



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

Speaker 1 (00:03): Hello and welcome to Trauma-Informed, Resilience-Oriented and Equitable Care: What is safety? The foundational value of trauma, informed, resilience-oriented and equitable care is that of safety. The Substance Abuse and Mental Health Services Administration defines safety as throughout the organization, staff, and the people they serve, whether children or adults feel culturally, physically, and psychologically safe, the physical setting is safe, and interpersonal interactions promote a sense of safety.

(00:37): Safety as a foundational value is aligned with Maslow's Hierarchy of Needs, where he indicates that safety is second only to physiological needs as it relates to humans becoming their best selves, or self-actualization, as he calls it. It is also foundational to feeling loved or belonging, as well as esteem. The same is true for teens and organizations as well. After the basic needs, safety is huge in establishing relationships needed for healing, growing, and bringing our best selves to the work and our life's journeys.

(01:12): Let's talk a little more about the different types of safety that are needed for staff and the people we serve. Physical safety is the easiest aspect of a safety culture to describe, largely because it relies on tangible and concrete factors that can be easily evaluated and measured. Physical safety is usually what people think of when describing the sense of being safe, since without it, other forms of safety are difficult to achieve. We've always recognized the importance of physical safety. Unfortunately however, an exclusive focus on the maintenance of physical safety, tends to result in the creation of environments more like prisons than therapeutic spaces. Feeling physically safe requires an environment that's free of threats to our physical well-being. And such an environment is free from: self-destructive behavior, physical or sexual attacks on others, dangerous risk-taking behavior, substance abuse, physical hazards such as toxins or weapons, predatory aggression or coercion, threats, helplessness, and lack of control, learned helplessness as well.

(02:23): Physically safe environments encourage supportive and caring relationships. Non-coercive forms of persuasion, healthy, safe, relational, sexual behavior, good health practices, commitment to nonviolence to self and others, healthy expression of anger and assertiveness, opportunities for mastery experiences, avoidance of further experiences with helplessness, patience, repetition, and structure that ensures success. Physical safety alone does not constitute a safe environment for growth.

(03:03): Likewise, breaches in physical safety generally do not occur until the other forms of safety have already been violated. Psychological safety is a shared belief that it is safe for interpersonal risk-taking. It can be defined as being able to show oneself without fear of negative consequences, of self-image, status, or career. In psychologically safe situations, people feel accepted and respected. Results from a number of empirical studies conducted in various regions and countries show that psychological safety plays an important role in workplace effectiveness. It has been consistently playing an important role by facilitating ideas and activities to a shared enterprise. It also enables teams and organizations to learn and perform, and in the recent years, it has become a more significant organizational phenomena, due to increased necessity of learning and innovation.

(04:04): A significant antecedent of psychological safety is trust, which plays an important role in knowledge sharing, as well as mediating role partially. A number of studies show that psychological safety is a mediator of relationships, including organizational context, team characteristics and team leadership and outcomes of innovation, performance, learning, and improvement in or by a team.

(04:29): Psychological safety is often confused with other concepts as trust and psychological mindfulness. The primary differences between psychological safety and trust are that psychological safety focuses on a belief about a group norm, but trust focuses on the belief that one person has about another. Also, psychological safety is defined by how group members think they are viewed by others in the group, but trust is defined by how one views another. Mindfulness is also different from psychological safety, in that mindfulness is about being aware of one's surroundings, but psychological safety is focused on being respected in a group.

(05:09): Now, what are the common threats to psychological safety? Unfortunately, they happen all too frequently in the workplace. Sarcasm, lecturing, putdowns, outbursts, public humiliation, negative tone of voice or body language, inconsistency, unfairness, rigidity, favoritism, endless rules and regulations, blaming, and shaming. We are all vulnerable to these kinds of behaviors from others, but people who have been psychologically unsafe while growing up are particularly vulnerable to being profoundly reinjured by psychological torments and to adopting behaviors that have been inflicted upon them in the past.

(05:49): People who have been repeatedly psychologically violated will have adapted to the emotional abuse, but are likely to have done so using maladaptive coping skills that are then repeated in the present. They need to be respected for their ability to manage tormenting situations in the past, but they also need to recognize the need for change and in all likelihood, a need for an expanded version of emotional intelligence skills. They're likely to suffer from a great deal of cognitive confusion about goals and about methods for achieving those goals. Many of them will have been successfully brainwashed in abusive homes.

(06:28): As a result, they will benefit from an environment that teaches and models a different way of thinking about and being in the world. Many of them will have suffered disrupted attachment experiences, and anything that triggers attachment disruption again, such as the loss of people who are currently important in their lives, as when staff members suddenly depart, is likely to trigger similar feelings of profound distress like that which existed in the past.

