

Hello in thank you for joining us my name is Lyea the producer for today's event and I will be in the background with any technical questions. Before we begin I will highlight some housekeeping items. Today's presentation is being recorded and all participants will be in listen only mode. Due to privacy concerns the attendee list is not displayed. To ask a question type it in the Q&A box located on the right side of your screen. Please keep send to and all panelists. With that said I would now like to turn the presentation over to your moderator for today, Holly Busby. The floor is your.

Welcome to NIC's virtual conference on staff wellness. During the session, Kirsten Lewis will present an impact of trauma exposure in correction. During the session please feel free to post your questions in the Q&A box and at the end of the presentation we will field as many of those questions as time will allow. I will now turn this over to Kirsten Lewis.

Good morning, everybody. My name is Kirsten Lewis and I am an adult probation officer. I work full-time with Maricopa County and have been with Maricopa County for the past 18 years. Prior to that I worked in a juvenile defend -- detention facility permac: all I have about 26 years of experience working with criminal offenders. And, to try to describe a bit about how I have come to be interested in the topic of traumatic stress and find myself traveling around the country talking about the issue, it started about 10+ years ago I was in in a sex offender caseload. While I was working in that case load, I went through two pregnancies I had two children during that period of time. And I was noticing that the way I was viewing the world was starting to change. I think as a parent we start to realize things that we have never potentially considered before about our children and the fears we have for them that being constantly exposed to this population that specifically hurts children or many children, it was different for me. And the cases suddenly started to feel difference. The way I was looking at people was the difference. I don't think this is related necessarily to having children, because I have talked certainly too many other officers who work with sex offenders who are feeling the same way. That they are suddenly seeing things out in the community. In fact one of my colleagues shared a story with me recently where she had gone to see her grandchild at the mall, I think the mother had the kid at some play center in the mall. So my colleague goes up, sees her daughter and starts chatting, keeping an an eye on the grandchild lane and she is obviously, as an officer, always looking around. Trying to spot anybody potentially harmful and she season older man come walking up with no children and just standing there, staring at the group of kids. And she immediately starts pane attention to him. He gets her attention. Her daughter is asking what is the problem and she is like nothing. Nothing is going on but she can't stop focusing on this man and she is thinking, why is he here, who is he looking at him he is looking at my grandson and she is really starting to get concerned , where is security, blah blah blah but all of a sudden she has another child your grandpa you finally made it it. And suddenly everything changed. Of course he was there to see his grandchild but, for this officer, immediately what started to happen was that instinct and fear that he was a pedophile.

I started to become interested in this topic and again not being related to working with sex offenders but what happens to us when we spend a significant part of our day inundated with criminal behavior and how does that change the way we see the world. What kind of stress does that end up creating. So in this workshop, what I am going to do is ask you guys some questions. We will have polls come up on the side where you can answer your own input in terms of the questions. I'm hoping pulling is up on the right-hand side. What I would like you to do is grab your mouse and be able to click on what type of stress you are experiencing right now at work. Extremely, very, sometimes, rarely -- we will give everyone a little time to click on it. I was told it will take about 20 seconds after people have clicked to give us some data. So we have 20 seconds of time to kill. And, after we collect the data from the poll, I will show you what I have collected nationally. I have been going around the country now for the last several years talking about the impact of stress and trauma. When I do, I use these clickers in my training, audience responders where people can click their answer. I've been collecting data all along. Your data it looks like we have almost 30% reporting being extremely stressed. 40% saying very. Here is what I have found

in the data so far. This data actually is a little higher. I want to preface that the data I have collected, that I will be showing you guys, is primarily community connection -- community correction. It does have DOC and detention in there, but primarily it is community correction. It will be interesting to add you guys to this set.

