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Trauma and Resilience at Work



About This Series

Thanks for reading this four-part series on trauma and resilience at work! This series is a product of the Trauma and Resilience at Work team at Corporation for a Skilled Workforce. It is designed to help workforce development practitioners understand the neuroscience behind trauma and resilience and get actionable steps to mitigate and manage toxic stress and trauma to cultivate a culture of resiliency for staff and organizations. These tools were designed with workforce development in mind, but can be used by individuals in any industry or field. We also thank Dr. Daicia Price, from the University of Michigan, and Dr. Jessica Camp, from Social Work Data, for their insights and wisdom in shaping these quick guides.

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About Corporation for a Skilled Workforce

CSW is a national workforce policy and systems change nonprofit that partners with government, business, and community leaders to develop good jobs and the skilled workers to fill them. For 30 years, CSW has provided high impact strategic planning, program development, and evaluation assistance to state, regional, and local partners. We catalyze change in educational and labor market systems, policies, and practices to increase economic mobility, particularly for people of color and others historically excluded from success. We offer a variety of services across our five strategy areas: Competencies and Credentials; Improving Practices and Outcomes; Research and Evaluation; Trauma and Resilience at Work; and Federal, Local and Systems Change.

About the Trauma & Resilience at Work Team

The CSW Trauma and Resilience at Work team advances workplaces and workforces that are culturally responsive, trauma-informed, resilience-building, and supportive of mental well-being. CSW works with partners and stakeholders to reduce the stigma of trauma and mental health in workforce development and the workplace; educate employees at all levels within organizations on trauma, resilience, and mental health; advance trauma-informed, resilience-building, and mental health supportive organizations and companies; and promote policies and systems that codify and sustain this work. We work with public workforce development agencies, organizations, and systems from the local level to nationally, as well as non-profit and private sector employers.

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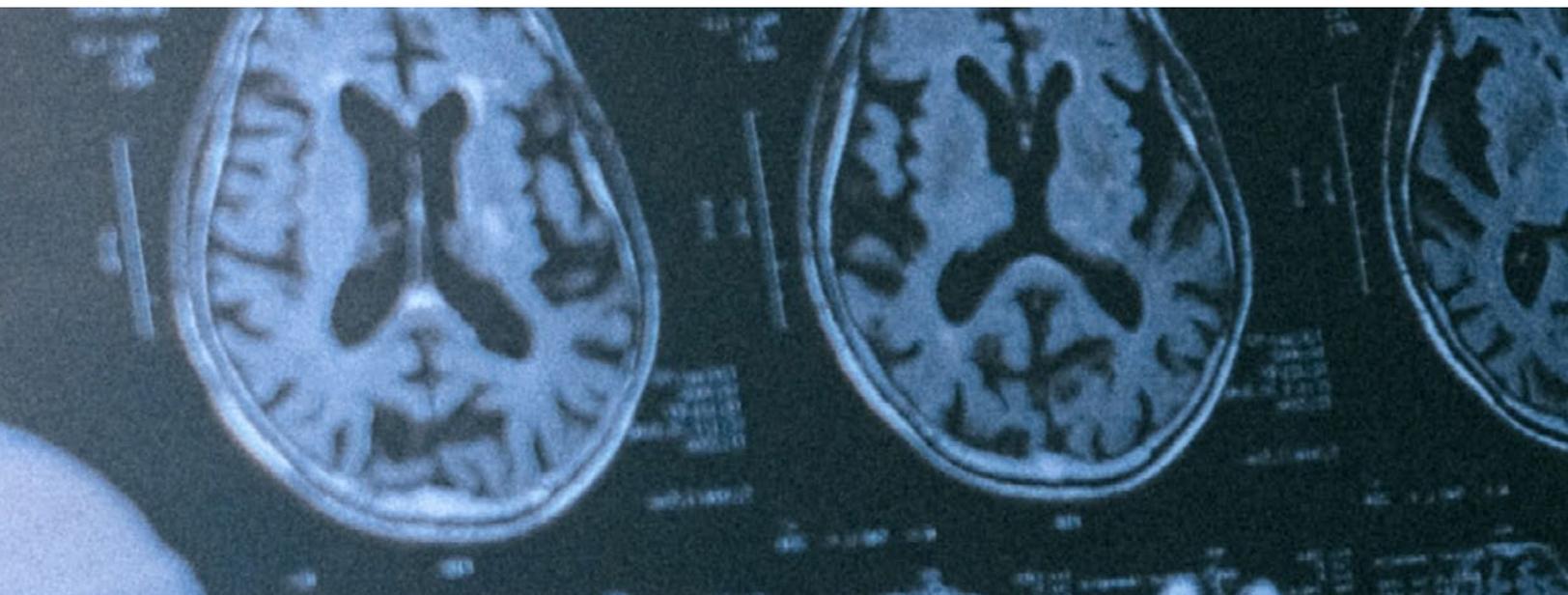
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PART ONE



The Brain Science of Trauma & Resilience



Defining Our Terms

Before we jump into discussing the brain science of trauma and resilience, we need to clarify what we mean by those terms.

