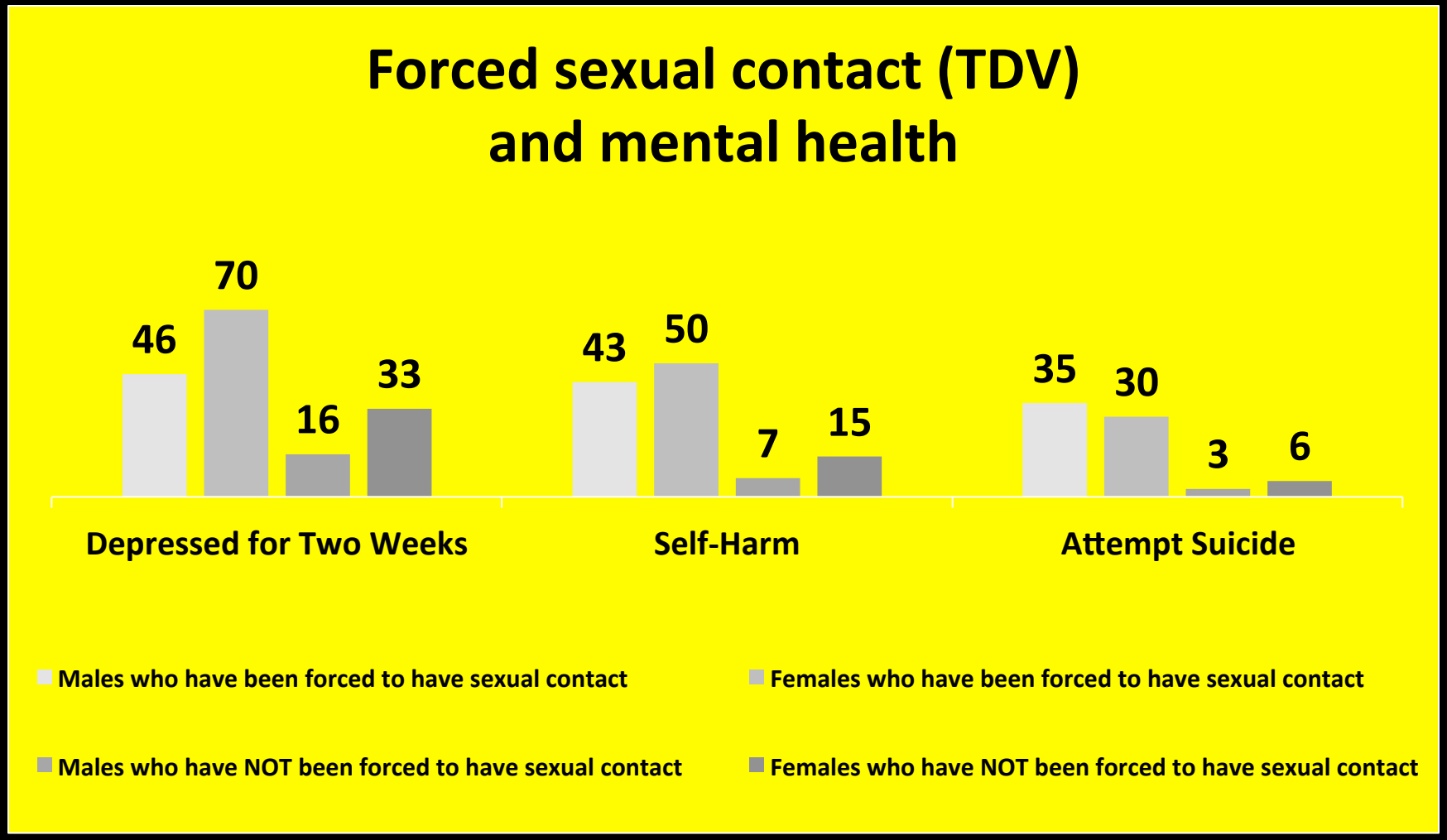
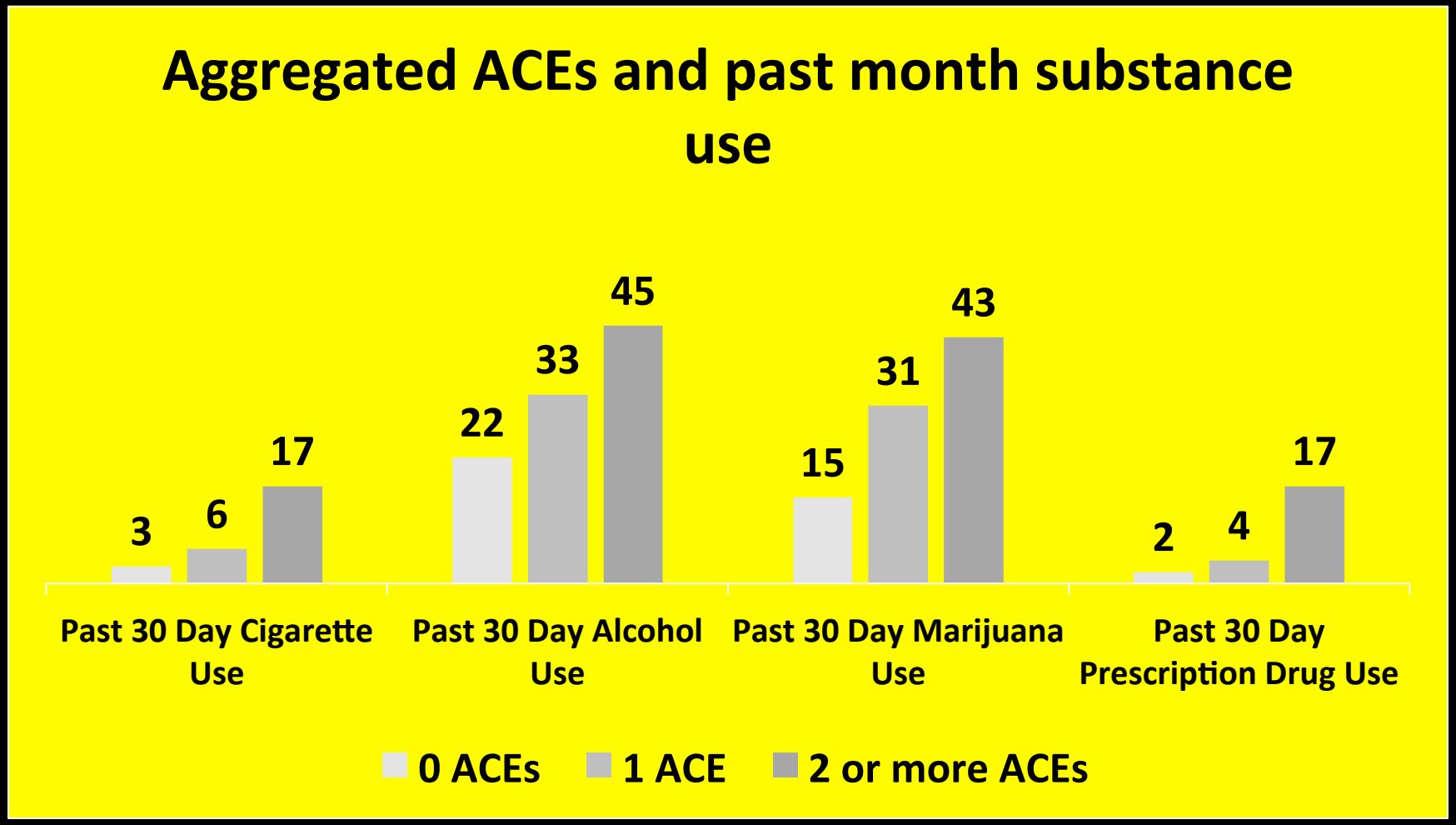


