AOD LEADERSHIP ACCELERATOR PROGRAM

WORKSHOP 4 – LEADERSHIP BEYOND THE SURFACE DAY 1 – FOUNDATIONS TO A TRAUMA-INFORMED APPROACH



Acknowledgement of Country

RMIT University acknowledges the people of the Woi wurrung and Boon wurrung language groups of the eastern Kulin Nation on whose unceded lands we conduct the business of the University.

RMIT University respectfully acknowledges their Ancestors and Elders, past and present.

RMIT also acknowledges the Traditional Custodians and their Ancestors of the lands and waters across Australia where we conduct our business.

Artwork 'Sentient' by Hollie Johnson

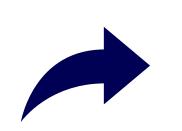
Hollie is a Gunaikurnai and Monero Ngarigo woman from Gippsland who graduated from RMIT with a BA in Photography in 2016.

OVERVIEW

OF THE DAY



OVERVIEW OF TODAY



DAY 1 – FOUNDATIONS OF A TRAUMA INFORMED LEADERSHIP

- Trauma informed through a leadership lens
- Trauma in the workplace
- SAMHSA's concept of a trauma informed approach:
 - o The 4 Rs
 - o Six guiding principles of trauma informed care
- Building a toolkit



OVERVIEW – WORKSHOP 4

DAY 1 – FOUNDATIONS OF TRAUMA INFORMED LEADERSHIP

- 9:30am-9:45am The experience of trauma
- 9:45am 10:45am GAP Analysis

Morning Break (10:45am -11:00am)

11:00am-12:30pm – Trauma in the workplace
 Lunch Break (12:30 – 1:15pm)

- 1:15pm-2:30pm The 4 Rs and Principles of TIC
 Afternoon Break (2:30pm-2:45pm)
- 2:45pm-3:45pm Principles of TIC cont.
- 3:45pm-4:00pm Workshop Conclusion
 End of Day 1





OVERVIEW – WORKSHOP 4

DAY 2 – TRAUMA-INFORMED LEADERSHIP

- 9:30am-10:45AM Guest speaker Jen Thompson
 Morning Break (11.00am -11:20am)
- 11:20am-1:00pm Guest speaker Jen Thompson

Lunch Break (1:00 – 1:45pm)

1:45pm-2:30pm – Psychological safety

Afternoon Break (2:30pm-2:45pm)

- 2:45pm-3:30pm Psychological safety cont.
- 3:35pm-3.55pm Toolkit
- 4:00pm Workshop conclusion

End of Day 2



TRAUMA-INFORMED LEADERSHIP

"You manage things, you lead people."

- Grace Hopper



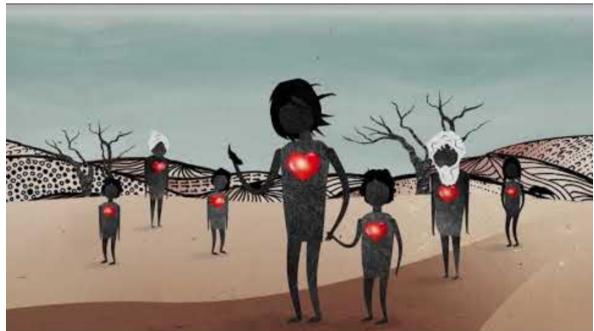
TRAUMA INFORMED

APPROACH



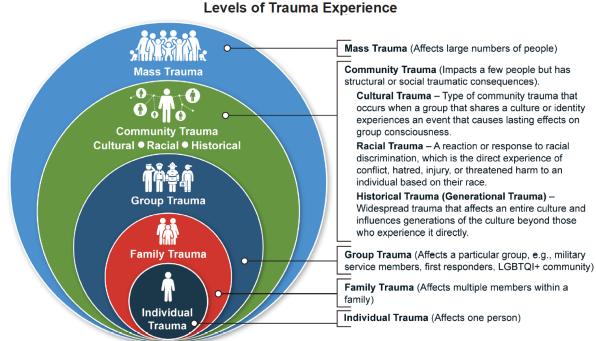
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THE EXPERIENCE OF TRAUMA





THE EXPERIENCE OF TRAUMA





Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023

THE IMPACT OF TRAUMA

- Everyone processes trauma differently
- The impacts may or may not be long lasting
- Impacts are culturally diverse and specific
- Influencing factors on impacts previous life experiences, coping skills, social supports, cultural beliefs, societal norms





Draw this template on a piece of paper:

Principles	Current State	

As a leader, how do you and your organisation embody trauma-informed principles?