Trauma, noun [traw-muh]

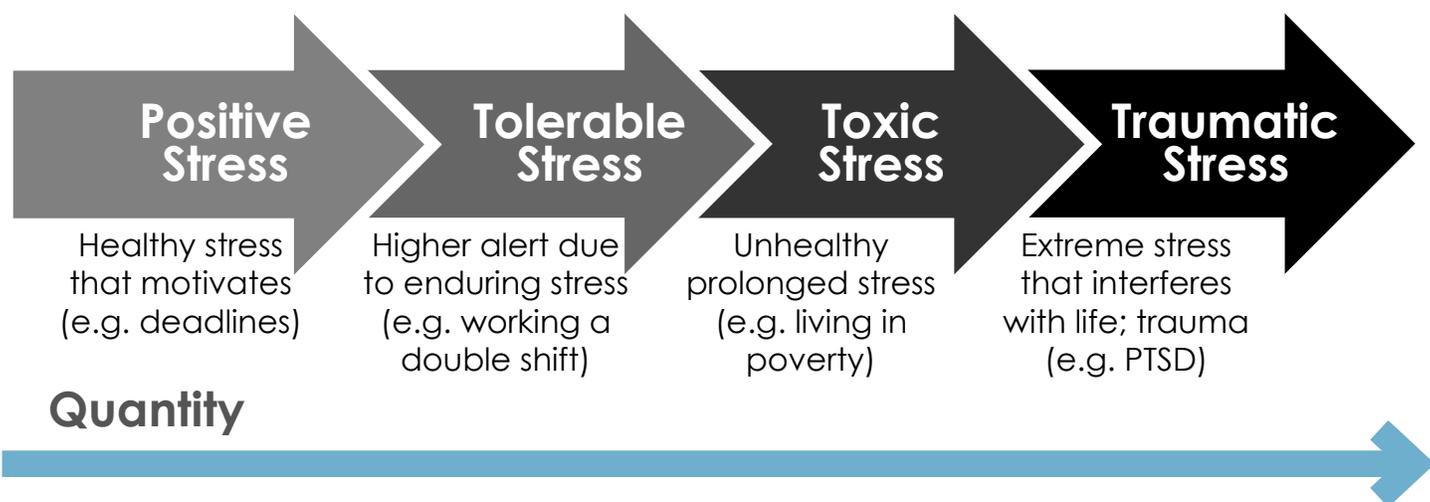
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.¹

Resilience, noun [ri-zil-ee-uhns]

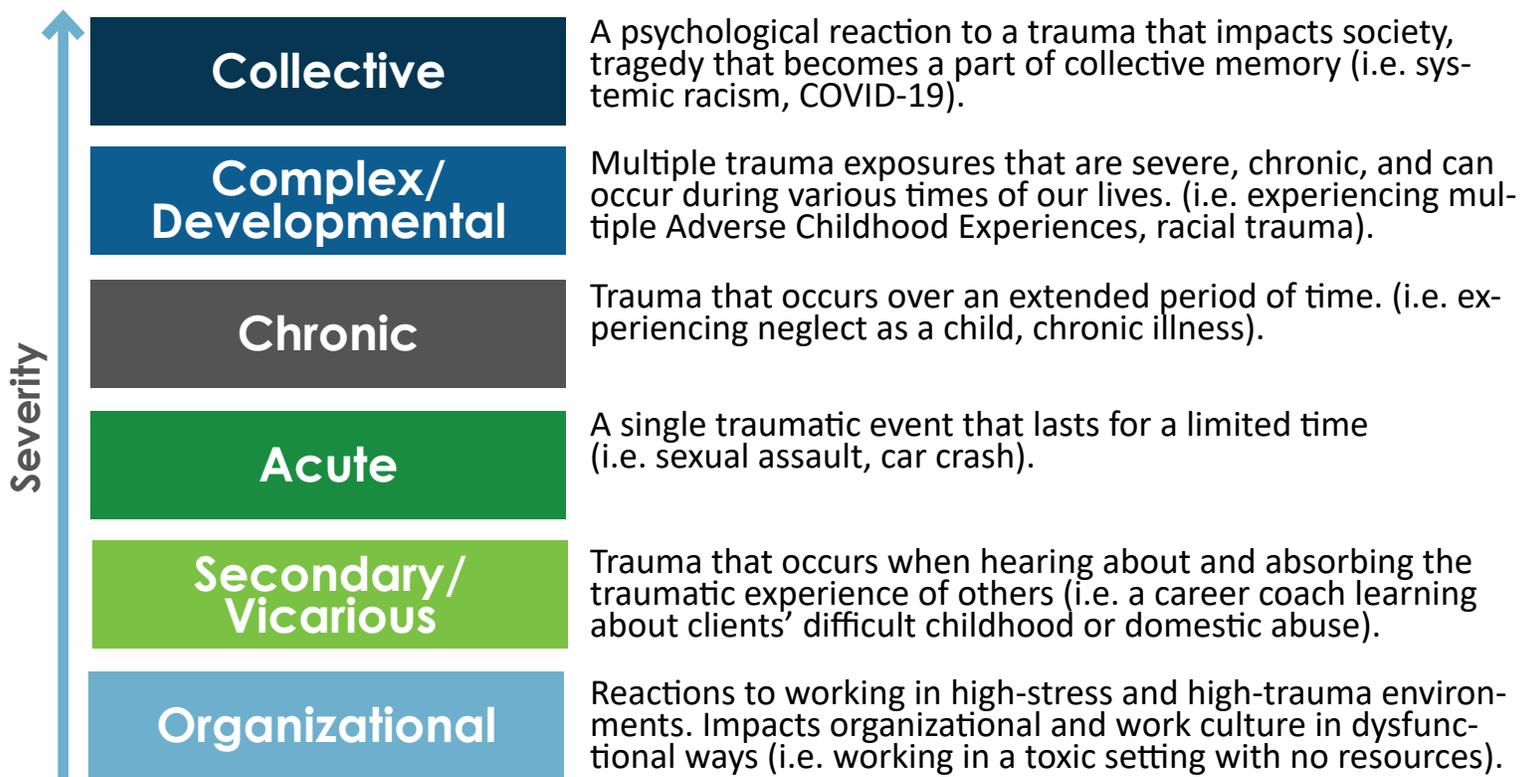
The ability, capacities, and relationships to manage and overcome adversity.

