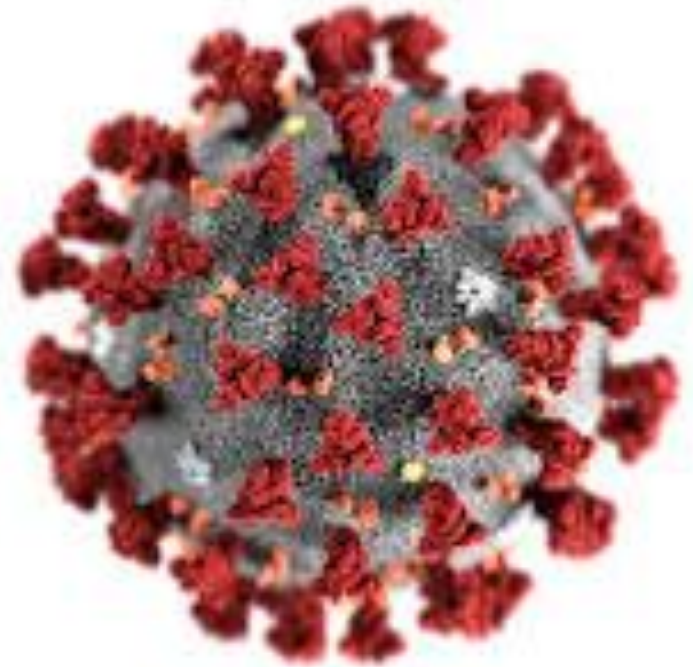


Leadership and Change

Antoine Moore & Ken Epstein



Acknowledgments



- We are fighting a disease with no treatment or cure. We are in challenging and unpredictable times.
- We are each holding a multitude of feelings, responsibilities, fear, and joys -- at the same time.
- There are many responses to stress and uncertainty -- each of them valid.
- There critical need for reflection, inquiry, and prioritization of the most critical needs.
- There is no better opportunity to practice compassion and collective care than right now.
- The pandemic is new; the inequities it unmask are not new.

Objectives

Seeing: Discuss and acknowledge Covid-19 and Systemic Racism in the context of Trauma Informed Systems and an aligned response

Being: To understand phases of pandemic response (4 R's), principles (TIS) and reflective practices for Wellness Recovery

Doing: To apply the 5 C's of leadership decision making to respond to rapidly evolving management needs



Trayvon Martin, Yvette Smith, Eric Garner, Michael Brown, Laquan McDonald, Tanisha Anderson, Akai Gurley, Tamir Rice, Jerame Reid, Natasha McKenna, Eric Harris, Walter Scott, Freddie Gray, William Chapman, Sandra Bland, Darrius Stewart, Samuel DuBose, Janet Wilson, Calin Roquemore, Alton Sterling, Philando Castile, Joseph Mann, Terence Crutcher, Chad Robertson, Jordan Edwards, Aaron Bailey, Stephon Clark, Danny Ray Thomas, Antwon Rose, Botham Jean,, Ahmaud Arbery, Breonna Taylor, Atatiana Jefferson, Michael Dean, George Floyd, Jacob Black

Lack of access to Health Care

Police Brutality

Systemic Racism

Houselessness

SAME STORM, DIFFERENT BOATS

Xenophobia

Anti-immigrant Prejudice

Poverty

Food Insecurity

Temperature Poll





TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership



TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression



HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING

What do we know from SARS and emerging studies?

I am in one of the “high risk” groups. I wake up every morning searching for some indication that I might have this virus. I count the days from when I could have last been exposed. Then I go to work again, and start from the beginning.

I’m having a hard time sleeping. I keep waking up dreading going into work.

- **Learning from SARS in the early 2000’s**

In the midst of the crisis healthcare staff experienced traumatic stress, anxiety, increased suicide depression and health problems.

