



2022 National HCH Conference

Trauma-informed Staff

Support & Reflective

Supervision: COVID-19 project

PRESENTED BY MARTIN “MARTY” REINSEL,

ERIC “SKYLER” JONES, & VICTOR “VIC” CRUZ

LAND ACKNOWLEDGEMENT



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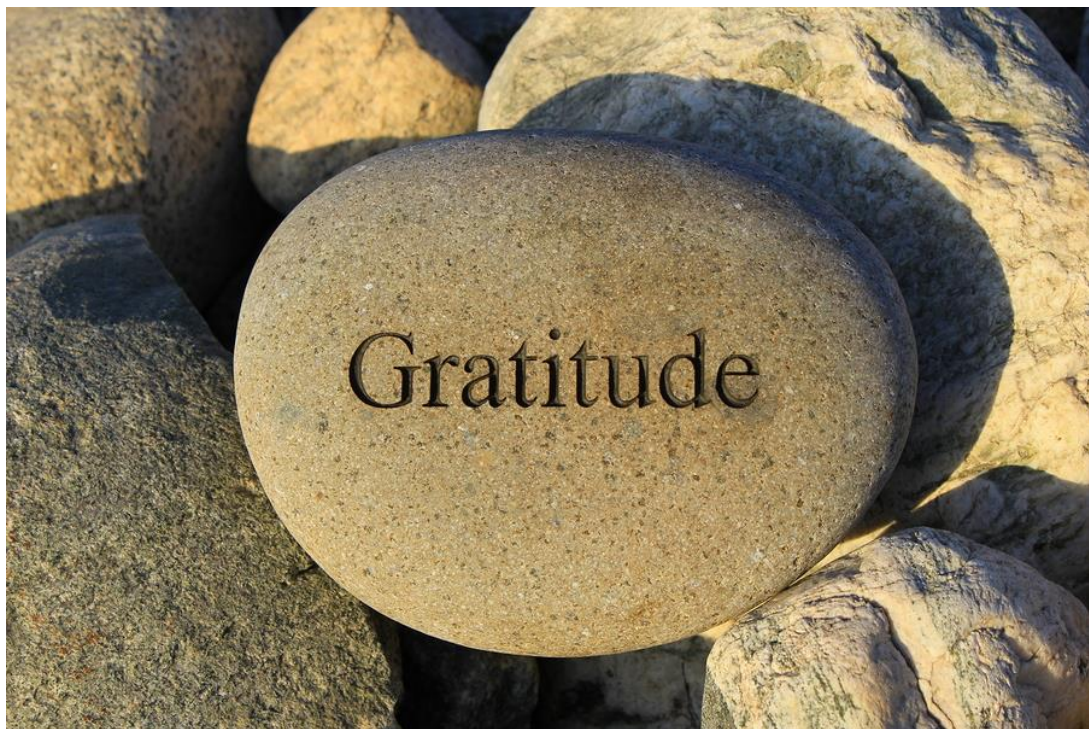


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MOBILE MEDICAL CLINIC VAN – Public Health



Thank you to ALL!