Unpacking Stress and Trauma

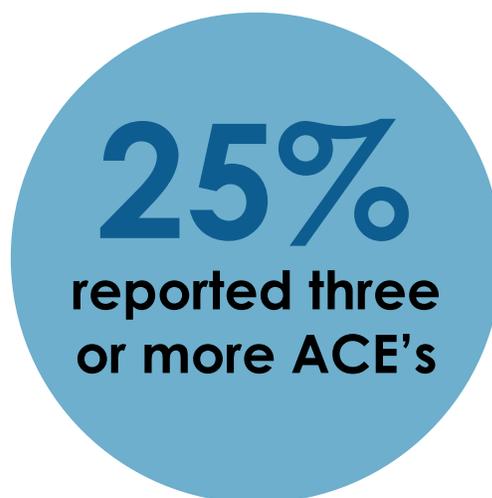
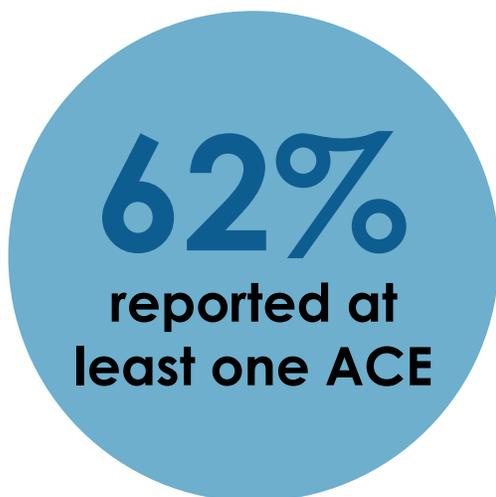
Did you know that there are different levels of stress? Low levels of stress can be positive, but higher or more intense levels can have negative impacts on our mental and physical health. Stress becomes trauma when the brain's ability to cope is overwhelmed. Unhealthy levels of stress or experiences of trauma can cause changes in the brain.²



Trauma and toxic stress can affect the brain as a result of a single traumatic incident or as a result of the accumulation of stress and/or trauma over time. The following are different types of traumas that can cause a negative impact on the brain.³



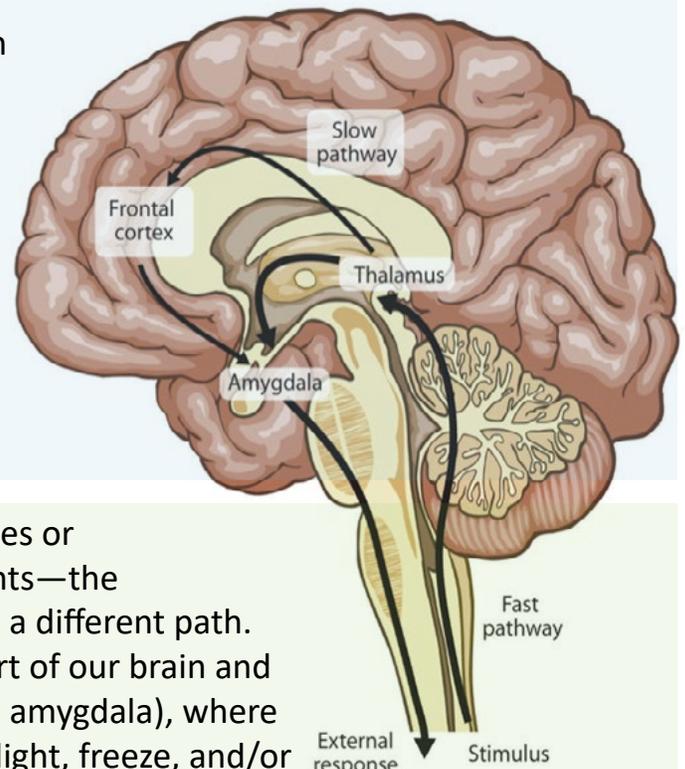
It is a frequent misunderstanding that trauma only affects a small number of people, such as war veterans, who have experienced life-threatening situations. Trauma is quite prevalent. For example, one type of trauma is Adverse Childhood Experiences (ACEs)--childhood abuse and neglect and household challenges. A 2018 study found that 62% of respondents had at least 1 and 25% reported 3 or more ACEs. Significantly higher exposure to ACEs were found in those who identify as a person of color; lesbian, gay, or bisexual; individuals without a high school diploma or equivalent; those experiencing poverty.⁴



The Brain's Reaction to Stress and Trauma

The way that the brain responds to trauma can alter healthy mental functioning, resulting in behaviors that can undermine success in education, job training programs, and employment. These reactions are due to *normal* brain reactions to *abnormal* events such as the aforementioned toxic stress and trauma. How does this work? The brain goes through a five-step reactionary process when it encounters stress and trauma: ⁵

1 Under normal conditions, a healthy brain processes information at a manageable pace. Some brain scientists call this the “slow pathway,” meaning information comes into the center of the brain (the thalamus), goes to the “thinking part” of our brains (the frontal cortex) for processing, and then gets reacted to in a logical, thoughtful way.



