

Becoming a more culturally, adversity, and trauma-informed, infused, and responsive organisation

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Abbreviations/glossary- Explained throughout.

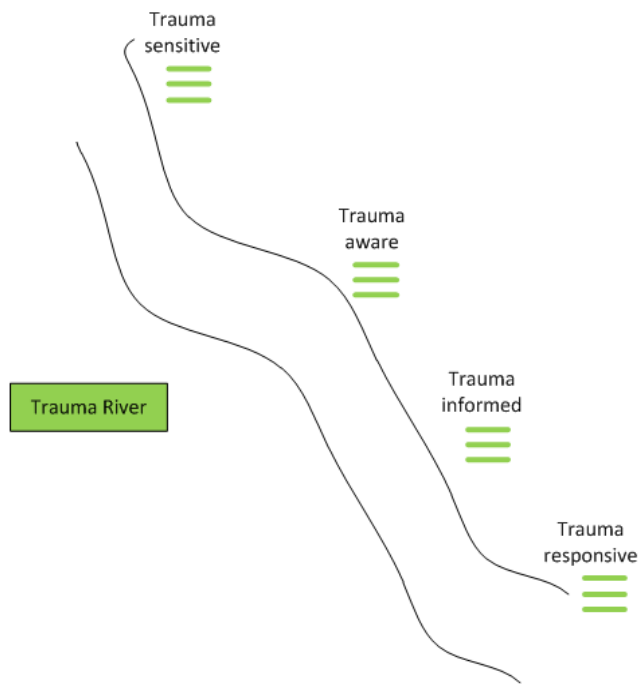
Introduction and What motivated me to apply for this Fellowship?

Working and specialising in the field of trauma, attachment, and organisational change, I was excited, inspired, and struck by the rising interest, investment, momentum, and movement towards trauma-informed and responsive practice; and so, I wanted to find ways to meaningfully contribute to and expand on this. However, within this, I was also mindful that trauma-informed and responsive practice were also sometimes, albeit with the best intentions; being used as buzz/sexy words, and at times, as a tick-box exercise.

It seemed that the quality, and meaning, at times from my understanding of trauma-informed organisational change; was being misinterpreted and diluted. And its complexity and multi-layered nature simplified and overly reduced. Examples include (although all have merit in their own way but are simplified and reduced when not in the context of wider and more integrated changes):

- An organisation putting a fruit bowl in their reception area and then concluding that this meant that they were trauma-informed.
- An organisation booking a one-off training session to further understand the impact of trauma, which is a crucial, introductory, and fantastic step. However, then going on to say that everyone who had attended the training and the organisation itself was now trauma-informed.
- An organisation changing some words on a website to include the term, trauma-informed, yet the other words used on the website not reflecting the values and principles of trauma-informed practice.
- Adding a screening measure to a particular context, without the other trauma-informed organisational key elements, and then stating that this meant that they were now a trauma-informed organisation.
- An organisation stating they were a trauma-informed organisation but key aspects of trauma-informed practice being excluded such as collaboration and partnering with those people who use the service; or around staff wellness and wellbeing, and so forth.
- An organisation saying that they are trauma-informed, and their key values are for example, safety, and compassionate etc. However, these values not being modelled or embodied in the words, feelings, and behaviors expressed; nor felt by the staff and people using the service.

So, these types of reports and experiences made me even more curious and committed as a practitioner, advocate, and organisational consultant to try to further understand some of these tensions, and hopefully to try and learn internationally from innovative and best practice of meaningful culturally, adversity, and trauma-informed and responsive organisational transformation.



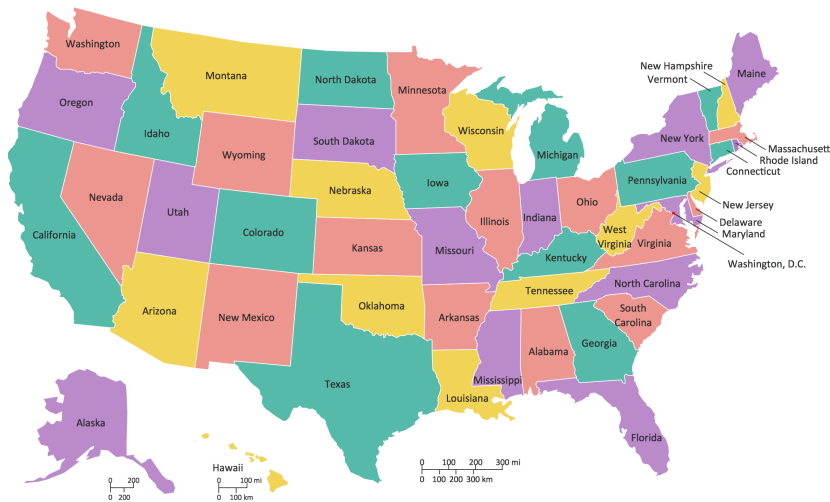
Building on the above complexities, I also was mindful of some of the overlap, and differences that there were (even though often used interchangeably) of being a trauma-informed individual practitioner, and/or offering trauma-specific interventions on a one-to-one or family level; verse the notion of working towards wider trauma-informed organisational and system change. Whilst both are of key importance and can go hand-in-hand. For this Fellowship, I wanted to focus on, learn, and develop more around the latter- the organisational and system changes required.

This also was in line with trying to understand and conceptualize further the trauma-informed and responsive continuum. And within this, some of the similarities and differences of the journey through the organisational river from becoming more trauma-aware, through to becoming more trauma-sensitive, through to becoming more trauma-informed, through to becoming more trauma-responsive. This was with the overall aim of bringing back some of the knowledge and ideas to support the organisations I work with and support them to further identify where on the river they were, where they wanted to be; and what they could do, if they were ready to, to try to travel further along.

So, to contribute to the above areas, I was keen to travel abroad with the Winston Churchill Memorial Trust to learn from some of the early innovators, movers, shakers, and trailblazers from this movement; and from people and organisations who were actively and committedly working towards and implementing best and innovative practice in adversity, culturally, and trauma-informed and responsive organisational and whole system-wide transformation.

Including learning from those people and organisations who had been working in this way for several years to try to get a more longitudinal perspective. I felt that these observations, perspectives, and insight would both help me in facilitating new ideas, validate the practices which we are already doing, and most importantly learn from their lessons learned; including what they would do if they could go back and start again, or if they could be back in the early stages.

What did I do, and where did I visit during this Fellowship?



I spent just over two months travelling to 12 different cities in USA (East and West Coast) to learn, observe, and interview people and representatives of organisations about their best practice, knowledge, and lessons learned in trauma-informed and responsive organisational practice and transformation.

Within this time, I visited, interview, and met with over 100 different people and organisations including several of the original shakers, movers, and trailblazers of this movement; clinicians and practitioners, professors/academics/authors, survivors, policy makers, and advocates. Some of these visits were pre-arranged through my pre-trip research; however, several discoveries were made organically during the trip based as new recommendations and organic and local information.

As the focus of this specific Fellowship was on the values, principles, and assumptions of culturally, adversity, and trauma-informed and responsive organisational change, and not on trauma-specific interventions, or clinical treatment options. I visited a range of different settings and contexts, with the intention of trying to get a broader understanding and breadth, and to try to identify common themes, values, commitments, and principles; as well as some of the factors which would need to be considered, so, that these differences were honored and accounted. Some of these settings included:

- Child welfare/children's services- this was my primary focus, as a larger proportion of my personal clinical work, training, court assessments, and consultancy are within children's services/ social services including child protection, child in need, children in care, and leaving care services.
- Behavioral health and integrated health services.
- Prisons, and criminal and youth justice services.
- Trauma-informed organisational consultancy services such as Trauma-informed Oregon and Trauma Transformed San Francisco.
- Schools, nurseries, and specialist education provisions.
- Mental health and medical services and hospitals.
- Homelessness services and centers.
- Philanthropist organisations such as the Robert Wood Foundation.
- Social justice arts projects including Mural Arts.
- HIV services.
- Residential homes including Andrus, Trillium, and Heath Rights 360.

It is useful to hold in mind, that some of the organisations which I visited used a specific trauma-informed organisational model such as Sanctuary (Dr Sandy Bloom), Risking Connections (Saakvitne et al., 2000), Creating Cultures for Trauma-Informed Care Model (Fallot et al., 2009), Trauma-informed approaches by Stephanie Covington (2008), or Attachment, Regulation, and Competency (ARC) (Blaustein & Kinniburgh, 2010). Whereas, others had created or tailored their own approach for their specific context based on their knowledge, needs, and from drawing on various theories.

In addition to the above visits, meetings, and interviews. I also was fortunate to attend two international trauma conferences (One in San Diego and one in Philadelphia which had representatives from all over USA and from other countries). I also made numerous post trip visits to people within the UK and Europe, and phone calls to those I was not able to meet with in USA. I also have reviewed extensive relevant journal articles, conceptual papers, books, and podcasts on trauma-informed organisational change.

The interviews and questions which I asked and held in mind throughout will be described below. These areas of focus and questions were inevitably shaped and guided by the people I met, the reading I had done, but also from my own professional and personal lens; which includes being a Clinical Psychologist who specialises in trauma and attachment; and whom works as an organisational consultant. These were also shaped by my relationship with, experience of, and interest in; community, critical, and cultural psychology, group dynamics, systems theory, trauma theories, attachment theories, creative approaches, and beyond.



What were the main questions, objectives, and areas of focus for this Fellowship?

Some of my overarching questions which I held in mind and explored during the Fellowship were as follows (not exhaustive or prescriptive; and I was organically led by the people I asked, and by the development of the project). To guide and structure the interviews and meetings, these were generally sent to people/organisations prior to my visit:

- 1. What did the person/organisation feel that the main components, values, principles, commitments, and key ingredients of culturally, adversity, and trauma-informed and responsive practice were? What did these terms mean and look like to them in practice, and at an organisational level?***
- 2. What did the person/organisation feel were the key components, values, factors, and methods which contributed to the success, progress, and effectiveness of culturally, adversity, and trauma-informed and responsive organisational change?***
- 3. What did the person/organisation feel the main obstacles, pitfalls, and barriers were in delivering, implementing, embedding, and sustaining culturally, adversity, and trauma-informed and responsive organisational practice?***
- 4. If any, what had been tried to overcome and respond to these challenges and obstacles? And, within this, if you could go back to the beginning of the implementation process what might you have done differently? What have been the main lessons which you have learned during this process? What advice would you give for other organisations who are earlier on in their process?***

5. *How, if any, have you measured, or plan to measure the readiness of an organisation, and to take a real pulse, baseline, and temperature check of the organisation?*
6. *How, if any, have you measured, or plan to measure the impact of culturally, adversity, and trauma-informed and responsive practice/ cultural transformation?*
7. *What unique considerations have you had to think about in order to tailor the ideas and values to a particular context, to the local population etc.?*

Structure of the report:

After a brief introductory section on some things to be mindful of about regarding language, terms, and the comparison between the USA and the UK context. This report will then go on to present some of the rationale and the reasons why adversity, trauma, and culturally informed, infused, and responsive cultural transformation may be needed and beneficial. The report will then go on to present some of the key values, commitments, assumptions, and principles when thinking about adversity, culturally, and trauma-informed, infused, and responsive organisational change. This will include some specific areas within this, and some questions which are hoped to be useful to consider. The report will then go on to identify some of main implementation barriers and success factors which were identified during and beyond this Fellowship. Infographics and sketch notes which have analysed and integrated this information visually will be displayed throughout the report to bring the material alive.

The report will then conclude with some thoughts and ideas about community approaches to share some of these ideas and to support some public participation and change.

There will be a spotlight on a few of the organisations of best practice peppered throughout, and an acknowledgement of some of the people and organisations at the end of the report. Please note, that this report only offers a flavour of the lessons learned from the Fellowship. There was so much richness which is not possible to be fully shared and described in the length of this report. Please visit www.safehandsthinkingminds.co.uk under the trauma-informed organisations tab for lots more resources, and details of training, consultancy, and workshops to expand on any of these areas further.

Infographics and Sketch notes:

Please note, all infographics and sketch notes in this report were designed and created by Dr Karen Treisman during and post the Churchill Fellowship as a result of the analysis and inspiration from the trip. There are several more being created, which you can download on the above website.

Mindful of the language and the context- including the river from trauma sensitive to trauma aware to trauma-informed to trauma responsive:

The topic of language could and should be a book in itself; and interestingly was one of the main elements of organisation changes identified as making a significant change to the

people whom used the service, to people who referred to the service, and to the people who worked in the service; and also, promisingly, thinking about language intentionally and carefully is free.

However, it is important to own and mention that whilst I have chosen to, and will intentionally use the terms- “Adversity, culturally, and trauma-informed and responsive”, throughout this report, and in my clinical practice and consultation. Other terms may be used in other contexts which are trying to capture a similar feeling and set of values but will be titled differently. I have personally also chosen to include and speak to the term “infused”, although this is not one used currently in the field to my knowledge; in my opinion this captures the essence of trying to embed and infuse the ideas and values throughout the fabric, feeling, culture, personality, spirit, ethos of the whole organisation.

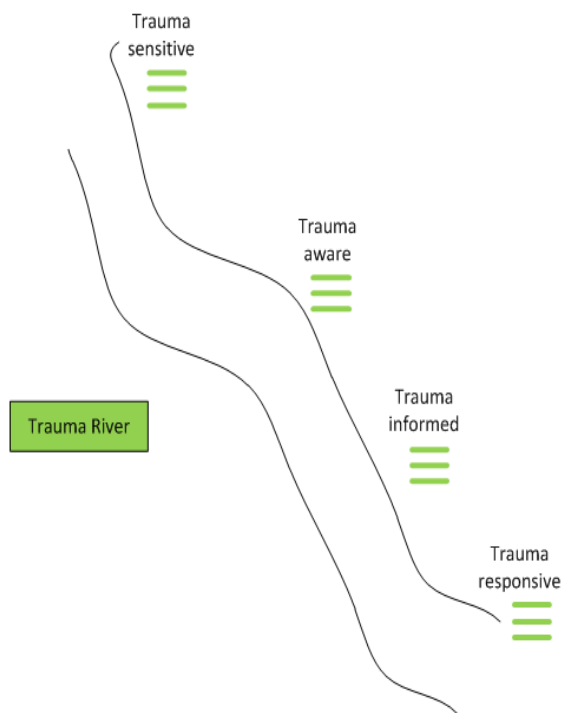
I have also chosen to speak of “Adversity, culturally, and trauma” rather than purely focusing on “trauma”; this is with the intention of supporting organisations to be more inclusive and to look beyond traditional definitions and categories of trauma (or sub categories within this umbrella term) and to create services which not only try to reduce and prevent trauma but also acknowledge a wider lens of stress, social injustice, distress, dissociation, and adversity. Within this, I also have included the term “culturally” which will be discussed throughout this report. This is because in my opinion this is an area which is integral within this journey, however in my experience often seems to be neglected or side-lined. Throughout my Fellowship, it was clear that without interweaving, considering, and responding to aspects around cultural humility and responsiveness it would not be possible to become more trauma-informed as they are utterly interlinked.

It is acknowledged that these terms have inconsistent definitions throughout the literature and from the various leaders within the field; and that like with most terms these will most likely change, evolve, and be interpreted differently with time. Therefore, for the purposes of this report, rather than getting entangled in the definitional maze, I will instead try to capture some of the underpinning and guiding essence, values, meaning, assumptions, and intentions behind these definitions. However, going forward it feels important that organisations are supported to recognise where on the journey they might be and are trying to work towards; both in order to support their baseline assessment, their development to another stage, as well as being able to more accurately describe and “market” their services.

I have also intentionally used the phrasing, “moving towards becoming more trauma-informed”; this is because I think it is important to acknowledge the practices and work which are already in place from a strengths perspective; but also to emphasise that it is a journey, rather than a final destination, and that organisations need to continue evolving, learning, and developing; rather than stating that they have reached a status of, for example, “being trauma-informed”.

In addition, it is also recognised that some people and organisations, understandably, will not find the terms adversity/culturally/trauma-informed and responsive fitting for their context; and might refer to these changes, using a word or phrase which resonates more with them. For example, a school I visited in New York, even though the values, training, and concepts were in my mind very similar to the ones I would label as trauma-informed; parents, teachers, and students chose to refer to the change as becoming a “Supportive, safer, and healthier organisation”; others spoke about being a “Healing organisation”; another talked about being a “Relational and connected organisation”.

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Moreover, on this whole-system wide transformation journey which I have chosen to liken and to describe as a trauma river (e.g. Trauma-sensitive, to trauma-aware, to trauma-informed, and to trauma-responsive). I have intentionally chosen to position the trauma-informed stage before the trauma-responsive stage. This is my personal preference and is the one which the vast majority of people whom I met with during the Fellowship advocated for. The focus is around moving from knowing to doing and being (e.g. Responsive rather than informed); and fore fronting sustainability and intentional action within practice, policies, and culture. However, it is recognised and celebrated that there are some fantastic models, approaches, and tools which are widely available such as, the Missouri Model, which have chosen to

position the trauma-responsive stage before the trauma-informed stage. However, although the order is different, the values, stages, tasks, and principles positively echo the ones described in this report.

Additionally, it is important to keep in mind, that the majority of these visits and interviews took place in the USA. We know that each individual, family, organisation, and community is unique; and each has their own culture and context. Therefore, it is important to acknowledge and be curious and reflective of the huge differences and unique considerations within the different states the USA. Within this, I was struck (more than initially expected) during the Fellowship by the vast cultural, linguistic, and system wide differences between America (and different states within) and the UK (and different parts of the UK). This included from all levels such as:

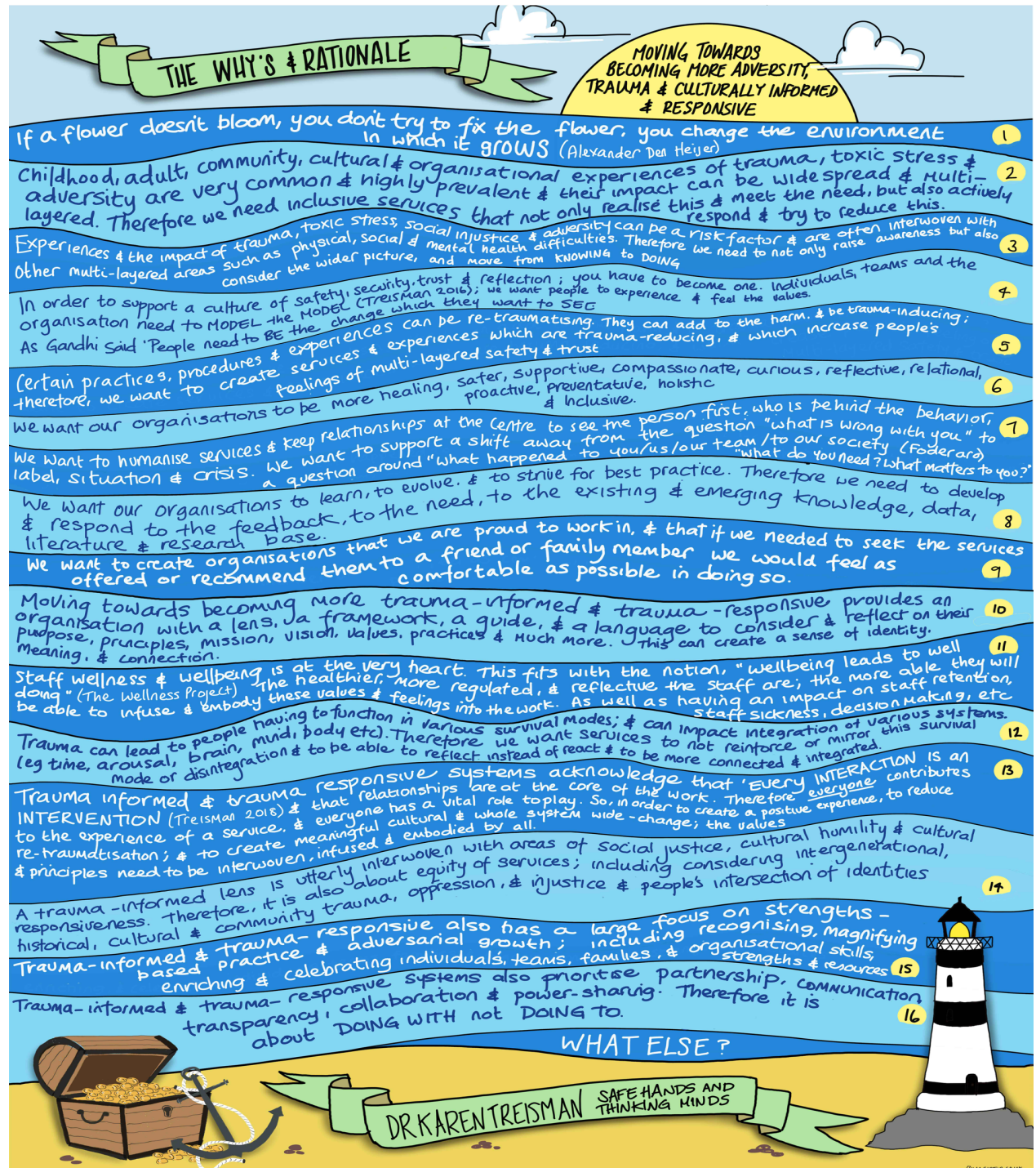
- The fostering/child welfare/ youth justice/ school/ prison/ and health systems are all fairly different (from the UK but also between each and within each State). Including the insurance structures and the lack of a system such as the NHS.
- The policies and amount of government support such as maternity leave, benefits, and annual leave.
- The difference between professions, such as how different a Social Worker or a Psychologist in the UK is compared to a Social Worker or Psychologist in the USA is terms of their training/ qualification/ focus/ status/ role.
- The historical and community events and issues which have influenced and shaped the culture, beliefs, values, structures, and so forth (E.g. Slavery/ the Cold War).
- The types of community traumas which have been faced and have shaped service delivery and more. E.g. School shootings, the opioid crisis, police brutality, September 11th.
- The populations being served including the demographic.
- The funding and resourcing streams and structures.

- The political climate and type of government, and so forth.

Therefore, assessment, scoping, care, caution, reflection, and critical thinking need to be carefully applied and tailored when trying to translate or apply these ideas and approaches from one context to another. This is the same when trying to implement something on a large scale. For example, what might be needed and suitable in certain parts of Northern Ireland, may be different to other parts of Northern Ireland, or to London, or different borough with London, and so forth.

Rationale for adversity, culturally, and trauma-informed, infused, and responsive practice and organisational transformation- Why is this lens and focus needed, useful, and relevant? (A summary sketch note designed by Dr Treisman is presented below. Followed by some written expansion paragraphs).

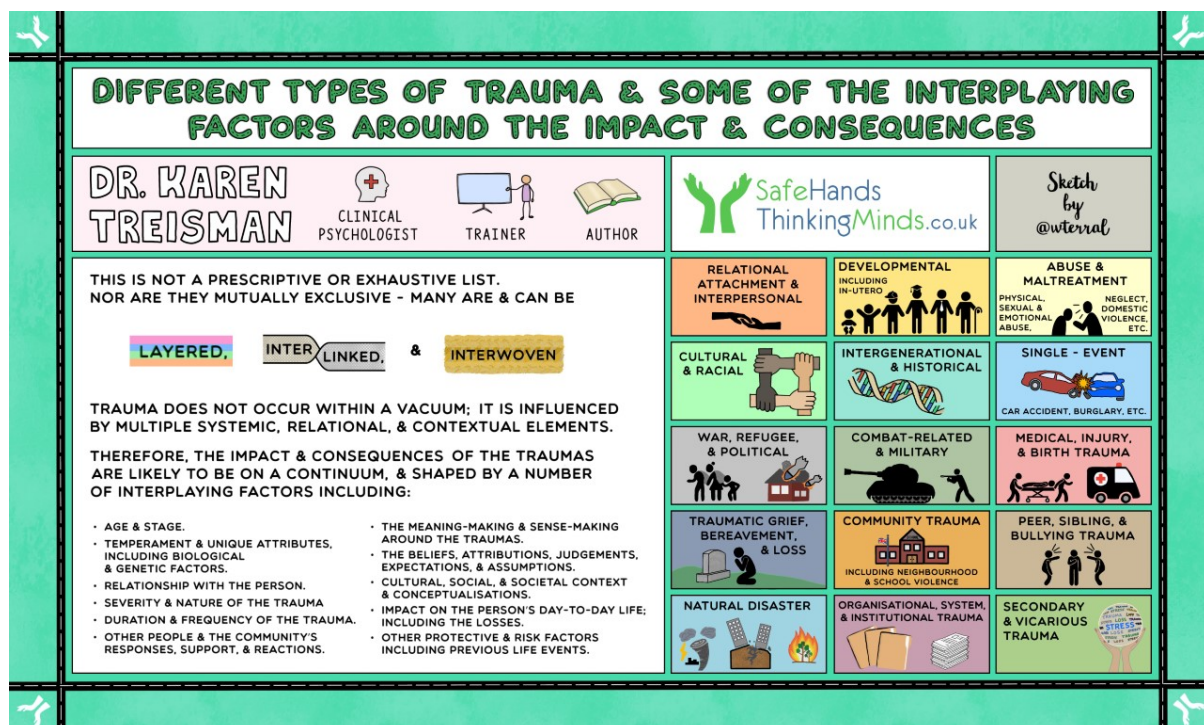
This is a key step in the implementation process. People throughout the organisation need to first acknowledge and recognise the why, in order to understand the rationale, the theory of change, to create commitment, and buy-in; before going on to consider implementation.



Building on the previous sketch note- Some of the rationale for adversity, culturally, and trauma-informed, infused, and responsive practice and organisational change will now be presented- Why is this lens and focus needed, useful, and relevant?

A key part of exploring, being curious, and then hopefully committing, and investing in adversity, culturally, and trauma-informed, infused, and responsive organisational transformation, is first understanding and realising the rationale and need for it- in essence, the why. This acknowledging, recognising, and realising is a foundational step for any organisation; and one which all organisations I visited during the Fellowship fore fronted. This “Why stage” creates buy-in, focus, and commitment; and if unclear it can create the opposite. Including people feeling done-to; and/or within initiative fatigue, like this is just another “flavour of the month”. People and organisations before implementing first need to buy-in to the relevance to them and their organisation; the need, and the benefits.

