



Video Transcript: TIROE Care Meeting Package 1 Helping Staff and Clients Feel Safety, Security and Trust Safety Considerations

Speaker 1 (00:02): Welcome to Trauma-Informed, Resilience-Oriented, and Equitable Care: Safety Considerations and Strategies. Creating safety requires that we take into consideration all potential causes of feelings of unsafety by our clients and staff. As leaders, we should be intentionally deconstructing and addressing all contributing factors.

(00:23): Nhat Hanh says: “When you plant lettuce, if it does not grow well, you don’t blame the lettuce. You look for reasons it’s not doing well. It may need fertilizer, or more water or less sun. You never blame the lettuce.” The same is true of the people we serve and serve next to. If they are not reaching the outcomes they hope to reach for themselves, we need to be looking for the reasons.

(00:51): One reason that people often do not feel safe is because of bias. Implicit biases are the attitudes or stereotypes that affect our actions, understanding of events, and decisions in an unconscious manner. Activated involuntarily without awareness or intentional control, they may advantage some people while disadvantaging others. The key takeaway is that everyone is susceptible and his or her implicit biases can have influence in every sector of society.

(01:27): But all is not lost. Once these implicit biases are identified, they can be unlearned. Implicit biases operate at the subconscious level. We are not aware that we have them. It runs contrary to our stated beliefs and attitudes. We can say that we believe in equity and truly believe it, but then behave in ways that are biased and discriminatory. Biases are triggered automatically through the rapid association of people, groups, objects, and our attitudes and stereotypes about them. It operates at both the individual and institutional level, including the areas of health care and education.

(02:09): Now, implicit racial bias is a mental process that causes most of us to have negative attitudes about people or groups of people based only on their race or ethnicity. Typically, these people are not members of our own racial or ethnic in-group. Although implicit bias can also be directed at people who look and think like we do. Many researchers believe that the implicit racial bias is fueled by symbolic attitudes that we develop over the course of our lives, starting at a very young age. These attitudes are formed from distorted messages that we are exposed to every day from a variety of sources like television, newspapers, magazines, conversations with people we trust.

(02:55): For instance, those that depict African-Americans and other people of color in a negative light. Whereas implicit bias, is something that is unconscious. You don’t know you’re doing it. An explicit bias is a conscious bias, attitude or stereotype that you are aware of. These exist at a conscious level. You know them and verbalize or act on the feelings towards particular groups. Implicit biases often lead to prejudicial and stereotypical thoughts, which lead to discriminatory behavior. Once learned, stereotypes and prejudices resist change. Even when evidence fails to support them or points to the contrary. People embrace anecdotes that reinforce their biases but disregard experience that contradicts them. Bias is perpetuated by conformity with in-group attitudes and socialization by the culture at large. The fact that white culture is dominant in America may explain why people of color often do not show a strong bias favoring their own ethnic group.

(04:09): Discriminatory behavior is also what leads to the racial inequities and racial injustices that we see. The American Academy of Family Physicians discusses eight tactics that can be used to reduce implicit biases using the acronym Implicit. I: Introspection. Set aside time to understand your biases by taking a personal inventory of them. This can be done by taking tests to identify the biases you may have. M: Mindfulness. Once you understand the biases you hold, be mindful that you're more likely to give in to them when you're under pressure or need to make quick decisions. If you're feeling stressed, pause for a minute, collect yourself, and take a few deep breaths. P: Perspective-taking. If you think you may be stereotyping people or groups, imagine what it would feel like for others to stereotype you. L: Learn to slow down. Before jumping to conclusions about others, remind yourself of positive examples of people from their age group, class, ethnicity, or sexual orientation. This can include friends, colleagues or public figures such as athletes, members of the clergy, or local leaders. I: Individualization. Remind yourself that all people have individual characteristics that are separate from others within their group. Focus on the things you have in common. C: Check your messaging. Instead of telling yourself that you don't see people based on their color, class, or sexual orientation, learn to use statements that embrace inclusivity. For example, Apple's inclusion statement circles around the topic of being different together. At Apple, we're not all the same and that's our greatest strength. I: Institutionalize fairness. In the workplace, learn to embrace and support diversity. The American Academy of Family Physicians suggests individuals use the equity and empowerment lens, which is designed to help organizations improve planning and resource allocation to foster more equitable policies. T: Take two. Overcoming unconscious biases takes time. Understand that this is a lifelong process and that deprogramming your biases requires constant mindfulness and work.