- **Early studies in China in the midst of COVID-19 (Feb 2020)**

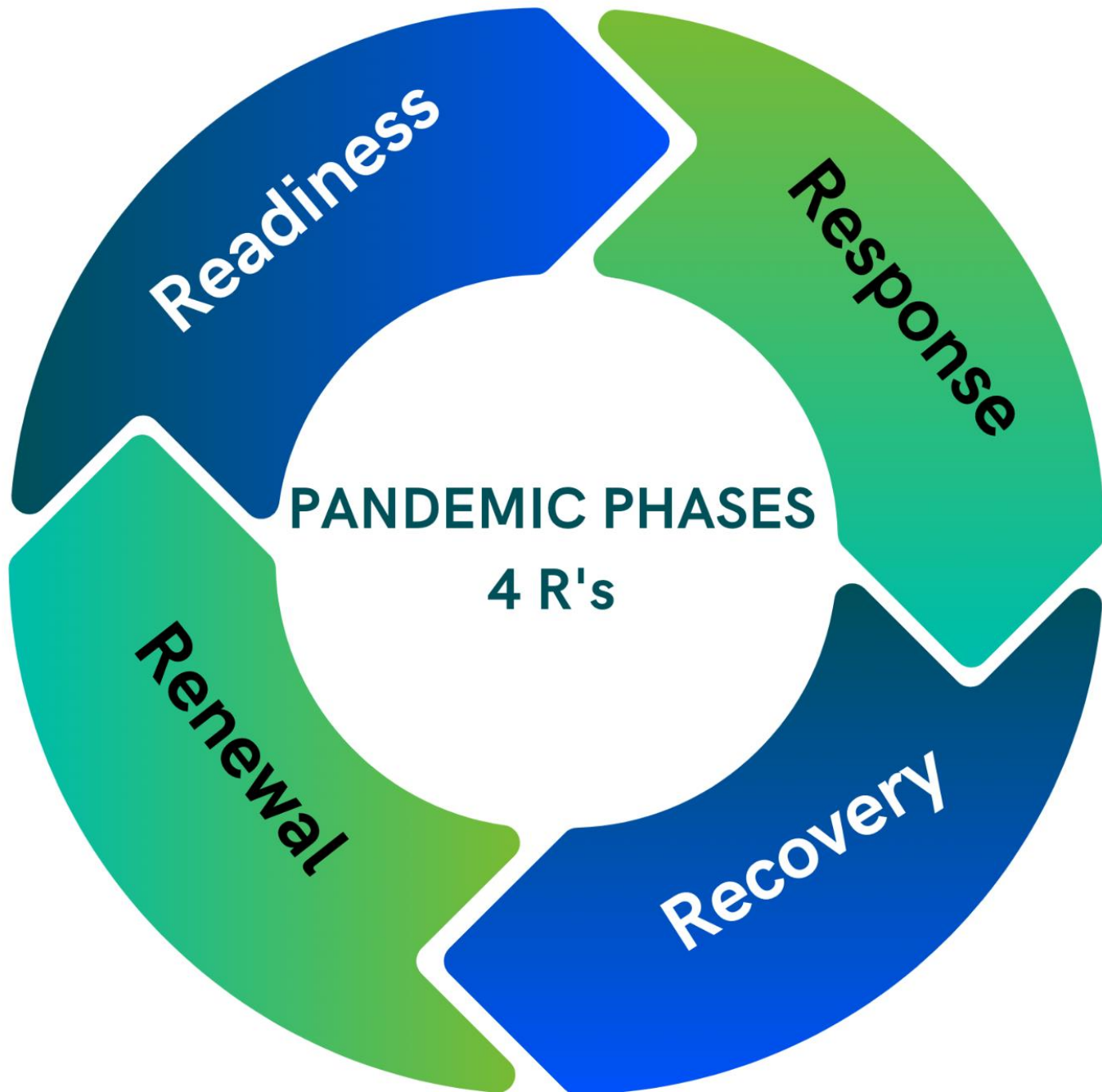
Healthcare staff reporting increase traumatic stress, sleep problems.

- **What is associated with more risk of stress/anxiety?**

Worrying about family members at home, past medical or chronic health, mental health history.