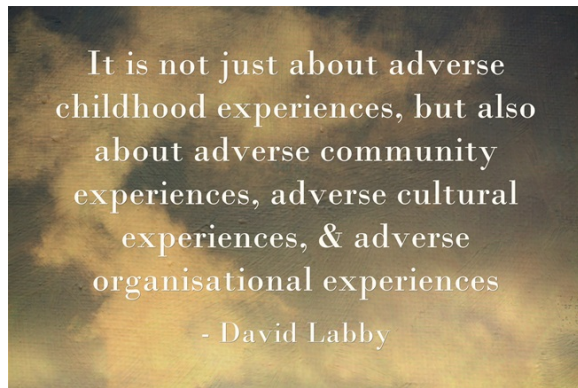
This is a huge area in itself, however, to warm the context and to set the scene, in the following section I will summarise some of the key points learned from my Fellowship, and through my work clinically and with organisations, as to the rationale and the why below. However, these are by no means exhaustive or richly detailed; and would need to be shaped, framed, and individualised to the specific organisation and context. There will be “Why’s” specific to each organisation which will need to be added, or ones which don’t apply to your specific organisation; so, these are just some to get started.



Rationale 1- The prevalence, widespread, and multi-layered nature of trauma, adversity, injustice, stress, and loss; means that we need services which meet & are responsive to these needs:

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From evaluations, professional accounts, feedback from those who use services and with lived experience, and research (including the Adverse Childhood Experiences studies). We know that there is a high and widespread prevalence and common occurrence of trauma, dissociation, toxic stress, loss, social injustice, and adversity amongst individuals, families, communities, and societies.



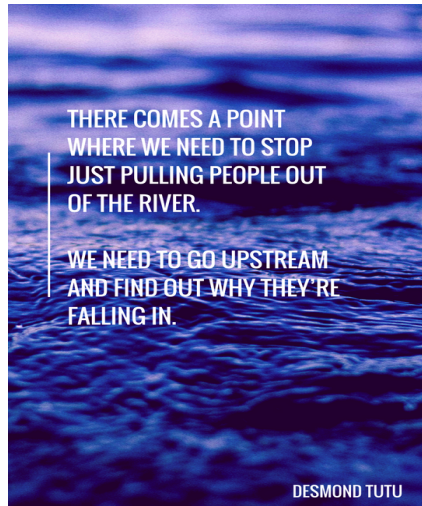
Therefore, this is not an “us or them” debate, but rather supports the notion that trauma, stress, and adversity is something that applies to all of us; and in turn requires a societal, public health, and social justice response. The sketch note I created above helps to demonstrate, that trauma is an umbrella term, and that within this, there are so many different types of experiences and events; ranging from interpersonal, attachment, and relational trauma; through to cultural and

community trauma, and so forth. This means that we need to think beyond the focus on adverse childhood experiences (ACEs); but also create services which consider, acknowledge, and integrate our understanding of adverse adult experiences, adverse community experiences, adverse cultural experiences, and adverse organisational experiences (David Labby, 2018- during conversation during the Fellowship). This includes wider factors which need to be considered and interwoven such as poverty and social inequalities.

Within this, trauma, adversity, dissociation, and toxic stress do not only occur at an interpersonal level; but also, can occur at a socio-political, community, and collective level. Therefore, due to this multi-layered and complex nature of trauma, toxic stress, adversity, and dissociation. Its impact and consequences can be pervasive, cumulative, intergenerational, long-term, and widespread. Including having a possible multi-layered impact on behaviours, emotions, cognitions, beliefs/attitudes/values, worldview, relationships, the body, and the brain; at an individual, family, system, organisational, and societal level.

This includes being a “risk and vulnerability” factor. Trauma is often the elephant in the room. Trauma is often ignored, denied, misunderstood, neglected, or minimised. Trauma is often interlinked, interwoven, and compounded by and with other crucial and costly (human and financial cost) areas, such as (not an exhaustive list):

- Substance abuse including foetal alcohol spectrum disorder,
- Homelessness and housing issues,
- Educational and occupational issues,
- Relational and interpersonal difficulties,
- Mental health difficulties/ diagnostic system,
- Physical health difficulties,
- Learning difficulties and disabilities,
- Sexual health,
- Social injustice and oppression,
- Offending and criminal behaviours.



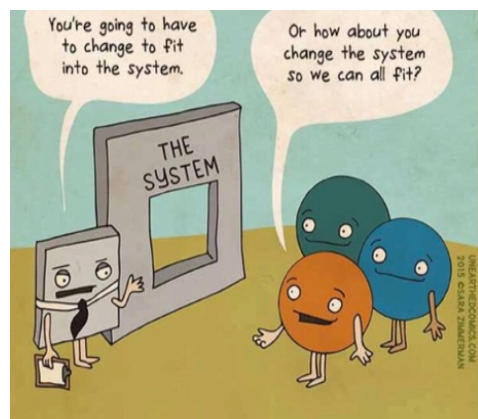
These relationships between trauma and other societal areas; illustrate some of the need, benefits, and rationale of responding to these complex and multi-layered issues, with complex and multi-layered solutions and approaches. Without this, it could be argued that it is putting a small plaster over a large wound (Stephanie Covington); and ignoring the elephant in the room. As James Baldwin says, “Not everything that is faced can be changed, but nothing can be changed until it is faced”. Echoing this concept, Desmond Tutu powerfully said, “There comes a point where we need to stop pulling people out of the river. We need to go upstream and find out why they’re falling in”. For example, Gabor Mate discusses that we should be asking “Instead of why the addiction, why the pain?”.

Rationale 2- Humanising services- seeing the person behind the behaviour/label/crisis- having a culture of curiosity.

This trauma and adversity lens also advocate for having humanised services that put the relationship and care back into the caring professions; and which truly connect with and try to see the person behind the difficulty/diagnosis/crisis/behaviour/label. As well as keeping connection, belonging, and relationships at the heart. This includes internally and externally and within all interactions and decisions.

This is in line with the well documented trauma-informed shift which encourages people and services to move away from assuming/thinking, “What is wrong with you?”, and instead to move towards reflecting on/thinking, “What happened to you, what matters to you, who are you, what do you need?” (Joseph Foderaro); and “What is strong with you?”. Similarly, another commonly used phrase in the trauma-informed world, is “It is not what is the matter with you, but what matters to you?”.

Rationale 3- Creating systems that are trauma-reducing instead of trauma-inducing; and that try to support prevention and change.



Having more trauma-informed, infused, and responsive services also is about actively reducing and hopefully proactively preventing future trauma, adversity, harm, and stress (e.g. Organisational, institutional, system, secondary, and vicarious trauma and stress).

This includes systems and communities’ which campaign, raise awareness, create and support preventative approaches, engage in advocacy work, develop response approaches, and work towards active system, generational, and community-wide change. As

Ken Epstein (2018) during a conversation during my Fellowship said, “We need generational solutions not quick solutions”.

Therefore, to meet some of these needs, and to hopefully reduce some of the future needs, in addition to trauma-specific assessment and intervention services. We also importantly need organisations and systems to actively try to become more healing, reparative, supportive, inclusive, safe, compassionate, relational, and healthier. This notion and vision fit with one of my favourite quotes, “When a flower doesn’t bloom, you fix the environment in which the flower grows, not the flower itself” (Alexander Den Heijer). This doesn’t mean that we don’t need support for the flower or some additional focus on the flower (it shouldn’t be polarised); but rather that what we also need is environmental and system change.



I have extended this quote further by advocating, “We shouldn’t label, humiliate, shame, single-out, or blame the flower (e.g. Locating the difficulty within an individual); nor should we add more stressors to the flower, like overflowing it with water, blocking out the sun, or leaving it out in icy and hostile conditions (e.g. Re-traumatising environments and systems). We should instead try to find out what will support the flowers to bloom, to flourish, and to grow optimally; and then to subsequently work towards having more facilitative and healthier environments which foster and support all flower’s growth and development” (Treisman, 2017).

This sentiment is a central underpinning and intention of trauma-informed and responsive organisational change. In that trauma-informed and responsive systems are trying to create safer, more healing, facilitative, relational, inclusive, compassionate, healthy, and more supportive environments and experiences for all; which include not adding to the harm (e.g. Re-traumatising and being trauma-inducing).

Therefore, within a trauma-informed lens, one of the central tenets is that we acknowledge that the environments and systems which we operate in, including the system itself, can be unintentionally re-traumatising, trauma-inducing, re-triggering, and re-activating for everyone involved. For example, through things like (By no means exhaustive):

- a) The language and choice of words we use/write/express/document including unclear language, oppressive language, reductionist language, clinical language, distancing language, pejorative language, and jargon.
- b) Being treated and/or feeling like a number/ a statistic/ a label.
- c) Certain procedures such as restraint, seclusion, or exclusion.
- d) Feeling blamed, shamed, or reduced to a label or a behaviour.
- e) The lack of choice, voice, collaboration, and agency; and within this, feeling done to/silenced/ignore/minimised.
- f) Feeling not believed or judged.
- g) Problem-saturated without recognition or support around strengths, skills, and assets.
- h) The physical and sensory environment and potential triggers within them.
- i) The hostile environment and atmosphere (including a lack of feeling human and relational).
- j) Constant re-telling of one’s story or graphic details when not necessary.

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- k) The institutional racism, exclusion, social injustice, and inequalities.
- l) Bullying and harassment.
- m) Services being exclusive or inflexible. For example, not taking into account people's intersection of identities.
- n) The frequent staff turnover and transitions in and between services (A group once described this as feeling like they were in a pin ball machine, going from service to service).
- o) The shame, fear, and blame culture to individuals and/or as an organisation (e.g. The response to a professional who asks for help or makes mistake; or for example, the blaming and shaming responses towards a person who has self-harmed, or around "victim blaming" post a crime etc).
- p) The absence of services or support such as often for birth families when their children are removed; or the infrastructure that does not allow for relationship-based practice.
- q) The lack of supervision or reflective spaces, and acknowledgement of the impact of the work. This might include constant busyness and filling spaces which doesn't allow for thinking or feeling. It is almost as if thinking and emotions are timetabled out.
- r) The lack of containment, collaboration, communication, and transparency.
- s) Lack of a secure base (e.g. Hot desking) or physical safety (e.g. Dark unsafe car park).

🔗 What else might you add to this list?

One of the focuses of trauma-informed & trauma-responsive cultural & organisational change is about supporting trauma-reducing practice, rather than contributing to trauma-inducing practice. We want to work towards being trauma-informed & trauma-responsive rather than being trauma-organised & trauma-soaked.

Dr Karen Treisman (2018)

With the above in mind, a focus of trauma-informed and responsive organisational change is centred around creating environments which aim to increase feelings of safety and trust; and to decrease feelings of threat, danger, dysregulation, stress, and harm. It is about supporting trauma-reducing practice, rather than contributing to trauma-inducing practice. It is about working towards being trauma-informed and responsive rather than being trauma-organised and trauma-soaked. It is about trying to find ways to support healing, connection, belonging, relationships, recovery, and attachment to the people/organisation/community; and to support people and organisations to be able to breathe, reflect, feel, and think; rather than operate in survival mode. It is about people feeling that they are part of

the process and things are together rather than feeling done to, or about; which can reinforce the powerlessness often associated with trauma.

Rationale 4- To create services that benefit everyone- a universal approach:

Building on the above, an adversity/cultural/trauma-informed, infused, and responsive approach generally advocates for a universal and integrated approach. This not only as illustrated in the previous point, acknowledges and appreciates the high prevalence and systemic nature of trauma and adversity; and that trauma can be invisible, silenced, and can come in many different forms. But also sees that there are more multi-layered benefits for

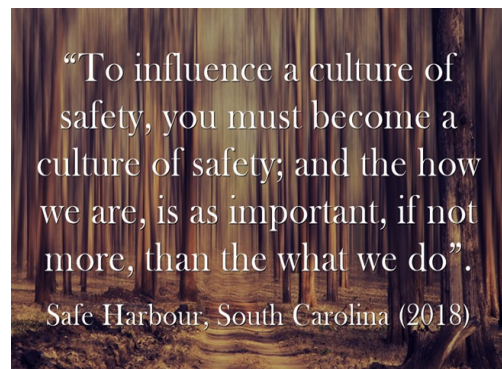
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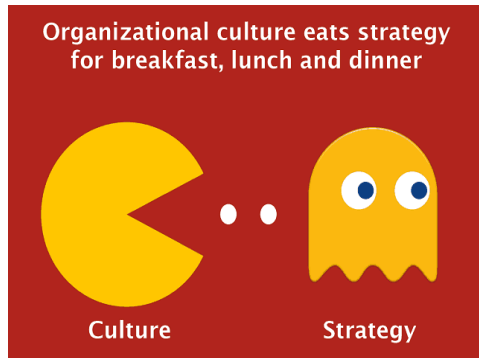
organisation/system. As Dr Bruce D. Perry says, “It is the people, not programs, who change people”. In order to change the whole, there needs to be focus, attention, nurture, and strengthening of the parts; and the relationship between those parts.

Therefore, this universal approach fits with the notion that “Every interaction is an intervention” (Treisman, 2017). It can be the small things that make the difference and set the tone. These all contribute to the feeling, energy, and experience. It is about creating and supporting a sense of community, connection, and belonging; which we know is more likely to support people to develop and flourish. It is about humanising services. For example, in keeping with the notion that “every interaction is an intervention”, think about the difference the below make to the overall experience, feeling, and culture of an organisation- after all emotions and feelings are contagious (how can this be positive contagion rather than stress contagion):

- How employees model the model, walk the walk, and how their actions meaningfully embody and mirror their words and the organisation’s values. The feeling is far more important than a strategy or words collecting dust or paying lip service.
- How someone feels when using/working in the service.
- How someone is greeted and welcomed when entering the building.
- How someone answers the telephone and the way conversations are had.
- How someone is supported to find where they are going or navigate the building/service (including the personal response and the signage).
- How language and choice of words are used in meetings, in interactions, on the phone, on letters, on signs, in materials, on the website, on assessments etc.
- How a security guard responds to a potentially escalating situation.
- How someone is treated and supported in the canteen/kitchen/playground.
- How the maintenance team respond to, for instance, property damage.
- How the physical building feels, is decorated, is maintained etc.
- The small but important touches, like toilet paper in the toilets, water to drink, a range of magazines available etc.
- How people can empathise and feel the trauma and stress but not become the trauma and stress (Adapted by Stephen Gilligan, 1997).
- How people interact with each other as colleagues and within teams and between services; as well as with external agencies and partners.

In line with this, during the Fellowship, practitioners from Safe Harbour in South Carolina during a conference workshop I attended in San Diego, powerfully said that they had learned that in order “To influence a culture of safety, you must become a culture of safety; and the how they are, is as important, if not more important, than the what we are”. Echoing this, “Trauma-informed, infused, and responsive organisational transformation is a way of being, it is a lens, it is a feeling, it is the personality of an organisation, it is a spirit, it is energy, it is the soul, it is a language, and it is in the very culture and fabric of an organisation” (Dr Karen Treisman, 2018).

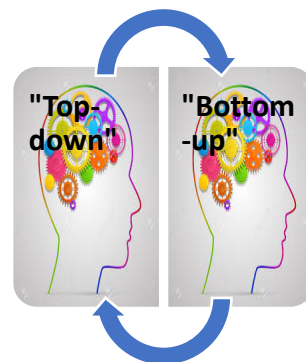




The above needing everyone on board to create cultural change; also fits with the premise that, “Culture eats strategy for breakfast, lunch, and dinner” (Peter Drucker). We all know that an organisation can, for example, have fantastic plans in place, but that this will lack meaning and drive, if people don’t feel this, have it embodied, and have it modelled. It often will feel contradictory, a misrepresentation, and ingenuine. Some examples follow:

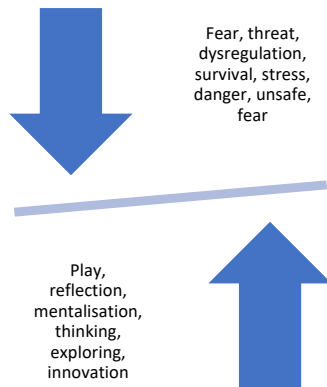
- If an organisation says that they care about staff wellbeing, but then has a culture which for example, does not support annual/maternity leave, puts people in unnecessarily unsafe positions, doesn’t account or show compassion for staff’s own life commitments, doesn’t acknowledge and respond to the impact of the work, and so forth. *How can they say their practices align with the value of self-care; and how can they encourage this with the people who use the services if this isn’t modelled and encouraged internally?*
- Or if an organisation says they put relationships at the very heart of what they do, but then leaders and managers don’t show that they care about staff, show appreciation, or do things like passing staff in the corridor without smiling or saying hello etc. *How does this model the model, and embody the culture and values trying to be instilled?*
- Or if an organisation talks about being a learning culture which respects and values staff and prioritises safety and emotional wellbeing; yet there is a blame, fear, and shame culture which doesn’t allow for “mistakes”, openness, or humanness.
- Or if an organisation/team says they can be trusted and prioritise safety but for example, start sessions/groups late. *If people cannot do the basics of what they say they will, then how can they expect people to be able to start trust the service? Similarly, if a professional comes in late because they are busy and that is OK; but if a parent comes in late, it is often seen and recorded as unreliable, disorganised, and chaotic etc. How does this show people that their time is as valuable and important, as the “professionals”; or that both parties are human and may have reasons for being late etc.*

This multi-layered whole system wide approach which includes everyone and aims to be connected; can and should be likened to when we clinically intervene with trauma. We know from a range of studies, that one of the ways to increase effectiveness of a trauma intervention, is to take a connected whole-body and whole-brain approach. This is one which acknowledges and respects both the top-down and bottom-up approaches. This concept usefully can also be applied to organisational



change, where everyone is key and important, and we need a top-down, and bottom-up approach which utilises, integrates, and connects the whole system no matter what their role.

Rationale 6- Staff wellbeing and wellness including organisational stressors and trauma:



Additionally, another rationale for adversity, culturally, and trauma-informed, infused, and responsive systems is that we want to deliver and improve relationships, and high-quality care, effectiveness, productivity, and decision-making. As well as finding ways to decrease staff turnover, dissatisfaction, and sickness, and so forth. Therefore, in order for people to do their job to the best of their ability; employees need to be treated in a way that supports and models the values and commitments. This is also under the premise that people are better able to think, to be reflective, to play, to be innovative, to explore, and to be healthier; when they feel safer, and are not

dysregulated and/or operating out of a place of fear, toxic stress, and trauma. This is because fear and stress can restrict and constrict our thinking. It is about reflecting instead of reacting. This fits nicely with a great mantra shared by the Wellness Project in Kenya which says, “Wellbeing leads to well doing”.

Within this, care and support for staff is also crucial, taking into account the common prevalence and occurrence of trauma and adversity; which means that many staff themselves may have experienced trauma and adversity in their own lives. From the literature, we know that this can be even higher for those who choose to go into the helping/caring professions.

Additionally, many staff may also have experienced trauma, toxic stress, and adversity at and as a result of the work itself or the work context/climate/culture (e.g. Organisational Adverse Experiences and organisational trauma and stressors). This fits with the saying: “*The expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water and expecting not to get wet*” (Remen, 1994).

For example, take social workers (by no means an exhaustive list):

- They are often faced with high levels of trauma, emotion, adversity, and dissociation in their caseloads.
- They often have their own trauma and adversity histories.
- They often have to cope with a high level of unpredictability, ambiguity, and uncertainty within the work.



- They often have to manage the high pressures, a high sense of responsibility, and the emotional nature of their job and of the decisions which they are required to make.
- They often have to make decisions which conflict with their own values, gut instinct, and wishes; and therefore, may be in a double-bind (e.g. A war or jarring of principles).
- They often are faced with direct and indirect verbal and physical abuse.
- They often have to work in contexts often where there are negative, critical, blaming, and hostile discourses in the media and the public domain about them.
- They often have to navigate frequent structural, organisational, legal, and government changes.
- They often have a lack of high quality and regular supervision and reflective practice spaces.
- They have to be inspected and scrutinised by various governing boards.
- They often have to work with a lack of resources and finances, and so forth.

In addition to the nature of the work, there can be an array of other organisational aspects which can create stress and trauma such as (not an exhaustive or prescriptive list. Examples follow; however, it is acknowledged that these will be felt and responding to differently depending on a range of factors):

- The work itself being of a traumatic nature (including reading notes or hearing accounts)
- Re-structuring.
- Suicides, murder, death, sickness, serious incidents, assault, accidents, community tragic events, and so forth.
- Redundancies.
- People and teams being “at risk” for their jobs.
- Someone leaving without an explanation or an opportunity to say goodbye.
- Change of direction away from initial motivators, mission, and value.
- Processes being prioritised over people- feeling like the service has become dehumanised.
- Bullying and harassment in the workplace. Including fear, blame, and shame-based leadership.
- Change of leadership including a key person leaving.
- Friction, splitting, and incoherence amongst the leadership and management team.
- Criticism or blame from external agencies, the media, etc.
- Allegations, threats, or serious complaints.
- Inspecting bodies and inspecting processes.
- Change of government.
- Boundary violations.
- Funding cuts or financial instability.
- Physical environment (e.g. Unsafe, oppressive, triggering environments).
- Lack of supervision and reflective practice- not feeling contained or having a space to reflect, think, feel, and process the work.
- Feeling done to, ignored, minimised, and/or silenced.
- A culture of blame and shame.
- Having to make conflicting double bind decisions- ones with jar with one’s own values, hopes, wishes etc.

?? What else would you add?

These complexities, pressures, organisational stressors, and the nature of the work itself often mean that professionals working within these contexts are more likely to experience secondary trauma (Stamm, 1999), vicarious trauma (McCann & Pearlman, 1990), compassionate fatigue (Figley, 1995) and staff burnout. This can also lead to an organisation itself becoming traumatised, unhealthy, and distressed. This will be discussed more in the following section. This can lead to a variety of consequences such as higher levels of staff dissatisfaction, distress, turnover, sickness, mistrust, and stress. These experiences can also permeate into various areas of the professional's spiritual, physical, emotional, and cognitive life; and impact on their overall wellbeing, worldview, and on their ability to do their job to the best of their ability. This also can have ripple effects on the families. For example. within social work practice, if there is high staff turnover; this means that the continuity of relationships for children and their families is further compromised, which challenges the very core of stable relationship-based practice and permanency. This is another reason why trauma-informed organisational transformation, which has a large focus on staff wellbeing; is needed, is beneficial, is responsible, and is likely to be cost-saving.

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Organisational Defences

Some responses and coping strategies which we commonly see in traumatised, unhealthy, and at times trauma-induced organisations and systems (Survival mode/ Parallel Processes).



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Rationale- 7- Parallel and mirroring processes- a traumatised organisation and a trauma- soaked system:

It is essential when thinking about system change to think about the organisation-in-mind and the unconscious processes. This includes concepts such as splitting, projection, re-enactment, transference, and counter-transference.

This is another rationale for adversity, culturally, and trauma-informed, infused, and responsive organisational change. For instance, systems and individuals are bi-directional. There are numerous mirroring and parallel processes which can occur, which we need to be mindful of, and to try to respond to. So, for example, environments, systems, and organisations, just like people, are not machines, they are alive, they are developing, and they are adapting.

Equally, this means that organisations, like individuals, are also vulnerable to stress, distress, and a range of feelings, and responses. Trauma, loss, dissociation, and toxic stress can spread like contagion

through the organisation. It can interrupt the flow. The word trauma itself comes from the Greek word *traumata*, which means to pierce, a wound- and this feels apt when thinking of trauma and organisations. So, for example, trauma can pierce, be soaked-in, can permeate through individual, family, organisational, and society layers. It can also be absorbed-in and can seep out. Erik de Soir talks about how the organisation's protective emotional membrane can be pierced by trauma.

Again, like people, organisations also have their own influencing events/people, embedded stories, roots, and a history. Organisations have their own memory. They can have their own ghosts of the past (Fraiberg, 1975) and angels of the past (Lieberman et al., 2005). These can also be consciously and unconsciously present and imprinted into the fabric of the organisation. And their ripples often felt or bubbling under the service. Even more so if not addressed and resolved.

In order to guard and defend against these painful feelings, the uncertainty, and from anxieties. Organisations often respond by, like individuals in the context of trauma, by operating in survival mode (See illustrated image created by Dr Treisman above for some common responses); and expressing through fight, flight, freeze, and feign responses. These anxieties and survival responses can often get passed down the system; and if they are not acknowledged and processed. The pain, hurt, trauma, dissociation, and stress can be pushed down and deeper into the fabric of the organisation.

For example, people within organisations, and the organisational culture/team, which is alive, like people in the context of trauma, can become more (Not an exhaustive list):

- Reactive/crisis-driven.
- Avoidant, numb, retreat, detached, or dissociated (For example, an organisation may become detached from its mission and purpose; or an organisation/people may become detached from feeling/thinking/reflecting etc).
- Split (E.g. Them and us/ good and bad/ idealise and denigrate/ warring "parents"/ divided/ crushed empathy etc).
- Struggle to think, to reflect, or to trust.
- Too busy to think or feel (e.g. Timetable out thinking and feeling or keep busy like a moving dart).
- Fight/ attack/ defend.
- Hyper-aroused, on edge, and hyper-vigilant.
- Feel attacked/ under siege/ persecuted.
- Physically and emotionally unwell.
- Confused, lost, alone, and disoriented.
- Dysregulated.
- Spill and leak out including operating in chaos.
- Stuck, frustrated, or frozen.
- Rigid and inflexible (including striving for perfectionism).
- Mourning and in grief.
- Helpless, depressed, and hopeless.
- Disconnected, disintegrated, incoherent, and fragmented.

?? *What else would you add or have you observed/felt/learned about?*

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These consequences and survival responses are naturally more likely to have ripple effects on things such as staff wellness, commitment, morale, spirit, energy, productivity, turnover, and retention. As well as on the decisions made, on the feelings shared, on the culture felt, and on the outcomes achieved (For more information and insights around the impact of traumatised organisations please read the books or articles written by Dr Sandra Bloom; Philippe Bailleur, Vega Zagier Roberts, Anton Obholzer, amongst others listed in the reference list).

Another related area to hold in mind and that supports the rationale and benefits of a more adversity, culturally, and trauma-informed, infused, and responsive organisation; is that we can also sometimes see various parallel processes between the work and the organisation occur. For example, teams mirroring the groups whom they work with.

- Bullying in the playground, being mirrored in the bullying in the staff room
- Teams whom work with adolescents, mirroring “common adolescent behaviours”
- Mission mirroring- for example, an organisation designed to advocate for social injustice and unfairness, however these feelings being felt and mirrored internally by employees.
- Feelings and processes rippling through the service, like neglect getting neglected, or dissociation making people/systems dissociating; or splitting, warring, and fighting between parents being mirrored in warring, fighting, and splitting amongst the team. Or young people in a particular team feeling silenced and devalued, and the workers reporting the same feelings from the organisation, and so forth. There are endless examples is this in different forms.