Most of the research on stress has look at organizational types of stress. The different shifts people were, management issues, ever-changing policies, deadlines, paperwork. That type of thing. We will spend most of our time talking today about traumatic stress. There is two types of traumatic stress. Primary dramatic stress and secondary traumatic stress. The difference is how it is that we are exposed to the stress. With primary traumatic stress we are there, in person, directly exposed either happening to us, happening in front of us. In real-time, while the event goes down. That is primary. Secondary traumatic stress, we are not there in person when the event happens. It is more indirect because we are exposed to other people , distressing event either the reading our reports, listening to details of victimization, those types of things. Now, traumatic stress has four components we will talk about. The first component to traumatic stress that makes it different from organizational types of stress is that with traumatic stress we don't necessarily see it coming. It is unexpected. All of a sudden, walking down seen someone hanging in a cell or a phone call that you have an offender in the community now threatening suicide or something like that. We don't necessarily have that in the day planner. The second component of traumatic stress is that it creates some level of distress. The event is in and of itself, distressing. It can overwhelm our coping capacities. And really, how it differentiates the most compared to regular stress, is that traumatic stress has a way of changing how we see the world. 911 was certainly a dramatic stress for most people. How many of you looked up at the sky and saw airplanes that didn't look the same anymore? After that event? As your world view starts to change, that is the result of some of the traumatic stress.

Now with the next poll I've got, my question is, do you believe that working in the criminal justice system has changed the way you view the world? Again, go back to your mouse and click on whatever answer corresponds with your belief. Do you think your worldview has changed? Are pulling has ended it will be about 20 seconds. -- our polling has ended -- what I typically see in this answer, while we are waiting, I will show you what we have so far in our data, 96% of, 96% of you are saying world view has changed. In my data, 92%. So, very high. A vast majority of people. That is very, very common. When I asked people have your worldview's changed, in what ways, almost always the first thing that comes up is I him more cynical. I don't trust people. I scrutinize everybody. How I paired my children is different. I am scared, I don't let them out of my sight, those types of things. Cynicism is interesting because it always comes up first. I was at a training recently offered by Kevin Gilmartin who wrote the survival of law enforcement a number of years ago, one of the first people in law enforcement to start talking about the emotional impact this work can have on us. And his training talks about cynicism because, same thing, people quickly were identifying that being one of the first thing that starts to change.

In that, he pointed out the actual definition. If you look in the dictionary, the definition of cynicism is a pervasive distrust of human nature and motives. Here is what is interesting. We train people for that. We also call that a professional mindset. We call that officer safety. Because in order to stay safe, to be able to go home at night after we do our jobs, we need to approach each situation with the possibility that something could go wrong. So that we are defensively prepared to be able to deal with the situation. Now, back to to primary and secondary traumatic stress. With primary dramatic stress again, you are there in person when the event is starting to happen. And you are either observing it or it is happening to you. When I talk to people in community corrections the things that they talk about -- start in corrections in the institutions -- types of primary stress they were dealing with , they talked about being assaulted, receiving threats , riots, dealing with hostage negotiations, certainly overseeing certainly overseeing executions and dealing with other types of

unethical behavior that made things they witness from colleagues or not knowing entirely what to do with that.

In the community correction side of it, primary genetic stress is reported buys -- by things such as being stalked by vendors, attacked by animals in the field, assaults and threats as was something the institutional side was seeing. Observing violence or suicide or death. Searches, being out in the field with police conducting searches, I have I have certainly have people popped out of closets I did not anticipate, not not the most pleasant thing to happen. Arrests -- interesting I was at a training a few months ago and an officer came up to me and said, in terms of the arrests , this was a pretty tough looking officer, and he said he had the mother and the father like 20 something - year-old people on his caseload, he had already gone out and arrested the father for something , some type of probation violation. He had gone back out because the mother was back on methamphetamines doing all sorts of things so he was going to have to arrest or. He goes out to do the arrest and the children are there. And so there is nobody available to take care of the kids. So they have to wait on CPS to come. While he is waiting for CPS, the kids are wrapped around mom's ankle, crying , begging him not to arrest her and at one point when the CPS finally gets there he has to actually pick up an 18 -month-old child just so that the child can kiss mom goodbye. And he said dodging bullets on the field is not as difficult as watching the kids. So the trauma is different for everybody. How we experience it is different. That is an important part of understanding trauma. It truly is in the eye of the holder what might still traumatic to me midnight -- may not feel tremendous to someone else. As we are measuring this let me ask you the question, back to your computer, how many primary dramatic events would you say you have experienced personally in your field? Let me be clear. In order to count it it actually had to cause you some level of primary trauma because sometimes we do become desensitized to this stuff and it becomes kind of routine.