- **What we know is associated with buffering stress?**

PPE, breaks, deployment and post-deployment care, supervisor empathy as buffers.



GRIEF

n. [greef]

The natural reaction to the death of someone with whom you feel attached

Grief, Loss, and Rage:

- What have you lost?
- What have you found?

Pandemic Phase: Readiness

Readiness

Pre-pandemic:

- Prepare + develop public education tool
- Support mental health disaster trainings
- Develop social marketing plan for information and resource sharing

Pandemic Phase: Response

Response

Crisis Response Phase: Protection + Reduction of stress + Reassuring response

Priority: Communication and planning for needed messages and responses will be critical.

Goals of interventions during response:

- Safety and survival
- Meet basic needs
- Effective communication incorporating risk communication and skills for “new normal” including social distancing behaviors and routines

Pandemic Onset

Focus Points: Response Phase

- **Communication:** Wide dissemination of materials to normalize stress reactions and emphasize hope, resilience, and natural recovery (PHA's) Public Healing Announcements, Town Halls
- **Tipping Points:** Certain events that will either increase or decrease fear, helpful, or risk (deaths of children, new risk factors, shortages in supplies)
- **Surges in health care demands and frontline responder stress:** Self-care and peer-care training, fact sheets to mitigate panic and disruption for managing highly distressed individuals (mutual aid networks, campaigns, art)

Pandemic recovery period

Leaders develop wellness recovery plans for workforce (structures and strategies toward the following:

- Create & celebrate community/workforce ability to safely come together again
- Early and ongoing recovery supports focus on grief and bereavement, resilience and recovery, meaning-making and social cohesion
- Use partnerships + support groups to support community through memorials, rituals, and ceremonies to mourn and rebuild collective care and support healing

Workplace Return and Recovery Checklist



Community Safety

Staff Wellness and
Supports

Workplace Return and Recovery Checklist



What are key components of return to work and recovery?



What are key communication strategies?



How will you influence the process?



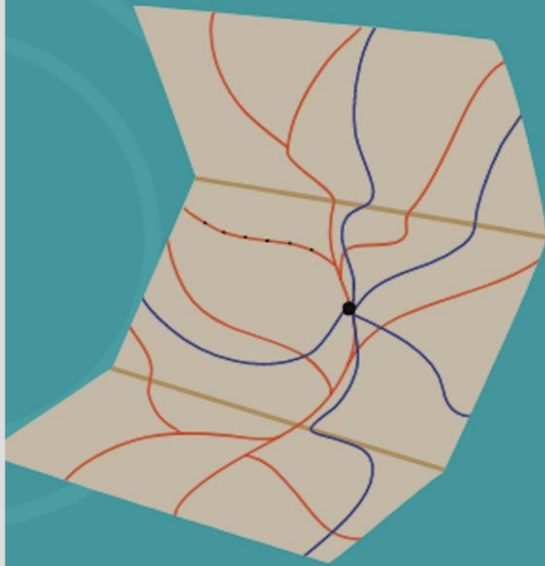
Pandemic Renewal Phase

The collective experiences evolve in some ways to surpass or grow beyond what came before the mass trauma or pandemic

- Reimagining systems and services; learn + embed
- Shared fates, collectivism, equity
- Greater appreciation
- New possibilities

