**Self-Care, Resiliency and**

**Compassion Fatigue**

**in Student Support and Educational Services**

**Webinar Transcriptions**

**Webinars 1-12**

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**Webinar number One: Understanding the Basics of Resilience and Wellness**

Welcome to this webinar series on self-care, resiliency and compassion fatigue in educational services. My name is Françoise Mathieu and I am a mental health professional. I have worked in the field of mental health for over 22 years and my areas of interest have always been issues related to trauma, stress and crisis management. I will tell you a bit more about this as we go on, but that’s my quick intro.

This webinar series was designed specifically for EAs, TAs, BTAs, DECEs, CYWs and all of you who work in educational services and student support in the province. I have had the privilege of meeting many folks who work in educational services across Ontario over the past few years, from Chatham to Peel to Toronto, Durham and Frontenac region. In February I did a half day training with EAs in Belleville and Kingston at the Catholic school board and heard many similar concerns that you shared with us in the survey.

Dr. Patricia Fisher and I wanted to thank all of you who took the time to fill out the pre-webinar survey and share with us your very thoughtful comments and observations about the complex challenges of your work.

Please know that we recognise that these webinars are not a magic solution to the very complex realities and challenges of your very important work, but we do believe that they are a critical part of addressing one of the essential pillars of staying well while doing very challenging work, and that pillar is employee health and wellness. To use an analogy, these webinars aim to address one of the legs of the chair, if you will. This does not mean that we ignore the other three legs of the chair or that they are not equally important, but it is an essential piece of the foundation and we hope that through these, you will be able to find some strategies that you can implement no matter where you work.

So, let’s get started!

I'll tell you a little bit more about us and what we do and then I will talk to you in a little bit about the strategies we've developed, we'll talk about that over the next 12 webinars. First of all, since you can't see me right now except hear my voice, obviously you can tell my name is French. I'm originally from Montreal although I have lived in Kingston for over 23 years now, raised both my kids here. My son is graduating from grade 12 as we speak, hopefully, in a month and my daughter is now 20 and she moved on and went away after she went to University in Nova Scotia after graduating and living in Kingston her whole life. So here we go, this is me! As you can see, I do a lot of training. I am on the road probably from September until June almost every week working with a huge variety of professionals in what we call high-stress, high-trauma exposed work environments that includes people in the field of Education, Law Enforcement, Health Care, Social Services, the Refugee Board. It's incredible the number of

people who have come out of the woodwork in the last 15 years that we've been doing some of the training who talk about the really challenging elements of their jobs and also how the work has changed over the years so some of you have been around for a while and I'm sure that you if we are having a face-to-face conversation you would agree that the nature of the work has changed not just in the volume but also in the complexity in the cases we’re faced with.

So these are the questions we became really interested in. At TEND, We are a team of 8 professionals. Most of us are mental health professionals. We do have one member of our team who is a Conflict Resolution Mediation expert. She works with the military and the rest of us have worked in a variety of environments from domestic violence shelters to the prison system to Children's Aid to education. We have a person who is an ECE who works with us in children’s mental health so basically all of them have their own pursuits, they have their jobs and then they come in and work with us as consultants. We do a lot of education and training across North America. Our website also has a lot of additional free resources beyond what we're going to be discussing in these 12 webinars and I invite you when you have a minute to go check out our resources page, we have free articles, we have videos. I recently did a TEDX talk and it’s there on the YouTube channel so there's a lot.

We'll talk more about resources as we go along. What we're also doing is we’re sharing with the coalition some additional resources that will be posted on the website that you can access and download as you wish. I wrote a book on this topic called “The Compassion Fatigue Workbook.” It was published in 2012 and the reason I wrote this book is that I personally was starting to feel the effects of the work I was doing. I was working at Queen's University at the Student Counseling Service there and I was also working with St. Lawrence College which is our College here with some of the students who had really complex challenges in their lives and some of them are struggling with some learning disabilities or some other challenges including some mental health challenges and I was also working with the military in Kingston.

The source of my stress, I think for many of you - you can probably relate to this, was not only hearing the difficult stories which was one piece of it but the other element was the frustration I felt around limited resources and growing demand. When I worked at the counseling service, we had so many students who needed help and we were a very small team and so those are some of the things I became concerned about that I was kind of noticing this depletion, this fatigue that my colleagues and I were developing not necessarily always towards our clients or the students we were working with, but more from frustration around the system and you know just the complexity of the resources that were not available and I wanted to provide a resource that was really affordable.

I was getting a lot of requests from northern regions in the North Northwest Territories for example of folks who were living in very remote areas and did not necessarily have the funds or the resources to come to a full day training on this topic and so I wrote this book as an affordable resource where people can go through and do checklists and kind of walkthrough of

what's going on for them and what I'm going to offer you in these webinars is basically taken out of that book as well as my colleague, my co-executive director Dr. Pat Fisher, who has been an expert in the last 25 years on what we call organizational health. Pat became really interested in high-stress work environments and how she could make recommendations and implement some strategies to assist complicated workplaces (she's worked a lot, for example, in the prison system) how do we help our staff stay well when they're dealing with some really complex challenges and so Pat has written two books on the topic and again we will be using those resources throughout the courses to offer you some strategies that we know have worked elsewhere and in fact we've been working with the educational services in a variety of provinces and we know that these have had good uptake. People have found them to be useful as well.

As I mentioned before I live in Kingston, Ontario and some of you maybe have been here and I like to say it's more than a Tim Hortons on the 401. We are a really interesting and kind of mixed community in the

sense that, as many of you know, we are the prison capital of Canada and I had the opportunity to work in the prison system in a variety of ways one of them was volunteering before it closed at the Kingston penitentiary, which by the way, in those days I kind of thought was a very smart hobby to do so I would do crisis work all day at my job and then I would go and volunteer in a maximum-security prison at night. Maybe not such a good idea in hindsight because I was never giving myself a chance to reset but it gave me a bit of a window into the challenges of working in the prison system and I've had the chance of doing that subsequently which has been really interesting.

The other thing that’s interesting about Kingston, which we’ll come back to later as we talk about trauma-informed care in a few sessions, is that we are a very mixed community because the prison system established itself here many years ago. A lot of families of course moved to be near their loved ones who were incarcerated and maybe never left and so we've ended up having this community of a group of folks who are really struggling with complex life issues and often are living in poverty. Then we have of course a University and the college and we have the Royal Military College, we have a military base and so it's ended up bringing up some really interesting challenges and again I'll talk a little bit more about that as we go along as well.

As I mentioned, I worked for 10 years as a civilian for the Canadian Forces so we have a pretty large military base here and my job was involved in doing counseling off base. A lot of soldiers felt more comfortable coming to see someone not on the military base for confidentiality reasons and I did a lot of couples counseling and helping soldiers who were coming back from combat zones, maybe Afghanistan or other places and a lot of them of course were struggling with some trauma or post-traumatic stress disorder PTSD and I found that job really interesting but what I also realized over the years is that I needed more training because when I went to school I didn't really learn how to manage some of those really complex issues that they were

coming forward with and I eventually went and took as much training as I possibly could every conference, every webinar so that I could be more equipped to work with them.

When I worked at Queen's University, and I worked there for 7 years with a couple of little breaks, giving birth to children, I was a crisis counselor and as you know working - some of you work with the High School Community with young adults - so I was working with kids with some really complex challenges in terms of mental health issues, their lived experiences, coming away from home. Sometimes people fall apart because they finally can.

We have had some very tragic events in our community and in our University and that was kind of the nature of the work that I did so I just wanted to give you a bit of a sense of my background and the angle I've always had is trying to look at how do we support everyone equally and how do we also deal with some of the more challenging personalities, not only in the clients or students that we work with but also in our colleagues and I'll definitely be talking more about that a little bit later.

At TEND what we do is work with a lot of different groups and recently we have done a lot of work with law enforcement, child trafficking, (some really difficult stuff), professionals who are exposed to some really challenging stories and we also work with groups such as the Workers Compensation Board. I was recently working with them. So just a real wide range of different groups that we meet.

Now in terms of these webinars, today is a bit longer as I’m giving you a bit of an intro. Next time, I'm just going to launch right into the second topic and third and so on. We really read your surveys and designed some presentations to of focus on the different elements that we were hearing about.

So today we're going to talk about resilience - what does that mean? Next time we'll talk about what is compassion fatigue, what does that term even mean, how is it different from burnout?

Then we'll talk about warning signs and how you can establish your own kind of personal warning sign to know when you're headed for trouble and maybe intervene before that. We will be also talking about something that I designed a few years ago called the “Balance Map” the “self-care map”. We will talk about how to debrief when you’ve been exposed to a difficult story or event in the schools. We will talk about what are grounding skills and if you're not sure what those are, we will absolutely explain every step of the way. Grounding skills refer to ways for us to stay centered and balanced before, during and after being exposed to something difficult. It's an area of expertise that we have. We work for example with people who go into courts and we help and support them if they're going to be in a courtroom and do some difficult stuff. Then we will have the webinar on trauma-informed care and what that means and again – if you're not familiar with those terms that’s ok, a lot of folks are not and we will give you some examples of what it means to become trauma-informed. We will have a session

on working with colleagues. Then we'll talk about social support, the zone of control, how do we decide what we can focus on and what we can’t and we will finish by designing an action plan. Throughout these, we will also offer you additional resources, reflection activities and at anytime, please get in touch with us if you have any questions, we are always happy to answer those.

**So, let's start with webinar number 1: How to understand the basics of Resilience and Wellness.**

I wanted to start by telling you a little story. You're going to see here on the map that's there two little smiley faces and one of them is kind of aimed to be somewhere near Kingston and the other one is in the high Arctic. Although I'm from Montreal, my parents moved up to the high Arctic to be teachers before I was born, in the early 1960s and in fact I wasn’t actually *born* in Northern Quebec because my mom came back down (can you imagine this - she flew back down at 9 months pregnant, delivered me by herself in Montreal because the healthcare up north wasn't great. She was worried about giving birth up north just because of the community we lived in did not have a good hospital and then at 10 days of age, she flew back up with me and went straight back to work and you know this was - I was born 1969 - and so in those days there was no maternity leave and she said to her boss can I take a bit of extra time off after having the baby and he said “well we have sick leave you're not sick are you so get back on the horse”). I think that some of you, if you've been around for a while, you know that there wasn't the same level of awareness about these things in those days and so my mom went back to work.

My dad eventually became a school principal in 3 different Northern Villages. For me, during the first decade of my life, my normal was hearing about education reform and challenges in the schools and I mean that's what we talked about at breakfast, lunch and dinner. Eventually my dad became superintendent and my mom designed a teacher training program for Inuit women. So, it was really kind of an interesting environment, but it was also an environment where my parents worked too hard - and this is the first piece I want to invite you to reflect on in terms of wellness:

My parents were from what is often called “the war generation.” My parents were born in 1941/1942 and I want to invite you to reflect on people you know from that generation or if you are yourself from that generation. There was no message about work-life balance. There was no notion of self-care, of exercise, of eating spinach and my parents’ message was: you work until you fall down and then you work some more. There was really no notion about those things.

I always joke that my mom exercised once in 1976 and never did it again because she felt terrible after and so part of what I want to invite you to think about as you think about your reaction to even the topic of wellness is what where the messages that you received from whoever raised you?

What were the messages you received about self-care and balance?

It doesn't matter whether it was your family of origin, your foster family, your grandmother, like whoever raised you, did you get messages about that or was it like me where the message was “you just work and then you work some more”. Part of what I realized because I do a lot of these trainings and what I grapple with all the time is feeling guilty when I'm not doing *something*.

So, think about that for a minute and maybe for some of you this does not relate to you at all and you are like ”I'm really good about taking care of myself”. Even on a weekend if I'm not actually working, I kind of always feel like I need to have a list of things I’ve accomplished and I’ve really thought about that and I put no blame on my parents, I think that's a powerful message that we got from the other generation and we know now that the younger generation - the Millennials - often seem to prioritize self-care and wellness in a way that maybe some of us from another generation didn't experience and it can cause some friction sometimes in the workplace.

The second question I want invite you to think about is whoever is in your life, your significant other, friends, family - do they understand and value the work that you do? I think we can all agree and it's so clear to me as I work with different educational services across the Nation, that the work of people in support services does not recognize, you know, there's no TV show about you, like we all love shows about cops and firefighters. I think it’s often a very invisible role. But what about your personal life? Do people understand what you do?

My husband is a researcher, he's not in this field at all and one of the things I realized when I started doing this work is I needed to explain to him what a hard day meant for me because he didn't know. I might come home and have had to deal with a terrible situation at work as you, I'm sure have experienced, and your partner might say “oh I know what you mean my computer crashed today” and you think “oh boy you really don't get it”.

So, is your work valued by your significant others, friends and family? Does society or your workplace recognize the crucial importance of the work that you do? Now the aim here is not necessarily to get all enraged and think “it's so unfair and nobody gets what we do”. What I've decided over the last 20 years of doing this work, is to become an advocate and also let people know - When I'm out and about I tell people about the work that I do. I decided to become a positive advocate to explain to folks who don’t do our work how challenging it is, but also in my personal life I decided to have a conversation with my loved ones who don't work in this field, about what I need so that when I come back from a tough day, I'm not necessarily going to slime my husband with graphic details of what happened, but I may say to

him “I need a minute, I need transition time, I need to change and we'll talk more about those things” and I'm not making assumptions that all of you are in relationships - this might be your best friend, it might be your kids, but all of us live in a society, in the world that’s kind of inviting us to reflect on what messages you receive. It is okay to take care of ourselves and our personal life and also do people understand the work that we do?

So why did I become interested in this topic of burnout and related symptoms?

I was a clinician as I mentioned to you and yes, I was stressed and yes, the work with challenging and I definitely noticed that my view of the world had changed because of this work. After working with college and university students, hundreds of them, I stopped believing that there was anyone healthy out there and I don't know if that makes sense for you. I kind of forgot that maybe some people go to school and don't have an eating disorder or maybe some people don't have a learning disability. My view of the world became pretty jaded in a sense but I also became concerned with the burnout I was seeing in people I worked with, some of my colleagues, maybe other counselors, some of the health care workers.

Sometimes I’d have to take a suicidal student to the hospital and some of the professionals were great and some of them were really not great at all and I started really thinking to myself “surely to goodness none of us went into this field because we didn't like other people!” What could we do so that we can improve our working conditions and the way that we treat the people who turn to us for support and that includes our colleagues of course.

Dr. Fisher's work has been so fascinating to me because she started doing work with folks in what are called high stress trauma-exposed jobs. I'm sure if we were face-to-face, we could all make a list of jobs that we've done in the past that were stressful but were not in this field. At some point I worked, I went to high school and it’s a long story but I left home really young and I put myself through school and so I was in high school and at night I would work in a really busy restaurant until 1 o’clock in the morning. Any of you who have done those jobs, we can agree those are stressful jobs but we started realizing that although there are a lot of *stressful* jobs out there, not all of these jobs have the added element of exposure to trauma.

I want to explain here Dr. Fisher's model because I truly believe that working in educational services has a component that many people in society don't even realize, that you actually do high-stress, high trauma exposed work.

The model looks like this: systemic workplace stress is just the stress of every kind of job you can imagine. You could imagine working - I mean at some point I worked as a secretary in a really busy research center and it was a stressful job. There was job stress. There were certain elements of burn out. There was some workplace harassment going on. That can happen anywhere.

What's really interesting and really important for all of us - before we start these webinars - to understand is that we need to not forget that all of us and all of you have certain elements of trauma exposure in your job. We can agree that that can be, as we call it “big T trauma” or “little T trauma”. Not all of you are exposed in the same way. I think you would agree with me that working as a child internet sexual exploitation investigator is definitely more a trauma exposed job than certain other jobs like

working in a nursing home. Of course, is there are varying degrees but the more we understand what is the element of our job that is the traumatic piece, what we started realizing in our research, is that that is considered an *amplifier*. A lot of exposure we have amplifies our stress levels, makes us more reactive to certain things and I'll give examples as we go on.

Trauma exposure can look like two things: One of them is what we call *direct* trauma. Direct trauma is you are assaulted, you witnessed an assault. First Responders of course are exposed to a lot of that. If any of you worked with child protection services in the past - If you go into a home to apprehend a child and you're in danger, those are direct exposure events. A lot of staff are physically assaulted on the job and we know that. The same is true by the way with nurses. Many nurses have been assaulted on the job so those are all called *direct* exposure. Then there is the indirect stuff and I'll talk more about that in the second webinar. All the stuff that you didn't see, but as I like to say, it's like it goes into the ventilation system in the workplace, we hear about it, we talk to each other about it and how are we impacted by those things.

So that's the first piece that we need to understand. I'll go back to the model later but our jobs are unique, they're very different than working in a factory or in a busy real estate office or what have you. The more we understand that piece, the more we can implement strategies that work for us. It's also why sometimes, I like to say, giving every staff member in a clinic or in a school a stress ball is not going to fix all the complex issues that are going on. It's a nice gesture but it’s 1% or not even 1% of the solution. One of the things that we need to do is we need to start with the basics. The basics are - but although I know that sometimes being told to take good care of ourselves can be incredibly frustrating because some people will sometimes say to me “don't tell me to sleep more and exercise I know those things”. The thing that's interesting about them though is that we *do* need to start with the basics so that we can physically do the work that we do.

I'll give you a very simple example: Not everyone needs a lot of sleep by the way, my partner needs a lot less sleep than me, but I know that in order to be on the top of my game if I can, if I'm not interrupted by sick kids and all the things that interrupt our sleep, I need a lot of sleep in order to be on my A-game and so we know that self-care is something that a lot of us know about but one of the things that’s been really interesting in the last few years is looking at what is the physiological impact of being depleted.

There was a study done in Israel a few years ago that found that judges were much more likely to grant an offender parole *after* lunch than *before* lunch. If you think about that, what that means is that basically they just needed to eat! Their blood sugar was low and it was affecting their ability to make good decisions.

We also need to understand what do we mean when we say *stress*? There's a lot of research on stress. It's been going on for the last 30 years and what was highlighted is there's a big difference between positive stress we call it eustress. *Eustress* basically stress that's all of us could have under positive situations. Eustress could be you’re getting married. I think that if any of you have done that, it's a pretty stressful event. You just had a baby, you have a presentation to give and you're not terrified but you're definitely stressed about it. There's lots of positive situations that can cause stress but it's not necessarily negative stress and then of course we know about distress which is caused by threat or discomfort from things that are actually stressing us out. There's some really interesting research done about - for example some events that might look like a positive event but are actually very stressful.

There was some research done that winning the lottery although it sounds like an amazing thing, is probably one of the most stressful and negative events that can happen in people's lives. Another one that was found was transitions - so retirement, a child leaving home. Those transitions are actually considered to be very stressful events even though they may look like they're exciting. Not all stress is negative but it can absolutely have an impact on us.

The way to explain (this is kind of the usual curve that we show) stress is not always a bad thing. Can we agree that having deadlines - I don't know about you but if I don't have deadlines I'm not going to do anything, I'm just going to watch Netflix or go outside for a walk - so having a certain amount of stress gets us to do certain things but when we have too much stress then our performance is impacted and then we are less effective. We've seen this in a variety of workplaces where when there is too much stress on people and I'm sure you've experienced that; our performance is affected and then we’re no longer problem solving very well.

I'll give you an example of that. I don't know if you've ever had to make a really quick decision, you know something was going on like your family lives halfway across the country and all of a sudden you get bad news and you have to really quickly decide do I go? Do I book time off? Do I travel? Do I get a plane ticket? Can I afford that? Who's going to take care of the dogs? In those moments, we are not only stressed but we're in distress and we're not using rational problem solving that we might have in other circumstances. You might have found that with other people where you were really calm, you have a friend in crisis and you help them break down the steps: “okay what do you need to do first and then next and the next”, because you’re calm and able to think clearly.

What we have recognized is that too much stress leads to problem-solving break downs so we're not as able to talk to colleagues. We’re not as able to make good decisions because our

body is basically in a state where we’re full of stress hormones and we are just not able to solve problems in the same way.

We're going to talk more about this as we go through the webinars and so basically finally just a couple more points:

There's another concept that's really interesting it's called the “state of *Flow*.” Now this was designed by a guy who has this unpronounceable name and he talked about flow being this state where we are completely absorbed - like we're busy but also so engaged that we lose track of time and place. I'm going to give you two really quick examples of that: Some people talk about that when they play sports. They call it being “in the zone” and if you play sports maybe you can relate to this or maybe another activity you love. I am not a very good gardener but I love to pull weeds. I find it super satisfying and when I do that I can literally lose track of time. I also get in the state of flow when I'm sometimes involved working with children and I know that a lot of you love that part of your job more than anything. Are there certain things that where you are literally in a state of flow? You're not bored, you're not tired, you lose track of time because you're so engaged in what you do? Some artists talk about that too. I mean there's a million examples. Some people talk about going fishing. What's interesting about that is some people hate fishing and they would not be in a state of flow while they’re doing it. It’s a really interesting concept to think about - what is the difference between you when you're in a state of flow and when you're in a state of distress where you are not problem solving very well and you're not actually at your best performance?

Just to conclude what we're kind of referring to because I'm sure a lot of you have heard the word *resiliency* before in the context of these webinars. Resiliency refers to strengthening yourself to when the going gets tough because we can agree that we do challenging jobs and every day you're on your feet. I mean many of you talked about you're on the go from the time the bell rings until the bell rings again. Strengthening ourselves from when the going gets tough, how can we do that?

The other concept of resiliency is bouncing back from challenging situations and we're going to talk a lot more about that because there's some really interesting research about bouncing back. I'm going to talk more about what that looks like in a variety of ways and how we can develop better ways to bounce. So we are also referring to building what we call our “resiliency bank” and how do we implement certain things so that when things are challenging - maybe you've had a challenging situation at work and you have a caregiver role at home - so right now for example, my husband has pneumonia so I've been trying to take care of him. Not getting as much sleep as possible, having challenging work environments and how do we build our bank for when situations are less-than-optimal.

Here's my question to you as we conclude this webinar: What do you come home to every day? Do you come home to more demands and I think a lot of folks in our fields do. We have a lot of caregiver demands. How do we reset ourselves and how do we transition from chaos to hopefully peace but maybe more chaos? What are the activities that you do? Do you change clothes for example? Some people have said that coming home and changing clothes is this really simple way for them to reset and feel like they've put school behind them. Do you, if you have pets, do you go walk your dog? Is that your transition activity? Do you come home to more demands and maybe you don't have a transition activity and we're going to talk about that as we discuss strategies as well.

So today was just a really quick overview. We're going to try to dig deep into all of those elements as we go through it, but I just wanted to give you an overall model of what we do, how we recognize that this is not a quick fix. There's no magic bullet. There's no squeeze stress ball that's going to fix all of this but what we found in the work that we do and we work with folks who do the kind of work you do every single day, we have been able to offer different strategies and solutions that are realistic and achievable for each one of us in a different way. That's what we're going to do throughout these webinars. I hope you'll find them interesting and helpful to you. If at any point you have questions, here is our email address: info@tendacademy.ca. Do not hesitate to get in touch. We welcome questions and just so you know the questions you send us at our email address are confidential and those are just between you and us. We will not be sharing those. That was the end of webinar one and I'll see you next time!

**Webinar number Two: What are Compassion Fatigue and Burnout?**

Hello, this is Françoise Mathieu and it is our webinar #2: What are compassion fatigue and burnout?

This is one of my favorite topics of all time. I became really interested in the concepts when I first heard about them but interestingly I didn't hear about them in school when I was doing my counseling training. It wasn't something that we really ever mentioned. Now I went to school in the 90s. I graduated around 1996 and it turns out that we hadn't really talked about it at all - I mean burnout was something that was kind of discussed in the 80s a little bit but compassion fatigue is a term I’d never heard of and it really wasn't until 2001 that I came across something on the topic and I thought “this totally makes sense”. If you're not familiar with what it means, let me give you a really quick definition and I have found that even high school kids - I sometimes do some Assemblies - you know for high school grades 11 and grade 12. When I explain it this way, they completely get it instantly. In fact, I did a TEDX talk a few months ago at Queen's in Kingston and if you're interested it's on our website. Ted Talks are usually short so it's about 17 minutes and they wanted the conversation to be about what is the edge of compassion. What does it mean? So let me explain compassion fatigue really quickly and see if it makes sense for you.

Have you ever had a friend who went through the world's longest ever break up and at the beginning you were totally there for them. You were like “I got you, you call me anytime, whatever you need” and would you agree that at some point something shifted inside of you? Now that might have been after the 4th time they went back to their partner or their loved one or their significant person they have broken up with. It might be the first time. We can all agree that we all have an inner reservoir, a different kind of tank about how much patience we have with other people's problems. I think that's a personality feature. Some of us are more or less compassionate but would you agree that something shifted between the moment where you were like “I got you whatever you need” and this idea of kind of like “ugh, here we go again.”

I really want to invite you to think about that because that is basically a really quick explanation of what we mean when we talk about compassion fatigue at home and at work. We're referring to this gradual, emotional and physical exhaustion that we can develop towards other people in need. That could be at home so for example, I might have done a great job in my day job working at the counseling service and then maybe I would go home and someone in my family had a crisis and I think to myself “I got nothing to offer you” or I would think “this *crisis* is not a crisis, do you want to hear about a real crisis?”

What we started realizing in this field is that there was this *shift* that would happen inside of service providers of all kinds around certain issues whether it was the same story over and over again from the same person or maybe it had incredible similarities to the case we had already heard. Some of you of have been around for a while, would you agree that there are times where you have heard and you have met the *identical* same student with the *identical* same story even though they're not the same person?

Can you imagine how many first-year students I saw who had left home and were homesick? Thousands of them. The question is: when does that shift from no longer caring can start

affecting the quality of the work and relationships that we have? The question I was asking in the TEDX talk is basically, how do we care just the right amount? What is the sweet spot between caring too much - and that's another challenge we have where there's a story that's really hitched a ride with you and you had a hard time letting it go. You think about that student at home or there’s just something about that story that really stayed or not caring at all. It's really this tricky challenge and balance. When I was working at that counseling service, I used to have, quite often actually, students who were living all together, they were housemates and one of them let’s say was dealing with a mental health issue maybe depression, maybe an eating disorder. I started noticing that the entire house became *consumed* with this person’s issues to the point where it affected their own well-being and their studies. We can agree that in that regard, they had become over involved to the point where they had lost some perspective about what are the limits here. Can we agree that there's no perfect solution or answer to that?

I also saw the opposite where people came to a place where they just didn't care anymore and maybe someone's talking to you and in your head, you're making a grocery list and they're crying and you're thinking “I should really take the chicken out of the freezer”. We started realizing that compassion fatigue, which is sometimes also called empathic strain, is a result of being exposed to the same stories or even the same person over and over again and just not having as much compassion in our tank as we used to.

As I said before, not everyone is as compassionate at the starting point. So my husband likes to joke that he doesn't have compassion fatigue because he doesn't have compassion and he thinks it's hilarious. He is not a touchy-feely caring kind of guy. He’s a scientist and he likes his people and his little world but he's not out there with a superman cape looking for a child in the playground that needs his help. Whereas I tend to be - for whole bunch of reasons, I think personality, my upbringing - someone who gets over involved unless I'm careful.