If it didn't create trauma, don't count it. The ones that actually stuck with you, the ones that pop in to your mind quickly. The number of events you have experienced in your career just so we can get a feel for how often primary trauma happens. My guess is this will be higher than what I thought typically in community corrections from what I have understood from the institutional side of things there are more things to happen -- yes -- that is what we are seeing. 44 percent reporting four or more symptoms. In my sample I had 31% but again there is a lot of community corrections in there . It looks like in institutions quite a bit of primary trauma. Which is important to note. Let me ask you this question, did you feel supported by your agency during or after your primary dramatic event? This is something I have only recently started asking in trainings but I think it is really imperative we understand if people are feeling supported. If so, how has it been and if not, how can organizations do better? To be able to treat officers after a primary dramatic event? It looks like the polling has ended. I will show you, if I can 45 percent say yes, primary trauma , they felt supported. 50% which is half of you guys say you didn't. In the field so far where I have collected, 54% has reported not feeling supported by their agency. So we will get into that a little more toward the end in terms of what agencies can do. Now, the impact that one might feel after a traumatic event. The most common physical sign of trauma is a headache. They headache actually comes from dehydration. The nervous system as it cranks into a fight or flight response is incredibly powerful but incredibly draining to the system. It quickly dehydrates people. One of the best things summary can do after a primary traumatic event is get fluids going. To try to prevent that. We have muscle tension, increased heart heart rate, fatigue, exhaustion. Cognitively in terms of the way we think . It is not uncommon to have numbness at the beginning where you are just a bit in shock and disbelief that something just happened. It is not uncommon, people actually performed very well in the middle of it and that it is about an hour or two later that it hits with this significant impact later.

That can be ruminating where you are trying to make sense of it rolling around in your head over and over, intrusive images of what happened now what is interesting is that although this part of it may be quite unpleasant and you are ruminating about it but research is actually showed -- on after

a traumatic event the learning part of your brain and the memory part of your brain that focus on memory and learning will start to light up with activity and this is the brain's way of trying to make sense of what happens, figure out how it had occurred to prevent it from happening again in the future. And to try to get something out of this to make meaning of what happened so again and allows us to be more preventative in the future. And so the ruminating might not be a very pleasant experience but it is a perfectly normal experience the brain is doing to try to make sense of what happens. To try to learn from that. Emotional symptoms after trauma some people may feel guilty, Depres, behavioral symptoms you might see changes in eating , substance use trying to double in tents a motion back in, they they. A hyper startle a thousand yard stare where you really just looking off into space not present in the moment. Sleeping issues, family problems.

Spiritual symptoms. Trying to make sense spiritually of how this happened and how a spiritual being could allow this to happen and when I. Very common types of trauma symptoms. The other type of trauma secondary trauma. Where primary trauma is where you are there in person when the event took place, secondary trauma is indirect. It is when professional start to experience the same trauma symptoms we just discussed but not because they themselves have been through a dramatic event but because they are inundated with hearing or reading about somebody else's traumatic events. It is their secondary exposure to human suffering that causes the hyper village of -- hypervigilance or intrusive thoughts feeling detached or sleeping problems. All those things can lead to what we call secondary trauma or compassion fatigue. Now Charles Bigley renamed it to be compassion fatigue because secondary traumatic stress actually is a diagnostic term. It is in DSM 5 now. I think a lot of people don't want to feel like they are being diagnosed . It parallels post traumatic stress and compassion fatigue seem to be a more palatable term. If you ever read in the research exactly the same thing. To determine who works -- Judith Herman who works with trauma client says those in particular who work with offenders are often called upon to bear witness to the crimes. So, here is another polling question I have for you. In the course of your day, how often are you exposed to traumatic material? Go ahead and click on whatever answer corresponds with your experience. Whether it is listening to assessment interviews , interviewing victims, reading reports, listening to offender stories, watching videos and monitors where you are seeing violent behavior happening. Whatever the case, how often would you say you are exposed to traumatic material. It looks like our polling has ended so we should be getting numbers in a minute. Almost 40% with frequently, 13% always.