4 R'S

Phases of a pandemic



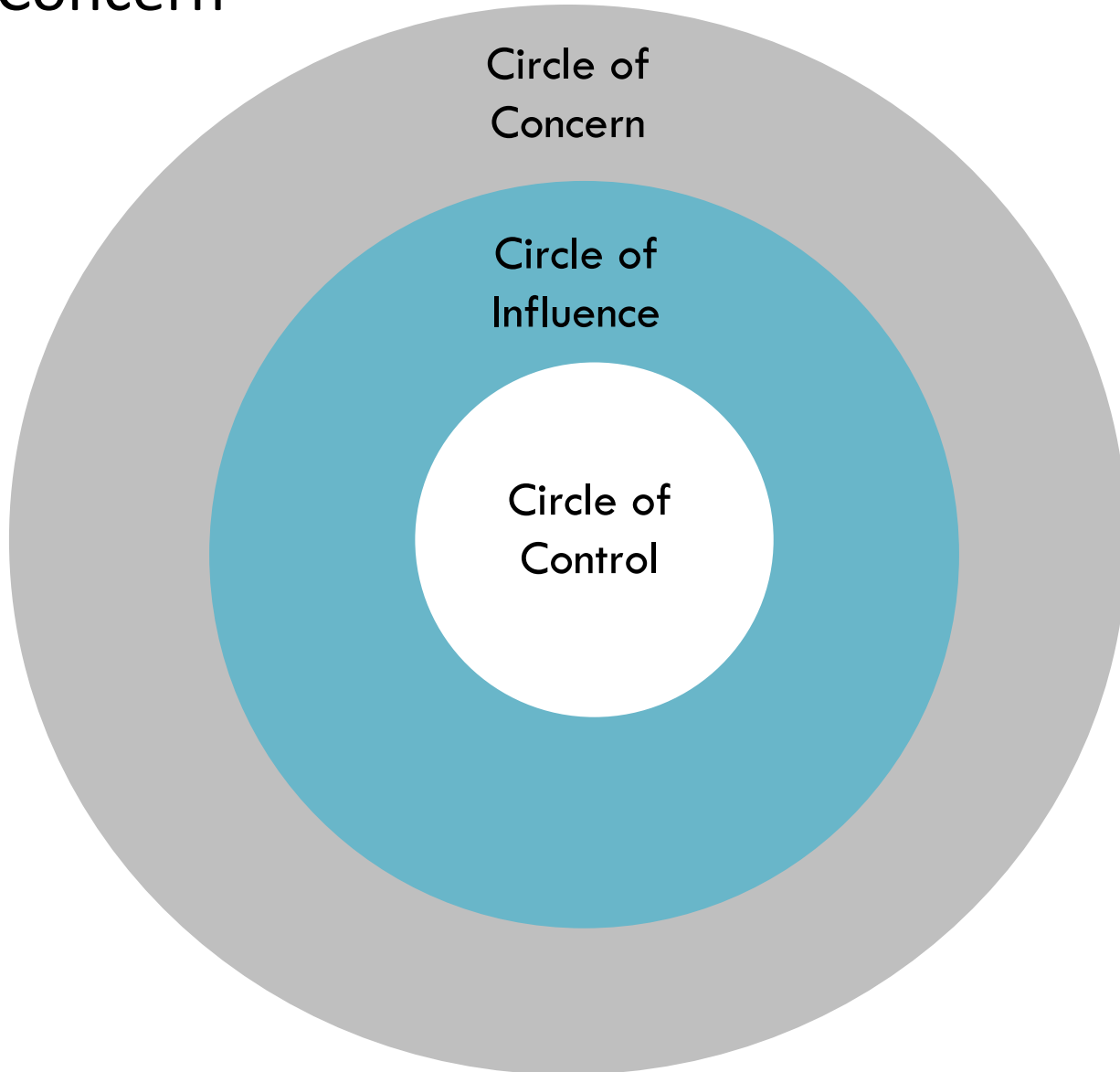
We may be in many phases at once and may circle through phases. What is predictable, is preventable and in this spirit, the 4 R's give us a general roadmap to what we may experience in a pandemic, but also these are not linear and our experiences are unique.



4 R's: Graphic Re-cap and Poll



No Concern



5 C's of Leading During a Pandemic

Give People Clarity



Do

Keep staff up to date with clear, accurate and essential information.
Make quick decisions, but remember to invite communication re: impact.
Make clear written talking points for supervisors to ensure consistency.
Follow up hierarchical decisions with inclusive conversations re: impact.

Don't

Don't use too many words or assume people have same information.

Build Team Cohesion



Do

Reinforce that everyone holds a piece of the puzzle.
Reinforce that "all of us is better than one of us."
Trust and support others to speak vulnerably and freely.

Don't

Don't reinforce tendencies toward self-interest.
Don't say "I" more than "We."

