STRONGER TOGETHER

TRAUMA INFORMED METHODS AND MODELS TO SUPPORT LIBRARY STAFF
LINDE FURMAN

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The subject of trauma can be difficult and sometimes trigger painful memories or feelings.

Please remember to take care of yourself and take breaks if you need to.

You are important. Your well-being is important.
YOU DON'T HAVE TO BE A THERAPIST TO BE THERAPEUTIC
THE FOUR R’S OF A TRAUMA INFORMED APPROACH

Source: SAMHSA
REALIZES

THE ORGANIZATION UNDERSTANDS:

- WHAT TRAUMA IS
- HOW WIDESPREAD TRAUMA IS
- HOW IT CAN IMPACT INDIVIDUALS, GROUPS, AND COMMUNITIES
- POTENTIAL PATHS TO RECOVERY

Source: SAMHSA
RECOGNIZES

THE ORGANIZATION RECOGNIZES SIGNS AND SYMPTOMS OF TRAUMA

Source: SAMHSA
RESPONDS

THE ORGANIZATION RESPONDS BY INTEGRATING KNOWLEDGE ABOUT TRAUMA INTO POLICIES, PROCEDURES, AND PRACTICES

Source: SAMHSA
RESISTS RE-TRAUMATIZATION

The organization actively works to identify and eliminate elements within its control that would cause re-traumatization.

Source: SAMHSA
SIX KEY PRINCIPLES

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Source: SAMHSA and CDC
SAFETY

Physical and psychological safety - minds, hearts, and spaces

TRUSTWORTHINESS & TRANSPARENCY

- The organization as a whole operates on transparency
- Administration and all staff prioritize the goal of building and keeping trust

PEER SUPPORT

Provide opportunities for staff to come together to discuss the problems the organization faces

Source: SAMHSA
COLLABORATION & MUTUALITY

• Leveling power differentials within the organization
• Everyone has an important role to play and real change requires everyone

EMPOWERMENT
VOICE & CHOICE

• Everyone has a voice
• Everyone has the tools and knowledge they need to do their job well, or the opportunity to self-advocate for what they need and don’t have

CULTURAL, HISTORICAL, & GENDER ISSUES

• Experiences are honored
• Systemic racism, bigotry, bias acknowledged
• Recognizes and addresses historical trauma

Source: SAMHSA
Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.

Source: CDC
HOW THE PROJECT STARTED
HOW THE PROJECT PROGRESSED
PROJECT TIMELINE

Formation of Trauma Informed Care Team
July 2022

Focus Groups
August 2022

Search for Consultant
September 2022

Trainers Found
October 2022

Anonymous Digital Survey
November 2022

Data Analysis & Setting Team Priorities/Mission
December 2023

Consultant Hired, Begins Work
December 2023

Trauma Stewardship Training
January 2023

Trauma Informed Response Team Work Begins/Changes to Incident Reporting
January 2023

Advocacy for Contracted Mental Health Support Begins
January 2023
PROJECT TIMELINE

- **Toolkit Formation Begins**
  - February 2023

- **Professional Development**
  - Book Sets Ordered
    - April 2023

- **TIC Leadership Training**
  - March 2023

- **Administrative Regional Meetings**
  - May 2023

- **TIC Videos for Staff Complete**
  - May 2023

- **Toolkit Release**
  - July 2023

- **Book Sets Delivered to Every Location**
  - July 2023

- **Contract Negotiations for Mental Health Providers**
  - September 2023

- **Incident Impact Level - Incident Reporting Improvements Floated**
  - August 2023

- **Present**
WHO WE WORKED WITH & WHAT THEY OFFERED
CONSULTANT
LAURA VAN DERNOOT LIPSKY
• Contracted from December 2022-April 2023
• Virtual trauma stewardship training
• Bi-weekly meetings with project management team
• Monthly meetings with entire trauma informed team
• Meeting with administration

TRAINERS
VICTOR FLORES & ROBERT SCHOLZ
• In-person TIC training for leadership
• Series of five recorded customized TIC trainings for all staff

EAP PROVIDER
MOREEN JORDAN
• Present at focus groups
• Critical incident support for branches
DATA COLLECTION
• ANECDOTAL DATA - WHAT WAS OBSERVED
  o TURNOVER RATES INCREASING
  o SYMPTOMS OF COMPASSION FATIGUE
  o VOICED STAFF DISSATISFACTION, FEELINGS OF BURNOUT
• INCIDENT DATA - PITS (PATRON INCIDENT TRACKING SYSTEM)
• IN-PERSON FOCUS GROUPS
• ANONYMOUS DIGITAL SURVEY
DATA ANALYSIS
**IN-PERSON FOCUS GROUP DATA**