These processes are a huge reason why reflection, supervision, containment, and emotional spaces for staff are so crucial. This fits with the notion, how can we support staff to feel it but not become it (Stephen Gilligan, 1997). This is why staff wellness and wellbeing is so essential as it is very tricky to support someone who is in emotional quicksand, if that person themselves also is in emotional quicksand; or similarly for them to be the rainbow in the storm, if they are in a storm themselves (Treisman, 2018).

Therefore, with the above premise around organisations being alive, and organisations, or parts of organisations themselves operating in survival modes. Understandably, organisations and systems can themselves become traumatised, stressed, distressed, dissociated, trauma-soaked, trauma-organised, and unwell. Another reason why trauma-informed, infused, and responsive organisations are beneficial; as they support to create awareness, spaces, strategies, and mechanisms to address and further understand and reduce these dynamics and mirroring processes. As well as aiming to put everyone’s wellbeing, multi-layered safety, and trust at the heart.

Rationale 8- A lens and framework which also integrates, advocates, and promotes collaboration, partnering, hope, adversarial growth, cultural humility and cultural responsiveness:

Adversity, culturally, and trauma-informed, infused, and responsive organisational change focuses on a range of values and principles which will be presented throughout this report. However, some central ones are around services being collaborative and transparent. With a focus on services partnering with people whom use the services, and on focusing on “doing with and by” and “not on doing to and for”. A central focus and value of trauma-informed

and responsive practice, which will be expanded on in the values section; is around agency, mastery, choice, and voice. It is about co-learning and growing, and partnership. It is about not just seeing the trauma and the “problem” but seeing the possibilities, the strengths, and the resources of each person/family/team/organisation and beyond. These services aim to hold and convey hope and also support recovery and adversarial growth. They are about valuing the individual and their context; which includes the person’s intersection of identities. This means that cultural humility and responsiveness is at the very heart of trauma-informed, infused, and responsive system change. It is about the wider context and the different interplaying factors such as inequalities and social injustice. This will be discussed further in the following questions.

Reflection and Discussion Questions: These questions were ones which I found useful during the Fellowship and subsequent work to analyze and reflect on.

- ?? *How does the organisation acknowledge and recognise the relevance, the prevalence, the impact, and the widespread nature of trauma, dissociation, and adversity?*
- ?? *What individual, team, organisational, and societal blocks and barriers may there be in recognising the impact of trauma, dissociation, and adversity? (e.g. Minimisation/ blame and shame/ discomfort and disgust/ the “Just world” theory/ societal discourses/ distancing and othering/ anxiety and pain/ unbearable/ protective dissociation/ liberal optimism/ psychologically, spiritually, and financially costly/ the “System justification” theory/ a threat to one’s safety, power, and structure- summarised by Dr Elly Hanson during the ESTD conference).*
- ?? *What does adversity, culturally, and trauma-informed, infused, and responsive organisational and system transformation mean/look like/ represent to you? (It can be helpful to draw, design a poster, sculpt, write down, or make a vision board. Metaphors and symbols can be a powerful way of connecting and representing this).*
- ?? *What is your organisation already doing which you feel/think fits with the values and principles of adversity, culturally, and trauma-informed and responsive practice? It is as important to reflect and acknowledge what is in place and what is already going well, and to magnify, learn from, expand, and celebrate these. (Try and re-visit this after reading the whole report).*
- ?? *Why, if any, might adversity, culturally, and trauma-informed, infused, and responsive organisational change be relevant and beneficial for your context/organisation/ population? Which of the above rationales relate to your organisation and mission; which do not, and which would you add which are more specific and relevant to your organisation?*
- ?? *What are the costs of not becoming more culturally, adversity, dissociation, and trauma-informed, infused, and responsive?*
- ?? *What might the benefits and value to staff/the people being served/ to the work itself/ to society of going on the journey to become more adversity, culturally, and trauma-informed, infused, and responsive? ?? What do you anticipate might be*

some of the hazards, blocks, and barriers of going on this journey? What things might restrict the flow? (remembering it is a journey and not a final destination). Again, return to this after reading the report.

?? How do you want people to feel when working in your organisation/ using the services provided? ?? What implicit and explicit messages do you want them to read/feel/hear?

?? What images, sensations, and feelings come to mind when you think of your organisation? What is the personality, energy, spirit, and feeling of your organisation? (Draw, mould, or sculpt your responses if possible; this is also interesting when compared and contrasted with other people whom use and work in your organisation/team).

?? How would you feel if you or a family member/close friend had to use the service you work in? Would you recommend it?

Given that there has been a lot of recent momentum around the trauma-informed and responsive “movement”, or some might say the campaign. David Labby in my discussion with him during the Fellowship, posed a very interesting and thought-provoking question. *?? What can we change, learn, and reflect on from past social movements to inform this current “movement”?* E.g. Civil rights movement, gay movement, animal rights movement, anti-apartheid movement, anti-psychiatry movement etc.

Main values, ingredients, assumptions, and components of meaningful adversity, culturally, and trauma-informed, infused, and responsive practice:

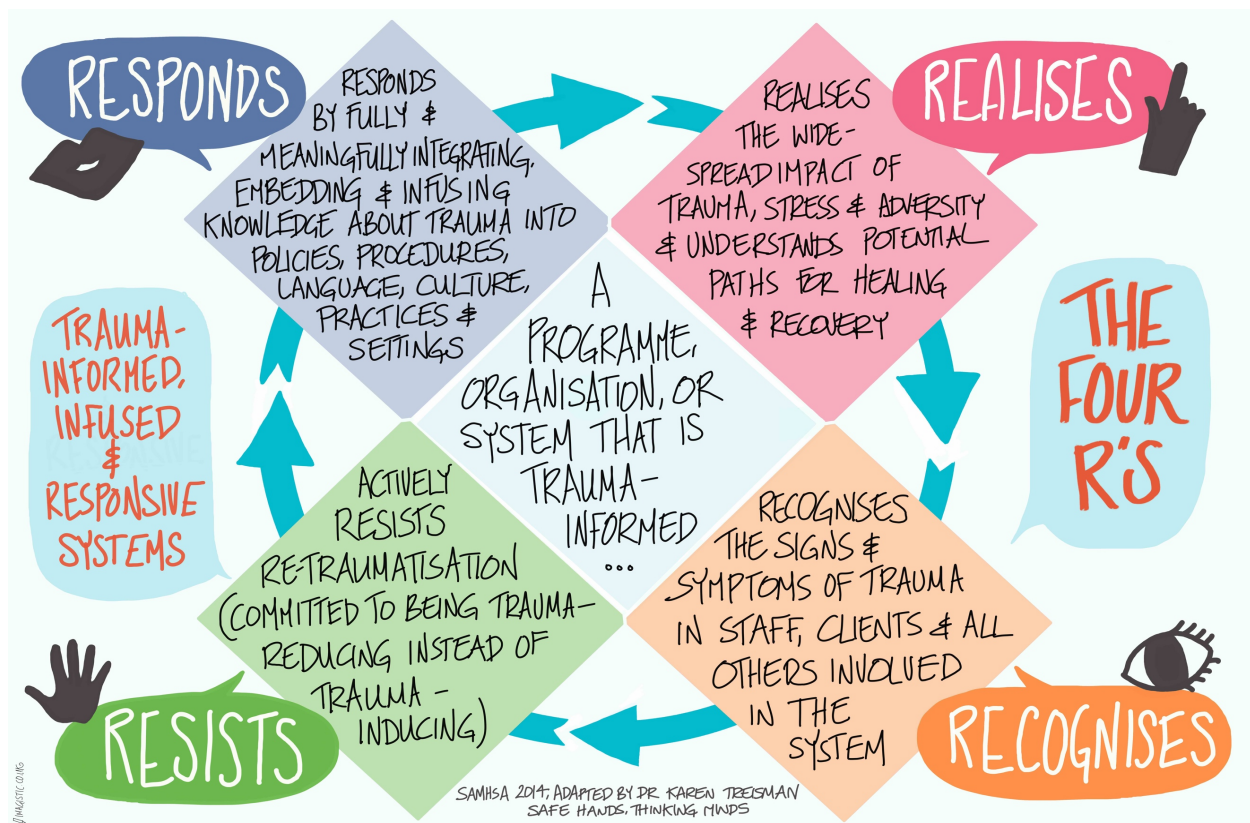
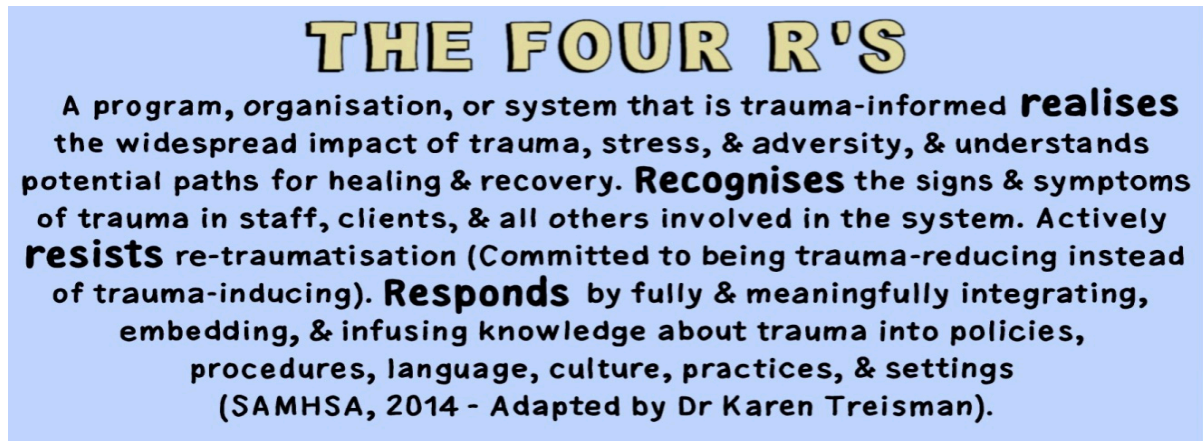
There are several different key values and principles highlighted in the extant literature of trauma-informed and responsive practice created by different academics, practitioners, organisations, and by those whom use services. These vary, however are most often cited as: 1) safety, 2) trustworthiness and transparency, 3) collaboration and mutuality, 4) empowerment, voice, and choice, 5) cultural and historical issues.

Throughout the Fellowship and my experience as a practitioner and organisational consultant other values and principles emerged, so, I will first discuss the four R’s as a working definition and as the intended overall aim; and then go on to describe some of the key assumptions and values which I have chosen and drawn on further will be shared. These will then be expanded on and demonstrated in practical real-world terms in Table 1. With a series of questions and areas to reflect on, to support organisations in getting a baseline assessment; as well as creating a priority matrix and action plan.

The Four R’s:

Now I have discussed some of the rationales and motivations as to why organisations might want, need, and benefit from adversity, culturally, and trauma-informed and responsive

organisations; I will now go on to summarise and explore briefly some of the key values, ingredients, assumptions, commitments, and components of meaningful trauma-informed, infused, and responsive practice, which emerged during my Fellowship, and beyond. This acknowledges that there remains some inconsistency, variation, and debate in the trauma-informed world; and that these can change and need adaptation depending on the specific context, culture, needs, and aims; but the following sections will hopefully still give a fairly comprehensive introduction, from which can be a springboard. Firstly, the “Four R’s” created by SAMHSA will be presented, followed by some key assumptions, values, and principles will be highlighted and expanded on.



Whole-system wide cultural change:



Building on the rationale section and on the 4 R model, becoming an adversity, culturally, and trauma-informed, infused, and responsive organisation/service/system means creating and moving towards whole-system wide cultural transformation in knowledge, skills, attitudes, practices, policies, and culture. It is about infusing, creating, and sustaining a paradigm shift, a lens, a language, and a way of being. And that these are meaningfully and intentionally integrated and hard-wired into the very fabric, world, personality, culture, and feeling of an organisation.

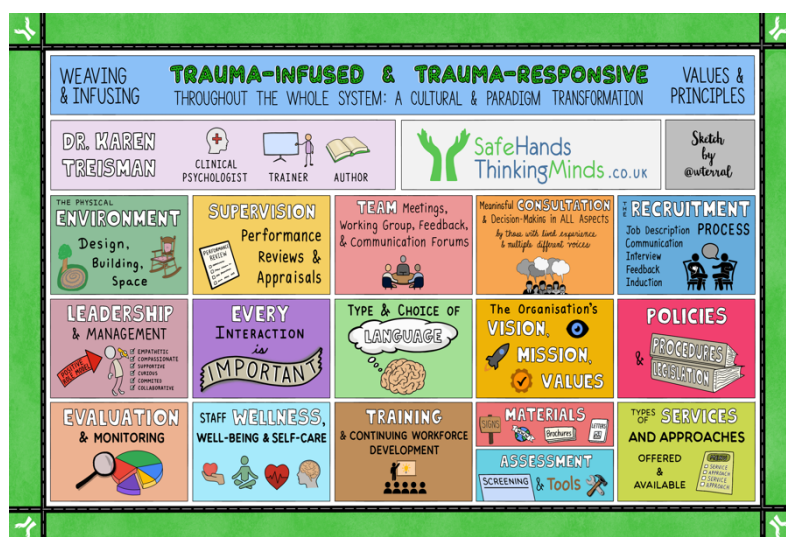
Should an organisation want to become more trauma, adversity, and culturally-informed and responsive (some might just choose an aspect, an area, or a process to be more trauma-informed rather than a whole system-wide process); then this would include making a commitment

and taking evolving steps and actions to continue to make changes and infuse the values and principles of trauma-informed practice across and within the entire fabric of the organisation. This is a continual journey, like a river (and there are different sections within each section of the river adding to the complexity). It requires ongoing and active learning and growth which focuses on adjusting the mindset, heartset (Educare foundation), and spiritset (John Hagel) of the organisation. It also means going beyond the early stage of acceptance, realisation, and awareness (The first R) around how common and prevalent trauma, stress, and adversity are (trauma-sensitive). Although this is a crucial initial step and an integral part of the process; and there can be many blocks as to why this can be exposing, difficult, and painful thing for organisations to do. And works towards moving down the river to further stages such as recognising how the trauma, adversity, inequalities, and stress show themselves, and present themselves in symptoms/ difficulties, people, and systems (including through mirroring and parallel processes) (The second R).

Through to the third R which is about actively recognising and acknowledging that the systems themselves can add and exacerbate the trauma and can be re-traumatising and triggering. And therefore, committing to and finding ways to reduce and decrease this re-traumatisation, and aim to be trauma-reducing and healing, instead of trauma-inducing and harming. This also means actively responding by trying to find ways to embed, infuse, and integrate this information, understanding, and knowledge; into the attitudes, practices, culture, and policies of an organisation (The fourth R).

“Trauma-informed systems support reflections in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice, & collective impact rather than siloed structured”

(Epstein, K., et al., 2014).



Meaningful adversity, culturally, and trauma-informed, infused, and responsive practice is also about certain guiding and foundational values, principles, expectations, and assumptions; being modelled, infused, integrated, embodied, actioned, and hardwired throughout the whole organisation. They need to be meaningful and more than words on paper, or window dressing. They need to be

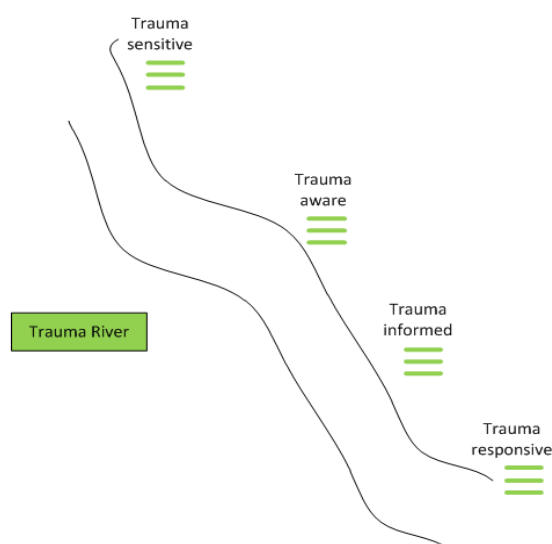
recognisable and felt throughout the organisation and the work.

This embedding and infusing is crucial for sustainability and continual development, as otherwise, the values and principles can be diluted. Some of these values, alongside others, will be discussed more in the below table.

Everyone at every level; and a long-term journey:

Adversity, culturally, and trauma-informed, infused, and responsive practice as stated and expanded on in the rationale section is also about the whole system wide and cultural change which means that this includes everyone at every level, and that no one is excluded or exempt. Remember that “Every interaction can be an intervention” (Treisman, 2018). Within this, in order to optimise the whole of a system, we must improve, nurture, and strengthen the relationships between the various parts.

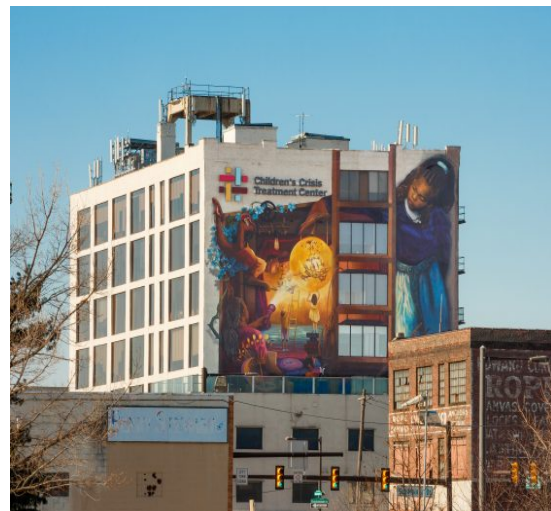
Another key assumption of adversity, culturally, and trauma-informed and responsive change is that, like with people, change takes time, attention, and is generally messy, slow, and complex. It is not linear. Additionally, like people, we are continually evolving, changing, and developing. Therefore, organisational change not only needs time and effort, but also an acknowledgement that it is not being trauma-informed, and arriving at a final destination, but it is rather about working towards becoming more and staying as trauma-informed, infused, and responsive as possible. Like with a river, it is continually flowing, changing, and moving. There might be aims and objectives but like with a river; it is an ongoing journey and process, that needs continual attention, re-evaluation, and intentional effort. This is where life-cycle and developmental theories are useful. Moreover, an organisation and people within an organisation, may be at different stages on the river, so for example, in terms of a training Dr Karen Treisman, Winston Churchill Fellowship Report



package, an organisation might be quite far down their river by having all their staff in all roles trained, and having worked to re-design and improve their physical environment of their services. However, in terms of staff wellness and their recruitment processes they might be in a much earlier stage on the river. Or similarly, an organisation might have sent 5/45 staff on training, which is great, but this doesn't mean that the organisation is "trauma-informed"; this means that 5 people have been on trauma training. Within this, this training might be very informative and useful but in itself it doesn't mean someone is trauma-informed, it means they have been on an introductory training course (usually trauma-sensitive depending on the level of the course). And within this, we also know trauma is a complex area and that there are numerous different facets which can't be covered in a brief training; but also that it is about taking the training and that learning being developed, put into practice, reflected on, and embedded, and so forth.

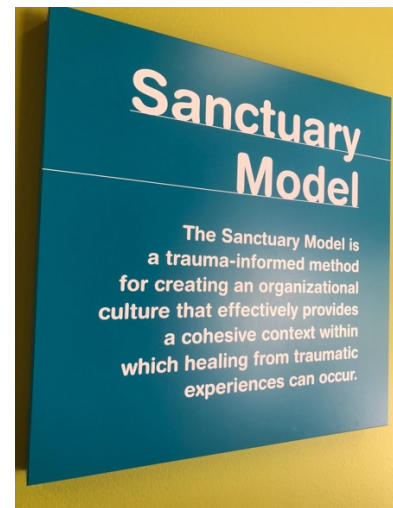
A practical example of this ongoing commitment and journey towards trauma-informed cultural change was

seen during my time spent with the fantastic Children's Crisis Treatment Center (CCTC) in Philadelphia. With visionary leadership and shared passion, CCTC were one of the first organisations in the world to implement Dr Sandy Bloom's Sanctuary model throughout their services (which include a therapeutic nursery, outreach programs, parenting programs, trauma team, schools' teams, family-based teams, and many more). However, still well over ten years down the road, CCTC shared and showed how they are still actively practicing the skills and tools from the Sanctuary Model and beyond.



For example:

- They still actively reflect on their processes from a trauma-informed lens at various levels on a regular and ongoing basis.
- They still have an ongoing training program including refresher and follow-on courses.
- They still ensure that ideas about trauma-informed practice are infused and presented to inductees and new starters; and during and throughout the recruitment process.
- They work very hard for the leadership and management style to model the model and to lead by example, by embodying the trauma-informed and Sanctuary values and pillars.
- They still continue to review and subsequently integrate ideas of trauma-informed practice into their policies and practices.
- They still think about the design of their buildings and new spaces and think about how to visually display plaques and messages about the key values of trauma-informed practice, and Sanctuary.



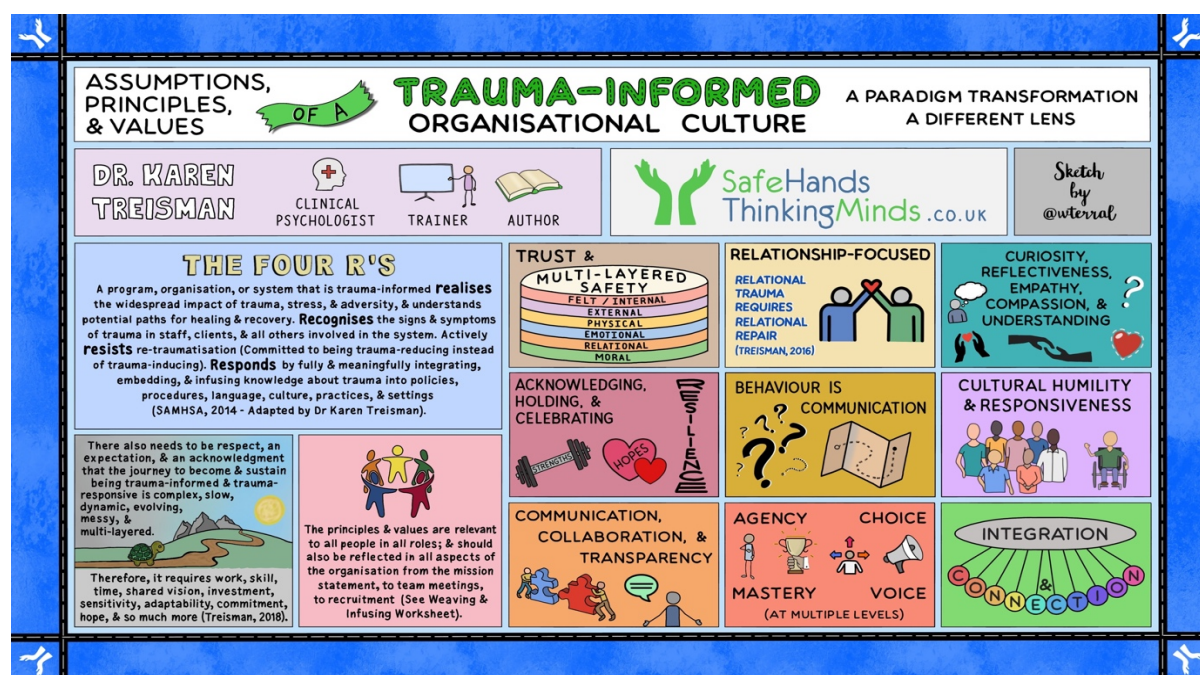
- They still hold regular Sanctuary implementation and quality management committee meetings to ensure that the values are continuing to be held in mind and are embedded.

The values and embodiment of these was also really felt by myself during my visit, in their friendliness, generosity of time and information, openness, and hospitality.

Cultural humility and responsiveness:

Adversity and trauma-informed and responsive organisational change is utterly interlinked with culturally-responsiveness and thinking more actively about cultural humility. This is an area which I feel needs more research, thought, and expansion. This is crucial, as you cannot be meaningfully trauma-informed without also working towards becoming culturally-responsive, and without viewing things through a social justice and inequality lens. This will be discussed further in the section below in the values Table on cultural humility.

Values, Principles, Commitments, and Underpinnings of Adversity, Culturally, and Trauma-Informed, Infused, and Responsive Organisations



Having briefly presented some of the key assumptions, commitments, and underpinnings. The following extended Table will now expand on some of these values, principles, and assumptions of an adversity, culturally, and trauma-informed, infused, and responsive practice, from a more practical point of view. These are also summarised in the sketch note which I created. The following values and principles have been collated based on the existing models and literature base, my clinical experience, and mainly from the range of best practice visits I did during this Fellowship. I have tried to analyse and draw on questions and areas I observed and discussed, and cluster them together under key values.

It is crucial that they are held in mind and integrated with the above described sections on the rationale, and on the assumptions, including the four R's.

Please also note that these are not exhaustive or prescriptive, and that inevitably they need to be tailored, localised, and tweaked, based on an assessment, the priorities/aims, the stage of implementation, the context, the unique sub-culture, and so forth. They are intended to give some sort of framework and a flavour, of how some of these values may look or be considered in practice. Some practical examples from my Fellowship visits are peppered throughout. The Table might also be a useful tool to begin to think about where an organisation might be, their baseline, their readiness, their strengths, and to support them tracking their progress, and to make plans for development. These values also are more helpful when interwoven with the different aspects of the organisation (As seen in the other sketch note- this method will be described more after the table). So, for example, *how would you look at the materials, brochures, information used and those distributed to see how in line they were with the key values e.g. Are they collaborative, triggering/safe, culturally-responsive, strength-based, compassionate, and so forth?*

Values and Principles of Adversity, Culturally, and Trauma-Informed, Infused, and Responsive Organisations

(Drawing on the findings from my Churchill Fellowship, my own clinical/organisational practice, and the extant literature).

Value and Principle 1- Trust & Multi-layered Safety (Cultural, physical, relational, moral, emotional, psychological, and internal safety)



Safety & trust are paramount and without them, everything else exists on fragile ground. Therefore, safety and trust are the foundations and need to be prioritised and kept at the heart of all decisions, interactions, structures, and so forth. In almost all clinical interventions for trauma, they begin and are centred around the stage of safety and stabilisation. This is the same when thinking about an organisation's safety.