2017 Delaware High School YRBS

Aggregated Statewide ACEs (%, 2017 Delaware High School YRBS)

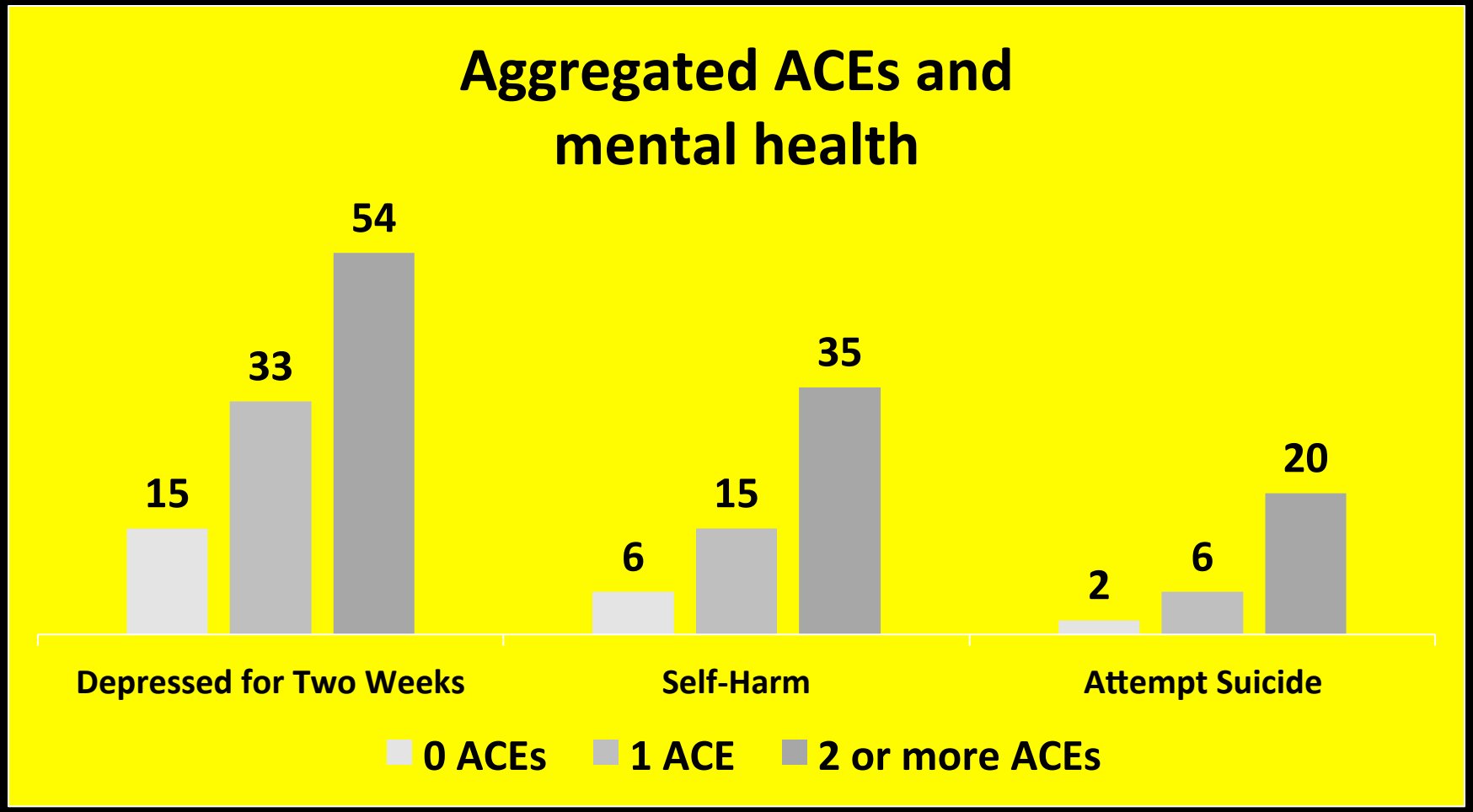
	0 ACE	1 ACE	2 or more
Statewide	**57**	**23**	**20**
Males	**60**	**24**	**16**
Females	**54**	**22**	**24**
New Castle	**57**	**23**	**20**
Males	**61**	**24**	**15**
Females	**54**	**22**	**24**
Kent	**57**	**23**	**20**
Males	**57**	**26**	**17**
Females	**56**	**21**	**23**
Sussex	**55**	**23**	**22**
Males	**59**	**22**	**19**
Females	**52**	**24**	**25**

Aggregated ACES and Substance Use (%)



2017 Delaware High School YRBS

Aggregated ACEs and Mental Health (%)



2017 Delaware High School YRBS

Intergenerational Trauma Maternal Risk Indicators for Substance Exposed Births (n = 450)

Indicator	Rate
Division of Family Services (DFS) history as a child	177 (40%)
Mental health conditions	154 (34%)
Prior birth of substance-exposed infant	126 (28%)

- Overlaps between all three indictors
- 38% of mothers with DFS history as a child also have a mental health condition/diagnosis
- 33% of mothers with a mental health condition/ diagnosis also have a previous birth of a substance-exposed infant

Delaware Office of the Child Advocate, 2018

References

The Delaware Public Health Institute (2015). Delaware Household Health Survey (DHSS).

National Survey of Children's Health (2016) with additional analysis by Kahleel Husseini, CDC, Delaware Division of Public Health, 2017-2018

Delaware Youth Risk Behavior Survey (2017). Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware)

Delaware Office of the Child Advocate, 2018.

Questions?

WHY TRAUMA INFORMED CARE?

Aileen Fink, Ph.D.
Behavioral Health Director, BCHS
Department of Correction
aileen.fink@state.de.us

WHY BE TRAUMA INFORMED?

- What have you heard so far that would suggest the need for a trauma focus when providing services?
  - Trauma exposure is pervasive
  - Has the potential to impact health and wellbeing across the lifespan
- Why else?
  - Healing occurs within the context of relationships
  - Trauma affects how people approach services designed to help them
  - Services designed to help people can be and often have been inadvertently re-traumatizing
  - ***Trauma informed care helps promote healing and recovery***

WHAT IS TRAUMA INFORMED CARE?

- A trauma informed care approach….
  - Is **not** a service, set of practices or a specific program
  - Is **different** from trauma specific treatment
  - ***Involves a shift in knowledge, attitudes and skills***

TRAUMA INFORMED CARE

- Trauma informed care approach
  - starts by asking ***"what has happened to this person"*** rather than "what is wrong with this person
  - helps systems effectively respond to trauma-exposed consumers and staff
  - provides a framework for developing the skills of staff

TRAUMA INFORMED CARE (TIC)

- The"**4 R's**" of a trauma informed approach
  - *Realizes* the widespread prevalence and impact of trauma and understands potential paths for recovery
  - *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices
  - Seeks to actively resist *re-traumatization*

TIC:THE 4 R's

- ***Realizing*** the prevalence of trauma
  - All staff have basic understanding of trauma and realize the prevalence of trauma in the populations they serve
  - Assumes service recipients have had/are being exposed to events (ACES) and recognize importance of screening children and adults
  - Realizes that staff may have been/are being exposed

