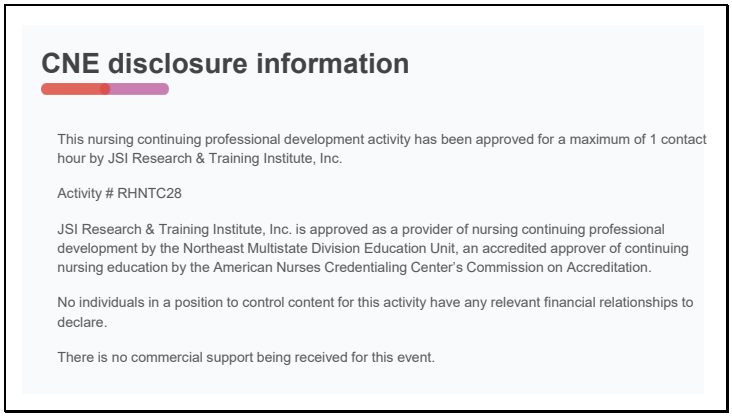
Taking Care of Family Planning Providers Who Support Clients Experiencing Intimate Partner Violence
April 28, 2022
Transcript

Slide 1

- [Devon] Hello everyone. This is Devon Brown from the Title X Reproductive Health National Training Center and I'd like to welcome you all to today's webinar, Taking Care of Family Planning Providers Who Support Clients Experiencing Intimate Partner Violence. I have a few announcements before we begin. Everyone on the webinar today is muted, given the large number of participants. We plan to have some time for questions at the end of the webinar today. So you can ask your questions using the chat at any time during the webinar. We'll also be asking for your participation at a few points during the webinar, and you can respond to those prompts in the audience chat pod, which is green and can be found at the bottom of your screen. A recording of today's webinar, along with the slide deck and a transcript will be available on rhntc.org within the next few days. Closed captioning has been enabled for the webinar and to view, you can click on the CC icon at the bottom of your screen. Your feedback is extremely important to us and has enabled the RHNTC to make quality improvements in our work based on your comments. So please take a moment to go ahead and open the evaluation link in the chat and consider completing the evaluation real time. In order to obtain a certificate of completion for attending the webinar, you must be logged in to rhntc.org when you complete the evaluation. And in case you haven't yet set up a profile on rhntc.org, don't worry. I'm going to provide some brief instructions on how to do that momentarily. This presentation was supported by the Office of Population Affairs, or OPA, and the Office on Women's Health, or OWH. It's contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA, OWH or HHS.

Slide 2



This activity has been approved for one continuing nursing education, or CNE contact hour. To receive your certificate please complete the evaluation at the end of the webinar. And then to make sure that you receive that certificate of completion and/or the CNE, you must be logged into your rhntc.org profile.

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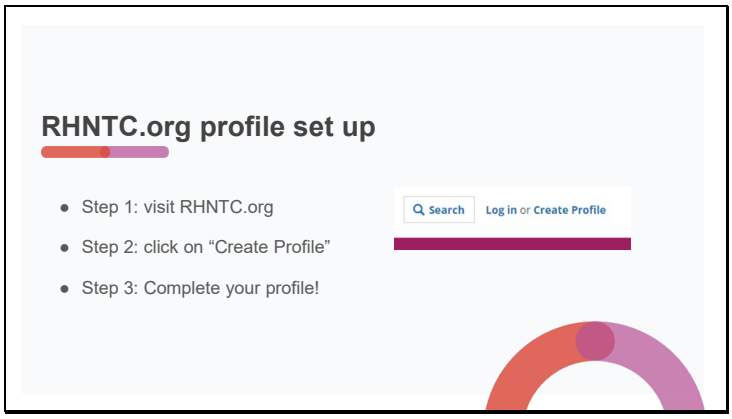

So if you haven't yet created an rhntc.org profile, you can do so by following the three simple steps outlined on the slide here. Step one, visit rhntc.org. Step two, click on the Create Profile in the upper right hand corner of the home screen, and then step three, complete your profile. It's really as simple as that. So we are excited to have as our speaker today, Rebecca Levenson. Rebecca has decades of experience helping reproductive healthcare systems respond to intimate partner violence, or IPV. A former Planned Parenthood clinic director and senior health policy consultant for the national nonprofit, FUTURES Without Violence, Rebecca is a nationally recognized researcher, educator, advocate and speaker. Rebecca's an author of numerous additional IPV training resources and publications. And with that, I will turn it over to Rebecca.

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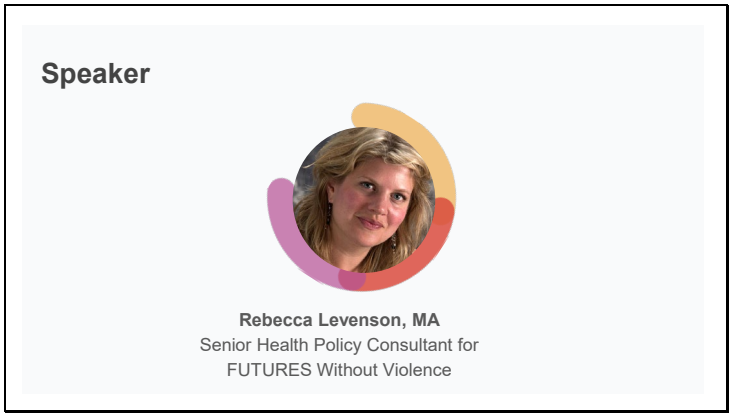

So we are excited to have as our speaker today, Rebecca Levenson. Rebecca has decades of experience helping reproductive healthcare systems respond to intimate partner violence, or IPV. A former Planned Parenthood clinic director and senior health policy consultant for the national nonprofit, FUTURES Without Violence, Rebecca is a nationally recognized researcher, educator, advocate and speaker. Rebecca's an author of numerous additional IPV training resources and publications. And with that, I will turn it over to Rebecca.

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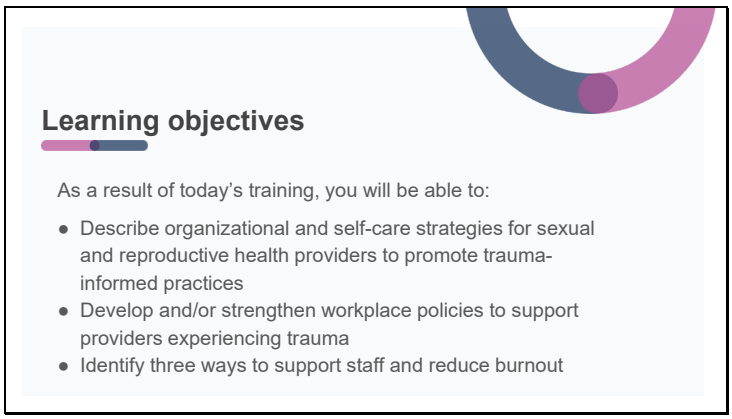

- [Rebecca] Thanks so much Devon and welcome everyone. It is absolutely my pleasure to be with you today. I think once you've been a Planned Parenthood clinic director, or staff, or worked in a Title X environment, you never lose that connection. And so, I very much feel like I am with my people today. And it's a pleasure to be with you. We're going to go on a journey together. We're going to be looking at strategies both from an organizational perspective, but also relative to your own self-care. We're going to be looking at strengthening workplace policies, and we're going to identify three ways, and probably even more than three actually, to support staff and reduce burnout.

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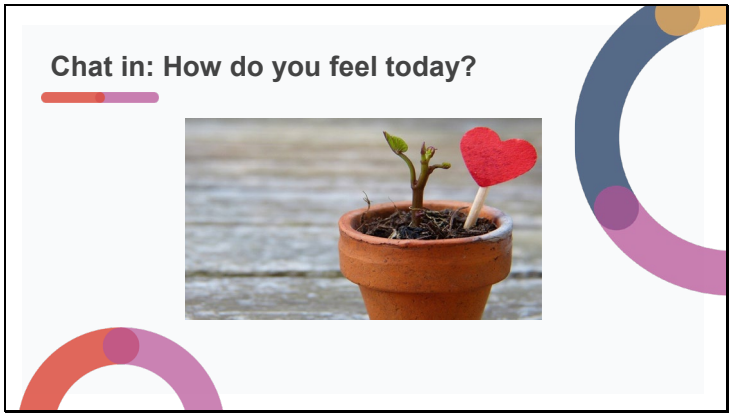

I hate Zoom. I hate not doing in person training. I miss it. I miss your faces. I wish I could see all of them. So the best I can do right now since we're not live and we're not together is ask you to share a little bit about where you are right this minute in the chat. How are you today? Because really today is dedicated to thinking about you and what you need in order to do the important work that you do every single day to serve folks. So I would love to hear in the chat about how are you? "I feel well, a lot of work today." Thank you for that. "Tired." "I'm great." Thank you. Others, how are are you feeling today? How are you feeling? "Feeling great." "Exhausted." "Greetings." "I'm very good, thanks." "Productive, busy day." "A little stressed." "Good, grateful." "Frustrated, abortion ban was just implemented in my state." Fair. "Glad tomorrow is Friday." "Busy day. Comfortable." Part of the reason I'm asking you to do this right now is because in the busyness, the busyness of COVID, the busyness of our work, I think that some spaciousness to notice where we are in time and space is precious and it doesn't happen very often. So I really am appreciating all of you who contributed to the chat. And I'm hoping at the end of today you really feel like there's something new, something cozy, something comfortable that supports you in what you do.