(06:47): Another strategy for creating a safe environment for staff and the people that we serve is to engage in cultural humility. Cultural humility is another way to understand and develop a process-oriented approach to competency. It has three factors that guide a person. The first aspect is a lifelong commitment to self-evaluation and self-critique. Underlying this piece is the knowledge that we are never finished. We never arrive at a point where we are done learning. Therefore, we must be humble and flexible, bold enough to look at ourselves critically, and desire to learn more.

(07:24): When we do not know something are we able to say that we don't know? Willingness to act on the acknowledgment that we have not and will not arrive at a finish line is integral to this aspect of culture humility as well. Understanding is only as powerful as the action that follows. The second feature of culture humility is a desire to fix power imbalances where none ought to exist. Recognizing that each person brings something different to the table of life, helps us see the value of each person. When practitioners interview clients, the client is the expert on his or her own life symptoms and strengths. The practitioner holds a body of knowledge that the client does not. However, the client also has understanding outside of the scope of the practitioner. Both people must collaborate and learn from each other for the best outcomes. One holds power in scientific knowledge, the other holds power in personal history and preferences.

(08:25): Finally, cultural humility includes aspiring to develop partnerships with people and groups who advocate for others. Though individuals can create positive change, communities and groups can also have a profound impact on systems. We cannot individually commit to self-evaluation and fixing power imbalances without advocating within the larger organizations in which we participate. Cultural humility, by definition, is larger than our individual selves. We must advocate for it systemically.

(08:58): The Southern Poverty Law Center suggests that whatever strategies an organization uses should address both individual and institutional sources of prejudice and discrimination in the organization. Seek to influence the behavior of individuals, including their motivation and capability to influence others, and not be limited to efforts to increase knowledge and awareness. Deal with the dispositions and behavior of all racial and ethnic groups involved; include clients and staff who reflect the racial, ethnic, and linguistic diversity present in the organization, and should be structured in such a way as to ensure co-operative, equal status roles for persons from different groups.

(09:40): Have the support and participation of those with authority and power. Be part of a continuing set of activities that are valued and incorporated throughout the organization. Examine similarities and differences across and within racial and ethnic groups, including differences related to social class, gender, and language. Expose the inaccuracies of myths that sustain stereotypes and prejudices. Include the careful and thorough preparation of those who will implement and provide opportunities for adapting methods to different parts of the organization, and be based on thorough analysis of the needs of the clients and staff and on continuing evaluation of outcomes, especially effects on behavior.

(10:28): One way to be culturally humble is to exercise universal expectations with clients, with each other, and with those we supervise. We need to presume the clients we serve and our staff have a history of traumatic stress and exercise universal expectations by creating systems of care that are trauma informed. In health care, we used universal precautions, things like gloves, washing hands, new needles each time, new tongue compressor each time. The purpose of those precautions is to reduce the spread of germs and disease. Universal expectations are more preventative in that they are expectations of behavior, interaction, and communication that will reduce retraumatization.

(11:11): A few examples may include: looking at people when you speak to them, saying hello to everyone you see, acknowledging when people have been gone. Assuming good intent and in supervision, utilizing reflective supervision practices like active listening. This allows all people to feel seen, heard, and worthy of connection. Now, racial equity is the systemic, fair treatment of all races that produces equitable opportunities and outcomes for all people. A racial equity lens is another strategy for ensuring cultural safety. A racial equity lens is the set of questions we ask ourselves throughout the decision-making process. The lens interrupts the impact of unintended consequences by taking into consideration the lived experiences and perspectives of the racially diverse communities we intend to serve.