TIC: THE 4 R's

- ***Recognizing***
  - how trauma affects individuals, families and communities
    - Staff are able to recognize the signs of trauma in people receiving services as well as for themselves and their coworkers
    - Views behavior as adaptive for survival
  - the impact of organizational and workplace stress
  - triggers

TIC:THE 4 R's

- ***Responding*** by
  - applying trauma informed care principles into the organization at all levels
  - Emphasis on building resilience and protective factors
  - Being knowledgeable about trauma-specific interventions

TRAUMA INFORMED APPROACH: THE 4 R's

- Actively avoiding Re-traumatizing service recipients as well as staff
  - We need to guard against exposing individuals to experiences that are traumatic or can re-traumatize them

TRAUMA INFORMED (TIC) PRINICIPLES

- **Safety**
- **Trustworthiness and Transparency**
- **Peer Support**
- **Collaboration and Mutuality**
- **Empowerment, Voice and Choice**
- **Cultural, Historical, and Gender Issues**
  - Principles are applicable across service settings, service recipients and the staff providing services

TIC PRINCIPLES

- **Safety**
  - Staff and service recipients feel physically and emotionally safe
    - The physical setting is safe and inviting
    - Strategies are developed to address aspects of the environment that may be re-traumatizing
  - Interpersonal interactions promote a sense of safety
  - Staff and service recipients are asked about the degree to which they feel safe and how safety can be enhanced

TIC PRINCIPLES

- **Trustworthiness and Transparency**
  - Priority is placed on building and maintaining trust with service recipients, among staff and other partners
  - Operations and decisions are transparent for staff and service recipients
  - Staff keep service recipients fully informed of rules, procedures, etc. while recognizing they may be overwhelmed and have difficulty processing information
  - The potential impact of working with individuals with trauma exposure is acknowledged

TIC PRINCIPLES

- **Collaboration and Mutuality**
  - Priority on leveling power differences between staff and service recipients and across staff at different levels
  - Service recipients and staff share power in decision making
  - Relationship is valued as an important source of healing
  - Recognizes that everyone in the organization has a role in a trauma informed approach

TIC PRINCIPLES

- **Empowerment, Voice and Choice**
  - Strengths and experiences of service recipients are recognized and built upon
  - Belief in the ability of people to be resilient
  - Promotes the development of advocacy skills for service recipients
  - Empowers service recipients to have shared decision making
  - Empowers staff to do their work

TIC PRINCIPLES

- **Cultural, Historical and Gender Issues**
  - Address cultural stereotypes and biases
  - Recognizes the ways that culture influence the experience of trauma and access to supports and resources
  - Ensures that services that are responsive to cultural and gender needs
  - Recognizes and address historical trauma
  - Values traditional cultural connections

TIC PRINCIPLES

- **Peer Support**
  - Recognizes the value of those with lived experience including family members to promote healing
  - Provides meaningful involvement in planning, policy making and governance for individuals with lived experience
  - Develops peer support services and resources for service recipients