Connect With Your People



Do

Be human, present, & available. Connection is central to healing.
Practice relational leadership. Listen carefully and address concerns.
Show care and concern before challenging others to grow or stretch.

Don't

Don't move too fast into problem-solving before connecting.

Communicate



Do

Communicate early and often. Use 3 R's: Review, Repeat, Reinforce.
Communication must clear, constant, consistent, multimodal.
Give talking points to all levels of supervisors for consistent messaging.
Use predictable methods: e.g regular check-ins, huddles, or email blasts.

Don't

Don't assume people know or can provide same information to others.

Have Courage



Do

Be positive, proactive, and honest.
Be definitive and take responsibility for your actions.
Prioritize progress over perfection.

Don't

Don't blame others for mis-steps.
Don't fall into analysis paralysis.



The 5 C's

Leading through a Pandemic

Reflective and Relational Leadership

*TIS Leadership Competencies

Mindfulness & Reflection

Practice of cultivating awareness, contemplation, and deliberation. Long-term focused versus reactive. Creates opportunities for healing in real time and prevents reverting back to former structures and practices that reproduces stress and trauma.

Examples: Reflective supervision- Curiosity - Capacity to see & feel without reacting

Relational Leadership

Values centrality of relationship. Uses relationship and influence more than power and authority to affect change and systems transformation.

Examples: Frequent use of appreciation - Whole person consideration - Build cultures of staff connection and shared success - Express and hold emotion and vulnerability- Interact with transparency and trust

Give People Clarity



- Keep staff up-to-date with clear, accurate, and essential information.
- Make quick decisions, but remember to invite communication
- Make clear written talking points for supervisors to ensure consistency.
- Follow up hierarchical decisions with inclusive conversations.

5 C's: Clarity

Build Team Cohesion



- Reinforce that everyone holds a piece of the puzzle
- Reinforce that “all of us is better than one of us.”
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5 C's: Cohesion

Connect With Your People



- Be human, present, and available. Connection is central to healing.
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5 C's: Connect