(06:56): Depending on the nature and quality of childhood relationships, they may require relational experiences in the present that are essentially corrective. Their lives may have been corrupted by experience of betrayed trust, so they are likely to have difficulty trusting trustworthy people in the present. This is why creating a psychologically safe environment is so important. It's important for everyone in the community.

(07:25): Psychological safety benefits individuals, organizations, and teams including clients, staff, teams, in many different ways. The following are the most widely, empirically supported consequences of a team being psychologically safe. It improves likelihood that an attempted process innovation will be successful. It increases the amount members learn from their mistakes. It boosts engagement, and it improves innovation. Again, psychological safety refers to the ability to be safe within oneself, to rely on one's own ability to self-protect against destructive impulses coming from within oneself or deriving from other people, and to keep oneself out of harm's way.

(08:12): This ability to self-protect is one of the most shattering losses that occurs as a result of traumatic experiences, and it manifests as an inability to protect one's boundaries from the trespass of other people. Another loss is a sense of self efficacy, the basic sense of experiencing oneself as having the ability to relate to the world on one's own terms, without abusing power and without being abused by it.

(08:41): A sense of personal safety is achieved as the injured individual learns how to be effective in protecting themselves from violations of their personal and psychological space. An environment that is psychologically safe encourages self-protection, attention and focus, self-knowledge, self-efficacy, self-esteem, self-empowerment, self-control, self-discipline, consistency, initiative, curiosity, achievement, humor, creativity, and spirituality.

(09:14): We need to create a mutually respectful, interpersonal climate that fosters safety, trust, choice, collaboration, and empowerment. Collaboration mutuality are one way to create a safe and secure environment for everyone. Teamwork is true partnering. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision making. The organization recognizes that everyone has a role to play in a trauma-informed approach.

(09:49): Questions or points to consider include: Are there opportunities and support for clients to plan and fully participate in services and in the community and policy decisions that impact their lives? Is client preference given substantial weight and goal setting? Do you communicate respect and honor for experiences and clients as experts of their own experience? And to what extent do the agency's activities and settings maximize collaboration and sharing of power between staff and clients?

(10:23): Some examples of providing collaboration and mutuality in trauma informed practice. Ask what the client would like you to call them, and call them that regardless of your own cultural norms. Use the results of your trauma screening to inform and collaborate with caregivers and professionals involved with the client. Treat information and knowledge as a way to decrease power differentials. Assessment and planning are ongoing and never just a singular [inaudible]. Ask, know, and incorporate client preferences in all service plans, meetings, and court proceedings. Explore individual's fears and ask them to create agendas to support feelings of control. Inform and process with clients changes in case management or clinician and reasons for them in a timely manner. Inform clients about medication options and their effects. And even if treatment is court ordered, explore and discuss options in detail. Make service provider matches based on preferred style, personalities, race, gender as desired by the client and provide clients with literature or information from trainings you have recently attended or invite them to attend relevant trainings themselves.

(11:43): Collaboration relies on openness and knowledge sharing, but also some level of focus and accountability on the part of the organization. It involves eight skills. Awareness, where we become part of a working entity with a shared purpose. Motivation, where we drive to gain consensus and problem solving or development. to gain consensus and problem solving or development. Self-synchronization, where we decide as individuals when things need to happen. Participation, where we participate in the collaboration and we expect others to participate. Mediation, where we negotiate and we collaborate together and find a middle point. Reciprocity, where we share and we expect sharing in return. And reflection, we think and we consider alternatives. And engagement, we proactively engage rather than waiting and seeing. In collaboration mutuality, there is true partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators.

(13:00): The organization recognizes that one does not have to be a therapist to be therapeutic. The agency treats clients as partners, sharing decision making and information to the extent possible. Clients are engaged in policy making and governance bodies and activities. One way to create a healthy, socially safe environment is through mutuality. Mutuality is that leveling of power differences. And so there are four essential ways to building mutuality.

(13:33): One, make each other feel loved and appreciated. Dr. Gary Chapman talks about appreciation languages in the workplace. Each person we interact with, staff and clients, have a different language in how they feel appreciated and cared about. The five languages include: words of affirmation, acts of service, receiving gifts, quality time, and physical touch. It is important for us to learn how each person feels appreciated and cared for and use that language to build healthy relationships where people feel socially safe with us.

(14:09): Number two, honor your word. Keeping your word to each other builds mutual trust, which is essential for a harmonious and loving relationship. When we were kids, we were told not to make promises we can't keep, but as we grow older, we tend to forget that little nugget of wisdom and say things we don't really mean. These unfulfilled promises can add up and cause others to trust you less. In the end, relationships needed for social safety suffer. Make a universal expectation of all staff and clients to say what you mean and mean what you say. When everyone knows that you're acting according to this rule, it'll be easier to trust each other and minimize conflicts.