25 Minutes





Principles	Current State	
Safety- how do you as a leader/your org create safety? Consider the physical, emotional and cultural safety for both clients and staff		



Principles	Current State	
Safety- how do you as a leader/your org create safety? Consider the physical, emotional and cultural safety for both clients and staff		
Trustworthiness – how does you as a leader/your org convey transparency and trustworthiness		



Principles	Current State	
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Choice – how do you as a leader/your org provide choice to staff where available and appropriate		



Principles	Current State	
Safety- how do you as a leader/your org create safety? Consider the physical, emotional and cultural safety for both clients and staff		
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Choice – how do you as a leader/your org provide choice to staff where available and appropriate		
Collaboration – how do you as a leader/your org communicate a sense of doing with rather than doing to?		



Principles	Current State	
Safety- how do you as a leader/your org create safety? Consider the physical, emotional and cultural safety for both clients and staff		
Trustworthiness – how does you as a leader/your org convey transparency and trustworthiness		
Choice – how do you as a leader/your org provide choice to staff where available and appropriate		
Collaboration – how do you as a leader/your org communicate a sense of doing with rather than doing to?		
Diversity – how does your service convey and enact for diversity in all its forms?		



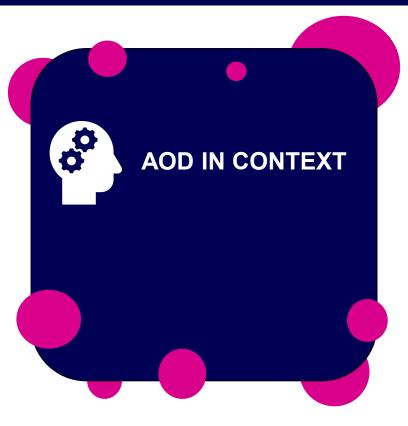
TRAUMA IN THE

WORKPLACE



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WHY IS THIS IMPORTANT



- We may be survivors ourselves
- There is no doubt that hearing and thinking about the experiences some people have endured can stay with us well after the client has left our care
- We are also exposed to direct threats to our physical, emotional and psychological safety
- Being asked to do more and more with less and less
- We work in a broad range of settings prison settings, outpatient, hospitals, outreach



VICARIOUS TRAUMA (VT)



'I think they'll just haunt me forever'

Arises from the cumulative exposure to others' pain and information about traumatic events and experiences.

Involves a deep transformation of one's inner world, leading to shifts in fundamental beliefs about life, often driven by feelings of loss and fear.

Often due to the lack of organisation attention to debriefing practices, supervision, responding to death of clients, and psychological safety rather than solely due to client trauma exposure.



VICARIOUS TRAUMA (VT)



'I think they'll just haunt me forever'

COMMON SYMPTOMS

- **Physical complaints** like headaches or unexplained aches and pains.
- **PTSD-like symptoms** such as hyper-vigilance, intrusive thoughts, or dissociation.
- **Shifts in worldview** leading to pessimism about life and the world.
- Signs of stress, depression, or anxiety including insomnia, social withdrawal, and avoidance behaviours.



COMPASSION FATIGUE

The intense emotional and physical exhaustion that develops because of attending to the needs and caring for others.



'The cost of caring'



COMPASSION FATIGUE

COMMON SYMPTOMS

- Feeling really low or anxious
- Chronic fatigue, sleep difficulties
- Difficulty making decisions or focussing
- Loss of interest in meaningful activities
- Hyper sensitivity or detachment to emotional situations



'The cost of caring'







BURNOUT

Australians suffer 'burnout' more than any other nation, new data shows

A new global study has exposed Australia as a nation on the brink of a worrying new health "phenomenon" that has a grim effect on our lives.



Rebekah Scanlan

💥 @rebekahscanlan 🕒 3 min read September 24, 2024 - 10:29AM 📫 news.com.au

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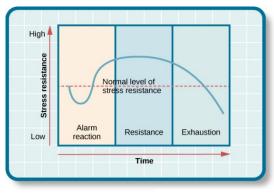
BURNOUT

61% of Australian workers reported experiencing burnout, compared to the global average of 48%.

Burnout is now attributed to 40% of employee resignations.

Managers are slightly more so likely to burnout.