Safety and trust are even more important, given that we know that fear, anxiety, and stress can restrict and constrict. So, when people/organisations feel unsafe, dysregulated, anxious, & in survival mode. They can find it harder to think, explore, reflect, be playful, progress, regulate, relate, process information, & so forth. As described above, people/organisations can respond & survive through various coping strategies, such as fight, flight, freeze, & feign.

Therefore, we want to find multiple different ways to increase feelings of safety & trust; & to decrease feelings of threat, fear, dysregulation, & danger. We want people/teams/organisations to be able think and feel, and to find ways to de-compress, re-charge, process, and release. We want people/teams/organisations to reflect & respond, rather than react. We ideally, want our buildings to be reparative, relational, supportive, inclusive, compassionate, & healing spaces- In essence, metaphorical “brick mothers” (Rey, 1994). Places which are secure bases & safe havens for everyone working in, referring to, and using the services.



When discussing safety in people, in organisations, in communities, & so forth; it can be helpful to view safety as multi-layered. For example, people & organisations can have felt/internal, external, physical, emotional, relational, cultural, & moral/ideological safety & trust. When reviewing systems, we want to reflect & consider all of these different levels of safety and

trust. However, they need to be tailored to the specific service. Some aspects to consider are described below, however, this is just a small flavour, & are generalised concepts, so please hold in mind that they are not prescriptive or exhaustive.

Some general questions around multi-layered safety and trust which might be helpful to consider and hold in mind are the follows: (It is also interesting to consider, reflect on, and ideally ask, how different people in different roles would answer the below)

??How does the organisation support, acknowledge, and recognise people’s relational safety? Their emotional and psychological safety? Their moral and ideological safety? Their cultural safety? Their physical safety? Which of these are fore fronted, and which of these are maybe less attended to?

??How do people in all different roles and capacities feel & experience the service/people/experience/ environment? **??**For staff, would they wish or feel confident to use the service themselves, or to recommend it for a family member/friend?

??What might facilitate, hinder, increase, &/or decrease people’s trust & safety from the entry to the exit of their visit/ day/ engagement with the service/ working in the service? (This is where a narrative walk-through approach of the detail of the service from entry to exit and from first contact until last contact can be useful- the more people who use and work in the service to do this the richer it is likely to be. Also, it can be useful to add to the mix doing this walk-through from a variety of perspectives, like from someone who was feeling dysregulated and triggered; or from a, for example, a 15 year old transgender person, or someone who doesn’t speak English, and so forth).

??What might increase people’s feelings of danger, dysregulation, stress, & threat; be potentially re-traumatising, activating, trauma-inducing, or re-triggering? This includes viewing triggers as multi-layered (E.g. Autobiographical, sensory (including smells, sounds, sights, feelings, sensations), emotional, relational, cognitive, and physical triggers etc).

?? Are people (Including non-clinical staff, such as the security guard & reception desk staff) able to identify & recognise the signs, cues, & signals when someone including themselves are potentially triggered, activated, & dysregulated? ?? Are they able to be curious as to why this might be, & hopefully respond through an adversity, culturally and trauma-informed lens and in a regulated way? (e.g. Not meeting a survival reaction with a survival reaction &/or responding in a mutually-escalating, or a dismissive way).

?? Are people able to respect and recognise that people coming into services, such as social services, a school, a hospital, might already be triggered, activated, in survival/crisis mode; & that this can filter into their responses & interactions to the services being offered/experience? (E.g. Having a long wait, being told no, filling-in forms, having to take 3 buses to get to the appointment, being told-off or turned away for being late, having their name pronounced incorrectly, being in a loud/cramped area, not knowing what will happen in the meeting or not getting what they were hoping for etc).

?? Are regulating, coping, grounding, & soothing activities taught, promoted, encouraged, & modelled throughout the organisation? Are these used at regular & relevant times?

?? Is there a recognition that the services, structures, processes, & systems in place can be unintentionally re-traumatising, re-triggering, & activating? Are there processes in place to minimise and improve this? Is there an intentional effort & action around evaluating these, reflecting on them, & on actively trying to find ways to improve, develop, & problem-solve around them? (E.g. Staff's facial expressions, language used, restraint, exclusion, seclusion, the way & tone in which people are spoken to & about, certain assessment measures, decisions "to" rather than "with", type of environment & room, lack of choice etc).

?? Is there a recognition that organisations/people are often functioning in limbo/survival mode on a number of levels, from working with trauma/dissociation/ crisis/high levels of stress, through to having government changes, to having funding cuts & short-term contracts; & that this can have an impact on the work itself & on the experience of the work?

Some additional questions to consider around emotional and relational safety and then physical safety will now be shared in the below grey box.

Value and Principle 1 Expanded- Trust & Multi-layered Safety

Emotional and relational safety and trust (These are by no means exhaustive or prescriptive)



?? In addition to the above, what are you doing to support people who work in the service & whom access the service to feel emotionally, relationally, & psychologically safe, supported, & secure?

- ?? *Do people have a space/forum where they can reflect on the work itself, & the impact of the work, such as reflective supervision? Does this space feel safe, containing, supportive etc? Like when working with individuals who have experienced trauma, where there can be a lot of tension, adrenaline, cortisol, and other held feelings- we need to find sensory, physical, cognitive, spiritual, creative ways to release, re-charge, and de-compress. We need the same within organisations e.g. Regulating activities, supervision, reflective practice, effective team meetings etc.*
- ?? *How does the organisation recognise and respond to people and teams in distress and or in conflict?*
- ?? *How is the impact, nature, and complexity of the work acknowledged, supported, and addressed?*
- ?? *Is there a culture of shame & blame/ fear, panic, & threat; or of openness & transparency? (Of course, this may vary depending on a range of factors).*
- ?? *Do people generally feel that they are listened to, valued, heard, & seen?*
- ?? *Are they shown/do they feel qualities such as compassion, respect, empathy, curiosity, reflectivity, containment, & understanding from leaders and colleagues?*
- ?? *Do people feel that the people around them are emotionally & physically present & available?*
- ?? *Are there permissive messages about being human & learning from “mistakes”? Are mistakes normalised and de-stigmatised/shamed/? Is there fear of retribution? This includes feeling able to show and share some of the emotion and impact of the work.*
- ?? *Are there clear, fair, predictable, & consistent boundaries, rules, & limitations in place? This is even more important in the context of trauma where there have often been multiple layers of boundary violations.*
- ?? *Are areas such as informed-consent, information-sharing, & confidentiality considered carefully? And written in accessible language?*
- ?? *Are meetings/appointment times/forum times honoured, and if there are necessary changes/exceptions are these clearly named and communicated?*
- ?? *If something is promised, is it followed through?*
- ?? *Do people do what they say?*
- ?? *Is feedback genuinely encouraged, sought, listened to, & if possible, acted on from people at all levels?*
- ?? *Do people feel able to speak-up to raise concerns/ express a difference of opinion with colleagues/ managers?*
- ?? *Are changes/ decisions discussed, acknowledged, & clearly communicated?*
- ?? *Are there informal and formal processes for debriefing and checking-in with each other?*
- ?? *How is there priority and respect around people’s personal space, privacy and boundaries?*
- ?? *Are there clear goals, objectives, expectations, & role definition in place?*
- ?? *Are there elements which support consistency & predictability?*
- ?? *Do people check-in with each other; & pay attention to when they are not there/ are unwell/ are not themselves? For example, in the Sanctuary Model they do daily check-ins and team huddles. I saw lovely examples of this working really well and meaningfully during my Fellowship at CCTC and Hope Works in Philadelphia.*
- ?? *Do people feel that the organisation/team/ manager will support them and have their back?*

- ?? *Is there an ethics board or group that are able to consider areas of safety from an adversity, culturally, and trauma-informed lens?*
- ?? *Do people have safety & wellness plans in place? Are these used, encouraged, & reviewed? Are these easily-accessible? (e.g. In diary, on lanyard etc). See Dr Treisman's resources and crib sheets on self-care on www.safehandsthinkingminds.co.uk.*
- ?? *If there are required procedures and intake forms, like using screening measures, are these done with care, & in as thoughtful, intentional, & sensitive way; which includes offering support, guidance, space, setting the context, giving feedback, & taking the necessary actions required etc. If these are done, do these also consider aspects such as the setting of the room, the instructions given, the cultural sensitivity of the tools, how balanced they are with other tools and strengths-based approaches, the purpose of them and so forth?*
- ?? *Are there designated safe places & spaces? e.g. Zen zone/ calm corner/ quiet room. This might include rooms with specific purposes such as a breastfeeding space/ a prayer room/ a chill out room/ a thinking room etc.*
- ?? *Is there access to other wellness spaces/ activities? (E.g. Bicycles/ gym/ walking routes/ massages/ pamper days etc).*
- ?? *Is there an acknowledgement with support of policies of the importance of brain breaks, holiday time, work/life balance, work/email-free time?*
- ?? *Does someone feel that they belong? Do they feel welcomed/ have a consistent space/ can personalise their desk etc?*
- ?? *As said previously, these are by no means exhaustive, what others would you add which are specific to your team/service/organisation?*



Physical Safety- *How are you considering & supporting people's physical safety? (A flavour of the types of areas this might include are listed below- these are by no means exhaustive or prescriptive).*

- ?? *Is there training & skills available for all staff (including non-clinical staff) around understanding the importance of safety/ recognising triggers, and so forth? As well as around de-escalation skills; & creating containing, regulating, & soothing environments & experiences?*
- ?? *Is there lone working, sickness, & joint working policies in place which are monitored and adhered to?*
- ?? *Are the fire, smoking, and health and safety policies up to date, meaningful, and reviewed? Are these communicated with staff?*
- ?? *Are people checked-in with if for example, they have had a difficult day, been in court, had a late visit etc?*
- ?? *Is there careful thought around things like locked doors/ keys/ cupboards/exit routes/ crowded corridors?*
- ?? *How is there priority and respect around people's personal space, privacy and boundaries?*
- ?? *Is attention made to things which can make people feel physically safer and more comfortable such as lighting/ room temperature/seating?*

?? Are you attentive to aspects which may be triggering e.g. Smells in the corridor, sounds, small spaces, type of art work displayed, noisy waiting rooms, warning of planned fire alarms etc?

?? Have you thought about the safety elements of areas such as: parking lots/ bathrooms/ exits/ entries/ common areas/ therapy rooms etc?

?? Are there specific safe walking routes or procedures in place for potentially more risky situations/ visits?

?? Are there safety & wellness plans in place, and meaningfully reviewed and used? Are these accessible and evaluated?

?? Is there a robust system for monitoring who is coming in & out of the building?

?? Are thorough risk assessments carried out if necessary?

?? Are rooms sound proofed, or efforts made to minimise distraction and maximise confidentiality?

?? Are there security systems & people in place? Do people know about this and feel comfortable and able to use them?

?? Is there clear signage & maps, so that people feel oriented, guided, & welcomed. These should also consider cultural, communication, & language differences.

?? Is there an effort to increase space, so that people don't feel cramped or trapped?

?? If possible, do people have their own space, which they can feel connected to, rather than something such as hot-desking?

?? Do people have accurate and working contact numbers/ signposting service lists/ signals for help/ communication systems with peers & support?

?? Do people have access to a mobile phone when out in the community?

?? Is there very careful thought about procedures such as restraint/ exclusion/ seclusion?

?? If physical examinations are done- how are these done in an adversity, culturally, and trauma-informed way?

?? Is there a clear plan for responding to internal emergencies and crises that is regularly reviewed with all staff?

?? As said previously, these are by no means exhaustive, what others would you add which are specific to your team/service/organisation?

?? What about the other areas of safety such as moral, relational, and cultural safety? (See Dr Treisman's related documents on www.safehandstinkingminds.co.uk for more on this)

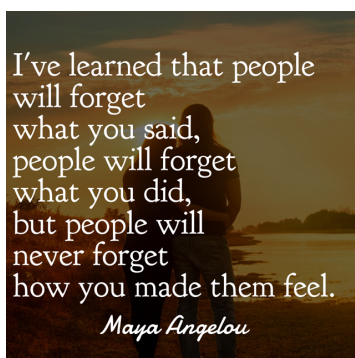
Value and Principle 2- Relationship-Focused & Relationship-Centred



This relationship-focused aspect acknowledges that organisations are complex networks made up of people & most importantly by relationships, human encounters, and interactions. Given that we are relational creatures & that each person comes into the work with their own relational & attachment history, & ghosts (Fraiberg et al., 1975), & angels of the past (Lieberman et al., 2005); & that relationships are everywhere (we have relationships with our minds,

bodies, to pain/ difficulties, communities, society, thoughts, feelings, values, beliefs, & so forth). We need organisations to be relational & to be humanised! We ideally need organisations that have secure base leaders who model the model and who embody the values and commitments of the organisation. As stated earlier, as Bruce Perry says, it is “People who change programs, not programs”. A relational focus is also important for supporting people to feel connected, for positive collaboration, team work, morale, and a range of other organisational aspects.

This also recognises that because the trauma has often been caused by, within, and exacerbated by relationships. Therefore, the healing has to be within relationships. Change has to be led, driven, and anchored to relationships, because relationships are the super glue ingredient, the magic, and the anchor (Treisman, 2016). Therefore, “Relational trauma requires relational repair” (Treisman, 2016). Thus, the relationships and connections have to be at the centre of the work; & the people viewed & treated as the organisation’s greatest treasures/tools/agents & drivers of change. This includes trying to support a healthy & reparative way of being in relationships, doing relationships, & what to expect from relationships; & prioritising the power of reciprocal, attuned, & sensitive relationships and connections within this. This means emphasising, celebrating, and magnifying people’s sense of belongingness, value, and connectedness.



This includes relationships with & between each other, & relationships with the population & community which the organisation serves. How can we talk about supporting those that we work with around their relationships and interactions; if we are not able to nurture and model these with each other and internally. This advocates for humanising services.

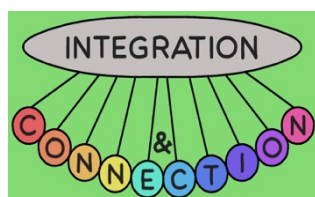
This also means that “Every interaction is viewed as an intervention” (Treisman, 2018), as an opportunity for change, as a possible sparkle and turnaround moment, & as an opportunity for the values to be modelled and embodied. This also extends to things which are seemingly small but make a big difference, such as how we welcome someone, how we orient people to the services, and so forth. It is as much about what we do, as it is about how we do it and how we make people feel. It is also about respecting and valuing each person’s worth and value.

This echoes the concept that it takes a village to raise a child, so therefore, this prioritises creating & sustaining strong connections between each other, the community & beyond. This supports the notion of having a cohesive, connected, & integrated wraparound team around the child/family/ worker/ system. (See section on connection & integration to expand on this).

The following grey box will expand some of these ideas further.

Value and Principle 2- Relationship-Focused & Relationship-Centred Expanded *(These are by no means exhaustive or prescriptive)*

- ?? *Is there an understanding about the importance of relationships within the organisation? Does this extend to relationships between services and agencies? Does this extend to relationships between different roles, for example, how connected is a senior leader to people in other parts of the organisation?*
- ?? *What priority, time, and space are made for relationships, a sense of belonging, and around connection?*
- ?? *Is there a sense of processes overtaking and overpowering people?*
- ?? *What relational and emotional qualities do we want people using the service and employees to feel? Are these modelled, supported, embodied, measured, & prioritised?*
- ?? *How are the services humanised and relational? Is there a strong sense of the team around the child/ family/ worker?*
- ?? *What is done to enrich and support relationships, and in certain service provisions, such as social services, to promote relationship-based practice? (E.g. In a social service setting, trying to promote time for relationship-building, supporting collaborative and partnering relationships, aiming towards more consistent workers with less turnover, tailoring and individualising care, and so forth).*
- ?? *How do policies or processes take into account relationships? (e.g. transition plans, length of involvement, allocations, matching etc).*
- ?? *What is done in teams to support staff cohesion, morale, connection, and relationships?*
- ?? *How does the team respond and interact with each other when there is a celebration, when there is a conflict, when there is a loss, when there is change?*
- ?? *What might a person whom is new to the organisation and service say about the type and qualities of relationships?*
- ?? *Is there time and space and emphasis on reflecting on the quality of relationships, and what barriers or hotspots there might be around this? If there are relational ruptures, are efforts made to reflect on these, and to actively try to repair them?*
- ?? *As said previously, these are by no means exhaustive, what others would you add which are specific to your team/service/organisation?*



Value and Principle 3- Integration & Connection

Trauma, loss, adversity, dissociation, & toxic stress can create difficulties across multiple layers with integrating, communicating,

& connecting. Including interhemispheric connection such as the left & the right brain, & the top & the bottom of the brain. The mind from the body. Affect from experience. Words from feelings. The past, from the present, & from the future. Thoughts from feelings, sensations, & behaviours. The person from the community, & so forth (Treisman, 2018).

This can be a parallel process, & can therefore, be mirrored & echoed in the system & in the organisation itself becoming fragmented, incoherent, misaligned, disjointed, fractured, & disintegrated. We can, therefore, often see an organisation having similar difficulties, such as within how they communicate, integrate, and connect. Dr Daniel Siegel speaks about in his river of integration metaphor, how when there is not integration, one can move into or between rigidity or chaos; we can also see this pattern happening in organisations-individual/team/organisation chaos or rigidity- or oscillating between these modes.

Therefore, much of the work & task of trauma specific interventions and trauma processing is around integration, connection, alignment, synergy, & communication. So, it makes sense that this should be modelled, infused, taught, embodied, & emphasised in the systems themselves. Systems need to be as connected & integrated as possible, they cannot operate in silos or as lone islands. It is just as much about the relationship between the different parts of an organisation as an organisation itself. Think of this as a flow.

Value and Principle 3 Expanded- Integration & Connection

(These are by no means exhaustive or prescriptive)

- ?? *How connected and integrated is your team/organisation to the people you work with, each other, other in-house services, external agencies, the wider community?*
- ?? *How much collaboration, mutual learning, partnership, and communication occurs? How effective are these?*
- ?? *Is the focus between agencies on collaboration or competition?*
- ?? *Are there potential mirroring and parallel processes at play? (e.g. Splitting/ them and us/ projection/ fragmentation/ rivalry etc).*
- ?? *Is best practice and shared learning prioritised?*
- ?? *Is there a sharing of resources?*
- ?? *Are people physically co-located or have regular means of connecting and communicating?*
- ?? *What is people's understanding of each other's role, department, and function? How much shared understanding, language, and connection is there?*
- ?? *How does your organisation signpost to, speak about, and refer between and with other organisations?*
- ?? *How if transitions are part of the organisation, are they done and supported in a cohesive way?*
- ?? *Do people have local knowledge as to what is going on in different places and what other services are doing- so not re-inventing the wheel?*
- ?? *How connected are people in all roles to the values, mission, and identity of the organisation and/or to the approaches and models of practice?*
- ?? *If there are different ideas and guiding approaches, for example, how are these integrated and connected? What is the golden thread? How do these compliment and overlap as well as differ?*
- ?? *If there is satellite working or home working- how do people feel connected and supported?*

?? *If working across large and diverse geographical areas, how connected and integrated do people feel?*

?? *Are there IT and record systems that support connection and integration?*

?? *As said previously, these are by no means exhaustive, what others would you add which are specific to your team/service/organisation?*

This also means committing to taking a more whole system and holistic approach, like we need to do in trauma-specific interventions- a whole person, a whole body, a whole brain, and a whole system approach. This for example, might include communicating regularly, effectively, & proactively with the whole team around the child/ worker/ family; and operating in integrated & cohesive ways. This is key in providing families with an integrated & coordinated service, & on pulling the pieces of the patchwork together to get a wider, systemic, & more holistic picture- a wraparound team.

This might be through things such as (not an exhaustive or prescriptive list):

- a) Intentionally acknowledging and respecting the importance of integration and connection; and recognising the hazards of when this is not happening. This includes being mindful of the parallel and mirroring processes which may be occurring, as discussed in the earlier sections (e.g. Splitting, us and them, othering, warring, rivalry, fragmentation etc).
- b) Multi, inter, and cross-disciplinary working- direct and indirect forms.
- c) Meaningful collaboration including reviewing what already exists and how these can be maximised, rather than re-inventing the wheel.
- d) Find and support the super connectors within the organisation- the people who can support, drive, and be a catalyst for change and connection.
- e) Opportunities for socialising and connecting on a social level.
- f) Having spaces to collectively problem-solve and safely share concerns; as well as celebrate strengths and best practice.
- g) Where possible, having shared or connected IT and recording systems.
- h) Having shared forums like a shared drive, online groups, wats app groups etc.
- i) Having a shared vision, purpose, language, and mission which people are attached and connected to. This is helpful if visually and creatively represented as well.
- j) Having ritual and ceremonies which support people to connect and to have a sense of continuity e.g. Leaving, entering, conflict resolving rituals.
- k) Having opportunities to learn and enrich understanding of each other's roles. functions, hopes, tasks, limitations, skill sets etc.
- l) Engaging in regular, open, and transparent direct and indirect communication.
- m) Partnership programmes, referring to each other, and signposting to each other.
- n) Physically being co-located.
- o) Team-building, connecting, & cohesion activities.
- p) Sharing best practice forums, learning collaboratives, conferences, workshops, events etc.
- q) The above to be reinforced in joint policies procedures, & funding streams.



Value and Principle 4- Noticing, Acknowledging, Magnifying, & Celebrating Strengths, Skills, Resources, Hope, Positive Qualities, Protective Factors, & Resilience in Individuals, Families, Teams, Organisation, and the Communities.

A culturally, adversity, and trauma-informed and responsive organisation needs to have a balance and also focus on areas around resilience, strengths, recovery, growth, development, and hope. This is crucial as the idea is to not be problem-saturated or to define someone by their trauma; and rather to see the whole person. This fits with commonly quoted question in the trauma-informed world, is it not what is wrong with you, but what is strong with you?

This includes having training on, discussing, reflecting, drawing on, interweaving, & embedding directly and indirectly ideas around resilient, healthier, hopeful, healing, & reparative organisations; & around the following concepts (not an exhaustive list):

- a) Adversarial growth (Joseph & Linley 2004),
- b) Adversity-activated development (Papadopoulos, 2006),
- c) Posttraumatic growth (Calhoun & Tedeschi, 2004),
- d) Compassion satisfaction (Stamm, 2002),
- e) Vicarious resilience (Hernández et al., 2007),
- f) Resiliency,
- g) Recovery,
- h) Earned or learned security,
- i) Grit,
- j) Neuroplasticity,
- k) Protective factors,
- l) Hope,
- m) Wellness and wellbeing,
- n) Angels of the past (Lieberman et al., 2011),
- o) Intergenerational wisdom and resilience.

This also includes acknowledging, holding in mind, magnifying, & celebrating strengths, resources, skills, positive qualities, protective factors, resilience, and hope in individuals/ families/ groups/ teams/ organisations/ communities. As well as finding ways to celebrate & acknowledge the positives of the work, the “small wins”, the journey, the progress, and what is going well etc. as well as ensuring that a strength-based lens is also used in all aspects from in appraisals, to language, to assessment tools, to team meetings, and so forth. Some of the ways which this can be supported will be expanded in the following grey box.

Value and Principle 4- Noticing, Acknowledging, Magnifying, & Celebrating Strengths, Skills, Resources, Hope, Positive Qualities, Protective Factors, & Resilience in Individuals, Families, Teams, Organisation, and the Communities- Expanded (*These are by no means exhaustive or prescriptive*)

?? What ways do you/ your team/ your organisation recognise, enrich, expand, celebrate, discuss, and magnify your/ your colleagues/ the people you work with/ the team/ the organisations strengths, skills, resources, progress, and so forth?

Personally, I love finding multi-sensory, creative, & expressive ways of displaying, enriching, & embedding individual, family, team/organisational strengths, skills, resources, and so forth. Some examples from my books follow, however, please see my Therapeutic Treasure Box book (Treisman, 2018), Gilly the Giraffe a self-esteem workbook (2019) or my forthcoming book on adversity, culturally, and trauma-informed and responsive organisations (2020) for more ideas around this.

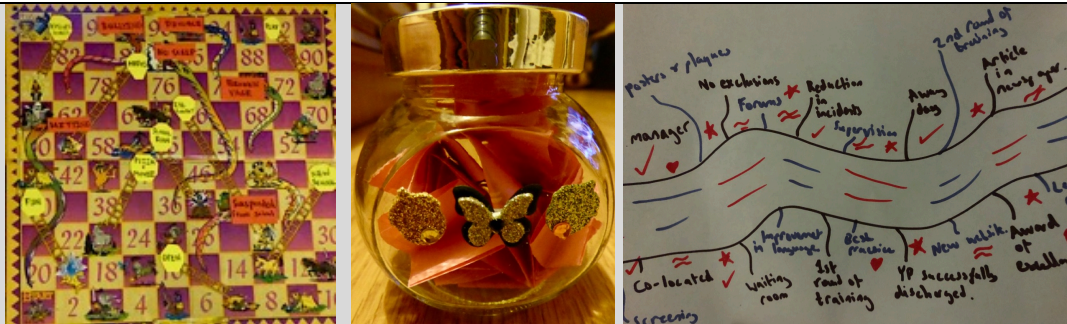


A tower or skyscraper of strengths, a team patchwork of positives and possibilities, and a team's forest, using the professional Tree of Life tool from Narrative Therapy.

This strengths-based focus includes visually celebrating & acknowledging the positives of the work/ "small wins"/ the journey/ progress/ what is going well etc.

- ?? What steps and progress have you already made?*
- ?? What journey have you already been on?*
- ?? What do you feel is going well and which you are pleased for?*
- ?? What do you feel you/your team/ your organisation is already doing which is really helpful and aligned with the ideas and values of trauma-informed practice?*
- ?? What are you most proud of as a team/organisation?*
- ?? What have been some of the sparkle moments and achievements so far?*

Again, I love to do this visually, and this models the model of being multi-sensory, and of being whole body and whole brain focused. For example, this progress and steps taken of the team/organisation/ family/ individual can be visually represented through something like: A roadmap, a river, a butterfly, a path, a tree, a "then, now, and future" collage or piece of art, a snakes and ladders board etc. This includes really acknowledging and magnifying what already is working well, and what already needs to be celebrated. This is important to do before going in and thinking about what is next, so to really reflect and celebrate on what steps have already taken. Some examples follow from my Therapeutic Treasure Box book (Treisman, 2018) and current projects:



A strengths-based approach also focuses on using strengths-based, hope-filled, & people-first language in meetings, interactions, assessments, forms, supervision, materials, letters, & so forth. For example:

- ?? *Do these try to get to know & see the whole person/family/context & widen the frame/picture? For example, see more than a diagnosis, a crisis, a label- and see the person and need behind these.*
- ?? *Do they veer away from problem-saturated language & negative discourses?*
- ?? *Do they consider the impact of and the choice of the words used in meetings, reports, letters, signs, texts, materials, website, daily logs, interactions, and so forth? How balanced are they?*
- ?? *Are strengths and resources acknowledged and identified verbally, non-verbally, and creatively?*
- ?? *Is there time to acknowledge and appreciate what is going well? See strengths-based letter at www.safehandstinkingminds.co.uk to support this.*
- ?? *How strengths-based and/or balanced are the intake forms, measures, assessment tools, reviews, and meetings? For example, if one is asking about trauma, are there also discussions and measures around protective factors and strengths. Or if there has been an incident, is there also a focus on all the other days/moments when there was not an incident, and so forth.*

A strengths-based approach also respects that everyone brings unique skills, lens, & experiences into a situation; and is encouraging, accepting, interested, and curious about these. It also acknowledges that “mistakes” are human, and are things to learn from & develop from, & can be very helpful.