TRAUMA INFORMED CARE IN PRACTICE

https://www.youtube.com/watch?v=wGlG0bZwoL0

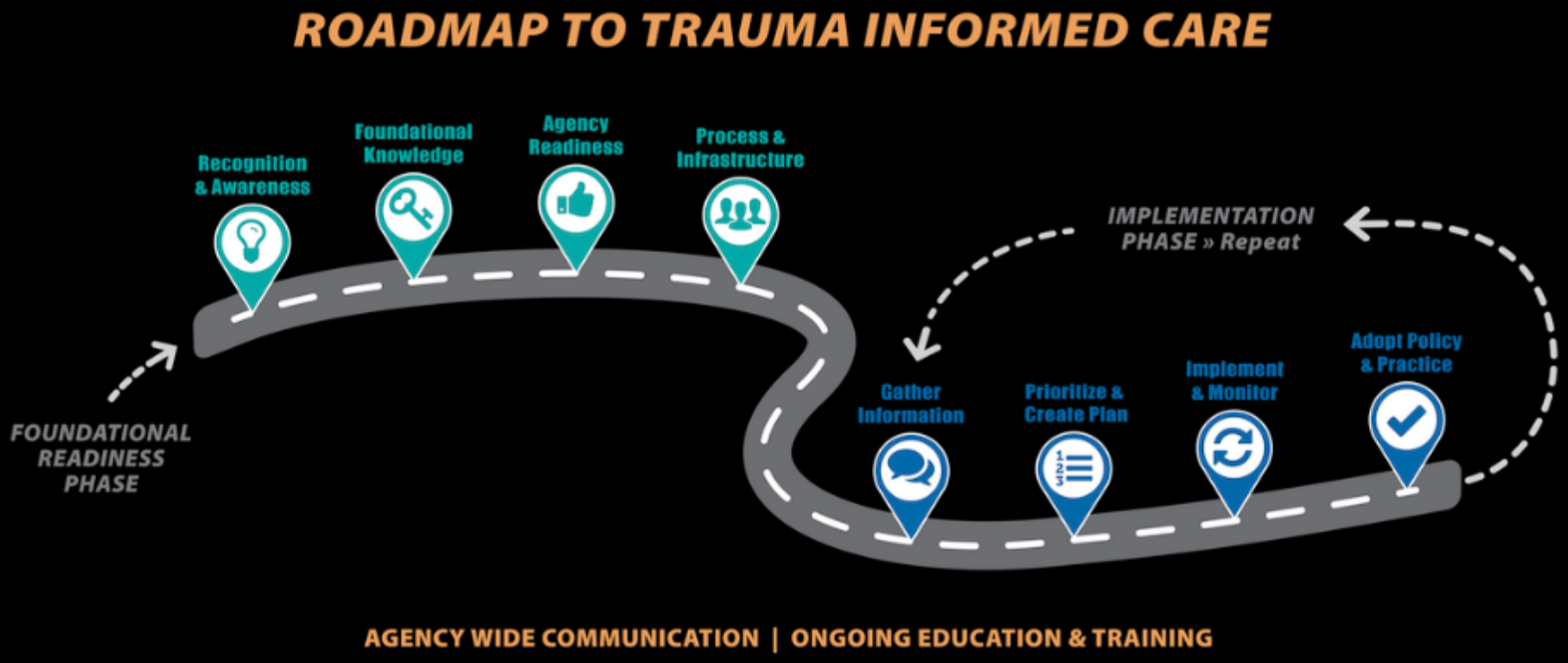
NATIONAL EFFORTS

- **2000 Children's Health Act**
  - Established the National Child Traumatic Stress Network
- **2005 SAMHSA**
  - Established the National Center for Trauma Informed Care
- **2017 Trauma Informed Care for Children and Families Act**
  - Interagency Task Force on Trauma Informed Care, Medicaid demonstration projects to test innovative trauma informed approaches, CDC encourage states to collect and report ACE data

A LOCAL TIC EXAMPLE

https://www.youtube.com/watch?v=11fXsgPPrGo

TRAUMA INFORMED OREGON
TIC ROADMAP



TRAUMA INFORMED CARE: DELAWARE

- Family Services Cabinet Council ACEs Committee
  - Working to promote TIC state agencies
- Collection, analysis and dissemination of ACE data
  - 2015 Delaware Household Health Survey included 12 ACE items
- Trauma Matters Delaware
  - Community of diverse stakeholders across the state promoting trauma informed approaches
- Universities incorporating ACE curriculum
  - Wilmington University Certificate in Trauma Informed Approaches

TRAUMA INFORMED CARE: DELAWARE

- Efforts to expand screening and trauma specific treatment for children and adults and adopt trauma informed approaches
  - Public Health, Children's Department, Corrections, Substance Abuse and Mental Health
  - Organizations including DCADV adopting and promoting trauma informed approaches (Sanctuary, Seeking Safety, SAMHSA Guidance, trauma treatment)
- Compassionate Schools Network
  - School districts are working to implement a trauma informed schools approach with support from Casey Family Programs

RESOURCES

- SAMHSA Concept of Trauma and Guidance for a Trauma Informed Approach https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
- Creating Trauma Informed Systems (National Child Traumatic Stress Network) https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems
- Trauma Informed Care Project http://www.traumainformedcareproject.org/
- University of Buffalo Institute on Trauma and Trauma Informed Care https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html

Resilience and Trauma
Why it Matters

Marilyn Siebold, Professor of Psychology,
Wilmington University

marilyn.r.siebold@wilmu.edu

What is resilience?

