

# Building Resilience

## Empowering Your Clients and Your Staff

The experience of traumatic stress is widespread in society; an estimated 70% of adults will experience at least one traumatic event in their lifetime. While not all traumatic experiences will result in a trauma disorder (such as post-traumatic stress disorder), trauma remains a risk factor for nearly all behavioral health and substance use disorders. In fact, over 90% of clients receiving public behavioral health services have experienced some type of trauma.<sup>1</sup>

While appropriate clinical treatment for trauma is certainly important, it is also imperative that clinicians and organizations are working within a trauma-informed care framework. This framework seeks to understand the impact of trauma and actively resists re-traumatization. A core tenet of this framework includes a focus on strength building and resilience.

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Resilience is the ability to rise above or “bounce back” from adversity. Resilience is a trait that can be found in individuals, but it can also be broadly applied to families, communities, and organizations. The recognition that people can overcome traumatic stress by building resilience is a central tenet of the trauma-informed care framework.<sup>2</sup>

Rather than assuming that one is either born resilient or is not, trauma-informed care recognizes that everyone can become resilient. For most, regardless of how severe or chronic the traumatic experience, the immediate or enduring effects of trauma are met with resilience. Those who have experienced trauma are not condemned to a life of hopelessness and helplessness—people can, and do, recover from trauma. By building upon existing strengths and applying new tools for coping, resilience is a skill that can be fostered.





## The Impact of Trauma

Trauma is the emotional and physical response to experiencing or witnessing an event that is dangerous, frightening, or life-threatening. The impact of trauma can manifest itself in a variety of different ways; it is important that providers understand that the event itself is not nearly as important as what the trauma means to the individual. Trauma can also affect different groups or communities in vastly different ways.

For persons served, unresolved trauma can result in a multitude of negative health and wellness impacts. The [Adverse Childhood Experiences \(ACEs\)](#) Study was the first major study to highlight the correlation between childhood trauma and lasting physical health outcomes. Higher ACEs scores corresponded with an increased risk for infectious diseases, cancer, diabetes, and substance use disorders.<sup>3</sup>

For staff, the impact of past trauma or vicarious trauma can affect how well they perform their jobs. For clinicians, especially, the range of symptoms that can occur with traumatic stress can negatively impact the people they serve. Feeling numb, displaying avoidance behaviors during client interactions, and having trouble with daily functioning can all negatively impact how well staff perform their job duties.

For these reasons, as well as the general wellbeing of your staff and the people you serve, it is critical for clinicians and organizations to understand the impact of trauma and how to build resilience in the face of traumatic stress.





## Different Types of Trauma

### TRAUMATIC STRESS

Stress that induces the flight/fight/freeze response. Unlike typical stress, traumatic stress includes intense physical and emotional responses that can have a lasting impact.

### COMPLEX TRAUMA

The pervasive impact of exposure to multiple, simultaneous, or prolonged traumatic events. The feelings and behaviors associated with complex trauma can produce a domino effect and facilitate subsequent or repeated trauma.

### RE-TRAUMATIZATION

The recurrence of traumatic stress symptoms upon exposure to multiple traumatic events. Also includes reexperiencing traumatic stress symptoms when a new situation is similar to prior trauma.

### SECONDARY OR VICARIOUS TRAUMA

Experiencing trauma-related psychological and physical symptoms in response to helping or empathizing with others who have experienced traumatic events. This is very common among helping professionals working with trauma survivors.

### HISTORICAL TRAUMA

Also known as generational trauma, this refers to traumatic events that are experienced by a specific cultural, racial, or ethnic group. Examples include the enslavement and oppression of African American/Black Americans in the U.S., the forced migration and colonization of Native Americans, and the genocide of Jewish populations during the Holocaust. Historical trauma can have psychological and physical health impacts on a population and can result in individuals being hesitant to enter systems of care that have historically oppressed these populations.<sup>4</sup>