Here's the data I have found . Community corrections actually shows a little more. With almost 52 percent saying frequently two almost always. Nonetheless, there remains to be quite a bit of trauma exposure. Secondary genetic stress. Again you are not there when it actually happens but officers can experience dramatic stress as a result of their secondary exposure. Things that go reported by officers over the years have been, like offender suicides. Again this may be different for the institutional officers coming up on the suicide of the man hanging in the cell who actually has to get the body down, that can be a primary trauma because they are there in person what is happening. I'm talking about learning about it later, coming into work the next day and finding out the guy you worked with is dead , for probation and parole officers who roll up to do a field visit and the police tape all over the place and find out there offender committed suicide or find the body. So those types of things. Learning that offenders are dead, killed themselves , many of them have very high risk lifestyles. It is not uncommon some are killed. Or overdose on drugs. Inside institutions this is something I had not thought of until one of the officers came up in a training and talked about it being really difficult to have to go inside the institutions and deliver awful information . She had recently had to let and offender know that the offender's child had been brutally murdered in a violent exchange. Having to deliver the information. A line of duty violence or injury or death. The reason this would be considered secondary is only if you are not there. If you are there in person when one of your colleagues was killed, honestly that would be more of a primary trauma because you are there in person. But we also know an officer line of duty injury or death can rob an entire

department while everyone is thinking of themselves that could have been me. That is the secondary trauma.

When you are not there in person when it happened but you are impacted as a result of learning about it. Those types of things. Or, again, community corrections as well, the violent recidivism when people go out and kill somebody or sexual recidivism those are considered secondary traumatic stress. How many secondary traumatic events have you experienced in the course of your career? Again in order to count this it actually has to have called you -- cost you a level of dramatic stress. Offender suicides become caseload reduction honestly I don't want you to count those the ones that have stuck with you for a little time. It looks like our polling has ended. This is a bit high we actually have almost 70% reporting four or more secondary traumatic events. Here is the data, corrections alone actually again primarily community corrections of 51% here so almost 70%. An impressive figure. Next question, did you feel supported your agency. During or after the secondary traumatic event? Did you feel you were supported? Looks like polling has ended. Last time with primary had 40 some percent, 45% believed that they are trauma had been supported. Here we have it looks like 55%. Now, here we had 57 percent saying no, sorry, you can hear my son in the background. He is not supposed to make any noise. Okay. My slides, 57% and your answers, 55%. So it was slightly higher here. This is not surprising where what we see is more people reporting more secondary -- not being as supportive after a secondary genetic event compared to a primary. When I have asked audiences to try to explain why more people tend to not feel supported after secondary than primary, the answer they have given make sense in terms of after a primary event first of all many agencies are requiring to have incident reports done. They are being very clear they have experienced with primary traumatic event were after a secondary traumatic events people may not necessarily notice and offender committed suicide on your caseload. He had to do the paperwork but the secondary traumatic stuff maybe a little harder to notice compared to the primary. The other thing easier to recognize the need to support somebody after they have been assaulted compared to after they have had somebody killed on their caseload. It may be more obvious with the primary. But nonetheless given we have more than half of the people under both saying they didn't feel supported by their agencies agencies, it is something we need to try to deal with.

In this particular slide and poll to the right hand side, I am listing symptoms of secondary trauma. You can select every single one that actually applies to you that you have experienced in the last two months. There is 10 options and so if you want you can click every single one if you recognize them having been present in your life. The loss of trust, sleeping issues, lower concentration, anger, chronic exhaustion, hypervigilance, avoidant behaviors, not just alcohol, it could also be watching a lot of television or doing anything that is truly trying to avoid been around people. It looks like polling has ended. Not sure how this will pull either because sometimes programs divided by the number of answers versus the number of people. We will see. Interesting information. It looks like it did go correctly so the highest it looks like increased anger, disgust, sad as. Sleeping issues, loss of trust. Interesting. Here was the same thing. We have loss of trust being the top one reported. Sleeping issues, lower concentration, increased anger -- not too far off from what was reported here. This is very useful data to have because it can also allow us, as we start to try to address these topics, to know what really symptoms are hitting people the most so we can put our resources where it would be most helpful. Good information to have. The third and last type of trauma we will talk about is vicarious trauma.

There is a lot of overlap between secondary and vicarious trauma where secondary trauma and vicarious trauma both are indirect because you weren't the one who experienced it. You are impacted through somebody else's trauma. Where secondary trauma is a little more visceral meaning that you can be on the job one day and have an event happen where your offender goes off and shoot the cop and that can create a great deal of secondary trauma. Vicarious trauma is more in the way you perceive the world. More cognizant a little slower to develop a lot of people

don't realize it is developing until they are the ones seeing something in the community looking at an old man walking up to the children in the mall and immediately thinking they are a sex offender when everyone else thinks he is a grandpa. Seven your family is saying what the heck in your the one thing get in the car I see something or something like that. That is more vicarious trauma. Some of the worst experiences you have had in corrections, my guess is there has been some primary or secondary trauma. Vicarious trauma are the thousands of cases you don't remember anymore because they aren't even registering in terms of being something that stands out.

