

Self-care in trauma-informed organisations

Worker wellbeing

In the eLearning course **Trauma-informed care for the children's workforce** we introduced the different ways that hearing about or witnessing trauma can impact the vulnerable children's/tamariki workforce. In this course we explore how this impact could be experienced in the workplace and how to respond. There are four terms commonly used to describe how trauma can affect the workforce.

Secondary Traumatic Stress (STS)	
Definition	<p>Mirrors the symptoms of Post-Traumatic Stress Disorder (PTSD). A set of observable reactions to working with traumatised people. Indirect impact through the experiences of others. When recognised and responded to, workers experiencing secondary stress are able to be effective in their work (Figley p4, 2012).</p>
Signs	<p>Dreams and recollections that cause anxiety. Avoidance of thoughts or feelings/activities or situations. Feeling like your mana (personal power) has been jaded. Memory gaps. Disengagement from clients, friends family/whānau and others. Feeling trapped in work. Emotional difficulties: two primary responses – hyperarousal (persistent arousal, sleep difficulties, outbursts of anger, irritability, hypervigilance, exaggerated startle response) or hypoarousal (numbing, feeling hopeless) (Shackleford p6, 2012).</p>
Contributors	<p>STS is generated by the work we do with children/tamariki and whānau experiencing trauma. When undertaking an assessment, it is important to hear about the trauma in people's lives. Effective intervention requires engagement and empathic responses. The impact of exposure to children's/tamariki trauma is particularly powerful because of their vulnerability and the sense of responsibility we feel. Our reactions are, however, individual. Different people will respond to similar situations in different ways, and our own experiences and personality will be a critical factor in our response.</p> <p>A number of factors contribute to whether a person experiences secondary traumatic stress and the degree to which it affects them:</p> <p>STS is more likely if we have a personal history of trauma or high stress levels. If we do not have a good understanding of the impact of trauma we may not recognise when the work we do is having an adverse impact. Our ability to feel that we are making a difference is important. STS is much more likely if we feel powerless. Workload is a significant contributor, especially if there is limited time and space to reflect on our practice and environment, and access supervisory support (Figley p4,2012).</p>

Compassion fatigue

Definition	The cost of caring - when constantly caring for and supporting others, our ability to feel compassion and empathy is lessened over time. Caring can be a hidden stressor. Stress impacts on our immune systems and increases our vulnerability to physical illness. Recognition is important so that risks can be mitigated (Figley p4, 2012).
Signs	Exhaustion. Getting sick more often than normal (Figley p4, 2012).
Contributors	The major contributor to Compassion Fatigue is on-going engagement in care giving relationships. If we are not able to maintain our reserves, energy becomes depleted and the impact of stress on our immune system can create negative cycles where our energy is further depleted by illness.

Vicarious traumatisation

Definition	A negative transformation in the self as a result of empathic engagement with trauma survivors and a sense of responsibility and commitment to help (Pearlman p20, 2012). We enter the client's world to the extent that we lose our own perspective and experience the client's trauma as if it was happening to us. This can lead to workers feeling victimised by their work – a more direct impact than secondary traumatic stress.
Signs	“The defining characteristic is disrupted spirituality, or meaning and hope” (Pearlman p20,2012). Parallels with the direct experience of trauma: Social withdrawal. Mood swings. Aggression; greater sensitivity to violence. Sleep difficulties. Intrusive imagery. Difficulty managing boundaries with clients.
Contributors	Close personal identification with a person we are working with is a significant contributor to vicarious trauma, especially if we feel unable to help them move forward. This is particularly likely when working with children/tamariki who have been exposed to multiple trauma. The risk is even greater if we have had similar experiences. Vicarious trauma has the potential to immobilise a worker and place them at risk in their personal and professional lives.