- A LOT OF STICKY NOTES WERE USED
- COLLECTED NOTES ORGANIZED INTO EXCEL SHEET DATA BY SESSION

**ANONYMOUS DIGITAL SURVEY DATA**

- GOOGLE FORMS - CREATES HELPFUL GRAPHS AND CHARTS FOR CLOSED-ENDED RESPONSES
FOCUS GROUPS

SOME MAJOR PROBLEM THEMES

- RACISM
- BEING OTHERED AT WORK
- LACK OF SUPPORT AND TRANSPARENCY FROM LEADERSHIP
- STAFFING SHORTAGES
- SOCIETAL STRUGGLES - INCREASES IN VIOLENCE, POVERTY, HOUSELESSNESS, HUNGER SUBSTANCE ABUSE
- LACK OF SOCIAL SUPPORTS FOR COMMUNITIES
- LACK OF THRIVING WAGE
- CULTURE OF VOCATIONAL AWE
FOCUS GROUPS

SOME MAJOR SOLUTION THEMES

• MENTAL HEALTH SUPPORT FOR STAFF
• TRAINING
• TRANSPARENCY AND CONSISTENT SUPPORT FROM LEADERSHIP
• ADEQUATE STAFFING
• SECURITY
• INCREASED WAGE
• CLEAR BOUNDARIES FOR CUSTOMERS ON RACIST AND BIGOTED ACTIONS AND ABUSE OF STAFF
4. My co-workers have experienced work-related trauma in a public library setting and they have discussed this with me.
5. The typical frequency at which I have traumatic experiences at my workplace is

- 34.2% Annually
- 25.6% Monthly
- 17.1% Weekly
- 19.7% Daily
- 0% Never
6. My last traumatic workplace experience was

- Last year: 15%
- This year: 23.3%
- Last month: 17.5%
- This week: 15.8%
- Never: 28.3%
13. Have you ever needed to seek mental health support for a high degree of work-related stress and/or trauma?
THE TOOLKIT
IMPORTANT LESSONS
• Staff well-being should be prioritized at at least equal value to that of our community members.

• Organizational healing is not easy, but it’s worth it.

• Training is fundamental - staff need knowledge, tools, and support in implementation.

• Mental health support is critical.

• Leadership must model, leadership buy-in is essential.

• Steps will take longer than you anticipate - be patient and thoughtful, don’t rush.

• Lift up the voices of staff when they tell you what they need, especially when there’s consensus — this will help you establish priorities and create goals.

• Forming an inclusive team is non-negotiable - don’t make decisions in a vacuum.

• Form relationships in your community with key players.

• Try to enlist a data person.

• Over $67,000 sounds like a lot of money - we could’ve used more.

• Trauma informed care is a forever process and commitment.
WHAT’S NEXT?
• CONTINUED ADVOCACY WITH OUR ADMINISTRATION AND PIMA COUNTY
• CONTINUED EVOLUTION OF THE TOOLKIT
• MENTAL HEALTH PROVIDERS HIRED ON CONTRACT
  ○ ONE-ON-ONE SESSIONS WITH PROVIDERS
  ○ MONTHLY PEER SUPPORT GROUPS
• EVALUATION OF LIBRARY-SPECIFIC STRUCTURES THAT MAY INHIBIT IMPLEMENTATION OF TRAUMA INFORMED PRACTICES
• IMPLEMENTATION OF NEW INCIDENT REPORTING TOOLS - IMPACT LEVEL
• SYSTEM-WIDE VIRTUAL MEETINGS FOR STAFF TO CONTINUE EDUCATION ON HOW OUR TEAM SUPPORTS AND WHY THESE TOOLS ARE IMPORTANT
RESOURCES

- URBAN LIBRARY TRAUMA STUDY
- SAMHSA’S CONCEPT OF TRAUMA AND GUIDANCE FOR A TRAUMA-INFORMED APPROACH
- VOCATIONAL AWE
- WE ARE NOT OKAY: LIBRARY WORKER TRAUMA BEFORE AND DURING COVID-19 AND WHAT HAPPENS AFTER