The original research on this topic is really interesting and came out of the early 1990s. There are a bunch of psychologists like Dr. Charles Figley in Florida who started noticing that some service providers such as some mental health professional, maybe some social workers, maybe some nurses, those were the original groups that were studied and were demonstrating what looked like signs of post-traumatic stress disorder so some elements of PTSD-like symptoms except that either they were not the full kind of PTSD syndrome symptoms like you see from someone coming back from the Vietnam War but there were certain elements that looked like they had been affected by the work they were doing.

Scientists in the field started looking into this in the early 90s and some really interesting work came out of this: Three groups that were studied at the time were cancer nurses, nurses who were working in children's oncology units, so pediatric cancer nurses. As you can imagine, that's an incredibly challenging job. The mortality rates luckily has reduced but we still, of course, lose children to cancer which is unimaginable. In the 70s and 80s, the death rate of children and cancer was extremely high. We started noticing that these nurses were extremely emotionally distressed by their work, which I think everyone could understand.

There was also research done at that time with child protection workers, so that might be people who work for Children's Aid and of course anyone who works with children who have been victimized and by the way, that of course includes you folks in terms of the work that you do. We find that, that has a high-stress component, which of course, we also understand - it's very morally and emotionally distressing to see vulnerable individuals be affected by certain circumstances.

The other group that is really interesting and it’s quite different: Folks in the animal Care community so that might be vet techs, that might be veterinarians, that might be people working in an animal shelter. They started noticing that those folks were being affected, because I think you'll understand that people who work in the animal care community are often almost always people who love animals, like that's why you be attracted to that but then what do you see? What's the nature of your day-to-day job? You're not working with happy healthy animals. You're often working with animals who’ve experienced abuse, have been neglected and abandoned.

So those are the original folks that were studied and since then, people in my field have done research with a whole bunch of different professionals looking at - what is it like to basically be a caring individual and then how does watching beings who are suffering or are in distress emotionally or physically, what does that do to us?

What we started noticing is people's compassion started eroding either towards the students or clients they were serving or often towards their co-workers which we’ll talk more about in another webinar, or often in their personal life. As I mentioned in the last webinar, I wrote a book called “The Compassion Fatigue Workbook” and in the book I start with an interview with this nurse who worked in a very busy community clinic in Toronto. She tells the story of taking her Grade 9 daughter to work (for Take your Children to Work Day) and so her 15-year-old daughter shadows her for the day and they get home after work and they're having dinner and she said to her daughter “so honey what did you think?” and her daughter says to her “mom I found out something really interesting today. I realized that you're a heck of a lot nicer at work than you are at home.” Every time I tell this story, someone in the room goes “oh, that feels so true.” Compassion fatigue is not necessarily a loss of compassion for the students you work with, although that may happen inevitably but it might be a loss of patience, empathy and compassion for their parents, their colleagues, the system or maybe for people you have in your life. That's a quick definition of what is compassion fatigue.

The second concept that was studied in those days was the concept of what we call “secondary or indirect trauma” and secondary trauma refers to ways in which stuff we see and hear may change our view of the world and make us sometimes more anxious or more aware of our loss of innocence. Let me give you a couple of examples and I'll invite you to reflect on whether some of those have happened for you:

I often show these pictures in my workshops and the first one that you see there is a motorcycle and sometimes I’ll show this picture and maybe the audience is a very mixed group of professionals and I'll say “what's the first thing that comes to mind when you see this picture?”

Some people will say “open road”, “freedom”, “wind in my hair”, “I got one”, “I want one”, and all that. When I show this picture to trauma nurses (so I was showing this picture to nurses who work in units called the acquired brain injury unit, so they see a lot of head trauma), they immediately said “accident waiting to happen.” Now obviously if you’ve had a tragic event or you, yourself have been personally affected by someone who had a motorcycle accident, we would all understand that your view of the world would be changed by that.

What we started noticing is that even if you had not had your own personal experience with something like that, if it was something that happened in the workplace or that you heard about through work, that may very well change your view of the world. Another example - I mean I have millions of pictures I could show you - is a trampoline. You show this to a bunch of people and they say “I have one, it's fun” or “I can't bounce on it because I'll hurt myself” or whatever but if you show this to emergency room nurses and physicians, they will immediately say “spinal injury, head injuries.” At the end of the day, it's just a trampoline, but we started realizing that this work that we do changes our lens, our filter of the world and that's not good or bad but we do need to notice it.

I am sure that every one of you, because of the work that you do, have had friends who had children who you knew for a fact had some type of exceptionality or there was something that needed to be assessed and they were in complete denial of that. Have you ever had that, where you are looking at this kid and you think “that kid, something's up.” He needs the accommodations, he needs to be assessed and your friend who's not in this field at all would be like “oh no Johnny's great.” It's not a good or bad thing and sometimes it's good to have that knowledge base. The question is, when does it go too far where it starts interfering with our ability to just enjoy ourselves and our private lives?

An example I often give is, if I walk into a restaurant, let's pretend I'm walking with my partner and my brother. My brother works for Cirque du Soleil so he’s basically in theatre and there's my husband who is a scientist who lives in his own little head and then there’s me. We walk into a restaurant together, I immediately notice relationships. I notice “that couples on a first date”, “that couple-that's their last date, it’s not working”, “who's that creepy guy in the back, that woman looks young for him” etc. Either way, it's just my training. You might notice a whole bunch of other stuff. My brother, Cirque du Soleil, will notice whether there's cool sound and light and acoustics in the restaurant and my husband may not notice any of those things. It's kind of a quick way to think about how does this work, change the way you see the world? These are not your own experiences of trauma because those are direct trauma experiences. These are things that you've heard about through kid’s stories that you've heard, debriefing that you've heard from each other, training that you've had.

I was recently - and I promise I'm not going to slime you with details - but a couple of weeks ago, I was at a big child abuse conference and one of the presenters who's an expert in child pornography described a story that was so graphic that although I have never done that work, that story stayed with me. What he did, I'm not criticizing, but what he did is he kind of slimed us all with a graphic story of something terrible happening to a child and although that's never

happened to me or I haven't seen that before, it stayed in my head. That's a quick definition of indirect trauma or secondary trauma and we just need to notice those things.

Here how we're working through this in our trainings: We started realizing that it's not cut and dry and it's not necessarily always the difficult stories that bother us the most. I work with a lot of prison staff. I work with a lot of parole officers and a lot of them say to me “oh my goodness, I have heard so many stories, those don't even bother me, I can eat a sandwich while watching a crime scene photo.” We started realizing that it's not necessarily just trauma, it's more complicated than that.

As an activity, what I'm going to do now is I'm going to describe these various features. I'm going to invite you personally to reflect on which ones of these are true for you and if you were using this as a handout, you could literally color in each one in the Venn diagram. Green being that you're in a good place with this piece, yellow being that you've got warning signs and red being like this is a really big one for you. Let me walk you through these and what we found is this is a much more useful tool for all of us in the field to kind of assess what needs attention.

The number one is **personal circumstances** - can we agree that we've all got stuff, we've all got challenges and because I'm a therapist, I meet a lot of people. I meet people all the time and I will talk to them in my practice (when I had it a practice in the community) and I could have literally had the guy who works at Loblaws and the guy who works at Shoppers and the woman who works in the bank. I saw everybody as clients so we can all agree we've got stuff and sometimes those personal circumstances can really contribute to our level of stress. If you have a loved one who's going through cancer treatment or an illness or mental health challenge or maybe you yourself have children with exceptionalities. My daughter has full-blown Attention Deficit Hyperactivity Disorder and she's done well but that has been a daily challenge whereas I finish my day as a caregiver professionally and I would go home and have to start again. What's your stuff? Are you struggling with an addiction? Are you struggling with your own past challenges? I think those are very common and there's a lot of secrecy or stigma around them and I understand that, but the truth is that our personal stuff has an impact on how we deal with our work. What's going on with you is the question.

The next one is called **work-related grief** and loss and that refers to things that happen in the workplace that upset you and that cause a certain amount of grief. Now, of course a big example would be a tragic event - that's obvious - we lose a child, we lose a colleague. That’s a big one but there's a lot of subtle ways in which we experience work-related grief and loss. A colleague retires, that's a loss. A colleague is fired and you never find out why. You work in a workplace that's been merged, like your school - my son’s school is slated for closure in a year and we’re being put into another school with a bunch of other schools and so on. That’s loss. There are all kind of things that might happen for you and have just been part of the stressors in the last little while. As I mentioned before, direct exposure is you are in the middle of it, you are assaulted, you witnessed an assault. Those are direct trauma.

**Secondary trauma** is all the stuff you hear from the kids, from each other, from trainings and from the media. I remember at some point talking to some kids - this is a few years ago so I'm dating myself but talking to some kids - who had seen or read the book or seen the movie

“Lovely Bones” and some of you may have seen that movie or read that book. It’s a very disturbing account of a young woman around 14 and I won't tell you what happens but awful things happen and she dies and it's very very detailed. A lot of kids I talked to said that they had developed secondary trauma as a result of seeing that. They were afraid, they had nightmares. There's lots of ways in which we can develop that and it's not unusual in the work that we do but we need to notice when it's becoming a problem. When you are really haunted by a story or when it starts affecting the way you carry on your life in a way that’s a little bit too extreme. It's normal - because I've done so much work in terms of Date Rape because of working at colleges and universities - it's okay for me to have a conversation with my daughter as she goes away to college about those things but if I become paranoid and monitor everything she does all the time, that's a sign that maybe it's gone too far.

The next one which I just discussed is **compassion fatigue** so the wear of the erosion of your ability to care for other people.

The second to last one I think is really important and we call it **systems failure** now the polite term for this and I'm sure you've experienced it before is the BS. Situations where and wherever you work, situations where rules, regulations, laws and procedures conflict with what you believe is right. I think every person I've ever talked to has experienced a certain amount of frustration around systems failures. For example, when I worked at the university counseling service, we had very limited resources so we could only see clients for x amount of sessions and sometimes once that was over, they had nowhere to go. They may not have the financial resources to get more therapy. Those are examples in which I felt incredibly frustrated because I was experiencing what we call moral distress and moral distress refers to situations where what you believe is the right thing to do is not happening because rules and regulations conflict with it.

I could give you a million examples of this and what I encourage you to do - I think all of us could easily get wedged into this place and have a big old bitch fest about the things that make us mad and I'm not minimizing that but I started realizing at some point that I needed to find a way to deal with my anger around rules regulations I disagreed with because if I let it get to me, I was going to have to either leave or I was going to become an unethical provider. Let me give an example. I was talking to refugee judges and they talked about situations where someone who's coming to put in a claim didn't fill out the right paperwork and so now they're not eligible and they're going to be deported. Another example would be a child aging out of the system, maybe they’re a Crown Ward and now they're a certain age and they are no longer eligible.

Although we cannot fix the systems we work in necessarily, we do need to find a way to navigate that because otherwise - and I'm sure some of you have experienced this and I know I left the university after 7 years because I was mad all the time. I was mad at the receptionist, she was too friendly and I was stressed and she would come into work and be like “good morning!” and I didn't feel like that. I felt mad at the lack of resources. I just realized at some point that my biggest challenge was not losing compassion for my clients. My biggest challenge was that I was becoming really cynical grumpy member of staff and I needed to not do that. That didn't work for me. That's not what I want to do. I don't want to be mad all the time and I also needed to pick my battles but that's a whole other conversation.

The final elements is **burnout** and burnout has to do with your working conditions. Burnout has to do with your hours, your pay, your recognition, who you immediately report to, do you have access to a good supervisor, etc. I'm sure some of you have moved in the same field so maybe you're an EA and you moved from one school to another and you went from not ideal environment to a really supportive environment and all of a sudden you said, the hard stories are manageable because I have support. That's a really interesting factor and we know that people can burn out in any occupation but what really makes a difference is when we go to a place where we feel valued and recognized and there's been some really interesting research suggesting that what matters the most in the workplace is who you immediately report to as opposed to where you work. As I mentioned to you in the prior webinar, I’ve worked in the correctional system many many times and I think we can all agree that the prison system is one of the most toxic work environments ever. They will tell you that. The correctional officers will say that and what we’ll find is that what matters the most is who is who is their supervisor. If you've got a good supervisor, if that person is fair, if they're flexible, if they trust you, that has a tremendous impact even though they work in what are called high-stress high-trauma exposed environments.

There's some really interesting work that was done on this topic by my friend and colleague Stephane Grenier. You may not have heard of Stephan but I'm sure you've heard of some of what he's done. Stephane was in the Canadian military and he was in Rwanda, was a witness to the genocide. In fact, he's just published a book called “After the War” just a couple of months ago and Stephane was instrumental in - and he developed operational stress injury and PTSD as a result and he was involved with the Mental Health Commission in making recommendations to change the way that we do this really challenging work. Some of you may have seen some information called the Road to Mental Readiness where they're trying to look at how do we support staff who do some really difficult high-stress high-trauma exposed work, how do we protect them and one of the quick things I wanted to mention to you before I run out of time is that one of the things that Stephane talks about.

Operational Stress Injury means that people go out to combat and some of them develop PTSD but some of them develop also other elements that have actually been found to be sometimes even more powerful. Many of you know Romeo Dallaire, who was the general in Rwanda and what Romeo Dallaire talks about in his book is that what traumatized him the most was actually what he called a *moral injury.* He was horrified by what he saw but he was particularly horrified by his inability to do anything to change it and by the fact that people above him, he perceived, did not do anything to help and prevent the genocide from happening.

The final piece I wanted to mention about Stephane’s model is the second one here you'll see **fatigue**. I really like this concept where what we're realizing - and I like the term that he has of *wear-and-tear*. I think that in our jobs, if I was talking to you face to face or I was in your schools, can we all agree that some of the work we do is just exhausting? We’re on our feet all the time. Many of you have very little breaks, very little time to just take a rest, have a drink, have some water, have some snacks. Some of the work - and by the way, we see this also very frequently in nurses. As many of you know and maybe some of you are nurses or were nurses in the past, or you have friends who were - just a daily grind of being on your feet. Of being on the go. Some of what we're experiencing is sheer wear and tear and the reason I'm presenting this to

you is in my opinion the best first strategy is for all of us individually to decide which areas are the most challenging to you. You may say “all of them”, which is fair but on a scale of 1 to 5 which one is a 5? Like you're in the red zone, just needs attention and this becomes a way for all of us to figure out where we're going to - there's an expression that says “dig where the ground is soft “– start. Now personally, I left the university because the systems failure piece was getting to me. I was just mad all the time. I needed to leave. I stayed in trauma work. I in fact started seeing more and more soldiers who were coming back from combat zone and I loved my job and I started realizing that it wasn't the trauma that had gotten to me, it was a combination of lack of support in terms of resources and also lack of training. That's for another time. I'll tell you more about that later but this is your reflection activity for today and if you have a chance to talk about this with someone else that you feel comfortable doing so, have a chat. Let's go through those circles and think about what's your number one challenge and then we can start hammering out some strategies.

Again as reminder, if you have any questions, please do not hesitate to get in touch with us and I'll see you on the 3rd webinar.

**Webinar number Three: Identifying Your Warning Signs**

Hello, this is Francoise Mathieu and I want to welcome you to webinar #3: Identifying your warning signs. As we’ve been doing this work for quite a long time, the original compassion fatigue workshop, the very first one that was developed by our team was actually designed in 2001/2002. The quick story behind that is that my friend Robin Cameron and I, we were both in the same field, we were both working in crisis environments, women shelters, those kinds of environments and we both have the same background training in educational counseling and psychology.

We were looking for resources on the topic when we finally found out the terminology and we wanted to figure out how we could develop tools to help ourselves as well as our colleagues. Robin and I, back in the day, read all the books we could find on the topics related to stress, burnout and compassion fatigue. In 2001, that wasn't that difficult because there weren't very many and what we found is that there was quite a lot on the *problem* describing what it looks like. We used to say we could do the morning workshop so everyone would understand what was going on for them but there weren't a lot of *strategies* available.

There wasn't a lot of research on what worked to reduce compassion fatigue and work-related stress and we really had to go out on our own and try and find that in a variety of ways. One of the things that we worked through very quickly and learned is that there were some pretty consistent warning signs that we could all start to identify for ourselves and as you will see in a minute, we started realizing that these warning signs are very robust. What that means is - I can tell you now because I know my own warning signs - they have been the same for 15 years.

Ever since we've identified these or even longer now 16 or 17 years, my warning signs are always the same. What I'm hoping to do today is to get you, on your own, personally and at work, to identify what do those warning signs look like for you and another question to invite you to think about it are the warning signs the same at home and at work or are they different? I don't know if you're like me, but I tend to present my best self at work and maybe what happens is when I get home, people in my life get the *crumbs*. Maybe I'm on all day, I did a good job; I'm patient and then I get home and I'm completely tanked and I have nothing left to give.

That's what we're going to spend some time doing today and if we go back and use the traffic lights analogy - and this is something that my colleague Stephane was using when he developed “The Road to Mental Readiness” as well and we weren't aware of that interestingly. We were using the same image because I think it's pretty easy to understand. If you think of the **Green Zone, Yellow Zone and Red Zone** and think about the **green zone** as being when you are truly at your best. Maybe it's at the end of the summer holiday, maybe you’ve just had a very restorative time or maybe it's when you started out in the field and for some of you, if you've been around for a while, that may feel like it was quite a long time ago. The **green zone** is when we're really at our optimal best. The **yellow zone** is where we start seeing warning signs in a variety of ways that we're starting to experience effects of stress and that it's starting to take its toll on us emotionally, psychologically and physically. And finally, the **red zone** is I think, all of us know what the red zone looks like. It's when we've absolutely crashed. By the time people end up on sick leave or on stress leave, they're definitely in the red zone and what we want to do is invite all of us to be able to identify the warning signs before we get into trouble. I'm not saying that we never visit the yellow zone, of course we do. Maybe there are times where we get even closer to the red zone than other times but what do the warning signs look like for you personally and individually?

Now we’re going to spend some time on that today but if you're not sure what your warning signs are, I always say “ask your loved ones”. They will be delighted to tell you because they know, they see the difference in how you behave more or less if you're sleeping, whether you're more or less patient or irritable, whether you have the energy for extra activities. I always say “even your dog can tell based on how often you walk him or her”. Let's take a look at the warning signs and dive into this little bit so that you can get a really clear sense of what that looks like.

We like to break them down and this is from some of the original folks who work in this field. Laurie-Anne Perlman wrote a great book called “Transforming the Pain” in 1996 and she was inviting people to start thinking about it in this way: I like to call them the “**big three warning signs**.” As I go through the warning signs, you're all probably going to recognize many of them in yourself and you may very well have more than 3 but I want to think about, what are the ones that consistently come back over and over again and do you have a number one physical warning sign? Do you have a number one behavior that shows up when you're in the yellow zone? Do you have a number one emotional warning sign? You're going to see, as we go through them, that of course there's overlap between these. It's not this perfect division. Some emotional warning signs can also be physical or behavioral but I want to invite you to spend a little bit of time, first of all, thinking about, how does your body let you know when you're headed for trouble.

**Physical warning signs:** Working from the top of your head all the way down, are you someone who gets regular migraines when you're stressed or maybe when the climate has changed outside? I have a friend who is very sensitive to the change in pressure and so she knows when a storm is coming because she gets a migraine, so, stress-related headaches. Maybe you had an eye twitch and that's often related to sleep deprivation. Maybe you grind your teeth at night to the degree that maybe even the dentist has recommended you wear a mouthguard. Maybe you wake up with or you develop over the day, tight neck and shoulder. I know that that's the one I have, the traps you know, which are as you can see in this picture here, this person is holding her neck. That's being associated with carrying those burdens of the world literally on our shoulders. Maybe you get low back pain. Maybe you get heartburn and reflux. Maybe you have irritable bowel syndrome, which, if you have IBS, you know that there is a huge component that's related to lifestyle and heredity but there's also a big component that's related to stress. I have a lot of family members who suffer from IBS and of course they need to eat right, but they also know that as they say the gut has been called the second brain. The gut, when we say something is “a gut feeling”, that's for a really good reason. Our gut does pick up on what's going on and let us know sometimes that things are not great.

Maybe you get rashes or hives if you're someone who has a tendency towards eczema or psoriasis maybe you'll get a flare up. What is your number one physical warning sign and if you're willing, write down what is the consistent pattern when that starts emerging? I know for example that when I go on holidays, often I get sick. It's not a coincidence that I worked really hard this last 3 months, I was on the road almost all the time. I was delivering tons of training. It was very cool but it was also very hectic and I knew, last week I was supposed to be on holidays, and I knew the minute I would go on vacation, I would get sick and of course I developed bronchitis. I don't get sick very often and I often don’t get sick when I can't afford to but the minute that I could relax, I think that my immune system just said “okay you've been pushing this too hard, now we're going to get ourselves a nice little virus”.

I invite you to think about - what is your number one physical warning sign and is there a way in the future that you could recognize that a little bit earlier. I know for example, that I had the first warning sign, that I was developing some kind of flu bug because I woke up one morning and I was actually about to deliver a training to 900 people on that day and I had a very very sore throat and kind of this achy feeling. I knew. That was my warning sign. I have a friend who has a very delicate stomach and when she's stressed, (she will call it food poisoning but I don't think it's food poisoning) she will be violently ill in the middle of the night. She will wake up and at some point, this was happening so often that I said to her, are you sure this is not stress-related? She finally she acknowledged it. It took some time that, that's what was happening. Her body was letting her know in some ways that things we're not okay.

There was a wonderful book that was written about this - some of you may know Gabor Mate. He is a physician whose mother survived the Holocaust and moved here, I believe from Hungary and he became a physician, a doctor in Vancouver. He worked for many years in the downtown east side the lower east side of Vancouver with drug addicts. He was doing some really interesting, very challenging work. Gabor Mate started becoming interested in patterns of what he calls - and this is the name of his book – “When the body Says No” and as he says in his book, the immune system does not live outside of and detach from daily experience. Maybe some of you know someone or maybe yourself have developed chronic fatigue or fibromyalgia or something similar and it's not saying “oh it's all in your head.” That's not what I'm saying at all. What we're starting to realize with more and more research is that chronic stress does damage eventually the immune system.

If you think about it, even if you don't know a lot about biology which I'll be honest with you, I'm not an expert in biology or neurobiology or even your immune system, but intellectually it just makes sense that if you're in a constant state of stress, you're also in a constant state of inflammation. We know that when you are in a constant state of inflammation, eventually that catches up with us and we develop stress-related illnesses or other kind of illnesses that are basically a result of our body just at some point catching up and crashing and saying that's enough, I can't take it anymore.

There's some new research on this - I'll go back to that in another webinar - that's been referred to as *toxic stress* and it's referring to not just kind of day-to-day stressors that we all live in but some really interesting research looking at people who live in a constant state of danger. An example, there was a recent *New York Times* article that looked at the rate of birth complications in African American women and it's found to be regardless of their education or financial means. African American women have a higher rate of complications during birth and one of the suggestion is that obviously living currently in the United States as an African American woman can increase your day-to-day toxic load and there's some connection being made between the immune system and the level of stress we all live in.

**So number 1, what are your physical warning signs?** I invite you to think about that or jot that down.

Secondly to think about what are some **behavioral warning signs** when you're getting close to the red zone or you are in the yellow zone. What does that look like for you? I'm showing you a picture of an actor in the show that some of you may have seen. It was called *Nurse Jackie*. It’s an excellent show, I watched it on iTunes actually, I believe it was showcase. It was a really interesting fictionalized TV show about a nurse who became addicted to opiates, which we know is a very common thing these days. Like many nurses, she injured her back doing a patient lift or a transfer and eventually became a drug addict. It's actually it's a great show and it really highlights the tragic reality of addiction and how it can affect so many people and also the ways in which she's navigating dealing with this but also how her relapse is brought on by a lot of personal and work-related stresses of working in a busy hospital emergency ward.

We know that many of us - and I hope you understand, I say this was absolutely no judgement in any way - turn to drugs and alcohol to numb out. We've called that phenomena of numbing out, **self-medication.** There's lots of ways to self-medicate.

Many of us choose drugs or alcohol but other people there's other ways to do it. I want to invite you to think about how do you transition when you're really close to the red zone, when you're very depleted, how does that look like compared to when you're feeling really great?

Let me give you a couple of examples and again I invite you to accept that for yourself, you don't need to tell anybody about this but just be honest with yourself. What are some of the things you do when you're really tapped out? They are a way of checking out. For some of us it's drugs and alcohol. For other people it's watching an incredibly large volume of television or going into the web and not resurfacing for hours. As I often say - and that's definitely one of mine, like if I have been working too hard and I'm just completely tapped out, I will watch way too much Netflix and I'm going to watch things that are different than when I'm well.

When I'm feeling really good I may actually read a book at night or a magazine or I may watch a funny show on Netflix that has nothing to do with trauma or dark things. When I'm not feeling great - I remember at some point watching all 7 seasons of *Breaking Bad* instead of going outside in the sun. Some law enforcement folks and police officers have called “going off duty” when they come home from their job and they may sit and watch 5 hours of sports completely zoning out.

Maybe your solution is shopping and we know that there's a big difference between buying things because we need them and retail therapy (you know what I'm talking about). It could be gambling. It could be eating. I have a friend who works in a very high-trauma high-stressful job and she's openly acknowledged that when she's burnt out, she will go home and binge on sugar, that's her drug. She tried at some point to stop eating sugar, which for some people, I don't know what you're like but for some people, sugar is not a big deal but for her, it's her thing. She might eat a dozen donuts and feel completely numbed out getting that sugar high but for other people it's carbs.

I think we can all agree that when we're stressed, it's very rare that we crave broccoli and carrots. We crave sugar, salt and fat. Again, with no judgement, I'm inviting you to think about what are some of the things that you've noticed when you are tapped out that you might think of them as a way to refuel but what's actually happening is you're using them to zone out? Another good example is literally doing nothing. Can we agree that sometimes doing nothing is exactly what you need to do but again there's a really big difference between sitting down for an hour or two and watching your favorite show or your sports and spending 8 hours doing that. It's just an invitation with compassion, no judgement but to look at the patterns of what you're noticing in yourself. Another behavioral warning sign are blurred boundaries. I don't know if you remember watching the movie *Bridesmaids* (I think a lot of us saw it). There's a point in the movie where Melissa McCarthy (who's hilarious) brings back like 9 Golden Retriever puppies from the wedding or something they were giving away as party favors. She walks in the door and she's literally got nine dogs on a leash and she's like “woah, I think I overextended myself.”

There are times where when we’re tapped out, we actually work harder and we have a hard time letting things go or not overfunctioning & rescuing. That might not be your warning sign. I know that when I'm getting close to the red zone, I tend to do that which is kind of confusing to other people because they're seeing me as kind of more and more engaged but what I tend to do is I say yes to too many things. It's kind of like I get this superhero mentality. “I'm thinking yes, I'll take care of this, yes I'll take care of you. If you’re in a crisis, you call me anytime” and it's like I basically am escaping into overwork or feeling needed.

This can also happen in our personal lives where I may end up wanting to be the solution lady to everybody because in a way, I'm feeling kind of rough and so being alone with my own thoughts might not be very comfortable. We definitely have seen - this is a picture as you see of a couple who are in their business suits on the beach and so they're supposed to be on holidays but they actually can't switch off. That might not be yours but we've also found that workaholism is another warning sign where you can never stop. I understand, we all have more work then we'll have time to do. The demands are always outweighing what we can provide but they're times in which I know some folks are just afraid to get off the track because it's also another way to not feel anything. This is different from having massive deadlines that are being put up on us like I'm not talking about workaholism because the demand is so huge and if you don't do it you lose your job. I'm talking about noticing a pattern of behaviours in yourself about some of the choices you’re making.