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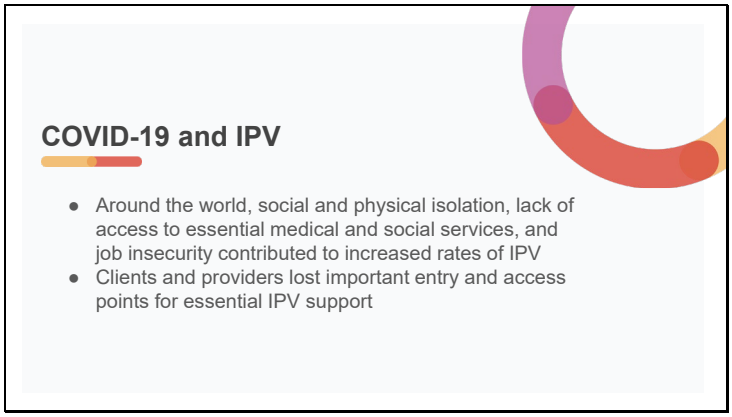

This is especially important because COVID happened. And one of the things that we know happened in COVID is that intimate partner violence increased. It does in a pandemic, it does during a national disaster. So hurricanes, other kinds of things. And when that happens and when we have to pivot in the way that you all had to pivot, in Zoom, in the losses that were associated with not seeing folks

necessarily face to face or the anxiety that was associated with seeing folks with masks on and worries about COVID for yourself. I just want to acknowledge that this is especially difficult time and that's part of the reason we are taking this time to talk with all of you today. I also want to be real about what we know happened around power and control, intimate partner violence in COVID, that there was, in some cases, you know, folks who were using power and control, they took your phone, they turned off your internet. They decided who you could and couldn't talk to. So in fact, some of you may have been the only person who was able to connect or talk to your patient.

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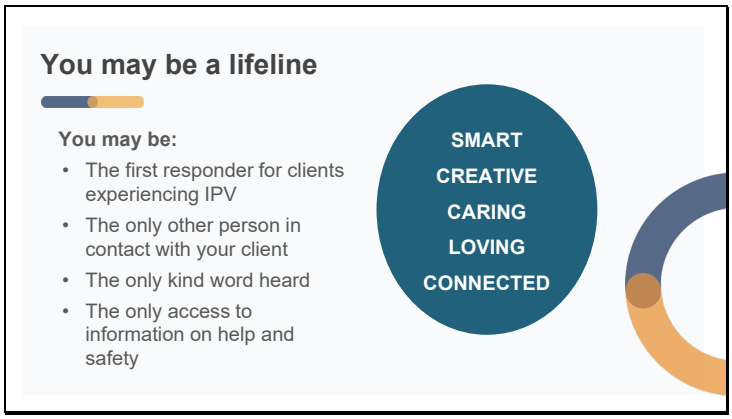

So you might have been the first responder for clients experiencing IPV, 'cause you were the only person there. You might be the only kind word heard. And we're going to talk about the power of kind words, not just for each other, but also for the patients we serve and what a difference that can make. And then you might have been the only access for information on health and safety. So I know that I'm sitting with a group of people who are smart, creative, caring, loving, and connected, and all of that requires energy from you.

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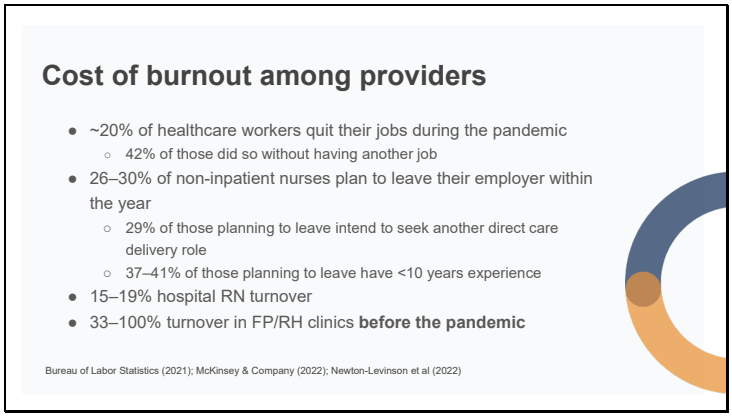

What do we know pre-pandemic, right? That there was huge turnovers in family planning and reproductive health clinics before the pandemic, particularly in Southern states. We know that during the pandemic, 20% of healthcare workers quit their jobs. 42% of those people did so without having another job. So that's my definition of so crispy-fried, it didn't matter. I don't have to figure it out right now. I just need to stop. We know that non-inpatient nurses plan to leave their employer within the

year, somewhere between 26 and 30% of them and that 29% of those planning to leave intend to seek another direct care delivery role. And we also know that there's this real thing that's happening with the folks that are leaving and that is all of the history, right? So, somewhere between 37 and 41% of those nurses who are leaving had more than 10 years of experience. And I can tell you as a former clinic director, I care about my clinicians that are the brilliant Implanon finders because we need you. And so this idea of how do we recognize your truth, that this is really hard? How do we as systems care for you? Because it's so important. Because we can't lose all of the wisdom in the room.

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So, I think that the realities facing all of you, and this is some qualitative data to sort of reinforce this, I think it will speak to you. "I can't explain it." These are interviews that were done with nurses in COVID. "I can't explain it. It's horrible." This is from a family planning clinic provider in Tennessee. I feel, "Feeling overwhelmed, stressed, unsure of what is right or wrong. I don't want to come to work. Feeling down and don't feel like I have support." And this is a nurse practitioner in a school-based health center in Oregon. "Stuck alone in the office all day with little-to-no patient interaction. And that's lonely and hard."

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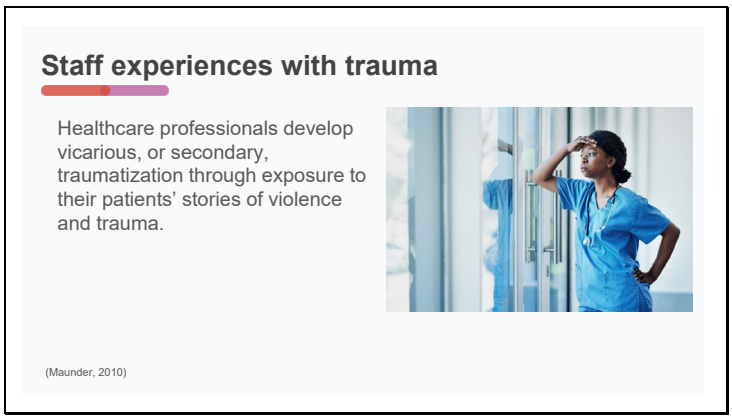

You did not go into this caregiving field to do things remotely, I get that. "Responsibility to be present and calm and supportive environment to patients and staff causes a repression of your own stress. This is exhausting. I have depleted my emotional reserves calming others." Does that resonate for any of you? You are not alone, if that's resonating for you.

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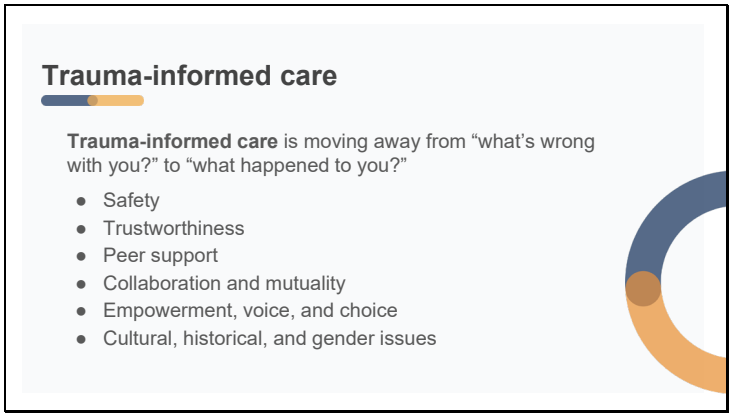

The other thing we know, this is pre-COVID, that healthcare professionals develop vicarious, secondary and traumatization through the exposure of their patients' stories, their experiences impact us. And I know that many of you've already had trauma-informed care training in the past, right? And this is a focus on how do we create a trauma-informed environment for the patients that we serve?

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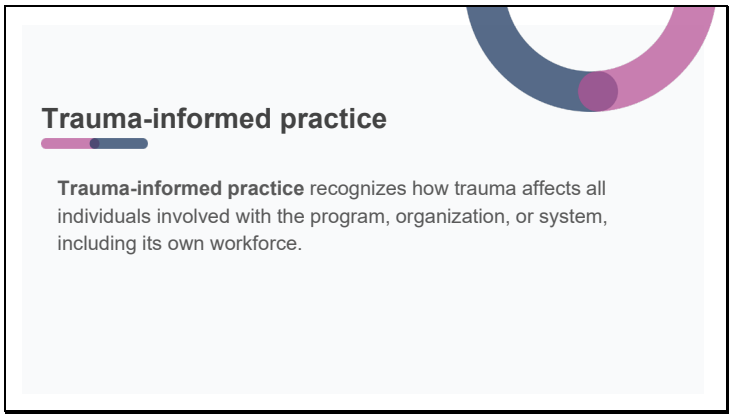

And that's great and really important and I know you're all working toward that or doing that in all kinds of aspects, but I want to focus again, back on you today, because one of the things that we know is that trauma-informed practices really have to double down on recognizing how a system or an organization, including its own workforce, need to be cared for.

