INTRODUCTIONS USING COMMUNITY MEETING

List of 10 Low Stress Jobs

NONE OF THESE ARE IN HEALTHCARE OR SOCIAL SERVICES!
Everyone is stressed
Everyone has trouble with transitions
Experience of predictable safety
Honors emotions
Levels hierarchy – build team
Keeps relationships at the forefront

Do it when you first gather and as a routine
Then the format becomes particularly valuable when you have a crisis
Begin every meeting this way – even phone calls
But it has to be very quick – can’t become “group therapy”!!
Who are you?

What are you feeling right now? (just one) and *not* "good" or "fine"

What is your goal for today’s meeting? (or class, or session, or call, etc)

Who (in the room) can you ask for help if you need it?

ANY QUESTIONS ABOUT COMMUNITY MEETING?
WHAT DOES CHRONIC STRESS DO TO US?

- Disrupts attachment
- Changes our physiology
- Prepared to fight/flight/freeze/befriend = aggressive, tantrums, running away, mistrusting, trusting too much
- Brains already affected by toxic stress
- Bad experiences with trustworthy and loving relationships
- Do not easily trust anyone
- Often reenact previous patterns of relationships
- Shame, sadness, depression, grief with nowhere to turn
THE POISON IN OUR LIVES

Areas of the body affected by stress:
- Brain and nerves
- Muscles and joints
- Heart
- Stomach
- Pancreas
- Intestines
- Reproductive system
Lifetime Prevalence of Trauma Exposure in the U.S.

- Kessler, 1995 Males: 61%
- Kessler, 1995 Females: 51%
- Norris, 1992: 69%
- Resnick, 1993: 69%

Select Traumatic Events and Estimated Risk for Developing PTSD in U.S. Population* (% Risk of PTSD)

- Natural disaster
- Witness death or serious injury
- Unexpected death close
- Child's life-threat injury
- Shooting or Stabbing
- Serious Accident or Injury
- Other Sexual Assault
- Severe Beating
- Rape

Approximately 1 in 4 Persons Exposed to Trauma Develops Symptoms of PTSD
The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

<table>
<thead>
<tr>
<th>Alcoholism and alcohol abuse</th>
<th>Illicit drug use</th>
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<tbody>
<tr>
<td>Depression</td>
<td>Suicide attempts</td>
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<tr>
<td>Intimate partner violence</td>
<td>Incarceration</td>
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<tr>
<td>Early Smoking</td>
<td>Smoking</td>
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<tr>
<td>Multiple sexual partners &amp; STDs</td>
<td>Adolescent pregnancy</td>
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<tr>
<td>Unintended pregnancy</td>
<td>Fetal death</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Stroke</td>
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<tr>
<td>Liver disease</td>
<td>COPD</td>
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<tr>
<td>Autoimmune disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>Obesity</td>
<td>Poor health-related quality of life</td>
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</table>
Children
Adults
Families

Lack of basic safety/trust
Problems with cognition
Loss of emotional management
Communication problems
Problems with authority
Confused sense of justice
Inability to grieve and anticipate future

TRAUMA-ORGANIZED INDIVIDUALS

PTSD
DIVORCE
SUBSTANCE ABUSE
GAMBLING
DEBT
OTHER RISK
STRESS
ACEs
PTSD

PILE ON EFFECT
ACROSS THE LIFEPAN

Behavioral Problems
Physical Illness
Emotional Dysregulation

Trauma & Loss
Chronic Hyperarousal &
Chronic Inflammation
Adverse Childhood Experiences

Family Dysfunction
Social Dysfunction

WHAT ACES IS TELLING US:
AIMING AT INDIVIDUAL CHANGE IS NECESSARY BUT NOT SUFFICIENT

MAJOR PUBLIC HEALTH PROBLEM
THE EPIDEMIOLOGY OF CHILDHOOD ADVERSITY AND LIFETIME TRAUMA EXPOSURE SHOWS US

An interconnected, complex, adaptive, living world

FILLED WITH PEOPLE WHO HAVE HAD ADVERSE INDIVIDUAL, GROUP AND INTERGENERATIONAL TRAUMA AND ADVERSITY

STAFF

TRAUMA-ORGANIZED STAFF

- Problems with cognition
- Problems with authority
- Confused sense of justice
- Inability to grieve and anticipate future
- Loss of emotional management
- Lack of basic safety/trust
Organizations, like individuals, are living, complex, adaptive systems and that being alive, they are vulnerable to stress, particularly chronic and repetitive stress.

Organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.
PARALLEL PROCESS: When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar thoughts, feelings and behaviors.