The third one is **emotional warning signs**. There's lots of them and again if you want to read more about that, you can go on our website. We have a free resource, I believe it's called warning signs and we talk about these in greater detail. An example would be you’re watching the fluffy kittens toilet paper commercial on TV and you start to cry or you have a reaction that is really quite different from what everyone else around you is having. That might be that you are numb or that you're really enraged and they are not or might have a really strong reaction to something that's really not that big a deal when you compare yourself to other people.

It could also have to do with sex and intimacy. It's something we don't talk about very much. If you're in a relationship with another person and you do this very demanding job, have you noticed that had an impact on your interest in engaging in any type of intimate behavior with your partner. What I often hear from folks who work in are demanding fields, is that they feel like they've given all day, everyone seems to want their time and when they go home - and maybe you have children so maybe you've dealt with the kids in your lives - and finally everyone's in bed and your like “ah I get half an hour to myself” and then all of a sudden, if you have a significant other, they pop out of the woodwork and they’re like “hey hey hey” and you’re thinking “are you kidding me right now, I got nothing. I was giving all day, I don't want to spend time with another person.” These are healthy relationships, I'm not even talking about situations where the relationship is less than ideal.

I can tell you that for me because I know my warning signs, my number one emotional warning sign is irritability and I noticed that because I get a low tolerance for fluffy things. What I mean by that is, if you recall my other webinar, I talked about a time where I was working somewhere where the cheerfulness of the secretary at the front of the desk irritated me beyond belief. She was a lovely person. She had a great attitude and outlook towards life and somehow that sunny cheerful smile, I used to be like “ugh, I got nothing, you’re getting on my nerves.” I found the same at home so I will become like a drill sergeant - and I don't know if you can relate to that? When I'm in the yellow zone, I don't have patience for talk about things that are not action-oriented so literally I might come home and my son wants to talk about – like yesterday he wanted to show me some cool rap video and I was in a really good place. I was like “sure, show me that” but when I'm in the yellow zone, I might start internally drumming my fingers and thinking about the massive to do list that I had. I lose my ability to experience joy and just be in the moment and that's a very big warning sign for me.

These are very individual and you really need to have a think about what is it for you. Maybe it's insomnia. Maybe it's what's called *hypersomnia*, which is actually that you oversleep because you're so taxed that you just check out and you're not just over sleeping because you're tired - and I think all of us get to know the difference between sleeping because we're tired and sleeping because we are just in an avoidance mode. I know it sounds really simple, but I really invite you to think about what are your big three warning signs. What's your number one physical warning sign? What's your number one behavioral warning sign? What's your number one emotional warning sign? My second question to you is how are they different at home and at work?

Let's start with **home**. Would you agree that your yellow zone at home might look quite different than your yellow zone at work?

As I said before, maybe you're still showing your best self at work but when you go home, you completely check out and what would that look like. If I was your friend or if I was in a relationship with you or you were my parent, how would I know you're in the yellow zone and secondly, what could I do to help? How can I best support you?

Because I spent a lot of time thinking about these things, I had and have had a conversation with my family about this because it's not easy always to live with me. I mean I'm pretty nice and stuff but I come back from trips and sometimes I'm exhausted or maybe I would come back from spending a day working with soldiers who had some really difficult things happen to them and what I realized I needed to do, is first of all not assume that people are mind readers. There's no such thing as telepathy, it doesn't work. I shouldn't just assume that the way I drop my briefcase and my lunch bag when I walk in the door, that my entire family is supposed to know what I need. I had some brief conversations over the years with my loved ones to say listen, when I walk in the door, I need a few minutes.

I don't know what you do and what your transition activities are but the number one thing I do, even if I'm dressed in jeans and t-shirt, which is how I dress most days, I like to go and change. It's like a ritual. It's kind of taking off my day. I like to go and wash out my lunch stuff. They aren’t big deals but they’re just a way for me to not walk in the door and be called upon by whoever needs me. I don't return phone calls unless they're crisis and that has really upset some of my family members. I know my mom wishes I called more often. I just feel like I've been on all day and I know you are too and I need certain things so that I can reset.

Can you have that conversation with your loved ones? and when I say loved ones they may not be people who live with you, whoever is important to you and your life so that they don't take your behavior personally and that they also know what you need. I used to have an aunt who lived with us - she had she moved in with us when I was around 12 or 13 – and she was not a morning person at all. At first, I didn't know that because I'm pretty chatty in the morning and finally she sat me down and she said “listen it's absolutely no offense but in the morning, I don't want to talk.” Then it became okay because she could be silently drinking her coffee and I didn't start thinking well what’s her problem, is she mad at me. I think sometimes communication really goes a long way to clarifying some things that sometimes we can end up misreading or misrepresenting.

Second part of your reflection activity, **what does your yellow zone look like at work?** When you're starting to notice the warning signs. Emotionally, physically and behaviorally, how do you change? I know that for me, when I'm in the yellow zone, I may avoid chit chat with colleagues. I may skip the lunch room, if you still have a lunch room, and I know some of you don't even have a lunch break but you know what I'm talking about, like I sometimes will feel like I don't want to be with other people and sometimes that's actually a really good decision, but what I did is I explained to my colleagues that it's nothing personal. “When I'm in the yellow zone, I just need to be alone but I'm not mad at you.” These little things can really help understand and avoid some workplace conflict that is actually quite frankly preventable.

Another one might be when I'm in the yellow zone and I look grumpy and unapproachable, I actually want you to say “hey, we're going out for a walk” or “we're going to go spend 5 minutes outside or whatever.” Have a conversation with the colleagues that you care about and that you trust so that you can develop a shared understanding for what this looks like. As I said, we can avoid a lot of unnecessary conflict and personalizing what someone else is doing when in fact, it's probably got nothing to do with you.

I hope that this is helpful for you and what I invite you to do now is after you've established your warning signs - your big 3’s, go and check them out with someone you trust. Go talk to your bestie. Go talk to someone you care about who really knows you and ask them what do you think my big 3 warning signs are.

My friend who had the “food poisoning,” she really thought it was food poisoning until at some point - and I mean she's one of my best friends - I sat her down and I said “listen sweetheart, nobody gets food poisoning every week, like not all the restaurants in our town are poisoned, that's impossible.” I said “I think this is a stress reaction” and at first, she wasn't thrilled about that but the more she thought about it, the more she was like “you know what I think you're right.” Sometimes we need to look at some patterns before we get a sense of this and so now I know that when I've overworked myself, I'm going to lose my voice and I'm going to get some type of bronchitis or a cold. It sucks and sometimes I can also pre-empt that but there's other times where I know - my son was in the same house as me, he did not get sick at all. Same virus. That also has to do with our own vulnerability factors of how much we’re wearing ourselves out.

If you have questions, just get in touch with us, don't hesitate and also do go to our website [www.tendacademy.ca](http://www.tendacademy.ca). Go to resources and you'll see a nice long conversation about your warning signs and you can go through the checklist and establish what's true for you and where you can start identifying the warning signs.

**Webinar number Four: Assessing your Self-Care Map**

Welcome to webinar #4: Assessing your Self-Care Map.

Before I start talking about self-care, can we agree that self-care is a very individual and a very personal process? I am not going to pretend that the self-care strategies that work for me or work for my colleagues necessarily work for each one of you individually. I found in the past because I'm always really interested in this topic, that some of the self-care strategies I read about - I don't know, maybe you've been to an employee wellness talk or maybe you've read a couple of magazines. I certainly in the past, have read a lot of books on the topic and I was always interested, certainly when I was doing a lot of research design for workshops.

I was reading a lot of stuff about ideal work-life balance and I got a lot of great information from those. I recently heard a keynote speaker who specializes in looking at highly productive people’s schedule’s. She gets access to their day timers and she has a look at when do they get stuff done and I do find some of those things inspiring and there's other times where depending on what was going on in my life, my reaction was otherwise. It was more like “that is completely unrealistic given my current circumstances”.

I have a friend who has two young children (they’re twins) and they have very complex health needs and they're very medically fragile. I don't think that telling her to have a 30-minute bubble bath is necessarily helpful or inspiring because, first of all that's never going to happen and secondly, it may also make her feel overwhelmed and frustrated but that's not even within the realm of what's possible for her.

As I talk about self-care, I just want to be really clear that what I'm offering you are some leads or some guides but you need to individually assess what is realistic for you given your current life circumstances, your resources, so on and so forth. The first thing I'm going to say as a disclaimer, is that basically 99.9% of all the strategies I'm going to discuss today are free. Of course, I could say to everyone “you should work part-time”, who doesn't want to do that, and “you should have a cleaner”. But of course, most of us do not have the financial means or the time or the resources to make those things happen. I remember a few years ago - and this is absolutely no disrespect intended to Oprah but - Oprah Magazine had written a thing on decluttering and I remember that I read the magazine tongue-in-cheek because she talked about having a crew of 52 people building her fancy shelves from an old oak forest in one of her 40 homes. I was thinking well, “good for you Oprah but that does not inspire me to somehow go back to my house that is mostly made of IKEA furniture”. You know what I'm saying - it just didn't feel congruent or in line with what was realistic or achievable for me.

I'm going to talk about strategies today that have nothing to do with working less, although, I would obviously recommend it, if that's something that's even within the realm of the possible but more about individual personal assessments that we can carry out to decide where we can start. I want to talk to you about a wonderful book that I came across in the late 90s that was really an incredible resource and continues to be an incredible resource for me. The book is called “Take Time for Your Life.” I believe it was published in 1999 and it was written by Cheryl Richardson. Cheryl Richardson is a life coach and she tells a really interesting story in her book. She used to be a tax consultant and she was busy helping- I'll be honest with you I don't really know what tax consultants do but I believe there's some type of financial planner and she used to help - people deal with their taxes and their budgets and stuff like that.

She talks about how at some point, she had lost her enjoyment of her job and the only parts of her job she was really still enjoying were helping people figure out their priorities like - where are you spending most of your time? What matters to you? She tells this incredible story at the beginning of her book where she was on her way to work one day thinking “I'm done with this, I don't want to do this anymore”. She is about 2 blocks away from her work and she sees these massive clouds above her, big black clouds and flames.

She got to her work and her office (nobody was hurt) was on fire. It literally burned to the ground. At that point she was like, “oh well I guess that's my message, my job as a tax consultant is literally gone up in flames”. She re-trained and became a life coach - and this book is wonderful first of all because it is completely gender-neutral. This book is not specifically for men or women, it really is for everyone.

I was introduced by a colleague of mine, I talk about this in my book, who's a professional and she was definitely on the fast track to having a pretty serious health or emotional crisis. She was incredibly over worked. She had three very young children including twins. Her partner had just lost his job - and she was actually a psychologist doing a lot of assessments as you see in the school. She was doing LD, ADHD assessments and she was working non-stop. She had stopped doing all the things that used to be good for her. She used to be a track athlete in high school. She used to love being physically active and she stopped all of those things. She had a house that she couldn't afford. She was really in dire straits and she didn't know how to change anything because she had to keep working to keep it all going. She went to see a counselor and her counselor recommended this book and said “let's work through each chapter together one at a time”. When I heard about that, I got the book and - I mean there's lots of books I can recommend - this is absolutely to this day my number one book for figuring out realistically what are the dreams and our energy and where we can begin. If you're interested, I highly recommend that you check this book out.

In it, Cheryl Richardson has several tests. One of them is called “Are you Running on Adrenaline?” and she gets us to do a checklist. Do we always get to appointments with two minutes to spare or do we get there half an hour early and read a book? Do we always have almost no gas in our car? like what are the day-to-day things that we’re doing – which, listen, I understand many of us are really busy and are trying to squeeze more into a day than we have time for but she really gets you to start looking at what are little places where we could build in some miniature micro-brakes where we can learn to catch our breath. That's the first thing I wanted to say.

I work with a lot of different professions as I've mentioned to you before and sometimes when I work with First Responders and law enforcement, I have asked for the opportunity to do a ride-along so that I can get a better understanding of what it's like. A few years ago, I was working with Frontenac Paramedic Services and I had not worked with paramedics before so I was really interested in spending a day in the truck getting a sense of what's it like to do this job. I did the same when I worked with law enforcement in a variety of places and one of the things that struck me when I was spending time with First Responders is that they have a lot of really concrete skills. A paramedic, an advanced care paramedic knows how to intubate, they know how to put an IV line, they know how to resuscitate. I mean, these are really skilled folks and I'm sure some of you are also highly skilled. Maybe you know first aid, maybe you know how to do non-violent de-escalation. A lot of us have a pretty complex toolkit.

I started thinking about that and I'll be honest with you, I don't know how to do a lot of concrete hard stuff. I don't know first aid, I don't know how to drive a stick shift in a car, I don't know how to hang a shelf. I just took a break between recording webinars and successfully sprayed myself with our outside hose because it's broken. I don't know how to fix it like, you know, I joke that in the woods, I would live probably 30 seconds then I'd be eaten by a bear. I started thinking about what is it that are the unique skillset of folks in our fields that are not the concrete behavioral management pieces but what are the skills that we have and I want to try this out with you and see whether you agree.

One of the things that I know I have, as a counselor, is I know how to be “on”. Do you know what I mean by that? Like have you ever been at work and you dealt with a really hard to reach student and you did a really good job and you thought to yourself “you know what?” - I talked about flow earlier – “I was on it today, I was at my best”.

I realized that one of the things that I'm really good at is I know how to connect with people. When I'm in a good place, give me the toughest hard to reach most difficult - my favorite clients used to be soldiers, big tough guys covered in tattoos who did not want to do any counseling and they are just sitting there with their arms crossed. They are my favorite people if I'm in a good place. If I've been up all night with a sick child or I've gone to bed too late because I was watching too much Netflix or I had a deadline, I don't do so well with them.

I started thinking about what are the essential elements that each one of us need to have in order to be able to do this work in our best possible way. I called it the “balance map” and I'm going to show you right now just 9 blank rectangles.

I'm going to invite you as we think about this to think about - and I'm going to show you some examples - what are the essential elements that need to be in place for you to be able to do your best work, As I said, this is very individual so I’m going to give you examples of people in my life. All of us have different priorities so as I've mentioned in a previous webinar, unfortunately, I need a lot of sleep. I can handle 6 or 7 hours on a regular basis of two or three days in a row but if I haven't had more than that at some point it starts catching up with me. I know that when I had young children - and one of them is my daughter with ADHD - only slept 45 minutes at a time, I was quite frankly a bit of a mess. I can't think straight, I'm more irritable and yet, for other people in my life, they just don't need that much sleep. My partner can function cognitively, he can do some pretty high-level complicated science stuff with 4 or 5 hours of sleep a night. Don't get me wrong, it catches up to him at the end of the week but he is able to function.

I have a friend who cannot be in her best frame of mind unless she has exercised. She has a lot of extra energy and for her, that's the most important.

As you fill this out - I'm going to show you how I filled it out but - I really want to invite you to think about if these don't land for you, put something else in those boxes. Let me show you what this looks for me. You're going to see here, the one in the top middle “physical health.” That one matters to me more than anything else. We've all gone to work feeling sick, we've all gone to work having not slept enough, or not feeling 100%. We know the difference between feeling good and not feeling good. For me, physical health has three components: definitely lots of sleep - probably number one, I think that's the most important one for me personally. Number 2 is physical exercise, although I do not enjoy it.

I don't like exercising but I realized years ago, when I was a kid growing up, I had a lot of anxiety and it turns out my parents’ marriage was unraveling and finally they got divorced when I was 9. I didn't know that because they didn’t fight but there was a lot of stuff going on in my household that was unspoken. As a child, I used to have all of these physical manifestations. I was a very anxious kid, I had a really hard time sleeping, I had a lot of stomach aches and it wasn't until I was well into my early twenties that I realized that the only way I could manage my anxiety was by exercising. What I realized is that if I exercise 4 times a week, I don't have any anxiety.

It's very individual but it turns out that for me, whatever brain chemicals I need to keep me well are essentially manufactured only through exercise. I don't like exercising so if I didn't have to, I probably never would. I’ve realized now that, that's my medicine and I'd much rather get up and do 4 hours of exercise a week than feel crappy.

The third one I found in terms of physical health is eating healthy but not all the time. I have a lot of friends who try to eat well especially a New Year's resolution and of course, after 3 weeks that all goes out the window because they feel deprived and when you feel deprived you end up bingeing. I believe in having some treats but it doesn't have to be all the time and it also doesn't have to be treats everyday all the time. When I travel a lot and I know that when I'm not eating the greatest foods, when I'm not having enough for example protein and fats and greens, it catches up with me because I start feeling crummy. Those are just mine. Maybe they're not the same for you. Let's go through a few of these and I invite you to think about, what would you put in this map and I'm going to actually put this on the website so you can have a syllable form for yourself.

**Number 1:** **Physical Health**. I've talked about that already. Maybe that's the one you put for number one, maybe not. There's a couple of things that are kind of fun that have been put out there – and you all know about self-care. We were told this stuff, we know it intellectually. The Institute of Cardiology in Montreal implemented something some years ago called “The 5:30 Challenge” and what they do is invite workplaces (I think it's in the month of March) to do the following: For one month eat five fruits and vegetables a day. Not 10, just a total of 5 and move your body 30 minutes a day. That could even just be a nice walk, it doesn't have to be like CrossFit or anything. Some years ago, I did this with my family because my family is incredibly competitive and we didn't even need a prize at the end, they just wanted to win!

I made a little chart for the month and I said to my kids and my partner “we’re going to do this 5:30 Challenge and at the end of the month we'll see who wins”. It was really cute because my kids were young enough it never occurred to them they could lie which is adorable and so what they did is every day they started bringing carrots to school and juicing and doing all that stuff. I remember one day, about 2 weeks into the challenge, they were supposed to be in bed and all of a sudden, I heard footsteps in the kitchen, it's like 10:30 at night and there's my daughter, she was like 8 years old, eating a pear really really fast. I said “what are you doing?” and she said “I went to bed, I hadn’t had my 5 and I'm not going to lose.” What's interesting is although it was never something that we hammered out, you know, there were treats in the house and stuff but I just wanted to model to them that some of these things make a big difference. Now my daughter is a very high-level athlete and she has incorporated that in her daily life and we don't even need to talk about it anymore.

The **sleep debt test** to test whether you have a sleep debt. Some of you know you do because you have interrupted sleep due to chronic fatigue or chronic pain or maybe you’re a caregiver and you get woken up for whatever reason. If you are not a shift worker, which I know most of you are not because you're working in the schools, the invitation is at around 2 or 2:30 in the afternoon on a day when you're not working, lie somewhere in a darkened room for 10 minutes. If you fall asleep, that's your sleep debt. If you're struggling throughout the day and you have moments where you have to super caffeinate yourself to get through, you have not enough sleep and it's called a sleep debt.  
  
The second one that matters in my life and again may not in yours is **simplifying**. What I mean by that, I'm not saying that your house needs to be real-estate ready. I'm not saying that it's not okay to have dirty dishes. those things are fine and they’re very individual. I have a friend who would much rather leave the dishes for a while and actually go outside and enjoy the fresh air, that's totally cool. Some of the things though that I want to invite you to think about are: how do you start your day? your week days? Are they hectic? Do you end up having the mad scramble in the morning to find the things that were missing?

The efficiency keynote speaker I heard a few weeks ago, she doesn't plan in terms of days, she plans her time in terms of weeks like a week at a time. One of the things that I do and it doesn't take a lot of time is if I'm going to have a very busy week, I spend a few minutes on Sunday looking ahead and thinking about what are the things I'm going to need. If it's time to take my snow tires and have them turned over, installed or removed., maybe what I'm going to do is put those snow tires somewhere that I can find them so that the morning that it's time for that, it's not going to be a mad scramble. You know what I'm talking about. It's really nice when it’s income tax time, to be able to find the piece of paper that you're supposed to give to do your income tax. I think that sometimes there's such a level of chaos because we're overwhelmed. We get home, we're exhausted - I'm not saying you should spend your weekend putting things in alphabetical orders but just maybe focusing on a couple of elements that can make a really big difference to not feeling like you're constantly scrambling.

The other thing that’s a really tricky conversation is **setting limits** with friends and family. I found that a lot of folks who are educators or are in the field of educational services and support in any way, we tend to also be go-tos for members of our family. I don't know if that's true for you. I certainly find that if someone's in crisis in my extended family, I'm often one who gets the call. I have friends sometimes who tend to turn to me just like they probably call my friend who is a family doctor when they have a weird rash. Some of that is completely fine and I'm sure you'd agree that sometimes we’re more than happy to help and then other times where we just don't have any more to give. One of the things that I started doing - and I won't lie to you it was not super popular but I started – was screening my calls. I started being a lot more careful about how much I offered to do and there's times where I was more than happy to help and then I felt like I could truly say yes, you're sick, you need some soup, you need me to take care of your child. I'm going to say yes because I really want to do it not because I think I should. What I found, is when we set limits sometimes there's push back and I'll never forget at some point a friend of mine leaving a message on my phone going “screening your calls again” and I thought to myself yes, exactly, I’m screening my calls from you.

The homework I invite you to do is to think about it - I'm going to revisit that in a minute - those of you who say yes too much in your personal life, is there one thing you could turn down? and those of you who actually had stop saying yes and you're constantly saying no is there something where you could start looking at adding that back into your life?

I read a really good book a few weeks ago and it's by Kate Flanders and it's called “A Year of Less” and it's basically a book about a young woman who is in her thirties and she is not someone who was making a big income and she started realizing that she had started shopping and spending in a way that just didn't make sense for her. Instead of being yet another financial makeover - you know, pay off your credit card debt, which we all know but a lot of us don’t do it because we can't we can't afford it. I really recommend this book because she talked about spending an entire year trying not to shop, trying not to buy unless she really needed it. I just found it a very inspiring reflection on the whole process of consumerism and one of the things, and I don't know if you find that, but I found that I spend more money when I'm too busy so when I have a little bit more time on my hands, I may have more energy and time to go on Kijiji and look for some second-hand hockey skates for my kids. When I don't have time, I'm like “oh my God” I'm going to run to the store and buy the ones I can't afford that are too expensive. It was a really interesting reflection about how the more we create a little bit of space and time in our personal lives, the more we end up having more time and energy for the things that matter.

The third one is **stress relief**. Again, that's very individual and these don’t have to be mega big all weekend retreats, maybe it's just half an hour at the end of each day. Have you got some time each day to just catch your breath and do something you really enjoy? An invitation for you to think about.

What are restorative activities for you and I don't know but watching half an hour of Netflix, I find cool. Watching more than that doesn't feel that restful. It's just more like eating a whole bag of chips and at the end you’re like “meh.” I really started thinking about - because I need a lot of time on my own because I'm constantly in contact with people as you are, and I will spend some family time after dinner but then I really do want to go and have a little bit of time to myself. I really thought about, what are the activities I want to do during that moment, even if it's 15 minutes. Is it sudoku? Is it fill in the blank …. (things that you enjoy doing)?

The next one is **how I react to change**. I’m going to talk more about that in a later webinar so I'm going to leave that for now but it's just part of the map of understanding, what is my reaction to change and uncertainty and it's a whole other conversation we're going to have.

**Social support** is another one we're going to discuss at length a little bit later. What are engaging work and hobbies? As I mentioned earlier a few webinars ago, I realize that working in this field and that my “hobby” was volunteering at the Maximum-Security Prison, that maybe was not such a good idea.

Although, I enjoy **giving back**, I started realizing that I was never resetting. I was never having a chance to do something that was not involving pain, suffering and trauma.

I know that some of you probably do this already. I've met a lot of folks for example who volunteer for a sports team and they find that very restorative, providing you're not caught up in any weird sports drama (which my children used to play soccer and there was a lot of drama there. I didn't find it very relaxing but you know what I'm talking about).

**Trauma stewardship**, we will discuss a little bit later in another webinar. It's about managing exposure to difficult and traumatic stories and events.

**Managing occupational stress and resentment**: there's a whole other webinar on that one. It’s a really big topic and finally **giving back** but giving back in a way that, as I said, isn't necessarily depleting. There were times where I was a hospice volunteer for 3 years and I really enjoyed that but at some point, I started traveling too much for work and it just didn't work with my schedule. I didn't want to leave palliative care patients with me being away, it didn't seem fair. I really started thinking about the other ways to feel like we're giving back and some of them are not necessarily a formal volunteering activity. I want to invite you to think about that in your own work and in your own personal lives. What are ways that we can give back and to also understand that giving back and volunteering can also happen on a life timeline. It doesn't all have to happen when you are your busiest time of your life with caregiver duties and others. I've often that people who are closer to retirement and then they have time. Not somehow expecting that we have to do all these things all the time. I think that’s how some of us end up running ragged and not having the time and energy to refuel.

There's a really nice activity that we do in our workshop and it's called **“What's on your Plate**?” I will put it on your workbook for you to complete. It's an activity that invites you to look at what are all your duties and commitments and activities. Right now, if you got up on a weekday morning, what are the things that are absolutely needed? Walk the dog, make my lunch, all of that stuff. I invite you to look and see which of these things if you could just make wave a magic wand, which of these things would you like to have taken off your plate, even if you can't, even if it's totally unrealistic.

I will also walk through with you an activity of getting to think about are there any of these things where you can make a 1% change, a micro-movement, one thing. I really believe that for self-care, the only way to start, is not making these massive New Year's resolutions. I don't believe in those. You have all heard the stats that the gyms sell more memberships in January than ever in the year and then only 10% of people who buy a gym membership use it.

I believe in weekly assessments. I believe that on my Sunday, I sit down and my weekends are busy and have a lot of stuff going on like everybody else. I just take half an hour to think about what could I add to my week in terms of my self-care? I also don't believe in the “big beat up” - you know that “what's wrong with you” and “why did I do this last week”. I believe really in looking ahead and with compassion thinking about “what do I need more of?.” I might see the week ahead and say “you know, what I need half an hour more sleep or I need more cucumber in my life”.

I'm just saying that, but the little things, so that we can really feel like we're moving forward towards helping ourselves without having these massive commitments that just quite frankly don't end up panning out very often. I'm going to post those activities on the website so that you can actually have them and I want invite you again, if you have any questions, just get in touch with us and I'll see you in the next webinar.

**Webinar number Five: Debriefing and Peer Support**

Hi, this is webinar 5: Debriefing and Peer Support. This is Francoise Mathieu. I hope that you've been enjoying the webinars so far and that they have provided some useful ideas and suggestions. As I mentioned last time, please do not hesitate to ask us if you have any questions and also, we will be providing some additional resources on the website so please check those out as well.

During this webinar, I wanted to have a conversation about debriefing and peer support. What does that look like and what can we do differently so that we can help each other and support each other during the challenging and difficult days that we do, because you do really challenging work. You work with some kids that have some serious struggles and mental health issues and behavioral issues. You may work with families who have some really complex overlays as well. I'm sure that there are times where some of your colleagues are challenging and complex as well.

I became really interested in the idea of debriefing and several years ago - 20 years ago at least - when I started out in this field, I realized that some of us had a real urgency to debrief and process when something upsetting had happened. Can we agree - and I'm sure you will see this in your own lives but - some of us are simply more verbal than others. There's probably some of you in this webinar that actually are perfectly happy to process things on their own (you are more quiet people). We may ponder when something upsetting happens. We maybe tell our dog. We may just not tell anybody and we're perfectly fine with that.