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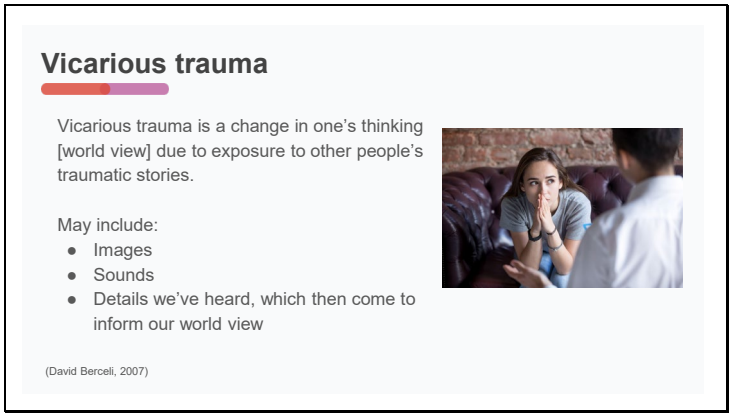

So this is David Berceli's definition of vicarious trauma. And I like it because I think it really highlights the experience of it. And I'll share a story from a nurse in Michigan, as I sort of think through this slide with you. Vicarious trauma is a change in the way one's thinking or worldview shifts due to other people's traumatic stories. And so the story I'll share with you is a story of a nurse in Michigan. And I, if we were doing this live, I'd say, does anybody have a story they want to share with the group? And I'm certain all of you have one, if not many, right, stories of how a patient's experience and their sharing that with you impacted the way you see the world. But in this particular case, I'm going to go ahead and share a story of this nurse in Michigan, who said, "You know, Rebecca, I have a patient who's 14 and pregnant. She's pregnant. She was impregnated by someone in her own family, and that person was incarcerated. And I have a 14 year old niece and I can't turn it off." And for my friends, I'm using my finger to kind of point, I can't turn it off. And when the nurse was speaking, she was drawing a line in front of herself. And she said, "You know, I could be at a picnic. I could be at a park. I could be at a line for a movie with my niece and I would be scanning to see, is there anybody who's looking at her the wrong way? Is there anybody who's leaning in, in the wrong way? I couldn't turn that off." And another nurse shared a story, and this is someone who's doing home visitation with adolescents, pregnant folks, and she was saying, she had had multiple disclosures of childhood sexual abuse from the folks that she was serving and as she was driving home, it had gotten dark. And so she see the light inside people's houses. And as she's seeing the light and the people sitting in their living rooms or in their kitchens or in their dining rooms or wherever they were sitting in their house, she was wondering to herself, did that happen to you, too? So when I think about the ways in which our lived experience, as the people who care for people, really is something we've got to say out loud and notice. And then, you know, specifically think about how we can support each other and ourselves in, what do we do with holding all of those stories?

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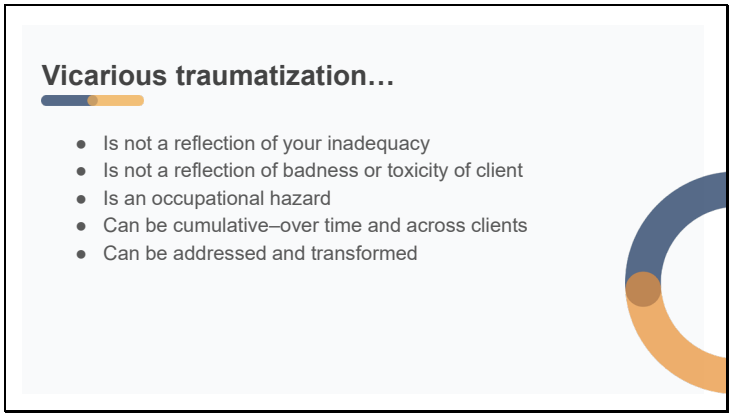

And I want to stop for a minute here and really say that vicarious traumatization is not a reflection of your inadequacy. It's not a reflection of badness or toxicity of the client, but it is an occupational hazard. It can be cumulative over time and across clients. And here's the biggest piece. It can be addressed and transformed. This is not the end of the story, but if we don't do things about it, it can be the end of the story. And I need my clinicians who do the difficult Implanon removals. I need my clinicians who are the ringer for every adolescent who gets that IUD and is the master of that. I need my clinicians who've been doing this and developing all of your expertise over so many years. And the leadership that you show with new clinicians and new staff that come on board.

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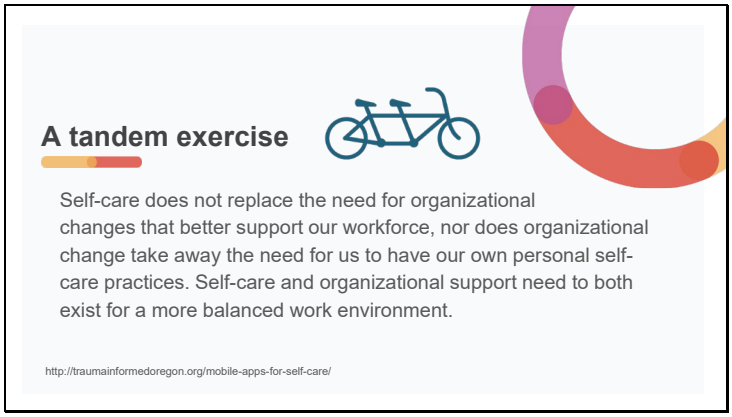

So we need to take care of you. And I want to be very careful as I describe this because I had an experience in North Dakota and I was doing a training on this topic and I'm in a room of about 40 people. And so I get to some slide about self-care, and I can see five women in the back row, cross their arms, cock their heads, do an eye roll. And I'm like, what did I say that was wrong? So I walk up to them at the break and I say, hey, I just, I may have done something or said something that I didn't realize. I just want to check in with you 'cause I watched all of you have such a visceral response and I'm not going to pretend like I didn't see it, 'cause that's not how I roll. And these particular nurses said to me, "Rebecca, you don't understand. We were just sent to a self-care workshop last week so we could fix ourselves and our stress." And I was like, okay. Self-care used as a tactic of power and control on the part of an institution. Going to go ahead and remember that, say it out loud and say that it is not

something for you to fix. It is something that we need to be supporting everyone in. And the system itself also needs to take responsibility and accountability for how it cares for its staff, right? So self-care doesn't replace the need for organizational changes that better support our workforce, nor does organizational change take away the need for us to have our own personal self-care practices. And that requires work on our end. I'm not going to pretend that's not true, but I don't want to ever hang this entirely on the individual practitioner because that's just irresponsible. Self-care and organizational support need to both exist for a more balanced work environment. And for my friends who might have difficulty with seeing slides, I want to say that there's an image of a tandem bicycle on this slide. And of course on a tandem bike, you have to have two different entities riding the bike in order for it to go. And so the idea is both your workplace is going to be pedaling and you as an individual are going to be pedaling as well. And this comes out of Trauma Informed Oregon and if you're interested in more information on this kind of thinking and strategies and tools, that's a resource for you to know about.

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Okay, so I started out as a volunteer at Planned Parenthood and I walked in if you were having an abortion and then I wanted to work in abortion clinic. I actually did education in abortion clinic too. I wanted to work in clinic and hold your hand when you were having an abortion. To do that, you had to be hired as staff. So I got hired as staff to do that. And I learned phones and front desk and I did health education in schools. And I trained clinicians and providers and all the things, right? And then I found myself being a director and I'm going to tell you something right now. I did not go to director school or supervisor school. Suddenly my role as a frontline person just shifted to I'm all of a sudden responsible for all these people. I don't know if any of you on the, our webinar today are in that same position yourselves, but I want to be supportive around that truth of you only can know what you know, 'cause you didn't get to go to supervisor school. And I want you to know that there are more supports for you taking on this idea of organizational transformation, okay? And this is one of those tools. This actually comes out of a workbook that was developed for, at the federal level for the department of, homelessness. And the reason it was developed is because the burnout rate, when you're working with homeless populations, is incredibly high and they were looking to make real changes to support the workforce and support the supervisors and leaders in the workforce in creating environments that made it more welcoming and easier for staff to stay. And there were a whole lot of tools and strategies that were developed, but they're applicable across systems. There's no, you know, the idea of giving voice and choice to staff when you can, is not unique to staff that works with homeless populations. It is true for anybody who's in a supervisory role working with people.