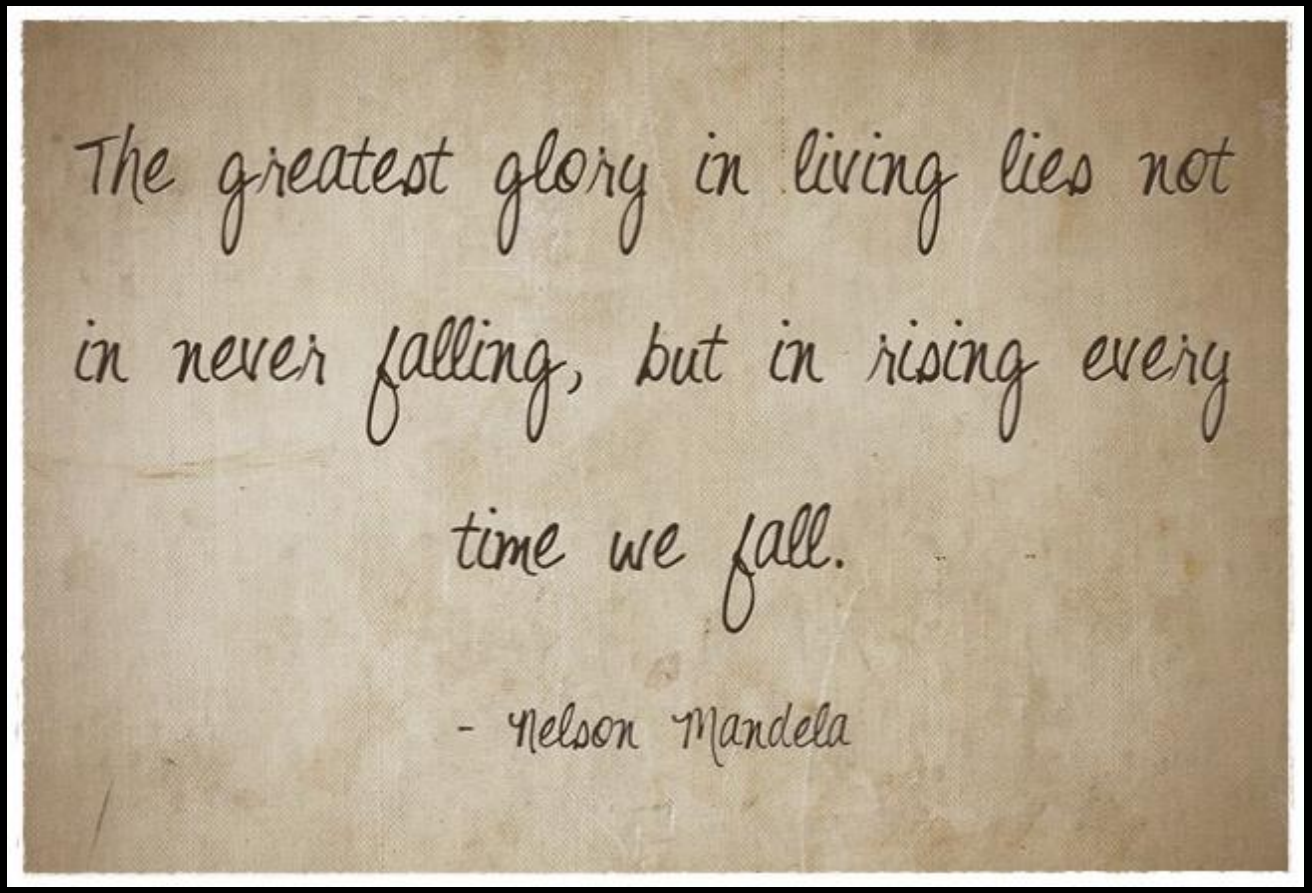
What do we know about resiliency?

Why does it matter?

WHAT NOW?


KEEP
CALM
AND
BE
RESILIENT

"He appears to have lost all of his resilience."