Symptoms, off to the right, a vicarious a vicarious trauma will be put up. The feelings of just being desensitized. Again on this slide, every single one that applies to you have experienced yourself at some point in the last two months. It doesn't have to have started in the last two months, could've been here for the last 20 years. Increased cynicism. Chronic suspicion of other people. Feeling less tolerant. The worldview changing loss of empathy intrusive thoughts or intrusive imagery we are seeing images thinking people are sex offenders. Looks like our polling has closed. So you will see with vicarious trauma and secondary trauma again a lot of overlap in the way it is expressed. In a literature there are times when terms are used interchangeably. Increased cynicism, loss of tolerance , feeling desensitized , all of these. Very similar. And a number one thing I had collected was feeling desensitized , increased cynicism, chronic suspicion of others less tolerant . Loss of empathy. Questioning spirituality what I think is really significant to point out both with symptoms of vicarious trauma and secondary trauma is more than half the people are experiencing at least have to symptoms. And we have on your data, just quickly eyeballing it, probably not terribly well, a pretty high percentage of people reporting having been impacted by vicarious trauma.

Empathy is something people describe a lot is decreasing in the course of their career. The fact loss of empathy was reported by 54% of you guys. It makes sense in the above the is the pathway through trauma is vicariously transferred. When I am saturated, Brunei really cannot here anymore we just start naturally shutting things down. It is ironic because I also think the very quality that makes officers both community corrections and correctional officers most effective in their work, which is empathy. It is a good quality to have, also makes the most vulnerable. And I think empathy at times in our profession, though especially in committee corrections where it is being emphasized in the research as with evidence-based practices and motivational interviewing is something we want to be able to have and utilize as a tool that can actually aid with positive change in people's lives. The problem is how do we keep it when what we see is a lot of horrible stuff. So that moves us into the solutions in terms of what is it that we can do to manage some of the traumatic stress. I love this quote. The expectation that we can be immersed in suffering and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

Where we have to start with this topic is removing, I think, the in human expectations that we have that somehow being impacted is a sign of weakness. Somehow been impacted means you haven't managed your own personal boundaries. We put it off on the people being impacted as being their fault for being impacted. When in fact being impacted when you are inundated with human suffering is actually a completely normal and predictable response. If it is predictable, and we have the evidence suggesting a high percentage of people are impacted by their work, it could also potentially be preventable. If we know that this is occurring. The data I have in community corrections is like 97% of people have at least a symptom of vicarious trauma. We know this. We know it is almost universal. And we also know that being impacted is a perfectly appropriate experience. It is very natural. If it is predictable we need to be able to start talking about it. I think through training and education that is where we have the biggest impact because the more we can actually normalize it, the more that people can realize they are not alone in the way they are impacted. I can't stress enough how powerful this is. When I get trainings on this topic, using audience responders and people are clicking away, putting and answers anonymously and we can see instantly out of 150 people in the room that 75% are experiencing what ever. If anybody at the beginning of the training was sitting there thinking to themselves I can kind of relate to this, that

everybody else is fine. Just me. Something is wrong with me. To see you are in a vast majority, changes it.

It normalizes it. That in and of itself can be extremely beneficial. It prevents the belief that you are the only one, you are somehow uniquely possessing this character flaw. The earlier we can recognize some of these changes, the earlier we can intervene. It can promote healthy coping. We can actually talk about ways in which we can cope with this type of stress. And if we can do this at the beginning of careers, that is where it has the potential to really be impactful. To normalize it at the very beginning. Reactions to trauma exposure are adaptive and protected. I think it is paramount that when we talk about this issue, we come from a place of understanding that being impacted is not the sign something is wrong with people. It is a sign that our work is hard and that what we see is hard. And the stakes are high. People's lives, a lot of human suffering we are exposed to, having reactions to that is absolutely natural and normal. So I don't like it when we talk about somehow we have to -- this is a sign something is wrong. We apologize this topic. Is adaptive and protective to provide that. When we are consciously aware of it bit me provide a some conscious choice about how we want to live it out and I will give you an example. My daughter when she was in first grade was in the chess club. In the chess club she was the only girl and they had a male coach. Every morning, on Monday, I would walk her into school. They met an hour beforehand. I would drop her off, way to the coach make sure he was there and leave. One morning we get there and I go to drop my daughter off and there is nobody else in the room but the male coach. And I think we just got there early. But I hesitated at the door. I did not want to leave my daughter alone in this room with a male coach. Now when I get this example in training, there is a lot of times I will officers say there is no weigh in I would leave my room in that kid alone with a male coach. And I say certainly don't leave your kid alone in a room with a male coach you have to do what feels right to you. Here is what I am suggesting. You do it with conscious awareness.