Burn-out	
Definition	<p>May look the same as secondary stress but has a different source. Secondary stress comes about through exposure to trauma, whereas burnout occurs when the work environment is unsupportive and demanding (Shackleford p6, 2012). The defining characteristic of burnout is the erosion of energy and reduced motivation. Burnout, especially when characterised by apathy may require a change of job or duties.</p>
Signs	<p>Your tinana, your wairua, your hinengaro is unbalanced:</p> <ul style="list-style-type: none"> Physical depletion, chronic fatigue. Feelings of helplessness and hopelessness. Disillusionment. Negative self-concept. Negative attitudes to work, people, life. Ability to cope with the environment is severely hampered. Emotional exhaustion. Depersonalisation. Reduction in one's sense of personal accomplishment. Evidence of poor client care. Low work performance. <p>(Shackleford p6, 2012)</p>
Contributors	<p>The major contributor to burnout is the work environment. Sources include:</p> <ul style="list-style-type: none"> Demanding and overbearing boss. Inadequate peer and supervisory support. Unfairness in organisation structure and discipline. Poor agency and on-the-job training. Amount of paperwork/computer work/recording systems that are not fit for purpose. Non-specific job descriptions/ lack of role clarity and expectations. Too many clients, high caseloads. Dilemmas beyond the person's coping skills. Unbending rules and procedures, lack of control and influence in policies. Communication problem. Long work days. Personal circumstances and life events. <p>(Shackleford p6, 2012)</p>

These short videos demonstrate the sorts of behaviours a staff member impacted by trauma may exhibit:

Colleague-Trauma-burnout from Wharaurau <https://vimeo.com/320624654>

Vicarious-trauma-staff from Wharaurau <https://vimeo.com/320624695>

Our biology

Providing care for children/tamariki and whānau who have experienced trauma can be stressful. We know that trauma impacts a [child's developing brain](#). Similarly, traumatic experience can impact adults.

Our brain regulates our body's systems. When a person is exposed to trauma, our brain perceives a threat to its system and the flight-fight-freeze response is triggered. Prolonged or repeated exposure to trauma leads to over-activation of this stress response and can result in a person continually being in a state of arousal (on edge) or hypervigilance (super aware). Working with children/tamariki and whānau who have experienced trauma can activate similar feelings in ourselves with the help of our [mirror neuron system](#).

Our brain's mirror neuron system enables us to learn and respond to the actions we see in others.

Mirror neurons allow us to copy and mirror others and help us to understand other people's intentions and develop empathy. While they can help practitioners gain valuable information about a child's or whānau's emotional state, mirror neurons can also be responsible for us synchronising with and absorbing their feelings.

Practicing mindfulness and remaining calm in these situations helps us return to a place of clarity and presence where we are most helpful to the people we are supporting.



Self-care in trauma-informed organisations

Trauma-informed environments

The nature of the work undertaken by the children's/tamariki workforce places frontline workers and supervisors at risk of developing secondary trauma, vicarious trauma, compassion fatigue and burnout.

The organisational context is a critical factor in determining the ability of staff to maintain the wellbeing essential for effective and safe practice. Organisational strategies that protect workers well-being have more impact than reactive measures to staff stress and burnout ([McGilton et al. 2007](#)).

Organisational strategies with a focus on prevention include:

- creating a culture that acknowledges and normalises the effect of working with trauma survivors
- adopting policies that support and promote self-care and wellbeing (co-design with staff)
- creating opportunities for staff to participate in social change and community outreach
- ensuring a safe, private work environment
- providing trauma and STS education for staff
- supervisors and managers who are themselves trauma-informed
- offering group support
- ensuring effective supervision
- making counselling resources available to all staff ([Hendricks p12, 2012](#))

In addition, policies and practices must be in place to address STS in staff in a supportive and non-judgemental way.

Supervision

Supervision allows practitioners the space and time to reflect on practice, professional identity, and to develop greater awareness and understanding of the area they work in. Effective supervision has been associated with higher levels of job satisfaction, improved retention, **reduced turnover and staff effectiveness**. Unfortunately when we are busy it is often the thing we drop first, yet supervision supports practitioners to deal with stress and helps sustain worker morale.

There are many types of supervision (clinical, professional, manager, cultural) and related activities such as coaching and mentoring. People with team leader or supervisor responsibilities may need support in having conversations with practitioners experiencing the effects of compassion fatigue, burnout or secondary and vicarious trauma. **Te Pou Whakaaro Nui** provides useful resources on the different forms of supervision and explains how it can be used effectively in particular situations.