The fact is that a lot of us though, are much more verbal folks and when something happens that's upsetting, we have a very natural urge to want to share and talk and process and digest with someone else. This can also be true for funny events or exciting events or big life events. An example I often give is, I remember after giving birth to my kids, the days and weeks afterwards, I shared way too much information with people and it was like a minute-by-minute story. “So I was 5 centimeters dilated, then I had a cube of ice and then I went for a walk and three minutes later this happened and this happened.” If you had asked me the same thing as a year later, I would have just said to you, “it took 40 hours and it hurt like hell”, end of story. What we found is that it's a very normal process of wanting to verbalize what's happened or what we've seen. What we found is that's actually a normal processing experience where a lot of us, the more we tell the story, the more we get it out of our systems. That can be very helpful and positive especially if it's done with a couple of care and considerations that I'm going to mention today.

I invite you to think about that there's a big difference - and I'm sure you'll agree - between debriefing, venting, water cooler chat, staff meeting, supervision and the more we tease out the difference between those, get what we need from the various opportunities that we have. The final thing is we all need to recognize that not all of us work in a beautiful office just like in this picture here where you're seeing all these super well-dressed relaxed people. Look at them all sitting there calmly talking to each other. Can we agree that in the work that you do and certainly in the work that I've done as a crisis worker or in a hospital emergency ward, it's a lot of - on the corner of a desk for two minutes kind of conversation.

It's very rare in my line of work, that we ever had time to sit down and have a really careful chat. In fact, what I started noticing is there was a place where I worked where I was doing a lot of emergency work, where we did have a staff meeting once a month - which by the way, I may or may not have had time to get to because sometimes there were too many critical events going on - but I started realizing that I didn't always have anything to talk about at these events because the critical things, the things that really upset me, I had taken care of more informally as they had happened. I'm not someone who's going to wait for 3 days if I'm really upset about something. Sometimes there's just this real immediate need to verbally talk about it and share it with someone else. What I started realizing is that in my workplace, we were doing a lot of informal debriefing - which by the way is not a bad thing in and of itself - but we were doing it a lot, like grabbing a colleague if we had a minute and saying, “have you got a minute” and then dumping all that stuff on them. We started realizing that maybe the super informal way of doing it, wasn't the only way. Also, maybe by doing it incredibly informally, we were not asking permission. We might say to our colleague, “have you got a minute” and they might not know if you're going to talk about your weekend or something very traumatic.

The second thing I realized is that not every workplace has good quality or *any* supervision. I'm sure some of you have worked in a variety of places. You'll know that some places you had someone who was a supervisor of some kind who was really available, lots of time and other places you are quite frankly by yourself or that there's just no time.

I want to invite you to think about the various ways in which we can bring some of these tools into a more portable tool kit that we can carry around on our own and that we can create our own peer support environment no matter where we work. The first question I invite all of us to think about it is: what is the difference between a critical event and the day-to-day conversations we need to have, consultations with our colleagues. I think that most of us will agree that when there's a critical event - first of all many people have a pressing need to talk and share their reactions or what happened and there are also times where time is of the essence because we need resources or advice or help. There are other things that are more day to day that we need to have conversations about. Maybe it's about some new kids coming in, some resources that they have or they need and getting a sense that not everything is an urgent matter.

As I referred to the yellow zone earlier, sometimes when we're all running on adrenaline, it also feels like everything becomes urgent even if it's not. I'm going to talk about that in a webinar to come; talking about the window of tolerance and understanding that there's times where we're all running on adrenaline and it's become a situation where everything's urgent, everything's equally pressing. I found - recently for example, I was working with a group where - like I'm not kidding this is what happened - their electric kettle had broken and let's pretend it was yellow and the new kettle was red and everyone went bananas. I thought about that after, I don't think this kettle is a real issue, I think everyone here is pretty worn out. I think that everyone's used to dealing with crisis-mode with everything and somehow this change has generated this massive reaction but it's actually about something else. As it turned out, these folks were actually pretty frustrated with other things that were going on in the workplace and this kettle had become the symbol of that as well.

The first piece that I want to invite you to think about is what is the difference between debriefing and venting. Sometimes **venting** can feel really good - and I'm not against it, I'm a big believer in it. I vented to my friend yesterday. I was kind of frustrated, not in a huge way but it's something that was really getting on my nerves at home and she picked me up to go for lunch and I said to “her time-limited, I'm not going to vent the whole lunch but I just need 3 minutes. I just want to get this out, talk about it and then I feel much better, thank you very much, let's move on.” I think you would agree that sometimes that's exactly what venting is about however, there was a time where I was working in an environment that wasn't great. I mean, the colleagues were really good but the senior leadership wasn't great. I started realizing, my colleague and I, that we were venting all the time. It had become the thing we did every single time there was a staff meeting.

Afterwards, we would run to the nearby office or the broom closet and close the door and we’d be like “unbelievable” and then a bitch fest would happen. We both started realizing that it was okay to vent for a little bit but if that's all we ever did, all we were doing was re-toxifying our own atmosphere. It wasn’t the same as a debrief. The first piece I invite you to think about is would you agree that there are times where venting is actually really helpful. I would say yes.

There’s times that I’m pretty frustrated about something, I don't even need a solution, I just need someone to hear me out. I do want to make sure that those are limited so I'll do it for a bit - thank you very much I feel better, moving on to something else. I think that there are times where venting is necessarily useful maybe when it goes on for too long or also maybe you're talking to someone who does not really have the time, energy, or training to listen to that. Maybe you've been doing it too much and they’re tuning it out. I really check myself and think about if I’ve vented for more than 3 minutes or I vented about the same issue over and over again, I need to look at that and say well which of these things can I control? The kettle is yellow, I can't change that. At some point am I going to move on because this is actually hurting me more than anyone else.

Let's talk about **debriefing**. What's really interesting about debriefing and I'm sure you've noticed this - I'm sure you've all been involved in some critical events, very upsetting events where afterwards we are revved up. That’s actually a normal physiological response. I was recently talking to someone who works in a prison and she had something stressful happen in the prison with an inmate, and she said that she had so much extra stress hormone (adrenaline) that she went on the exercise bike for 10 minutes. She wasn't working out, like she wasn't trying to go to the gym, she just needed to get that out of her system and then she met everyone else at the pub and she’s like “yeah, I'll be right there.”

What she found is that when she finally got to the pub, she was a lot calmer than the rest of them because she had a chance to process her stress hormones.

I want to offer you a very simple strategy that Dr. Fisher has developed and it's called the “hot walk and talk.” Let's pretend you've just been a witness to or maybe even have been involved in a very upsetting event in the classroom or in school. The first thing that we recommend - and that's the *hot* part of it as are you all fired up - is if you can, start by walking it off. Use some of that extra energy, go for a quick walk, pacing. If you able to find someone that you trust, invite them or ask them whether you can *talk* about what's happened, so that's a debriefing right there. While you're walking through processing your stress hormones, you are *talking* so your processing the emotional content of what happened, drink some water.

What we have found - I know this sounds incredibly simple, but as many of you know - the adrenal glands live right on top of your kidneys. This is the part of your body that processes adrenaline (cortisol). What we have found is drinking water and physical exercise lowers your stress hormones. Drinking some water to flush literally all the extra stress hormones you’ve experienced. Sometimes it might be helpful to do some jumping jacks. Just process that, talk it out with somebody, drink some water and that could be a very helpful, very simple tool to simply bringing ourselves back down a little bit so that we have a chance to be constructive and not let this event hitch a ride with us so that it ruins our night or dominates everything in the rest of the time.

Talk about it but don't slime each other. **Sliming** refers to debriefing ourselves *all over* other people. I'm sure you've all had it happen and I'm sure you've done it. I've done it before so an example would be, as I mentioned to you before, I do a lot of work in child pornography investigation. Very difficult. I work with investigators who do that work, it's a really tough job. I do not need to go to my family dinner and tell them details of what happened in there, that's sliming. I'm over sharing graphic details nobody needs to ever hear but there's a way where I could - let's pretend I worked with you and I needed to debrief something upsetting that had happened, there's some steps where we can take care to not over share but also that we can share enough so that I feel like I really got something out of my system.

The first level we call “**low impact debriefing**” (there’s 4 steps). The first step is **self-awareness**. Have you ever over shared - without breaching confidentiality, it's not about that, it's about sharing upsetting stories - a story with people who are not in your field and found that they were really quite shocked by it (maybe even a colleague). The first step is, are you so in the red zone that you're like a sponge, that you're full of slime that you spray people with it because you are so full of these stories? I find that all the time, especially when I work with people who haven't had a break for a while, that their stories are just too much, they are too graphic.

I have a friend who’s a family doctor and when she was still working in Family Medicine sometimes she would share stories about her day that I told her: “I do not need to know where that person's mole or tattoo is.” Number 1 is self-awareness. Number 2 is **fair warning**. If you were my colleague, I might come to you and say “Mary, John - I need a debrief. It's about something (fill in the blank) is that okay? That's the third one, **asking for permission**. Ask for consent and then when you’ve been warned that this is not a chit-chat about the fact that the Jets won the hockey game last night, it's actually about something upsetting, you’ve given me permission, then I can share with you. I can also be careful and just give the Coles notes if you will. The outside of the story but I don't necessarily need just tell you what it smelled like and looks like. I may end up sharing all the details eventually - and the reason I put a picture of that tap there is that the person who controls the flow is the listener, not the person telling the graphic story.

The way it would work is that let's pretend I say to you, I was at child abuse conference last week and I heard some graphic details that I found very upsetting. Can I tell you a little bit more and you could say to me, listen can you tell me more but I don't need the crime scene photos? Does that make sense? I don't need the details. I could say, okay there's something that the psychologist said about the perpetrator that has stayed with me and I have a hard time with that.

There are times where we do end up sharing all the information because it's not necessarily always that level of trauma but having this process where you, first of all are asking for permission instead of just blurting stuff out to each other, is a respectful process where we can also limit a little bit of all the hard stories we here with from each other. The other piece is also having a think about maybe there are certain things that are particularly sensitive for certain people at a certain time. In the process of giving fair warning, you could say “I want to talk about this particular thing” and that person might say, “you know what I’m in the red zone today, do you mind telling someone else?” We will respect each other and do that process and understand that we're not shutting each other out, we're just trying to be respectful.

The other way of implementing low-impact debriefing is to think about when it's not an agreed-upon debriefing session. Are we over sharing difficult details? I was working recently with a group of paramedics and they said to me, “you should hear what we talked about in the lunchroom.”

I'm not saying that they're not desensitized because of course they've seen and heard so many things but again when we think about secondary trauma, I just want to invite everyone to think about why we sharing such graphic details. What is the purpose? Is it because I feel the need to share like I feel better because I told you every graphic detail of what it smelled like and looked like? Have a bit of a think about that so we can be a little bit more careful and the final piece is that there is actually, as far as I know, no research that proves that we need to share every graphic detail to feel debriefed. Think about that for a second.

May there’s time where I do need to tell you – “it looked like this, it smelled like that, she turned around and then she took the thing.” I want to really invite you to think about are the times where maybe what you need to share instead is how you felt. When she did that, I had the following thought. I had the following reaction. Just try it out. Go out there and experiment with this and you may find that there are times where you do need to share the whole story and other times where actually what you need is more of a chance to just say to someone, this was very upsetting.

Those steps are: Self-Awareness, what do I need? Am I over spilling graphic details when it's not actually a debrief but it's actually a water cooler chat. Have I given the person fair warning? Another way to think about this, if you ever had bad news to give to somebody, would you agree that you wouldn't just blurt it out. You'd say, I have some bad news or you better sit down. Those are things that we do without even thinking about it. Shouldn't it be the same when we’re debriefing? We could say to our colleague Mary or John, I need a debrief. I was wondering if you have time. Then have a chance to let them say no, today I'm full up or I'm in the red zone or if it's about a kid in an accident, I can't hear about that today. Then finally getting them to control the flow of what you're saying. Try it out, it's imperfect but there's a lot of places where they've decided to adopt this as part of their practice and they told me that they found it really useful to try and tease out the difference.

The other piece is that if you yourself have started realizing – and I say this with all the respect in the world - that you're pretty crispy, fried and that you have been engaging in venting about the workplace a lot, that's okay but is there something that you could switch for yourself, for your own sake so that the next time for the 17th time in a row that we've all complained about the red kettle, is there something you could shift so that we can move on. There are times where there is something absolutely within our control. I’ll give you an example. I mentioned in a previous webinar, my son's high school is closing. It was a very long difficult process - if some of you have been through school closures, you know all about them. We tried for the school not to close. We fought, we picketed, we did everything. At some point we lost. There's a group of people that are still very engaged in “it's not fair” and all that.

Honestly, that ship has sailed. It wasn't about rolling over but for me I thought okay, well how do I move on from that given that some of that is not within my control and what are the constructive ways I can move on and focus on the things that I can control. I won't lie to you - the first few months I vented a lot and that felt good so it’s just kind of teasing out that difference.

I'm going to post on the website, a resource for you that comes out of Pat Fisher's book “Building Resilient Teams” and it's called Protocols for Communities of Practice and what that means is basically it's a series of recommendations of how you can build your own informal meetings, even if your workplace - if you have a place where they are formally open to doing that it all the better but if you don't here are some suggestions we have. How do you build a community of practice?

The first question is, how many people will be part of that group? Pat Fisher recommends that is should be no larger than 3-5 and the reason that is - first of all, when you have more than 5 people, we don't all get air time and it also becomes a group where if it's big enough, some people will say, well I don't need to come because there's other people coming. 3-5 is the ideal group. Who are you going to invite? You don’t have to invite your best friends, it's just about who are some folks where you work that you would like to have this informal community of practice with. Two or three people that are your go-to, you trust them. This will this be formal or informal. When I was in private practice and I didn't have any colleagues, what I did is I created an informal community of practice. I called it the Vault like the cone of silence and there were two other clinicians that we understood that when one of us needed a debrief or we needed advice, we would call each other and say this is for the vault, have you got a minute. That's it, there wasn't formal meetings, it didn't take hours. It was just knowing that I had someone to talk to if I needed it and sometimes they were busy and I would just say, I need 5 minutes from the Vault tonight and she would call me or they would call me. Is this a formal setup? Is it informal? Are these meetings or are they quit meets - and if you know what I mean by that, which I think in schools is much more realistic, there were times where it’s just not going to be a long time but I might have 2 or 3 minutes and how are we going to figure that out so that we can provide each other with some support.

There are three steps that I recommend. The first one is - let's pretend you have 15 minutes for these meetings - **processing your emotional reactions and secondary trauma** if it was a traumatic event and we recommend that, that be time limited to 3 to 5 minutes. You can even put a timer and the point of that process is basically saying how I felt, why it upsets me. This thing happened, I want to talk about why I was upset by it but limited so that it doesn't become a full 2-hour debrief where nobody else gets to talk. We take turns and we have a time limited check-in.

Number 2 we call it a **case review** or a peer consultation so asking each other, in your opinion in this particular case, what would you have done? What has helped you in past similar situations? I think we can all agree that because we don't have a lot of time, sometimes we lose that ability to consult with mentors, people that we trust. If we build this in, then we could have a really quick check-in so this is how I feel, what would you have done.

Number three we call it **professional practice supports**. What extra expertise, resource or training do we need to deal with this situation? I think there are times where we do need extra expertise because maybe this is beyond the scope of what were used to working with. Those three elements can really help us be constructive and productive in our peer support meets and debriefs. They don't need - I mean if you have a great workplace that wants to implement those things go for it but there's times where you can absolutely create these. Just pick 2 colleagues that you trust, go through their protocol together and agree that you're going to stick to having those three things discussed every time you have these informal or formal meetings. We found it to be very helpful personally. I invite you to think about - and this is kind of like your reflection activity - is what is it that you could set up for yourself.

The final thing I'd like to say about that is, if you work in a school where you are more isolated, you don't have colleagues there that you trust or like and hopefully that's not the case but what I did is I found some people outside of my work place. We did not need to discuss confidential things. I just needed to have a community of practice. I needed to be able to talk to folks and say, “this is what happened, this is my dilemma, what do you suggest?” We got so good at it - I still have it in place, we don't meet as often as we used to because I'm not doing crisis work right now but they are my people if that makes sense.

They're the people who I turn to and there are times - I don't know if you feel this at times - we can't do this all by ourselves and I do need to simply have someone say I hear you, that sucked. There's other times where I need someone to say, “I hear you that sucked and have you thought of the following two things” and thirdly, “here's a resource I recommend”. I find that I tremendously rely on the expertise and the knowledge of others because I can't know everything and I can't be all things to all people. That is, in a nutshell, what I recommend in terms of debriefing and peer support.

Check it out, try a few things and see how it works for you. Thanks, I'll talk to you next time.

**Webinar number Six: Grounding Skills Before, During and After an Incident**

Welcome to webinar 6: Grounding skills before, during and after an incident. This is Francoise Mathieu and I hope that you've enjoyed the past 5 webinars.

Today we're going to talk about something, that in our company at TEND, we are frequently asked to provide training on this topic. I want to explain a little bit of the context of when and how we are asked to do this and what we've learned along the way in terms of providing some skills. The way to think about grounding skills, is how do we reset? How do we return ourselves to a healthy baseline after an upsetting event has happened or perhaps we've been exposed to some difficult content.

There are a variety of ways in which this can happen: An example I could give you is, in the Fall, we were asked to provide some training for folks who were going into courtrooms and they were going to be dealing with some very difficult court cases with some difficult material and the attorneys, who were involved, as well as the court reporters, and pretty much everyone in the courtroom were interested in some resources to try and manage, what is it like when you inevitably have to hear or see some difficult images or hear some difficult stories.

We were able to tap into a whole bunch of research that has been around for a while in terms of managing trauma exposure and modify it to be relevant to the variety of workplaces that we are involved in. Some of them being, as I said, the judicial system, working with folks who work with children in a variety of settings.

In this instance, talking about how we prepare and manage and process when we are exposed to a difficult event. When I use the term incident, I am using that deliberately and in a vague way because it really depends on a variety of factors whether this event is going to be upsetting to you or not. It will depend on your amount of experience, so maybe if you've dealt with a lot of those types of events in the past. An example I could give you is, as I'm sure you can understand as a crisis counselor, the first few times that I had to deal with a very suicidal student were incredibly stressful events for me. They never got easy, but at the beginning I did not have a vast amount of training or resources to deal with those and they made me, of course, extremely anxious but also made me quite conscientious to make sure that I was not missing anything and I was doing the right thing.

At some point I never became of course, desensitized to those events but at some point, those events were less stressful to me than they would have been in the past simply because I had a repertoire. I have a set of resources that I knew how to tap into in order to process what was going on.

The reality though, as many of you have indicated, is that the nature of the school and the students that are in the school, has become not only increasingly complex but also the sheer volume has increased. We see that actually in other work environments as well. I worked in women's shelter environments for many years and in the women's shelter and transitional housing environments, a lot of shelter workers say that the type of clients and residents that come to stay in the shelters often have more complex mental health issues than they used to have in the past. There's some substance use challenges and some of the shelter workers who have been around for a long time, said that they were not necessarily trained or prepared to deal with the really complex sets of problems that what they were being exposed to. Also, that they had not necessarily been given the tools to manage just the sheer number of folks coming in and needing some specific assistance and having some very strong emotional and physical reactions and their circumstances, of course, where those things can become really quite dangerous or heated or just very emotionally disruptive. When we are referring to grounding skills, we’re talking about being able to prepare ourselves when we know we're going into a heated or difficult situation. Sometimes we know ahead of time, sometimes we don't. How do we deal with them as they're happening and how do we process after an event on top of the debriefing that I mentioned last time?

I wanted to talk about some different strategies that have been found to be really useful. Some of these resources are coming from colleagues of mine, who have been working in really complex work environments, whether that's at the emergency ward assisting people who are going to testify in court and really providing support for folks who are going through some very difficult traumatic events and sometimes share some pretty difficult stories with us. That's kind of the source of the research that we’ve been gathering is coming from that kind of environment.

If we go back to the balance map that I had presented to you a couple of webinars ago, and as I was mentioning, there are nine elements. One of them I refer to as trauma stewardship. What does that mean? I have a dear colleague of mine, her name is Laura Vandernoot Lipsky and she's a social worker based in Seattle. Laura has been doing complex trauma work for very long time. For a time, she worked in a hospital emergency ward as a social worker. She saw everything you can imagine in a very big complex city in the United States. She would be involved in post shooting events, she was involved in evacuations, you know to help Medevac helicopter, I mean lots of complex things. As a result of her work and social work, Laura produced a wonderful book called “Trauma Stewardship,” which I highly recommend. Laura is publishing a new book in June with the wonderful title “Overwhelmed,” where she will start talking about this exact topic we’re discussing today - how do we manage when the demand and the complexity outweighs what we have in terms of our own training, capacity and resources? I borrowed the term “trauma stewardship” from Laura and what she was referring to is what are all the different ways in which we individually can learn to manage processing these difficult stories and incidents that sometimes inevitably we are exposed to.

The first piece is thinking about managing the amount of exposure that we have. In our schools, we may not have control over that at all but there are other parts in our life where we do have a certain amount of control, to the amount of what I call “trauma inputs coming our way.” The reason I'm using this little gizmo - and on the slide that you see, that's a geiger counter. A geiger counter is something that radiology technicians use. If you ever had to have an x-ray, you may have seen that the radiology techs have this little thing they stick in their pocket - it doesn't always look like that but it’s like the size of a credit card and they carry it on them.

What that is a very small device that's designed to monitor and measure how much exposure to radiation they have so that we can make sure that they're not exposed to too much radiation and that they are safe. In our jobs, we don't have a geiger counter, there's no way for us to measure “I’ve been exposed to too much trauma today, I've been exposed to many difficult stories.” There is no such thing.

What we need to do, is we need to develop our own techniques to be able to assess how we're doing. The first place that I recommend begins at home. When I talk about managing your trauma, I'm not suggesting that we necessarily have control over what life brings us in terms of our own personal experiences or life or the community we live in. Some of those things are not within our control but I do think respectfully, that all of us do have a certain amount of control over what we consume in terms of media.

One of the things that I recommend for all of us - and I believe that some of you've already told us that you do this already - is if you are doing a high-stress job all day, it may not be such a good idea to also watch highly-charged, highly stressful, sometimes traumatic content in the evenings. I remember at some point when I was doing a lot of work with soldiers who had been for example, in Iraq and this was during one of the conflicts between the United States and Iraq and I would come home and my partner, who does not work in this field, would very innocently be watching the news on television and I remember at some point saying to him “do you mind, can we turn the TV off because I know you want to stay on top of the news but I lived the news today. I spent my whole day hearing about the war and if I come home and I watch another 2-hour show showing exactly the same stories in advance, I never get to decompress. I'm always in the state of hyper awareness or vigilance or elevated level of stress.”

I’ve certainly found - and I'm sure you have to because there's been so many really pretty shocking events that have happened in the news (Even if you just look back to the last few months). I'm not suggesting that you not stay informed of what’s going on but there is a difference between seeing a news feed on television and then leaning into it to the point where we're on our devices and we're watching YouTube videos of the terrible thing that just happened in some other city. There's been a lot more sharing of those graphic videos if you want to look at some elements of violence, where you could quite frankly spent hours watching a huge amount of pretty graphic details around these issues. I wrote about this a couple of years ago when a very tragic event happened that some of you will remember and it was the Ottawa shooting. I remember watching some of it as it was unfolding, it was kind of an accident that I was watching it. My son just had the sports on and it was like breaking news and it was really interesting to me that's very quickly after - they were literally filming this live - very quickly the media started shielding some of the graphic nature that was being shown and I appreciated that.

We don't necessarily need to see every single bit of what's happening but that's happening less and less. I found that media is a lot more graphic and you can quite literally go on TV or on your device and watch incredibly gruesome information. In addition to that, what do you consume in terms of leisure activities, of books that you read, the videos and the movies that you watch, the TV shows that you watch. If you're doing, as you are, a very stressful job with some elements of trauma exposure, does it make sense to watch more of that stuff when you come home at night?

I mentioned a couple of episodes ago that I have a colleague who is in the correctional service and she confessed that she'll go home and she'll watch Law & Order Special Victims Unit even though that's what she did all day. I'm not judging, and maybe for some of you, it doesn't bother you at all. I have had friends who said to me “well nothing else interests me.”

Just an invitation to reflect on that. Think about it. You have one nervous system. What is it that you are doing in terms of allowing it to get a bit of a break? I certainly have met a lot of people who say to me, “the only thing I can watch at night are cooking shows or Home and Garden” or whatever. Just an invitation to think about, what are your trauma inputs and if you read books or magazines, are they also about difficult stories. It's not about having blinders on, I don't think that you can work in education and have blinders on because it's day-to-day, you're exposed to it all the time. What are some ways that you can allow yourself to refuel? The way we think about managing exposure is to break it down.

My colleague Diana, who does a lot of this work, basically talks about how do we manage *before*, *during* and *after* exposure to something. As I mentioned, there are times when we can't prepare beforehand because we don't know the event is about to happen. There are other times when we do know there's something going on. We're about to walk into that situation. What are some of the preparation activities that we can develop? What can we do as it's happening and what can we do after exposure to process what's been going on?

I really love this cartoon, if you see it, there's these two guys wearing hazmat suits and one of them is wearing fluffy bunny slippers and he says “this is for emotional protection.” Kind of a cute image but it is true that there are ways in which we can get engaged and involved in what's happening in front of us without getting completely lost in the story. I'll give you a couple of examples of that in a minute.

The second - and you're going to see some of the strategies overlap. You can use them in both or all three instances. There are ways that we can manage exposure as it's happening. So, we are a witness to or some event is happening right now, what are some of the ways that we can ground ourselves while this event is happening? There's some wonderful resources that were developed by Babette Rothschild and Babette is a social worker who’s been involved in a lot of work on trauma and the body so looking at how do we process and take in exposure to trauma and how can we also protect ourselves but also digest and process what's already happened. Her wonderful book called “Help for the Helper: Self-care strategies for managing burnout and stress” is full of strategies where she uses some pretty basic neuroscience. I’m not an expert so I appreciate that it’s simplified for me because I don't know that much about the brain but I do know some basic things. I wanted to share with you some examples of strategies that she provides in her book. I'm going to show you a couple of very simple pictures - these are not dramatic images, they're just very simple images. I'm going to invite you to check them out.

Here's the first one. Not all of us are particularly empathic, like we can really connect with other folks in a physical way but I just want you to take a look at this picture of this cat and wonder whether you can really get into it and almost feel the stretch of that cat. I can almost feel his little claws ruining my carpet and I can really get into this. Here's another picture.

Whenever I show this picture of the sleeping puppy in the workshop, often the entire audience will go “aww” and what's happening in that moment where you're feeling the stretch of the kittens or you're feeling that awww feeling, that is actually caused by what are called mirror neurons. Mirror neurons are a very interesting part of our brain and it's actually something that my husband has studied at some point where he was looking at armchair athletes. I don't know if you enjoy watching sports but he was finding that, for example, he's an avid sports fan, you could sit and watch a game of football or hockey or tennis and if you're really into it and you know yourself or if you have a loved one who's really into sports, you might even notice that the armchair quarterback (the person sitting in the chair watching it) may almost mimic the same movements that the athlete is doing. Check that out next time. He certainly has experienced that himself and it’s always very amusing watching him watch sports because he gets really into it because he used to play a lot of sports. You’ll see him almost like he's on the edge of the seat and he's moving in the same way and what they were able to do - and again I'm simplifying this because I'm not a neuroscientist but they're able to find that the same parts of the brain that would light up if you were involved in this sport, the same parts of the brain in the armchair quarterback were actually also being activated.

