

Assumptions, Principles, & Values of a Trauma-Informed Organisational Culture- A Paradigm Transformation- A Different Lens.

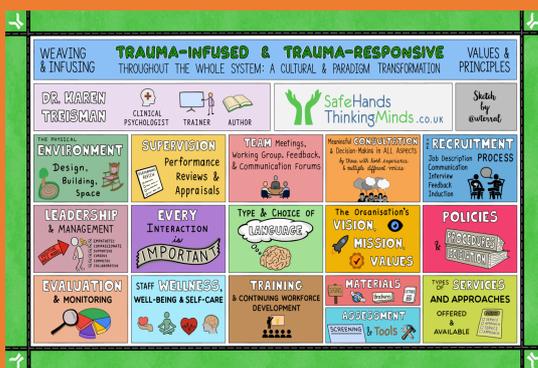
Dr Karen Treisman

<p>ASSUMPTIONS, PRINCIPLES, & VALUES</p>		<p>OF A TRAUMA-INFORMED ORGANISATIONAL CULTURE</p>		<p>A PARADIGM TRANSFORMATION A DIFFERENT LENS</p>	
<p>DR. KAREN TREISMAN</p>		<p>CLINICAL PSYCHOLOGIST</p>	<p>TRAINER</p>	<p>AUTHOR</p>	<p>SafeHands ThinkingMinds .CO.UK</p>
<p>THE FOUR R'S</p> <p>A program, organisation, or system that is trauma-informed realises the widespread impact of trauma, stress, & adversity, & understands potential paths for healing & recovery. Recognises the signs & symptoms of trauma in staff, clients, & all others involved in the system. Actively resists re-traumatisation (Committed to being trauma-reducing instead of trauma-inducing). Responds by fully & meaningfully integrating, embedding, & infusing knowledge about trauma into policies, procedures, language, culture, practices, & settings (SAMHSA, 2014 - Adapted by Dr Karen Treisman).</p>		<p>TRUST & MULTI-LAYERED SAFETY</p> <p>FELT / INTERNAL EXTERNAL PHYSICAL EMOTIONAL RELATIONAL MORAL</p>		<p>RELATIONSHIP-FOCUSED</p> <p>RELATIONAL TRAUMA REQUIRES RELATIONAL REPAIR (TREISMAN, 2016)</p>	
<p>There also needs to be respect, an expectation, & an acknowledgment that the journey to become & sustain being trauma-informed & trauma-responsive is complex, slow, dynamic, evolving, messy, & multi-layered.</p>		<p>There are also needs to be respect, an expectation, & an acknowledgment that the journey to become & sustain being trauma-informed & trauma-responsive is complex, slow, dynamic, evolving, messy, & multi-layered.</p>		<p>CURIOUSITY, REFLECTIVENESS, EMPATHY, COMPASSION, & UNDERSTANDING</p>	
<p>Therefore, it requires work, skill, time, shared vision, investment, sensitivity, adaptability, commitment, hope, & so much more (Treisman, 2018).</p>		<p>The principles & values are relevant to all people in all roles; & should also be reflected in all aspects of the organisation from the mission statement, to team meetings, to recruitment (See Weaving & Infusing Worksheet).</p>		<p>ACKNOWLEDGING, HOLDING, & CELEBRATING</p>	
<p>COMMUNICATION, COLLABORATION, & TRANSPARENCY</p>		<p>BEHAVIOUR IS COMMUNICATION</p>		<p>CULTURAL HUMILITY & RESPONSIVENESS</p>	
<p>AGENCY CHOICE MASTERY VOICE (AT MULTIPLE LEVELS)</p>		<p>INTEGRATION</p> <p>CONNECT & JOIN</p>			

(Please note this crib sheet is inspired by numerous leaders & literature within the organisation change, cultural humility area, & trauma-informed field; my Winston Churchill Fellowship; as well as from my own clinical & organisational experience).