(12:08): There are seven basic racial equity lens questions that we can ask ourselves when making decisions. What is the policy program or decision under review? What racial, cultural and or ethnic groups experienced disparities related to this policy, program or decision? Are they at the table? And if not, why? How might the policy program or decision affect the group or groups? And how might it be perceived by the group or groups? Does the policy, program, or decision improve, worsen, or make no change to existing disparities? Elaborate on that. And does it result in systemic change that addresses the institutional racism? Does the policy, program, or decision produce any intentional benefits or unintended consequences for the affected group or groups? And based on the above responses, what are the possible revisions to the policy program or decision under review, and what step is recommended, and how will it be advanced?

(13:16): Another strategy for ensuring safety for all is to protect all voices. As supervisors and staff that work with clients, we must provide cover for individuals who identify conflicts in a program or organization and must avoid the urge to silence their unexpected leadership voices. We should be open to those voices, even when they are different from our own perspective. Another strategy that we can implement is ensuring that staff have access to trauma-informed, resilience-oriented, and equitable supervision. Supervision is the environment in which most staff experience the organization. If there's poor communication, lack of safety, and biased president supervision, the same could be felt about the program and organization.

(14:02): Supervision should align with the principles of trauma-informed, resilience-oriented and equitable care in the following ways: Growth: mutual professional development process designed to reinforce and enhance the skills and knowledge of both parties. Safety: to drive out fear and drive in trust. Respect: in language, tone, and body language that demonstrates value for each person's integrity and worth. Control: having a relationship that recognizes different levels of responsibility without exertion of dominance and power. Transparency: making sure that interactions are honest, without hidden agendas. And support: the recognition that all individuals working in human services are at risk for emotional exhaustion, depersonalization, and a lack of accomplishment and meaning.

(15:00): Supervisors must walk the talk of trauma-informed, resilience-oriented and equitable culture by dealing with staff, having an open door policy, providing clear vision and expectations, over-communicating and ensuring their actions and words match. Because everyone is watching. Additionally, to ensure a safe and secure environment, we also need to ensure that every interaction builds trust. We can do that by utilizing the six principles of interaction with both clients and staff.

(15:37): Number one: always empower, never disempower. When someone is affected by the trauma, they compete for power. Controlling their environment is their way to stay safe. The more helpless, and dependent they feel, the worse their behavior will become. So, avoid power struggles at all costs, stay away from public shaming, and be consistent, respectful and use non-violent communication.

(16:04): Number two: provide unconditional positive regard. Traumatic events make it difficult for people to trust unconditional positive regard serves to combat the belief that others are dangerous. So, show sustained kindness despite responses and act with empathy and not sympathy.

(16:22): Number three: maintain high expectations. Lowering high expectations, sends messages such as you are too damaged to behave or you are different, so I'm giving up on you. These messages can increase feelings of powerlessness, so use consistent expectations and limits to send people the message that they are worthy. Teach people the reasoning behind rules that are in place for their safety and well-being, and deliver limits in a calm and respectful voice.

(16:54): Number four: check assumptions, observe, and question. Abuse is not specific to any one ethnicity, income, gender, religion, or ability. Trauma is an individual experience, and the impact of trauma looks different in every person. So, identify your own assumptions, catch yourself and make an observation instead, and ask questions and be willing to listen to the response.

(17:21): Number five: be a relationship coach. Relationships established with and among people influence their tone and demeanor in any setting. So, take every opportunity to teach people relationship skills. Relationships help everyone feel safe and supported so they can put more energy into learning, making decisions and changing behaviors.