(14:53): Number three, consider how your decisions will affect or benefit each other. Before every decision, ask yourself, will this benefit the others or just myself? How will this affect the client or staff? Every action has a reaction or consequence. We need to really consider how our words and our actions may impact our staff, our coworkers, and our clients.

(15:20): And then number four, always be there for each other. People perceive support differently, so talk about your definition of support over with others. The next type of safety to the fight is social safety. Workplaces are, by their very nature, social environments and social safety describes the sense of feeling safe with other people. How many of us have ever felt truly safe in a social setting, a setting in which we felt secure, cared for, trusted, free to express our deepest thoughts and feelings without censure. Unafraid of being abandoned or misjudged, unfettered by the constant pressure of interpersonal competition, and yet stimulated to be thoughtful, solve problems, be creative, and be spontaneous. Yet this is the kind of setting that human beings need to maximize their emotional and intellectual functioning in an integrated way.

(16:17): Our social system is created to produce human beings who will fit into a highly industrialized, competitive, often cut-throat environment that still prepares many of us for moral combat. Our social system is not designed to maximize the human potential for growth, self-exploration, mutual cooperation, nurturing of the young, or creative expression and exploration. Interpersonal relationships continue to pose enormous challenges for victims of childhood adversity, whether they are clients, staff or managers, victims of trauma, particularly interpersonal trauma, have serious difficulties in their ability and willingness to trust other people.

(16:58): Experience has taught them that people are dangerous, betraying, and duplicitous. If they have been injured as children, then they have come to expect bad treatment and are often suspicious of kindness. They expect that other people will violate their boundaries and may have learned that the way to get along in the world is to violate the boundaries of others. They are likely to need help with learning social skills, particularly those required for good organizational communication and participatory environments. They may exert pressure on others to conform to their normative expectations of domination, and if they are put in situations where they are supervising other people may use a bullying style. Creating a safe social environment requires a shift in perspective, away from viewing only the individual towards viewing the individual in context.

(17:52): In doing so, the entire community serves as the model of organization as therapist, so that all of the chaotic, impulsive, and painful feelings of the members can be safely contained and diffused. A strict emphasis of the individual is exchanged for the work of creating and sustaining a well-bounded structure within which all of the therapeutic interactions can safely take place. It is also the social milieu that provides our clients and ourselves with the very necessary reality confrontation.

(18:28): As we inevitably recreate the relational patterns we have learned as children within a social context. We are afforded the opportunity to change those patterns in order to achieve a higher degree of psychological and social safety. It's easy to see, then, how placing someone who's already injured into a highly dysfunctional organization could be a major barrier to healing and why an individual approach simply is insufficient. When we send a traumatized child or adult back into a violent home or a violent community, we cannot expect that any gains made in treatment will be powerful enough to immunize them against violence.

(19:08): As you think about social safety in the context of your workplace, ask yourself some questions. Can people hold productive conversations or do they just advocate for their own views? Do they blame others for problems or look at problems from the perspective of the overall context? Do they assume that their view is the only view? Or do they inquire about different perspectives? Are they open to talking about differences and similarities between each other? Are they genuinely interested in creating something new for the future? Is there general recognition that the goal is integration, not competition?

(19:47): A socially safe environment is one that is free from abusive relationships of all kinds. People are not isolated, but instead are connected to each other in a network of support. Emotion is successfully managed and the level of emotional intelligence is high. The past can be looked at, dealt with, and finally left behind. There's tolerance for diverse opinions, beliefs and values. But what ties everyone together is a shared belief in the importance of being safe. There is tolerance for individual eccentricities, as long as these peculiarities do not harm others. Boundaries are clear, firm, but flexible. There is a high level of awareness in a socially safe environment about group dynamics and the likelihood of getting caught in re-enactments with other people, as well as willingness to learn how to get out of these tough situations without harm. People can work productively and creatively toward a shared goal.

(20:52): Now, creating a morally safe helping environment is probably more challenging today than it has ever been. The term moral distress describes situations where you know what the right thing to do is, but doing it is thwarted by constraints. Social service and mental health providers experience moral distress when they must act in a way that contradicts their personal beliefs and values. There's a sense of being morally responsible, but not able to change what's happening. It has been shown that moral distress is a result of reactions originating in acting or not acting in ways that go against one's conscious and moral beliefs. Conversely, a morally safe environment is one where you are able to do your work with the sense of integrity, because your sense of what is right is supported by the institution within which you work and the people who directly supervise you.