This crib sheet may be useful in a number of different ways, & this will depend on your needs, purpose, & context. However, a few (not prescriptive & exhaustive) ideas & tips for its usage are shared below:

- It can be helpful to reflect, explore, evaluate, & be curious about how these values, principles, & assumptions are being meaningfully applied, practiced, & embodied in your own team/ organisation? This can be a helpful way to begin to take a pulse check of the organisation & identify both strengths & areas of development. Additionally, if there are areas which are not being applied, or which do not fit, then it is recommended to spend some time consciously acknowledging, reflecting, & collaboratively problem-solving around this.
- It may also be a useful guide to bring into meetings/ development spaces/ supervision/ working groups etc.- & then to ask questions & to reflect on things such as: “How does this ...align/ jar/support the... value, or with ... principles?”, (E.g. “How does this new policy on exclusion align with the value of...?”). In addition, asking questions such as “How could this be re-traumatising & do harm?” can be helpful.



• It may be that as a team/organisation you want to focus on one value or on one principle at a time (this might be over a substantial time period), such as, on cultural humility & responsiveness; or on trust & safety, or narrowing it down even further, such as on a specific sub-area within that, such as physical safety, within the area of safety; & then really try to reflect on, evaluate, embed, develop, & strengthen this

area!

If this is the case, it can be helpful to use the other graphic (as seen above) to think about how the area of, in this case, safety, interweaves & is applied within the multi-layered organisational elements e.g. How is safety addressed, acknowledged, ensured, worked towards in ... (Team meetings, supervision, policies, building environment etc.). This zoomed-in spotlight could then form the focus & direction of the trauma-informed implementation/development/working groups; &/or in other forums, such as, learning collaboratives, think tank meetings, focus groups, away days, training, journal clubs etc.

- This sheet can also be a platform to add your own values & principles to, & to put it into your own organisational shared language.
- This sheet/ graphic could also be used to drive evaluation, meaningful reflection, & development- for example, in self-assessment, or from consultation from multiple voices & layers within your organisation.
- The graphic could be displayed as a poster, in diaries, on mugs, or on table tops as a way of keeping the values & principles in people's minds.

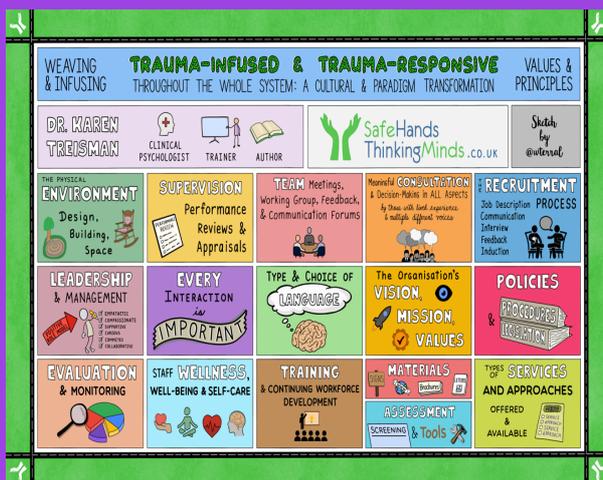
- This sheet can be used to support developing a common language, a shared vision, mission, & guiding principles.
- This sheet can be discussed & integrated into supervision, appraisal, recruitment, & performance management procedures.

THE FOUR R'S

A program, organisation, or system that is trauma-informed **realises** the widespread impact of trauma, stress, & adversity, & understands potential paths for healing & recovery. **Recognises** the signs & symptoms of trauma in staff, clients, & all others involved in the system. Actively **resists** re-traumatisation (Committed to being trauma-reducing instead of trauma-inducing). **Responds** by fully & meaningfully integrating, embedding, & infusing knowledge about trauma into policies, procedures, language, culture, practices, & settings (SAMHSA, 2014 - Adapted by Dr Karen Treisman).



