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;
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& 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/crammed 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.

<table>
<thead>
<tr>
<th>Value and Principle 1 Expanded- Trust &amp; Multi-layered Safety</th>
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<tbody>
<tr>
<td>Emotional and relational safety and trust (These are by no means exhaustive or prescriptive)</td>
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</table>

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?
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<table>
<thead>
<tr>
<th>Question</th>
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<tr>
<td>How is the impact, nature, and complexity of the work acknowledged, supported, and addressed?</td>
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<td>Is there a culture of shame &amp; blame/fear, panic, &amp; threat; or of openness &amp; transparency? (Of course, this may vary depending on a range of factors).</td>
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<td>Do people generally feel that they are listened to, valued, heard, &amp; seen?</td>
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<td>Are they shown/do they feel qualities such as compassion, respect, empathy, curiosity, reflectivity, containment, &amp; understanding from leaders and colleagues?</td>
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<td>Do people feel that the people around them are emotionally &amp; physically present &amp; available?</td>
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<td>Are there permissive messages about being human &amp; 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.</td>
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<td>Are there clear, fair, predictable, &amp; consistent boundaries, rules, &amp; limitations in place? This is even more important in the context of trauma where there have often been multiple layers of boundary violations.</td>
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<td>Are areas such as informed-consent, information-sharing, &amp; confidentiality considered carefully? And written in accessible language?</td>
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<td>Are meetings/appointment times/forum times honoured, and if there are necessary changes/exceptions are these clearly named and communicated?</td>
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<td>If something is promised, is it followed through?</td>
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<tr>
<td>Do people do what they say?</td>
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<td>Is feedback genuinely encouraged, sought, listened to, &amp; if possible, acted on from people at all levels?</td>
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<td>Do people feel able to speak-up to raise concerns/express a difference of opinion with colleagues/managers?</td>
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<td>Are changes/decisions discussed, acknowledged, &amp; clearly communicated?</td>
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<td>Are there informal and formal processes for debriefing and checking-in with eachother?</td>
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<tr>
<td>How is there priority and respect around people’s personal space, privacy and boundaries?</td>
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<tr>
<td>Are there clear goals, objectives, expectations, &amp; role definition in place?</td>
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<tr>
<td>Are there elements which support consistency &amp; predictability?</td>
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<tr>
<td>Do people check-in with each other; &amp; 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.</td>
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<tr>
<td>Do people feel that the organisation/team/manager will support them and have their back?</td>
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<td>Is there an ethics board or group that are able to consider areas of safety from an adversity, culturally, and trauma-informed lens?</td>
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<tr>
<td>Do people have safety &amp; wellness plans in place? Are these used, encouraged, &amp; reviewed? Are these easily-accessible? (e.g. In diary, on lanyard etc). See Dr Treisman’s resources and crib sheets on self-care on <a href="http://www.safehandsthinkingminds.co.uk">www.safehandsthinkingminds.co.uk</a>.</td>
</tr>
<tr>
<td>If there are required procedures and intake forms, like using screening measures, are these done with care, &amp; in as thoughtful, intentional, &amp; sensitive way; which includes offering support, guidance, space, setting the context, giving feedback, &amp;</td>
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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?
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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.safehandsthinkingminds.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
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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.

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**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?

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**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):