- ?? *How are strengths recognised and appreciated? Is there much exploration and curiosity around the history, development, use, and story behind this skill?*
- ?? *How are “mistakes” responded to/ shared/discussed/ learned from?*

A strengths-based approach supports skill development & growth opportunities at all levels; and commits to elevate people and to support development. A strengths-based approach holds onto or re-connects with hope & a belief for better/ improvement/ change/development/recovery. This also includes finding ways to facilitate future-thinking & having a shared vision.

- ?? *How are people’s skills supported and elevated? Are there opportunities to learn from each other and to develop? Is development encouraged and supported?*
- ?? *How are feelings of hope and development felt, shared, encouraged, fostered?*
- ?? *Are there opportunities to explore, enrich, and reflect on future thinking and opportunities and around wishes, hopes, and visions?*

A strengths-based approach supports people (Verbally and non-verbally, directly and indirectly) to feel validated, recognised, skilled, invested in, thanked, elevated, and seen etc. This might be through things such as body language, to verbal encouragement and praise, to celebrations, to spending time, to awards, to gratitude activities, to thank you cards, and so forth.

?? *How are people thanked, valued, invested in, elevated, acknowledged, shown to be appreciated by each other/ the team/ the organisation?*

?? *Are there opportunities to highlight and share things like: things people are proud of/grateful for/ going well. Or what makes a day as a good day for someone, what someone's sparkle moments have been in their job, what do they appreciate in their colleagues/the work etc.*

A strengths-based approach also has messages of hope, inspiration, & strengths shared & displayed throughout the organisation e.g. Through posters/ murals/ art work/ radio/ TV/ magazines/ newspapers/ concerts/ events/ screensavers/ newsletters/ blogs/ vlogs etc. Some examples of this during the Fellowship was Health Right 360 who had the women who were using the services name the communal spaces, names included things like Women Warriors, and then they created art using messages of hope and inspirational quotes. Similarly, CCTC in Philadelphia had a beautiful mural of hope and strengths on the walls of their building.

?? *What messages of hope, inspiration, positivity, and strengths are displayed and shared around the building and in other forms of communication like on the walls, in posters, on blogs, in magazines, in events, in plays etc?*

A strengths-based approach understands the science behind hope, love, and connection, and therefore brings play, playfulness, & humour in to interactions & the environment. This is particularly important when working in complex contexts filled with trauma. This might include as well as micro interactions, also focusing & supporting team spirit, cohesion, morale.

?? *What is done to bring in play, playfulness, and humour into the work/team meetings/ the organisation?*

?? *Is there an understanding of the benefits of laughter, connection, and play?*

?? *What is done to support team cohesion, morale, and team spirit?*

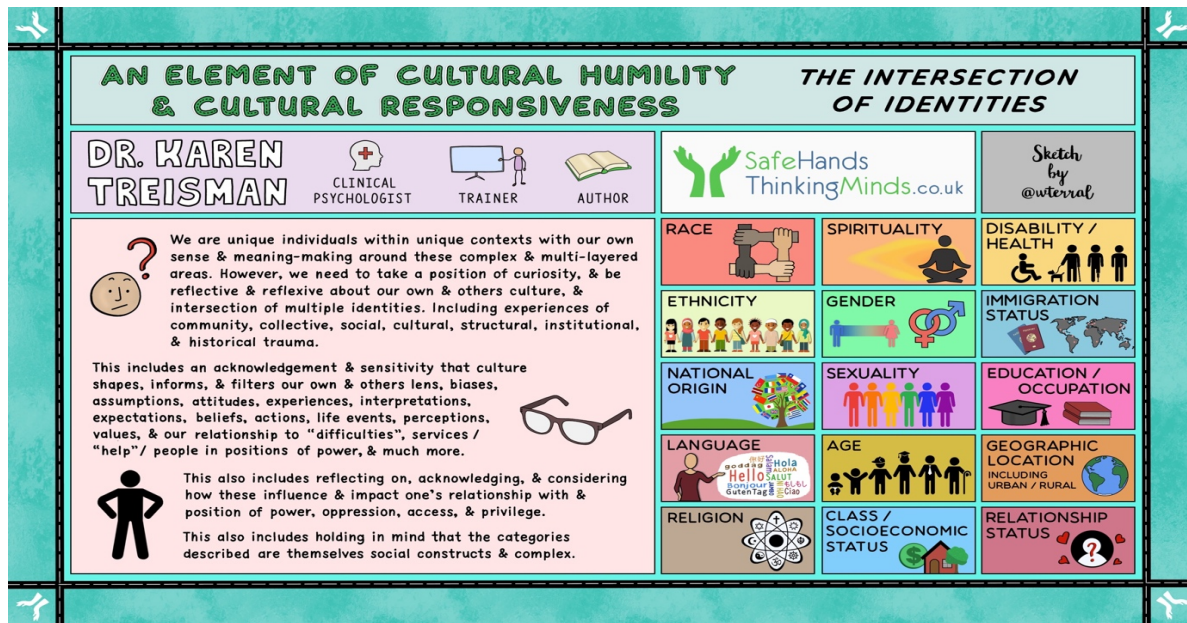
A strengths-based approach creates opportunities to celebrate and share appreciation e.g. A new starter, someone leaving, birthdays, awards, other celebrations such as a great piece of work etc. I saw a lovely example of this at Hope Works in Philadelphia during my Fellowship; where everyone gathered around for a leaving celebration and each verbally said something, they appreciated and will remember about the person leaving. There was also cake and singing.

?? *How are people (if they want as we know different people like to celebrate differently) celebrated and appreciated?*

A strengths-based approach interweaves ideas from certain strengths-based approaches such as Narrative Therapy, and Solution-focused therapy into interventions, team meetings, supervision, and so forth.

Value and Principle 5- Cultural Humility & Responsiveness

(The below includes some aspects within this, however, by no means are they exhaustive or prescriptive)



Cultural humility & responsiveness is a vast and complex area in its own right however some key areas will be shared here and in the grey box. It includes acknowledging, respecting, reflecting on, honouring, taking a position and a culture of curiosity, & responding to the **intersection of multiple identities** (e.g. Age, gender, socioeconomic status, religion, race, sexuality etc); & of community, collective, social, cultural, structural, institutional, & historical trauma, violence, and oppression. This might include (not an exhaustive list) the complex & multi-layered areas of: Slavery/ imperialism/ colonisation/ segregation/ discrimination/ persecution/ genocide/ war/ immigration/ poverty/ oppression/ institutional racism/ micro & macro aggressions/ marginalisation/ social location/ social determinants of health and wellbeing & so forth. Cultural humility & responsiveness also includes considering and reflecting on institutional racism/sexism (and so forth) & how power imbalances and inequalities can impact the employees & the communities being served, often on a daily and ongoing basis. This also considers & reflects on the power differences/positions of power, identity, privilege, & access; and how inclusive and diverse the organisation is, across all aspects.

Cultural humility & responsiveness also includes making a lifelong commitment to self-evaluation and critique (Tervalon and Murray Garcia, 1998); curiosity and interest. It is also about being reflective, interested in, critical, curious, & reflexive about the lens in which we view the world- including how our own biases, lens, sense-making, meaning-making, values, judgements, actions, traditions, beliefs, expectations, attitudes, behaviours, assumptions, & perspectives are based on & influenced by these. This includes our & other's relationship to "help"/ authority/ power/ "illness"/parenting/ sources of help/ engagement/ emotional

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expression, & so forth. Within this, a culturally-responsive organisation celebrates and respects diversity, and magnifies and honours individual, family, community, and societal strengths, resiliencies, and resources.

Cultural humility & responsiveness considers the social, political, & cultural context & history of the organisation; & of the populations being served; and intentionally shapes, designs, and delivers the service with respect, collaboration, and integration of this. Cultural humility & responsiveness also considers the usage & complexities around language, choice of words, use of acronyms, choice of therapist/practitioner, accessibility of language and materials. It also considers aspects such as the applicability, validity, accessibility and appropriateness of the translation of materials, programs and treatment approaches which are used.

An organisation working towards being more culturally responsive also considers social inequalities, differences, biases, disparities in the treatment, engagement, & approach towards different people depending on some of the above factors. This also includes the barriers & obstacles in accessing & utilising the services.

Value and Principle 5- Cultural Humility & Responsiveness Expanded

(The below includes some aspects within this, however, by no means are they exhaustive or prescriptive)

Cultural humility & responsiveness includes acknowledging, respecting, reflecting on, honouring, taking a position and a culture of curiosity, & responding to the **intersection of multiple identities** (e.g. Age, gender, religion, race, sexuality etc); & of community, collective, social, cultural, structural, institutional, & historical & intergenerational trauma, violence, and oppression. This might include (not an exhaustive list) the complex & multi-layered areas of: Slavery/ imperialism/ colonisation/ segregation/ discrimination/ persecution/ genocide/ war/ immigration/ poverty/ oppression/ institutional racism/ micro & macro aggressions/ marginalisation/ social location/ social determinants of health and wellbeing & so forth.

- ?? *How are these aspects acknowledged, reflected on, and responded to in your team/organisation? How are they interwoven with policies and processes? How are they considered in training, in supervision, in recruitment, and so forth?*
- ?? *Which identities are given preference/ fore fronted/ silenced/ neglected and so forth?*
- ?? *What differences, biases, disparities, and inequalities might there be in the treatment, engagement and approach of different people?*
- ?? *How curious are we in the whole person? How do services account for considering people's intersection of identities?*
- ?? *Who was the service designed for? How were those people at the forefront of the design, shaping, and delivery of the services?*

Cultural humility & responsiveness includes understanding institutional racism/sexism (and so forth) & how power imbalances and inequalities can impact the employees & the communities being served, often on a daily and ongoing basis. This also considers &

reflects on the power differences/positions of power, identity, privilege, & access. Cultural humility & responsiveness also is about taking organisational accountability, which includes being more intentional & proactive. *After all, if we can't do this amongst each other at an organisational level, how will be able to do this within the work itself?* We need to model the model. Including considering:

- ?? *How do the policies, funding, & procedures support areas of cultural humility & responsiveness?*
- ?? *What might represent/signify/trigger for someone else?*
- ?? *What implicit and explicit assumptions/ beliefs/ attitudes/expectations/biases/prejudices might there be?*
- ?? *What in the organisation gives someone status/ power/ privilege/access?*
- ?? *Who is the organisation is often misrepresented/ silenced/ denied/ ignored etc?*
- ?? *Whose voices are not been authentically & meaningfully represented/ or are being are silenced/are easily forgotten/ are in the shadow/ are not included/ are avoided? Whose voice gets heard and given priority?*
- ?? *How safe do people feel culturally?*
- ?? *What is people's experience of power imbalances and inequalities?*
- ?? *How are aspects such as institutional racism and sexism acknowledged, reflected on, named, responded to?*
- ?? *How seriously does the organisation act on reports or observations of discrimination, oppression, and so forth?*

Cultural humility and responsiveness is also about taking a lens of curiosity and interest; and being reflective about one's/ teams/ organisation's own lens, attitudes, biases. An organisation working towards being more culturally responsive also thinks about areas of difference, & how these are considered (curiosity and asking sensitively is crucial as everyone is unique). E.g. Gender roles/ eye contact/ touch/ parenting and rearing styles and practices/ food choice/ concept of time/ navigating complex systems & new words & roles which might be unfamiliar etc.

The types of questions might include:

- ?? *How might our own biases, lens, sense-making, meaning-making, values, judgements, actions, traditions, beliefs, expectations, attitudes, behaviours, assumptions, & perspectives be influencing...?*
- ?? *How does the historical and cultural context influence... e.g. parenting/ emotional expression/relationship to the service?*
- ?? *How might someone's, for example, legal status, living situation, language level, be impacting their health/life/experience?*
- ?? *How might my lens and identity be informing how I am approaching ...?*
- ?? *What is your meaning-making and sense-making around...?*
- ?? *How might... (e.g. Nightmares/emotional expression/ mental health) be seen differently depending on someone's culture?*
- ?? *How might someone's understanding of a role (e.g. A social worker, police, a foster carer), or of intervention options differ depending on their intersection of their identity (traditional healing, voodoo, mind-body techniques, community approaches, spiritual leaders etc)?*
- ?? *What are someone's explanations, attributions, beliefs, attitudes be about...?*
- ?? *What is the individual, family, community, and societal strengths, resiliencies, and resources? How can these be respected, honoured, learned from, and magnified?*

?? *Is there choice or preference over intervention? (e.g. Gender or race of therapist/ timing of appointment/ having another person present etc).*

Cultural humility and responsiveness includes considering areas such as staff member's level of comfort, skill, awareness, and confidence in talking about areas of culture and difference. For example:

?? *Are staff members/ supervisors comfortable and trained in asking questions and having discussions in ways that reflect an openness, respect, curiosity, and interest in learning about what is important to people about their experiences, culture, and identities?*

?? *Are staff supported to have a space to think about their expectations and assumptions around, for example, someone with downs syndrome, or someone from a particular religious background?*

Cultural humility & responsiveness considers the social, political, & cultural context & history of the organisation; & of the populations being served; and intentionally shapes, designs, and delivers the service with respect, collaboration, and integration of this.

Cultural humility & responsiveness considers the usage & complexities around language, choice of words, use of acronyms, choice of therapist/practitioner, accessibility of language and materials. It also considers aspects such as the applicability, validity, accessibility and appropriateness of the translation of materials, programs and treatment approaches which are used, and the use, quality, and availability of interpreters etc. An organisation working towards being more culturally responsive also will consider how someone would like to be described & how they would like, if any, to be identified as. An organisation working towards being more culturally responsive is also mindful of things like the pronunciation of someone's name and prefix, & how they would like to be called/addressed.

(not exhaustive or prescriptive and will depend on your service context):

?? *Do intake and outcome forms/ reports/ IT systems accommodate for how someone would like to be described and identified as?*

?? *Is there interest in how the person would like to be called, including things like prefixes and pronunciation?*

?? *What language and choice of words are used? How relevant and accessible are these? This includes considering local knowledge required, jargon, ACRONYMS etc.*

?? *Is there access to suitable matched interpreters when needed? Are staff trained how to work effectively using best practice guidelines of working with interpreters?*

?? *Are materials available in different languages/braille? What about those who cannot read or write/ those who are visually impaired/ those with learning disabilities and so forth?*

?? *What tools, models, assessment measures, programs, & therapies are used?*

?? *How do these account for cultural, identity, & linguistic differences?*

?? *What population have these measures and approaches been normed and validated on and for?*

?? *What barriers & hazards might there be of these?*

Cultural humility & responsiveness consider how inclusive and diverse the hiring & recruitment practices/ professional development & developing opportunities/ and the organisation is in general?

- ?? *How inclusive and diverse is the workforce and recruitment?*
- ?? *Are there ways to diversify the recruitment and hiring strategies & to make them more inclusive?*
- ?? *How reflective is the organisation's workforce of the population being served?*
- ?? *How seriously does the organisation act on reports or observations of discrimination, oppression, and so forth?*

An organisation working towards being more culturally responsive also considers social inequalities, differences, biases, disparities in the treatment, engagement, & approach towards different people depending on some of the above factors. This includes seeking honest, open, & transparent feedback; & for the organisational to meaningful reflect & take accountability. This also includes the barriers & obstacles in accessing & utilising the services. A great example of this, is one organisation I visited during the Fellowship, discussed how at their homelessness shelter, they realised that African American Trans women were being unequally treated compared to their other populations being served in their shelter, and so they actively went on a journey to improve their services for them. Another organisation shared how they had realised that their waiting room was very tailored to young children but was not tailored to adolescents. Another organisation noticed that certain young people were more likely to be medicated or given certain diagnoses depending on their race.

- ?? *What differences, biases, disparities, and inequalities might there be in the treatment, engagement and approach of different people? (The sketchnote above may support you on this, as well as a survey, feedback, and observation)*
- ?? *What factors may influence a decision around, for example, treatment/approach etc?*
- ?? *What obstacles and barriers might there be for certain people/ "groups" around engaging with and accessing the services?*

An organisation working towards being more culturally responsive also considers the art work, photos, images, & magazines which are chosen & displayed in the building, in distributed materials, on the website, & so forth. This might include things like signs on the toilet door and the toys selected in the waiting room. This might also include other aspects of the physical environment.

- ?? *What materials/ magazines/ leaflets/ pictures/ art/toys/ food/ spaces are available; how do these consider people's culture and intersection of identities? How accessible and inclusive are these? (It can be helpful to do a walk-through in your mind and actually and think about different scenarios).*
- ?? *These will differ depending on need and context but for example, do doors open easily or have buttons to open them automatically? Is there braille on the lift buttons? Are there shared or gender-neutral toilets? Are there prayer rooms? Are the snacks and foods available considerate of different needs and diets?*

An organisation working towards being more culturally responsive is also mindful of certain rituals, routines, customs, traditions, & celebrations. This may also include thinking

about appointment times, and annual leave arrangements for staff around certain celebrations, and so forth.

?? *What are the policies and flexibility around things like Ramadan, Yom Kippur, and Christmas? Or for example, different practices around death and mourning? Or around timing and choice of meetings or appointment times? Are there provisions in place to support rituals, routines, and traditions e.g. prayer rooms or separate utensils for cooking etc.*

An organisation working towards being more culturally responsive also considers collaborating and actively involving influencers in the community. (Including elders, religious leaders, wisdom healers, & so forth).

?? *How does your organisation liaise, partner, learn from, connect with, and collaborate with influencers and key people in the community?*

An organisation working towards being more culturally responsive may have awareness-raising training and workshops around cultural humility & cultural responsiveness. However, it is important for this training to not be a tick-box exercise or a one-off event. This might be an individual treatment level all the way through to an organisational culture level. This might also be on a specific related area such as supporting unaccompanied asylum-seeking young people through to an overarching theme such as racism or cultural trauma. It is important for people learning about trauma to have a sense of the interface and overlap between culture and people's intersection of identities and trauma.

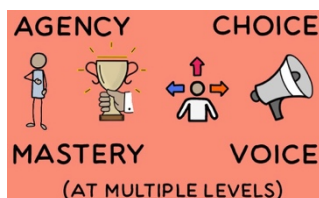
An organisation working towards being more culturally responsive will ensure they have a workgroup/ committee/ panel/ implementation/ development group focusing, exploring, evaluating, & driving this commitment.

?? *What is in place or needs to be put in place to support the organisation to become more culturally responsive? How is culture kept at the forefront?*

?? *Is there an organisation commitment to be culturally-responsive? Is this reflected in the mission & vision & values of the organisation*

?? *What is the process, feedback, policies, and procedures should someone feel the above is not being achieved? Do people feel "safe" to voice and raise these concerns?*

Braveheart et al., (2011) has written extensively on this topic.



Value and Principle 6- Agency, Mastery, Choice, & Voice (At multiples levels).

In an adversity, culturally, and trauma-informed, infused, and responsive organisation; priority is placed around areas of agency, mastery, choice, and voice, at multiple levels. This is even more important given that trauma is so often associated and interlinked with feelings of powerlessness, lack of control, oppression, being done to, being silenced, avoided, and so forth. Therefore, trauma-informed organisations actively need to try to avoid mirroring, re-enacting, & reinforcing feelings of helplessness, loss of control, & powerless; and to find ways to increase and maximise

feelings, experiences, and opportunities of mastery, agency, choice, and voice. Some examples and areas of this are expanded in the following grey box.

Value and Principle 6- Agency, Mastery, Choice, & Voice (At multiples levels) Expanded (this is by no means an exhaustive or prescriptive list)

Some of the ways this is worked towards follow:

For the organisation to be inclusive and for everyone to be involved, & to have a voice & a role to play. For everyone to feel that they have something to contribute & are listened to and valued (e.g. Helpfulness as opposed to helplessness). This is interesting as within child protection services, one of the key findings in serious case reviews, is that someone at a less senior position concerns were not listened to or taken seriously.

?? How inclusive is the organisation? How are people at all levels included and their opinion meaningfully asked? Who is fore fronted? Who is silenced/ ignored/ neglected?

To have a focus on opportunities for growth & skill development, & to have opportunities to elevate and support people. (See previous section on Strengths).

?? How does the organisation support growth and skill development? How does the organisation elevate and celebrate people? How does the organisation support progression and sharing of skills?

Within this, for there to be a focus on doing “with” and “together”, rather than done “to”. A focus on reciprocity, transparency, power-sharing, partnering, & relational collaboration.

?? The next section will focus on this, but how do you feel your team and organisation support reciprocity, meaningful feedback, power-sharing, partnership, and relational collaboration? What do you think the people using your services would say about their involvement and partnership?

?? How is power and privilege reflected on, acknowledged, and responded to?

For people to be able to & feel safe enough to question, speak up, & call things out. The Sanctuary Model designed by Sandy Bloom has a focus on this under their commitment to democracy.

?? As discussed in the safety section. However, how safe do people feel to speak up, to call things out? What are the discourses and messages around this? How is disagreement and conflict responded to? Is there fear of retribution?

For people to have a choice & a voice around various aspects, for example: decisions/ their experiences/ their treatment/ their therapist/ decorating their room/ how they would like to be called/ their meaning-making and sense-making over their experience/ their appointment times/ where they get seen/ their food, & so forth.

?? How much ownership and choice do people have in the support they receive? How much choice do employees have within their role?

For there to be an emphasis on meaningful communication, feedback, transparency, & openness; and for this feedback to be listened to, where possible, acted on, and the response communicated back.

- ?? *What mechanisms and processes does your organisation have in place for obtaining and integrating regular input and feedback from the people who are using and working in services?*
- ?? *Do people know about these? How are you responding to and implementing the changes suggested, and communicating to people that you have listened?*
- ?? *How well do those processes and forms of feedback address whether or not the organisation has tried to be culturally responsive, and trauma-informed? How are you addressing adverse or concerned feedback in a timely, sensitive, and thoughtful manner?*

For experts of experience/ people with lived experience to be partners, to be involved & consulted with at all levels in meaningful non-tokenistic ways; & to have opportunities to design, shape, & drive services. (E.g. Holding leadership positions/ looking at materials, policies, & documents/ being on interview panels/ designing questions to be asked at interview panels/ being on the board/ doing inspections and walk-throughs of the service/ supporting and designing ways to evaluate the services/ being part of planning services/ being on development groups/ conducting and being part of surveys, focus groups, & feedback sessions/ being employed into roles/ organising & speaking at best practice forums, learning collaboratives, & conferences/ having access and designing arts expression opportunities/ being part of the induction process/ designing logos and materials for the services/ naming rooms in the service etc).

- ?? *How are the people who have used services and with lived experience at the fore front of the service?*
- ?? *Are people who use the service making joint decisions and having equal roles in the task?*
- ?? *How is the service doing with, and not doing to?*
- ?? *How does the organisation meaningfully engage people who use the services in all areas or the organisation?*

An interesting measure to review in relation to this area is by: Penney, D. and Cave, C. (2012). *Becoming a Trauma-Informed Peer-Run Organization: A Self-Reflection Tool*.

A spotlight on some practical examples from a small selection of organisations I visited as part of the Fellowship who have actioned some of these concepts.



- **Rise** which is based in New York is a magazine designed and created by women who have had their children removed by child welfare. Rise's mission is to train parents to write and speak about their experiences in order to support parents and parent advocates, and to guide and advocate for child welfare professionals in becoming more responsive to the families and communities they serve.



- **Mural arts, particularly the porchlight project** based in Philadelphia is an exceptional example of community involvement, collaboration, agency, connection, and using the arts for social justice. The Porchlight project brings communities together to design and paint murals with a message which represent collective stories and important shared community issues. For example, about overcoming conflict, accepting differences, thinking about mental health, trauma, and healing.



The project actively works with and goes into homelessness shelters, hospitals, and prisons- they have a focus on substance abuse, mental health issues, and homelessness. The name Porch light came from the intention of creating safe havens which could provide light and beacons of hope throughout the city.

There is also focus on increasing public awareness and reducing stigma, and this is done through various means including having

explanatory plaques by the murals, providing tours of the murals, having communal painting days/ participatory art-making processes where anyone in the community can come and paint part of the mural, and having public opening ceremonies for the murals.

The project goes through several stages. First there is the engagement stage which focuses on the initial relationship building process. This is where artists,

participants, agency staff, community members, and so forth, forge connections and common understanding. This phase includes many different relationship and connecting activities. Including the following: dialogues, poetry writing sessions, community meetings, mural theme discussions, drum circles, textile weaving, collage creation, and discussion of individual and community strengths, challenges, identity, and history. Then there are the creating and generating phases—these are all done collectively, and in collaboration, with an emphasis on celebrating and sharing. For more information, as well as an evaluation by Yale University please visit: <https://www.muralarts.org/program/porch-light/>



- **Health Right 360 in San Diego** (Supported by Dr Stephanie Covington to be more gender-responsive and trauma-informed) has re-designed their residential home based on feedback from the women they work with. This has included getting the women to choose names for each of the communal rooms, and to support them with the design- they chose names such as “Where dreams begin”, and “women warriors”. They also took feedback about the women wanting a space to support them around employment, so have designed a computer and employment room, and created courses and opportunities to compliment this.
- **Oregon Family Support Network**, directed by Sandy Bumpus, began as a grassroots community organisation providing support groups and education to families with a strong advocacy component. They deliver direct peer services and provide vast amounts of advocacy and education. They also focus on facilitating family and youth voice in both local and state policy making. Almost all of OFSN’s staff members are themselves parents (biological, adoptive and foster) or caregivers who have raised a child or several children who have mental health, behavioural and other significant health difficulties.