2024 Global Wellbeing Report - https://corporate.lululemon.com/media/press-releases/2024/09-23-2024-120019912







REASONS FOR LEAVING THE SECTOR



- **1.** Low salary/poor employment benefits
- **2. High** stress burnout
- 3. Workload e.g. large caseloads, long hours
- 4. Lack of job security/short-term contracts
- 5. Nature of working with complex/difficult clients

VAADA Workforce Development Survey 2023



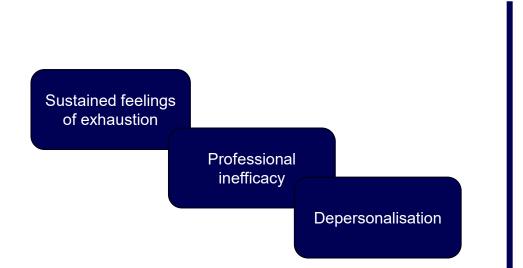
BURNOUT

WHAT DOES BURNOUT LOOK LIKE?

Symptoms of stress, burnout and compassion fatigue



DIMENSIONS OF BURNOUT



A workplace phenomenon.

Can be misinterpreted as a result of working with clients with trauma.

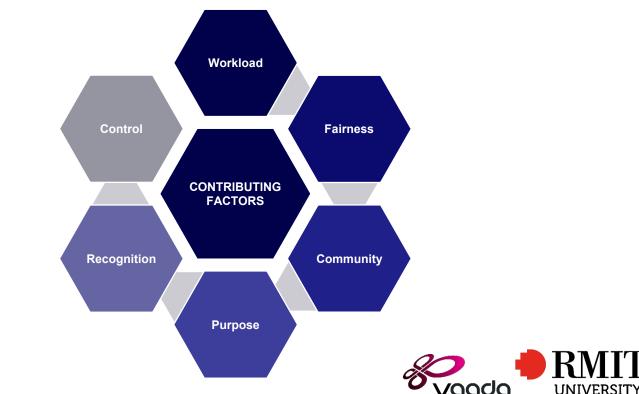


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SAMHSA: BURNOUT CONTRIBUTING FACTORS

ORGANISATIONAL LEVEL

Vulnerabilities in each of these domains contribute to the three dimensions of burnout.

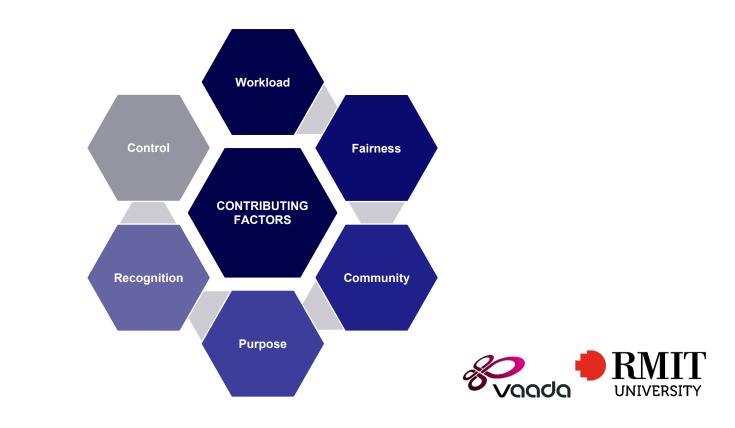


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BURNOUT CONTRIBUTING FACTORS

WORKLOAD

- Quantity of work
- Type of work
- Perceived workload



STRATEGIES

WORKLOAD

- Quantity of work
- Type of work
- Perceived workload

- Effective induction
- Regular and effective 1:1 with line manager
- Cultivating a teamwork culture
- Increasing resources or staffing where appropriate
- Audit: identify existing staff workloads
- Improve efficiency
- Training on processes
- Individual level interventions mindfulness activities
- Ensuring effective supervision and access to robust EAP

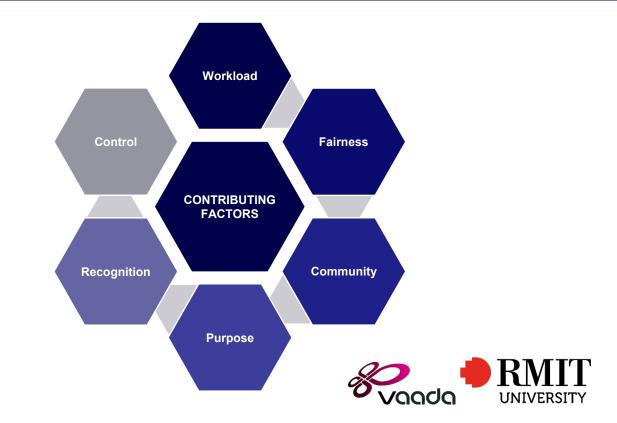




BURNOUT CONTRIBUTING FACTORS

COMMUNITY

- Lack of a shared sense of community
- Lack of organisational support
- Lack of trust, unresolved workplace conflict