There also needs to be respect, an expectation, & an acknowledgment that the journey of “becoming” & sustaining becoming trauma-informed & trauma-responsive is complex, slow, dynamic, evolving, messy, & multi-layered. Therefore, it requires ongoing work, skill, time, shared vision, investment, sensitivity, adaptability, commitment, hope, & so much more (Treisman, 2018).



The principles & values are relevant to all people in all roles; & should also be reflected in all aspects of the organisation from the mission statement, to language, to leadership style, to team meetings, to recruitment (See Weaving & Infusing Worksheet).

This meaningful whole-system multi-layered embedding & infusing of the principles, practices, policies, values, & attitudes is key for transformation, & sustainability.

Please note many of these sections are overlapping & interlinked.

Trust & Multi-layered Safety



Safety & trust are paramount. Without safety & trust everything else exists on fragile ground. They are the foundations from which everything else is based on, & therefore, need to be prioritised. This is even more important given that we know when people/ organisations feel unsafe & in survival mode, they can find it harder to think, explore, reflect, develop, regulate, process information, & so forth. They also can respond & survive through various coping strategies, such as fight, flight, freeze, & flee (See when I feel unsafe & organisational survival strategies worksheets). Therefore, we want to find ways to increase feelings of safety & trust, & decrease feelings of threat, fear, & danger. We want people to be able reflect & respond rather than react. We ideally, want our buildings to be reparative, & healing spaces-

metaphorical “brick mothers” (Rey, 1994) which are secure bases & safe havens for employees & the people 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, & moral safety. When reviewing systems, we want to reflect & consider all of these different levels- 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 questions which might be helpful to consider are the follows:

- How do people feel & experience the service/people/experience? How do staff at various levels experience & feel about the environment & about the service? Would they wish to use it themselves, or 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?
- What might increase people’s feelings of danger & threat; be potentially re-traumatising or re-triggering? This includes viewing triggers as multi-layered (E.g. Autobiographical, sensory, emotional, relational, cognitive, physical 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 a trauma-informed lens? Are they able to respond in a regulated way? (To be a limbic whisperer, a co-regulator, the rainbow in the storm; or at least to not fuel &

escalate the situation e.g. Meeting a survival reaction with a survival reaction & responding in a mutually-escalating, or dismissive way).

- In line with the above, are people able to recognise that people coming into services 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, 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? Are these used at regular & relevant times? (A Therapeutic Treasure Deck of Grounding, Regulating, Soothing, & Coping Cards”, Karen Treisman, 2018)
- Is there a recognition that the services, structures, processes, & systems in place can be unintentionally re-traumatising, re-triggering, & activating? 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/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?



Emotional and Relational Safety- In addition to the above, what are you doing to support people who work in the service & whom access the service to feel emotionally & psychologically safe, supported, & secure? (A flavour of the types of areas this might include are listed below- these are by no means exhaustive or prescriptive).

- Do people have a space/forum where they can reflect on the work itself, & the impact of the work, such as reflective supervision?
- Is there a culture of shame & blame/ fear & threat; or of openness & transparency?
- Do people generally feel they are listened to, valued, heard, & seen?
- Are they shown/do they feel qualities such as compassion, respect, empathy, curiosity, reflectivity, containment, & understanding?
- Do people feel that the people around them are emotionally & physically present & available?
- Are there permissive messages about being human & learning from “mistakes”?
- Are there clear, fair, predictable, & consistent boundaries, rules, & limitations in place?

- Are areas such as informed-consent, information-sharing, & confidentiality considered carefully?
- If something is promised, is it followed through? Do people do what they say?
- Is feedback genuinely encouraged, sought, & acted on from people at all levels? Do people feel able to speak-up to raise concerns/ express a difference of opinion?
- Are changes/ decisions discussed, acknowledged, & clearly communicated?
- 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?
- Do people have safety & wellness plans in place? Are these used, encouraged, & reviewed? Are these easily-accessible (e.g. In diary, on lanyard etc).
- If there are required procedures, 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.
- 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/ prayer 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?
- Does someone feel that they belong? Do they feel welcomed/ have a consistent space/ can personalise their desk etc.
- What else...?