An example of that, that was demonstrated in research, was let's pretend there's a little happy little monkey in a lab (we're going to pretend he's a happy monkey). The scientist gets the monkey to reach for a grape and the monkey’s pleasure center lights up and he goes, “oh yummy a grape!”.

Then the scientist reaches for a grape and the little monkey’s brain lights up again thinking, “oh yummy, you're having a grape!”. What we can start thinking about is this is a way of experiencing empathy.

We're experiencing something that isn't happening to us and yet, we are still having the same reaction inside of our brain, inside of our body. That makes a lot of sense to me when I think about feeling empathy or compassion. I remember some years ago, my son talked about having an upset stomach or feeling nauseous and I wasn't even in the same room as him but because of course, I'm very close to him, I felt a little bit nauseous too even though I didn't have the same symptoms. Those are referred to as mirror neurons and the reason it’s important to recognize that if you’re particularly connected empathic person, if you really connect with other people on that physiological basis, which not everyone does but you know who you are. We do need to find ways to put on the brakes.

I do want to still be present. Let's say you're very distressed and you're telling me a difficult story, I do want to be present for you but I also have to find ways to put on the brakes so that I don't fall into your story. I don't need to re-experience your story in order to have compassion or be effective in helping you. These are just examples, there's a million different examples in which we can put on the brakes. Sometimes I remember at one of the offices I had, where I was doing a lot of work with the military, I had a tree outside of the window. It wasn't particularly a nice office and it wasn't even in a very nice part of town but for some reason there was a tree right outside my window. Sometimes what I would do when a soldier was describing a story that was particularly graphic or difficult, is I would be listening but I would also look outside at the tree as a way to give myself a little bit of a breather. A way from me to remind my brain and myself this isn't happening to me right now. For some people, that's evoking a loved creature, for some of us it's evoking a loved activity. I have a friend who's an avid runner and one of the things that she will do when she's engaged in some pretty heated events, is also remind herself that of the run that she recently did. That process of remaining present to what's going on right now but at the same time, calling upon something that is comforting or soothing to us is referred to as “dual awareness.”

Dual awareness is a process whereby I can be present with you and at the same time, I can be present to something else. I can give you a very simple example of that and I invite you try it out yourself. Right now, as I'm recording this webinar, there's a ceiling fan above me and so I can feel the cool air that's falling down from the fan and I can look outside and there’s a whole bunch of stuff going on outside. A few minutes ago, I saw on the same branch, a robin, a blue jay, a cardinal and a crow. They must be having a party or something. I was able to do that and still remain present to what I'm talking to you about and that's an example of dual awareness. You can practice that in non-stressful situations and what we found is - and you probably found yourself - if you are very calm in crisis events or you've met a colleague who seems to stay very, very calm often what they are doing is their practicing these really basic grounding skills. Staying present, not losing track of what's happening and at the same time, being able to call upon something that can bring your stress levels down. Obviously, this is a very big body of research and Diana offers a full day training on it but I'm just giving you some highlights.

How do we process and push the reset button?

As I was mentioning in the last webinar on debriefing and grounding debriefing skills. There are ways in which sometimes we do need to reset so that we can move on to the next student or to go home and be present for the ones who are waiting for us at home. How do we bring ourselves back down?

There's a really easy activity I'm going to share it with you in the resources in the workbook and it's called 5 4 3 2 1. This activity, by the way is my favorite one and It was developed a long time ago by someone called Yvonne Dolan and it's been used by lots of different people. It's basically an activity that you can do on your own. You can also do it with a student who’s really escalated and you are needing to bring them back down.

All it is, invite yourself to name out loud (if you’re not in public or in your head) five things you can see. Right now, I could do it and I could say, pencil, name tag, calculator, stand or whatever and then four things you can see. They can be the same or different. Three things you can see. Two things you can see and then one. Then five things you can hear, so those are the different sounds (sometimes those are harder because there's not always a super noisy environment). Then five things you can feel -and what I mean by that are physical sensations such as, I can feel the glasses on my nose. I can feel my watch on my wrist. I can feel the chair on my back. I can feel my feet on the ground. I’m inviting you to name 5 4 3 2 1. What I have found is that this for me, works better than any breathing exercise. I know that some people find breathing exercises really helpful or mindfulness activities and I absolutely believe in those. I find this one really good because it brings the outside of my head and I've used it recently. I had to do a presentation and I was quite nervous about it. It was in front of a very large group and I wanted to do a good job and I used this activity.

Not long ago I was driving in a pretty stressful, pretty crazy traffic environment. I was in Los Angeles and there's like 8 lanes. The highway is just mad and I got to the airport after driving in that environment feeling really stressed about it and what I did is 5 4 3 2 1 as I got onto the shuttle bus. I immediately brought myself back down. I invite you to try this out. I will give you the script for that so you can try it out on your own or with other people.

I also invite you to learn some basic grounding skills, if you don't practice them already. I know that some folks are not really big fans of yoga or mindfulness and some people say, “that doesn't work for me”. The first thing to remember is, first of all, they don't need to be enjoyable. Jon Kabat-Zinn who really started the movement of mindfulness-based stress reduction. One of my favorite quotes he said, “oh, you don't have to like it, you just have to do it.”

What's really important about some of these strategies is you do need to try them more than two or three times. Medication and mindfulness, the recommendation is that you do it every day for 8 weeks before you see whether it works for you or not. Any of the activities that I recommend, takes time to try and feel and decide which ones work best for you.

This is a picture of the Calgary police. They've been starting to do some mindfulness and some yoga and they've found that it's been tremendously helpful in reducing police officers stress levels and getting them ready for the day ahead. Some of you may have seen that in the schools as well, that we found that doing some short meditation activities with some of the children has really helped bring their stress level down as well.

There was a great book that was written by Robert Sapolsky and it's called, “Why Zebras Don't Get Ulcers.” if you've ever watched a nature show and you've seen an antelope almost get eaten by a lion or whatever, you will notice is that two minutes after almost getting eaten by the lion, if they’re safe, is eating grass. They're not going to the bar, they’re not rocking in a corner. It turns out, animals in the wild do not develop stress-related illness. We see that for animals in captivity - you've all probably been to the zoo and you see the poor animals rocking around and they look so distressed, that is not actually the case for animals in the wild and what we found, if you look at frame-by-frame analysis of animals in the wild, is after they've had a stressful event, they will literally shake from head to toe. Their whole body is trembling and what they hypothesized is that what they're doing is they are shedding their stress hormones. How do we do that ourselves and how do we process the stress hormone.

Last time, we talked about the *hot walk and talk*. You have probably had this where you laughed but it was like more nervous laughter, it wasn't actually funny and you’re like “why am I doing that?” Well that's normal, you’re processing. Maybe some of us cry, some of us sing. I have a friend who will just do a couple of flight of stairs. All of those things are good ways to connect and bring us back to our baseline and those are things we can do privately that nobody needs to see. They don't take a long time.

I'll talk to you in a couple of webinars about connecting with other people and why that can matter so much but I'm going to save that for now. If you've never tried mindfulness, there lots of great apps out there and one of them - and I have no affiliation with them, I'm not endorsing them. I'm just mentioning them. One of them is called “calm.” Another one is called “headspace.” I found that one to be really great. It’s an app that you can download - and these don't need to be 40-minute meditations where you're sitting on a cushion and your butt hurts - you can do three-minute ones. They're very easy and very simple. Another one that's been very helpful of course, has been yoga. What's interesting is yoga was adopted (you'll see here it says “yoga for warriors”). What we found is that a lot of people in law enforcement and the military, didn’t like the idea of yoga and mindfulness. It sounded too touchy-feely but when we called it “combat breathing” and “yoga for warriors,” all of a sudden it seems perfectly good. There's a whole bunch of ways in which you can do those things in a way that fits with your personal preferences, your body type and your physical fitness level. Not everyone needs to go and become an alter marathon cross-fitter in order to do these things. We just need to bring some small activities into our daily life and try them out.

The reflection activity for this webinar, is inviting you to think about of all the different kind of approaches are suggestions or strategies that I recommended, what is one that you could try? What's one activity that already works for you and what's one activity that you could experiment with?

When I was a crisis worker, I used to be a runner and I got injured and now I can't run anymore, which is a sign of Aging as well. I used to go on long runs. I was not fast, I was not a particularly good runner but I realized that it just allowed me to shed my day. When my family commitments became more complicated, I wasn't able to do that anymore but what I could do is walk from work instead of driving. I just needed to find different ways to reset myself because what didn't work for me was going straight from the front lines, the trenches, to the chaos of the home. I needed something. I have a colleague who has a very busy household and what she does is before she walks in the door, she'll just go and sit, when the weather permits, in her yard just for 2 minutes and just force herself to look around her, notice things in nature. Step away from her day job and then she transitions. I invite you to think about that. What could you try and also invite you to consider to try these things more than 2 or 3 times. Give it a good old five six seven eight times before you decide they're not for you. I'll provide some more resources also on the website for you to try out. Again if you have any questions, don't hesitate to get in touch and I'll see you in the next webinar.

**Webinar number Seven: The Basics of Trauma-Informed Care**

Hello, this is Francoise Mathieu and this is webinar 7: The basics of trauma-informed care. If you're not sure what trauma-informed care means, that's completely normal. It's not a term that has been discussed as much in education as it has in mental health and hopefully by the end of this webinar, you’ll have a really clear understanding of what's being referred to when we talk about that term.

I want to start by giving you an example of something that happened while I was a student and then I'll tell a quick story of a paramedic I spoke to recently and then I'll invite you to think about it in your own professional life, whether you've encountered this challenge and then I'll provide you with a little bit of information about the research that came out in the late 1990s around 1996-97, that is now helping us understand a little bit better, why do some of the folks we work with behave in ways that can be so confusing.

I think that there's a lot of families that you have to work with, some of them are wonderful and they're very involved and engaged and they follow through. The school makes recommendations and the parents follow through. Then there's other groups where you literally think, “I just don't understand. This was so simple”. All you had was just this form to fill out or you were supposed to take your child to this appointment and they don't and it ends up causing further harm or at least problems for the kid. We get in these places where we lose compassion and patience for them because we just don't understand if it was us, if we were in their shoes, we would have actually done what was recommended.

Let me start by telling you a couple of examples and then I'll explain a little bit more, what is trauma-informed care, how it can become a really useful tool to develop more patience and compassion not just in our work but in our own personal lives and maybe even towards our self. In the mid-90s, I was living in New York City. I was going to school there and as many of you know, the mid-90s were very difficult times in New York City. It was the height of the crack epidemic and there were a lot of homeless folks all around the neighborhood I lived in. I didn't live in a very safe neighborhood, it was a pretty rough place.

I remember that when I started school, there was this homeless man who was on the side of the street. I could hear him actually from my classroom. He used to say, “can you spare any change please, I've been homeless for 2 weeks” and then next week, “I've been homeless for 3 weeks”. What was interesting to me is - of course I was well aware of him because I kept on thinking, “you can do this!”, hopefully next week you won't be there. I was really aware of this person standing outside of our classroom. But what’s interesting to me and I'm not proud to say this, is that by the end of my training, by week 56, he was still there and he had become invisible to me. He had gone into the background of this really complicated city. He lost his individual humanity and to me, he was just another homeless guy. I think that's a very common experience where when we are faced with situations in our professional and personal lives, where people are not shifting into another mode, they’re staying in this place, it’s very easy to forget compassion and fatigue. Also, maybe sometimes feel a certain type of judgment about why this person is not accessing the resources they have, you know, all of those kinds of things.

I had a similar conversation - I was working with a group of paramedics in Ohio a few months ago and as you might know - I mean obviously the opioid epidemic, the Fentanyl and oxycontin crisis has been affecting us in every community but Ohio has had one of the highest rates of fentanyl related drug overdoses and deaths in America. I’m working with this group of paramedics and one of them says to me, “I have become so angry at these frequent fliers” but he said - as you know, I'm sure many of you have heard about naloxone or narcan, which is the only antidote for going through an opiate overdose and he said – “I had to give this dose of Narcan to the same drug user five times in the same day”. I thought about that and I understood that this paramedic was not being a jerk, he was just saying at some point when I've gone and helped the same person over and over and over again and they keep doing the same thing that literally could cost them their lives, I feel like I have nothing left. I don't have any patience. I'm starting to feel so angry about this and I'm starting to feel angry about misuse of resources. I think all of us can relate to this in our lives and some of the situations are big, dramatic situations as I just described.

There’s other times were there smaller situations where as I mentioned a few webinars ago, a friend or a loved one who repeatedly returns to a bad relationship or doesn't follow through on the house recommendations that were made by their physician and I certainly have had these conversations with a lot of diabetes nurses who said to me, when you have a friend (some of you may have diabetes) when you have the early stages of type 2 diabetes, there's a lot you can do to prevent complications. Lifestyle changes, exercise, lose the weight, eat better, so on and so forth. A lot of diabetes educators say that a lot of their folks do not comply.

We started hearing some pretty negative, kind of blaming language towards folks who seem to be really stuck in of bad patterns - and if you've worked in a hospital environment, you may have heard these terms. I don't like them particularly, I’ve written a blog post about it which is on my website. The terms like “non-compliant,” “resistant to treatment,” “sabotage,” so on and so forth. A long time ago when I was working with some pretty challenging clients, I started thinking a little bit about, why do people not follow through on things that would have improved their situation? Why doesn't that person go to the job interview that maybe would have given them a way out? I started thinking about and looking for research on this topic because it doesn't make sense. I wanted to have compassion for people who don't follow through on things and then in the middle of all that, I met (well someone I already knew but I connected with a wonderful family doctor) Dr. Patel and she started talking about a very similar challenge she was having. As you may recall, if you listened to past webinars, there's a part of our community in Kingston that is a multi-generational impoverished community in some way connected to the prison community where folks moved in the neighborhood had a lot of really complex life circumstances themselves and it's a challenging community.

There's a lot of poverty. There's a lot of drug use - and I'm sure you're familiar with some of those neighborhoods wherever you live. Rupa was a family doctor who started working in a clinic in that part of town and she started being very puzzled because a very large number of her patients on her case load had been diagnosed with some form of chronic pain. They were on incredibly high amounts of narcotics (so probably mostly oxy in those days) that were probably prescribed by a previous physician and these were incredibly high doses. I'm not just talking about, you know, you had knee surgery and you need it. They were on 800-1000 milligrams of oxy a day. Dr. Patel was seeing a lot of really negative side effects. This was years ago but she was basically saying “these doses are too high and I don't even think that we're helping our folks.” To make a long story short - and I'll tell you about the study that came up after that. Rupa decided that she was going to kind of change her approach and she was going to screen all of her patients for other life circumstances to try and see whether there was something else going on. Is living in chronic stress and poverty part of the story that’s contributing to the chronic pain. Is it also contributing to the not responding to medication the way that normally people would. I'll tell you more about that in a few minutes.

Rupa and some other colleagues; another physician, Dr. Purkey and myself and a social worker received a small grant to do a study in this community and this finding was published in the Canadian Family Physicians Journal just a couple of months ago.

We basically interviewed women who were in that community, who had two or more chronic health issues, so that could be for example, chronic pain, fibromyalgia, diabetes, those kind of things. We also screened them - there's a test that I'm going to talk about in a minute - for childhood trauma. The screen is not detailed, it's not as a test that gets people to disclose their detailed stories about what happened but it's a quick test to get a sense of, did you grow up in a stressful, not great household before the age of 18. What the studies have found, is that many of us have had not necessarily perfect ideal circumstances. As I mentioned in the previous webinars, my parents divorced when I was 9. My mom was a single parent, she had some financial challenges. Those are not uncommon and what was found was many of us can bounce back from a few of those but when we have four or more of these experiences before the age of 18, it can lead to a whole bunch of different stress effects and symptoms that explain a little bit better, why people don't necessarily make the choices we wish they were making. I'm going to explain that in a minute.

This was the study or pilot study which was just recently published. We looked at, what is the experience of women who have had childhood trauma and chronic illness and what is their experience of going in to see a family doctor?

We asked them questions from everything to “does this waiting room feel safe and comfortable to you?” “Would you be likely to come back for another appointment if you saw a male physician instead of a female physician?” “Would you be likely to continue with treatment if you saw a medical student that's different every time?” Those kind of questions and it led to some really interesting information.

Let's take a step back for a minute and I'm going to recommend, I know you don't have a lot of time but if you're interested in more on this topic I'm going to recommend Dr. Burke Harris’ Ted Talk. It explains in 15 minutes what I'm going to try and explain to you. She's so effective at it that she just tells a great story and you totally understand what she’s talking about. Dr. Burke Harris is a pediatrician so she works with children in a really rough part of San Francisco. She started realizing that a lot of her treatments were not necessarily working. She came across a study, and I'm going to tell you about right now that's been a really fascinating study, that came out originally in 1996/1997. It was a study that was carried out in San Diego and what was discovered, and it's now been replicated elsewhere, is exactly what I was just saying. These are referred to as Adverse Childhood Experiences - so ACES. As I said, many of us have had one or two of the three of these but what was found is that people who had four or more of these things that had happened before 18, had some very interesting and different looking patterns in terms of behavior and health outcomes. The adverse childhood experiences studies screens for the following items: was there physical emotional or sexual abuse in someone's household? Were they physically or emotionally neglected? Was there mental illness in the household? Was a relative incarcerated, which as you can imagine in part of the community I'm describing, that's very common. Was there substance use? Was that person’s mother treated violently? Was there divorce?

You may be thinking “I have had some of those experiences” and that's actually not uncommon. It turns out that more of us have had experiences like that than we necessarily disclose. What was discovered in this study is that when people that had four or more of these, there were significant changes. First of all, people were far less likely to be physically active, much more likely to smoke, much more likely to use substances and miss work and they also had of course, as a result of that, much more likely to have severe obesity. We're not talking about being a little bit overweight we're talking about morbidly obese which often leads to diabetes. They were more likely to have diabetes, suffer from depression, much more likely to have made suicide attempts, have STIs, sexually transmitted diseases, have heart disease, experience cancer, stroke, chronic obstructive pulmonary disfunction, people who are chronic smokers, my father has COPD, he started smoking when he was 12, and have more broken bones.

Also, some were less sensitive to medications than other people would have responded to well. The reason why that's really powerful and interesting is not - as I said sometimes we talk about this and people look at this and say “oh crap that's me, what's going to happen?” - that this is completely unchangeable, it's that we need to understand that if we've had some difficult things happen before the age of 18, those have a powerful influence on the entire system of our body, neurology, of our ability to maybe get active or make some certain decisions. I'm sure you've seen that with some of the kids that you work with who you know for a fact, or you suspect it, have had some significant childhood trauma, they look different, they act different, they don't respond to certain things in the same way.

Understanding this is a route, in my opinion, to developing more patience and compassion towards folks who don't necessarily behave or comply with what we wish they would.

I'll give you an example, I do a lot of work in the Territories and in the Yukon. So in the southern part of Ontario, statistically, women in abusive relationships return, on average, 7 to 12 times to their partner before they leave for good. That's very well-documented. There's lots of reasons for that. As you know, sometimes leaving is not safe or financially not possible. There's lots of reasons why people go back but in the Yukon, the people return to their abusive partners between 30 to 90 times before they leave for good. The reason I'm giving you this example is pretend for a second that you are a social worker or a police officer and you've been used to working with the 7 to 12 average and you know how that works and you are all of a sudden air-dropped in the middle of the Yukon, you're going to need to have a different type of training to stay compassionate and patient when the reality in the north - because of course, of the residential schools and multi-generational trauma of First Nations individuals, they may never leave. If they're never going to leave or it's going to take 90 times, you're going to have to shift the way that you do your work so that you are efficient, effective, compassionate and so you don't burn out.

There's a lot more about this but basically one thing that was very interesting out of the study was that having an adverse childhood experiences score of four or more nearly doubles the risk of heart disease and cancer. That's related to what's been called *toxic stress*, where if you’re living in a state of overload all the time, as I mentioned in a past webinar, it has an impact on our inflammation in our immune system. It also increases the likelihood of becoming an alcoholic by 700% and the risk of attempted suicide by 1200%. I understand that these are pretty heavy stuff and it can feel quite discouraging but what I found when I talked about this with the women that were interviewed during our study, is that they were actually quite happy to talk about this. We administered the ACES self-test. It's a 10-item questionnaire. It’s very easy, it’s online. If you're ever interested in taking it yourself, as I said, it doesn't probe into details, it just says “has crappy stuff happened to you?”

What we found with these patients is that when they got an adverse childhood experiences score and let’s say you have a score of 6 or 8 and then we say, “oh that’s interesting, it’s not in your chart anywhere” and the women would say, “yeah I was never asked about that. In my whole experience of receiving care, no one ever asked me, “did some crappy things happen to you?”. So, what it became is instead of it being – I mean, people have had really bad things happen. They know that, it's not a revelation to them but it became a way to talk about, okay so given that this has happened, how can we better support you so that you can actually follow through on the medication you need or the care.

It was actually a shift in becoming much more understanding and compassionate. There's another program that's called “Bridges out of Poverty” that came out of the States and what it was, was basically a program inviting educators and other service providers to have more of an understanding of why folks who live in poverty and have had four or more difficult things happen before the age of 18, may not follow through on things that to the system would be normal like you know, if they don't show up for an appointment or they don't fill out the forms. What I invite us all to do, is when that's happening repeatedly, instead of judging and thinking this person doesn't care and maybe they don't but honestly, most people care. Most people care about their children unless they're really struggling with some pretty severe mental health issues. Try and help them figure out: “so coming to an appointment at 9 seems really hard for you, why was that?” Bridges out of Poverty highlighted that sometimes it's of course, something related with stress or circumstances. Some people might say, I can’t, I have depression, I can't get up that early in the morning. Other people would simply say, I have to take 3 buses to get here and I missed my connection or I can't afford a cell phone so I couldn't call or I have an unreliable car that doesn't really work very well.

It just was kind of a shift of being able to have more of an understanding for the folks that we love and in our life personal lives, in the people we work with, whether they’re parents, kids or even our colleagues to try and have a bit more of an understanding of what the big picture is and why they are doing things that are so frustrating to us.

There's a wonderful book that was written by Donna Nakazawa. She is a science reporter and it's called “Childhood Disrupted” and it talks about the ACES study. What I really like about the book is that it is full of concrete strategies and resources. I’ve actually given it to a friend of mine who had significant childhood trauma and she found it really helpful in terms of strategies that she was able to use to help support herself and deal with her stress and anxiety and it's really wonderful and it's very clearly written.

There are also some really good resources, two websites that I really like. One of them is called *Aces Too High* and that's actually the link: acestoohigh.com. It's full of information, resources, suggestions of ways in which we can develop what is called more trauma sensitive or trauma-informed systems whether that's the way that we book appointments, the way that we interact with family members that we work with so that we can actually help them and as a result also not burn out and lose our compassion.

Another website that's really great is called, *The trauma-informed Care Project* and again it's a website that's full of free resources. It basically invites us all to understand a little bit better, what are ways in which we can have a greater understanding of - and I'm really talking about the folks that are pushing your buttons and I’m not saying here that it's an excuse because it's not and we know that there’s some really interesting resources, information or research about resilience and we know that some people go through unbelievably difficult things and seem to bounce back in a way that's incredible. An example from years ago would be Nelson Mandela in South Africa. Nelson Mandela was incarcerated, was in prison for 27 years. That man came out of there stronger than ever before. This is not a judgement call about “this stuff happened to me and I'm okay and why aren't you”. It's more trying to understand that the research is now showing that this has a profound impact on our immune system. It has a profound impact on our ability to make judgments. Some of you have been working with some folks, with students who are very impulsive. It turns out, we call it the executive functioning, the frontal lobe, is changed. We're also doing more and more studies where we're doing brain scans and looking at people’s immune systems, their hormones. Literally, there’s research looking at how we process medication and there's going to be more and more information that’s going to come out of that. Now it's being done across different cultural groups and across different countries as well.

One interesting finding from the United States is that - so we talk about difficult things that have happened before the age of 18 and then we talk about combination of when two of those things have happened, they lead to even more difficult outcomes and for men what’s interesting is the studies are suggesting that the thing that makes everything else worse for men is *poverty*. That’s a very interesting thing to think about. What does living in poverty do in terms of amplifying decisions we make or maybe whether we stay in school or whether we use or we don't use. What I like about this program is they basically say what we're trying to do is to change the paradigm from what's wrong with you to what happened to you. It doesn't mean that we all have to become a therapist and it doesn't mean that we even ever need to discuss the actual trauma that people experience. When we did the study in the North End of Kingston, the women that we interviewed did not disclose what happened to them. That wasn't the point of the interview. It was just establishing like you, the person I'm interviewing, agree that some crappy things happen to you and now let me know, how I could provide care in a way that would make more sense given the day-to-day challenges that you experience?

Another example I could give is working in the military. I used to see a lot of folks who had significant financial stress and I'm sure some of you can relate to this. There was a very high rate of personal bankruptcy among a lot of the military folks that I would work with. A lot of them had come from some pretty rough neighborhoods themselves. They had joined the military more for financial reasons. Maybe they're coming from the East coast and the fisheries had collapsed and maybe they had grown up with an alcoholic dad. That was not uncommon and I remember at some point dealing with a client who was definitely going through some serious financial issues. She had creditors calling her, they were threatening to repossess her car, like some really tough stuff. I remember saying to her, “I've helped you book an appointment to go see a credit counselor but you didn't go and what are you doing these days when the creditors are calling?” and she said, “oh I just don't answer the phone. I just play the ostrich and I just hope it's all going to go away.” I remember in that moment when she described that, I almost felt sick to my stomach. I personally would not even go to bed if I knew creditors were calling me and what I started realizing - which is something I can explain further in another webinar - is that what she was doing is she was *hypo*-aroused. She was shutting down. She was just checking it out. When she was growing up in a rough household, that might have been actually something that kept her safe but in this context, it was actually going to work against her. That's what I mean by changing the conversation from what's wrong with you, why didn't you go to this appointment to like, let's think about ways in which this isn't working for you and how we could support you in that.

*The reflection activity* I invite you to think about is this: is it helpful to be trauma-informed at work and at home? What are your thoughts about what I just discussed? Does it help understanding - again it's not about becoming bleeding hearts and thinking “oh poor you”. It's not about feeling pity for folks or even for ourselves, it's more about having an understanding of that's why those things happen. There's several members of my family who experienced some pretty difficult things before the age of 18 and interestingly enough, every single one of them has Type 2 diabetes and some chronic health issues. Now instead of thinking, “oh my gosh, why doesn't she just, you know, exercise to lose weight” - now it has helped me pause and think “that's interesting, so this stuff happened to you and you have some added challenges in terms of working yourself out of that.”

I know that this one seems like a pretty heavy topic so if this generates some questions and you want to just ask us anything or have some reactions, please by all means get in touch. I can honestly say that it changed my career because all of a sudden, I also wasn't working harder than my client if that makes sense. I wasn't working in the opposite direction and it also helped me and those of you who worked with kids who have some complex developmental disabilities, you know that we need to measure success in very different ways. There are times where what we celebrate is that this one child learned to hold a pencil and it's not fair to have the same expectation of that child with a complex developmental challenge as it would be to the child who's the top of the class. It's kind of that suggestion to think about shifting our expectations but also having a lot of compassion. I'll see you next time.

**Webinar number Eight: Self Care at Work**

Welcome to webinar 8. This is Francoise Mathieu and today's topic is self-care at work.