Value and Principle 7- Communication, Collaboration, & Transparency

An adversity, culturally, and trauma-informed, infused, and responsive organisation also works towards being as communicative, collaborative, and transparent as possible. This is crucial given the importance of openness, trust, safety, and communication, as explained throughout this report. Particularly in the context of trauma, where people often can feel done to, out of control, powerless, and silenced. this is also echoed in organisations where people often feel that decisions are made to and about them but not in collaboration; or that decisions are made

but not clearly understood or communicated; or without their feedback or consultation. This also is integral in building and maintaining people's sense of trust in the organisation; as well as feeling part and connected to it. Some of the ways this can be supported are described in the grey box.

Value and Principle 7- Communication, Collaboration, & Transparency Expanded (By no means exhaustive or prescriptive)

Communication:

For an organisation/ team to strive to have clear and multi-pronged communication & feedback loops including around changes in the organisation/ things happening/ decision-making processes/ communicating complex information, & so forth. This might also include a communications approach, such as communicating information via brochures, newsletters, podcasts, plaques, posters, infographics, sketch notes, online forums, vlogs, emails, sharing meetings, animation videos etc. This should also be mindful of multi-sensory, whole-body and whole-brain forms of communication.

?? How well does the organisation/team communicate and ask for meaningful feedback? How effective are these communication styles? How in the loop and part of things do people feel? How creative and multi-mode are the communication styles?

To have accessible, meaningful, safe, and clear ways to make suggestions, feedback, complain etc. For example, having internal post boxes, having an online page, having surveys, having focus groups, having feedback postcards, having feedback jars, having wish boards, having graffiti message boards, having feedback sessions/drop-ins etc; and for these to be taken seriously and responded to.

?? What mechanisms and processes does your organisation have in place for obtaining and integrating regular input and feedback from the people who are using and working in services?

?? Do people know about these? How are you responding to and implementing the changes suggested, and communicating to people that you have listened?

?? How creative and multi-mode are these feedback processes?

?? How well do those processes and forms of feedback address whether or not the organisation has tried to be culturally responsive, and trauma-informed?

?? How are you addressing adverse or concerned feedback in a timely, sensitive, and thoughtful manner? How are the changes and actions communicated? For example, "You said, and we listened..."

For communication to be in humanised, reciprocal, and relational ways. For attention to be made to non-verbal communication, as much as verbal communication. This is particularly important when making changes which inevitably can raise people's anxieties. Therefore time, space, and care should be given around understanding, processing and preparing this loss/ change.

To have regular forums for people at all levels to communicate & feedback. After all communication is reciprocal & should be a dialogue (e.g. This might be through things

like: Meetings/ working groups/ best practice forums/ learning collaboratives/ ethics panel's/ surveys/ evaluations/ research/ conferences/ online or social media forums/ satisfaction forms/ newsletter/ weekly bulletins/ supervision/ reflective practice/ check-ins/ visits by leadership/ check-in phone calls etc).

?? What forums, methods, approaches, and spaces does your organisation have to connect, share information, share concerns, share best practice etc? how useful and effective are these? Do these model the model?

If working clinically or in a client-serving service, to communicate regularly & proactively with the whole team around the child/ worker/ family. Operating in integrated & cohesive multi-disciplinary ways, not as silos. This is key in providing an integrated & coordinated service, & on pulling the pieces of the puzzle together to get a wider more holistic picture.

To acknowledge the power of language & storying; & think consciously & deliberately about the language used & the words chosen when communicating from an adversity, culturally, and trauma-informed lens. This includes in letters, on the phone, in signs, on materials, on the website, on assessment forms etc.

Is it descriptive or opinion language?

Is it person-first language?

Is the language respectful to the person's choice, meaning-making, and sense-making?

Is the language balanced including strengths?

Is the language judgemental/pejorative?

Is the language everyday words or are clinical/jargon/ acronyms used?

How might someone hearing themselves described in this way feel?

Is the language sensitive of people's culture and areas of difference? And so forth.

To consider the usefulness, & accessibility of materials/ signs/ resources/ letters/ phone calls; & to view these through an adversity, culturally, and trauma-informed lens. For example, the tone, delivery, message, and accessibility of a letter etc.

?? If you reviewed all of your communication messages in your website, letters, signs, materials etc through a trauma and culturally informed lens do you think they are suitable? Do you think there is anything that could be done to improve them?

To consider how information is shared and presented between agencies.

?? For example, is it handwritten? How clear are the notes?

?? Are issues of confidentiality and consent kept at the forefront?

?? Will another agency understand them including Acronyms?

?? Are they clearly marked with the date, time, and person recording them?

?? Is care and attention and thoughtfulness given to the language and tone used?

?? How would someone reading their notes feel?

?? Would the notes stand up in a court room?

To communicate clearly goals, objectives, procedures, the values, role definition, tasks, expectations etc. This includes during the recruitment and induction stages.

?? How clear and defined are the goals, objectives, tasks, expectations, role etc?

?? Do people working for the organisation have a clear way of articulating what they do/ what the organisation does/ what the values are etc? In essence their elevator speech.

To communicate in a balanced strengths-based way e.g. Including things like best practice, “wins”, progress, positive news etc. (See strengths-based section).

To consider those who might need additional forms of communication e.g. Those where English is not their first language, those with visual or hearing needs, those with learning needs, those with speech and language difficulties, those with executive function difficulties, those operating in survival mode etc.

To consider the use of ACROYNYS.

?? *How accessible are they? What might they be associated with? How well are they explained to people who may be less familiar with them? What might the acronym represent?* For example, in the UK within many children’s services, children in care, are sometimes referred to as Looked After Children, shortened to LAC, this could be interpreted or sound like children lack something. Or similarly, in the UK we often within social services use the word CIN, (pronounced SIN) for Children in Need which may have connotations with the word sin, sinner, and sinful.

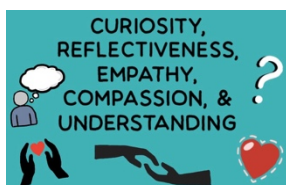
Collaboration:

- To work together in as integrated, connected, & cohesive way as possible. Where possible to work in a multi-disciplinary way, and/or to have access to a range of professionals to draw on their expertise. Ideally, we want to create communities of minds, hearts, innovators, inspirers, and so forth.
- To relationally collaborate, include, & communicate with the whole system, and be mindful as to who may be excluded (e.g. Birth parents, fathers, foster carers, adopters, school, health, social services etc). ?? *Who is being heard and prioritised? Whose voices are not represented/ silenced/ avoided/ forgotten/ shadowed etc?*
- To collaborate, share, disseminate, & connect with the community and to engage in co-learning e.g. Best practice forums, learning collaboratives, specialist interest areas, book/journal clubs, shared training events, shadowing days in different services, sharing resources such as a community library etc. This might also include sharing data (with consent and ethical approval), writing joint papers/books, considering community approaches etc.
- To draw & be mindful of existing/ similar &/or local resources. Including mapping of services, having joint meetings, having clear signposting processes.
- To consider partnerships & cross-sector/ agency working & collaboration.
- Where possible to share resources e.g. Online hubs, training events, pathway plans, best practice forums, social media, conferences, learning collaboratives etc.
- To emphasise the focus on “with” & not “to”. This is about power sharing, partnering, and appreciating and being shaped by everyone involved. This is sometimes referred to as “Survivor-defined services”.

- To meaningfully, genuinely, & authentically collaborate with those in multiple levels with multiples perspectives including those with lived experiences (See agency & mastery section) and community leaders. This might also include people such as community healers, elders, spiritual leaders, and so forth.
- To use where possible, collaborative problem-solving & decision-making.
- To have forums & opportunities which support connection, collaboration, & communication.

Transparency:

- In trauma experiences there is often a sense of secrecy, avoidance, and hiddenness. This can also be mirrored at a community level where there is often silence, secrecy, avoidance, and things brushed under the carpet. Organisations can also echo this, and there can be a sense of mistrust, secrecy, and a general lack of openness and transparency. Therefore, in adversity, culturally, and trauma-informed and responsive organisations, decisions & processes, where possible, should be done in as transparent, up front, & honest way. Including around what might happen, what is happening & why, what might happen next & why etc.
- Increasing transparency around the aims, goals, function, purpose, mission, vision, funding, and policies of the organisation.
- To be transparent about some of the limitations, tensions, & challenges; as well as some of the progresses, & strengths.
- To provide, encourage, & be open to honest & productive feedback including through formal & informal processes.
- To share and show how feedback has been listened to and worked on. For example, through having “You said, and we listened” visual board, through having announcements boards, through sending out newsletters and updates, from creating infographics etc.
- For complaints, concerns, & disciplinary actions to be as transparent as possible.
- To have a working group and ethics panel/group to ensure the above (See Trauma-Informed Oregon’s work around this).



Value and Principle 8- Curiosity, Reflectiveness, Empathy, Compassion, & Understanding

Curiosity, reflectiveness, empathy, compassion, and understanding are some of the skills (but by no means exhaustive) which we as

individuals, as teams, and as organisations need to try to employ, embody, practice, enrich, infuse, model, notice, & nurture. This is about people feeling seen, heard, noticed, valued, listened to, and important. This is about people feeling that their feelings, concerns, worries, hopes are validated and acknowledged. This also includes taking a position of curiosity, taking the time, slowing down the process, actively thinking, trying to be reflective instead of reactive; and being in our thinking brains instead of our survival brains. This also means being aware of the group, mirroring, and parallel processes and dynamics. As well as considering and trying to understand the multiple and rich different levels, and trying to understand and respect the perspective, sense-making, view, and meaning-making at play. This includes interweaving curiosity, empathy, compassion and understanding into all interactions between each other, in written documents, on phone calls, in meetings, & so forth. This fits with the notion, “Every interaction is an intervention” (Treisman, 2018), and that “you don’t have to be a therapist to be therapeutic” (Treisman, 2019). This is once again about humanising services, and about being in a place which is open to learn, grow, and be flexible.

A key part of this notion is trying to shift away from the position of thinking/assuming, “What is wrong with you?”; & instead moving towards thinking and reflecting, “What happened to you?” (Joseph Foderaro, 1991). This is about putting the person first, and trying to get to know, connect with, and see the person behind the symptom/ the behaviour/ the crisis. It is also about trying to shift away from a blaming, all-knowing, and judgemental stance; to a culture of curiosity, reflectiveness, empathy, and compassion. Joseph Foderaro also suggests that we can apply this curiosity, empathy, understanding and interest to the team/ organisation/ and society, by also being curious about and interested in, *“What happened to us/ with us/ to our organisation/ to our society?”*. This is also key when considering the wider contextual and organisational dynamics and processes; and in keeping with services being relational places made up of people, relationships, interactions, connections, and emotions.

This is expanded on in the following grey box but will differ depending on the context.

Value and Principle 8- Curiosity, Reflectiveness, Empathy, Compassion, & Understanding Expanded (by no means exhaustive or prescriptive)

In addition to showing, embodying, and modelling skills such as empathy, compassion, and curiosity, and people feeling seen, heard, noticed, listened to, valued, and validated. We should also be reflecting on questions such as (By no mean exhaustive or prescriptive):

- ?? *Who are you? What is your story? What do you need/ want/ hope for?*
- ?? *What matters to you, what is important to you?*
- ?? *What is the meaning-making and sense-making behind that...?*
- ?? *What can we do better?*
- ?? *What can we learn/improve on? What can we learn from you?*
- ?? *What are we bringing into the situation? What lens/bias/ framework are we looking at things through?*
- ?? *What might this be like from another perspective? What might we be missing?*

- ?? *How can I try to understand this person/ system/organisation? What might be happening? What is the behaviour or action communicating? What is it's purpose, function, need, story, history?*
- ?? *What implicit and explicit assumptions/ beliefs/ attitudes/expectations/biases/prejudices/ judgements might there be at an individual, family, team, organisational, and societal level?*
- ?? *What has influenced your decision about...? What was your thinking around that?*
- ?? *How many spaces and forums such as reflective practice and supervision are there to be reflective?*

This again is about humanising services, & about keeping connections & relationships at the heart of the organisation. This fits with the sentiment by Maya Angelou, that we can forget what people say, and what people do, but we will always remember how they made us feel.

- ?? *How do you want people to feel in your organisation?*
- ?? *What do you want the personality, energy, spirit, and soul of your organisation to be/ to feel like? What do you feel it is at the moment?*
- ?? *Does the organisation prioritise and see the importance of reflection and curiosity?*
- ?? *Is there generally a culture of reaction, urgency, and survival mode or of reflection and thoughtfulness?*
- ?? *Is there space and time to reflect on and acknowledge the complexity and impact of the work?*
- ?? *How do you feel ways of being and skills like empathy, compassion, reflectiveness, and understanding are interwoven throughout the organisation? How do you feel they are modelled and embodied?*



Value and Principle 9- Behaviour is Communication

This value and principle is in line with the previous one, they are all interwoven like a patchwork. It emphasises how important it is that we look beyond the presenting behaviour/defences/survival strategies/ crisis; and aim to see and connect with the person, need, & context behind these. This also includes team and organisational behaviour, communication of distress, and expressions of fight/flight/freeze/feign.

This includes viewing behaviour as forms of communication, and as being multi-layered. It positions behaviours as telling a story, and as providing us with a map & clues into people's/organisations inner worlds and unexpressed needs. Therefore, we need to try to take the role of detectives, translators, and archaeologists; in order to uncover, decode, & discover what the behaviour might be communicating, and what the behaviours might be trying to tell us. It is seeing that the behaviour is often camouflaging the underlying need- like the inner doll from some Russian dolls.

This reflection, understanding, and taking a position of curiosity is crucial, as the more we know why something might be happening, the more we can try to support the person/ family/ organisation/ community in the sense-making, organising & processing of feelings; & the less alien, overwhelming, personal, & confusing they can feel.

Dr Karen Treisman, Winston Churchill Fellowship Report

This deciphering and decoding of behaviours and actions, and viewing them as communication, and from multiple angles; is also important, as it influences our meaning-making, and attributions about a behaviour/person/situation, which inevitably has an impact on how we receive, make sense, label, conceptualise, and respond to a behaviour/person/situation. Another important element of this, is how changing how we make sense of behaviour often leads to a wider more holistic understanding which opens up more possibilities for moving forward; but also, can shift the way we story and language behaviours, which in itself can be transformative. For example, using the terms “Attention-needing, connection-needing, attachment-seeking” instead of “attention-seeking” can start to shift people’s perception, expectation, attitudes, and assumptions. As Stuart Shanker says, “See a child differently and you see a different child”. This could be extended to see a person differently and you see a different person; and see a situation differently and you see a different situation.

Value and Principle 9- Behaviour is Communication Expanded (Not an exhaustive or prescriptive list).

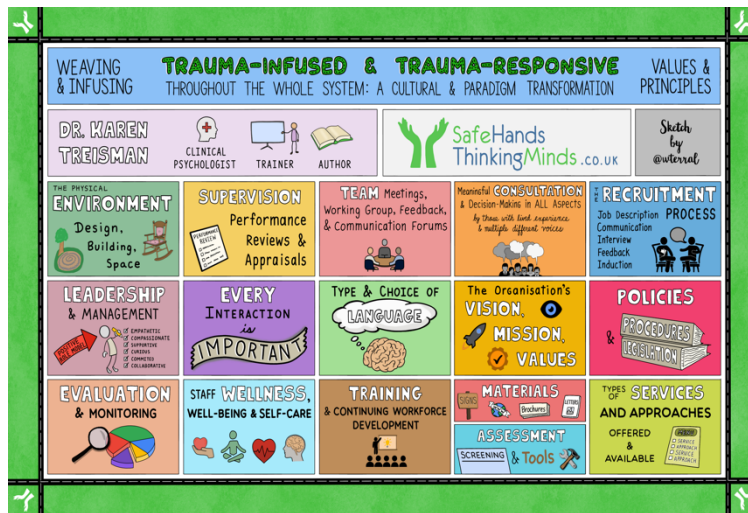
These questions are focused on organisational behaviour/dilemmas/difficulties/situations/conflict to support a lens of curiosity and seeing behaviour as more than just behaviour. For behaviour in a clinical/child context please see the behaviour kaleidoscope worksheet on www.safehandsthinkingminds.co.uk

- ?? What function, need, and purpose might the difficulty/behaviour/situation/dilemma/conflict be filling or trying to communicate/achieve? What might the story and hidden messages be behind the behaviour and underneath the surface? (Think about the onion, Russian Doll, and iceberg examples).*
- ?? If the behaviour/difficulty/dilemma/conflict could talk what would/might it say?*
- ?? What are different people’s meaning-making, sense-making, attributions, interpretations, feelings about the conflict/behaviour/difficulty/dilemma; and responses and reactions to it?*
- ?? What are some of the wider contextual factors and dynamics which might be useful to consider? What else has been happening? What else is important?*
- ?? What triggers, hotspots, factors (e.g. Environmental, sensory, autobiographical, physical, cognitive, relational, emotional, and contextual) make the behaviour/difficulty/situation bigger, smaller, absent, present etc.? What fuels /amplifies/changes/ calms it?*
- ?? Are there particular patterns or themes? Have you thought about the possible mirroring and parallel processes?*
- ?? What happens in the times when the behaviour/difficulty/dilemma is absent or less? What is different and why? Are these times be noticed, and acknowledged?*

- ?? *What might be the story and history of the behaviour, and how, and why might it have developed?*
- ?? *If the behaviour was a puzzle, what pieces do you think it might be made up out of, and what picture might it form when put together?*
- ?? *What might it look like/ feel like (Advantages and disadvantages) if the behaviour disappeared or was absent?*
- ?? *What strategies/ interventions/discussions have been tried already? What bits of these were helpful or less helpful, and why?*
- ?? *How does knowing a bit more about what the behaviour might be communicating shape your feelings/thoughts/conceptualisations/ descriptions about the person/situation/dilemma/conflict/difficulty?*
- ?? *How does the behaviour change when viewed from a different angle and lens? How might this lens impact on your way of understanding, responding, and supporting change?*
- ?? *Is there a particular behaviour that really pushes your buttons, or gets under your skin? (We all have some!) What is your story of, experience of, and relationship to that difficulty/theme?*
- ?? *Which of your values/beliefs are being challenged by the behaviour? What, if anything, is being triggered, resurfaced, pushed in you? Which of your own stories, values, beliefs, and experiences are influencing your meaning-making of the behavior and your response to it?*

Having presented some of the key values and some guiding questions to support you in thinking about your own organisation. Some tips for integrating these values with organisational aspects will be shared, followed by an example of how these values can be applied to physical environments. Then implementation barriers and success factors will be presented.

Integrating and infusing the values and principles with the different organisational elements:



As previously said, the important part of the above values, commitments, and principles (Which are not an exhaustive or prescriptive list) is that they then need to be integrated, woven, infused, hardwired, and embedded as much as possible into the multiple spheres, fabric, and different levels of the organisation (of course this needs to be tailored to the specific context). So, for example, taking **physical environment** as one example. In order to integrate the above values

with this specific organisational area, one might join the two sketch notes (values with organisational aspects) together by asking, reflect on, explore, workgroup, and assess questions such as:

- ❓ Is the physical environment safe physically, emotionally, culturally, and relationally?
- ❓ What in the physical environment might be triggering or activating (including smells, sounds, sights, feelings, and so forth)? How do people feel in the building? How might this be different from different perspectives, such as if you did a walk-through as an adolescent, or as a transgender young person, or as a person who had such been assaulted, or as a person who had had a difficult morning and was feeling triggered and dysregulated?
- ❓ Can people orient and navigate their way around the physical environment? For example, is there clear signage, maps, or people to help?
- ❓ Are there forums for people to feedback on the physical environment and their experience of it?
- ❓ How are people greeted and welcomed when they enter/exit the physical environment?
- ❓ Is the building maintained and looked after? Including things like having toilet paper in the toilets and lights that don't flicker etc.
- ❓ How does the physical environment consider theories around trauma, regulation, sensory processing, and attachment? (e.g. The colors, the materials, the spaces, the lighting, the temperature, access to nature, the sensory input, regulating equipment etc.)
- ❓ What materials, art work, seating, furnishings are there in the physical environment and how are these in line with culturally-responsive, strengths-based, and trauma-informed concepts?
- ❓ How accessible is the building?
- ❓ Are there wellness spaces? Calm zones? Spaces to prayer?

?? *Are there communal eating and connecting spaces? And so forth.*

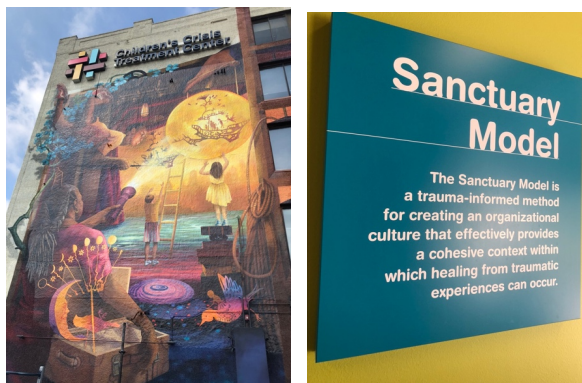
Just to give the reader a visual sense, here are just a few examples of organisations I visited during my Fellowship that have considered and integrated ideas around the physical environment. This can be very variable to different levels, for example, having regulating hand wash and soothing smells in the toilet, through to having access to fidget toys, through to making large structural changes like having communal eating spaces or calming zones, and so forth.



Photo 1. The Under the water themed waiting room at the Chadwick Center in San Diego. Photo 2. A self-care wheel accompanied by a therapy dog placed in the reception area of the Behavioral Health Services building in San Francisco. Photo 3. Trillium residential and treatment facility (Based in Portland, Oregon) who has an outdoor labyrinth and multi-sensory garden which have taken into consideration ideas about left-right brain activation and sensory attachment ideas.

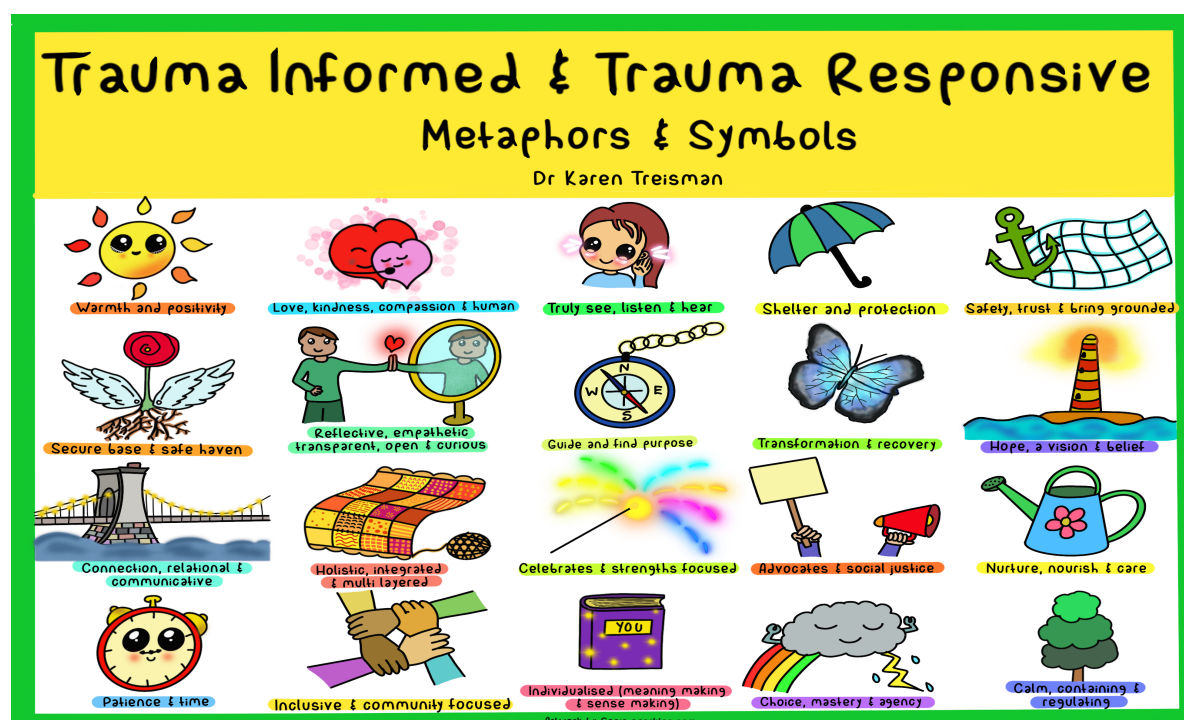


Photos of Andrus's sensory barn and communal art display (based in New York). Photo 3- Health Rights 360 in San Diego- The communal areas decorated with art by the women including using inspirational quotes. They also had rooms which had been named, titled, and designed by the women using the service.



CCTC based in Philadelphia who uses the Sanctuary model. Photo 1. An inspirational and hopeful mural on one of CCTC's walls. Photo 2. Clear signage and a visible plaque about their commitment to trauma-informed.

It is beyond the scope of this summarized report, to describe each of these areas, and the best practice which was observed from each sub-category. However, for training, consultation, and further information and resources on each of these sub-categories such as language, training, staff wellness, evaluation, etc. Please contact www.safehandstinkingminds.co.uk. These also will be described in my book on adversity, culturally, and trauma-informed and responsive organisations.



Reflection box:

- ?? Why do we exist? Why are we here? What do we believe in? What drives us? What is important to us? What are our values, our, purpose and our commitments?
- ?? How do these values and commitments filter in to the different areas of the organisation? Use the table and sketch notes to support you to consider these.
- ?? Where do we want to be and travel to? What do we want to see/achieve/ accomplish/ be part of?

- ?? *How do we plan/want/ hope to accomplish our goals and mission?*
- ?? *Where shall we start? What are our priorities? What knowledge, skills, and abilities are needed to become more adversity, culturally, and trauma-informed and responsive as an organisation?*
- ?? *How well does the organisation currently operate (e.g. Communication, transparency, staff morale, staff wellness, leadership etc)?*
- ?? *How receptive might people be to change? Who in the organisation will champion this approach?*
- ?? *What is already going well, what are we already doing, and what should we be celebrating?*

Some of the Implementation Barriers and Success Factors of becoming more Adversity, Culturally, and Trauma-Informed, Infused, and Responsive

The below sketch notes which I created and the expansion Table which follows describes some of the main implementation barriers and success factors identified during my Fellowship visits, and interviews, and through my own work. Of course, these are varied and need to be tailored to the unique context. These are intentionally written here, as it is hoped that this will support the reader to be mindful of them, reflect on them, acknowledge, expect, learn from them, & where possible, to collaboratively problem-solve, prepare, & plan for and around them from the start. Extant literature shows that organisational transformations are three times more likely to succeed if they systematically identify the enablers and barriers to implementation and subsequently try to design mechanisms to address them (Keller, Meany & Pung, 2010).