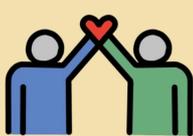
Physical Safety- How are you considering & supporting people's physical safety? (A flavour of the types of areas this might include are listed below- these are by no means exhaustive or prescriptive)

- Training & skills for all staff (including non-clinical) around de-escalation; & creating containing, regulating, & soothing environments & experiences.
- Lone working & joint working policies.
- Sickness policies.
- Locked doors/ keys/ cupboards.
- Lighting/ room temperature.
- Being 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.
- Thinking about the safety elements of parking lots/ bathrooms/ exits/ entries/ common areas/ therapy rooms etc.
- Walking routes.
- Safety & wellness plans.
- Smoking policies.

- System for monitoring who is coming in & out of the building.
- Risk assessments.
- Sound proof rooms.
- Security systems & people.
- Clear signage & maps, so people feel oriented, guided, & welcomed. These should also take into account cultural, communication, & language differences.
- Having enough physical space.
- Safety protocols & procedures.
- Contact numbers/ signals for help/ communication systems with peers & support.
- Access to a mobile phone when out in the community.
- Health & fire safety.
- Thinking carefully about procedures such as restraint/ exclusion/ seclusion.
- If physical examinations are done- how are these done?
- What else...?

(See Chapter 3 on safety in “A Therapeutic Treasure Box for Working with Developmental Trauma”; & my crib sheet on trauma-informed physical environments.

RELATIONAL
TRAUMA
REQUIRES
RELATIONAL
REPAIR
(TREISMAN, 2016)



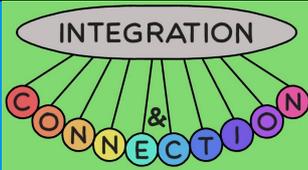
Relationship-Focused & Relationship-Centred

This aspect acknowledges that organisations are complex networks made up of people & most importantly by relationships. 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.

This also recognises that relational trauma requires relational repair (Treisman, 2016). Therefore, the relationship has 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 within this.

This includes relationships with & between each other, & relationships with the population & community which the organisation serves. This also means that every interaction is viewed as an intervention, as an opportunity for change, & for the values to be modelled.

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).



Integration & Connection

Trauma & 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, disjointed, fractured, & disintegrated. Therefore, the work & task of trauma work is around integration, connection, & communication. So, this has to be modelled, infused, taught, embodied, & emphasised in the systems themselves. Systems need to be as connected & integrated as possible. They cannot operate in silos. This needs to be through things such as multi-disciplinary working, collaboration, shared vision, regular communication, partnership programmes, co-location, team-building & cohesion activities, best practice forums, learning collaboratives, conferences etc; & reinforced in policies procedures, & funding streams (Treisman, 2018).

This includes communicating regularly, effectively, & proactively with the whole team around the child/ worker/ family. Operating in integrated & cohesive ways, not as silos. This is key in providing families with an integrated & coordinated service, & on pulling the pieces of the puzzle together to get a wider, systemic, & more holistic picture.



Noticing, Acknowledging, Holding onto, & Celebrating Strengths, Skills, Resources, Hope, Positive Qualities, Protective Factors, & Resilience.

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

Adversarial growth (Joseph & Linley 2004),
Adversity-activated development (Papadopoulos, 2006),
Posttraumatic growth (Calhoun & Tedeschi, 2004),
Compassion satisfaction (Stamm, 2002),
Vicarious resilience (Hernández et al., 2007),
Resiliency,
Earned security,
Grit,
Neuroplasticity, &
Protective factors.