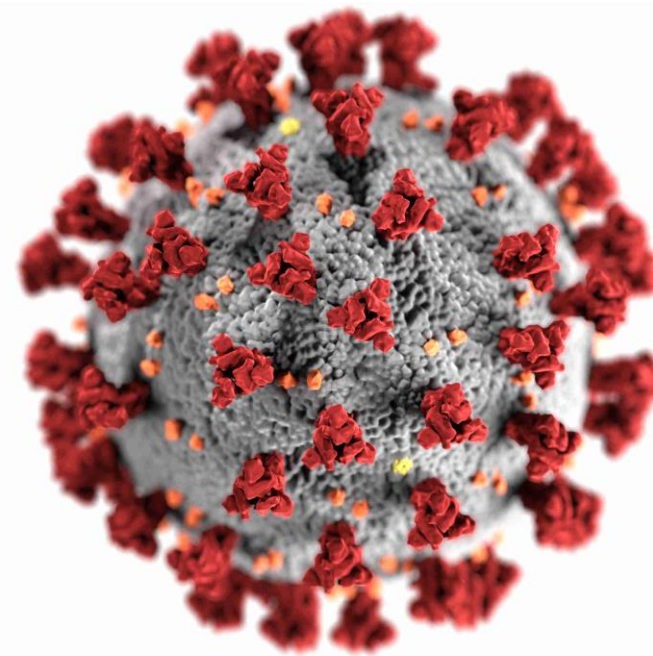




**"Love is a combination
of care, commitment,
knowledge,
responsibility, respect
and trust."**

bell hooks

Grief, Grace, Gratitude: being WHOLE



Being out of balance

You're not Broken - we are simply **Unfinished** (h/t: Amanda Gorman)



The “facts” of this Contract

- ▶ PUBLIC HEALTH SEATTLE / KING COUNTY (for local HCH providers) **CONTRACT # 6244935**
- ▶ **Formal Initiation:** April 27, 2021.
- ▶ **Anticipated End Date:** March 31, 2021
- ▶ **Informal Initiation:** November 2020 (Mobile Medical / Street Teams only)
- ▶ **Updated End Date:** **TBD** (contract extension/waiver in-progress)



Priorities of this contract work

- ▶ **Trauma-informed Staff Support**
 - ▶ Education / Workshops
 - ▶ Supportive / Reflective Supervision
- ▶ **Lead with a Racial Equity lens**
 - ▶ Workshop content
 - ▶ Resource distribution
- ▶ **Focus on Healing**
 - ▶ Supportive processing
 - ▶ Integrating practices for Wellness



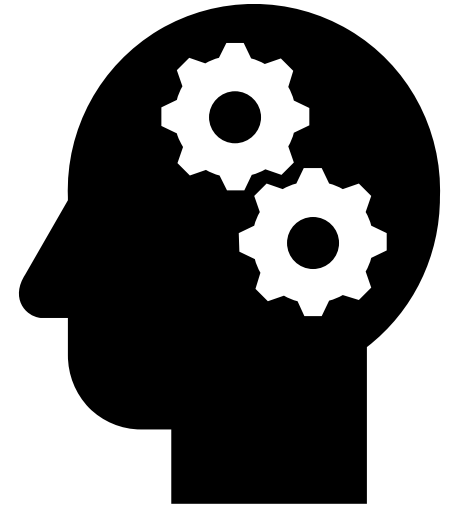
Considerations for this work

▶ Short-term

- ▶ Something is better than nothing
- ▶ Where can we start?
 - ▶ What's achievable?

▶ Long-term

- ▶ Building internal support systems & structure
- ▶ Normalizing staff support – over & over
- ▶ Keep inviting people in (Calling In & Calling On)



Contract details

- ▶ Annual budget approximately \$40,000 ***
- ▶ Planning for services: Think in terms of *Service-hours (Direct vs In-direct services)*
- ▶ Contractual compensation:
 - ▶ prioritize *Direct Service Hours* with staff (equitable resourcing)
 - ▶ honor *In-direct Service* time (Goal: 3:1 ratio or 4:1 in perfect world)



Examples: HCH Network Programs

REACH

forging trust. fostering change.

neighborcare | health



HARBORVIEW
MEDICAL
CENTER
UW Medicine

ywca
eliminating racism
empowering women

Public Health
Seattle & King County



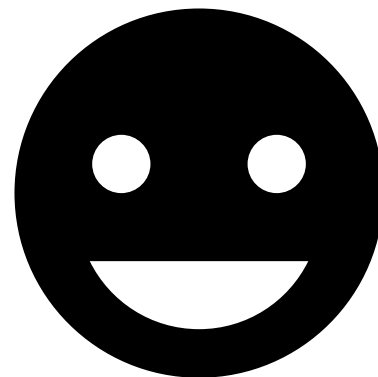
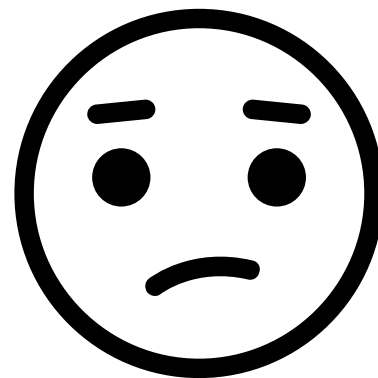
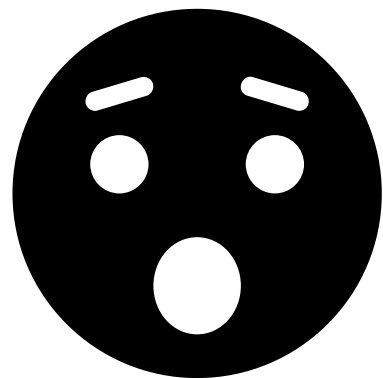
CATHOLIC COMMUNITY SERVICES
CATHOLIC HOUSING SERVICES
SERVING PEOPLE OF ALL BELIEFS