The **National Child Traumatic Stress Network** in the US also provides strategies for managers and supervisors to help staff prevent and manage secondary traumatic stress.

The short video below (4.41mins) shows a manager effectively identifying the signs of stress and supporting their colleague:

https://www.youtube.com/watch?time_continue=10&v=oLRApuYzVU

Self-care in trauma-informed organisations

Why self-care is important

This TED talk explains the cumulative toll that can occur when we are exposed to trauma and how we can work towards reconciling it in our lives (19:22)

https://www.youtube.com/watch?time_continue=1&v=uOzDGrcvmus

Vicarious and secondary trauma, compassion fatigue, and burnout can have an adverse impact on:

- our work
- ourselves
- our families/ whānau.

To be effective in our engagement with people (no matter what our role) we need to be taking care of ourselves. When developing trauma-informed practice we must also recognise that staff wellbeing (kaimahi ora) is at the core of becoming a trauma-informed organisation.

The impact from our work is often cumulative and we may not notice the early warning signs that things are getting out of balance. It requires a conscious effort to be self-aware and prioritise self-care. There are no one-size-fits-all recipes and two dimensions of experience shape our understanding and approach to this issue:

- Gender
- Culture

Gender dimension

In the dominant culture, caring is primarily considered to be a female domain. This can place high stress on women as they juggle their responsibilities. This stress can be exacerbated by expectations that women will be the peacemakers and will put others before themselves. This does not leave a lot of room for self-care.

Men on the other hand are not expected to show emotion and high value is placed on the ability to cope with whatever life throws. This creates its own pressures and again does not leave a lot of room for self-care.

Gender roles in other cultures may share some of these characteristics but there may also be significant differences.

Think about:

What gender-based expectations am I aware of from my upbringing?

What gender-based expectations do I place on myself?

What impact do these expectations have on my ability to care for myself?

What impact does my position (tuakana/teina, mataamua/potiki, single, step, or whangai) in my family have on my ability to care for myself?

Culture/ worldview dimension

While people's worldviews are diverse, there are three main dimensions that are interconnected and shared across all cultures:

- the human dimension
- the natural environmental dimension
- the values/beliefs dimension.

Our culture or world view provides the framework within which we live our lives with others, guiding our values, and our use of the environment as we develop our approaches to self-care.

Dominant culture places high priority on paid work as a measure of achievement and standing in the community. There tends to be a sharp demarcation between the personal and the public aspects of our lives. This is not conducive to good self-care because it is relegated to the personal domain and we feel bad if personal issues are impacting on our capacity to work. We may also feel bad if our work life is impacting in the personal sphere, leaving us stuck between a rock and a hard place.

It is only when we understand the intersection of our personal and work lives that we can begin to understand the importance of self-care in both places.

Māori often have dominant worldviews/culture expectations imposed upon them and this can be a source of tension when balancing work and whānau/cultural obligations.

Likewise, for Tauīwi (Treaty Partners), minority ethnic groups such as Pasifika or Asian, dominant culture expectations can be a source of tension when balancing work and aiga/cultural obligations.

Think about:

How do I manage the personal and work aspects of my life:

completely separate
a source of tension
good work/life balance
culturally grounded & professionally supported?
How do I define self-care?
What activities contribute to taking care of myself?

What works for you?

Trauma-informed practice has drawn attention to a range of strategies that help both the people we work with and ourselves to manage the impact of trauma. These include:

- meditation
- mindfulness
- yoga
- self-regulation through breathing and other grounding techniques.

This list is not exhaustive and gender and culture influence what works for the individual.

Some people may prefer more active pursuits such as running, swimming, team sport, or working out in a gym. Craft activities and artistic pursuits also contribute to self-care. Music is another rich resource that may be overlooked. Gardening and spending time with children may also promote self-care.

The important thing is that activities are enjoyable rather than another burden that we impose on ourselves. When spending time with children we need to be able to see the world through their eyes and share in their enjoyment of simple things.

Indigenous cultures have a long history of healing through connecting with nature. These can be quiet activities based on being with nature and paying attention to the sound, smell and touch as well as what we see, or more active pursuits such as diving and hunting.

Spiritual connection is also important. For some this comes through participation in faith communities. However spirituality and religion are not necessarily the same thing and we all have a spiritual dimension that can be a source of strength if we take the time to nurture it.