The greatest glory in living lies not
in never falling, but in rising every
time we fall.
- Nelson Mandela

Why does resilience matter?

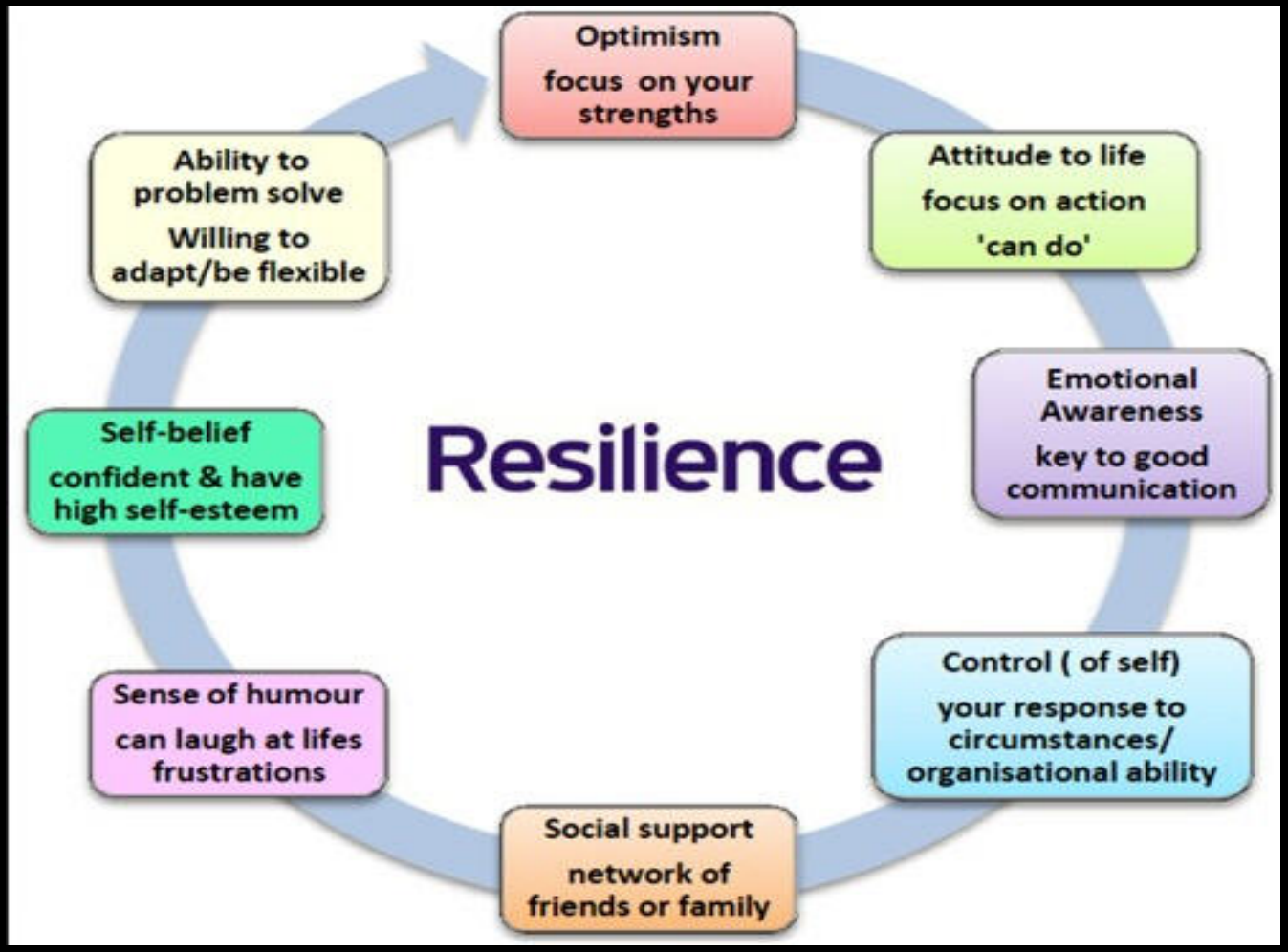
Resilience reduces our stress levels.