STRATEGIES

COMMUNITY

- Lack of a shared sense of community
- Lack of organisational support
- Lack of trust, unresolved workplace conflict

- Conflict resolution
- Create opportunities for building collegiality and shared community
- Cultivate team work
- Celebrating diversity
- Practice of inclusion



BURNOUT CONTRIBUTING FACTORS



Your group will be assigned one of the other burnout contributing factors.

- Discuss in your group how the factors can lead to burnout and how it might be displayed. *Bring a trauma lens when talking about each of these factors.*
- Your group will then feedback to the wider group. *The person who* has most recently celebrated their birthday in your group will be the one to feedback on behalf of your group.

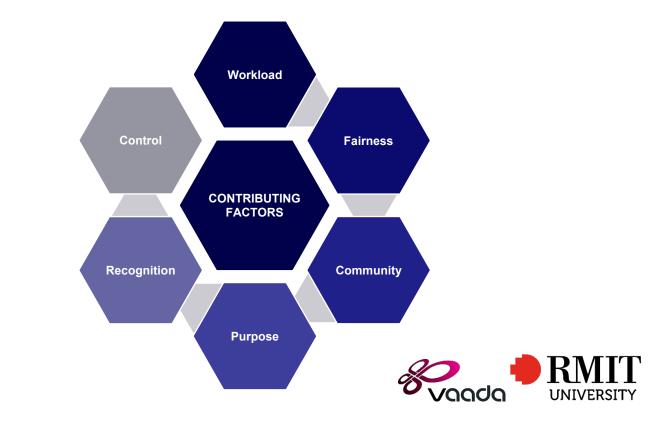
10 MINUTES



BURNOUT CONTRIBUTING FACTORS

FAIRNESS

- When there is no equal accountability
- Perceived unfairness
- Lack of transparency



STRATEGIES

FAIRNESS

- When there is no equal accountability
- Perceived unfairness
- Lack of transparency

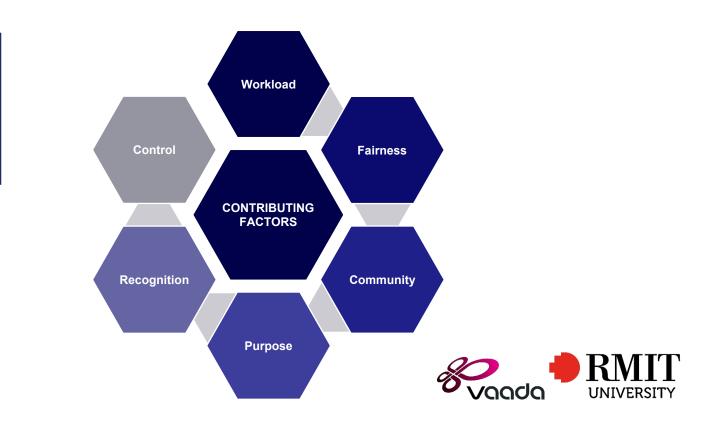
- Transparent communication
- Effective communication plans that consider different communication styles
- Language 'us' and 'them'
- Opportunities for communication between staff and leadership teams



BURNOUT CONTRIBUTING FACTORS

PURPOSE

- Shared value
- Misalignment of values can lead to a disconnect



STRATEGIES

PURPOSE

- Shared value
- Misalignment of values can lead to a disconnect

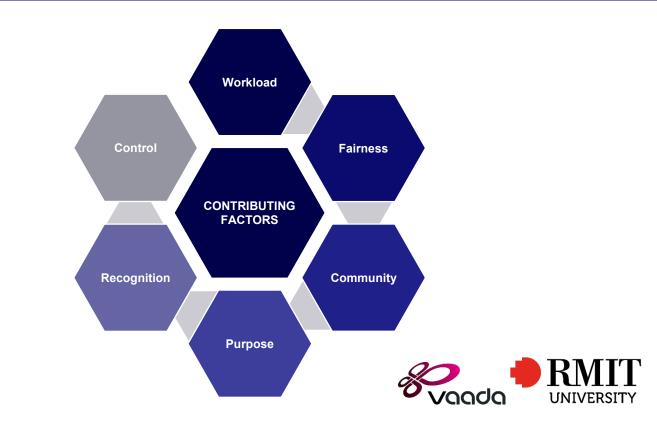
- Connecting practices, changes or decision making with organisation mission and values
- Aligning performance goals and metrics with values
- Language 'all staff must complete these trainings' vs....
- Supportive organisational culture
- Training and professional development



BURNOUT CONTRIBUTING FACTORS

RECOGNITION

- Feeling undervalued, unimportant
- Leave, pay?