Māori approach to self-care

Approaches to self-care for Māori practitioners who are part of the vulnerable children's/tamariki workforce involve the cultural adhesive of mana (power, honour, authority, prestige, self-esteem, level of influence and voice) and protective qualities of tapu. These qualities bind a person to the three dimensions common to all worldviews - the natural, human and values/beliefs.

For Maori, the significance of these dimensions are displayed by the following mihi of a mokopuna from Ngati Pahauwera.

Ko Haruru te maunga teitei (Natural)
Ko Mohaka te awa
Ko takitimu te waka
Ko Mohaka te whenua
Ko Te Kahu O Terangi te tangata (People)
Ko Ngati Pahauwera te hapu
Ko Ngati Kahungunu te iwi
Ko au te mokopuna o ratou
Tihei Mauri Ora (Values/Belief)

I belong to the great Haruru mountain
And the Mohaka river
I belong to the Takitimu waka
And the land of Mohaka
Our ancestor is Te Kahu O Terangi
And our nation is Ngāti Pahauwera
Of the Ngati Kahungunu people
I am a mokopuna of these people
There is life, and a force in us all.

In the natural dimension, often Māori will highlight how they are connected to others by reciting their mountains (mana maunga), rivers (mana awa), lakes (mana roto), forests (mana ngahere), homelands (mana whenua); places of gathering (mana o te marae), cemeteries (mana wāhi tapu), beaches (mana tatahi), seas (mana moana) etc.

In the human dimension all forms of people relationships involve engagement with mana: Ancestors (mana tupuna), people generally (mana tangata); people of a particular region or area (mana whenua), people of a marae (mana haukainga), parents, uncles/aunties (mana wahine, mana tane, mana matua, mana matuakeke/mana ukaipo), children (mana tamariki, mana mokopuna), etc.

In the values/beliefs dimension the most significant relational connections involve language (mana o te reo Maori), values and beliefs (mana atua, mana wairua, te ao kohatu, te ao marama, korero hohonu i te kauae runga me te kauae raro), learned wisdom (mana o nga taonga i tuku iho), etc.

Each of these entities are sources of mana, that can aid in nurturing, rebalancing, healing, resolving, replenishing, those who might be experiencing vicarious trauma, secondary trauma, compassion fatigue or burnout. Cultural healing for Māori practitioners requires a practiced understanding of mana and tapu to protect, restrict and safeguard all engagements between the human, natural and values/belief dimensions.

For example, practising waiata (song) and karakia (prayer) can provide balance or cleansing of physical, emotional and spiritual states between people and of environments.

At work, waiata and karakia can clear a space and bring both practitioners and whānau together back to the present moment and facilitate healing.