(21:47): Of course, what is right is likely to be perceived differently depending on who you are, your experience, and where you are in the hierarchy of the organization. So like the rest of what has been described, discovering moral safety is a process that is constantly unfolding. It is an attempt to reduce hypocrisy that is present both explicitly and implicitly in our social systems. A morally safe environment engages in an ongoing struggle with the issues of honesty and integrity. Creating a morally safe environment means we must take a self-evaluative look at our therapeutic presumptions, our training, our rationalizations, and our fixed beliefs, as well as our practices. We must look at our own issues with authority and become willing to participate in- not just manage the relational web that forms the structure of our workplaces. We are forced to ask ourselves, what do we really believe in? What is it that we are actually doing? And what are we trying to achieve? Will the means get us to the desired ends? Do the means justify the ends? Do the activities we are prescribing lead to autonomy, connectedness, and empowerment, or dependance, alienation, and helplessness?

(23:06): These could be tough and embarrassing questions with answers that are at times noxious and difficult to swallow, particularly for managers who feel morally responsible for what happens in their organization. In an era of managed—somewhat mangled—care, a morally safe environment demands that we be honest with our clients about our limitations, about our increasing inability to provide them with what they may need, while continuing to offer them hope for the future and encouragement to keep on with the struggle towards recovery. Even when they cannot get the support they deserve. Similarly, our clients must confront the breaches in moral integrity that characterize the specific systems within which their normative behavior developed, be it their family, a religious organization, a cult, or an institution.

(23:57): This breach in moral integrity also relates to the fundamental reasons that people seek services in the first place. Quite often because they are clear, there are a clear and present danger to themselves or others. To be morally safe, we must honestly look at the ways in which our bureaucratic structures created for greater efficiency in handling large numbers of people can inadvertently dehumanize the very people the organization is supposed to serve.

(24:26): Because the greater the distance between actually living human contact, the easier it is to create policies and enforce procedures that cause people to suffer more, not less.

(24:36): Additionally, we are all forced to look at the ways in which our culture reinforces the messages conveyed by the institutions within which we are socialized. This entails looking at the way our society, not just our organizations, is organized around unresolved traumatic-experience and decide what we are going to do within this moral universe. Cultural safety is the final type of safety that we will discuss.

(25:08): Cultural safety is creating an environment free of racism and discrimination, where people feel safe when receiving care. One of the values of trauma-informed, resilience-oriented, equitable care is that of addressing cultural, historical and gender related issues. What that means is that the organization actively moves past cultural stereotypes and biases such as race, ethnicity, sexual orientation, age, or geography, and offers gender responsive services, leverages the healing value of traditional cultural connections and recognizes and addresses historical trauma.

(25:45): This requires an intentional assessment of policies, procedures, protocols, and relationships. It requires that we focus on engendering cultural safety principles. And those principles are: protocols, finding out about cultural forms of engagement and respecting those. Personal knowledge, becoming mindful of one's own cultural identity, socio-historical location in relation to service recipients, pre-commitments to certain beliefs and ways of conceptualizing things like health and wellness and being prepared to share information about oneself, if this will help to create equity and trust. The third is partnerships, promoting collaborative practice in which those seeking help are also welcomed into a joint problem solving approach as carriers of important information and know-how. Process, engaging and mutual learning, frequent checking-in to ensure that proposed action plans fit the service recipient's values, preferences, and lifestyles. And positive purpose, ensuring that there is a good probability that positive steps to achieve a service recipient's goals or resolve their problems can be taken, and that these are likely to be beneficial. Make it matter, practicing these principles can increase the likelihood that a person seeking help will feel respected, included, and protected in terms of their cultural identity, cherished values and goals.

(27:19): Achieving cultural safety requires a learning continuum for staff. We have to bring our organizations through different parts of the continuum in order to become equity focused. First is cultural awareness. It is the beginning step towards understanding there is difference. This includes workforce training designed to sensitize them to formal rituals and practices of groups of people. Second is cultural sensitivity, which alerts staff to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities and the impact it may have on others. And then there's cultural safety, the outcome of training that enables safe service to be defined by those who receive the service. Cultural safety is the individual and institutional knowledge, skills, attitudes, and competencies needed to deliver optimal care for individuals, families, and communities.

(28:17): Let us be clear; cultural safety is about the culture of systems, professions and practitioners. It's about an ongoing individual and organizational self-reflective exercise. It addresses the impact that mainstream culture's ways of doing business and social positions have on practice and on outcomes for service recipients. It requires a shift in focus from the language of diversity to one that addresses power and privilege. Using critical tools like intersectionality and cultural safety.

(28:54): The key takeaways for today: Safety is the foundational value for being trauma-informed, resilience-oriented and equitable as a program or organization. Safety is not just about physical safety, but also psychological, social, moral and cultural safety. And ensuring safety for all requires looking at the way we communicate and interact with others, as well as our protocols, procedures and physical environments. Now, with your team, please create a Covenant of Safety for your team utilizing the Creating a Covenant of Safety Tool. Thank you.