STRATEGIES

RECOGNITION

- Feeling undervalued, unimportant
- Leave, pay etc

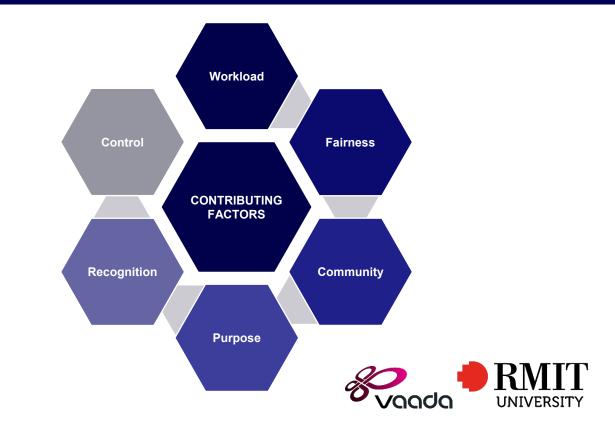
- Creating avenues of promotion and development
- Thinking about succession planning
- Establishing systems for meaningful and equitable staff appreciation and recognition



BURNOUT CONTRIBUTING FACTORS

CONTROL

- Relates to selfdetermination and autonomy
- Can impact motivation, connection to work and the organisation
- No room to grow



STRATEGIES

CONTROL

- Relates to selfdetermination and autonomy
- Can impact motivation, connection to work and the organisation
- No room to grow

- Maximise autonomy
- Considering individual styles (DISC, learning styles)
- Supporting growth and professional development







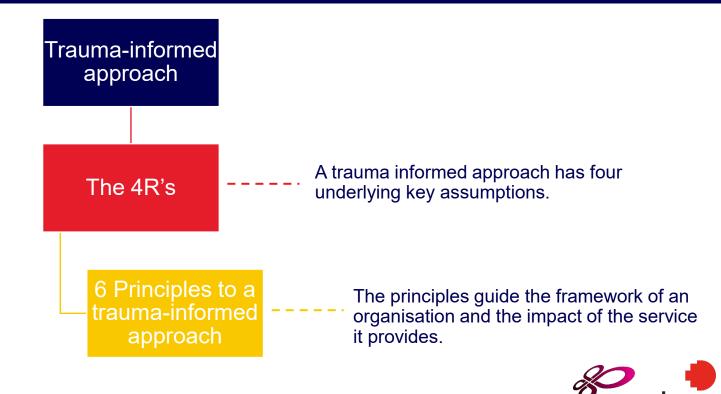
SAMHSA's TRAUMA

INFORMED APPROACH: 4 Rs



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TRAUMA-INFORMED APPROACH



UNIVERSITY

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SAMHSA: 4 Rs

A trauma informed approach has four underlying key assumptions:

A program, organisation, or system that is trauma-informed:

- 1. realises the widespread impact of trauma and understands potential paths to recovery;
- 2. recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system;
- 3. responds by fully integrating knowledge about trauma into policies, procedures and practices and
- 4. seeks to actively resist re-traumatisation.



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THE 4 Rs: REALISES

A program, organisation, or system that is traumainformed *realises* the widespread impact of trauma and understands potential paths to recovery.

- The extensive impact of trauma levels, who, when, what, how it manifests
- People's behaviours are understood in the context of their adapted coping strategies used to manage trauma
- Trauma can be experienced in the past, can be manifesting in the present, and the presence of secondary trauma
- The interplay between trauma and mental health, substance use, neurobiology, physical health, and the intersectionality of this with age, gender, ethnicity etc.



THE 4 Rs: RECOGNISES

A program, organisation, or system that is traumainformed *recognises* the signs and symptoms of trauma in clients, families, staff and others involved with the system.

- Physically, emotionally, psychologically, spiritually
- Behaviours avoidance, overworking
- Thinking patterns
- Change in norms

How does your organisation do this?



THE 4 Rs: RECOGNISES

"Many times trauma in a person decontextualized over time can look like personality.

Trauma in a family decontextualized over time can look like family traits.