Table 1. Implementation and success factors expanded on

1. Initiative fatigue. People can become frustrated, worried, exhausted, and so forth, with ongoing new initiatives and changes, and can therefore, develop a sense that this is just another thing that will come and go, without the belief or the hope that this one will be different, will be sustained, and will be nurtured. This is particularly in the context of regular changes, & the frequent introduction of new policies, programs, buzz words, & approaches. For example, organisations who regularly have a program of the month/moment, or

who are continually having re-structures. ??? Organisations will then often be rightfully asking, *“Why is this different?”*, *“How committed are we to this?”*, *“What about the other things we have done/committed to?”* etc.

Like in clinical intervention, when trying to introduce and support change. It comes with expectations, and a need to work with, name, and respond to some of the inevitable complexities that are associated with change; including caution, contemplation, apprehension, hesitancy, uncertainty, anxiety, fear, implied criticism, feeling under threat, & mourning the loss.



This is why a gradual, systematic, and pre-implementation plan needs to be put in place, following a readiness, baseline, and assessment process being done. This is crucial so that it does not feel like the adversity, culturally, and trauma-informed lens is coming from nowhere, being done to others, or jumping off a cliff, without assessing the situation. This also means that it is important to respect, honour, name, and align with what is already being done

within the organisation, and to emphasise and celebrate what parts will be staying the same. And within this to share and reflect on how trauma-informed practice is a lens and way of being, so is mostly to enhance what is already being done; but to also have space to join the dots and to integrate and connect it to other practices, hopes, and values.

Optimally, as trauma-informed practice has a lot of values and structure within it around supporting change and anxieties; it is intended that once there is buy-in, commitment, and understand, this will support the process.

During my Fellowship, Ken Epstein (San Francisco) spoke about how crucial it was for the child welfare services where he worked and was supporting to become more trauma-informed. To have time and space to reflect on, discuss and to find ways to align and compliment the values already in place and the work already having been done. This also emphasises the importance of having time, reflection, and space to normalise, validate, embrace, and voice concerns; whilst also magnifying the rationale, and the benefits and strengths of the proposed plan. This is why it is helpful to have leadership who can clearly understand and communicate this, whilst acknowledging and naming some of the apprehensions and fears around this; as well as why it is crucial to have numerous champions and people invested in the direction of travel.



2. In line with the above, **keeping the energy & momentum-up**, & continuing to breathe life into the values, principles, & practices of adversity, culturally, and trauma-informed and responsive systems was an ongoing barrier expressed during the Fellowship. This is particularly important post people attending training. *How do organisations keep the momentum-up and translate some of the ideas and energy into day-to-day practice? How do organisations keep breathing life into the ideas, and avoid them from being diluted or lost?* It needs to be much more than a one-off training event, in order to be woven into the fabric of an organisation. Some ideas which were shared during my Fellowship, and which I have created to build this momentum follow:

- a) Having active working/change/ development groups and committees; and allocated trauma champions- these are made up of people from different roles with different voices. Trauma Transformed in San Fransisco, Trauma-informed Oregon, and CCTC had great examples of implementing and/or supporting these.
- b) Forming book and journal clubs, and special interest groups.
- c) Having an active online hub with regular information and ideas being added to it.
- d) Running and presenting at conferences, learning collaboratives, training events, and best practice forums. This can be direct, face-to-face, and online.
- e) Having access to ongoing training and development opportunities including refresher sessions- face-to-face and online.
- f) Embedding and practicing the ideas through consultation, workshops, supervision, and reflective spaces.
- g) Integrating it and embedding the training ideas and concepts into the language, team meetings, policies, and supervision practices. If in an intervention setting, having formulation and case discussion meetings with a focus on the values and principles.
- h) Making the ideas and concepts visible. For example, having vision and progress boards, related plaques, inspirational quotes, poster reminders, sketchnotes, infographics, screensavers, a quote of the day at the reception or emailed around, and art work throughout the building.
- i) Having things like a newsletter, sending around relevant video clips/ journal articles/ quotes/podcasts about adversity, culturally, and trauma-informed practice and the values.
- j) Having visual reminders like a screen saver about trauma-informed practice/ the values, mugs, Rubik cubes, note pads, stress balls, water bottles etc.

k) Integrating visually the values, quotes, and concepts into policies and documents including things like being in the mission statement, being on the letter head, being visually displayed on table top reminders/spinners, being on people's lanyards, on their screensavers, or on their diaries etc.

l) Having team meetings and team away days with the concepts from the training on the agenda and expanded on.

m) Having award ceremonies and clearly communicating, celebrating, and visually displaying the "wins", the progress, and development. This should include positive stories, video clips, best practice forums etc. People also need to visually see, feel, & hear about changes & progresses- these need to be tracked, celebrated, & shared (See section on strengths previously).

n) Create action plans and ways forward which are monitored and followed-up.

o) At the training get people to fill out postcard feedback and a commitment to something they will do post training and then a month or so later send it back to them. And/or send follow-up emails with questions and reflective points about what has been done since the training.



3. Sustaining & meaningfully embedding adversity, culturally, and trauma-informed, infused, & responsive values & practice into the culture & fabric of the organisation. As stated previously this takes a lot of time, intentional effort, reflection, and hard work. This also is interlinked with implementation science principles, and organisational ownership. Sustainability is even more important in the context of staff turnover, changing leadership, and the loss of key champions & drivers.

This sustainability includes trying to create and evidence measurable & noticeable shifts in language, the feeling, values, attitudes, & beliefs; particularly those which have been held, practiced, entrenched, & embedded over long periods of time. Some ideas which I learned through the Fellowship and through my own learning/practice include: (by no means exhaustive)

- a) Creating implementation committees/ working groups/ development groups. This was a key success factor shared by almost every organisation I visited.
- b) Forming an ethics group/panel around the values and principles of adversity, culturally, and trauma-informed practice (Trauma-informed Oregon are currently thinking of ways to develop and support these).
- c) Forming a train the trainer model, or having a long-term buy-in with a high-quality training provider.
- d) Getting several trauma champions, catalysts, and drivers on board and actively engaged from every level involved. Some organisations I visited during the Fellowship made an open-call for champions/interested people, others got

people to be nominated, and others used the training as a place where people could put their names forward. There was a general sense from all the organisations, that it was key to have champions from all roles and levels within the organisation; and champions who represented the whole organisation; but that there also needed to be meaningful support from management and leaders to enable this e.g. Carving out time/ changing workload/seeing it as a development opportunity etc. Other organisations I visited also created specific adversity, culturally, and trauma-informed roles, such as trauma-informed champion, wellbeing lead etc.

- e) Regular conferences, workshops, best practice forums etc.
- f) Hard-wiring the language and values into various policies and organisational aspects, such as the vision and mission statement, job specification, the values, or things like specific protocols such as: transitioning from fostering to adoption or how police can conduct ABE interviews in a more trauma-informed way etc. This seemed to be a gradual process for most of the organisations I visited and took many different forms. For example, having policy review/ethics committees; getting a or multiple external trauma-informed specialists to review the policies; holding focus groups with people who use the policies at all levels to discuss including partnering with those who use the services; sharing and learning from other best practice organisations and pooling resources, and so forth.
- g) Integrating the values and assumptions into the recruitment, performance management, appraisal, and induction processes. See Dr Treisman's sheet on recruitment at www.safehandsthinkingminds.co.uk.
- h) Ensuring a continuing program of induction & training to keep up with new staff members. For many organisations this included having some clear animations, brochures, and documents to orient people to the adversity, culturally, and trauma-informed principles; as well as different packages of formal training.
- i) Visually showing and tracking progress and successes (as seen in the Strengths-based section).
- j) Finding ways to breathe new life into it and keeping it alive (Many examples of this are stated above).



4. **Struggling to recruit** & to find enough people who not only **truly “get it”** but **who also model & embody** the values, principles, knowledge, & assumptions of adversity, culturally, and trauma-informed practice. This is why recruitment and induction need to incorporate the values and principles, in order to attract and hire well-matched people; as well as organisations nurturing, elevating, supporting, and developing the people they have already. This is also why staff wellbeing and wellness needs to be prioritised to keep and support high-quality staff, and to reduce staff turnover.

Numerous organisations during the Fellowship including the Wisconsin Trauma-Informed Project and Andrus shared the advantage and benefit of having people both with clinical/practitioner experience with trauma, and with organisational and systemic change experience. This supported opportunities to integrate clinical ideas around trauma, neurobiology, and attachment; with those ideas from organisational change and implementation science. They also discussed the ripple effect of having a few people who were energetic, immersed in the approach, committed, knowledgeable, inspiring, and passionate. Whilst being human, real, and modelling and embodying the qualities trying to embed. Finding the connectors, inspirers, and influencers felt important and helpful; whilst acknowledging that all roles and styles had value and a valuable contribution.



5. The complexities of evaluating, assessing, & measuring both meaningful & tangible practice, & organisational/ cultural changes.

Several organisations during the Fellowship including the Traumatic Stress Institute in Connecticut, creators of the ARTIC measure; the Chadwick Center in San Diego, CAI Global in New York with their trauma-informed HIV project, and Boston Child Welfare Services discussed how helpful it was to have an evaluation team/evaluation process in place from the beginning to get a baseline measure (qualitative and quantitative approaches); including having the funding to support this evaluation throughout the process. Having access to this data and outcomes supported the organisation to track progress, to advocate for more resources and funding, to shape and develop practice based on the outcomes and lessons learned, and to keep the momentum-up. Some of these outcomes also supported the assessment, and pre-implementation and readiness stages; before deciding if, where, when, and how to proceed- including where on the trauma river they were, and where they wanted to travel to.

Evaluation and research in the area of trauma-informed and responsive organisational change is still one which requires a vast amount of thought, work, and development. This was a sentiment shared by many professionals during my Fellowship. However, throughout my visits, there were some more commonly used organisational and measures. It is important to note that each of these measures and tools has their own strengths, limitations, and vary in their properties such as their validity, their applicability/transferability, and on the context/setting/culture which they were designed for and normed/validated on (e.g. Many were designed in the USA for the Child Protection system; or for a residential home). Therefore, they need to be interpreted with caution and should be carefully considered depending on the context, stage of implementation, goals, and purpose. Some of these tools and measures are listed to give the reader a flavor as follows (not an exhaustive or prescriptive list, and not in any particular order):

- a) Trauma-informed care belief measure- Brown et al., 2012,
- b) TICOMETER- Bassuk, Unick, Paquette, & Richard, 2016,
- c) The Trauma-Informed Practice Scales- Sullivan & Goodman, 2015,
- d) Attitudes Related to Trauma-Informed Care Scale (ARTIC)- Traumatic Stress Institute,
- e) Organizational Social Context Measure (Glisson et. al 2012),
- f) Trauma-Informed Organisational Toolkit (Guarino, 2009),

- g) TreSIA (2011)- Epower and Associates,
- h) Trauma-Informed Program Self-Assessment Planning Protocol- Fallot et al., 2009),
- i) Trauma-Informed Oregon's Standards of Practice for Trauma-Informed Care in a HealthCare Setting (2016),
- j) Trauma-Informed Organizational Self-Assessment for Child Abuse Prevention Agencies (Created by Wisconsin Children's Trust Fund).

The above measures also optimally would go hand-in-hand with other measures around staff wellness and wellbeing (including measures looking at burnout, stress, secondary trauma, professional quality of life, and vicarious trauma). For more on these, please see, Jung et al., (2007) paper on Instruments for the Exploration of Organisational Culture, for a review of some of these measures.

Additionally, depending on the context, an evaluation ideally will investigate a range of factors including client/family outcomes (e.g. Placement stability, incidents, exclusions etc.), and qualitative feedback of staff and people using the services through interviews, surveys, and focus groups. This is essential to capture the "so what?" question and to capture how well the values, feelings, and principles have been felt an interwoven into the culture and day-to-day experience.

A few organisations during my Fellowship discussed how videotaping, for example, meetings or practice before, during, and after; was what was the most interesting and useful to them. Another method which seemed useful to capture change was through using a case vignette and for example, looking at the differences in formulation, language used, empathy shown, and so forth.



The usefulness, effectiveness, definition, & rationale of trauma-informed practice being diluted by people & organisations unintentionally misusing/ misinterpreting/ misrepresenting the ideas & values (including using it as a buzz word or as a tick-box exercise). This was a concern shared by the majority of people I met during my Fellowship, that there was a need for more careful

use and clarity around trauma-informed and responsive organisational change.

One of the ways people hoped this would be reduced is for organisations to try to create a definition and a shared framework; and for this to be widely discussed, shared, displayed, and communicated. This should also draw on the existing evidence base, literature, and best practice. This would also include organisations being more intentional in whether they spoke of becoming more trauma-sensitive, trauma-aware, trauma-informed, or trauma-responsive change; and to clearly distinguish between a person being more trauma-informed verse being a trauma-specific service, verse an organisation becoming more trauma-informed. For example, it may be that organisations just want to focus on one area, such as trauma-informed physical environment, and then this should be stated and acknowledged, rather than transferring this to saying that they are a trauma-informed organisation. Or it might be that an organisation only feels able and ready to work towards being trauma-sensitive, in which this should be written and described as such. This language and terms should also be thoughtfully described in the internal and external communication strategy.

Many organisations also spoke about supporting employees to come up with their elevator speech around how to explain why and what trauma-informed and responsive practice meant to them/the organisation; so that there was a shared understanding and language. For non-clinical staff, this also felt important to support them to find how their role is connected to the wider goal. Within this, for organisations to have a clear understanding and commitment to what they are doing, and what they are not able to do, and what they want to achieve.

Some organisations also shared how having implementation, ethics, development, and working groups focused on trauma-informed practice supported some of these dilemmas to be discussed and collaboratively problem-solved. Trauma-informed Oregon, and Trauma Transformed in San Francisco, both have some useful guidelines on setting-up and the task of working groups.

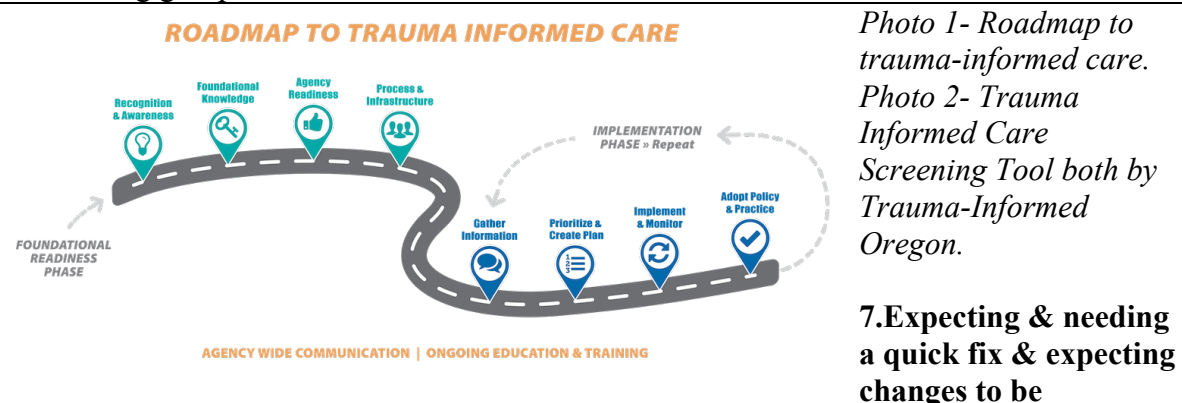


Photo 1- Roadmap to trauma-informed care.

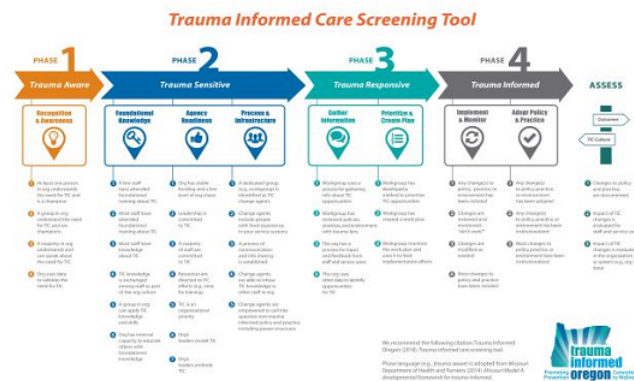
Photo 2- Trauma Informed Care Screening Tool both by Trauma-Informed Oregon.

7.Expecting & needing a quick fix & expecting changes to be

overnight- This assumption and/or expectation can lead to organisations jumping in too fast, or making decisions too quickly, or from a place of reacting; instead of from the more trauma-informed place of reflecting, thinking, and collaborating.

This pressure often comes from different places, including leadership, government bodies, short-term funding streams etc. This is another reason why frustrations and expectations need to be acknowledged and named; and why everyone needs to be involved and understanding that adversity, culturally, and trauma-informed & responsive practice & change is a slow, messy, difficult, & complex process. It is not linear. And most importantly that it is, like a flowing river, an ongoing journey; not a final destination. This is where like with individuals, a life-span and developmental approach is useful.

There needs to be regular reflection and re-evaluation. As we often see in clinical practice, the slower and more meaningfully people make changes, the more likely they are going to be to be woven, embedded, and sustained (e.g. Crash diet vs changing eating patterns and understanding relationship to food); this is similar for organisational change. We know from the extant literature, that even though there can be lots of small and meaningful change; that for whole-system and cultural changes this generally takes several years and a lot of intentional effort and work. The Trauma-Informed Oregon Roadmap Tool (Photographed and available with more details from their website usefully highlights some of the stages which are helpful in supporting an organisation's journey.



temperature check first. This can be a long but important process including using readiness measures, taking a baseline assessment, conducting planning meetings, interviewing staff and users of the services, doing a narrative walk-through of the service, discussing apprehension and potential barriers, and so forth. These are essential steps and can support people to set the foundations first- if this stage is done properly it is likely to reduce some of the latter barriers and blocks.

Within this, to also support people to see that there are changes and that the organisation is moving in a positive direction; changes made, progress, “small wins”, and sparkle moment do need to be shared, celebrated, reflected on, magnified, and visually displayed.



This may include acknowledging that there are some unintentionally re-traumatising & trauma-inducing practices, attitudes, & policies. This requires humility, openness, transparency, vulnerability, courage, reflectiveness, & realness. This process can feel exposing, guilt-inducing, and can be a painful. Connecting with this, and reflecting on practice can jar with why people came into the work (particularly within the helping profession) in the first place.

Some of the examples I have come across include:

- 1) Organisations realising there is a lot more bullying, harassment, discrimination, organisational stressors/traumas, and complex staff dynamics than they realised.
- 2) Organisations looking at some of their procedures like medical examinations or language used and realising they were potentially re-traumatising.
- 3) Organisations noticing that their values were not aligned with the action, such as self-care and emotional wellbeing for staff,
- 4) Organisations realising that a particular sub-population of people were being differently treated by the service, and so forth.
- 5) Organisations realising that they thought they were further along the journey than they were.

Therefore, this process needs to be done with sensitivity, and in a spirit of growth, development, and acceptance; and not one of fear, blame, and shame.

Additionally, **organisations who already were further along their journey** in terms of how ready they were or already having some of the values and attitudes in place, such as already working in a more integrated way, or already feeling that they have a positive work culture, or already having a purpose-built space, or already using person-first language, and so forth, were described by the people I met during my Fellowship as one would expect as being quicker and smoother to implement within. This is another reason why it is important to check for readiness, and to do a baseline assessment; but also, to highlight and magnify what is already going well, and what is already in place.



9. Moving from making day-to-day practice changes to **making sustainable policy & legal changes** which both meaningfully support & reinforce adversity, culturally, and trauma-informed & responsive values & practice; & making sure that policies are used & are relevant, rather than collecting dust on a shelf.

Places like Trauma-Informed Oregon, Health Federation based in Philadelphia, and the Wisconsin Department of Health Services discussed the huge benefits and gravitas and push provided when having government and legislative backing. They had had some success in getting some ideas about trauma and need for more trauma-informed services into actual local and national policies and legislation. This highlighted the benefit of having opportunities to share the ideas, findings, and concepts to people in varying roles, and in policy, inspecting, and government positions.

In line with getting everyone involved (including community members), gaining momentum, and creating policy change, several organisations also discussed how a community/organisational drive had often come from a public and community tragedy, such as the Sandy Hook school shooting, or the opioid crisis; and shared how it is important to use these opportunities in a sensitive way to gain momentum, drive, and advocate for further support and resources. Organisations also spoke about the helpfulness of having a well-known person such as a person in the government or a celebrity to support the mission; as well as having personal stories from people within the organisation and externally.

Health Federation in Philadelphia and ACE Connections (an online initiative) also shared about how helpful they have found it to post questions and have debates for political candidates and elected members around their views on and commitments to trauma-informed practice.

On a more local level, places like CCTC in Philadelphia, Andrus in New York, and Trillium in Oregon discussed how they placed continuing importance of having an implementation committee or other forum which reflected on and reviewed their documents and policies to ensure that they were aligned with the values of trauma-informed and responsive practice.

10. **Getting genuine buy-in, ownership, commitment, & champions** from people at all levels, particularly from, leaders, middle management, and non-clinical/ non-frontline staff. This was a key element and was reported to either support or hinder the process. This was why having



committees/panels/groups made up of people from all different roles was crucial; and having clear and comprehensive communication, decision-making, and feedback strategies which including around the rationale, apprehensions, shared vision, progress, plans etc. As well as having training, which was delivered to everyone regardless of their role, so that everyone had a shared language, an understanding, a feeling of being connected and part of something, and opportunity to get further involved. Several people, and this echoes my own experience, discussed how some of the biggest changes, new understandings, and light bulb moments during and beyond training came from people in non-clinical roles.

To prioritise and drive change, several organisations shared how they had **officially internally and sometimes, externally appointed/ recruited/ selected trauma champions, or created trauma roles** within services.

In addition to the above, every organisation I met, with no exception, shared how for them one of the biggest success factors was having **high-quality leaders and managers** on board, who were in support and driving of the process (ideally the vast majority initially when deciding to embark on the process; or after some support, training, and guidance). Dr Sandy Bloom (2008) discussed how without having leadership buy-in and support, it can be like rolling boulders uphill. This leadership buy-in includes leaders and managers actively engaging and meaningfully attending training (physically and emotionally- for example, staying for the whole time, being present, engaging, showing that they were hearing and learning alongside employees etc.).



Keeping the above in mind, many organisations I visited shared the benefit of also investing in **bespoke and specialist training, coaching, consultation, and support for leadership and managers**. Such as around culturally and trauma-informed meetings, trauma-informed supervision, and trauma-informed ways of being. As well as having opportunities to learn more, ask questions, trouble-shoot decisions/ dilemmas/ practice changes etc.

Feedback from the organisations during my Fellowship indicated that leaders who got it, would lead by example, walk the walk, talk the talk, and model the model through **secure base leadership**. Their actions would mirror their words. Some of the key leadership qualities anecdotally discussed during my Fellowship are as follows (these vary and are not exhaustive or prescriptive. From my point of view, these echoes many of the qualities in clinical work I advocate for children to have through therapeutic re-parenting and enriched environments. However, they need to be researched, observed, and explored further in a more systematic way; as this would help support recruitment, training, and development approaches):

- Being approachable, warm, and real/human,
- To have integrity,
- To be visionary, encouraging, and strengths-focused,
- To show appreciation, to believe and invest in their employees, and to hold the hope,
- To be physically and emotionally present (in meetings, in the organisation),

- To be empathetic, understanding, thoughtful, compassionate, reflective, and to be able to perspective-take,
- To be able to listen,
- To be able to be consistent,
- To be trusting of others, and open to ideas, collaboration, and learning; to be respectful and sensitive,
- To be able to make “mistakes”; and have a growth mindset- this extends to supporting others to feel able to learn from these,
- To be interested, invested, care about the work/people, and passionate,
- To be knowledgeable and open to learning from others with knowledge,
- To value and appreciate people,
- To be able to get involved and be willing to do work, in essence to “muck in”,
- To be a clear, inspiring, and an effective communicator,
- To be containing/calm/grounding/regulating,
- To be flexible and adaptable,
- To be able to protect and advocate for the team.

These qualities also fit with Daniel Goleman work which discusses how leaders need to be able to hold an inner, other, and outer focus and perspective.

Within this, when working in child-serving systems, it can be helpful to reflect on how **leadership ideally should be relational and reciprocal. It could be likened to parenting (parallel processes and metaphorically not literally).** Similarly to parenting, there will be times when a different stance or approach is needed depending on the situation. There will also be different parenting skills required at different times, and for different children’s needs. There will also be times when a new approach needs to be tried; and times when one needs the support and input of others around them. This is similar and can be likened to some of the differences, flexibility, and adaptability needed within leadership.



11. Another implementation barrier was reported was when people felt like they were being **done to, rather than with and together; and where there was a sense of decision-making not being collaborative and inclusive.** This fits with the importance of **collaboration, connection, partnering, and communication.**

Including the importance of meaningfully collaborating & engaging with multiple voices from multiple levels & roles including those with lived experiences & community leaders. (See the Value section on more around collaboration and voice).

Additionally, an important element of this was around organisations speaking about how much more successful the implementation was when there was a **comprehensive communication structure** which elicited, encouraged and acted on feedback, which kept people up-to-date, which shared success and future plans, and so forth. As well as opportunities for **meaningful feedback, input, co-design,** and so forth.

12. Contending with frequent government & system changes.

Including managing & responding to different agendas, focus, support, & funding streams.





Having to work within the restrictions & limitations of, for example, short-term funding, & short-term contracts. Particularly, given that we know that adversity, culturally, and trauma-informed practice & organisational change is an ongoing slow process & takes long-term investment. Financial restrictions extended to not having access to the necessary resources (this may be around changing the physical environment, assessment measures, a library of books, direct working tools, creating new resources, staff cover etc.).

Several organisations (however, the USA context is very different with regards to funding streams than in the UK) discussed how helpful it was when they had financial investment and security (from a trauma perspective not having to be in limbo and operating in a survival mode). They also shared how useful it was to have access to learning and physical resources; but also, to have HR develop specific adversity, culturally, and trauma-informed and responsive development roles. They also reported the huge significance of having sufficient, passionate, and high-quality business support to help with the implementation process.

However, in cases where funding was short-term, it was discussed how much more important it is to be realistic about what changes are needed and manageable within the time frame, so having a clear plan and priority matrix. In addition to explore:

- 1) what measures and outcomes can be made to try to apply for further funding,
- 2) the best ways of aligning the practice with existing practice,
- 3) the best ways of utilizing more effective in-house resources,
- 4) exploring what low cost/free changes could be made (e.g. Changes in language, policy changes, improving team meetings etc.).
- 5) how in the time that there is funding to optimize the time and to skill up and support as many people as possible in a meaningful way,
- 6) There was also discussion about how collaboration can support this, such as swapping training sessions with other services, sharing resources, applying for shared funds, and so forth.