2 During highly stressful and traumatic times or events—or the re-triggering of such events—the information coming into our brains takes a different path. The “fast pathway” skips the thinking part of our brain and goes straight to the “reptilian brain” (the amygdala), where our brains automatically trigger a fight, flight, freeze, and/or submit response. This is an evolutionary design to keep us alive and safe in the face of physical threats.

3 Stress hormones, such as cortisol and adrenaline, are produced throughout the body to help us run fast, fight hard, and be strong and alert.

4 Once the threat has passed and the brain and body have calmed down, the logical part of the brain begins to take command again.

5 Many people who have experienced acute and/or chronic stress or trauma develop highly sensitive neurological systems that quickly and often trigger the “fast pathway.” Their systems have been honed for survival mode. They may fight, flight, freeze, or submit more quickly and more strongly to stimuli that others don't react to. ⁶

Neuroplasticity: Our Ever-Changing Brains

Our brains and neural pathways are continuously evolving. It is a frequent misconception that you are “stuck” once your brain stops growing in size and maturity. Our brains can generate or remove associations with each new interaction—positive or negative. Stress and trauma can reshape them. This is called “neuroplasticity.”

Prolonged heightened stress and traumatic events can change the parts of the brain associated with executive functioning, memory, learning, and the ability to cope. Trauma raises the threshold for a stimulus to activate a survival response, which can cause a person to develop hypersensitivity. These changes are amplified if the events occurred during childhood.

On the flip side, we can take steps and adopt behaviors to counterbalance the effects of stress and trauma. We can build resilience—the abilities, capabilities, and relationships to manage and overcome adversity. For example, we can “hack” our brains to physically calm them down when they are reacting to stress or trauma triggers, using breathing exercises, mindfulness, and meditation. We can also calm our brains with comforting music, touch, and calming activities, like humming or coloring.

Positive supportive relationships are key to building resilience. Oxytocin is a chemical in the brain associated with social connections; it has been shown to increase activity in the brain’s prefrontal cortex to facilitate recovery from trauma. There are many ways to build resilience from many sources including what we can do personally, in our organizations and workplaces, and in our communities. At the core of resilience is feeling safe and valued. The building resilience rainbow shows a few examples:



PART TWO

Trauma in Workforce Development

How Trauma Shows Up

After a traumatic experience, we can have a variety of reactions. Due to the changes in the brain (neuroplasticity), certain situations and stimuli can trigger responses that may be harmful. A trigger can be any type of sensory or mental reminder of the traumatic experience: a smell, similar appearance, temperature, sound, or other physical sensations. How someone feels treated or talked to may also be a trigger. A variety of toxic stress and trauma symptoms can manifest in the workplace, workforce development programs, and our lives in general.

Fight, Flight, Freeze, or Submit

Most times, these reactions happen without an individual cognitively connecting the trigger to the trauma. Because toxic stress and trauma bypass our “thinking brain” and go straight to the fight, flight, freeze, or submit part of our brain, the trigger takes this same route (the “fast pathway”). The following are examples of each, fight, flight, freeze, or submit, in a workforce development context. However, these are not limited to workforce development and can be found in many workplaces.

Fight | fear center → attack danger

When the fear center of the brain takes over, some individuals seek to protect themselves by going on the attack. This can be seen in the workplace by some of the following behaviors:

- Gets defensive and pushes back
- Verbally attacks
- Questions authority as new tasks are given to them
- Frequently argues with peers and/or managers
- Becomes physically violent

Nathalie was enrolled in an employment retention program to support her in keeping her job. During a stressful time, she began missing meetings with her coach and struggled to communicate clearly. When her coach asked her about these challenges, Nathalie became very angry and defensive. She yelled at her coach, saying he was being unreasonable and unfair. She threatened to have him fired.

Flight | fear center → flee danger

In order to escape from the situations that trigger a trauma, individuals may respond with running away. Certain people or situations that may trigger an emotional response are seen as a threat and the brain responds by fleeing the danger. This may manifest as:

- Being late or absent from work or an employment program
- Starting a program or job but quitting when something becomes hard or goes awry
- Mistrusting people who want to help
- Avoiding working with others and self-imposed isolation
- Overbooking themselves with small tasks to avoid confronting larger problems at hand

John experienced trauma in his life growing up around people who discriminated against him and verbally abused him. His workplace had a harsh management style and his supervisor had a strong personality. This environment became toxic for John, who had a difficult time expressing his emotions and felt the need to escape. John started showing up late to work or skipping work altogether, until he eventually decided to quit.

Freeze | fear center → hide from danger

When a possible threat is detected, some will respond by freezing. To avoid detection at all, the body's response is to shut down activity until the threat is gone. This can be seen in the workplace and workforce development programs in the following ways:

- Emotional numbing - emotions become detached from normal life experiences and the individual becomes cold and reserved
- Unable to process information, make decisions, or prioritize
- Verbally unresponsive
- Feeling unable to move or act

Stacy was excelling in her job prior to COVID. However, once the pandemic hit, she struggled to keep up with requests. She would go days without responding to emails and it became difficult for her to recover from small mistakes. She was mentally checked out, completely frozen. Coworkers would often wonder, "why doesn't she even try anymore?"