Trauma decontextualized in a people over time can look like culture and it takes time to slow it down so you can begin to discern what's what."

- Resmaa Menakem, Trauma Specialist



THE 4 Rs: RESPONDS

A program, organisation, or system that is traumainformed *responds* by fully integrating knowledge about trauma into policies, procedures and practices.

- That the experience of traumatic events impacts all people, directly and indirectly is integrated
- That all language used, at a minimum, follows standards
- Allocating training, budget, resources
- Leadership teams are self-aware
- Policies, procedures and practices refer to or reflect resilience, healing and recovery from trauma
- The 6 principles of trauma informed approach guide delivery, approach and embodiment

How does your organisation do this?



THE 4 Rs: RESIST RE-TRAUMATISATION

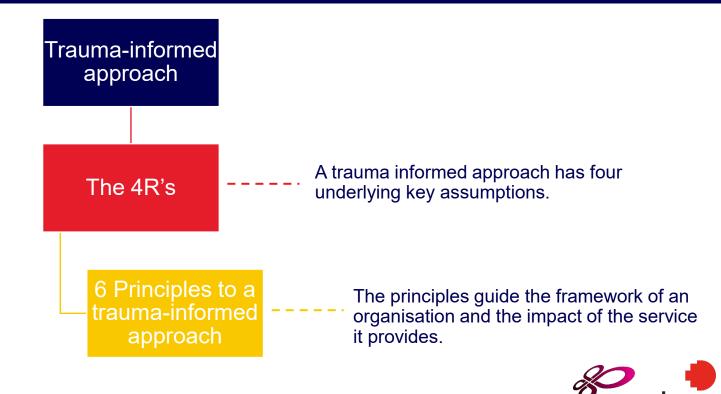
A program, organisation, or system that is traumainformed seeks to actively *resist re-traumatisation*.

- For people we support, their families, and staff
- Understand that sometimes workplaces can inadvertently contribute to a stressful, traumatic environment

How does your workplace do this?



TRAUMA-INFORMED APPROACH



UNIVERSITY

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SAMHSA'S SIX TRAUMA

INFORMED PRINCIPLES



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PRINCIPLES TO A TRAUMA INFORMED APPROACH

- . Safety
- 2. Trustworthiness
- 3. Collaboration & Mutuality
- 4. Peer Support
- 5. Empowerment, Voice & Choice
- 6. Cultural, Historical & Gender



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SAFETY



- Trauma experiences disrupt a sense of safety in the moment and after
- Staff and clients feel safe what are the layers here?

On a scale of 1 – 5, how does your team embody this principle?

A team is only as safe as the least safe person



TRUSTWORTHINESS & TRANSPARENCY



- Most trauma experiences are relational
- Policies, decisions and changes are communicated
- Process of decision making is transparent
- There is accountability







PEER SUPPORT



- Creating spaces where staff can come together to celebrate and support each other
- What does this look like in practice?



COLLABORATION & MUTUALITY



- Doing with rather than doing to
- Becoming partners
- Mutual respect including among different roles)
- A sense of community
- · Fostering mutual aid



EMPOWERMENT, VOICE & CHOICE



- The experience of trauma is disempowering
- Staff are empowered to do their work how can this be done?
- Asking for feedback
- · Elevate their voices
- On a scale of 1 5, how does your team embody this principle?



CULTURE, HISTORY & GENDER



- Variation in meaning given to trauma, experiences, response and support provided
- Understanding the intersecting layers



GAP ANALYSIS



How do you want to improve?

Principles	Current State	Desired state	

25 MINUTES



GAP ANALYSIS

Principles	Current State	Desired state
Safety- how do you as a leader/your org create safety? Consider the physical, emotional and cultural safety for both clients and staff		How could you embody this better?
Trustworthiness – how does you as a leader/your org convey transparency and trustworthiness		
Choice – how do you as a leader/your org provide choice to staff where available and appropriate		
Collaboration – how do you as a leader/your org communicate a sense of doing with rather than doing to?		
Diversity – how does your service convey and enact for diversity in all its forms?		



WORKSHOP

CONCLUSION



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RECAP OF WORKSHOP 3

DAY 1 – FOUNDATIONS OF A TRAUMA INFORMED LEADERSHIP

- Trauma informed through a leadership lens
- Trauma in the workplace
- SAMHSA's concept of a trauma informed approach:
 - o The 4 Rs
 - Six guiding principles of trauma informed care
- Building a toolkit



END OF DAY 1