I think that we can all agree that working in education is a very hectic environment and that a lot of self-care strategies that you may have heard being recommended for office workers, do not apply to you in any way.

I often find that people who don't work in education don't actually realize that some of you never get a break. You might be on your feet from dawn to dusk and have to find ways to do basic stuff like go to the bathroom, have a snack and have some lunch. It's not dissimilar to what I find in health care, where a lot of nurses will say to me that they're on the go. I mean, their shifts are often 12-hour shifts and they do get some type of breaks but if you're working in intensive care or in an emergency ward, there are times where you are just on the go all the time. Working as a crisis worker for years, I definitely found that some of the recommendations that have been made for self-care at work are more generic recommendations. There's a really good website Great-West Life has some wonderful resources for mental health in the workplace. I found that a lot of those were much more geared towards white collar office staff and not necessarily to folks who were in the trenches.

What I wanted to talk about in the next two webinars are different ways that we can implement some self-care strategies, understanding that we work in really chaotic environments and that there is a lot of uncertainty in that we’re often called upon to drop everything we're doing to go and take care of business so that's the context in which I'm going to talk about this.

If you go back to the **balance map** that I've been discussing over the series of webinars, the piece I wanted to talk about today is as it pertains to your reactions to change.

I want to invite you to think about the quick reflection - first of all, how do you deal with change and uncertainty and how has your workplace changed? If you've been working in the school system for a long time, how has the landscape of your work changed in the past 5, 10, 15, 20 years?

I know from your survey, there are some of you who have been around for quite a while and you commented - and I've heard the same thing from other folks in education - that things have really really changed in the last decade: More complex cases, a larger volume of work, larger classrooms, more kids with more complex mental health issues. Now don’t just think about the negative because I think that we can easily make a list of all the things that are harder and more difficult but what are some of the things that you have more of in your schools now?

Maybe you’ll say, we have more complex cases, we have more students.

What are things that we have less of?

Again, you can flip that around, you can say we have less resources or we have less whatever but is there way that you can think of it also in the positive?

What are things that you have more of in a positive way and what are things you have less of in a positive way?

What are some things that are working better than they used to?

What are some things that are not working as well as they used to?

One of the things I found interesting walking into workplaces where some people have, what we call “institutional memory” so they have been there for a long time and remember how things used to be done. Sometimes those things have become improvements.

An example would be technology. Sometimes technology has changed the way we do the work and that's not always a negative thing. I certainly know that doing the work that I do now, 10-15 years ago was a lot more difficult because I just couldn't quickly prepare a PowerPoint in 2 minutes and then book my flights in 2 minutes and go and do a training. All of those things took a lot more time. This type of thinking in both regards of things that work better, not so well, how the change affected you and how much change you've seen. We know because there's some research being done on the level and speed of change that we’re all experiencing – there was a study that was done that said that we now experience more change in a lifetime than hundreds of years of centuries in the past where things used to be pretty static.

Now things move fast and they shift and what you’ve probably also seen because of the new technology, is that it's also had some impact in terms of our attention span and the kids that we work with, their ability to focus on things. There's a whole bunch of researchers looking now at the impact of smartphones and are they affecting our short-term memory and our attention span. That's a whole other conversation and there's some really good resources on that as well.

That’s the focus on the reality of working in the education system in Ontario at this time. I like to put this picture of a roller coaster because I think that the nature of the beast now is a lot of change and uncertainty. As I mentioned to you a couple of webinars ago, we have had a lot of school closures here and so there's a lot of folks that are not really sure what's going to happen next. If you don't have seniority, are you going to still have a job? We need to recognize that even when we are highly professional dedicated staff members, obviously those things have an impact on us in terms of our stress levels and our ability to concentrate. The other thing that's complicated and also interesting is that as policies, regulations and politics, you know, things change that we don't have control over, some of those things also may have an impact on our jobs, eligibility criteria, you know, what kids are eligible for certain types of additional support. Some of those things have changed in the province over the last few years.

I want to invite you to think about, how do you personally cope with change and uncertainty?

I want to invite you to look at the various folks that you work with, your colleagues or maybe even in your family, your loved ones, would you agree that not everyone in that group deals with changing uncertainty in the same way? I certainly find that, in terms of my friend group, if I was going - to give you an example - when I went on a camping trip with two friends of mine recently and all three of us have very different personalities. I found that one of them was sweating the small stuff. I just thought, well this is no big deal, we're just going to problem solve. I just found her to be really delicate. I remember one day the weather wasn't great and it ruined her day and I was like, “oh I don't know, I'm kind of a glass-half-full kind of person” (which later by the way said she found it extremely irritating, which is hilarious). She said “your constant positivity and optimism gets on my nerves”. She is my best friend in the whole world so we had a good laugh about that.

I want to invite you to think about: what are three words that come to you when I say the word “change,” and are they positive or negative? Sometimes when I do this in workshops, people say “change, energy, new”. Other people say “scary, anxious”. What are some examples of changes you've experienced in your life? As we know when we discussed briefly stress patterns, that not all positive changes are necessarily without stress. One of the things that's been considered to be one of the highest stress, other than obviously tragic events, are transitions such as retirement. Some of you are saying, “no way, I can't wait to retire”. In fact, we see a lot of health issues when people transition into retirement because it's a massive change to what we know and our day-to-day schedule is changed. We know that transitioning when your children go away to college or university, those are very big transitions in someone's life.

I just wanted to invite you to think about three changes you’ve experienced in your life - not necessarily the most difficult ones, I'm not inviting you to go into the hardest things you've ever experienced because I think we all have those but what are some changes you've experienced in your life and what were those like for you?

Did you adjust pretty well or not so well? I know that when our first baby came into our life - and it turns out of course, she had severe ADHD but we didn't know that in those days. She never slept and so that change was extremely stressful to us and then she was born during the great ice storm of 1998 (which some of you remember and some of you that makes me sound like I'm a thousand years old and that's okay). I had a 2-week-old baby during the ice storm and we lost power for 3 weeks and so those were very stressful changes but they were also kind of exciting.

The other thing that I want to invite you to think about is, how does your way of coping with change and uncertainty impact others that you work with?

I'm going to give you a quick little activity:

Let's pretend for a second that it's Friday night and you've got the night off and you have big plans. You're very excited, you have big plans with your pajamas and your favorite snack and your favorite show or game. You are taking the night off and all of a sudden you get a phone call and it's your best friend and you best friend says, “I have tickets to the show, the game, that thing you've always wanted, it's tonight, you need childcare, it's handled we are on”! What I do often with this activity is I'll get people to do a show of hands of how many of you, when you heard that, you were like “woo-hoo, let's go! In 5 minutes I'm getting changed and off we go!” How many of you are like, “absolutely not. I'm well established here in my pajamas like, I'm good.”

What we started finding out is that when we work in high-stress work environment such as a field of education or health care, the majority of the audience, when we surveyed them, say “no, I am not going out.” When I do the same survey with a group of people (a bunch of accountants or people who work in an office), most of them say yes.

I call this the “porcupine effect” where when we work in highly stressful work environments, where there's also elements of difficult secondary or even primary trauma, we are often very reactive. That’s why I called it the porcupine effect. I know personally, that if you give me an unexpected event, even though it's fun, my first reaction is to get my hackles up on my porcupine. My first thought is “absolutely not, that was not the plan”. What I realized over time, if you give me 40 minutes, I'm totally going out. I just need a little bit of time to process what's happening.

I personally think - and I mean you can do your own analysis - that it's related to - I had some very unexpected things happen that were nothing worse than anyone else but when my parents got divorced and I was 9, I did not see that coming. It was a pretty traumatic event in my life. We lost everything and we had to start again. I didn't see it coming. I think that I've kind of developed this sense that change is bad. Unexpected news is bad. If a friend of mine said to me, “we need to talk”, I will not wait until that night to talk because I think is that bad news or am I in trouble.

I've learned that about myself and now what I can do is let people know that I tend to have that reaction and it can lead to clarifying some things and having less misunderstandings where people may not understand my reaction. I invite you to think about that for yourself.

Let me give you another test: Have you ever spilled milk all inside your fridge like from the top all the way into the crisper? or has someone else in your family ever spilled milk or even chocolate milk? Is it true that sometimes when that happens, you go bananas? I certainly would. There are times I would just lose my marbles and other times I'm pretty zen about it. I'll be like, “well that sucks but I was going to clean the fridge anyways”, off we go, paper towels, spray.

Same question: Have you ever been stuck in traffic? This is a picture of Los Angeles where I do some work. As some of you probably know, the traffic is unbelievable. Nine lanes of highway. Sometimes you don't go anywhere. What people in Los Angeles have developed, it’s this really zen attitude about it because “what are you going to do?” They call it daytime traffic and they just deal. Sometimes it can take an hour and a half to get somewhere and sometimes the same distance can take 15 minutes.

When you’re stuck in traffic, how are you? Is it true that sometimes you are super stressed, you have road rage and you're freaking out and other times your like, “oh well here's a chance to listen to my favorite tunes”? What I'm describing here has been referred to as “the window of tolerance.” A framework. There's a good acronym if you want to remember it; it's called *WTF*. My colleague Diana has been working on this since using some research from Pat Ogden and others. What we realized - and once you get this, you’re like “this makes so much sense”.

We all have an optimal zone and we all know that looks like. I referred to a few webinars ago, about being in the *sweet spot*, in the zone. We all know that when we’re well and things are going well and you know, we spilled the milk, we get stuck in traffic, but we're pretty zen about it. What we've discovered is the window of tolerance is the place where we are able to carry on with day-to-day life - we have ups and downs of course. I'm not saying that we are just blissed out the whole day but we're going to be able to go and stay within a pretty healthy zone. Two things happen: When we bump into what we call “hyperarousal mode,” which is the top here (picture) or “low arousal” which we also call “hypo-arousal,” what starts happening in those situations is - hyperarousal is when you really feel overwhelmed. You spilled the milk and you just lose it or the opposite, you spill the milk and you just sit on the floor of your kitchen and you shut down.

What's interesting about that, first of all, is recognizing what is your window of tolerance and how wide or narrow is it? What I found for example, with some members of my family, is that the folks in my family who have ADHD have a smaller windows of tolerance than I do. For example, for them the window, their ability to deal with stuff is a narrower window. Being asked for example, to wait on hold on the phone, drives some members of my family crazy whereas I tend to be like “well I can be on hold on the phone and work on my emails at the same time and put the phone on speaker phone”. The thing about that, that becomes really interesting is first of all, understanding what is your window of tolerance and secondly, is it possible that when you are stressed and overloaded, that window is actually narrower than when for example you just come back from a nice restorative vacation?

The third thing to think about, is just to piggyback on the webinar I did earlier about the adverse childhood experiences, what we found is a lot of folks who have had a lot of adverse childhood experiences tend to have a narrower window and will often go either to hypo or hyper-arousal quite quickly. Remember the example I gave last time about my person who had a lot of personal debt and when the creditors called she didn't even answer, she shut down? The other example that I've seen a lot with my soldiers for example, who come back from the war zones and have some elements of PTSD or post-traumatic stress disorder is that they tend to get overwhelmed and overreact to things really quickly. This becomes a really interesting framework, not only to understand ourselves but also to understand the challenging colleagues that you work with and some of the parents that you work with or even some of the kids, that if they have a really narrow window of tolerance, some things that may seem like no big deal to you, may absolutely send them into a tailspin because they have a much narrower window.

I like this cartoon, it says, “I'm learning how to relax doctor but I want to relax better and faster. I want to be on the cutting edge of relaxation.” The truth is - and this is coming back to Cheryl Richardson who I mentioned a few webinars ago, who wrote the book “Take Time for your Life.” Cheryl has a really nice questionnaire in her book that's called “What's fueling you?” Are you running on premium or junk fuel? Without needing to know a whole bunch about hormones in the brain, we know that adrenaline is the hormone that’s produced by your adrenal glands (which are the little glands that sit on top of your kidney) and when you're producing a lot of adrenaline of course, it increases your heart rate and constricts blood vessels and air passages because obviously, there are situations where when you're in danger, you need to be able to run. You need to be able to get away from things and so there are times where having a lot of extra adrenaline is helpful because it might save you.

What starts happening is when we are chronically stressed, a lot of us are flooding our body with all of the stress hormone. There's some of that you can't control because you can't control necessarily your work environments but there are some things that you can do to try and at least reduce the amount of stress hormones that are being produced. One of them - and I'm sorry to say this because I love coffee - is to reduce some of your caffeine intake. I don't know if you are a coffee drinker but I have definitely found that I can have one really great cup of coffee but if I have two or three, I end up feeling jittery and my heart races and I'm more reactive. It turns out of course, that's exactly what's happening. There's other things were going to talk about in terms of dealing with that. One of them is about noticing what's happening for you and I call it “beware of being in crisis reactivity mode.” I want to give you an example of the Sandy Hook situation.

Many of you will remember some years ago, there was a terrible shooting at Sandy Hook Elementary School in Newtown, Connecticut. About 10 months later, I was invited to do a training for the school personnel and the crisis response team that had done some very difficult work following that. Doing notifications and supporting parents of the children, just really really difficult stuff as you can imagine. What was really interesting though was when I went 10 months later, I found that most the staff, understandably, was still incredibly affected by what had happened and lot of them were really not doing very well.

I also got to sit in and listen to a blue-ribbon panel - these are people who are the top leaders of the field and they were basically looking at “lessons learned”. In fact, the talk was called “Lessons Learned from Sandy Hook” and one of the things that they said, is they realized that they were all in reactivity mode. I don't know if you know the state of Connecticut, it has New Haven and that's a big inner city with a lot of really complex gang issues and then it also has a lot of rural areas in the countryside. Connecticut had some really complex challenges even before Sandy Hook happened. What the blue ribbon panel concluded is that, they were so reactive to this unimaginable tragic event that they basically sent all 26 of their best people into the eye of the storm. This happened – they were like, oh my gosh, what do we do and they said let's take our 26 best people in the state and in one day, burnt out and traumatized every single person at the top of the team. They realized after that, it's almost like they were so shaken and traumatized by what happened, that they said it's like we forgot the Connecticut had and will continue to have, very complex needs before and after Sandy Hook. We lost all of our ability to judge that and we were just into reaction mode. In a way, we ended up causing harm even though they did a really good job.

I think it's a really interesting and important reflection about as we navigate these complex environments, such as your schools, what is it that we do to take care of ourselves so that we don't get sucked into the frenetic activity of our colleagues? I remember talking to someone who works in a women's shelter recently, I think she the director, and she gets there in the morning and everyone is running around like a chicken. She said “what's going on?” and one of them said to her, “we are out of milk!” It was almost like they - if you go back to the window of tolerance – were so stressed by their day-to-day job. First of all, I think their window of tolerance was pretty low and the minute they ran out of milk, they went into panic mode when in fact, that was actually not a hard thing to problem solve. I think that we need to also understand if you’re noticing yourself or some of your colleagues going to reactivity mode but sometimes it's because our cup is empty, our battery is low and we can get either highly reactive to something or indiscriminately everything becomes universally urgent or we tend to shut down.

I just want to invite you to think about it and this is your reflection activity: What are your experiences with the window of tolerance framework? Think about that.

Maybe looking back to the last week or the weekend you just had, can you think up situations recently when either you were hyper aroused so you went way up or you were shut down, you were hypo aroused? Can you think of situations like that and how did that affect the situation and also why was that? I'll give you a very simple example: I'm sure you can come up with some in your own life. Because I travel a lot for work, almost every week - so for example, tomorrow I'm going to Northern Ontario to work with some of the mental health workers up there to Kenora, Sioux Lookout and Dryden. I do that almost every week. I was just Lethbridge, Alberta working with the school board and that travel gets old real fast. It's not that fancy, at some points you’re getting slapped in the head by people’s bags on a plane and dealing with cancelled flights. There are times I’m pretty zen about it, I'm patient and I learn to wait in line at the security gate. When my window of tolerance is pretty wide and I'm not exhausted, I'm good. I'll walk around and I might even think, “oh look at that cute little old couple in front of me”. When I'm exhausted and depleted, I have no tolerance and so my window of tolerance is much narrower and (I jokingly call it air rage) - there might be situations where I'm lining up at the security, I’m going to miss my flight, I'm boiling hot - which by the way, I think it's just my stress hormones - all of a sudden the cute little couple in front of me isn't cute anymore, they are filling me with frustration and rage.

I just want to invite you to think about that. What are examples for you and what are examples you've noticed at home and at work. How did your reaction affect the situation. A couple of weeks ago, I wasn't feeling very well, I just received a really upsetting email from someone who is mad at me about something that I probably deserved and it was on my mind. My daughter was sick and she came to me very upset and she's like, I need to go to the clinic and I was so grouchy. I took her there but I was just so grouchy. I remember in the moment, she got really upset and she's like surprised I was being so irritable and I finally realized it had nothing to do with needing to take her to the clinic. I just had so much else going on but I went into hyperarousal mode because of that. I think that's self-awareness is the key here. Being able to monitor it and moderate what's going on.

I'm going to conclude by inviting you to your second reflection activity. Think about: what are some of your real strengths in terms of reacting to change? If we were working together, what would you say? For example, some people might say,”you know what I'm a good problem solver”. I have a friend like that. He's very creative. I can’t often problem-solve as well if I'm overwhelmed and stressed and he always thinks outside the box. Is that one of your strengths? Or maybe you have a really good attitude to uncertainty. I just really want to invite you to think about what are your top 3 strengths of your ways of reacting to change?

Also, if we were colleagues, what would be the best way to approach you if we worked together? An example I always give, going back to the porcupines, I might say to you, “listen, when I'm in hyperarousal mode and I'm having a porcupine moment, don't take it personally, I don’t feel like chatting. I might just go straight into the school, I'm going to keep my head down, I'm not going to go out for break or lunch or talk or chit chat, like I'm going to have no patience for the chit-chat but it's not personal”. When people see me doing that, they're not going to necessarily personalize it. I want everyone to know that, that's how I cope. Someone else, it might be the opposite, they say, “when I'm overwhelmed, I need distractions. I need a muffin. I need a hug”. Just having those conversations with one another can be really productive and also prevents some miscommunication and some conflict that sometimes happens in the workplace.

So that's it. Any questions, I'm going to put some resources again on the website and I hope that you enjoyed this webinar I'll see you next time.

**Webinar number Nine: Working with Colleagues**

Hello, this is Françoise Mathieu and this is webinar 9 and the topic is *working with colleagues*.

I'll bring you back to the balance map that I had been discussing in the past webinars. I invite you to look at the component that you see in the bottom here, called *managing occupational stress and resentment*. This is a very big topic and the reality is, I've had the privilege of meeting, oh my gosh probably over a hundred thousand different professionals who work in education and health car and law enforcement and welfare. That's what I do - I spend my weeks talking to folks who work in these challenging work environments and over the years, I have definitely had a chance to talk to some folks who are feeling really stressed and overwhelmed and angry sometimes about their working conditions, certain aspects of their work.

I wanted to start thinking about - how do we navigate that when we don't necessarily have control over many aspects? You can imagine that working in the prison system, and maybe you know some folks who do, being a correctional officer, you can't change the entire correctional system. I mean, unless you're some incredibly influential person, so you need to make some choices about what you can change, what you can't and daily decisions about how does managing the things you're frustrated about your workplace, how does that affect you, your loved ones, your friendships, your health, the quality of work you do with the kid. Those are all elements that we have regular conversations with staff about.

The first one invite you to think about is whether you've ever experienced what I call the “must be nice phenomenon”? The must be nice phenomenon happens at work and at home when - let's take a home example - have you ever had a situation where a friend of yours are taking really good care of themselves and maybe they started going to the gym, or maybe they started power-walking or something really good and although you are happy for them, you also have that little feeling of “must be nice to have time for that”.

I have certainly had it in the past and I actually started realizing that it was very good information about where I was at and what I was feeling. I'll give you an example, but of course, they're very individual so yours might be different. As I mentioned in a past webinar, I used to be a long-distance runner and it was a great stress relief for me. I used to go for a run and it's like everything that I had been worried about would not only fall off but I would also get new insights and ideas about things. It was really good for me and then I got injured and I wasn't able to run anymore. I had hip surgery and that part of my life was over. I had a really hard time with that and for 2 or 3 years after not being able to run anymore, I had evil thoughts about runners. I’d see someone running and think to myself, “who runs at this time of the day,?” “who runs with that outfit on?”.

I started having these not so generous thoughts until I finally realized that I missed running terribly and somehow their activities were pushing my own feelings of longing or missing something. I saw the same thing sometimes with friends of mine, who might be better parents than me. I’m a pretty good parent but there's certain things that I never enjoyed doing with my kids. That might be very individual but I didn't like crafts. I didn't love all the glitter and the paint and the mess. I remember having a friend who would say to me, “we did a craft weekend” and instead of just thinking “good for you, that's awesome”, I remember at some point having this weird feeling of “must be nice”. Instead of realizing that that emotion is actually a sign of longing or guilt or envy.

I started noticing that in the workplace as well because – as I've mentioned before, I work with nurses a lot, and they're not offended by this but nurses can be mean to each other and can be hard on the new rookies coming in. Sometimes nurses would say to me – they would have a brand-new nurse come in and maybe she would take an extra few minutes of her break and they would be like “must be nice to take an extra-long break, must be nice to call in sick”.

I want to invite you to think about that. Have you had this “must be nice” reaction in your personal and professional life? What are the underlying emotions? like what is this really about? What is the impact that it has on our social relationships at work? What we found and there's a term that's been used called “horizontal violence” or “lateral violence.” We’re not talking about physical violence here, we’re talking about bullying, cliques, isolating other people in the workplace and what we have found is that lateral violence or workplace toxicity is directly correlated to the level of stress and the lack of resources and control we have in the workplace. Again, hospital emergency wards, prisons, child welfare, busy schools.

We found that there's some higher rates of workplace conflict when there is compassion fatigue and overload. An important thing to keep in mind and to notice. I think we can all agree that some of our colleagues or maybe yourself, depends who's listening to this, some of us are really burnt out. I like to call them the Eeyores of the workplace, you know from Winnie the Pooh where there's a new policy that comes in and their immediate reaction is negative? “It's never going to work, we tried that 25 years ago”. What we started realizing is that, not only are those folks obviously having a potentially negative impact on the workplace but they're also really struggling.

I tried to have a compassionate shift and think about - I remember working somewhere where there was definitely the Eeyore in the workplace. I mean literally every time there was a new policy, rule, regulation, or announcement, it could even be positive, she always had something negative to say. At first, it really got on my nerves and after a while I started thinking, “you know what, she's in the red zone. She's really struggling with this,” and it helped me think about how much power was I going to give her so was I going to let her be the person who is going to influence the entire workplace climate? and secondly, how can I best support her without letting her have control over everything that was going on around us?

I’ll talk a little bit more about that in a minute. I think we can acknowledge that there are certain elements of workplace toxicity and some schools are better than others. I'm sure if you've worked in a variety of places, you will probably find that some schools were much more enjoyable to work in than others. What we found is that, that has a lot to do with who is working there, obviously, who's in charge so who's the principal, who's the person in charge of the work you do.

So what made a big difference was *leadership* and it also had to do with a couple of key individuals, who were either the positive elders or the negative elders. I think that we can agree that every workplace, has a group of people who have been around there for a long time and some of them are amazing - and I hope you’ve had the opportunity to work with some amazing elders such as people who been there for a long time and they really are mentors and they are leaders. We just recently had the person who was the head of guidance, who retired from my daughter’s school and everyone was like, don't go! She just had this incredible outlook (and I think she even worked longer than she needed to in terms of retirement) but she was just an incredible person.

I'm really interested in having conversations with really resilient practitioners. They have been there for years and yes, they've dealt with some difficult things and challenges and new policies and a whole bunch of stuff they might not agree with and yet they seem to have a way to be supportive and good mentors for the younger generation. Hopefully you’ve had some of those but can we also agree respectfully that sometimes, folks that have been around for a long time - and it might even be you listening to this call - You know who you are – are kind of crispy fried and don't have that positive outlook on life and don't feel excited about the incoming new hires.

It’s an invitation to think about who you are spending your time with and how much are you allowing that toxicity to have an impact on your relationships with others in the workplace and with the students as well. As I mentioned briefly in another call, I at some point had to make some decisions about my work environment and I was turning into somebody I didn't really like. I was turning into the someone who was having the post-meeting bitch fest after every single meeting and I did that for a while. It was legitimate in the way that they were legitimate complaints to have. There were some things I was very frustrated about but I realized at some point that if I was going to do that every single day, meet with my bestie in the broom closet and have a bitch fest about what happened in the meeting, nothing else was going to change. It was just going to be like that forever and so at that moment, she and I decided that we either needed to leave and go somewhere else or we needed to change it up and we decided to change it up and change the way that we talked about work and also pick our battles.

It didn't mean that we were always happy about the workplace - there were times where we were not, but we also just decided to be constructive. I'll be honest with you, it made a huge positive impact on our own workplace satisfaction and that was a really interesting by-product. I want to invite you to think about, how is stress affecting you and your team? How are you as individuals affected? How is your workplace affected and how are you seeing the stress affecting organizations as a whole and society?

I think we can all agree, based on the last couple of conversations we've had about the adverse childhood experiences and the window of tolerance, and I think that you probably agree, that your most challenging students and families are also involved in other parts of the system. They may be involved in some complex healthcare situations, some of them might be involved in child welfare situations. They basically are the same families, if that makes sense. We are all trying to support families who often have had really complicated lives in the first place. What is the impact on our whole organization and society, when we often don't have all or enough resources to best support them and also don't have enough resources to support our teams?

Those are some of the questions that I want to invite you to think about and also to think about what are you seeing concretely? Many of you who replied to the survey gave us some really concrete examples of stress effects that you're seeing for yourself and for your team and for your school. What are you witnessing? I invite you to think about this, in the next days and weeks, go out. Be an observer for a second. Are you noticing all of the different elements that we've discussed in this webinar?

We know that when there's a lot of stress and not enough resources, we individually have increased risk for emotional numbing, like checking out. Remember hypo arousal. Remember I mentioned that when I'm in the overload zone, I withdraw from my colleagues and my family. Maybe we've also seen communication breakdown. I don't know if you’ve seen this where, if we're really stressed out and overwhelmed, we tend to misread certain things and misunderstand each other and that can lead to increase in conflict as well. There might be more anger and aggression, people might be more defensive and have a negative attitude which can lead to conflict and breakdown.

This cartoon says “management are fighting over the best way to resolve conflict in the workplace”, which I thought was kind of funny. What is the impact on the environment and morale? We know that we are less productive when we’re stressed. It's also by the way, very interesting because if you look at a completely different field, *Google* for example and all those fancy tech companies that invent a bunch of cool stuff, the Google office is not structured in the same way as our work place is.

Some of you maybe have seen the movie The Internship, which is kind of a joke about the Google office but apparently, some of it is absolutely true. They have a lot of unstructured time, they have beautiful work environments, they have swings, they have slides, they have ping-pong tables. It turns out of course, I don't think that the big boss of Google, necessarily cares about his staff emotionally and personally. Maybe he does but what they realized, is that in order to have creative staff, you have to have an environment that is conducive to that.

What we know is in our environments, we’re not going to be very creative when we’re in hyperarousal mode and we're responding to crises all the time. Productivity goes down of course because there's just too much to do and not enough time and then of course, as a result, we see all the consequences like increase in sick leave and workplace conflict and all that kind of stuff. Those are some the conversations we have with leadership when we're trying to do what we call, “making the business case for organizational health”, is we will actually have conversations with leaders about why does investing in your team make such a difference? That's a whole conversation we have with them.