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So there's tools, and this is one of them, that can help jumpstart thinking about, well, how do I take this on? And it looks at training and education ideas and support and supervision, communication, highlights ways in which you can help the employees to feel like they have control and input into the system that they're a part of. And how to be thinking deeper about creating environments that are really and truly supportive of the staff. So I wanted to offer this up. You don't have to invent the wheel. There's lots of things out there that can help. And this is a toolkit filled with ideas for you. Some of you may have very strong protocols in place for your own staff if they themselves are experiencing intimate partner violence. And some of you may not. Some of you think, well, I think that's this thing that EAP takes care of, but do we know that EAP programs, your Employee Assistance Programs, that's what EAP stands for by the way, Employee Assistance Program. Sorry, I'm going to try really hard not to use too much jargon today. Do you know if they'd had specialized training? I want you to know if you don't have a strong protocol or you don't even have a protocol in place, there is a solution that's very easy. So you can go to workplacesrespond.org and there are protocols that you, templates that you can type in your organization's name once and it populates the whole document. It reminds you that you should develop an memorandum of understanding, or an MOU, with your local domestic violence agency. And again, for my supervisor friends, 'cause there's no supervisor school that I know of, you know, probably you haven't had training on what do you do if you have a staff person who has a protective order and is coming to work and that protective order gets violated by the abusive partner? Why would you know the answer to what to do or what not to do, right? So there's great tools for staff, posters for your break rooms, and then there's videos and training tools for the supervisors as well.

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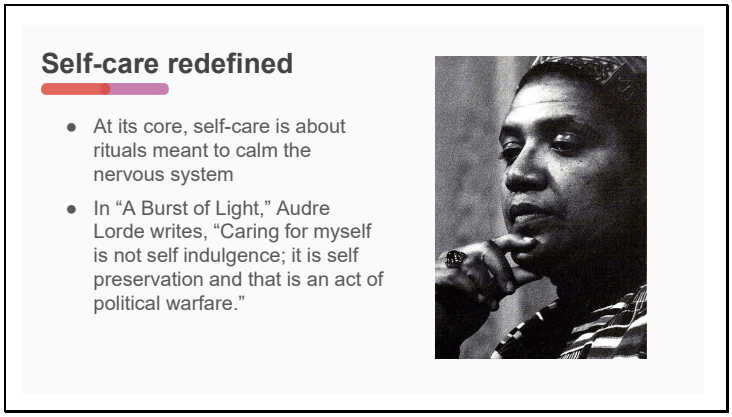

I love Audre Lorde and I especially am appreciative of this thinking now in COVID because I've heard from so many of you from across the country. One of the things that happened when we were home and for any of you who have children or partners or other people that you were taking care of, suddenly it went from wait, I have to make breakfast and I'm going to clean up breakfast and I'm going to start work and I'm going to do that Zoom call and do the next Zoom call, next Zoom call and wait, I'm going to make lunch. I'm going to clean up lunch. I'm going to go to that next Zoom call and really and truly, any of the space that we had in commuting to and from work, maybe that was a place you had some downtime to blare some music or just breathe and be quiet or put your earbuds on if you were on a train commuting home, got lost and that time got filled for a lot of you. And when I am thinking about self-care, you know, mani-pedi, whatever, great. But what I'm really thinking about is self-care is really about rituals to calm the nervous system, right? And in "A Burst of Light" Audre Lorde writes, "Caring for myself is not self-indulgence; it's an act of self preservation and that act is an act of political warfare." And I say that out loud because stopping and noticing that we have lost any spaciousness in our lives is essential and I think some of us are so, so busy that we aren't doing it at all, right? So, I think there's also this really important sort of mindset that happens in healthcare. And that is this idea that, you know, really good nurses, they don't eat and they don't pee. And I think that that mindset is something that we have to be examining and taking and picking apart and rethinking the messages we give each other in the workplace and being intentional about shifting it because this is why many of us are leaving the profession.

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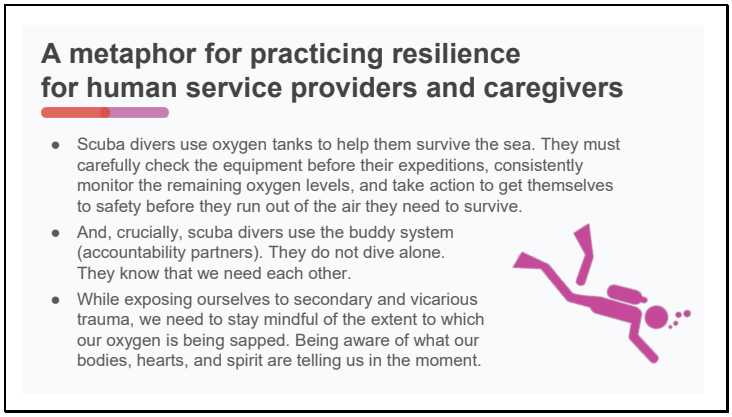

I think too, that sometimes when we talk about what we need to do in workplace settings, we talk about putting on our own oxygen mask first, like on an airplane and then you can put on, you put yours on first and then you can put it on another person. But I actually think the scuba diving metaphor is more powerful, right? 'Cause scuba divers have to check their equipment before expeditions. They have to monitor their oxygen levels, but more, most importantly, scuba divers need a buddy system. They need an accountability partner. And I think this is a very important concept and maybe you're doing it organically as part of your practice, because it's so easy for us as individuals to lose sight of what we need, we can maybe better focus on what our colleague needs or supporting them in that process. And if we have a buddy system where we're both checking in with each other about how are things going, what do you need? Then we're more likely to be paying attention to that same thing in ourselves, right? So while exposing ourselves to secondary and vicarious trauma, we need to stay mindful of the extent to which our oxygen is being sapped. Being aware of what our bodies, hearts and spirits are telling us in the moment makes a big difference. When I'm nearly out of reserves, I need to act. I cannot continue to be an effective helper to others if I've got nothing in my tank. Are you checking your reserves soon enough?

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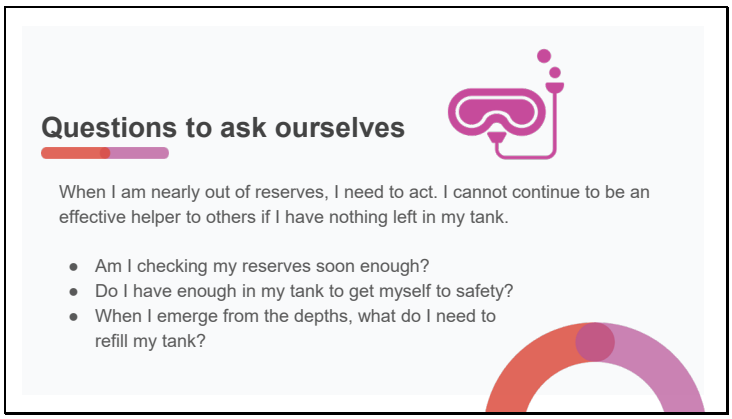

And this is just a little self-reflection question. Are you? Are you checking often enough? Do I have enough in my tank to get myself to safety? Are you even allowed to ask yourself that question? If you do ask yourself that question, what's the answer? When I emerge from the depths, what do I need to refill my tank? These are just things for you to be noticing for yourself.

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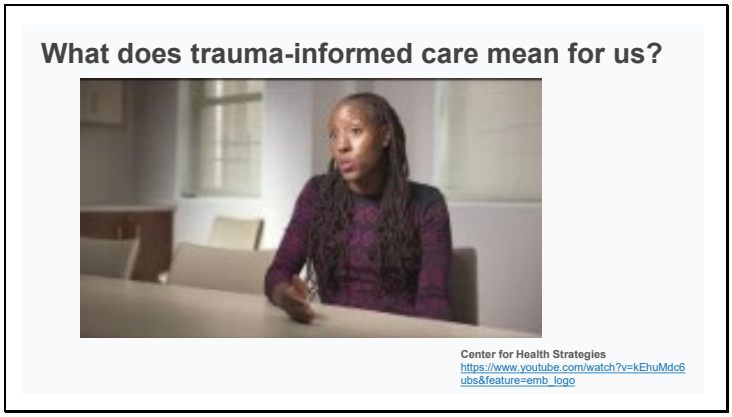
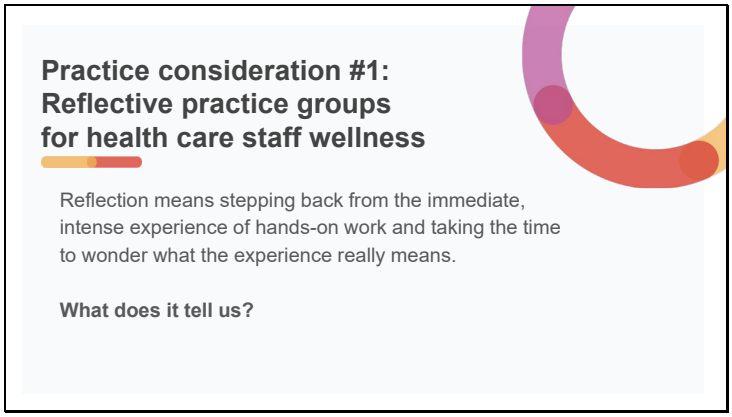


So I want to share this video. This is out of UCSF and well, the trauma-informed, the Center for Health Strategies, I'm sorry, and there's a number of folks from UCSF who are interviewed in this video, but I wanted to share with you this thinking about trauma-informed practices. This idea that trauma-informed care and becoming trauma-informed is this huge heavy lift. In truth, if we don't provide services in a trauma-informed way, what is the heavy lift is services that are not effective. And so what trauma-informed care means does not have to be the most elaborate, detailed, research heavy protocol--oops, sorry about that--assessment based approach. It can start with education and then kind of move forward. The training piece is really key and it doesn't need to be expensive or too time consuming. We have three core trainings that we have everyone go through when they start working here and the modules can be done in two hours or less. This change process is incremental and you can begin this as an individual person in your clinic and make a meaningful difference, not only to your patients, but to you as a practitioner. It's not radical to think that our job as primary care providers and why we went into primary care and all of our different disciplines, is to actually help patients heal. I mean, that's not radical at all. Self-evident, but we're, it's like taught out of us. And what we're doing now in this movement towards trauma-informed primary care is to teach that back in. Is to help people realize that their vision for why they went into this to begin with is to help people heal and to connect with them in that process and to heal themselves in that process and to have joy in that process. I love the idea that, I love that he ended with joy in the process and that's my wish for all of you. That's the hope, that's what you deserve.