## Physical Reactions to Trauma

- + Nausea
- + Gastrointestinal stress
- + Elevated heartbeat, respiration, and blood pressure
- + Extreme fatigue or exhaustion
- + Somatization (e.g., increased focus on body aches and pains)
- + Hyperarousal
- + Sleep disturbances (e.g., nightmares)
- + Appetite changes
- + Lowered immune system response
- + Elevated cortisol levels

## Emotional and Cognitive Reactions to Trauma

- + Foreshortened future
- + Emotional dysregulation
- + Numbing
- + Triggers
- + Flashbacks
- + Intrusive thoughts and memories
- + Anxiety
- + Depression
- + Shame
- + Irritability and hostility
- + Suicidal thinking





Building resilience begins with **normalizing the symptoms** of traumatic stress and recognizing that many “negative” coping skills are born from a place of **adaptation and survival**.

## Supporting Resilience in Persons Served

It can be tempting to focus on what is not working with persons served or to solely focus on preventing negative outcomes. However, focusing too much on these areas can undermine an individual’s ability to gain a sense of competence and hope. Building resilience begins with normalizing the symptoms of traumatic stress and recognizing that many “negative” coping skills are born from a place of adaptation and survival.

Fostering individual strengths is key when working with trauma survivors. It is also an essential intervention strategy, as building upon an individual’s existing skills and viewing the individual as resourceful is beneficial to both the provider and the person served. A trauma-informed approach honors each individual’s adaptations and acquired skills and helps individuals explore how some coping skills may not be working as well as they did in the past.



### Protective Factors

Protective factors are characteristics or attributes that help individuals deal more effectively with traumatic stress and mitigate the risk of poor outcomes.<sup>5</sup> There are many ways to identify protective factors in the individuals you serve. It is best to work with the individual to help identify the protective factors and supports within their lives that can bolster resilience:



#### COMMUNITY

Positive school experiences, community resources, affirming faith communities, safe neighborhoods



#### SOCIAL SUPPORT

Family and friends for support, supportive parent-child relationships



#### INDIVIDUAL

Cognitive abilities, self-efficacy, healthy coping strategies

## Cultural Factors of Resilience

Characteristics of an individual's cultural, racial, or ethnic background can often nurture resilience. Having strong ties to one's cultural background, community, or traditions is not only vital to the individual, but has been found to also influence the impact of trauma on future generations.<sup>2</sup>

Culture can strongly influence the perception of trauma for the individual. In some cases, the cultural background of the individual can create poor outcomes (e.g., a sexual assault survivor being ostracized from their community). Therefore, it is critical that providers strive to appreciate and understand the cultural meaning of the trauma for the individual; both the protective and the risk factors.

Some examples of cultural protective factors include:

- + Strong kinship bonds
- + Respect for older adults within a family unit
- + Spiritual or religious practices
- + Expression of humor or creativity
- + A sense of heritage, history, or historical traditions
- + Community orientation, activities, or socialization
- + Beliefs and philosophies surrounding life, suffering, and perseverance



## Sample of Resilience Assessments for Individuals

Knowing an individual's existing strengths can significantly shape how you work with them. Screening for resilience is one way to determine where strengths currently lie and where you can help the individual build coping skills.

The following are some examples of empirically based resilience scales: <sup>(8-10)</sup>

[The Resilience Scale™](#)

[Connor-Davidson Resilience Scale](#)

[Brief Resilience Scale \(BRS\)](#)

More resilience scales are available at [ACES Connection](#).<sup>11</sup>

## 3 Main Ingredients for Building Resilience

### ONE

#### SOCIAL SUPPORT

Social networks, whether they are through employment, school, faith communities, or other networks, help buffer an individual's stress response.<sup>2</sup> For example, LGBTQ youth with at least one supportive and accepting adult in their life were 40% less likely to report a suicide attempt in the previous year.<sup>6</sup>