- This also includes acknowledging, holding in mind, magnifying, & celebrating strengths, resources, skills, positive qualities, protective factors, resilience, hope in individuals/ in families/ in groups/ in teams/ in organisations/ in communities. Personally, I love finding creative & expressive ways of displaying, enriching, & embedding these- see my Therapeutic Treasure Box book for more ideas around this.
- Celebrating & acknowledging the results of the work/ “small wins”/ the journey/ progress/ what is going well etc. Again, I love to do this visually.
- Using strengths-based & people-first language in meetings, interactions, supervision, materials, letters, & so forth.
- Trying to get to know & see the whole person & widening the frame/picture- veering away from problem-saturated language & negative discourses.
- If measures, assessment tools, reviews, meetings etc are used having a strengths-based & a balanced selection of tools/ questions/measures/areas of discussion.
- Respecting that everyone brings unique skills, lens, & experiences into a situation.
- Acknowledging that “mistakes” are human & are things to learn from & develop from.
- Supporting skill development & growth opportunities at all levels.
- Holding onto hope & a belief for better/ improvement/ change/development.
- Facilitating future-thinking & having a shared vision.
- Supporting people to feel validated, recognised, skilled, invested in, thanked, elevated, seen etc.
- Having messages of hope, inspiration, & strength shared & displayed e.g. Through posters/ murals/ art work/ radio/ TV/ magazines/ newspapers/ concerts/ events/ screensavers/ newsletters/ blogs/ vlogs etc.
- Bringing play, playfulness, & humour in to interactions & the environment.
- Focusing & supporting team spirit & team morale.
- (See Strengths-based worksheet on www.safehandsthinkingminds.co.uk; & “Working with Relational & Developmental Trauma” (Treisman,2016) & “A Therapeutic Treasure Box for Developmental Trauma” (Treisman, 2017).

**CULTURAL HUMILITY
& RESPONSIVENESS**



Cultural Humility & Responsiveness

(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 of curiosity, & responding to the intersection of multiple identities (See Cultural Humility & Responsiveness Sketch Note & Worksheet); & of community, collective, social, cultural, structural, institutional, & historical trauma. This might include (not exhaustive) the complex & multi-layered areas of: Slavery/ imperialism/ colonisation/ segregation/ discrimination/ persecution/ genocide/ war/ immigration/ poverty/ oppression/ institutional racism/ micro & macro aggressions/ marginalisation, & so forth.
- Understanding institutional racism & how power imbalances can impact the employees & the communities being served. This also considers & reflects on the power differences, positions of power, identity, privilege, & access. Including considering what we might represent/signify/trigger in/for someone else? What assumptions/ beliefs/ attitudes/expectations/biases/prejudices might there be?
- Being reflective, critical, curious, & reflexive about the lens in which we view the world - including how our own biases, 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 expression, & so forth.
- This also acknowledges the importance of being curious, open-minded, & interested in a person's own unique meaning-making & sense-making processes.
- Discusses, names, & reflects on areas around culture, power, access, privilege, & so forth. After all, if we can't do this amongst each other, how will be able to do this within the work itself? We need to model the model.
- Considers the social, political, & cultural context & history of the organisation; & of the populations being served.
- Considers the usage & complexities around language, choice of words, acronyms, translation of materials/ programs, use/ quality/ availability of interpreters etc.
- Be more intentional & proactive at considering whose voices are not been authentically & meaningfully represented/ or are being are silenced?
- Consider how inclusive the hiring & recruitment practices/ professional development & developing opportunities/ the organisation is in general? Are there ways to diversify the recruitment strategies & to make them more inclusive?
- Consider 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; & organisational reflection & accountability.