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Realities...



What's worked

- ▶ **Regular Meetings &/or workshops**
- ▶ **“One-off” training workshops**
- ▶ **Relationship building**
- ▶ **Frequent check-ins***
- ▶ **Creativity**
- ▶ **Modelling “psychological safety”**

What's been challenging

- ▶ **People are stretched to capacity**
- ▶ **Sh*t continues to be tough ... and only getting tougher for many**
- ▶ **I'm a white male – it's a Barrier**
- ▶ **Tears only do so much**

The **20/80** conundrum

Dr. Ben Danielson:

*“When only **20%** of someone’s overall **wellness** is determined by their medical care and **80%** is influenced by **social, economic, and environmental factors** ... how can we improve the health and well-being of low-income, ethnically diverse kids and their families?”*

Common Themes

- ▶ **3 C's of Fatigue**
- ▶ **3 G's of Staff Experience**
- ▶ **Normalcy of Fatigue & Stress**
- ▶ **Compounding issues**
- ▶ **Increasing inequality**

OVERCOMING BARRIERS

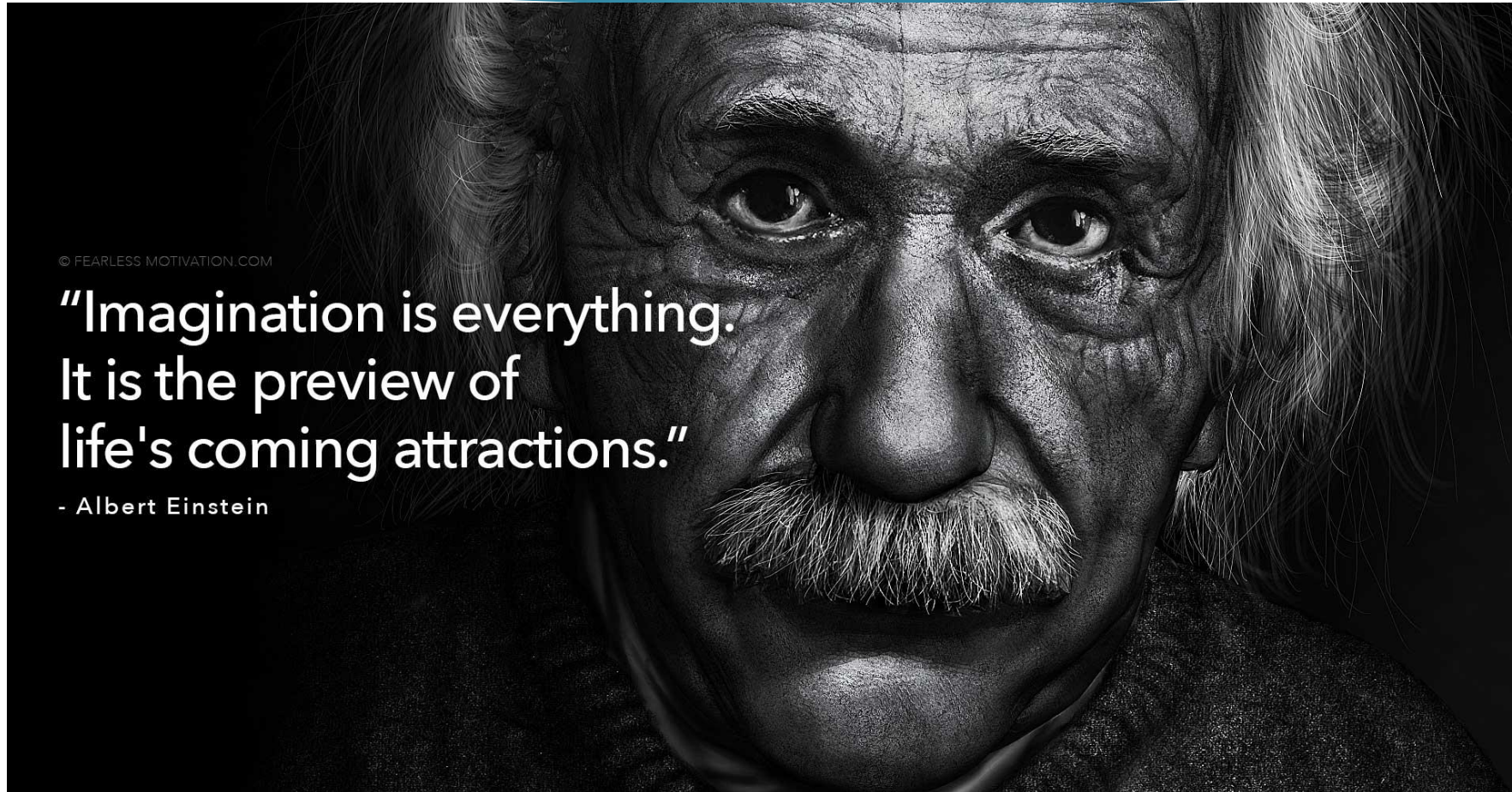
We want:

- ▶ **Multiple voices & perspectives involved**
- ▶ **Multiple approaches to healing**
- ▶ **A variety of forums for healing**
- ▶ **Creating “toolbelts”**
- ▶ **Ongoing support & validation**
- ▶ **Empowerment**

GRATITUDE: Professional Relationships



PLACEHOLDER: Victor's portion



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"Imagination is everything.
It is the preview of
life's coming attractions."

- Albert Einstein

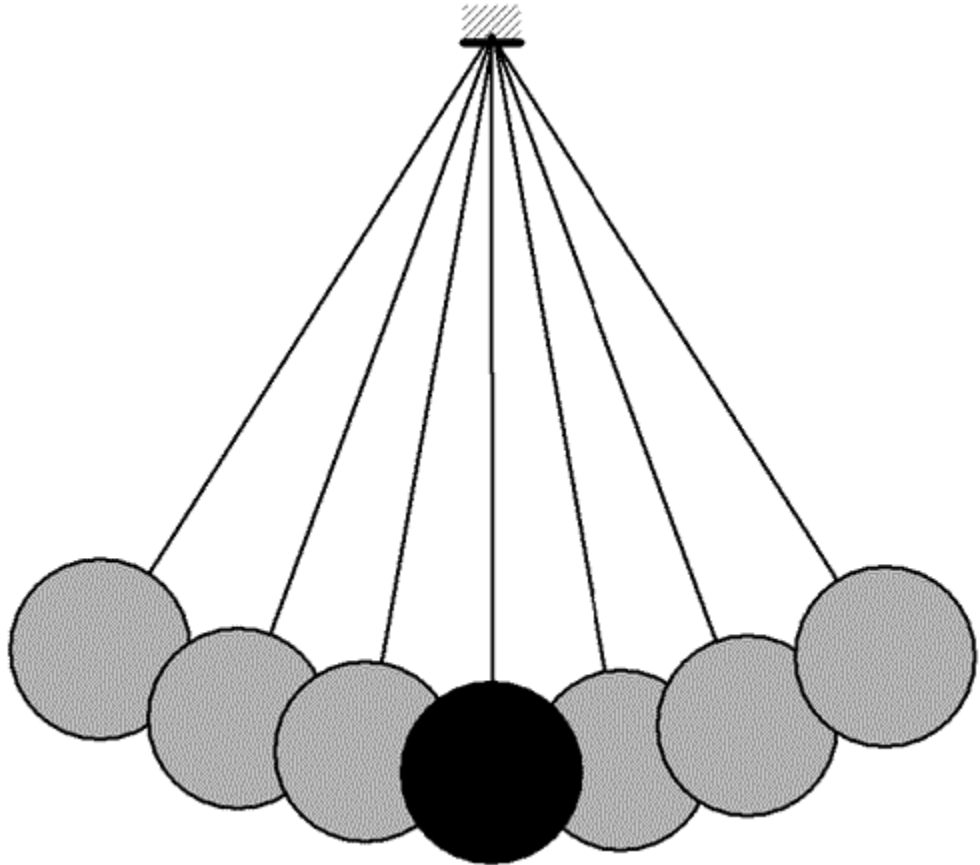
Overcoming Challenges & Adversities



grace



Providing Support & Inviting Balance + Empowerment



Let's take a
moment to
directly address
**Compassion
Fatigue**

“**Compassion Fatigue** is a state experienced by those helping people (or animals) in distress; it **is an extreme state of tension and preoccupation with the suffering of those being helped** to the degree that *it can create a **secondary traumatic stress** for the helper(s).*”

**Dr. Charles Figley, Tulane University
Traumatology Institute, 2015**

Compassion
Fatigue
results from
the **slow,**
accumulated
effects of
stress



Our **stress**
does NOT
occur in a
vacuum

WORK-RELATED STRESS

- Heightened Expectations
- Limited Resources
- The “Intangibles” – the burdens we carry

LIFE-STRESS

- Systemic & Historical Oppression & Inequity
- Social strains & Politically-influenced stress
- Environmental / climate-impacted effects
- Pandemic impacts***

What are the **symptoms** of Compassion Fatigue?

- **Hopelessness**
- **Constant stress & anxiety** (persistent arousal or **hypervigilance**)
- **Decreased experiences of pleasure or purpose; apathy**
- **Isolation**
- **Re-experiencing traumatic events &/or nightmares**
- **Sleeplessness**
- **Mentally & physically tired**
- **A pervasive negative attitude** (sometimes masked; e.g. "sarcasm default")
- **Avoidance or dread** (notably of reminders of very stressful or traumatic events), **including "numbing" of self or self-destructive self-soothing behaviors**