I was very conscious I had a big knot in my stomach. I was conscious of the fact I did not want to leave my daughter but I was also consciously aware of the impact I was having at that moment had nothing to do with the present situation. The coach had actually given me no indication there were issues nor had my daughter. What the knot in my stomach came from was six years from the sex offender caseload. So for some people, so that is where it is coming from I will make sure my daughter is protected and that is fine. My choice at that moment was to actually take the knot I was feeling in my stomach and put it in the car and drive it home. With a lot of breathing and a lot of self talk. For me, I don't want to live in that world. I don't want to live in a world that I naturally assumed of course any man left alone with my child will sexually molest them. That is not true, that is not even close to being statistically accurate. The more we live it, as if it is true, the more it reinforces the belief. And, I know we love and children, I know we don't want that things to happen to us or others that we love but the reality is if we pass on the world we see, which is the skewed world, because we spend eight, nine, 10 hours a hours a day with criminals, 100% criminal population, that is not statistically the same as our communities. We have a skewed view naturally from the work that we do. And if I were to take everything I know as a result of my job and share it with my children to try to make sure I protect them, I am pretty certain that one, I really can't stop that things in and from happening. Our kids live lives and that is the reality of that. What I am more likely to do is create global anxiety disorders in my children who are now seeing a world that is not safe. Again, I think we get practical, good information good information from the things we learned, that is fine. That I think we have to figure out a way to also balance that so that we don't end up sacrificing our own view of the world. In a way that really robs us. Conscious awareness is a huge, huge thing.

Shifting our work culture so we can start addressing this, so being impacted after genetic event is a normal, natural thing and addressing the impact is what makes us professional. Not what makes us weak. Building resistance to stress. I don't think you guys don't know the stop. Exercise, eat healthy, do things that rejuvenate you. The problem oftentimes with those types of techniques is

not you don't know you should do it, it is just under high stress I don't have time to do that. I love to play tennis but when I am stressed out I have a lot of things to do I don't have time for that or going out to lunch with a friend I don't have time for that. So we tend to sacrifice the very things they keep us healthy and actually probably more efficient when we are stressed out. Peer support programs. Many departments have peer support which are programs , very beneficial in the profession is uniquely trained, has a unique culture, doesn't trust people outside of the profession isn't using the resources they have. So for the agency support you guys that actually have a peer support team in critical incident or peer support teams have you ever used it, is my question? I am trying to find out whether or not people actually use the teams and resources in place. Have you used your peer support team? I will tell you I will fly through the last few slides because I want to make sure I leave lots of time for questions which I want to get through in a couple of minutes. Le Toux the data. -- let's get the data. So 40% have, that is encouraging. That is encouraging and also probably speaks again to how many people we have from the correction side of it. The population that I have collected , 89% have not have not used it. So , I am glad to see on the collections -- correction side of things we are seeing more use of a. We can certainly make a lot more use of the resource we have. In order to do that, we have to have a team that meets the needs of staff. We also have to address the stigma that goes along with meeting support or wanting support. A lot of the debriefings I have done recently have been with people managing whatever is going on incredibly well.