Slide 23



Oops, now I'm going to, sorry about that and hopefully, okay, good. So, one of the things that I want to share with you all that I'm kind of excited about is this idea of reflective practice. And it is a way to break isolation for individual providers who are holding on to the vicarious and secondary traumatic stories that they're holding in their hands, their hearts, their bags, what have you, and really creating space so that staff don't feel alone in that process, that they can have a place to talk about those issues and take some time for some spaciousness around what's gone before them. And what did that experience really mean? And I think that this is a real, this is a place that, as a system, because remember, we don't want to lose those folks who are the best at pulling out the complicated Implanon, and we don't want to lose the clinicians that are best at putting those IUDs in those very young teens. We want to make sure that we're creating an environment, such that as these things come up, we have restructured what we do in order to help the clinicians deal with their stress, deal with the stories that they hear.

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So it's a cost effective way to help staff with work related stressors. It's safe, it's nonjudgmental, it's supportive. Different systems do it in different ways. So you might have somebody on your team that has some background in behavioral health and wants to take this on. And as a system, you've decided that you're going to go ahead and think about this as an investment in the long haul of the institution and the people working in it. And you're going to do this weekly, and you're going to spend 20 minutes doing this weekly and you're going to figure out a way to carve that out in some way, shape or form, right? So clinic starts at 9:20 instead of 9:00. What we do when we create these environments where we

can talk about what happens is that it makes the folks in the system feel like they are cared for and it increases that sense of positive regard. We want to be thinking about doing this monthly or bimonthly, if not weekly. I think the systems that are doing this the most frequently have the happiest people. When we do this, it improves team function. I think it improves creativity. It is a strength based approach. And this creating space for reflection is something that helps our spirit, helps our work.

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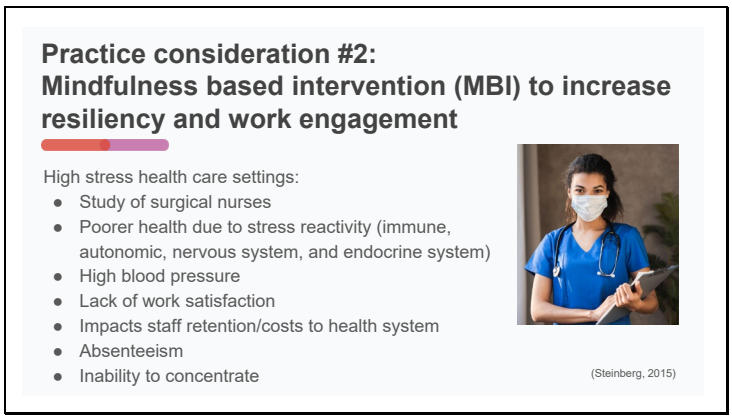
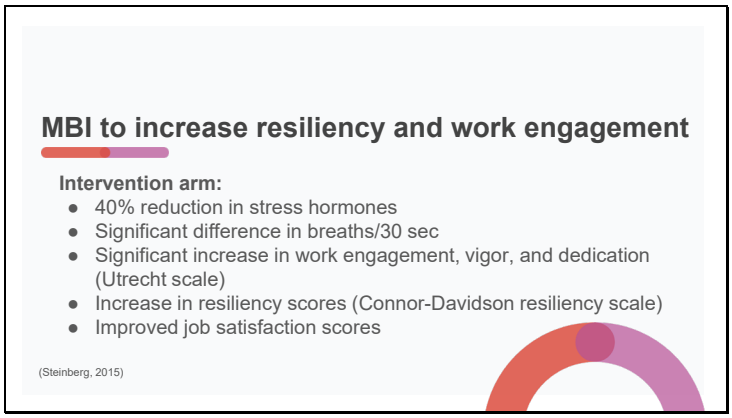


So I'm hoping that some of you are doing this or going to consider doing this as part of thinking about sustainability in carrying the weight of the folks that we serve. And I'm here as a practice considerations, another idea. And while this study was looking at surgical nurses, and maybe some of you moonlight is surgical nurses too, I don't know, but chances are, most of you are not surgical nurses. I think the study though resonates across the board in healthcare, right? So what do we know about high stress situations and surgical nurses? This was a study that was done, and it was looking at sort of the health and wellbeing of those nurses. So they had poorer health due to stress reactivity. They were more likely to have high blood pressure, lack of work satisfaction, absenteeism, and there was certainly an issues with an inability to concentrate. Now that's a safety issue, right? So you're my surgical nurse and you put 22 sponges in me. I want you to count to 22 when you're taking those sponges out, but when we're not taking care of the staff, that's when we see more accidents happen. And this is a way for us to be thinking, I think it's a really important way to frame this as a safety consideration.

Slide 26



So in this study, and this was done at Ohio State, they went ahead and took the surgical nurses and they divided them into two groups. So one group just kept doing their jobs like they usually did. The other group got one hour of paid time to learn mindfulness once a week for two months. Only difference between these two groups. And what did we find in the group that had that one hour of mindfulness a week? There was a 40% reduction in stress hormones. Are you kidding me? There was a significant difference in the way that those nurses breathed. And if you think about it, when we're anxious, when we're running from thing to thing, we breathe shallowly, don't we? Versus when we have more spaciousness, when we have more presence we can take those deeper fuller breaths. There was a significant increase in work engagement, vigor, and dedication. And there was an increase in resiliency scores. And what's important about this is it wasn't just resiliency scores for work, but it was also resiliency scores in their personal life. So, the other reality for healthcare providers is it's not that you just had your stressful interactions during the day, dealing with Zoom and COVID and masks and all the other things that you were doing, that follows you home. And so, the idea that this mindfulness is going to both help you in your work practice, but also help you in your home, is I think so important for us to be thinking about as a system change and a way to hold space for, what does staff actually deserve? And I think you deserve your cortisol levels to go down. And the other thing we found is improved job satisfaction scores. So we're really thinking about this thing called burnout, trying to avoid it and here are strategies to do that. So my friend, Devon, this is going to be this little interactive thing. I think we talked about this. I'm hoping you can come off mute, but if you can't that's okay. So I'm going to just set up this scenario. So my, so Devin and I have been working together forever at Planned Parenthood. I know everything about Devon and her partner and her life. She knows everything about me and my four kids and my partner and my crazy dog and all the other things, right? So, it's 5:15 on a Friday night and I am calling Devon. And Devon, you're going to pick up your phone and I'm going to say, oh my God, Devon, you wouldn't believe what happened with that client. You know the one that I told you that came in for PID and then we treated her and then she's back in again. And I'm like, what is going on? And I can't believe that I missed it. I totally missed it. I didn't even bother thinking that maybe, just maybe, she couldn't talk to her partner about getting treated because she's afraid of him. I'm an idiot! Devon, how did I just make you feel?

- [Devon] Oh, Rebecca, I could feel my heart increase and I could really feel your stress. And I, what I really wanted to do was to try to make you feel better, but my stress level definitely went up.

- [Rebecca] And I bet probably a lot of people's stress level went up. And the reason I'm sharing this, and I did that sort of dramatic rendition of the phone call is because I know it so well, because it's what we did in my clinic to show we loved each other, too. So what do we do in the name of love? We dump. And we feel like it's okay to dump. And maybe I'm wrong. Maybe all of you were far more evolved than me and my staff were at the time, but I bet a lot of you do this too. And it's toxic for us, right? So, what I should have done and what would've helped me is of course getting a hold of my own sense of where I was in time and space. And, you know, Devon, I didn't even give you any warning. I don't know what's going on with you. I just called and dumped. For all I know you just found out your partner has COVID or, you know, whatever else could be happening.