What is organizational health and why does it matter? Dr. Fisher spent years talking about this and she gives a really great analogy where she'll say: listen, your organization, your school, your school board, that's the organizational structure of who does what and who's in charge and all that. That is called the skeleton or the architecture of the organization. That's the framework. But the fact is that we're all human and organizational health is basically the muscles, tendons, blood vessels and skin. That's what animates the skeleton of the horse. What runs the machine is not the structure, it's the human element and that's really complex because as I've established, we are all complex folks. We have all sorts of issues of our own. We have strengths, weaknesses and personalities and the impact of stress has an impact on that. The more we understand that, the more we can see how common some of the challenges that you're experiencing, we have seen so many high stress trauma exposed organizations and it's fascinating to me how I could be in Oregon talking to a school board there – and I was actually working with some of the EAs there and they were just describing almost identical challenges to what I've seen in Ontario. That really fascinates me.

To go back to the model that we talked about a long time ago, a few webinars ago, one of the things I invite you to think about is, what is within your control and what isn’t? You may or may not have any control or influence over the organizational system but you may have some amount of control over what you do as a professional. Whether you choose to take some extra training even though sometimes it's just more demand on your time and I completely understand that. You may choose to have strategic alliances, so who you're going to spend time with in terms of your colleagues individually. Hopefully you have some amount of control over what you do and how you take care of yourself. We kind of overlap that with Pat’s model, which is going to look complicated but it's actually really simple when you look at it.

What Pat Fisher has developed over time is called the *12-Factor Organizational Health Model* and what she has demonstrated in her work is that we have three foundation elements down here.

Until you have reasonably healthy leadership, employee health and wellness, you cannot expect to have good communication, trust and respect and a really productive team unless the foundation elements have been looked at.

You can't expect to have good commitment unless the foundation elements have been addressed. The way we think about the foundation elements are the following: *leadership*, what does that mean? Well it won't come as a surprise to any of you, that leaders are people too but they're also dealing with their complex stress effects themselves – I know because I’m a therapist and I've spent years listening to people's challenging situations so it doesn't really matter whether you're a superintendent or a school principal or a teacher, everyone's got stuff. It also doesn't really matter, interestingly, I think sometimes we think that obviously making a higher income is better because life is less stressful. That makes sense, but we found out really quickly that at some point there's a limit to the relationship between happiness and income level: Once you make a certain amount of money, people who make more money than that are no happier than people who make a certain lower amount of money. Once your basic needs have been met, it turns out that you could be a general in the military and have identical stresses and challenges as the corporals.

It turns out of course, that leaders are not only dealing with managing the complexities of the schools and the boards and everything else, they're also dealing with their own lack of training. It turns out that a lot of leaders are promoted - I don't know how it works in your schools, but often you don't go to some specific training to learn to manage a school or to manage a school board, you are just promoted.

So, what we found is on average, it takes a minimum of 2 years for someone to become reasonably competent in their new job. That could actually be a new hire or it could also be a new principal. It turns out that you need to give a minimum of 2 years for that new principal to develop fairly competently in their jobs. Before that, it turns out that they have a massive learning curve. It also turns out that just because you're a good teacher, doesn't mean you’re a good manager, and that’s a fact. Those are all really interesting components to factor in.

The second piece is *succession planning*. What succession planning refers to are three things: Dealing with retirement, so as the baby boomer generation retires, what do we do with that? Losing all of that knowledge? Maybe sometimes it's a relief for some people to go and other times it's a loss as I mentioned before. How do we deal with people who leave through retirement? How do we deal with the losses of our workplace to illness or stress leave? How do we deal with attracting new people and how do we deal with keeping them? In child welfare, it's a very interesting statistic that child welfare workers are staying in child protection on average, for only two years before they quit because the work is just grueling. In the United States, on average, teachers - and as you know, the education system in the states is really incredibly challenging. Teachers are staying on average 3 years before they quit teaching. Succession planning is, how are you replacing your strong talent, how are you keeping your talent and how are you keeping everybody relatively happy?

The last element is employee health, which is what the focus of all of these webinars is, focusing on that.

I hope you understand by now, if you stuck with me for all these nine webinars, that these are all interconnected and that's why focusing on this pillar makes sense even though, it may feel like it's not addressing the larger issues at hand about resources and everything else.

Strategies I want to recommend to you: Kyle Killian who wrote a paper on this a couple of years ago, said that social support is the most significant factor associated with satisfaction. Compassion satisfaction refers to feeling really good about the challenging job that we do. Positive alliance is the most significant factor. Social support in the workplace is crucial.

I'm going to invite you to go to through a couple of quick reflection activities:

Think about where you work. Are there ways in which your colleagues have provided support to you? Think about ways in which that’s happened. What do you most appreciate about your colleagues? What do you find supportive and helpful? and you can pause this and have a think about that.

The next activity is, I'm going to put the sheet on the handouts, on the website, how and when do you and your team spend time with each other? I invite you to think about formal occasions versus informal, how often do you meet, how long for, how inclusive are those events and how helpful are you finding these events, in terms of enhancing your sense of social support? This is very individual, some of us don’t enjoy formal occasions and that's fine. This is the most important chart here and I'll invite you to do that when this is done as well.

Finally, can you think of one positive workplace alliance that you can make? If you are working in an environment where you really can't identify folks that you connect or feel comfortable with, could you go outside of your school to make a positive alliance with somebody else? Can we agree that now with social media and smartphones and texting and all that, there's so many ways to connect with other people? For the longest time my office, we finally got an office about almost a year ago, but for the first 15 years, I worked out of my home office. I didn't feel isolated because I'm kind of an introvert and I'm happy to be by myself but if I needed to connect, I could easily connect with my friends or colleagues by texting, phoning, skyping and so on. Can you identify somebody that you could connect to who's outside of your school, who could become a really good source of support for you?

So those are the three activities that I recommend.

Going back: three ways your colleagues provide support to you, what do you most appreciate about them, what is helpful and supportive and it’s very individual, how and when do you and your team spend time with each other.

Do you have a lot of formal occasions? I know that in the school sometimes, they're very few and far between so it might be better to focus on the informal ways in which we can connect with each other and as I mentioned before in their debriefing webinar, they don't need to be long events but I think that social connection makes a huge difference. Are there ways for you to do that and finally, is there a positive workplace alliance you could make? You can be loving and understanding of the burnt-out person but they don't need to necessarily take all the oxygen in the air in the room. Are there certain people you could make an agreement with where some days you're not going to feel like you just did the best job ever and you're not going to be positive, we can be neutral in those days. We don't have to be negative all the time. We can make decisions about that for ourselves.

All right, that's webinar 9. I hope you found it helpful. Questions, don't hesitate to get in touch. Thanks, I'll see you next time.

**Webinar number Ten: Social Support**

Welcome to webinar 10. Today's topic is social support.

As we’ve been discussing, looking at your balance map, there are many different components we've been going over and one of them is essential to well-being in the workplace. I'll talk a little bit about some research about that in a minute. We've discovered that **social support** in our personal life and in our work lives are truly essential.

Not all of us of course need as wide a group and it doesn't really matter, it's not about quantity, it's about quality. You may be someone who's an introvert, maybe you're a pretty private person and you don't necessarily enjoy being in a large crowd. We’re not talking about having a massive group of folks, it's more about having two or three people that we trust and we can turn to. What we discovered with the advance of technology tools is that we don't actually need to be in the same country as they are. I know for example that using an app like WhatsApp, which some of you are very familiar with – I’m in touch with some of my relatives who are across the world and even though we don't have a lot of face-to-face time, being able to reach out to them and sharing some information, some news, can make a really big difference. Just feeling connected.

What's interesting about social media, there's new research coming out as I'm sure you've all heard about, the Facebook debacle, that some forms of social media do not actually increase a sense of connection, they can increase a sense of loneliness. There's been some interesting research around. As we have this conversation today, I'm going to speak mostly about folks who are really in your direct circle of care or circle of friends or family and invite you also to reflect on, if you do use social media, has that actually been helpful or not so much? I'm not going to make any declarations on this. I think it's very very personal and very individual. Some of my friends say that using Facebook is great for them, they get to see what other people are up to, they feel connected. Other people I've spoken to have said Facebook has been making them sometimes feel inadequate. As we know, people on social media, some people - we call it the “curated life” - show their best side on social media and I don't think anyone puts pictures of their Thanksgiving where everyone was throwing mashed potatoes at each other. They show the perfect picture with the whole happy family.

I personally, at some point found that I was wasting time on social media. The quality of what was showing up on my feed had gone downhill. I started realizing that the folks I’m close to - I have other ways to communicate with them. I might text them, I might email them, I might phone them, they might be on WhatsApp, I have a sister who lives in Europe and that's how she shows pictures of her babies and all that. Sometimes that felt more intimate than personal where as for me my Facebook feed started to become more like a vortex where I would end up wasting a lot of time. Sometimes it was good leisure, you’ve been working hard and you need to unwind.

Other times, it just felt like I'd fallen in a rabbit hole and I didn't actually feel more connected to other people after being on there for an hour. Sometimes, I also got more irritated because some people would put stuff that I was like, “this is so ridiculous”. As I have this conversation with you, I'm going to invite you to think about right now, what are the various levels of social connection that you have in your personal and your professional life and which of those are restorative and which ones fill your cup?

If you're feeling depleted, they are people that are not a drain on your energy, they are people that you enjoy seeing and that you could turn to that you trust. I think we can all agree, that all of us have some folks that are maybe more chronically in crisis and sometimes that can be very draining. It's not about obviously stopping to offer support to our friends or family who are going through a rough time but there is a point where all of us have the right to run out of steam and if you've always been the “go-to” for other people around you, as we’ll discuss today, setting limits does not always go over very well at the beginning and I'll talk a little bit about why in spite of that. I still encourage you to stick to it because there are times where people don't like change and if you change a pattern where you are on their speed dial and all of a sudden you start screening their calls, they may not like that at the beginning. We'll talk more about that as well.

I invite you to reflect on what we call, “the ripple effect of upsetting event. There's so many different ways that we could use this as an example. We could start with a big national or global event and how it impacts a community. Certainly, we have a lot of examples in the recent past of some very tragic things that have taken place and, because of the work that I do, I'm often invited or my team is, were called upon to go and meet with - I don't want to talk too much about traumatic details, there's been let’s say a tragic event somewhere and they call us to help and ask us to come and offer some kind of the post trauma support. Not the immediate crisis Intervention stuff because a whole bunch of other folks do that.

We're often called upon to go and help the community or the services a year later when everyone's gone back to “normal” but some of the remaining residual effect of that tragedy impact us. Some of you may live in Eastern Ontario, you will know that some years ago we had some very tragic events happen near Trenton and Tweed and even in my community of Kingston. What was interesting to me is, I realized afterwards - so the terrible thing happened and then there's a court case and there was a lot that was affecting a lot of members of our community and I started noticing that there was a really significant ripple effect to those tragic events. Not only of course, the people at the core of it so the family and friends or colleagues who had been directly affected by the tragedy or the first responders but also the second or third or fourth layer of people at the outside of the circle. One of the events that happened, which was a very traumatic – there were murders and other difficult things have happened - and I started realizing that a lot of folks that we never even thought about, had been really quite directly impacted by those events. At some point, I was called in to go to a school because one of the victims had been involved in the school board and a lot of kids were affected by it. A lot of the educational support services were affected by it. Those are big examples of traumatic events in community or in the country but I want you to invite you to think about also smaller scale events and how they ripple out. How did they impact us? Maybe there's been a serious incident in your school or even a tragedy or maybe there's been a serious incident in your community or maybe there's been an event that's deeply upsetting such as a closure of a plant or a factory or unemployment or a school, which is something we've experienced here and how is everyone impacted by those events.

There's some very interesting research that came out of the aftermath of 9/11 and - you may or may not know this – years ago there was the Oklahoma bombing which was an ingrown terrorist attack. It was an American who bombed the Murrah building and there were many many fatalities. As a result of that event, a group of psychologists created the traumatology field and traumatology is a field that aims to help people who are in the helping field so first aid, mental health first aid for people who have been exposed to a tragic event such as First Responders, psychologists, social workers, teachers, so on and so forth. They developed a whole bunch of measures to assess people’s psychological and physical well-being after being involved in the Oklahoma bombing. What that means is that when 9/11 occurred, they actually had all this research and data and tests ready to go. Obviously, that was a very unfortunate event and as a result of that event, there was a lot of research that was collected about - the question that the trauma experts wanted to know is, how do people cope? What’s also very interesting is, how do different people cope and why is that?

We know for example, that some people develop post-traumatic stress disorder and other people don't when they’re in exactly the same circumstance and they wanted to find out a little bit more about why that was. The whole conversation about PTSD is outside of the scope of this conversation today and there are many many factors that have been identified about why some folks develop PTSD and others don't. They have to do with personality, your own experiences - I'll be discussing in another webinar, vulnerability factors, I mean there's so many things - but one of the things that was discovered after 9/11 and this is really interesting, is that - so this is a picture of a group of people in New York City.

There's a picture, which I wasn't able to get their copyright to show it to you but there's a picture on the day of 9/11, a large group of people very calmly walking on the Brooklyn Bridge. They are not running, they look very calm and they're all going home because all the transit was shut down for that time being. There was no other way to get out of Manhattan than to walk so you look at this picture of all these folks walking towards the Brooklyn Bridge to go home and there was research that looked at if you were involved in 9/11, if you were there when it happened, their question was, what are the odds like who's going to develop post-traumatic stress disorder and who is not? There were several factors identified but the number one predictor of whether you were going to develop PTSD or not is *who* you went home to. People who went home to an unhealthy or an abusive relationship or an unsupportive relationship or people who went home to no one or had no close family and friends (maybe they're from another country and they don't know anybody in town or what-have-you), they were much more likely to develop negative stress effects than folks who went home to a supportive environment. I hope you understand, this in no way is blaming - folks don't develop PTSD because they did anything wrong, that's not what we’re discussing. What was really interesting is to find out that social support is an essential tool in helping us reduce the negative impact of a stressful job.

Bruce Perry has said so eloquently: “there is no more effective neurobiological intervention than a safe relationship”. Of course, you know this because of all the children that you work with and many of them do not have early positive attachment relationships and we know as we discussed in a past webinar, that, that is a huge predictive factor to negative outcomes, behavioral issues and so on. That is also true for us in our personal life. As I said before, not everyone is an extrovert and not everyone needs to be surrounded by an army of friends and family all the time. In fact, some of us would find that quite stressful. Personally, for example and this is just a personality trait; Although, I'm very sociable and friendly, I find those situations sometimes draining and the way I refuel and reset is by being alone. I enjoy being alone but if there's been a very upsetting event, I would much rather find the right person, I don't have to tell five people but if I have the *right* person who I can just call and say “listen this just happened”, that sharing experience can make a huge difference.

The other piece in terms of social support is thinking about situations where we need - I mean no one is able to do everything by themselves and I have friends who have a really difficult time asking for help. I remember when my kids were growing up and I had a busy job like many of you and I was really comfortable asking for carpooling when they were playing hockey or soccer. I was really comfortable saying you know, “I'll drive your kids and then can you drive mine.” It was interesting because there was another mom who never ever ask for help. She would happily offer to help me with my kids if they needed a ride but every time I offered to reciprocate, she was always like, “no no, it's good, I'll do it.”

When I got to know her a little bit better, I realized that she had just been raised in a family where you never ever were supposed to owe anyone any favors ever. She would just never ask for help and the other thing that’s hard about asking for help - I don't know if you've ever tried it and people said no and that can be really tough because they're times where it's not true that there's an entire army of folks waiting to help us all the time. That's another reality of looking for social support but it's not always easy or successful.

Research has also shown that the number one solution to reducing stress in the high stress work environment in which you work is social support. That's related to a whole bunch of different stress reducing hormones, some of you are very familiar with this, it's related to generating the hormone that's been called “oxytocin.” Many of you are familiar with oxytocin even if you don't know what it's called. It is the hormone that is produced when, for example, you are hugging or snuggling a child, grandchild, your own children, whoever.

That warm fuzzy feeling that you feel when you are taking care of a child and oxytocin is a hormone that also increases feelings of bonding. It increases feelings of love and trust and when we are hugging – therapy dogs and service dogs – we know that being in touch with a service dog like that - so a lot of the child abuse treatment centers now have these awesome service dogs. It dramatically reduces people’s stress levels unless they're afraid of dogs. Some of these dogs are now going to court with the kids and maybe you have them sometimes in your school. Coincidentally today, I'm recording this on a weekend and there's a service dog in my house. He's a puppy and he's in training and my daughter borrowed him from the day so he's got his little vest and he's adorable. I know for my daughter, who has ADHD, that being around dogs dramatically reduces her stress levels. She’s so happy. She just got back from a trip and she took the car went and got the dog from our friend and she is just so much more relaxed.

We also know that when we have that positive hormone flowing through, it reduces our reactivity, remember the window of tolerance framework so we have a longer tolerance for things. Interestingly, we've also found that it reduces cardiac responses to stress. When a stressful event will happen, we will not have elevated heart rate. It also makes us feel more generous and more empathic or compassionate towards others. Isn't that interesting?

How do we generate oxytocin? Well, obviously, as I mentioned, getting a hug from someone we love - by the way, consensual hug like not hugs we don’t want - and hugging our pets, having that ability to share with other folks that we trust makes a huge difference.

I wanted to give you a really cute example of something I witnessed a few months ago: I've been working with the Los Angeles Police peer support group so that's the LAPD mental health wellness initiative and what they've done is they hired and trained over 400 LAPD officers who are volunteers and they do outreach when an officer is struggling with some mental health issues, they are basically peer connectors and they have had a very high effectiveness rate in reducing traumatic events and helping police help each other.

I'm going to show you a picture that I took in March. I was at the LAPD banquet. On the left is one of the chiefs of the LAPD. He started our day by saying - and you have to understand this was in the context where they all know each other and trust each other – he said: “I want you to start your day by boosting your oxytocin and give someone a hug”. Then the police officer on the right, jumped up on stage and look at this, how cute is that. If the LAPD can do it, so can we. I cherish this picture, it's so cute. It also shows that the stigma is not as strong as it used to be to show vulnerability and a bit of tenderness as well.

Social support matters but the challenge is - and I know because I’ve spoken to many folks who work in your field that a lot of us are caregivers in many aspects of our lives and we get burnt out and depleted because there are so many demands because often we get stuff done - like they always say, if you need something done ask a busy person because we tend to be very efficient and effective. How do we carve out a little bit of spaces for ourselves? and how do we set limits and I think you will probably agree that, that can be really tough.

One of the things that Cheryl Richardson recommended in her book, *Take Time for your Life*, which is the book I mentioned earlier, is not saying yes right away. I learned, especially from a good friend of mine who is really careful - because I think she did burnout, you know rescuing the world in her personal life and what she does now is when she gets a request, she always says, “I'll get back to you tomorrow, I need to check a few things, I'll sleep on it.”

She's even done this about positive events. What I think she used to do is overcommit herself like she’d say yes to three things on a weekend and then she would be completely exhausted and Monday would start and she was just spent. What she's decided is, she doesn't say yes to anything unless of course, it’s an emergency, until she’s had a chance to think about it. I think that's something that all of us can learn but I think it can be hard because people rely on us, people turn to us and the other reality is that saying no is not always going to go well. I remember at some point, I had a friend who was going through a very long, very difficult emotional crisis and it was very legitimate, it was tough but I was basically helping her for an hour in the morning after sending my kids off to school then doing a full day of counseling then another hour, like it was too much. I was burning out.

I needed to lovingly but also find ways to tell her, that I just couldn't do that to that degree. At first she wasn't really happy but what it did is she expanded her circle. We're still very good friends but it encouraged her to also expand her circle so that I wasn't always the go-to all the time. What I started doing, and these may or may not work for you, you have to look at your own individual preferences, I started screening my calls. Now it's a lot easier as we have call display but I just don’t answer the phone unless it’s my kids or my partner. I just let it go to voicemail because there are times that I really need to protect my time. At first, people definitely pushed back. I remember at some point, I had a friend who left a voicemail and she said, “screening your calls, I see”. I just had to gently talk to folks and say, “listen, if you have a life-and-death emergency, I will drop everything for you but because of the work that I do, I need to have really pretty firm boundaries about what I do and when I do it. If I do say yes to you, please know that I'm saying yes with all my heart.” You know what, the result of that - it took time and it was tough - but as a result of that, people know that I have solid boundaries but they also know that they can ask because I will only say yes if I really want to do it.

Have you ever had this experience where you called someone to chat and it clearly wasn't a good time but they kind of stayed on the phone but they weren't really there, they were preoccupied and at the end you kind of felt crappy. Wouldn’t it been better for them to either not answer their call or text you and say, sorry it's not a good time to call back at this time or for them to answer the phone and just say, Judy, I'm so sorry, this isn't a good time, I just want to let you know that … I think at times this is also about good communication.

Can we think of some positive consequences of setting limits? What do you think would happen if you did set limits? I would suggest that sometimes that means that we'll have more time and energy for things that really matter or more time and energy for things that truly are priorities. I know that this is a controversial topic and I can hear in my head because I've met a lot of folks in the field who will say to me, “you don't understand, I'm the only one. I have to do everything. I have caregiver roles, I'm looking after a disabled child or mental illness or my mother”, like I totally get it but if you look at the caregiver burnout rate, folks who look after their loved ones - for example, who suffer from dementia - have extremely high rates of depression.

On average, I believe - the last time I checked the Alzheimer's Society - said that before a loved one is placed in supportive housing or retirement home, the caregiver is usually on their own caring for this person for an average of 6 to 8 years. That's six to eight years without getting enough sleep. That's six to eight years without getting a break unless they sign up to get some respite. That's not sustainable, we can't be all things to all people all the time. I think that there are times where we do need to ask for help or delegate or say no or reduce our standards because we're not robots and we just can't do it all. Sometimes we need to crash and burn a few times before we learn that but what I found as a positive consequence for setting limits - which I know some people don't like that I do - is that I have greater enjoyment of the things I truly want to do. What truly matters to you?

Here are some questions that I want invite you to reflect on and you can take some time or press pause on the webinar if you want.

**The first question** is: are there people you'd like to spend more time with, people you really like? I know tomorrow morning I'm having breakfast with a friend of mine, she has 3 little kids, she's really busy. We don’t see each other very often but I really really like her and what I like about her is because she's also busy, she is a no guilt-trip person. If we don't see each other for 6 months, she’ll just be happy to see you, no guilt trip. I started screening out the people who would give me a hard time. I'm busy, I'm on the road a lot and those folks I spent less time with. Is there a hobby that you've been wanting to spend more time on or is there something you miss doing and what is that?

If you had one free day to spend spontaneously doing whatever you wish, what would you do with that free day? I know that some of you would say “nothing, I would do nothing” and nothing is cool as well.

Some more questions. Is there a new sport or activity that you'd like to try? Is there a class or workshop you’ve been meaning to take? Are you thinking of taking a new career direction but you haven't had time or energy? Something you'd like to learn about, a different culture, food, or music? Of all these things you listed, when could you begin 1% of one of these things?

**Second reflection activity**: I do this in my workshops a lot and so one of these will be more for you than another. Notice your reaction when I give you this little activity: Look at your week or two to three weeks to come, is there something you've already committed to doing, that you could say no to? If your reaction to that is like, “no problem”, that's not your homework. This homework is for those of you who think, “oh my gosh no, I can't say no to something I've already committed to”. Well why not? Part of what I did at some point when my plate was too full, I looked at everything on the list and I contacted this one commitment I had and I said, “I'm sorry, I'm not going to be able to do.” If we got sick we wouldn't be able to do it. My husband just had pneumonia for the last 3 weeks, he's getting better but everything has to go by the wayside. Is there something you could say no to that you've already committed to? or if you're someone who’s withdrawn a lot, is there something you could commit to that you've been saying no to a lot? Maybe you've been quite burned out so you’ve withdrawn. Is there something you could agree to do to bring yourself back a little bit into the world?

**Final activity**: Is there one social support that you could restore or create? They don’t have to be your soulmate, you don’t have to see them for hours, it could just be the one person you text once in awhile? What is it that you could bring back, that you've just run out of time and energy and you miss it? That's your reflection for this. I'll see you next time for webinar 11.

**Webinar number Eleven: The Zone of Control and Influence**

Hello, this is Françoise Mathieu and this is webinar 11: The zone of control and influence.

We are winding down so we have two more webinars this one and number 12. I thought it was important to have a conversation about **the zone of control and influence**. What does that mean in the context of the work that we do? We work exclusively with folks who work, like you, in very challenging environments, high volume of work, very challenging circumstances, changing reality of the work.

We’ve seen a lot of people saying that their work is more demanding and complex, the resources have changed or have lessened, that is just the nature of the work that we do every single day. I have trained probably over a hundred thousand people so far since starting this process about 16 years ago now.

There are some things that we've heard repeatedly that are ongoing challenges and I wanted to talk about that today. How do we decide what is within our control and what isn't so that we don't get consumed with workplace frustrations? The reality is a lot of our jobs is, actually, they're hard. I'm not going to be, as I said at the beginning of this whole webinar series, some Pollyanna that suggests to you that if you breathe more and you do yoga, this entire job is going to be manageable or okay. If it doesn't feel okay, it doesn't feel okay and I know those self-care practices are just one element of the work. In that context and with that understanding, I wanted to start by telling you a quick story and then I'm going to talk a little bit about how do we go, as I said in an article I’ve written, “beyond kale and pedicures”.

Here’s my quick story: As I've mentioned before, I was born in the high arctic and lived in 3 different Northern communities in Northern Quebec. I moved back down south when I was about 9 or 10 years old and one of these communities was Kuujjuak and Kuujjuak is one of the bigger communities in Northern Quebec and it has like many of those communities, really complex challenges, multi-generational trauma, residential schools’ aftermath, very high suicide rate in youth. I'm sure some of you have heard about these stories in the news, very high rates of HIV and some of our first Nations communities, fetal alcohol syndrome. There’s a lot of good stuff too but it’s challenging and not a lot of resources.

Here's my story: I have a younger sister and she has a Masters in social work. She spent her twenties working in very high conflict, really challenging countries. She did a 2-year research project in Kashmir in India and she always said to us, “I'm here until I get kicked out by the police” and she did. I was like, “that's not very reassuring” and she's worked in Africa, she’s worked in South America. When she decided to go and work up north as a crisis worker, her eyes were wide open. She knew what she was getting herself into. She moved to the same community that I'm from. She's from a different marriage so she didn't live up there and she was very curious about our experiences because we had talked about it so much growing up in the north and what it was like. My sister gets to this new job as a crisis worker in this new community and within the first week of arriving, there were 2 suicides of youths in the same family. Very, very difficult as I'm sure you know and hopefully you have not experienced that but t's just devastating. Her lovely partner said to me, “would you mind giving her a call? she's doing okay but that's obviously very difficult “so I called my sister and had a lovely chat and we had a conversation about how is this job sustainable given that she doesn't have a lot of resources to refer to, they were understaffed, all of those things. My sister said something to me that was very profound and she said “you know, it's so interesting coming here, I realized that I've been running between my crisis appointments as if, if I ran fast enough, I could eradicate 300 years of cultural oppression and genocide and residential schools.” She found that in order to do this job in a way that is sustainable, she needed to find a different way to pace herself but also, she needed to find a different way to measure success and also identify what she can control and what is completely not within her control.