(17:44): And then number six, provide guided opportunities for helpful participation. When people are part of the process and contribute, they improve feelings of self-worth, strength and resiliency, and feel like they belong. Belonging provides opportunities to be heard, make choices, have responsibility, and engage in problem solving. So guide and supervise, and carefully plan, model, and observe ongoing interactions in settings where clients are helping others.

(18:19): Dr. Kenneth Hardy talks about healing the hidden wounds of racial trauma for clients in our care. He believes that one strategy to creating safe space is not to ignore the trauma tied to racism, but to acknowledge it, provide space for it, and help the people we serve heal. This healing takes place in eight steps.

(18:39): Step one: affirmation and acknowledgment. It is important for the helping professionals to convey a general understanding and acceptance of the premise that race is a critical, organizing principle in society. And through affirmation and acknowledgment, we allow conversations about race to emerge.

(18:58): Step two: create space for race. Conveying a sense of openness and curiosity, we take a very proactive role in encouraging conversations about race. An effort is made to identify race as a significant variable, and we encourage people to talk openly and candidly about race and their respective experiences with it.

(19:51): Step three: racial storytelling. People are invited to share personal stories of racial experiences. This enables them to develop their voices and begin to think critically about their experiences growing up as people of color. An example of a specific question to encourage storytelling could include: Can you tell me a story about the first time you realized you were being treated differently because of your race?

(19:48): Step four: validation. This is a tool for counteracting devaluation and an assaulted sense of self. Validation is much more specific and personalized than the affirmation and acknowledgment process described in step one. Rather than conveying a global knowledge about race, validation provides confirmation of an individual's world and worth. We also discover strengths and redeemable qualities of people, and small acts of heroism are pointed out. Although suffering from internalized devaluation and an assaulted sense of self, there is an untapped hero within that has been overshadowed by stereotyping, demonizing, pathologizing, and criminalizing.

(20:33): Step five: the process of naming. One of the most debilitating aspects of racial oppression is that this is a nameless condition, difficult to describe, quantify or codify. Lacking a common language to convey what is happening deepens the self-doubt and the self-denigration cycle. The major objective of this step is to affix words to racially-based experiences. This offers external and consensual validation to those who are racially oppressed and helps restore their voices. As we name the hidden wounds of racial oppression, we help people understand how their lives are significantly impacted by them.

(21:16): Step six: externalize devaluation. This is a direct way to heal the wounds of internalized devaluation. Stated simply, we help individuals understand, why respect and the absence of respect, are so important. They learn to recognize that devaluation and disrespect are directly connected to race and race oppression. Further, some of their problem behavior may have been counterproductive ways to try to gain respect. The goal is to increase their thirst for respect and to recognize that assaults on their dignity do not lessen that self-worth.

(21:55): Step six: counteract devaluation. The process of externalization described above helps people of color exhale and expunge the societal toxins, regarding who they allegedly are. Step seven endeavors to provide an array of resources: emotional, psychological, and behavioral that help build their strengths and provide a buffer against future assaults to their dignity and sense of self. This is vital if they are to successfully cope in the face of unrelenting messages from the broader society that can have a debilitating effect on their sense of self.

(22:29): And finally, step eight: rechanneling rage. The pain of rage is normal and its predictable response to perpetual experiences with degradation, devaluation, and domination. It is the buildup and culmination of emotions that have been blocked expression.

(22:51): The key takeaways from this session: To ensure safety, we have to consider that we need to look at the environment and culture and not blame those that do not feel safe. Intentionally assess implicit bias both individually and organizationally. There are some universal expectation strategies that can begin the process of ensuring safety for all, including protecting all voices, supervision with the lens of being trauma-informed, resilience-oriented and equitable, and applying this racial equity lens to our planning. Now please pause the video here, so the questions can be discussed. Debrief the webinar and discuss which strategies for ensuring staff and client safety will be utilized within your program. And then plan how and when to gather the safety assessment information from staff. Thank you.