Submit | fear center → give up to danger

In some stressful or traumatic situations, the individual may feel that all they can do is just submit to the perceived harmful situation or person and give up. This type of response may manifest in the workplace or workforce programs in these ways:

- Showing up physically but not mentally (also called “presenteeism”)
- Just doing the bare minimum requirements for tasks with no extra effort or investment of energy or interest
- Depression
- Not speaking up for oneself or one’s needs
- Giving up quickly due to fear of failure (or of success)

Travis was having a great day at work, until he received a curt text message from his boss about working on the backlog of intake forms and entering them into the electronic system. Rather than keeping an open mind that these messages are meant to be short and his boss might have been in a hurry, Travis grew angry and then felt deflated. He said, “screw it” and half-heartedly entered the data, not caring if he made mistakes.

Physical Symptoms

As described in Part I of this series, toxic stress and trauma trigger a flood of hormones, such as adrenaline and cortisol, to help us survive the abnormal threats we may face. However, our bodies are not designed to have high levels of these powerful chemicals constantly surging through our systems, which is the case if we are frequently living with toxic stress, traumas, or re-triggering. The physical effects of toxic stress and trauma literally wear down our bodies at a faster rate than healthier circumstances. Physical health symptoms of toxic stress and trauma include:

- Trouble sleeping
- Lethargy
- Headaches
- Body aches
- Increased likelihood of chronic disease such as cancer, diabetes, and heart disease
- Increased likelihood of autoimmune conditions such as lupus
- Increased likelihood of gastrointestinal, cardiovascular, neurological, musculoskeletal, respiratory, and dermatological disorders

Trauma and Physical Weathering

“Weathering” is a phenomenon that occurs in which various stressors can spark premature biological aging and may make people more susceptible to chronic and infectious diseases. Black, Hispanic, Indigenous, Asian, and other people of color are especially prone to weathering due to discrimination, systemic racism, poverty, and community violence.

“What weathering does is it wears on your organs and body systems so you’re vulnerable to a whole array of problems. In fact, in weathered populations, people and families have multiple morbidities. They can be chronic diseases like hypertension or diabetes, but they can also be depression and anxiety... It can be joint pains, it can be autoimmune disorders like Lupus, and now it’s COVID-19.” -Dr. Arline Geronimus¹



Healing and Harmful Responses

We can adopt behaviors that help us heal from toxic stress and trauma, or that harm us.

Healing	Harmful
Physical exercise, walking, dance, yoga to strengthen and balance the body	Excessive alcohol or drug use to numb hurts and fears
Eating a healthy diet	Frequent “stress eating” of too much and unhealthy foods
Engaging with family and friends, building relationships to calm and reassure the brain that we are not alone	Withdrawing from family and friends; isolating oneself to avoid possible emotional harm
Seeing the positive side of situations; looking on the bright side	Always seeing the negative side of situations
Giving and receiving gratitude	Chronic complaining
Having an open mind; being a flexible thinker	Being unwilling to reconsider how one feels about someone or something; being judgmental
Let unimportant things “go”	Brooding and dwelling on things, including those that cannot be changed
Acceptance	Denial

Sometimes the harmful behaviors can become detrimental and even dangerous. This can include self-inflicted harm or other behaviors that intentionally sabotage relationships or careers. People whose trauma manifests in this behavior often feel hopeless or excessive guilt for the trauma they experienced. One reason it is vital to address trauma as soon as possible is because this self-destructive behavior can sometimes lead to suicidal ideation. If you notice any signs of suicidal thoughts, take the time to provide the necessary resources.

The workplace environment can either help or hurt the mental health of employees. Toxic stress and trauma do not go on pause when we clock in for work or engage in an employment or training program. They stay with us and affect our ability to learn, work, and succeed. Like individuals, organizations and employers also have the choice to engage in healing or harmful practices and policies.

PART THREE



Responding to Trauma Triggering

In Real Time



Introducing the LAPIS Model

This is a guide for workforce development professionals on responding to participants showing signs of toxic stress or trauma. It is based on the LAPIS model developed by the BEAM Collective (for Black Emotional and Mental Health).¹ This peer support tool is part of BEAM’s evidence-based Black mental health peer support training.² CSW uses the LAPIS model because it is culturally responsive and emphasizes that healing from trauma is a collective responsibility.

If you experience a participant (or a colleague or friend) expressing anger, withdrawal, avoidance, or other possible signs of toxic stress, trauma, or re-triggering, follow the five steps laid out in the LAPIS model. The first three steps happen immediately, the second two occur in the following weeks.



L: Listen & Assess for Distress or Harm

- 1) Listen actively.
- 2) Assess if there is any danger to the participant (are they trying to hurt themselves?) or to you or others.
- 3) Get help if needed.
 - Call a mental health support service staff that may be located in the center.
 - Call a local help line.
 - Follow your organization’s safety protocols.
- 4) Provide safety. Remember, trauma symptoms are rooted in not feeling safe, so help the participant feel safe—physically and psychologically.
 - Does sitting or standing make them feel safer? Ask what they prefer.
 - Can they clearly see the exit in case they need to escape the situation?
 - Offer a glass of water to hydrate the bodily systems.
 - Suggest taking several long deep breaths to physically “hack” the brain and calm it.
 - Mindfulness: gently encourage the client to focus on their physical surroundings to show that they are in a safe space: name three things you can see, hear, smell, touch.
 - Offer a soft blanket, fabric ball, or fidget toy to soothe and or help release built-up energy and tension.
 - Offer a meditation/mindfulness room if that would help to calm them (be aware they might feel confined or shut away; provide choice).