I'm going to go back to that in a minute, but I want to tell you another part of the story:

In 2015, I decided that I wanted to have a think tank, kind of a group of people who study compassion fatigue and secondary trauma and I wanted to get together with the group who studied this whether they were researchers, educators, trainers like me, clinicians, people who do policy, organization health and we have now gotten together and we created the Secondary Traumatic Stress Consortium. We meet on a regular basis and talk about, what we do beyond self-care.

What happened it is from the 1990-1995 when some of the very first books on compassion fatigue and burnout were written until now, what a lot of us in the field focused on were individual self-care practices. I'm sure you've heard that too. Maybe your workplace has given you a stress ball or told you to have better stress management at home or to take breaks and you think to yourself, well that's nice in principle but I don't get to take breaks in my job especially if you're an EA. I wrote an article that you can read if you're interested, it's free and it's on my website and I called it “Beyond kale and pedicures” and what I looked at was basically - and you'll see if you read the article, I have interviews with a whole bunch of workplaces who started realizing that just those self-care practices was not actually going to be sufficient.

Some of the experts in the field told me that it was kind of like trying to put the toothpaste back in the tube where originally people got excited about the idea of burnout and compassion fatigue and we all kind of ran off with it. We started doing workshops and I remember the very first workshop we designed, we had the whole morning figured it out, you know, the problem, what it looks like, your warning signs. We had no research to back up what worked. We had no research that we could find that proved evidence-based practices to reduce these things. We didn't know so we kind of went with what we had and many of us did that. We said to everybody, “okay, well you better eat that” - which by the way, I absolutely believe in but it's not the magic bullet – “you need a pedicure, you need a manicure, you need a facial” and again, it's not that I don't believe in those things but what we started realizing - and then there was a study done by two colleagues of ours at the University of Toronto. They basically asked a question that I don't think anyone had asked before, which was basically “hey, does self-care work in reducing secondary trauma?” Great question.

The first thing they found out is that people in their study who claimed that they believed in self-care, did not actually practice self-care any more often than people who said, “self-care doesn't matter to me.” Owning a juicer that’s on top of your fridge collecting dust does not make you any more of a healthy eater that if you don't own a juicer at all, if that makes sense.

The second thing they found is that when people *did* take better care of themselves, on its own did not reduce people's secondary trauma scores in their workplace. When I first read that study I thought, “that’s not good”. What they found is that some work places were using self-care as a way to blame their employees, being like well “if you had better work-life balance, you wouldn't be so burnt out.”

What they found is that, that wasn't actually true. Self-care is of course one element of the solution but it's not quite the magic bullet or the holy grail that we had at all hoped for. Why is that? Well number one, a lot of us are very enthusiastic in terms of self-care, you know, this is a multi-billion-dollar industry. How many of you have bought a gym membership and then never went or you went once and in fact, a lot of gyms rely on that.

I've read some statistics that have said that between 10 and 30% of gym memberships are used of all the ones that they sell. We like to do that. We make New Year's resolutions and we are going to do more of this and we're going to eat better and we're going to enjoy life and get our finances in order but the truth is and this is a universal truth certainly in the western world, is that a very few of us follow through. This is a much more realistic New Year's resolutions sheet here and we stack up our schedule.

I'm not even talking about the demands at your work, it's all the added stuff. We run on adrenaline and we do too much. The reality is also that sometimes the work that we have outweighs our capacity. Research started showing that reducing workload was a good place to start but as you know better than anyone, that didn't happen. We had the recession, we had a lot of changes in the schools where the classrooms are bigger and we have more complex kids in the classes so that wasn't going to be the magic bullet either. Is self-care enough? It turns out of course, that kale and pedicures is not the answer to all of life's mysteries. Too bad, right? if that had been the right solution. So, what do we do and how do we fix this?

Before we keep going, it's important not to throw out the baby with the bath-water. I'm not suggesting to you that self-care is bogus and that you shouldn't do it. In fact, I think as you’ve seen during the balance map conversation, I believe it's an *essential* element to being able to deal with life's difficulties, to lower the window of tolerance or rather to widen it. I certainly know personally, that sleep is very important to me. For my partner, physical exercise is what matters the most to him to stay grounded and well. Healthy eating, I mean those things matter but what other elements are important and also what do we do if we don't have control over them?

My colleague, Kyle Killian, when he was at the University of York at the time in Toronto, did a follow-up study to Ted Bober’s self-care study and in 2008, he did a really interesting study where he surveyed - he called it a “kitchen table questionnaire” - he asked people in the field a whole host of questions to try and establish what made a huge difference to their well-being and relationship to high stress high trauma work and what he discovered is the following: What matters the most, what made the biggest difference were organizational changes which offered better working conditions, more control over our schedule, good supervision and reduced trauma exposure. I can already hear some of you, you’re going to say to me, “I don't control any of those things, I don't have any control over my workplace at all.”

This is where we go back to Stephen Covey’s circles. Stephen Covey’s 7 Habits was a very famous book. Stephen Covey said all of us need to make some decisions about what is within our control, what we can influence and what we have absolutely no control or influence over. If you think about my sister’s story when she was in the North, what she could control was the quality of the work that she did with the person that was very much in front of her. That she could control. She may not even have been able to control the number of clients that she saw in a day. She could control what she put in her body in terms of nutrition, how she moved her body, who she spent time with socially, at work and at home. She could control whether she decided to go and get extra training in order to be better at this challenging job. She could control - and now this is not a very popular thing I'm going to say - whether she stayed there or not and I'm not suggesting that there are millions of other great jobs out there and that people want to relocate and so on but as Cheryl Richardson has said so well: “do not confuse difficult choices with no choice.”

The things that my sister has no control or influence over was the big picture. She did not influence federal funding to get more mental health professionals up there. She did not influence the socio-cultural realities of working in First Nations communities with all the problems they have. She didn't have a lot of power and so then it becomes this really important process of deciding for ourselves, what else do I have control over? The added piece that we all have control over is *who* we spend time with and I talked about that, at home and at work, whether sometimes - I think you probably agree, we're not always having an amazing positive day at work but we can choose to be neutral rather than negative so those are individual choices that we all have.

We can also look at it in this way: Going back to this chart from Laurie-Anne Pearlman, individual, professional and organizational amount of control, what do you control in each realm? What can you focus on and what is it that you can do so that you can be your most ethical self in the workplace? This is a tricky conversation and I know that if we were face-to-face, I'm sure some of you would say “you don't understand” – I do, respectfully, I really do understand. I work with a lot of your schools. I have worked in very complex systems.

I remember one day, a social worker who works in a very busy hospital emergency ward, said to me - and she was quite upset because I think she misunderstood and she thought I was saying “just say no and then go home” and that's not what I'm saying at all – “listen I'm the only social worker here, if I leave because my shift is over and there's an 85 year old man lying in the hallway in a gurney and I do nothing, he will still be there when I come back to work tomorrow morning. I'm not okay”. You'll see now it's coming full circle to all the things we've discussed during these webinars, it goes back to the piece about moral distress and how do we make decisions and choices so that we are still performing ethical care, are providing ethical service to the students that turn to us for help and at the same time, not do it at the cost of our health, well-being, our relationships with one another and so on and so forth. These are really big topics and they're really complicated conversations and I absolutely am not suggesting any less than that.

On a lighter note, Heartland Family Services in Omaha created this really neat little emoti-card - some of you have seen some variation of these probably in your local bookstore and what they did is they created these cards, they're kind of like index cards and they’re plasticized. They have like a 1 ring binder. You’re invited to turn them to how you’re feeling on that day and you're invited to have a conversation with your colleagues about what it is that you need. Maybe you're in the yellow zone today. Quiet, reserved, intentional, nervous or concerned, please approach with caution, I need to be left alone, I need a hug, I need a sandwich, whatever it is. Zen, I'm feeling pretty good right now, I feel stable and harmonious and I can help with whatever you need. The red zone, stay away. Not that we want our students and families to see these but wouldn’t it be interesting if we had some type of way to convey that to one another so that your colleagues also know how to support you but also don't personalize it if you are more withdrawn on that day?

I remember years ago, my aunt moved in with us and she was not a morning person at all. At first, I was like, what's her problem, she's so rude and then she said, it nothing personal, I just don't want to talk in the morning and I was like, ah that's cool. Groovy, I'm feeling productive and happy, how can I help today. Woohoo, it's my lucky day, things are going great, come back in my glow, feel my energy. Neutral, I’m focused, I’m logical, I need this, I can do that. Then they recommend that with a permanent marker, you write some of your favorite things on this card. How you take your coffee, your favorite snack, your favorite treat and so then it becomes a shared language what we can talk about, how we can support each other.

I’ve mentioned in the past, my friend Laura Vandernoot Lipsky and Laura is a social worker in Seattle. Laura has written a wonderful book called “Trauma Stewardship,” which I highly recommend and she's actually publishing her second book I think in 2 weeks called “Overwhelmed,” which I'm very excited to see. In this book and in our conversations, Laura does a lot of similar training to me and we often cross paths, she presented and then I presented after her. We work with very very similar populations and I interviewed Laura for my beyond kale and pedicures article and she started raising an issue that I had observed as well which is that in some workplaces - I'll give you an example in the States, I think it’s true in Canada too, their rates of turnover in child welfare are very very high and so there's some places where after a year or two on the job, some of the child welfare workers quit.

I started working with a very toxic work environment somewhere in America and a lot of people started coming to me and saying, “this place is so bad, this place is awful, you haven't seen anything this bad” and that's okay except I started noticing that some of them were using their anger towards their workplace to justify unethical behavior. They would say “it's so bad here you have no idea so you know, screw it, I'm just going to not do my job properly”. Laura and I have had the same concern and this is a direct quote from a phone conversation I had with her. She said, “people have to take personal accountability and family and community and professional accountability to how they are contributing to increasing the suffering to parts of the web.” If I go to work and I'm in negative toxic person, how am I increasing suffering to my little part of the web or how they are contributing to alleviating suffering and we simultaneously really need to have a reflection of how we can continue to make large-scale, long-term change. I was just working in Northern Ontario all of this last week. I was in Kenora, Dryden, Sioux Lookout, Thunder Bay and any of you who have worked in those more remote areas or if you do right now, those are really complicated places with a multitude of challenges.

What inspired me this week is I met some real agents of change. I met some incredible people who had been around for a while who were completely involved and dedicated in making change and advocating for change. I met a guy who I believe has seven jobs, he was like, “I'm running for mayor, I'm the local AV guy, I'm an addictions counselor.” That guy is fully engaged and is trying to make changes on a long term, larger scale. I'm not saying that everyone has to become an activist but how do we contribute to the workplace climate and that is a personal responsibility.

Finally, Laura said, I think that we can take responsibility for our speech, our conduct and the daily decisions we make about how we are going to engage in this work - and to bring up some heroes of mine Maya Angelou, who you may know, who's now passed but she was an incredible poet and writer and she was also a survivor of some pretty horrendous trauma in her childhood. She was a woman full of grace and full of kindness and generosity. It was never a way that she talked about what you experience with negativity or hostility, she just aimed high. Nelson Mandela in South Africa who was incarcerated for 27 years and you think about this man, this man was finally released from prison after 27 years and he did not seek revenge. He opted and chose to go for reconciliation with his captors. I'm not saying that we all have to have those days where we are the Dalai Lama, I am saying though, that when we work in really complex work environments, there's not a lot of other choices, and we can make daily decisions about what do I control, what is outside of my control and what can I influence.

A couple of last things: As some of you know, in the past it’s been said that the brain remembers negative things, they are like Velcro, they stick. Positive things are like Teflon, we don't remember them. I don't know if any of you have ever had work appraisal or evaluation. I know that when I teach courses, I get evaluation forms. Think about this if it's happened to you. I always remember the negatives more than the positives. In fact, 98 people could have said something nice and two people said something cruel - I don't mind constructive negative feedback, that's okay. That's different. I'm talking about the stuff that hurts and I remember those more than the 98 people who took time to say something nice so remember that. Negative is like Velcro and positive is like Teflon. Is there an activity that you can do where even if you've had a really challenging day and the school was chaos, is there something that you can identify that was a constructive thing that happened to you today?

I recently did a training in a very challenging community. There were a lot of potentially very toxic people in the room. I had been warned about that so I had to measure success in a very different way than presenting to a really friendly crowd. One positive thing happened and it that the person that I had been told was going to be the most challenging person in the room - who sometimes would interrupt workshops and be really grouchy - she actually smiled once and she said thank you at the end of the day and she did not derail my training. I'll take it!

To conclude, what commitment will you make to yourself? Can we be a bit more like Desmond Tutu, Archbishop of South Africa or the Dalai Lama? What commitment will you make to yourself so that you can pick your battles and feel like you are not falling in a vortex of sweating the stuff you can’t change?

That's it for webinar 11, we have one more and I'll see you on the other side.

**Webinar number Twelve: Mapping out an Action Plan**

Hello, this is Françoise Mathieu and this is webinar 12: mapping out an action plan at home and at work.

If you have successfully listened to all 12 of these webinars congratulations and I hope that you found them helpful. As you will have seen, there's a lot of resources that we've shared on the website, lots of added pieces depending what direction you want to go with this. I hope that some of these elements spoke to you because there are as many personalities, styles, preferences and challenges as there are people. What we found with these workshops is that, there’s certain directions that some of us need to focus on more than others. For example, I certainly know that a certain stage in my life when I had two very young children and some caregiver roles with some sick elder relatives, I had a much different challenge in terms of managing my time in energy that I may have right now.

There are other times in my career where what I really needed more than anything was more training because there were certain types of cases I was working with that were very challenging. I think that there's no one-size-fits-all and I think that if you have listened to the webinars, I think that's pretty clear.

What I want to do today - this will be probably a little bit shorter, I just wanted to add one more piece in terms of some interesting research that's been done and then quickly go over what has been discussed during these last 11 webinars before this one and invite you to create a bit of an action plan to decide where you're going to begin and what you're going to focus on.

Naomi Remen is a physician who has worked in cancer care for many years and she wrote a wonderful book in 1996 called “Kitchen table wisdom” and in it she has this quote that I love. It says: “the expectation that we can be immersed in suffering and lost daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet”. She continues by saying, “we burn out not because we don't care but because we have lost the ability to deal with all the demands and then we are no longer able to care”. We can't do these very challenging works in special ed in particular, working with kids with complex issues, if you say that you have absolutely been unaffected by it, I find that almost unbelievable. Although we know that some folks just have better strategies than others or just a personality profile, they are just less affected by it. There’s some really interesting research and I'm going to tell you about that in a minute.

To go back to our good old Balance Map and as you know, if you listen to the different webinars, we focus on a variety of factors such as simplifying certain aspects of our lives so things are a little bit less stressful so that we're not running on adrenaline. We've talked about our physical health and wellness. We’ve talked about, what are ways that we can bring some stress relief to our days so that our days don't end with us collapsing into bed and just starting over the next day, we need to restore, we need to rebuild even if that's not very long. Maybe you have a lot of caregiver demands at home, even if you get 15 minutes by yourself to read your favorite magazine, we need to have some ways to have some stress relief. We talked about how we react to change. We talked about the importance of social support. The importance of having stimulating and engaging work and/or hobbies. We also talked about how to manage trauma exposure borrowing the term “trauma stewardship” from Laura Vandernoot Lipsky. We had a whole conversation about managing occupational stress and resentment and giving back really refers to finding ways to be involved. It doesn't mean you need to volunteer in some huge advocacy group on top of the job that you do but there's lots of ways to give back to our community. One of them is just in our daily lives, in our workplace, to make some decisions about kindness, helping, going the extra mile for someone when they're going through a rough time. I'm kind of talking about our colleagues here. There's lots of ways to give back that don't necessarily mean more time and energy and in fact, there might be quite fulfilling things that we do.

I want to tell you about a really interesting study that was done by a colleague of mine called Richard Harrison with Marv Westwood. They are at the University of British Columbia and in I believe in 2009, Richard (it was actually part of his PhD thesis) did a really interesting study called “Preventing vicarious traumatization of mental health therapists identifying protective practices.”

In simpler terms, this is what that study was about: Richard was very interested in studying highly resilient practitioners who are the folks that seem to really thrive and do well in spite of some very challenging work situations. I had the privilege of meeting someone like that last week. I was on my way up to Kenora and I was at the airport and I met this older woman who clearly was a nurse. I don't know why I just know who nurses are. We started talking and she said she was 73 years old and she still works full-time as a nurse and she was on her way to Nunavut and she was going to work in a medical clinic for three and a half months all summer. I said to her, “you clearly love your job” and she said, “I’ve been a nurse 50 years, loved every minute of it”. The more we talked because I was of course, fascinated by this, she said she had a rough childhood, she had a divorce. This woman has not had this pristine, perfect life but she also somehow - and if I had more time, I'd want to bring her in the lab and figure out what is it that has kept this woman so healthy and positive. She was very respectful of First Nations communities that she works with. She was just amazing. So, this is basically what Richard Harrison wanted to do when he studied these highly resilient clinicians and what he did is, he got therapists that were peer-nominated. That means that he asked therapists in Vancouver to vote for basically the best clinicians, the ones that everyone says are just the most compassionate, patient therapist in the community. Then he interviewed them and he came up with some really interesting findings about, what is it that those folks do to stay healthy and well and what can we learn from them?

There were several factors: Some of them I’ve talked about already so I'm not going to spend a lot of time on them but some of his key findings were, that all of them said that social support was essential. Some of them worked in small private offices so they did not necessarily have social support in the workplace and so what they had done is they had created their own peer support informal or formal ways to have some debriefing or supervision. They also talked about the importance of social support in their personal lives.

The second finding which I found very interesting and certainly consistent with my own professional experience, is a lot of them enjoyed variation or variety in their roles. They liked having diversity. Some of you, if you work in busy schools, you're like “oh I have lots of that. Maybe too much of it”. To give you an example from my field, I had a friend who at some point was exclusively working with anxious people and she found that to be pretty exhausting but then she trained and got some additional skills as a couple’s therapist (and maybe working also with folks who had career related challenges), she was able to balance her caseload a little bit more.

I'm well aware that in the schools we don't necessarily have that control so I want to invite you to think about, what are ways that you have obtained diversity in your job and would you agree that, that's been a way to restore ourselves a little bit?

The next one I really love and it's called mindfulness - some of you are very familiar with that, you probably have heard about mindfulness - but it's also a term that has been referred to as *dual awareness*. Dual awareness is being able to be present, in the room, to what's going on right now but also be able to check in with ourselves about how we are feeling about what's happening. It's kind of like making sure that your heart and your brain are connected and talking to each other.

Babette Rothschild who's an expert in the field and has written a great book called “Help for the Helper,” and has talked about that. Dual awareness is: you are sitting in a classroom or you're standing up and there's a parent yelling at you or is very upset. You can absolutely be there and listen to them but at the same time, you can look in yourself and notice, “what's my body temperature like? how am I feeling right now?” That's a way of navigating between not getting completely swallowed into what's going on but being able to stay grounded and that's actually what mindfulness meditation practices are about. It’s not about checking out and being completely removed from the world. They’re about the ability to be in tuned to how we are emotionally and physically feeling while we're also involved in talking to someone else or being engaged in a more heated conversation. That’s dual awareness simply explained.

Other things that they found from these award-winning clinicians were lots of good self-care. A lot of them also had optimism. It’s tough because optimism - I don't know a lot about, I haven't looked at the research recently - I don't know if you can *teach* optimism. I think of some of us are just naturally more positive than others. I think it's a disposition thing, a personality thing. I remember years ago going on a bike trip with my best friend and we foolishly thought that we could bicycle in the Madeleine Islands - if you don't know where the Madeleine Islands are, they are in the Maritimes, close to PEI. It's one of the windiest places in Canada so biking there was a terrible mistake. We couldn't even move. I remember one day, she was raging, she was in such a bad mood. I remember saying to her - we were on our way somewhere and there was a hill at a fork in the road – “at least you don't have to go up that hill!” and she said she almost punched me that day. I'm a naturally optimistic person, I don't know why maybe it’s just personality. I’ve had my fair share of disappointments and difficult things in my life but I've just always been like that. They found that optimism was a very protective factor.

Another one of course, are clear boundaries which is essential and I've had that conversation in a prior webinar as well. Richard Harrison coined the term but I just think it's such a beautiful word; he called it “Exquisite empathy” and what Exquisite empathy refers to, is being able to care just the right amount. What is the sweet spot between caring too much and not caring at all? and if you know the secret to that, you let me know because that's basically all I do. My entire job is trying to teach people that exact sweet spot between not caring at all and caring too much. Can we agree that we are all going to go back and forth and have good days and bad days and that's completely normal. It's not about perfection all the time, it's just about being able to somehow have a really healthy baseline as we go up and down.

The other thing they found from these clinicians was, **having a life outside of work** was really protective and feeling competent and good at what they do. This is one that actually goes back to workplace challenges that some of you are very experienced and have dealt with lots of complex cases in the past and some of you may be quite new and maybe you haven't had as much training. We found that feeling competent and confident - of course if we're feeling competent and confident - we are less stressed because we know what we need to do. An example I could give you is I have worked as a crisis counselor for many years, you can imagine that the very first suicidal student that I had to go see, I was stressed out, stressed out of my mind. I didn't want to mess this up. I didn’t know what I was walking into, I didn't have a lot of experience and I'm not saying that that's no big deal anymore, like I'm not eating my snack while doing it but I've done so many that, that's part of an area for me where I have competence and confidence.

There are times where having access to education and training can be very good for that even though, there are times where some of our workplaces don't offer as much as they should or that we would like them to. This is where accessing web-based training can be really great. My only concern sometimes, if I talk to really frustrated staff members and they will say to me, “I'm not going to take that course, I'm not forced to” and I'm like, “oh I respect that but I mean honestly, the more we learn, the more we can protect ourselves.” That's what I have found, is that I have gone to tons of workshops on trauma and I don't have a boss, I'm self-employed and I have to pay for it myself. It has really saved my career and my sanity. I think sometimes we also have to look at, who pays the price if we don't learn the skills, if we don't do the voluntary or extra training? Sometimes the training is not that great and that's okay, we don't have to go to everything. Sometimes we might find a resource that’s really a game-changer and if it ends up making me a better parent, better spouse, better member of society and a better professional than I'm always in favor of those things.

As Richard Harrison said, we all need to have a life - and I'm saying that half-jokingly but I think that there are times where we get so busy with this stuff and as I mentioned in a prior webinar, research has shown that some of us start ramping up our stress hormones a day before we go back to work or more. So, on a weekend by Sunday morning do you start getting stressed about it and also that we get so wrapped up in our jobs because they're so demanding, that we forget to just enjoy some basic things in life. I know that I'm guilty of that. I work a lot and it's self-imposed by the way. As I said, I'm my own boss and I have a hard time. Even if I'm home, I like to get stuff done and sometimes I wear myself out so it's a good reminder for me. There are times where I just need to pause and go and do things that I enjoy with my family for example. Here's a picture of my son, who just turned 18 and he loves fishing. I remember last year, we got up super early - that's the picture on the left - and we went and we didn’t catch anything actually, was not one of those days but he had such a good time. I just sometimes have to remind myself that what matters the most is spending time with him and when he wants to hang out, which is of course more and more rare, I grab those 5, 10, 15 minutes he gives me and I put my phone down and turn off my computer. I just focus on him.

This is a picture of my garden from last year. You may not be into gardening, it's fine and I'm not a very good gardener but I don't know why, when the peonies come out late May, early June, I just go bananas. I love those pretty flowers, I don't know why, they make me so happy. I make my whole family come outside and look at every single one of them. They just fill me with joy and I think there are times where we forget to just reconnect with things that bring us joy.

I have a friend who's involved in community theater. For some of you, you work with kids all day so you might not think that, that's a relaxing thing to do which I respect so what are some of those things. This is a picture I took of a sunset. I was doing some training and we took an extra few minutes after and went on a little hike. Look at that picture and I think sometimes we forget even what season it is out there so just an invitation to reconnect with those things.

Dr. Les Greenberg is a wonderful psychologist based in Toronto, used to always say, “dig where the ground is soft.” Don't focus on the things, as we've been doing these workshops, that are unmovable and unchangeable. If you have a really complex situation at work and you cannot imagine changing one single thing well then don't focus on that. Where can you begin?

Here's a quick overview of what we discussed: As you will recall, we discussed the complex stress model and how our workplaces are very unique because in addition to systemic workplace stress, we are exposed to trauma in a variety of ways and it has an impact on us. We went through the Venn diagram where we invited you to look at all the different elements to try and isolate, what are the real salient factors for you and that become your road map to what to focus on and what you need to work on the more you're doing well. We talked about your warning signs or the big three: physical, emotional and behavioral warning signs. We just did what's on your plate activity to try and identify what are the areas that you're going to start with. We talked about the hot walk and talk. When you're feeling stressed, find someone to talk to but also drink some water and walk it off so you can process your stress hormones. We had a whole webinar on processing and resetting after exposure to a difficult story. We talked about the adverse childhood experiences study and how we found that four or more of these ACES had significant negative health outcomes and influence behavioral decision and changes as well. We talked about the window of tolerance framework and how what happens when we get bumped out into hyper arousal mode or hypo arousal mode and how we can widen that window. We talked a lot about stress at work and how to develop positive alliances and I invited you to think about how to create a restore of your social supports at home as well. Finally, we talked about the zone of control and the zone of influence and that's basically it in a nutshell all the different elements that we discussed in this webinar.

I want to conclude by inviting you to think about a couple of things: My friend Laura, her book “Trauma Stewardship,” is full of New Yorker cartoons and she chose this one. As you see it says, “Lassie Get Help!”. I find that a lot of people avoid or delay going to get some mental health services until they’re in crisis and of course, it's fine if you're in crisis by all means go. You don’t need to be in crisis to go and see a good therapist and shop around. If you don't like the first person you see, try someone else. There's a lot of good clinicians out there but there's also people who may not be a good fit for you. I think that what's at stake and why I feel so strongly about the work that I do, is that remaining compassionate and healthy in these challenging environments matters so much. It matters for us in our family, in our own lives, in our family and friends, how we work with each other, how we work as a society and of course, for us professionally as well.

As we wrap up, I'm going to invite you to think about, what is a 1% change, a micromovement that you could make so that this entire series, if you did listen to them, was worth it for you? I love this slide, it says, “procrastination (I'll find a picture for it later)”. What’s something you could do today? Reach out to someone, get an accountability partner, read one resource? What’s a micro movement you can make?

I’m going to finish by telling a quick story that some of you know about because it's been around for a long time. It's called the starfish story and it's a parable. It’s kind of a bookend to what I talked about at the beginning with my sister going in the north. Here's how the story goes:

There’s a beach. There’s about a million starfish that landed on the beach and a little kid is there and he gets to the beach and he starts throwing the starfish one at a time back in the water. 1, 2, 3 saving the starfish from drying out. This old man comes to him and he says, “why bother, there's a million starfish on this beach, you will never save them all.” The little boy keeps on picking one up at a time and throwing them back in and he says to the man, “it matters to this one”, throws it in, “and this one”, throws it, “and this one”.

The truth is that, that is the only way I know how to measure success in these challenging work environments that we all evolve in, is a measuring it by one kid at a time, one success at a time, even one good day at a time with these really challenging situations that we work with. It's what keeps me going and hopefully you too. I hope you find these useful. If you have questions, please reach out to us and if you want more resources, we provided a whole host of them. I truly hope that in the very important work that you do, that this webinar series was helpful to you. I wish you all the best and I'll see you some other time. Thanks.