Even when you are managing stress well doesn't mean having support isn't useful or you should go through a completely alone. I am a big believer that peer support should be a part of the procedures after high stress events, not that you force people to use peer support, but that peer support is offered as part of the procedure. That way you can catch people that otherwise may not even know they needed. Or that it can be useful to have the support. The military is certainly figuring out a way to try to use resilience and teach people ahead of time so that they can bounce back after stressors start to happen. There are some professions you can do everything to minimize stress and some that inherent in stress is the job. There is nothing you can do because the stress comes with it. So if that is the case what can we do ahead of time to help build up that stress. The last question I will ask you guys is about resilience and again this is the type of slide were you can click on all that apply. And I want to look at factors that actually the research suggests are correlated with resilience that people who have strong problem solving skills or personal awareness or optimism keeping a sense of meaning , cognitive flexibility means being able to look at Gray versus black and white, right or wrong, good or bad. Self-efficacy is when you feel competent and confident in your own ability . Click on all that apply. It looks like pulling has ended. And we will see. This is what the military has started to do is identify resilience factors and start teaching them . There is any of these factors that are low than they can take classes or courses to help increase these areas so again went difficult times happen, there are resources to draw from. So we have it looks like personal awareness , fantastic. One of the highest reported followed by problem solving skills , sense of meaning. Good. Cognitive flexibility. We had, in my sample not terribly far off again, the last topic I want to talk about and move to questions is mindfulness. And I can't do it justice in a couple of minutes but what mindfulness is basically, an actual type of mental training where you are very aware and very present in the moment. We spend a lot of time on autopilot. You drive home, pull in the driveway ability to have a conscious memory of the drive. Honestly you weren't aware enough to get yourself home but we go off and thought.

With mindfulness we are disconnecting from autopilot , very present in the moment, very focused on what you are doing and very -- when focused on the present moment you are also not necessarily judging it. It just is what it is. You fill the reactions in your body, you are thinking what you are thinking, don't try to change it you just drop awareness to it. Studies are actually showing that happiness , overall happiness can increase life's satisfaction, can increase when we start to do just one of these activities , once a day for three weeks. So whether it is writing something down you are grateful for or spending three minutes a day of meditating or breathing with awareness,



describing things that are meaningful in your day. Performing random acts of kindness. When we do these types of things consciously and draw our attention back to meaning and things that are important to us versus always been focused on stress that it actually can start to rewire the brain. Very cool research looking into that. So at this point in time we will go ahead and open the session up to questions of what we can do as an organization to try to start addressing the topic.

We do have some questions. One question asks, to give examples of peer support is it leadership led? A group of peers I associate with? Is this an EAP program I can access or is it all of these?

Peer support is a team composed of volunteers within the organization. And my suggestion is that it has people from all levels of the organization. The line staff, support staff, leadership. Various -- part of it is, you want to match ranks. My guess is somebody at one level is not going to want to debrief with somebody a couple of levels above them. You want to make sure it really, truly is peer to peer support. Peer support also, people have to be trained and there is specific types of training with peer support that is much more about validating the stress. We are not counseling, we are not trying to give them advice but we are sharing coping strategies and just simply sharing experience that we have been there, too. And normalizing. When I have been debriefings of people, I am on our peer support team in my department, probably the number one thing I hear people say is that they are bothered writing incident because they are bothered. They are bothered by the fact that they are bothered that they think something is wrong with them because they are impacted by it. Because they weren't able to just shake it off and move on, that is an indication something is wrong. And so a lot of the time all I do in debriefing is explain how the body and brain work and actually it sounds to me that they are experienced in responding is perfectly appropriate. That tends to take a lot of the stress off of something is the matter with me to now getting through whatever it was that they were dealing with. For support can be created within the department

these are not professionals outside coming in, these are people within the organization and it takes two or three days to train a peer support team once you have people to do it and you can go through a number of different agencies to get peer support training.

A couple questions the talk about some concerns. Agency concerns that might come up when staff are trying to develop this such as will this kind of more into a complaining session about management or leadership. Or legal action is always a possibility. And some agencies perhaps legal departments advise no team debriefing. --hyphen staff trying to develop a peer support team address these concerns for the administration of the agency?

Excellent questions. When I have talked to administrations about creating this there is that they are. There's always the fear that somehow if we start acknowledging this that our work staff are going to become impotent they will be perpetual victims who can no longer do their jobs. Now either people who abuse the type of information? Absolutely. I mean I don't think we get around that but the truth is they will figure out another way to abuse the system. I don't want to focus on the potential of abuse because I think that is always there no matter what we do. I think the vast majority of people that can be impacted way outweighs the few people that will take advantage of doing a. With that said, what is interesting is addressing the topic tends to be very paradoxical . Instead of people now all of a sudden complaining about how bad my life is, they actually when people are validated by stress, when they understand what is happening, it is empowering. Got a couple emails I want to read to you that will -- that were given to me by officers after we have done training. The first was thank you for coming for department Lessig about talking about vicarious a secondary trauma just starting to talk about this realizing I'm not the only one carrying this stuff around makes things so much easier to address. It feels good to have determined -- validation kind of free and I was able to come to the office with a much more positive attitude as able to look at my coworkers in a different way and accept some of their comments come from a place of trauma. I have a lot more empathy -- and the the and patience with them. So what was interesting is by simply being able to have the stress validated it became very effective in terms of increasing productivity of staff versus somehow