A: Acknowledge and Affirm Their Experience and Feelings

Affirm their feelings are valid without minimizing or refuting them (you can affirm without agreeing or elaborating). This is part of psychological safety. Example statements:

- “Would you like to talk with someone about what’s on your mind? Many of us are facing a lot of stress right now, and it’s completely normal for us to possibly feel like we are overwhelmed and need a shoulder to lean on every now and again.”
- “I appreciate you being open to talk with me today. If I understand you right, you are feeling...”
- “That is a very difficult situation that you are undergoing. It must be difficult to manage.”



P: Partner to Determine Immediate Next Steps

- 1) By partnering, we are doing WITH not FOR or TO our participants. This reinforces choice, voice, and empowerment, which is one of the key trauma-informed principles (see Part IV).
- 2) Once the client has calmed down and is able to focus, offer a few simple next steps.

For example:

- “Would you like to continue completing the intake process now or return another time? I can help you read through the questions...”
- “Would you like to take a 10-minute break from class to walk around the building or do some stretches to release some tension or do a little guided meditation to reset your mind?”
- “Would you like to take a pause on this subject, i.e., math, and focus on one you like better, i.e., reading?”

Meditation resources:

- [Insight Timer](#)
- [Headspace](#)
- [Aura](#)
- [MyStrength](#)

I: Initiate a Self-Care & Support Plan

To make an wide-scale change, planning and accountability need to be in place. Help the client make a plan of action for when they are triggered in the future. Having a written down plan of actionable steps will help to create new connections in the brain for healthier responses. Career/employment plans should take into consideration personal traumas and experiences. Work with the client to create a [self-care wheel](#) in which they record their self-care strategies for their physical, emotional, psychological, spiritual, professional, and personal health.

S: Seek Out Additional Help if Necessary

We need to take the negative stigma out of seeking professional help. Encourage all people to assess their individual needs and consider the benefits of accessing additional help. Professional counseling help, if needed, is a great resource to heal from trauma. Leverage counseling options including virtual counseling. We are not embarrassed to go to a doctor for a sprained ankle, why should our mental health be any different? Professional counseling can help us understand our trauma and responses; it can help us adopt healthier behaviors to live happier lives.

Mental Health Counseling Resources

Be sure to research and have local mental health counseling resources on hand. Also, seek out and partner with adult education, English Language, and training programs that are trauma-informed and resilience-building. Remember the various assets your clients have and any support services they might need including housing, transportation, and childcare assistance. National mental health resources include:

- [988 - Suicide & Crisis Lifeline](#)
- [Psychology Today](#)
- [EAP \(Employee Assistance Programs\)](#)
- [BetterHelp](#)
- [ThriveWorks](#)
- [Local and/or State Health and Human Services Agencies](#)
- [The Salvation Army \(search by zip code\)](#)
- [Domestic Violence National Hotline](#)
- [MyStrength](#)

PART FOUR



Cultivating a Culture of Resiliency in Organizations



Making Organizational Changes

Staff can adopt trauma-informed and resilience-building practices, but they will struggle to consistently apply and sustain them unless the organization provides a supportive culture by also adopting similar practices, processes, and policies. Workforce development programs and organizations can use the Substance Abuse and Mental Health Services Administration's (SAMHSA) 6 Guiding Principles as a framework for this systems and culture change.¹ This guide includes examples and strategies of how to implement these principles in the workplace. As you look through them, keep in mind that the principles support each other; what may appear as duplication actually is healthy mutual reinforcement.



1. Safety



2. Trustworthiness & Transparency



3. Peer Support



4. Collaboration & Mutuality



5. Empowerment, Voice, & Choice



6. Cultural Humility & Responsiveness

Safety

The state in which hazards and conditions leading to physical, psychological, or material harm are controlled in order to preserve the health and well-being of individuals and the community.²

The goal of the safety principle is to ensure all individuals (employees and the people they serve) within the organization feel both physically and psychologically safe. In a workforce development organization, staff and clients feel calm, comfortable, and welcomed. A few specific strategies include:



Pay attention to the physical environment. How safe is the building? Are sidewalks and parking areas well-lit? Are there easily accessible exits?



Actively listen. What makes each individual feel safe or unsafe? Safety can mean different things to different people. Seek to know others' boundaries and respect those boundaries.



Hold consistent weekly team meetings as a group and individual time with supervisor, get weekly updates from participants as a support/encouragement to meeting their goals. Consistency builds psychological safety.

Trustworthiness & Transparency

The quality of being deserving of trust or confidence; dependability; reliability; being open and candid so that there are no surprises.