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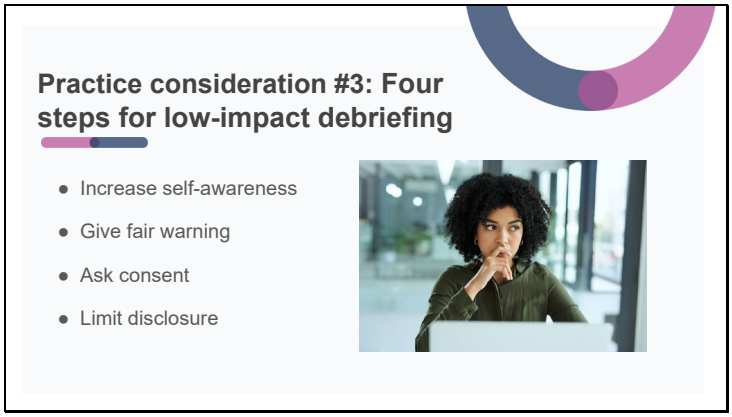
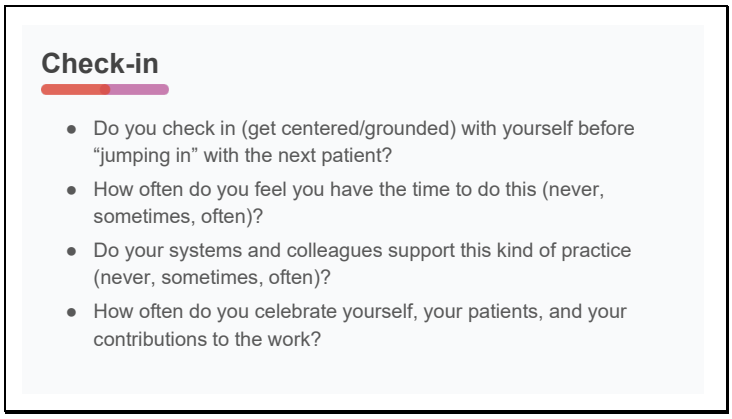


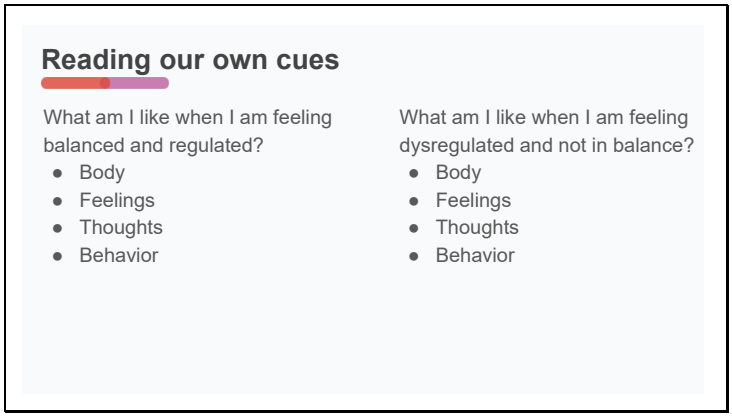
So, what we want to do is something called low impact debriefing. So we want to get ahold of ourselves, right? Remember that mindfulness that those surgical nurses had. We want some of that for ourselves. We want to ask for consent. Hey, Devon, something went down with me today. Do you have time to talk? I didn't give you any room for where you were. I just let this thing that we do in the name of love kind of take over. And I didn't limit the disclosure, which actually would've reduced my cortisol level too.

Slide 28



So if I had had some time to calm myself down, to think it through before I made the call to you, I would've been in a much better place overall. So thank you for doing that for me, Devon. So, I guess I just want to ask you again a little bit more reflective questions. I have to make this smaller so I can read my screen. Do you get to check in, get centered or grounded with yourself before jumping in with the next patient? How often do you feel you have time to do this? Never, sometimes, often? Do your systems and colleagues support this kind of practice? How often do you celebrate yourself, your patients and your contributions in the work? And these are just things to reflect on.

Slide 29



I'd like you to do a little quick exercise with me and that is this. On a sticky, as I'm holding this up and everybody can see it or on your phone, someplace where you can take notes in some way, shape or form. I'd like you to just think for a second about what are you like when you're feeling balanced and regulated in your body, your feelings, your thoughts and behavior? So what are you like when you're feeling balanced and regulated, body, feelings, thoughts, behavior, and then on the other side of the piece of paper or on a different note taking device, what are you like when you're dysregulated? What are you like when you're in a bad place, in your body, feelings, thoughts and behaviors? And go ahead and just take a second to jot down adjectives. What are you like? And as folks complete this exercise, please put in the chat what you're like when you're balanced and regulated and then that way I'll know that you've had the time to sort of think it through. So, please be ready to drop those words in the chat for me. Thank you. "When I feel balanced and regulated, I feel happy, relaxed, and feel like I can accomplish many things." Thank you for that. And I guess I'd love to hear what folks are like when they're not regulated. What are you like when you're not regulated? You're in a hard place. It's ugly. Go ahead and drop in the chat for me what you're like then. "Not regulated, my muscles feel tense." Thank you, Natalie. "Fatigued, anxious, angry, resentful, erratic, can't focus, frazzled." Exactly. Right? So, "When I'm not regulated, I'm jumpy and I'm agitated." "I feel calm and patience. I can achieve more throughout the day." So you can see there's a reason why I asked you to do this. And it's because in our busyness, chances are you haven't had a chance to reflect on what you're like when we are in a good place versus what you're like in a bad place. And the reason it's important is the sooner you can notice when you're in a bad place, the sooner you can turn it around. So let's go ahead and take a look at that.

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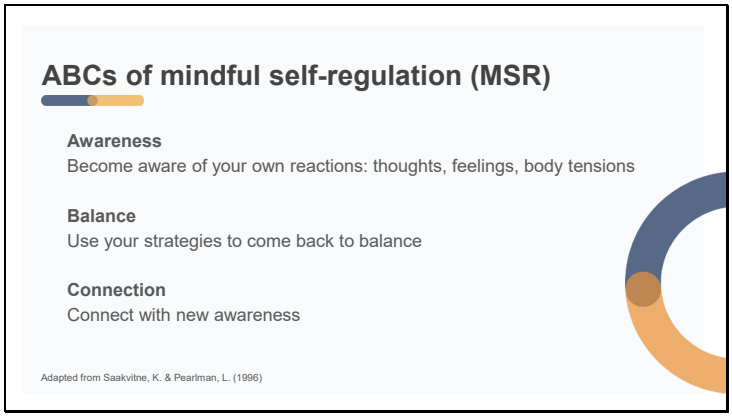

So the ABCs of mindful self-regulation. We got to be first become aware of ourselves in our thoughts, feelings, and body, so that we can use strategies to come back to balance and connect with new awareness.

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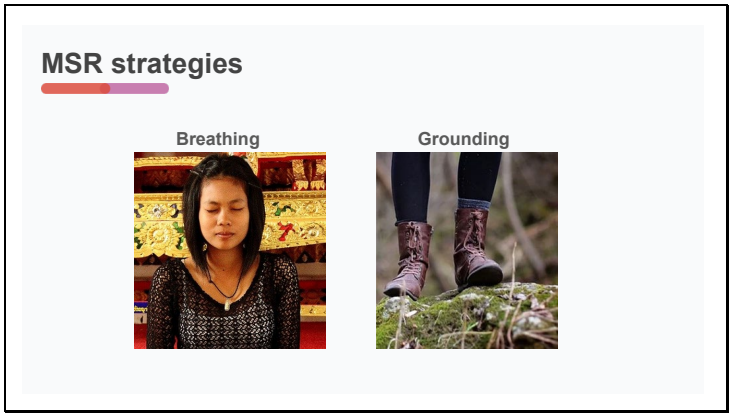

And the way that we do that, and I'll just talk to you about four different strategies, one is breathing, right? So you can do this with me if you want to, you can take a deep breath in, hold it for a count of four and blow it out and deep breath in again and blow it out. Now I'm not going to suggest as you're on Zoom or sitting with a client, say excuse me, I need to do a little breathing right now. I mean, some of you might breathe with your patients, which is great, but I do want to show you strategy to get yourself grounded that no one has to know that you're doing. So chances are you're sitting cross-legged in your chair right now. So uncross your legs. Scoot yourself forward such that you can feel the balls of your feet and the heels of your feet on the floor. Take your palms, put them on your knees. Rub them. Rub your palms of your hands on your knees as you're pushing your feet into the floor. And you just take a quick deep breath and you just got grounded. And in that switching of body language that allows you to, if a patient discloses something or something comes up that's upsetting to you, it just gives you a second to find your own feet.

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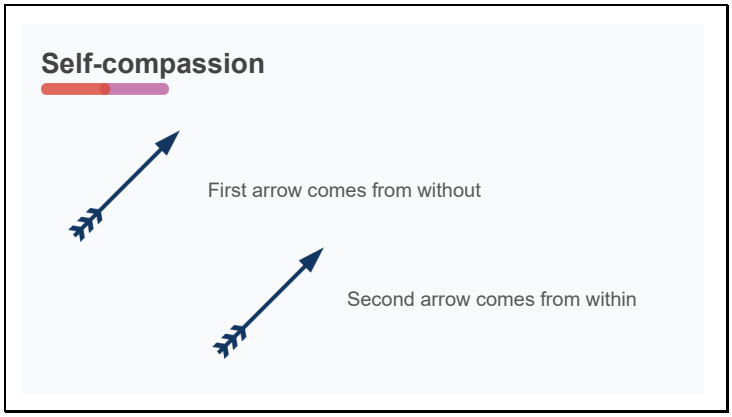
Some people use self-talk. Mine happens to be, I got this, I got this, I got this. Even when I don't. Some people's go-to strategy for grounding themselves is imagery. A nurse in Oregon talked about how she feels like when something upsetting is happening, it's like she's a field of wheat and this big push of wind smashes the wheat down, but then the wind passes. And what she does is she sees the wheat get flattened and then hop back up and be waving in the sun afterwards. Some people think about their children or their dogs or their favorite place in nature or a place they feel safe and cozy in their house or their favorite spot by a lake, Whatever your peace is. And what I want you to do right now is take that list of what you're like when you're dysregulated and go ahead and write down what is your mindful strategy going to be, okay? Is it going to be breathing? Is it going to be grounding? Is it going to be self-talk? Is it going to be imagery? Because based on what your go-to is, I want you to be able to find it fast as possible so that again, when we are actively taking care of ourselves in this way, we are increasing our capacity and we are caring for ourselves as we are sitting in other people's trauma soup. I think that what I'm going to do here, because I know I want to have time for, 10 minutes for questions. So these slides are really looking at the idea of, and I'll just bring this one up, let's see here, if I can. The idea is that, of course we all make mistakes, but the question is, do you double down on being mean to yourself when you've made a mistake? And if you can stop doing that, that's going to also help you.