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The
Detrimental
Effects can
arise both
Personally and
Professionally

- **Inability to focus**
- **Decreased productivity**
- **Feelings of “loss of control, meaning, and value”** in our work – and life
- Increased **feelings of self-doubt**
- Increased **feelings of incompetency** (Is what I do valuable? Am I really able to affect positive change?)
- **Negative impacts on relationships** (personally & professionally), often due to changes in attitudes and behaviors
- (Cycling thru all of these)

In what ways have I changed through my professional journey?

Questions to consider:

What has changed about me since I first chose my professional field?



What attitudes & behaviors have changed for me since I started doing this work?

***YOUR MATH: Years caring x 2000 hours
= A LOT OF HOURS of GIVING***

PSYCHOLOGICAL SAFETY

STAFF SUPPORT

WELLNESS



Meeting Reality on Reality's terms



Organization's are Best-Served to ...

- ▶ Not ignore or minimize staff stress/distress
- ▶ Provide ***Safe*** forums for staff to talk
- ▶ **Validate staff**
- ▶ **Consider time-loss a trade-off ... better to offer this than have staff languish**

Where to begin: Relationship building

- ▶ **Active Listening**
- ▶ **Asking Engaging Questions**
- ▶ *****Giving time for responses/considerations*****
- ▶ **More Active Listening**
- ▶ **Empowering Action Steps**
 - ▶ **Fostering Achievable Goals**
 - ▶ **Avoiding additional burdens**



Considerations

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VICTOR's & SKYLER's **INSIGHTS**

- ▶ **What's worked?**
- ▶ **What's not worked?**
- ▶ **What else is needed
(shine a light)?**



Conclusion & Takeaways



THANK YOU ALL for what you do!!!
We are **stronger together** than apart





THANK YOU!!!!

HCH Conference!

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