Traumatic experiences threaten our feelings of safety, which undermines trust. Consistency, reliability, clarity, and openness reinforce safety (see principle #1) and build trust. Building and maintaining trust between staff and with clients takes time. Here's a few ideas for what this looks like in practice:



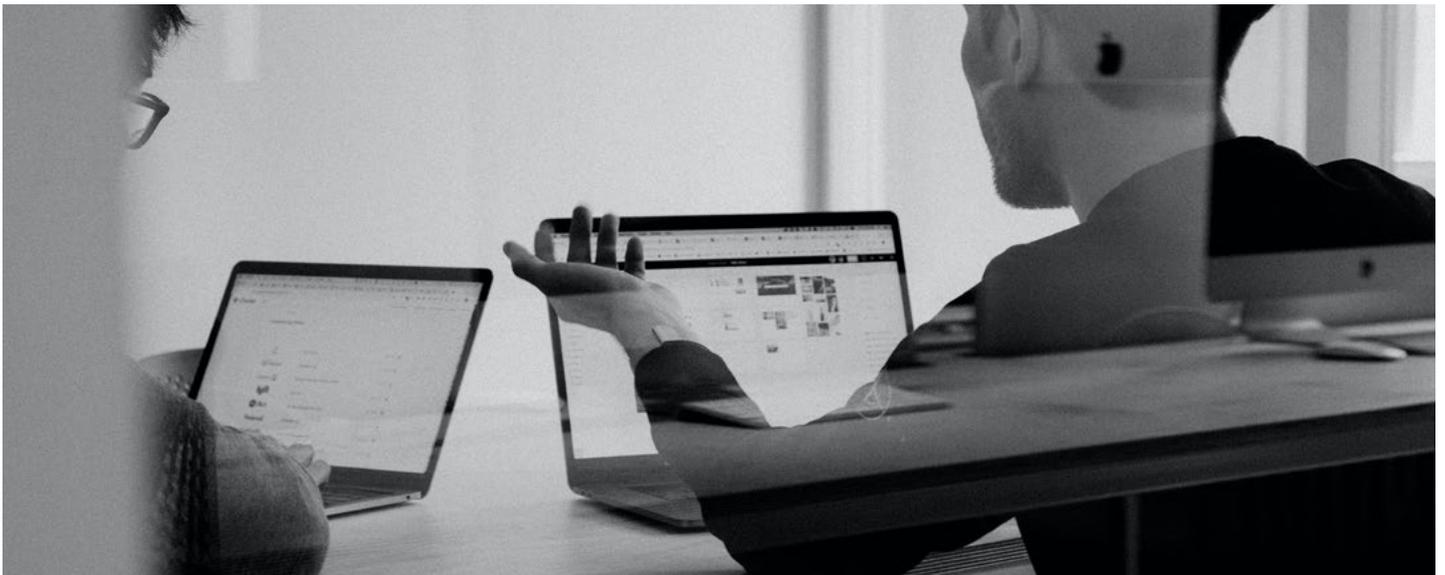
Provide multiple means of communication, such as monthly meetings with leadership that include an open opportunity to discuss department updates and issues; one-on-one check-ins and team check-ins; a weekly newsletter to all staff with current happenings at the organization; anonymous suggestions and staff satisfaction surveys; etc.



If something changes a previously scheduled plan, be honest and transparent about the change and next steps.



Be transparent about rights and expectations for both employees and clients within the organization, i.e., document and clearly communicate codes of conduct, client bill of rights, staff bill of rights, and similar policies. Enforce consistently across all staff and clients.



Peer Support

Process through which people who share common experiences or face similar challenges come together as equals to give and receive help; deeply felt empathy, encouragement, and assistance that people offer within a reciprocal relationship.³

Trauma tends to disconnect people from others because trust is undermined. Peer support helps overcome the hurt from trauma, and helps to build resilience. Creating that relationship and understanding between peers helps to (re)build connections. Providing praise, acknowledgment, and validation are other forms of peer support. Here are some additional strategies:



Staff, leadership, and clients treat each other as human beings, who all have experienced at least some toxic stress and/or trauma. Assume all or most have experienced toxic stress and/or trauma. Respect and honor each other and each other's experiences.



Strengthen community through teams, work groups, and staff meetings (authentic groups and gatherings, don't organize teams without a purpose). Role model and encourage peer support and respect. For example, express moments where you personally need to do something for self-care to promote a resilience-building environment.



If a staff person or client is having a hard time, be willing to have conversations with them and offer support; don't walk away.





Collaboration and Mutuality

The act or process of working and cooperating with one another with respect to a mutually shared goal; recognition that everyone has a role to play in achieving the mission and accomplishing goals, no matter their level of seniority or power.

Human beings are naturally social beings; we gain psychological and emotional strength through bonding with others. This is true of introverts who may have one to two close friends and extroverts who are fueled by interacting with many people at a party. We can overcome and mitigate the effects of trauma and build resilience through collaborating with others and mutually working together. Building relationships and community are foundational resilience-building approaches. Here are some specific practices:



This principle manifests itself through teamwork and authentically appreciating each team member's role in accomplishing the overall mission of the organization no matter their level of seniority or power.



Establish a collaborative environment, e.g., individual staff carry a case load but can reach out to peers for support in a case conference as needed. Staff support each other as a team rather than operating as each staff member on their own.



During meetings, include time to celebrate and reward examples of teamwork. Organize tasks and assignments by teams rather than always individually.



Empowerment, Voice, and Choice

Fostering the form of power that helps people gain control over their own lives; the opportunity to speak up and make decisions; providing options and alternatives in what to do and how to do it.