Slide 33



So this idea of self compassion and being kind to yourself as part of this practice of mindfulness is really important. And I'm going to skip here and I'm just going to go to this exercise because I think it's a nice way for us to round out our time together.

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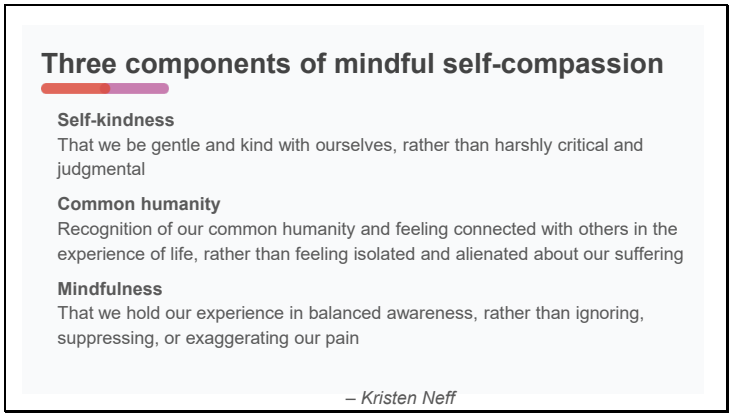

Slide 35

Slide 36

I would like you again, to take a piece of paper, or you could use your note taking device on your phone or some other tool that you use. Some of us, I know, voice type. So that's fine too. I'd like you to write down three good things about a co-worker. And it's just one co-worker. I don't want you to think generally about everybody, but think about one co-worker. Think three good things about that co-worker and write them down. I'd like you to think about three good things about a client and write them down. And if you're a supervisor, replace the word client with the word staff member and write down three good things about somebody who works for you. And lastly, I want you to try and write down three good things about yourself. If you can't think of anything for any of these that's okay. That's part of the exercise. So one more time, three good things about a co-worker, three good things about a client or staff person if you're a supervisor, three good things about yourself. And as you think, as you finish the exercise, go ahead and put the three good things about the co-worker in the chat for me, thank you. "She's a very good listener." "She's very understanding and she's very honest." "Kind, calm and patient." Thank you, Megan. "Co-worker resourceful, brilliant, motivating." Thank you Leslie. Anybody else want to share? How about three good things about a client. Anybody want to share those? "Dependable." Three good things about a client. What do you have for me? "My co-worker's a kind, patient and a good listener." Now I want you to stop for a second and think about why I asked you to do this activity. And part of the reason I asked you to do it is because we know when we take the time to write down good things about other people it makes a difference, right?

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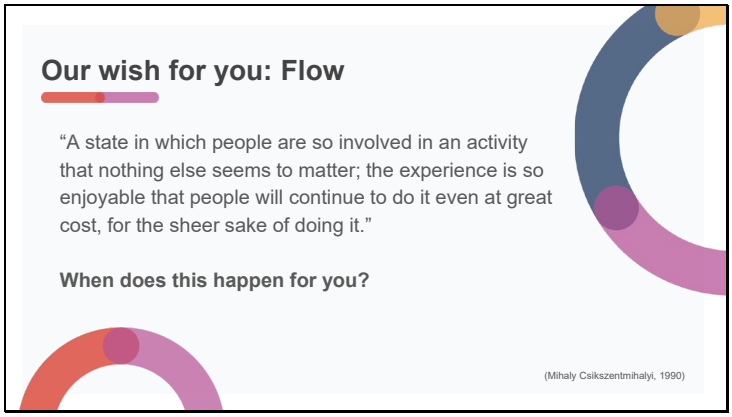
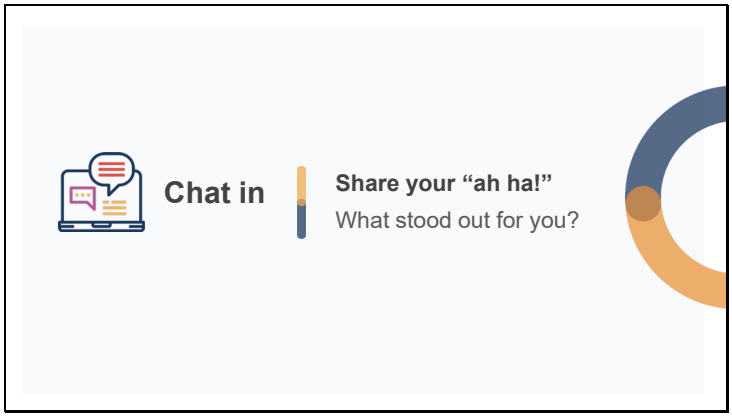


So one of the things that we do at FUTURES nationally is we encourage people to think about doing fuzzy folders and even having competitions about them, but literally taking the time to write on a sticky or some other kind of device, three good things about somebody and leaving it on their desk as we come back into the workplace together and having that be a ritual. And I want you to think about that same thing with your clients. The power of writing it down, especially for somebody who's maybe told they're worthless every day. That nobody would ever want of them. That they're awful. They're ugly. All the other things that can happen in verbally abusive relationships and the power of always seeing the good in the other person. And I want to say to you that if we were able to unmute, I would say, did anybody write about somebody who's on this webinar today? And would you be willing to come off mute and say who you, say what you wrote and say who it was about, but we can't do this in our Zoom format. So I want to say this to you, if you do this publicly, and maybe you do some of this as part of your staff meetings now, it's so meaningful, right? So, hearing that you're reliable, encouraging and a good listener is so important because what's the hardest thing for us to make a list about? Ourselves. So having somebody else tell us what they see in us can help us see the good in ourselves and reinforce that. So I want you to think about part of this collective strategy being about giving each other these intentional loving compliments, thinking about that as supervisors and how can you reinforce that? And when we do competitions it's like the site that has the most positive things that they've written about each other gets the pizza prize. Gets the pizza party. So it's just something to think about moving forward.

Slide 38



So I am going to, 'cause we're at 12:50, I would love to hear what stood out for you in today's training? Were there ah ha moments? and then we'll open it up to questions. And I know Devon's going to help facilitate that part of today's presentation. So I'd love to hear from you in the chat. Is there something you're, new that you're walking away with? Did you have an aha moment? Would love to hear from you. Oops. "Overcoming my resistance to self-care." Thank you, Gail Wilson for saying that out loud, 'cause it is, it's a real thing, that resistance. I'm too busy for that, right? How many of you can say that? "I would love to bring the resiliency exercise to our staff meetings." Thank you, Muriel. That's wonderful. Anybody else? Ah ha moments. "I'm not alone." Sherelle, you are not, I swear. I swear. None of you are alone and I, that's why I'm so excited about the idea of this reflective practice because you don't have to feel that way. "My director had us do a buddy thing with co-workers a few years ago. Now I know it wasn't just about caring for each other, but ourselves too." Exactly. Thank you. "I usually go outside to ground myself, but now I know I can ground myself at my desk." "Understanding I need to be aware of my own feelings and respecting that." "I felt like my former workplace promoted self-care but they did not support it in a meaningful way." Fair. "I'm trying to do more self-care." Good. So thank you for your thinking. And I did want to just go ahead and I have a few more slides here to just talk about, other things that you can get off of our website.

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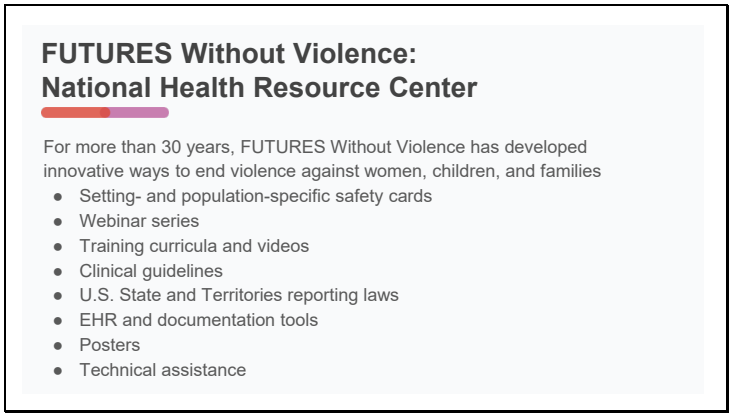

So FUTURES is the US Department of Health and Human Services' National Resource Center on Health and Domestic Violence for the whole country. I do, we do lots of things around self-care. There are more tricks, more talks, more ideas where these came from. We have many webinar series, training curricula and videos, clinical guidelines, technical assistance. And so if you're interested in more, please feel free to go and check out our website.