Resilience helps us to maintain social and working relationships with others.

Understanding your own emotional resilience puts you in a stronger position to identify with (empathy) and understand others.

Resilience enables us to tolerate differences, be more curious and to be able to appreciate other's stand point – all crucial elements in life.

Do you know resilience when you see it?



Four Patterns of Resilience:

- Dispositional - one having a sense of autonomy, self-worth, good health, etc.
- Relational - one's role in society and in their relationships
- Situational - one's ability to problem solve, make goals, and take action
- Philosophical - one's belief that there is good in all situations and that self-development is important

"In the context of exposure to significant adversity, resilience is both the **capacity** of individuals to **navigate** their way to the psychological, social, cultural, and physical **resources** that sustain their well-being, and their capacity **individually and collectively** to **negotiate** for these resources to be provided in culturally meaningful ways."

Dr. Michael Unger

- Canada Research Chair in Child, Family and Community Resilience and Professor of Social Work at Dalhousie University.

- **Resilience Requires *Evolution***
  Resilience thinking can help when confronted with a major disturbance to the system. When adapting to adversity, people, families, businesses and communities can learn coping skills and make creative use of available resources.
- **Resilience is *Context Based***
  Resilience depends on point of view. For example, after a deployment the warrior, spouse, children, unit and community all define differently the successful reintegration into home life.
- **The *Environment* Matters**
  Resilience is a two-way street: resilience thinking should not fall on our warfighters alone. Society must accommodate those who serve. The same is the case for survivors of natural disasters who need assistance in the face of recovery. It's essential that the community open its eyes and arms to support those affected.
- **Resilience is Being *Prepared***
  Resilience thinking includes learning from prior experiences, anticipating future needs and actively preparing. Specific personal and community systems' planning can prevent or mitigate some calamity.
- **Resilience Requires *Transformation***
  When returning to normal is impossible, we must move forward. People, families, businesses, and communities struggle and grow to adapt in face of adversity and adopt a "new normal."

What is Resilience?

Is resilience a trait, a skill, or a process?
Does everyone have the capacity for resilience?
Can resilience be learned? If so, what are the learnable skills of resilience?
Can you teach others to be resilient?

- https://video.search.yahoo.com/yhs/search?fr=sgm&hsimp=yhs-sgm_fb&hspart=SGMedia&p=what+is+resilience#id=5&vid=a28c8875155a5f3cf4ffd16ff19e86f1&action=view.

The Main Ingredients of Resilience

Dr Karen Reivich

Co-author of The Optimistic Child, with Professor Martin Seligman, and co-author of the Resilience Factor

- **Emotional regulation** – identifying and, if necessary, controlling your feelings.
- **Impulse control** – tolerating ambiguity so you don't rush to make decisions; thinking before acting.
- **Optimism** – being realistically optimistic in a way that facilitates problem solving.
- **Causal analysis** – thinking about the problems you face, looking at them from other perspectives and considering other associated factors.
- **Empathy** – reading and understanding others' emotions, which helps to build relationships and garner social support.
- **Self-efficacy** – having confidence in your ability to solve problems, knowing your strengths and weaknesses and relying on your strengths to cope.
- **Reaching out -** being prepared to take appropriate risk, being willing to try new things and thinking of failure as part of life.

Look at the list above and think - which is your strongest skill, and which could use some improvement?