- Consider the art work, photos, images, & magazines which are chosen & displayed in the building, in materials, on the website, & so forth.
- Consider how someone would like to describe & identify themselves as. (Do forms accommodate for this?)
- Consider the barriers & obstacles in accessing & utilising the services.
- Being mindful of things like the pronunciation of someone's name, & how they like to be addressed.
- Being mindful of certain rituals, routines, customs, traditions, & celebrations.
- Thinking about areas of difference, & how these are considered. E.g. Gender roles/ eye contact/ touch/ rearing styles/ food choice/ concept of time/ navigating complex systems & new words & roles which might be unfamiliar etc.
- Bringing in & collaborating with influencers in the community. (Including elders, religious leaders, wisdom healers, & so forth).
- How reflective is the organisation's workforce of the population being served?
- Has training been offered around cultural humility & cultural responsiveness?
- What tools, models, assessment measures, programs, & therapies are used? How do these account for cultural & linguistic differences? Being mindful of what the barriers & hazards of these might be?
- Is there a workgroup/ committee/ panel/ implementation/ development group focusing, exploring, evaluating, & driving this?
- What materials/ leaflets/ toys/ food/ spaces are available; how do these take into account cultural differences?
- How do the policies, funding, & procedures support areas of cultural humility & responsiveness?
- Is there a commitment to be culturally-responsive? Is this reflected in the mission & vision & values of the organisations?



Agency, Mastery, Choice, & Voice (At multiples levels).

- For everyone to be involved, & to have a voice & role to play. For everyone to feel that they have something to contribute & are listened to (e.g. Helpfulness as opposed to helplessness).
- To have a focus on opportunities for growth & skill development. (See section on Strengths).
- To actively avoid mirroring, re-enacting, & reinforcing feelings of helplessness, loss of control, & powerless (which often are associated with trauma).
- For people to be able to & feel safe enough to question, speak up, & call things out.
- For people to have a choice & a voice around decisions/ their experiences/ their treatment, & so forth.
- For there to be a focus on doing “with”, rather than done “to”. A focus on reciprocity, transparency, power-sharing, & collaboration.
- An emphasis on meaningful communication, feedback, transparency, & openness.
- For experts of experience & people with lived experience to be partners, as well as being involved & consulted with at multiple levels in meaningful ways; & to have opportunities to design, shape, & drive services. (E.g. Looking at materials, policies, & documents/ being on interview panels/ being on the board/ doing inspections/ evaluating services/ being part of planning of them/ being on development groups/ surveys, focus groups, & feedback sessions/ being employed into roles/ organising & speaking at best practice forums, learning collaboratives, & conferences/ arts expression opportunities/ being part of the induction process/ designing logos/ naming rooms in the service etc).
- How do people using/ working experience the service & the environment?



Communication, Collaboration, & Transparency

Communication:

- To strive to have clear communication & feedback loops including around changes in the organisation/ things happening/ decision-making processes/ communicating complex information, & so forth.

- To communicate in a humanised way.
- To have regular forums for people at all levels to communicate & feedback. After all communication is reciprocal & should be a dialogue (e.g. Meetings/ working groups/ best practice forums/ learning collaboratives/ 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).
- To communicate regularly & proactively with the whole team around the child/ worker/ family. Operating in integrated & cohesive 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 from a trauma-informed lens.
- To consider the usefulness, & accessibility of materials/ signs/ resources/ letters/ phone calls; & to view these through a trauma-informed lens.
- To communicate clearly goals, objectives, procedures, role definition, tasks, expectations etc.
- To be mindful of whole body forms of communication- verbal, sensory, & non-verbal.
- To communicate in a balanced strengths-based way e.g. Including things like best practice, “wins”, progress, positive news etc.
- To consider different forms of communication e.g. Video, blogs, email, letters, in person etc.
- 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 etc.

Collaboration:

- To work together in as integrated, connected, & cohesive way as possible.
- To collaborate, include, & communicate with the whole system (e.g. Birth parents, foster carers, adopters, school, health, social services etc).
- To collaborate, share, disseminate, & connect with the community, best practice forums, learning collaboratives, & other agencies.
- To draw & be mindful of existing/ similar &/or local resources.

- To consider partnerships & cross-sector/ agency working & collaboration.
- To emphasise the focus on “with” & not “to”.
- To meaningfully & authentically collaborate with those in multiple levels with multiples perspectives including those with lived experiences (See agency & mastery section).
- To use where possible, collaborative problem-solving & decision-making.
- To have forums & opportunities which support connection, collaboration, & communication.