Self-care in trauma-informed organisations

Components of a self-care plan

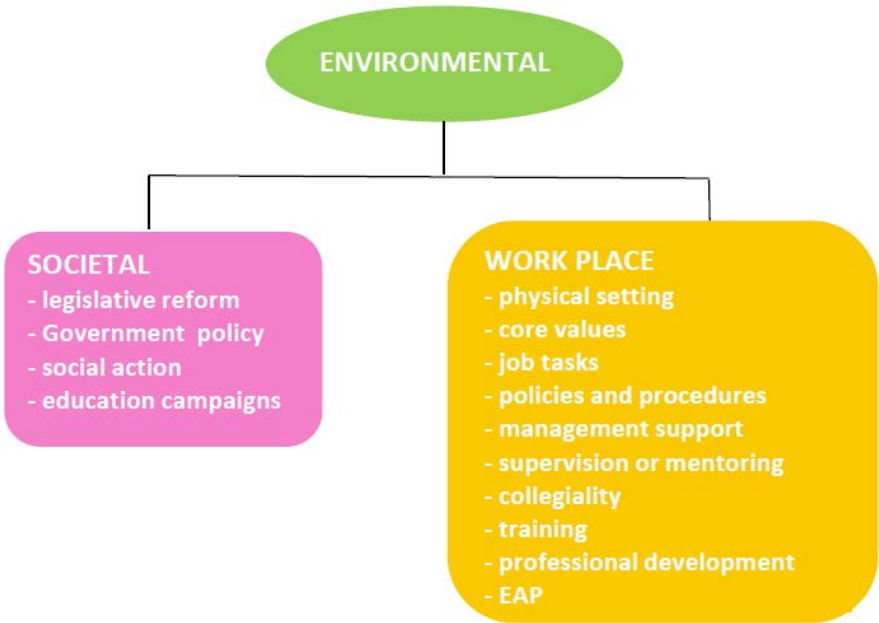
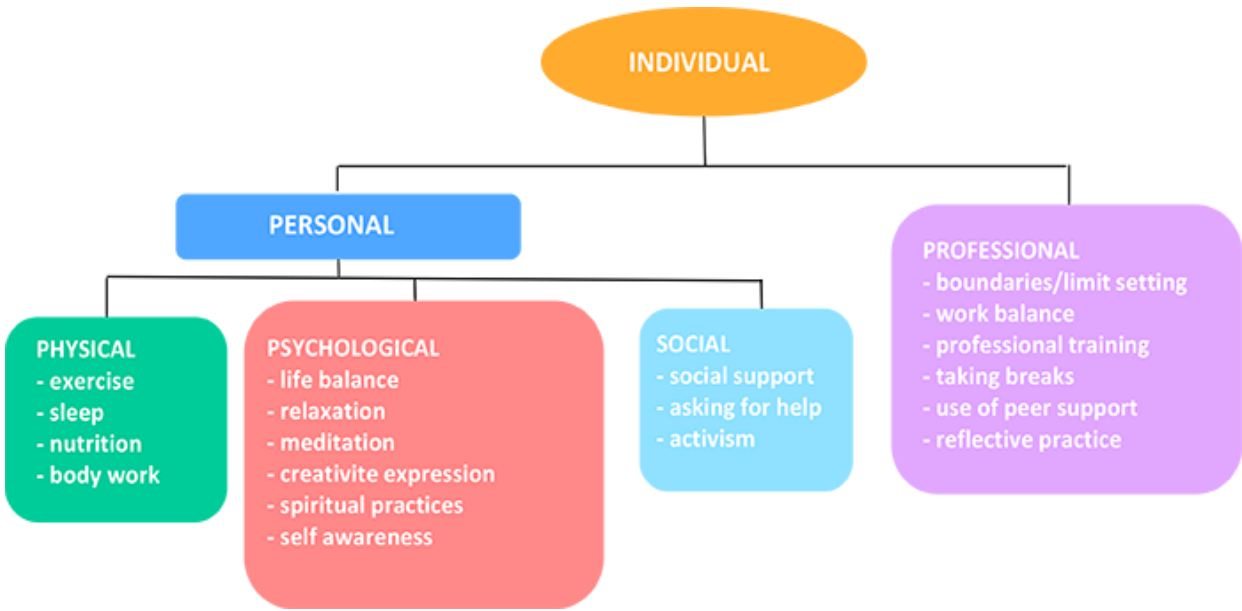
Self-care plans for individuals and teams who are regularly exposed to distress and tension in their workplace are a key aspect of worker wellness and resiliency.

Think about the activities that contribute to your self-care, taking into account the three dimensions of our worldview – natural, human, values/beliefs. Use the table below to think about the self-care tools you use and whether you need to do more of any of them. If you would like to print the table out [click here](#).

Activity/Strategy	Doing Fine	Like to do better	Must change
Nutrition/ balanced eating			
Exercise			
Rest			
Taking breaks and lunch			
Social connections outside work			
Social connections at work			
Setting personal goals			
Hobbies and interests			
Connecting with nature			
Taking a holiday			
Spending time with whānau/family			
Visiting friends			
Doing something nice for self			
Having fun			
Time management			
Doing volunteer work			
Laughing			

Delegating			
Being able to say no/set limits			
Asking for help			
Supervision			

Preventing vicarious and secondary trauma or burnout is an individual and organisational responsibility. The diagrams below show aspects of our lives and the various strategies that can address the impact of trauma.