- 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).
- Multi, inter, and cross-disciplinary working- direct and indirect forms.
- Meaningful collaboration including reviewing what already exists and how these can be maximised, rather than re-inventing the wheel.
- Find and support the super connectors within the organisation- the people who can support, drive, and be a catalyst for change and connection.
- Opportunities for socialising and connecting on a social level.
- Having spaces to collectively problem-solve and safely share concerns; as well as celebrate strengths and best practice.
- Where possible, having shared or connected IT and recording systems.
- Having shared forums like a shared drive, online groups, wats app groups etc.
- 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.
- Having ritual and ceremonies which support people to connect and to have a sense of continuity e.g. Leaving, entering, conflict resolving rituals.
- Having opportunities to learn and enrich understanding of each other’s roles, functions, hopes, tasks, limitations, skill sets etc.
- Engaging in regular, open, and transparent direct and indirect communication.
- Partnership programmes, referring to each other, and signposting to each other.
- Physically being co-located.
- Team-building, connecting, & cohesion activities.
- Sharing best practice forums, learning collaboratives, conferences, workshops, events etc.
- The above to be reinforced in joint policies procedures, & funding streams.
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.
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.safehandsthinkingminds.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/ screeningsavers/ 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, playfulnes, & 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 these 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 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, ACROYNMS 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
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.
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 foregrounded? 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 forefront 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?


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
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.

<table>
<thead>
<tr>
<th>Value and Principle 7- Communication, Collaboration, &amp; Transparency Expanded (By no means exhaustive or prescriptive)</th>
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<tbody>
<tr>
<td><strong>Communication:</strong></td>
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<tr>
<td>For an organisation/team to strive to have clear and multi-pronged communication &amp; feedback loops including around changes in the organisation/things happening/decision-making processes/communicating complex information, &amp; 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.</td>
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- 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
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<table>
<thead>
<tr>
<th>time, space, and care should be given around understanding, processing and preparing this loss/ change.</th>
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<tbody>
<tr>
<td>To have regular forums for people at all levels to communicate &amp; feedback. After all communication is reciprocal &amp; 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).</td>
</tr>
<tr>
<td><strong>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?</strong></td>
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<tr>
<td>If working clinically or in a client-serving service, to communicate regularly &amp; proactively with the whole team around the child/ worker/ family. Operating in integrated &amp; cohesive multi-disciplinary ways, not as silos. This is key in providing an integrated &amp; coordinated service, &amp; on pulling the pieces of the puzzle together to get a wider more holistic picture.</td>
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<tr>
<td>To acknowledge the power of language &amp; storying; &amp; think consciously &amp; deliberately about the language used &amp; 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.</td>
</tr>
<tr>
<td><strong>Is it descriptive or opinion language?</strong></td>
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<tr>
<td><strong>Is it person-first language?</strong></td>
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<tr>
<td><strong>Is the language respectful to the person’s choice, meaning-making, and sense-making?</strong></td>
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<tr>
<td><strong>Is the language balanced including strengths?</strong></td>
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<tr>
<td><strong>Is the language judgemental/pejorative?</strong></td>
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<tr>
<td><strong>Is the language everyday words or are clinical/jargon/ acronyms used?</strong></td>
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<tr>
<td><strong>How might someone hearing themselves described in this way feel?</strong></td>
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<tr>
<td><strong>Is the language sensitive of people’s culture and areas of difference?</strong> And so forth.</td>
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<tr>
<td>To consider the usefulness, &amp; accessibility of materials/ signs/ resources/ letters/ phone calls; &amp; to view these through an adversity, culturally, and trauma-informed lens. For example, the tone, delivery, message, and accessibility of a letter etc.</td>
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<tr>
<td><strong>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?</strong></td>
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<tr>
<td>To consider how information is shared and presented between agencies.</td>
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<tr>
<td><strong>For example, is it handwritten? How clear are the notes?</strong></td>
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<tr>
<td><strong>Are issues of confidentiality and consent kept at the forefront?</strong></td>
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<tr>
<td><strong>Will another agency understand them including Acronyms?</strong></td>
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<tr>
<td><strong>Are they clearly marked with the date, time, and person recording them?</strong></td>
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<tr>
<td><strong>Is care and attention and thoughtfulness given to the language and tone used?</strong></td>
</tr>
<tr>
<td><strong>How would someone reading their notes feel?</strong></td>
</tr>
<tr>
<td><strong>Would the notes stand up in a court room?</strong></td>
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</table>
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 ACRONYMS.

- 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 being 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/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.

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-seeking, connection-seeking, 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?