K. K. Smith et al, 1989
GROUP DYNAMICS

- Social influence
- Groupthink
- Conformity
- Social Loafing
- Group polarization
- Shared denial of reality
- Tendency to be either/rather than both/and

Collective Disturbance
NEVER HAVING TO SAY GOODBYE

SAYING GOODBYE
LOSS OF SOCIAL TRUST

How widespread is this loss of trust? Results from recent surveys suggest that society’s trust in business, government and some public institutions, e.g. the media, political systems) are at historic lows (Edelman, 2012; Gallup, 2014; Pew Research Centre, 2013).

WHAT IS SOCIAL TRUST?

Competence: The belief that an organization has the ability to do what it says it will do, including the extent to which an organization is seen as being effective.

Integrity: The belief that an organization is fair and just.

Dependability/reliability: The belief that an organization will do what it says it will do, that it acts consistently and dependably.
A loss of trust is problematic for organizations as trust has been shown to underpin and support organizational transactions and market participation, effective stakeholder relationships, and organizational effectiveness and development (e.g. Dirks & Ferrin, 2001; Dyer & Chu, 2003; Fukuyama, 1995; Fulmer & Gelfand, 2012).

Values are our anchors
The Sanctuary Commitments structure the organizational norms that determine the organizational culture.

**NONVIOLENCE**
Are we morally, socially, psychologically and physically safe with each other?

**EMOTIONAL INTELLIGENCE**
Do we keep asking questions until we achieve understanding and get the whole story AND it makes sense?
SOCIAL LEARNING
Does our system guarantee that each of us learns the maximum knowledge from our mistakes and we stay away from the blame game?

OPEN COMMUNICATION
Are there blocks in our communication network? Are our feedback loops broken?

DEMOCRACY
Does everyone have an opportunity to truly participate? Do we synthesize as much as we argue?

SOCIAL RESPONSIBILITY
How do we balance the needs of individuals with the needs of the group? Are our decisions just?
GROWTH AND CHANGE

Do we help people change by honoring their loss and envisioning the future?

S = SAFETY
E = EMOTIONS
L = LOSS
F = FUTURE
NAVIGATING THE SEAS OF INFORMATION

COMPLEX PROBLEMS
WHERE DO WE BEGIN???
S.E.L.F. COMPASS FOR TRAUMA-RESPONSIVE CHANGE

S.E.L.F.

SHARED LANGUAGE

- Gets everyone on the same page
- Very dynamic.
- Applicable to anyone
What are the safety issues? How can we address them?

What are the emotions involved? And how can we effectively manage them?

What have we lost or are likely to lose? What will we have to give up in order to change?

Why change? Where do we want to end up?

**S.E.L.F.**

**SHARED LANGUAGE**

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**IN SANCTUARY A NEW UNDERSTANDING ABOUT TRAUMA, ADVERSITY AND VIOLENCE BECAME A NEW UNDERSTANDING OF SAFETY:**

<table>
<thead>
<tr>
<th>Physical safety:</th>
<th>Psychological safety:</th>
<th>Social safety:</th>
<th>Moral /ethical safety:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your body is safe from physical harm</td>
<td>• You are safe with yourself</td>
<td>• You are safe with other people</td>
<td>• You and other people in your community are safe and consistent with your conscience, beliefs, values</td>
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</tbody>
</table>

1.  
2.  
3.  
4.  
ACTIVATE YOUR PARASYMPATHETIC SYSTEM!

A Safety Plan is a list of activities that people can choose when feeling overwhelmed so that they can regulate their own emotions and responses to those emotions.

WHAT IS A SAFETY PLAN???
WHAT ARE “SELF-REGULATING OPTIONS”? 

You can do them yourself 

They are RELATIONAL tools 

They can be done anytime anywhere! 

Examples: Breathing, counting backwards, massaging one’s hands, prayer 

CREATING YOUR OWN SAFETY PLAN 

Identify emotions 

Identify triggers 

Identify signs 

Five simple things 

MY SAFETY PLAN 

SANDY 

1. Breathe Deeply 
2. Picture the smiling Buddha 
3. Look at Benon’s pictures 
4. Pace - move 
5. This too shall pass......
ANY QUESTIONS ABOUT SAFETY PLANS?

CHANGING THE FUNDAMENTAL QUESTION

It’s “What happened to you?”

It’s not “What’s wrong with you?”

Foderaro, 1991; Bloom, 1994
How can we apply the knowledge about trauma and attachment to this situation?

How can we apply the Sanctuary Commitments to the dilemmas posed by climate change?
How can we apply S.E.L.F. to the stresses of climate change?

WHAT WOULD WE HAVE TO GIVE UP TO GET HEALTHIER?

WHY CHANGE? WHAT WERE OUR DESIRED OUTCOMES?

HOW DO WE DEAL WITH THE SAFETY ISSUES?

WHAT ABOUT THE EMOTIONS AROUSED?