Organisations and self-care

Organisations and self-care

Having a self-care plan is a good starting place but will not be sufficient in the absence of organisational recognition and active support for workers' well-being. Individualising issues related to trauma in the workplace isolates people and increases the risk of burnout. Key components of self-care in the workplace include:

- An environment where there's permission to have open conversations about stress, trauma and self-care.
- High quality supervision that provides a safe place to address the impact of trauma on ourselves and our work.
- Flexible approaches to leave that allow people to engage in self-care.
- An inclusive culture that celebrates difference and recognises the significance of a practitioner's first language when describing experiences with trauma.
- An environment that creates space for humour and celebration in the workplace.



How do you think that your workplace performs against these dimensions. If your workplace is not supportive of trauma-informed practice including self-care you will need to develop a strategy to ensure that this is addressed. The key components of any change strategy are:

- Raising the issue.
- Gathering information.
- Presenting the case for change more formally.
- Building support.
- Actively advocating for change.
- Co-constructing the strategy with managers & practitioners.

Sometimes despite all our efforts change does not eventuate. In these circumstances it is important to come up with a strategy that enables us to cope with environmental limitations and continue to care for ourselves.

Bullying

Bullying at work can be a source of traumatization and undermines workplace self-care. Bullying can negatively impact the entire workforce and result in a hostile work environment and decreased worker health and wellbeing.

Workplace bullying is repeated and unreasonable behaviour directed towards a worker or a group of workers that can be physical, verbal or relational/social (excluding someone or spreading rumours). It can include victimising, humiliating, intimidating or threatening a person and can occur between anyone (co-workers, managers, clients, visitors) in an organisation ([Employment New Zealand](#) 2018).

If you are experiencing or witnessing bullying, [Worksafe New Zealand's Bullying Prevention Toolbox](#) describes the different forms of bullying workers can experience and provides useful strategies to address it.

Tribalism

Social or group identity often results in practitioners strongly identifying with their own professional group or people in their own organisation (their own tribe). Sometimes for people to increase their self-image they need to enhance the status of the group they belong to. One way to do this is to discriminate against or put down another group (“our tribe is better than yours”).

Tribalism in organisations occurs at varying degrees. At the lowest level teams undermine each other and are highly ineffective. At the highest level teams do not see themselves in competition with each other, strive for what is possible, and are highly effective. Many tribes operate somewhere in the middle and uphold an ‘us against them’ view ignoring the negative effects of this mind set.

Positive effects of tribalism include feeling a sense of identity, feeling good about belonging to a group, and working to a joint purpose with a group of like-minded people.

Negative effects of tribalism outweigh the positive effects and include negatively affecting a team’s functioning, contributing to an inefficient workforce, being a barrier to good inter-organisation communication, teamwork, and client handover, interventions that are not streamlined across sectors for families, practitioner stress, conflict and work dissatisfaction.



What can we do about tribalism?

- See ourselves as a larger tribe of practitioners whose main goal is effective and efficient cross-sector interventions for children and their families/whānau.
- Supervisors, practice leaders and managers needs to challenge instances of tribalism and lead by example by modelling appropriate and professional behaviour.
- Take every opportunity to build relationships across organisations.
- Practise negotiation and conflict resolution skills.
- Find out what other healthcare tribes have in common with your tribe.
- Acknowledge that your tribe is good at certain things and other tribes are good at things too.
- Think about constructive ways of contributing to negative conversations about other tribes.
- Shut down derogatory and unhelpful comments about other tribes.
- Try to see other tribe members’ points of view.
- Understand what makes a highly functioning team.

Resources

- **Supervisor Professional Development Program / Teaching and Learning in Healthcare Settings.** Royal Australasian College of Physicians (2018).

Professional dangerousness

Professional dangerousness describes the ways in which organisations and individual clinical practice fail to keep children safe when faced with difficult and potentially traumatising situations.

When a practitioner feels psychologically and emotionally traumatised by client stories, colleagues or their work environment it can lead to making inappropriate and sometimes destructive responses.