13. Sequestering the physical time, space, & financial

investment for people at all levels to attend training for the required time (not a tokenistic slot) & to engage in continuing professional development opportunities. The time and space given sends an important message about the importance and priority of, for example, the training. Organisations hugely differed in the length of training they offered, varying from 2-hour slots (very much a briefing) to a yearlong program; however the majority of people shared how for meaningful training to occur and for there to be time for digesting the ideas, interacting, and discussing, a short session was not suffice.



Ensuring that training is just one part of the process, & not communicated as sufficient for moving towards becoming more trauma-informed & responsive as an organisation. As this report shows there are numerous other elements and actions required, in addition to training. The ideas need to be embedded and interwoven. Training is an integral part but is just a springboard and an opportunity to start developing some foundational knowledge, planting seeds, inspiring people, and creating language. The rest needs to be done through the other organisation change and consultation and support.

This also expands to people being given the **support and space for creativity, reflection, and thinking; and investing in areas such as supervision, ongoing training, skill development, coaching, reflective practice, and so forth.** These are crucial in embedding and enriching the training and in shaping practice.

14. Ensuring that there is an equal amount of focus, energy, & progress on the **cultural humility, social justice, inequality, & culturally-responsive aspects including the intersection of multiple identities.** Please see more information on cultural responsiveness and humility in the Values section.



Several organisations discussed how when they were evaluating, they learned that they had made more progress on some of the other areas, but were still needing a lot of development on this area. In the majority of my meetings during the Fellowship these were areas which people were still very much grappling with; and I am aware of how many contextual and cultural differences there are between the USA and UK; however there was some great work being done including that by Alyssa Benedict of Core Associates in the youth justice system around the intersection of identity; Mary Dino in New York around HIV/AIDs, Trauma-informed Oregon around social justice and equity; Dr Stephanie Covington and Health Rights 360 around gender-responsive services; and trauma-transformed in San Francisco around race and culture.

This area of focus as stated earlier feels essential as you can not focus on trauma and adversity without considering the wider context and areas such as poverty, historical trauma, oppression, discrimination, system inequalities, and so forth.



15. **Working within the confines & restrictions of certain environments & structures.** For example, working in a building which in itself is oppressive & confined; or in contexts where there are not appropriate or well-structured services to refer/signpost people onto (e.g. Trauma or various needs are identified but there are not any or high-quality or accessible trauma specific &/or early intervention services available).

This is where community and service partnership became very important; as well as assessing the readiness of a service and anticipating the potential barriers; and where possible putting into action support around this.

In terms of buildings and making spaces more trauma-informed, please see my crib sheet on this at www.safehandsthinkingminds.co.uk

17. Creating real & meaningful opportunities for people to feel that they are able to speak-up, question practice, & respectfully “challenge” people in **positions of power when there are clear hierarchical, firing, & disciplinary practices & structures.**



The Sanctuary Model has a whole pillar around this value of democracy, and this is also where areas of relational, emotional, cultural, and moral safety are so key. And creating an environment which encourages healthy discussion, reflection, and being critical friends; as well as respecting each person’s value and contribution.



18. Training- developing a training model that was interesting, engaging, multi-sensory, dynamic, jargon-free, evolving, time efficient, and covered the necessary individual and organisational elements, as well as some theory and skills. This also included some of the complexities as to trying to work out the order of training e.g. *Who to prioritise? Who needed what package of training? How to accommodate for additional training needs which were identified and so forth? What elements to include? What was the foundational training and what was additional packages? What could be online and what should be face-to-face?*

Working with some of the complexities of the **train the trainer model**, such as maintaining the fidelity of the model, adherence to the model, & high-quality of the values; whilst acknowledging the flexibility, creativity, & use of self that is required when training.

Reflection box:

- ?? *What are our aims, goals, hopes, and wishes? What are we trying to accomplish?*
- ?? *What do we anticipate may be some of the barriers and blocks for your organisation?*
- ?? *What if you were wearing different thinking hats might that hat say/show? E.g. The critical hat, the creative hat, the financial hat, the practical and logistic hat, the feelings hat, the curious hat etc.*
- ?? *Which of the above are relevant to your context? What additional ones would you add? Which do you feel you already have in place which will support your implementation? How are these identified, magnified, and celebrated?*
- ?? *How might we plan, anticipate, and prepare for these? How might we collaboratively problem-solve around these?*
- ?? *What do we want to measure? How will we know that a change has been made, and that it is an improvement?*
- ?? *How will we measure, show, track progress/change/ development?*

Having presented various elements of adversity, cultural, and trauma-informed, infused, responsive organisation change; I will now briefly present a spotlight onto some ways to bring some of these ideas into the public domain. During the Fellowship, I was inspired by some of the campaigns and strategies taken to try and get some of these important messages about adversity and trauma into the public domain. So, some of these are listed below, as well as some of my own thoughts and ideas. I also feel that these efforts are in line with the values and commitments of trauma-informed practice which are utterly interlinked with social justice requiring advocacy, raising awareness, and active prevention. Below are just a small sample of ones, and this is within the acknowledgement that there are so many other brilliant ones out there. Following this there will be the conclusion of the report, and acknowledgements and references.

Spotlight on ways to bring ideas about trauma and social justice into the wider public domain



A mural called "Finding the Light within" done by Mural Arts in Philadelphia offering messages of hope and support around youth suicide; and a card by Health Federation in Philadelphia to try to convey powerful messages in a simple accessible format which can be widely distributed.

- Through popular TV series and soaps such as Eastenders, Hollyoaks, and Coronation Street using trauma-informed practitioners to interweave key themes, messages, and storylines in a sensitive, responsible, accurate, and meaningful way.
- Through creating public and community art. The best example of this on my trip was through Mural Arts and the Porchlight Project as discussed in previous sections. The process and the visual image were so powerful and moving.
- By having magazines like Rise, which are written by women impacted by the child welfare/ children's services system to shape, educate, and advocate for others; and to try to reduce stigma and othering. This puts a face and a narrative to someone's lived experience rather than a statistic. These types of magazines, poems, stories, and podcasts need to be more common and widely distributed.
- By creating user friendly infographics, sketch notes, and brochures with key messages which are widely distributed in places like hairdressers, shopping centres, nursery schools, doctor surgeries, youth centres etc. Health Federation in Philadelphia created a powerful summary postcard which is shown above.
- Doing screenings of relevant movies. Positively, there has already been a lot of success in the UK with the screening of resilience, however, there should be more of these. Maybe there could be a trauma-informed film festival, like in London, we currently have an annual human-rights film festival.
- There should be efforts to integrate questions and debates about trauma-informed practice to politicians and candidates. Places like Wisconsin, Philadelphia, and Oregon have already started creating trauma-informed practice questions to be posed to political candidates.
- Getting these ideas integrated into services like NCT (Classes during pregnancy).

- Having themed weeks in school; and having an official day for trauma-informed practice/ adversity awareness etc. There could also be awareness and celebration days for the UK.
- Getting influential celebrities and members of the public to share their stories, hopes, and inspiration around trauma and adversity.
- Creating and putting on art exhibitions, plays, theatres, dance performances about these powerful messages. Like that being done by Koestler Trust, Arcola Theatre, the Bunker Theatre, Human Rights Watch London Film Festival, and Lemn Sissay etc.
- Showing and sharing positive examples in the newspapers and media of, for example, social workers, children in care, birth families etc.
- Of course, beyond the remit of this report, is the need to disseminate these ideas and concepts to wider audiences such as community leaders, GPs, health visitors, midwives, early years practitioners, police, youth workers, and so forth. In their training during university and college; and throughout their careers.

Conclusion, brief summary, and areas for future thought:

This Fellowship aimed to learn from, reflect on, and integrate findings from a range of contexts who actively practice and implement meaningful adversity, culturally, and trauma-informed and responsive values, principles, practices, and assumptions in their organisations and systems.

This Fellowship sought to learn about some of the key ingredients and values of trauma-informed and responsive practice; as well as identify some of the main factors which organisations felt increased their success of meaningful and sustainable implementation of trauma-informed and responsive organisational transformation. As well as drawing from some of the barriers, obstacles, and lessons learned. This Fellowship also aimed to reflect on some of the wider complexities highlighted by the best practice organisations of implementing trauma-informed and responsive organisational transformation. Such as around baseline, change evaluation, and measurement; as well as things like the interface between trauma-informed ideas with those of cultural humility and responsiveness.

This Fellowship was one of my professional highlights to date, and in my opinion met and exceeded the above objectives and aims. It is however difficult to conclude such a complex, rich, and multi-layered experience and approach in to a few concluding words; hence the length of this report, and the multiple sketch notes and visuals created. However, this conclusion and summary will try and capture some of my key take home messages from this experience; as well as offer some thoughts for the next steps.

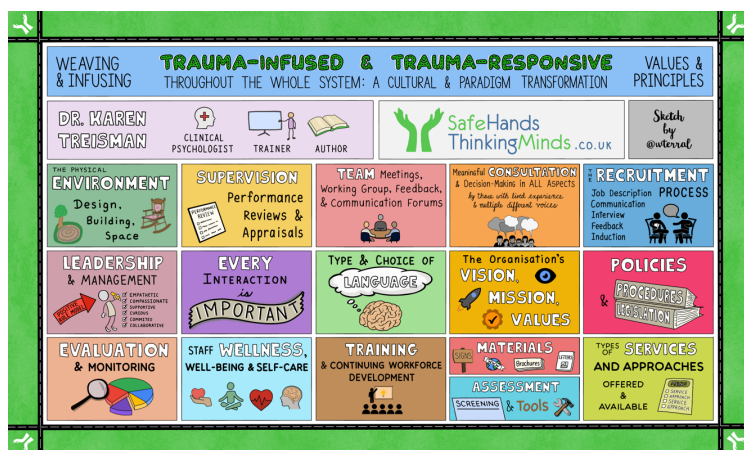
What was clear throughout my visits and interviews was the huge qualitative and quantitative benefits and impact of trauma-informed and responsive organisational transformation for all people at all levels. Including the passion and advocacy expressed during my visits that these types of services were able to focus more on prevention and generational interventions rather than on crises and quick fixes. They were more able to be relational, holistic, and humanised; compassionate, healing, and reparative; and this was reflected in the felt feelings, in the experience and in the multi-layered feedback. They were more able to be curious and reflective instead of reactive. They were able to see behavior as communication rather than as

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a personal assault and to find ways to support and meet the need and the person behind the behavior. They were more able for staff and people who used the services to increase experiences and feelings of safety and trust, and to be trauma-reducing. They were able to be more inclusive and to “do with”; rather than being exclusive, “doing to”, and increasing feelings of threat and danger (e.g. Being re-traumatising, re-triggering, and trauma-inducing). They were able to see less staff sickness, less staff turnover, and more staff satisfaction. They were able to see better working relationships with each other and partner agencies, and higher quality decisions being made. This is just a small selection on some of the benefits seen, as these varied depending on the context and a range of other variables.

This said, whilst the benefits were evident for me to see and feel throughout the Fellowship, it was also noticeable that these services were still clearly unique in their cities and, were in the minority, amongst the majority of services who were not practicing in this way. My hope and wish is that these types of services will become standard practice, instead of best practice; and will be the expectation rather than the exception. For this to be the case, we need more buy-in, more accurate awareness raising, and importantly ownership and supporting legislation and funding from commissioners, politicians, policies, inspecting bodies, educational organisations, the media, and the government.

Also, mentionable, is that what was also clear throughout my visits with trailblazers, innovators, and shapers in this type of practice, was that like for me, there was a shared consensus that the current trauma-informed “movement” and momentum, whilst exciting, transformative, promising, inspiring, and motivating; is at a crucial crossroads. As stated in my introduction and throughout, views and concerns were shared during my visits that the term trauma-informed was often unintentionally being used as a buzz/popular/sexy word, a selling point, or a tick-box exercise; or being diluted through over-use, oversimplification, or misrepresentation. This appears to be contributed to by there being a range of different definitions and interpretations in existence; which is inevitable given the diverse contexts and schools of thought. As well as a limited amount of robust evaluations and research studies of trauma-informed practice on a whole-system wide organisational level. This also seems to be contributed to by there being a lack of clarity around and over, for example, the difference between being a trauma-specific service vs a trauma-informed service, or the difference of being a trauma-informed practitioner vs working towards being a trauma-informed organisation. Or the difference between knowing about an aspect of trauma, and of being more trauma-informed or responsive. And similarly, a lack of clarity over the term’s trauma-aware vs trauma-sensitive vs trauma-informed vs trauma-responsive; with many organisations and individual’s labelled as one but the practices and stage indicating a different stage.



Therefore, there was a lot of advocacy and hope during the Fellowship for how future and current practices wanting to become more trauma-informed at an organisational level need to work towards defining, articulating, and making meaningful whole system-wide transformation. This includes organisations, systems, and services needing to move from knowing to doing and being; and

to find ways of meaningfully infusing, embedding, integrating, embodying, and sustaining the ideas, values, assumptions, feelings, spirit, and principles of trauma-informed and responsive practice into all aspects of the organisation. For example, from the induction and recruitment processes, to the website and materials, to the supervision and reflective practice opportunities, to the emphasis of staff wellness and wellbeing, to the training program itself, to the language and words used, to the policies and procedures, to the leadership style, to the feedback and collaboration processes, to the physical environment, to the team meetings, to the vision and mission, to supervision and reflective spaces, to co-production and partnering ways of working, to evaluation and monitoring processes, and so forth.

In my opinion, this embedded and whole-system wide infusion also means that the values and principles need to be meaningfully felt, expressed, embodied, and modelled. They need to become part of the culture, the soul, the energy, the personality, and fabric of the organisation. This is key for meaningful change and for sustainability. This is not about a new flavor of the month, a new initiative, a rigid framework, or something that is just held or owned by a few passionate people. This is about finding a lens and way of being which is sustained, which is nurtured, which is present, and which informs and guides all aspects of the work and practices within and between organisations.

Therefore, there needs to be an acknowledgement that this journey, like a river, it can be complex, messy, and multi-layered. Thus, it requires planning, intentionality, patience, support, funding, preparation, effort, buy-in, commitment, and continual development. This is why before embarking on this journey, an essential step and stage for any organisation is around first raising awareness and acknowledging the impact, the benefits, the rationale, they why's, and the commitment needed of the journey towards becoming more adversity, culturally, and trauma-informed and responsive. As well as taking an honest temperature, baseline, and pulse check to assess the organisation's commitment and readiness for this change. This includes reflecting on, planning, and problem-solving around the potential implementation barriers and success factors. Without this, it is like trying to run before one can crawl or walk.

This commitment to the journey also meant that the organisations I visited seemed to be navigating this transformation process by usefully drawing on ideas from system change and implementation science; and by being in a continual place of reflection, evaluation, and learning. They recognized that, like with therapy and intervention work, and developmental life-cycle theories, that this was a journey and not a final destination.

The organisations I visited, alongside a readiness stage and assessment, also usefully put into place processes and structures on an ongoing basis to support this journey and implementation. For example, this included trauma-informed and responsive working groups, ethics committees, learning collaboratives, best practice forums, thoughtful communication strategies, feedback forums, ongoing training programs, consultations with an external advisor, policy reviews, and trauma champions.

Many organisations also were very intentional with making the values and commitments very visible and present for their staff and for people using the services, which I feel really helped convey the messages, as well as keeping them alive and fore fronted in people's minds. For example, this was through the values, key concepts, quotes, or questions to consider; being visibly conveyed through posters, plaques, mugs, brochures, murals, table top spinners in meetings, screensavers, Rubik's cubes, stress balls, and so forth. This was the main inspiration for the range of sketch notes and visuals I have created during and since the Fellowship so that complex information can be presented in a creative and visual way and as a reminder for people of some of the key aspects.

The organisations I visited also recognised that this was a whole system wide cultural transformation required the whole organisation to be involved and therefore all of the best practices which I visited created processes which took these lessons, training, and values to everyone; from maintenance and caretakers, to cleaners, to human resources, to the communication and marketing teams, to the leaders and boards of directors. This whole system involvement was seen as essential, as everyone contributes to the culture and feeling of the organisation, and everyone has a vital role to play. Like with the brain and in trauma-specific therapy, it is top-down and bottom-up processes which are both needed, and it is about supporting and fostering connection, communication, and integration between the different parts and systems. After all, "Every interaction can be an intervention" (Treisman, 2018). However, within this, every organisation I visited stated and emphasised the importance and necessity of leaders and middle managers being on board and to be supporters, infusers, advocates, and energizers of this transformation and commitment. Without this, as Dr Sandy Bloom says it can be like pushing boulders uphill. Therefore, leadership buy-in, understanding, and support needs to be prioritised and explored.

Within with, it is very difficult to highlight one aspect more than any other element which stuck out during this Fellowship, as all are key success ingredients; and as stated, each organisation has its own sub-culture and climate, and needs to do its own readiness and honest baseline and priority assessment. However, a few aspects which were continually shared, repeated, emphasised, and actioned as essential throughout my Fellowship (in no particular order) included:

- 1) Leadership and management style, embodiment, and buy-in.
- 2) Spaces to reflect, feedback, and think; such as supervision, consultation, and reflective spaces. This was about a culture of curiosity and as Ken Epstein said, a culture of reflection instead of reaction.
- 3) Careful use, awareness, intentionality, and change around the tone, choice, meaning, and communication of language, labels, acronyms, storying, and words.
- 4) High-quality training which modelled the model in its delivery (e.g. Being on time, multi-sensory, empathetic, in a suitable venue etc), and which covered areas of trauma (e.g. A

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range of different types of trauma including the impact of trauma on organisations), secondary and vicarious trauma (including organisational trauma), self-care and wellbeing of staff, resilience, hope, and strengths-based practice, and the principles and values of trauma-informed and responsive practice at an organisational level.

5) A fore fronting of self-care, wellbeing, and wellness of staff which was meaningfully infused throughout the organisation. For example, in the interviews of staff, wellness schemes, through to the policies which supported this, through to the training they received, through to reflection and supervision opportunities, through to how leadership supported this, and so forth. This also fits with what Ken Epstein said about it being about “Self-care instead of self-sacrifice”; and what the Wellness Project in Kenya said about “Wellbeing leading to well doing”.

7) Meaningful engagement, leadership, co-production, collaboration, and partnership with people whom use and have used the services.

8) For the physical environment and building to be as trauma-informed as possible.

9) For multi-layered safety and trust (e.g. Physical, emotional, relational, moral, cultural, felt safety) to be prioritised at all levels, particularly around there being a no fear, shame, and blame culture. To support people to be in their thinking brains rather than in their survival brains.

10) For trauma-informed practice to be integrated and interwoven with cultural humility and cultural responsiveness. For it to take a social justice lens and to consider and respond to people’s intersection of identities.

Building on the above, although there are some ideas, thoughts, and evidence in place already. There were also multiple areas which emerged as ones which require more exploration, reflection, evaluation and research within the UK context. These are by no means prescriptive or exhaustive however include:

- 1) How (processes and measures) holding in mind that each context and organisation is unique and diverse; to get an honest pulse and temperature check of an organisation from all different levels and roles- a baseline measure which is suitable for the context- before embarking on the transformation. This also requires an organisation to be honest and to be in a potentially vulnerable and exposing position.
- 2) How to support people at all levels and within all roles to have buy-in, and to have opportunities for feedback and to shape the transformation. A huge focus of trauma-informed and responsive practice is around collaboration, co-production, agency, mastery, and voice. It is about learning from people in all roles, including and very importantly those who use and have used the services. And for those people to be key drivers, innovators, shapers, and leaders in all aspects of the organisation.
- 3) For organisations to support people at all levels to have an understanding of the rationale, the relevance, and the whys. This includes having the ability to clearly articulate what trauma-informed and responsive organisational change is and isn’t, and why the organisation are committing to it as a journey; this is a bit like having an elevator speech.

- 4) For organisations wanting to embark and communicate that they are committed to this journey, to focus and honor the values and principles of trauma-informed and responsive practice being meaningfully integrated and infused into the whole of the organisation; and not just labelling or describing it as such if this is not being done or felt. This includes differentiating between a process or particular aspect being more trauma-informed versus attempts to support the whole organisation to become more trauma-informed; and considering stages such as differences between becoming more trauma-sensitive compared to, for example, more trauma-informed.
- 5) Organisations finding ways to meaningfully evaluate and research the change and progress of the transformation before (baseline), during, throughout, and after (longitudinal) the process using a range of qualitative and quantitative measures including questionnaires, interviews, focus groups, case vignettes, tools etc. This is important to evidence the effectiveness and to advocate for more funding and services to adopt these approaches. This measurement and evaluation need to be at an individual level (actual differences to practice and people being served) through to at an organisational and cultural level. There is also room to research and evaluate specific areas of trauma-informed practice to improve and optimise delivery. For example, Trauma-informed Oregon are reflecting on what skills, attributes, and qualities are key for trauma-informed leadership.
- 6) For organisations and the wider movement to think more meaningfully and intentionally about how to integrate, infuse, and interweave trauma-informed and responsive ideas with those of social justice, cultural humility, and cultural responsiveness. This thinking needs to consider the intersection of identities and how this thinking can be interwoven into all aspects of the organisation. This feels like an area which needs a lot more attention, research, guidance, resources, and action, and is often a neglected or sidelined area.
- 7) For organisations to commit to being on a learning and evolving journey and for this to therefore be seen as a journey not as a final destination, and to put emphasis on continually evaluating, reflecting, and learning; through forums, processes, and systems. Such as ethics panels, working groups, implementation committees, research groups, learning collaboratives, having trauma champion, ongoing training, consultation, and so forth. This learning and growth culture includes committing and actively seeking learning opportunities, which include collaborative learning and best practice seeking.
- 8) There is currently a lot of emphasis on awareness around trauma (or often ACEs currently), this is important however it is just one part of the puzzle. There needs to be much more emphasis on the multi-layered impact of trauma, including the socio-political aspects, and different types of trauma such as community trauma, cultural trauma, intergenerational trauma, and so forth. As well as, as crucially stepping further than just the impact of trauma in individuals and families, but also reflecting on learning about the impact of trauma, stress, and dissociation on organisations/systems/teams, such as when an organisation becomes traumatized, trauma-organised, trauma-soaked, or trauma-inducing. This includes aspects such as organisational trauma, adverse organisational experiences, vicarious trauma, compassionate fatigue, and secondary trauma; and the interplay of parallel and

mirroring processes, and of organisational survival and coping responses, and so forth.

- 9) There also needs to be care and caution when applying and translating trauma-informed and responsive practice from one context to another. Partly because there needs to be a clear acknowledgement and embracing of each organisations uniqueness and differences, and that one size doesn't fit all. But also due to the vast contextual, organisational, cultural, financial, social differences between the USA and the UK; and of course, within each of these diverse contexts and systems themselves.
- 10) For there to be more integration, communication, and connection between services and best practice sharing opportunities so that there is a community of practices being formed and learning and inspiring each other.
- 11) For there to be a balance between reflecting on trauma and adversity with equally acknowledging, enriching, naming, celebrating, and magnifying in a meaningful way; an individual's, families, teams, communities, and organisational strengths, positive qualities, skills, contributions, progress, resilience, and so forth. And keeping ideas of adversarial growth, development, hope, and transformation at the fore front.

I conclude with a reminder of in mind the essence of trauma-informed and responsive practice- "When a flower doesn't bloom, you fix the environment not the flower" (Alexander Van Heijer).

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Acknowledgements:

I want to first say a huge thank you to the Winston Churchill Memorial Trust for this opportunity to undertake this Fellowship. It has been one of my professional highlights, and I am excited and committed to continue on this journey! I also want to thank all of the UK-based organisations, the social media community, and people whom I work with who have supported me with my learning and disseminating of the information. And the amazing people I have been honoured to work with who continually inspire, stretch, and drive me.

I will now list some of the people and organisations whom I visited and wish to thank, however, I want to extend this further as there are many other people whom won't be able to be listed for a variety of reasons but have been an important part of my journey, and who know who they are.

I want to say a special thank you to Dr Sandy Bloom, Dr Stephanie Covington, the team at CCTC in Philadelphia, Alyssa Benedict, and Dr Mandy Davis who went above and beyond, and have energised and inspired me before, during, and after the trip.

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Thank you to:

The amazing CCTC team especially to Grace Ryder, Ismael Alvarez, and Tony Valdes
Clare Reidy and Carolyn Smith Brown from Health Federation

Stephen Dinado, Jeanne Felter, and the wonderful team from Jefferson University

Dr Liz Kuh

Meghan Meyer, Vincent Acevez, and Jaclyn Wolyn from Chicago police services

Carol Howard, Andrea Spagnoli and their team from Fostering futures Wisconsin

Eda Kauffman and Joseph Foderaro

Gerry Vasser and Diane Wagenhal from Lakeside Schools

Justin Boardman and Kortni Hughes

Edward Machtinger

Alyssa Benedict from Coreassociates

Andrus (particularly Siobhan Masterton)

Mary Dino

Erika Tullberg

Steve Brown and Pat Wilcox from the Klingberg Traumatic Stress Institute

Jodi Hill and Kristina Stevens from Connecticut Child Welfare

Jen Agosti

Jason Lang

Heather forkey

Marissa Del Rosaria from Mass Advocates

Nurit Fishler and Christy Hudson

Dr Mandy Davis from Trauma-informed Oregon

Don Erickson

Kathleen Burns, Sandy Bumpus, LeeAnn Phillips, and Chelsea Holcomb

Rosa Ana Lorado from Harmonium

Maggie Bennington Davis

Ellen Bennington Davis- Trillium

David Labby

Colt Gill and Cheng Fei

Trauma-transformed in San Francisco

Mural arts and the Porchlight Project in Philadelphia

Arlene Schneir

Maira Szilagyi, Liz Barnert, and Andrea

Jane Halladay

Louise Godbold and Lara Kain

Lisa Conradi

Cambria Walsh, Charles Wilson, Chris Walsh, Brent Crandal, Melissa Bernstein, and Al

Killen-Harvey from the Chadwick Center.

Trauma-informed San Diego

Michelle Gilbert and Julie Meredith from Safe Harbour in South Carolina

Ken Epstein- San Francisco

Ruth Newton

Jorge Cabrera- Casey Family Programs

Andrea Kinley- Healthfirst360

Chandra Ghosh Ippen

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