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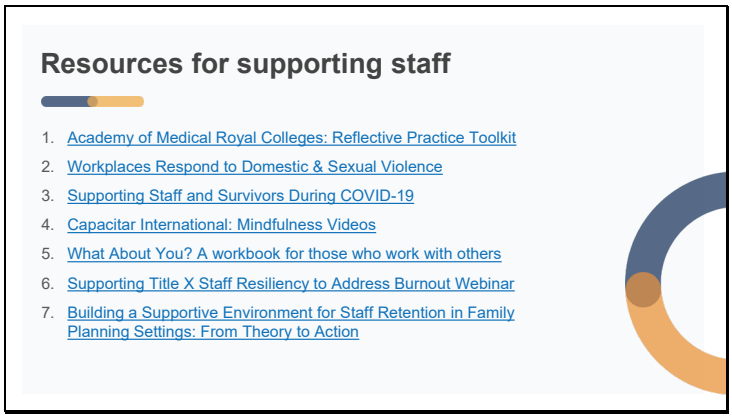

If you're interested in more ideas for promoting these practices in your settings, here's a series of resources that you can use. So Capacitar International, which is the number four on this list, has a series of mindfulness videos. So you don't have to again, recreate the wheel. We really like the Academy of Medical Royal Colleges' reflective practice toolkits so again, you don't have to, you don't have to invent this. It's been invented. It has ideas. It has, you know, jumping off places that are already sort of built in. If you're interested in more in that workplaces respond to domestic violence, that's there. I mentioned that workbook for the homelessness. What about you? A workbook for those who work with others, for my supervisor friends who didn't go to supervisor school and then there's supporting Title X staff resiliency to address burnout. That's a webinar. And, I think with that, I'm going to do one last mindful moment with you.

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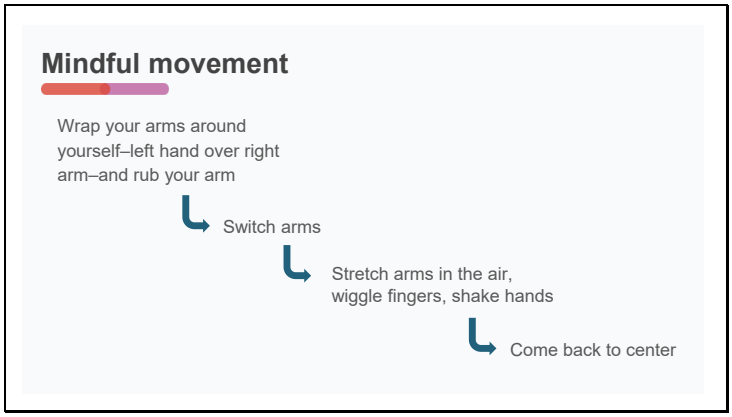

So I'm going to ask you to wrap your arms around yourself, your right arm, over your left and rub your arm. And I'm going to ask you to switch and do the same thing on this side, 'cause we know when we cross the midline, it's good for us to give ourselves a squeeze. I going to have you stretch your arms in the air and wiggle your fingers and shake it out and come back to center. And then I just, I wanted to just give some space if anybody had other questions or things that they wanted to have answered. And thank you in advance, Devon, for your help.

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- [Devon] Of course, thank you so much, Rebecca. We do have a few questions.

- [Rebecca] Okay.

- [Devon] And I'll keep my eye on the clock 'cause I know the time goes fast. So the first one, and you mentioned this a little bit when you were talking about it earlier, but who should lead the reflective practice groups? I'm interested in this activity, but I'm hesitant to ask a team member to put more on their already full plate.

- [Rebecca] Yeah. Fair. You know, I think the thing that might surprise folks is that there is such a hunger to not be alone that I think you might have somebody who says, "I'll do it." Heck, you know? I know, I just listened to this webinar and I got really excited about like, wouldn't it be nice to have 20 minutes, 30 minutes, an hour to just sit with each other and you know, talk with each other about what this

experience has been like, what it's like to carry these things. So we tend to see things organically sort of bubble to the top. You might have, I think we all kind of know who that staff person is who's kind of the, who's got that warm, loving heart that would kind of gravitate toward this role. We don't ever of course want to stress anybody out doing it. I also think sometimes it can be helpful, we all have resources in the community. So there are many other systems that are starting to do this kind of reflective practice. So you might even ask to bring in somebody, a visiting practice person and have them talk with your staff about how they're doing it and what's working for them.

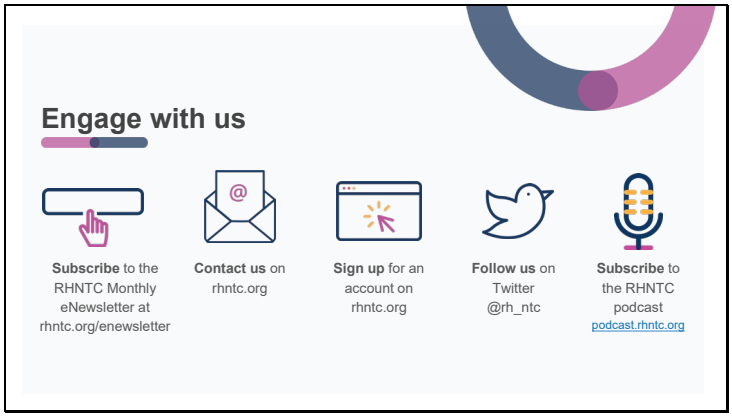
- [Devon] Yeah, I love that, that really emphasizing that community relationship building outside the space. So another one, the reflective practice groups sound like they could be really effective, but setting aside enough time for an activity like this could be challenging. Is there another way to implement something similar that might take less time, but offer the same opportunities?

- [Rebecca] So, this is where I get to, I love being able to sit on the outside and say, you remember I told you I didn't want to lose that clinician who was the best taking the Implanon out? I think you have to make time for this. I think that we are too far down this road, you saw the numbers about how people are leaving in droves and the burnout level and what that means from a liability perspective, et cetera. So, and frankly, ethically, morally, I think it's something that we deserve as the people who care for people. And we are not different than the people who we care for. We deserve to be held in that same way that I know so many of you hold your patient after patient. And thank you from the bottom of my heart for the way you do that every day.

- [Devon] And then we got a question that is a little it bigger I think, but how do we protect our energy?

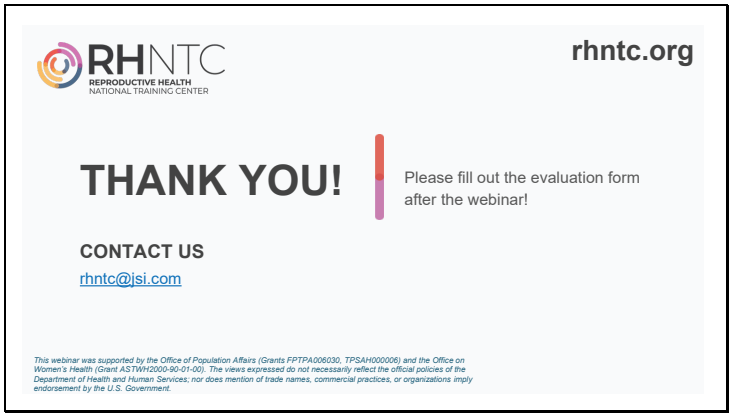
- [Rebecca] How do we protect our energy? You know, fair. I think this, I didn't get a chance to talk about it, but there's this phenomenal model out there. And I someday, if we get to come back and do more training, I want to train you all on this. And it's this model called the FAN and it stands for Facilitated Attuned Interactions. And it comes out of this group called the Erikson Institute in Chicago, Illinois. And it's a training institute that's for infant mental health specialists. And I know that's not what you do, but the reason why I think the model is so brilliant and it works to answer this question, is that what it does, it's a model to be thinking about where are you in time and space with the patient you're serving? And it reminds you that before you go into any encounter you deserve to have that spaciousness. And literally one of the things that we teach is you can do that when you go back into clinical practice as literally the way you enter the room. So, I am here to listen and I'm knocking as I say that. So you'd be knocking on the door. I am here to listen. And what we see in the research is when providers take the time, and it's not much time to get grounded before and after each visit that that's how you protect yourself because you are compartmentalizing that secondary and vicarious trauma in between those visits.

Slide 43



- [Devon] Yeah, thank you, Rebecca. I'm going to kind of move us toward the end of today's session just because we're at time and I want to be respectful of what everyone undoubtedly has going on. So thank you all for joining us today. And I hope that you will join me in thanking our wonderful speaker, Rebecca Levenson. As a reminder, we will have materials from today's session available within the next few days. To stay in touch with the RHNTC, you can subscribe to our monthly eNewsletter by visiting rhntc.org/eNewsletter. You can contact us through our website. That's rhntc.org. You can sign up for an account on our website. You can follow us on Twitter. You can find us @rh_ntc and finally, you can subscribe to our podcast through podcast.rhntc.org or through your favorite podcast app.

Slide 44



And if you have any additional questions for the RHNTC on this topic, please don't hesitate to email us. You can reach us at rhntc@jsi.com. And our final ask is that you please complete the evaluation today. The link to the evaluation is in the chat and will appear when you leave the webinar. The evaluation link will also be emailed to you following the webinar today. We really, really love getting your feedback and we use it to inform future sessions. And again, we said this in the beginning, but just to reiterate, in order to obtain a certificate of completion for attending this webinar, you must be logged into rhntc.org when you complete the evaluation. Thank you so much again for joining us and that concludes today's webinar.