Professional dangerousness within individuals describes defence reactions that are normal and common. The key is to recognise the reaction and respond appropriately. Professional dangerousness can occur:

- between agencies
- within an organisation
- within individuals

We will be practicing safely if we:		
Inter-agency	Organisation	Individual
<p>Know and trust our colleagues in health services, Oranga Tamariki, police, partner violence, mental health and addiction and parenting support services.</p> <p>Have a clear understanding with other services about our relative roles and responsibilities.</p> <p>Have formal ways of sharing information with other services and use them every time.</p>	<p>Have comprehensive policies that are well understood by staff and complied with, because we audit clinical practice.</p> <p>Provide staff with initial and ongoing education about the common issues they are likely to come across, such as child abuse, partner violence, addictions, mental illness and trauma in parents.</p> <p>Provide staff with blame-free supervision and support.</p> <p>Do not allow staff to become overloaded.</p> <p>Regularly review or audit our clinical practice.</p> <p>Accept feedback from other services.</p>	<p>Have a thorough understanding of common issues such as child protection and partner violence, our service policies, community resources and referral mechanisms.</p> <p>Accept that identifying, assessing and appropriately referring families experiencing these issues as our responsibility.</p> <p>Communicate well, eg: record what was said and observed clearly (c.f. vaguely) form an opinion (what does this mean for the child) follow up phone call with a letter.</p> <p>Are aware of some of the personal responses and defense mechanisms that can operate to prevent us identifying or acting when women and children are at risk of abuse (such as denial, projection, rationalisation, misplaced optimism, working alone).</p>

What can we do to make systems safer for staff and children?

- Take personal responsibility for ensuring:
 - policies are thorough
 - all staff are properly trained
 - clinical supervision is mandatory
 - clinical supervisors are trained in recognition and management of professional dangerousness.
- Recognise that professional dangerousness is normal. People will always respond to stress in a way that minimises their distress.
- Set an example:
 - model best clinical practice
 - when you see dangerous practice, say so.

Self-care in trauma-informed organisations

Looking after yourself

If your compassion does not include yourself, it is incomplete.
Kornfield

– Jack

Experiencing vicarious trauma, secondary trauma, stress or burnout can occur at any time in a person's career. Learning to recognise your personal triggers and the signs of stress early is an important part of self-care.

Check-in with yourself regularly to help minimise feelings of stress or burnout.

Remembering the self-care tools you noted using, can you expand or relate them to the following tips?

1. Be mindful of your own health and stress levels

- Think about how you're coping with work – are you getting angry or feeling overwhelmed about the amount of work you have?
- Are you getting enough sleep?
- Has there been a change in what pushes your buttons in the work space?
- Are you feeling like you're losing empathy for your clients? Do you need to make time for self empathy?

2. Be healthy

- We can be very good at talking to young people and whānau about taking steps to improve wellbeing such as exercise and eating well, then not follow our own advice.
- Try to get your body moving in a way that is fun and relaxing for you.
- Think about your caffeine intake and whether you're missing meals.
- Moderation is a good way to consider all things that impact on living healthy.
- It is important to value difference. We don't all have the same tinana (body) types and whānau histories around health and wellbeing, so it's important to check your overall health status.

3. Be mindful of your own stress-coping strategies

- When you're feeling stressed, how do you cope? It's important to be aware of your coping strategies, particularly alcohol and substance use.
- If you are using alcohol or drugs to relieve stress, tell someone.
- Are you finding time in the week to do things you enjoy?
- Is work stress impacting your home life?
- Are you finding time in the day to relax?

4. Talk to your friends and family

- It's important to have a network of support outside work, and if possible, interests outside of work.
- Identify your closest confidant and build that relationship up to share and learn together.

5. Talk to your colleagues

- Your colleagues have probably felt something similar at times, so are well placed to help you think about what changes could be made.
- You could also talk to your manager or supervisor on how best to deal with work related stress.
- Link in with a mentor who understands the professional work environment – not necessarily your supervisor but someone who supports you in your professional development.

6. Make changes to your work/life balance

- Maintaining work life balance is important for your health and relationships. It also improves your efficiency at work. Make sure you have a balance that works for you, your family/whānau and your clients.
- Consider reviewing your job plan with your manager. It may be possible to re-organise the hours you work.
- Give yourself time to do things you enjoy – such as exercise, hobbies and interests.
- Make sure you use your annual leave, plan for events that are culturally significant for you.