Transparency:

- For decisions & processes to be done in as transparent, up front, & honest way as possible. 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, & 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 in formal & informal processes.
- For complaints, concerns, & disciplinary actions to be as transparent as possible.



Curiosity, Reflectiveness, Empathy, Compassion, & Understanding

These are some of the skills (by no means exhaustive) which we need to try to employ, embody, infuse, model, notice, & nurture. This include between each other, in interactions, in written documents, in meetings, & so forth.

A key part of this, is trying to shift away from asking “What is wrong with you?”; & instead to try to get to know/see the person behind the symptom/ behaviour/the crisis. This includes using person-first language, & being curious & reflective about the question, “What happened to you/ with us?”. “What is going on?”, “What can we do better?”, “What are we bringing into the situation?”, “What lens are we looking at things through?”, “What might this be like from another perspective?”

This includes taking a position of curiosity, taking the time, slowing down the process, actively thinking & trying to be reflective instead of reactive; & being aware & reflective of group & parallel processes.

This again is about humanising services, & about keeping connections & relationships at the heart of the organisation.



Behaviour is Communication

This emphasises how important it is that we look beyond the presenting behaviour/defences/survival strategies/ crisis; & aim to see & connect with the person, need, & context behind these.

This includes viewing behaviour as forms of communication, & as being multi-layered; they tell a story, & they often provide us with a map & clues into people's inner worlds & unexpressed needs. Therefore, we need to try to take the role of detectives, translators, & archaeologists; in order to uncover, decode, & discover what the behaviour might be communicating, & what the behaviours might be trying to tell us. (See the behaviour kaleidoscope worksheet for additional information around this).

This reflection, understanding, entangling, & taking a position of curiosity is crucial, as the more we know why something might be happening, the more we can support ourselves/others/the organisation to become aware of the why, & to support in the organising & processing of feelings; & the less alien, personal, & confusing, they can feel.

This deciphering & decoding of behaviours, & viewing them as communication, & from multiple angles; is also important, as it influences our meaning-making, sense-making, & attributions about a behaviour/person/situation, which inevitably has an impact on how we receive, make sense, label, conceptualise, & respond to a behaviour/person/situation.

References: (Please see www.safehandsthinkingminds.co.uk for numerous other relevant resources)

Fraiberg, S., Adelson, E., Shapiro, V. (1975). Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant-mother relationships. *J Am Acad Child Adolesc Psychiatry*, 14, 387-421.

Hernández P, Gangsei D, Engstrom D. Vicarious resilience: a new concept in work with those who survive trauma. *Fam Process*. 2007;46(2):229-241.

Lieberman, A.F., Padron, E., Van Horn, P., Harris, W.W. (2005). Angels in the nursery: The intergenerational transmission of benevolent influences. *Infant Mental Health Journal*, 26, 504-520.

Rey, J. H. (1994). *Universals of Psychoanalysis in the Treatment of Psychotic and Borderline States*. Free Association Books.

Stamm, B.M. (2002). Measuring Compassion Satisfaction as Well as Fatigue: Developmental History of the Compassion Satisfaction and Fatigue Test. In Figley, C.R. *Treating Compassionate Fatigue*, 107-119. New York: Brunner-Routledge.

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Treisman, K. (2016). *Working with Relational and Developmental Trauma in children and Adolescents*. Routledge.

Treisman, K. (2017). *A Therapeutic Treasure Box for Working with Developmental Trauma: Creative Activities and Tools*. London: Jessica Kingsley Publishers.

Treisman, K. (2017). *A Therapeutic Treasure Deck of Cards: Grounding, Regulating, Soothing, & Coping*. London: Jessica Kingsley Publishers.

Treisman, K. (2018). *Trauma-Responsive & Trauma Informed Organisational Change*. Winston Churchill Fellowship.