### TWO

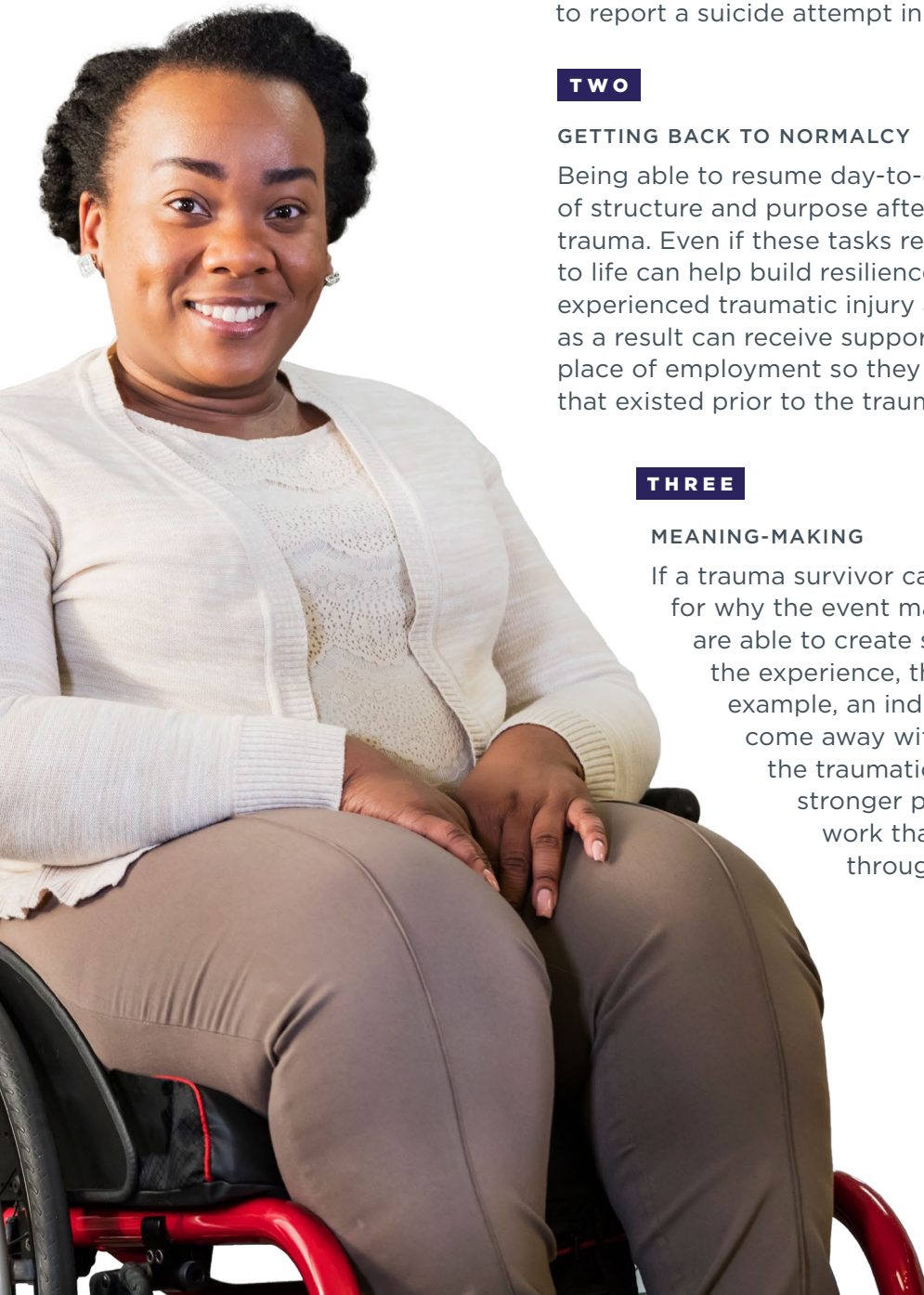
#### GETTING BACK TO NORMALCY

Being able to resume day-to-day tasks can help create a sense of structure and purpose after an individual has experienced trauma. Even if these tasks require adjustment, getting back to life can help build resilience. For example, an individual who experienced traumatic injury and acquired a physical disability as a result can receive support to make accommodations at their place of employment so they can continue a part of their life that existed prior to the trauma.<sup>7</sup>

### THREE

#### MEANING-MAKING

If a trauma survivor can provide meaningful reasons for why the event may have occurred and how they are able to create some positive take-aways from the experience, this can help facilitate recovery. For example, an individual might process trauma and come away with the concept that going through the traumatic experience has made them a stronger person, or they might commit to work that helps others who have gone through a similar traumatic experience.<sup>7</sup>





# Supporting Resilience in Your Staff

Being trauma-informed and supporting resilience should not stop with your clients—it should also extend to your staff. In addition to experiencing burnout, compassion fatigue, and vicarious trauma, it is also common for many providers to have their own history of surviving trauma.