7. Supervision/mentoring

- Would having a supervisor or mentor give you the support you need?
- Does your organisation identify a mentor or supervisor for you?
- If you have a supervisor, are you discussing your challenges with them?

8. Seek help for health problems

- Pay attention to your physical health and if you are unwell seek help from a health professional.
- If necessary, seek help with your own past traumas.

9. Do not ignore the early warning signs of stress

- Some of the most common signs of stress are low energy, headaches, feeling agitated, feeling overwhelmed, having trouble sleeping. If you notice this in yourself, take action to prevent more health issues developing. Some things you can do at an early stage are:
 - speak to colleagues, friends and family (particularly after stressful situations)
 - reflect on what might be causing the stress
 - talk with your manager and colleagues about changes that could be made to your work
 - seek help from your GP or health professional when needed
 - seek spiritual guidance from your faith and/or a kaumātua, kuia or traditional cultural support role you trust and deem appropriate.

Practising mindfulness can also help give perspective when things start to feel overwhelming. These Apps help guide you through mindfulness practice and can ensure you find those quiet moments in the day.

- [Calm](#)
- [Stop Breathe & Think](#)



Looking after staff

Staff wellness is at the core of becoming a trauma-informed organisation.

When staff feel looked after and supported, burnout is minimised and productivity increases.

As a manager (or proactive employee!) you could look after staff by:

- **Building a friendly team.** Facilitate relationship building (whakawhanaunga) and peer support so that people feel like they are supported and understood.
- **Creating a safe physical and emotional space.** Incorporate mindfulness practices into workplace routines. This could be three-to-five minute check-ins at the beginning of meetings, where employees perform breathing exercises or other types of mindfulness activities e.g. karakia (prayer, affirmations).
- **Staff wellness posters or notice boards.** Brighten the walls up with some wellness tips or posters to remind staff about the importance of looking after themselves. It could even be a simple whiteboard message you change up every day with an idea to de-stress, such as: 'have a chat with a friend', 'get some fresh air at lunchtime', or 'listen to your favourite piece of music'. Encourage everyone to contribute their ideas.
- **Showing gratitude.** Remember to thank colleagues. It's easy to doubt our ability at work sometimes. Being made to feel appreciated can have a positive impact on our well-being, self-esteem and our productivity – for both parties!
- **Rest and relaxation.** Encourage staff with too much annual leave or time in lieu accrued to use it. Self-care issues could also be addressed in staff meetings.
- **Work variation.** A more diverse caseload is associated with decreased vicarious trauma (Chrestman, 1995). Diversity can help practitioners keep traumatic material in perspective and prevent them forming a traumatic worldview.
- **Provide continuing education opportunities.** Staff working with trauma daily may benefit from participating in social change activities, community education and outreach, or working to influence policy. This can provide a sense of hope and empowerment.



Source: Much of this content is based on the [Vicarious Trauma Toolkit, Office for Victims of Crime, U.S. Department of Justice](#). 2018.

Self-care in trauma-informed organisations

Concluding comments

Staff wellbeing (kaimahi ora) is at the core of becoming a trauma-informed organisation.

The nature of the work undertaken by the children's/tamariki workforce places frontline workers and supervisors at risk of developing secondary trauma, vicarious trauma, compassion fatigue and burnout. Preventing this is an individual and organisational responsibility.

To be effective in our engagement with people we need to be taking care of ourselves. There are a range of strategies that help the people we work with and ourselves to manage the impact of trauma. Whether its meditation, exercise, a hobby or spending quality time with friends and whānau - the main thing is to find something that works for you and that you enjoy.

For Māori, cultural healing requires a practiced understanding of mana and tapu to protect, restrict and safeguard engagements between the human, natural and values/belief dimensions. Allocating and defending the space and time to nurture ourselves is necessary for us all if we are to be effective practitioners.



Self-care plans for individuals and teams are a key aspect of worker wellness and resiliency. However self-care plans will not be sufficient in the absence of organisational recognition and active support for workers' well-being.

Our workplace determines our ability to maintain the wellbeing essential for effective and safe practice.

Organisations can support and promote wellbeing by creating an inclusive culture that acknowledges and normalises the effect of working with trauma survivors, as well as establishing policies, education opportunities and supervision to support staff.