Communicate



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5 C's: Communicate

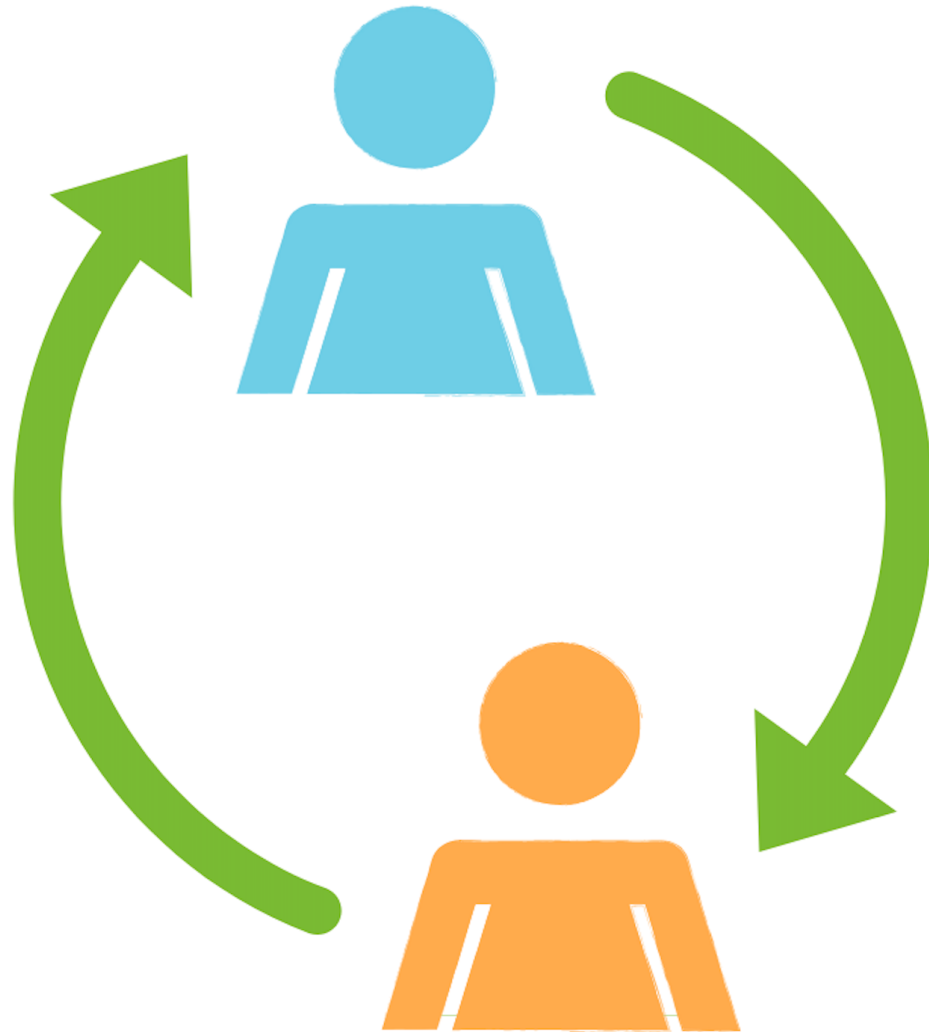
Have Courage



- Be positive, proactive, and honest.
- Be definitive and take responsibility for your actions.
- Prioritize progress over perfection.

5 C's: Courage

Role Play



Things Can Change



"I must be growing up. I've caught myself washing my hands without being told to."

Summing Up:

- Communicate, communicate, communicate
- Prepare + pivoting our focus to the psychosocial and organizational supports needed for the phase/hot spots of pandemic
- Not “leadership as usual”
- Leadership can be a buffer or an agent to mitigate further risk and loss

Resources

References: 4R's

CARS (School Crisis-Readiness, Reponse, Recovery, Renewal

- <https://cars-rp.org/MHTTC/docs/SMH-Crisis-Leadership-Lessons-Guide.pdf>

Missouri pandemic response: psychosocial supports:

- <https://health.mo.gov/emergencies/panflu/pdf/panfluplanpsychosocial.pdf>

Resources:

- Heal SF:
<https://healsanfrancisco.org/>
- Trauma Transformed: <https://traumatransformed.org/healing-mass-trauma/>
- ACES Aware COVID-19:
<https://www.acesaware.org/heal/covid19/>



HEALS F



Our Relationships Affect Our Health



HEALS F

An employee's return to their worksite is a critical time to support their health and well-being. Proper planning can facilitate stronger working relationships and job performance. The length of time for the below phases may vary, and staff will return to worksites in stages. Some staff may work remotely indefinitely. Leaders must shepherd staff through these phases while simultaneously preparing new cohorts of staff to return. They will need to cultivate a sense of staff cohesion and community for their entire team of on-site, deployed and remote workers.

Preparation for Return to Worksite (Focus on Safety & Communication)

- [Gauge current staff well-being](#)
- [Create protocols for safety in the workplace](#)
- [Inform staff of new policies and supports in the recovery phase](#)
- [Empower staff to provide input and feedback on return to worksite policies and supports](#)

Day 1 (Focus on Presence & Community Building)

- Welcome staff and provide ample opportunities to connect
- Orient everyone to new rules for the workspace
- Focus on leadership presence and availability.

Day 2 - Day 30 (Focus on Relational Leadership)

- Acknowledge stress, anxiety and uncertainty of pandemic. Interact with transparency.
- Provide opportunities for staff to express feelings. Name and acknowledge grief and loss. Create opportunities for healing in real time.
- Appreciate staff frequently.
- Express and hold emotion and vulnerability.

Day 31 - Day 90 (Focus on Reflection and Renewal)

- Begin establishing new routines.
- Utilize reflective exercises to avoid reverting back to the same structures and practices that reproduce stress and trauma.
- Focus on the long-term and a path towards renewal
- Practice and model self-care

Thank you!

“May your choices reflect your hopes, not your fears.”

- Nelson Mandela