Sarah Truebridge, Ed.D., in Resilience Begins with Beliefs

- Resilience begins with beliefs.
- Resilience is a process, not a trait.
- Everyone, regardless of age or circumstances, has the capacity for resilience.
- The three major protective factors that help us mitigate adversity and nourish personal strength are caring relationships, high expectations, and opportunities to participate and contribute.
- Resilience isn't just for people from high-risk environments.
- Most people make it despite exposure to severe risk. Close to 70 percent of youth from high-risk environments overcome adversity and achieve good outcomes.
- Resilience isn't a program or curriculum.
- Resilient people identify themselves as survivors rather than victims.
- Resilience is not just for remediation or intervention.
- One person's support can be crucial in developing another's resilience.
- Challenging life experiences can be opportunities for growth and change.
- Resilience is not just for remediation or intervention. It incorporates a shift from a problem based deficit model to a strengths based one. This model of resilience is positive, protective, and preventive

Research has identified a set of protective and risk **factors** that help children achieve positive outcomes in the face of significant adversity.

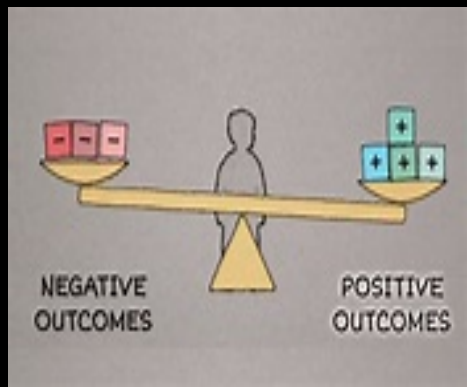
https://developingchild.harvard.edu/science/key-concepts/resilience/

Protective Factors include:

- providing supportive adult-child relationships;
- scaffolding learning so the child builds a sense of self-efficacy and control;
- helping strengthen adaptive skills and self-regulatory capacities;
- using faith and cultural traditions as a foundation for hope and stability.

The Science of Resilience

- One way to understand the development of resilience is to picture a balance scale or seesaw. Protective experiences and adaptive skills on one side counterbalance significant adversity on the other.
- https://developingchild.harvard.edu/resources/inbrief-resilience-series/.



Resilience in the Community

- https://video.search.yahoo.com/yhs/search?fr=sgm&hsimp=yhs-sgm_fb&hspart=SGMedia&p=what+is+resilience#id=1&vid=83f3621449fcad1dd5f5ac8f6185e2f9&action.
- https://developingchild.harvard.edu/resources/resilience-game/
- https://youtu.be/tMaBi-SVPjo

The Resiliency Wheel

Research has identified a common set of factors that predispose children to positive outcomes in the face of significant adversity

These counterbalancing factors include:

- facilitating supportive adult-child relationships;
- building a sense of self-efficacy and perceived control;
- providing opportunities to strengthen adaptive skills and self-regulatory capacities; and
- mobilizing sources of faith, hope, and cultural traditions.

1. Resilience requires supportive relationships and opportunities for skill building.
2. Resilience results from a dynamic interaction between internal predispositions and external experiences.
3. Learning to cope with manageable threats to our physical and social well-being is critical for the development of resilience.
4. Some children respond in more extreme ways to both negative and positive experiences.
5. Individuals never completely lose their ability to improve their coping skills, and they often learn how to adapt to new challenges.

https://developingchild.harvard.edu/.

NOW WHAT?

From Resiliency In Action: Practical Ideas for Overcoming Risks and Building Strengths in Youth, Families, and Communities, *published by Resiliency In Action. Copyright 2007 Resiliency In Action, Inc., all rights reserved.)*

Nan Henderson, M.S.W.

Four basic characteristics of resiliency building that add the power of "protective factors" to people's lives.

1. **Communicate "The Resiliency Attitude.**
2. A**dopt a "Strengths Perspective**."
3. **Surround Each Person—as well as Families and Organizations—with all elements of "The Resiliency Wheel."**
4. **Give It Time**.

Resilience Survey, Space2BE, Work Life Balance Centre 2014 ©

Karen Griffin
Space2BE
T: 0207 6663 070
E: karen@space2be.co

Julie Hurst
Work Life Balance Centre
T: 01530 273056
E: jhurst@worklifebalancecente.org

WHY DOES RESILIENCE MATTER AT WORK ?

- Resilience reduces our stress levels.
- Resilience helps us to maintain social and working relationships with others.
- Understanding your own emotional resilience puts you in a stronger position to identify with (empathy) and understand the families that you work with.
- Resilience enables us to tolerate difference, be more curious and to be able to appreciate other's stand point – all crucial elements in social work.
- More resilient workers have improved relationships with service users, thus enhancing their professional practice and ultimately, improving outcomes.

Your Turn…

Breaking Down the Barriers to Trauma Informed Approaches

Moving Forward…

Brainstorming:

Taking a Step Towards Trauma Informed Approaches in Your Setting

Questions?

Thank You!