Practicing a trauma-informed and strengths-based philosophy toward your staff has benefits for your organization overall. For example, one study found that a trauma-informed organizational culture was associated with increased psychological wellness for direct support professionals.<sup>12</sup> Additionally, providing avenues to practice self-care and other resilience-building practices for clinical staff can help retain staff and reduce turnover.<sup>13</sup>

## Strategies To Promote Resilience in Staff

### 1 PEER SUPPORT

Both personal and professional peer support helps prevent feelings of isolation and helps professionals share the emotional distress of working with trauma survivors.

### 2 SUPERVISION AND CONSULTATION

Professional consultation helps clinicians understand secondary traumatization, recognize their own personal risk of experiencing traumatic stress, and identify protective factors to help them prevent or mitigate its impact.

### 3 TRAINING

Ongoing training on trauma can help improve providers' understanding of how trauma not only impacts their clients, but also themselves. It can also help provide a sense of mastery and self-efficacy in their work.

### 4 PERSONAL COUNSELING

Seeking help from a personal therapist can help counselors and other professionals become more self-aware of how their work may be impacting their resilience. Individual therapy can help professionals process the psychological and emotional distress that can often accompany working with trauma survivors.



### 5 MAINTAINING BALANCE

Maintaining a healthy work-life balance, which includes developing positive coping skills and practicing healthy lifestyle choices, can help individuals better manage stress.

### 6 ENGAGING IN MEANINGFUL OR SPIRITUAL ACTIVITIES

Connecting to a spiritual community or engaging in regular spiritual activities (e.g., prayer, meditation) can create perspective on trauma and enhance resilience.



## Trauma-Informed Supervision

Trauma-informed supervision incorporates the fundamental elements of trauma-informed care into the supervisor-supervisee dynamic. It focuses on offering relationship-based supervision and breaks down the traditional hierarchy of manager to employee. Supervisors who are well-versed in trauma-informed supervision are better able to address the effects of trauma in their staff and promote resilience.

Trauma-informed supervision utilizes the principles of the trauma-informed care model,<sup>14</sup> including:

- Creating psychological, emotional, and physical safety for their staff.
- Fostering trust and transparency in their communication.
- Creating opportunities for staff to engage in peer support.
- Approaching supervision from a place of collaboration and mutuality.
- Empowering staff and providing an opportunity for staff to express their voice and choice.
- Recognizing the cultural, historical, and gender issues impacting the staff they supervise.



## Professional Quality of Life Scale (ProQOL)

One way to address compassion fatigue in staff, and therefore begin to build resilience, is through the Professional Quality of Life Scale (ProQOL).<sup>15</sup>

The ProQOL is a validated self-assessment tool that measures indicators of compassion fatigue and compassion satisfaction in clinicians. ProQOL is one of the most commonly used measures of the positive and negative effects of helping trauma survivors.

The ProQOL can be used as part of individual or group clinical supervision. This allows the clinical supervisor to gauge the levels of stress and potential vicarious traumatization among clinical staff. The ProQOL is free to use and provided in 26 different languages.

## Conclusion

While trauma continues to be an unfortunately common experience, building resilience and maintaining a strengths-based perspective is the best way to support your staff and persons served who have experienced trauma.

If you are working toward becoming a more trauma-informed organization, Relias has the tools to help you get there. With unrivaled content on trauma-informed best practices and a world-class learning management system, Relias can help set the foundation for expanding your knowledge and improving organizational outcomes.



## About Relias

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