giving them justification to decrease its. Here is another e-mail I had gone. The officer says I learned in training it was absolutely live training. Revenue officer, under a year but I can tell you I experience everything you are talking about. And it is so important I learned what I did because I think I can survive now. I also learned this is absolutely the right profession for me as sometimes I had doubted my decision to take this job when I had a bad day or stress was building up and I did not think I could take it. It was very validating to hearing that the only one who experiences this type of stress and trauma. As a new officer it is very difficult to talk about the stuff as you don't want to appear that you are not tough enough or you can't hack it. As a result you end up suppressing a lot of it and things can come out sideways. What I learned from the training will have a long lasting and positive effect on my career.

That is the type of feedback I consistently gets. From employees. We are not telling them they don't have to do their jobs, but we are saying to them is that your stress is perfectly normal, perfectly natural we want to make sure we are honoring it, making sure we are offering peer support and other things to help manage it but not apologizing for it. It is part of the career but at the same time you are stressed because you care about what you do which in and of itself is a good thing.

Another question. What can a supervisor do to help one of their staff, they see demonstrating symptoms of increased stress such as calling in sick often, showing up late or being more irritable at work when the staff person might not be aware of their change in behavior?

Is a tough one. First of all as supervisors I would start paying attention to genetic events that are happening. I had a supervisor one time call me and say she had an officer in her unit who had experienced defender suicide. She had a death threat recently and something else dramatic had happened on the caseload. She was also watching performance start to decrease, and comments about the bartender knew my name by the time I was done this weekend, that type of stuff she was really thinking this is not a good sign. And she was also aware that this officer had had a number of genetic events prior to this change in behavior. So actually what this officer or supervisor ended up doing was asking for training. So I came out and did a training for the entire unit, talking about how this works and how trauma works. What was interesting was that officer, who never knew I had come out to actually provide training really for her, but we had done it for the whole unit, she reached out to me afterwards and she had said you know I had a number of events happen you just talked about in the training and I can see a change in myself. That alone, the information was something that started to help. It is not easy to bring those things up. I think a supervisor but the consequences of not noticing change. I think we can do it compassionately and I also think that with all you focusing on to performance your missing what preceded that, that may have been the bigger impact and that is what needs the support and the attention. So having peer support available, being able to say you have these things happen and so anybody else in the unit I do the same thing. I will have peer support reach out to you if you don't want it that is fine, up to you, I will never know if you use it or not but I will recommend that happened. TAP is always available for most agencies as well which is outside counseling. So if the problem really are significantly him what's peer support can do, that is something we need to do. Bottom line is, there is a palpable discomfort among the ranks at trying to figure out how we address and acknowledged stress. We don't want to offend people at the same time, burying our heads in the sand doesn't work either. We have to start figuring this out. We have to start having these discussions. Mommy can do at the beginning of people's careers to say they matter, safeguarding their welfare matters, and that we are going to point this out as we see changes so that it gives them an opportunity, if they don't like the changes, to work with them. I think that is actually how we best honor and care for our staff.

To have any specific suggestions for kind of overcoming some of the resistance staff can have her be open up for support?

First of all I think we have to acknowledge it is valid. That we had been in a culture that has said sac it up and move on for a long time. Now it -- how to suddenly change that culture people will say now it is fine for me to be human and want to come forward. They will be reluctance. There is also going to be putting your toe out to test the water because if you are still treated with what are you saying you can't do your job? Who is going to come forward and talk about stress. We have some growing pains this is not something that will change over night but I have found a lot of crusty old veterans, the ones not considered open to this topic, you come from a place of acknowledging and honoring their stress instead of making a sign of weakness that they start coming forward. I have not had a lot of veteran staff be resistant to the topic in the way we approach it I think they feel validated in the end.

Well on behalf of NIC I would like to thank you, tran03, for your presentation and thank everyone who attended today's presentation. If you would like to continue this conversation, please go ahead and join the discussion forum and again thank you to everyone who attended.

Ladies and gentle Menachem Klay today's webinar you may now disconnect your lines thank you and have a great day. -- ladies and gentlemen for attending today's webinar you may now disconnect your lines. Thank you and have a great day.

[Event concluded]