A common symptom of toxic stress and trauma is to feel overwhelmed and powerless. This is how the “submit” auto response in our brains manifests: we just want to give up. But providing staff and clients with opportunities to voice their concerns and hopes, choice in the actions they take, and empowerment to act on those choices helps to overcome the “submit” response and build resilience. Here are some specific strategies and practices:



Recognize and nurture individuals’ strengths and experiences. Orient all programs and policies for staff and clients to build from their strengths rather than starting from looking at deficits (“strengths-based” approach).



Partner with clients; work “with” them rather than do “to” or “for” them. Clients participate in their own support journey and possess decision-making power and choices.



Ensure that staff and clients have a voice and choices as organizations move into post-pandemic adjustments such as returning to the office, working from home, virtual versus in person trainings, and wearing safety equipment, etc.

Cultural Humility and Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed.

Trauma-informed and resilience-building workplaces are culturally responsive and inclusive of everyone, across race, ethnicity, sexual orientation, age, religion, gender-identity, or geography. Everyone feels safe, valued, and respected. Here are some ways this principle is manifested in the workplace:



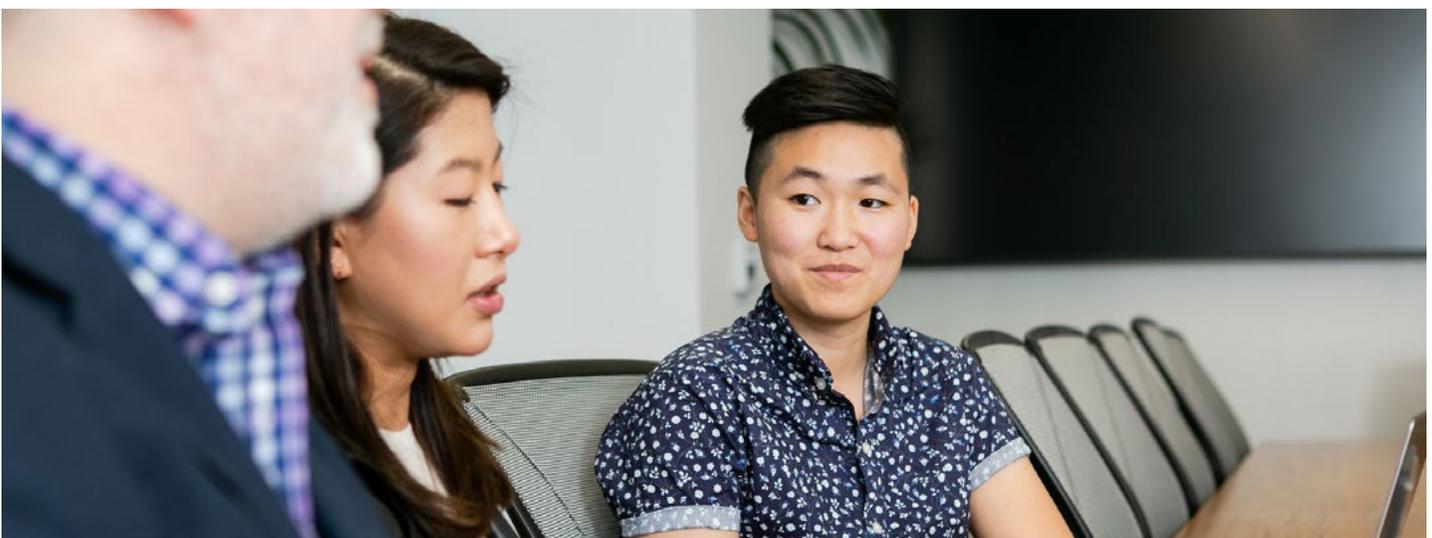
Leadership, staff, and clients practice cultural humility, meaning they consistently evaluate their own knowledge and behaviors; understand and acknowledge power imbalances; and commit to advancing equity, being humble and respectful, and collaborating for healthier change in the organization.



Ensure organizational and program materials are offered in multiple languages. Ensure virtual training is accessible using closed captioning and transcription. Partner with diverse community organizations to help ensure culturally responsive additional services are available for clients as needed.



Be humble and open-minded. There is always room for improvement.



Remember: trauma is prevalent, but if we all work together to cultivate cultures and communities of resiliency and knowledge about trauma, we can heal and thrive.

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- [10] "What is Trauma-Informed Care?" Trauma-Informed Care Implementation Resource Center, Center for Health Care Strategies. <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>
- [11] Institute of Public Safety of Quebec, 2022. <https://www.inspq.qc.ca/en/quebec-collaborating-centre-safety-promotion-and-injury-prevention/definition-concept-safety>
- [12] "Defining 'Peer Support': Implications for Policy, Practice, and Research." Penney Darby. *Advocates for Human Potential, Inc.*, 2018. https://www.ahpnet.com/AHPNet/media/AHPNetMediaLibrary/White%20Papers/DPenney_Defining_peer_support_2018_Final.pdf

Cut out these quick reference cards for responding to trauma reactions in real time. Use the numbered spaces to write contact information for local helplines and counseling resources in your area. Share the extra copies!

- L** Listen & assess for distress or harm
- A** Affirm their experience
- P** Partner with them to navigate care
- I** Initiate self-care & support plan
- S** Seek out help as needed

Local helplines and counseling resources:

- 1.
- 2.
- 3.
- 4.

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