





WEBINAR GUIDELINES





- Mute yourself unless speaking
- Be as present as possible
- Listen deliberately
- Share generously
- Think outside the box
- Be gracious to one another
- Let us know if you are having any tech issues or need support
- Enjoy your time with colleagues!



ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED





Access to Care & Clinician Support

Recruitment & Retention

National Health Service Corps

Resources

Training

Networking

STAR² CENTER





- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 21 National Training and Technical Assistance Partners (NTTAPs)
- Produces FREE Resources, Training, and Technical Assistance

www.chcworkforce.org

Contact us: info@chcworkforce.org

STAR² CENTER TEAM







SUZANNE SPEER
(she/her)
Senior Director, Workforce
Development
sspeer@clinicians.org



DR. MICHELLE FERNÁNDEZ
GABILONDO
DSW, MSW
(she/her/ella)
Associate Director of Workforce
Development
mfernandez@clinicians.org



MARIAH BLAKE (she/her) Program Manager mblake@clinicians.org



MSC
(she/her)

Training Specialist
hvernier@clinicians.org



ALEX ROHLWING

MA, EMT-P
(he/him/they)

Training Specialist
arholwing@clinicians.org

YOUR PRESENTER







CINDY MANGINELLI

cmanginelli@nhchc.org

She/Her

Director of Community Engagement

National Health Care for the Homeless

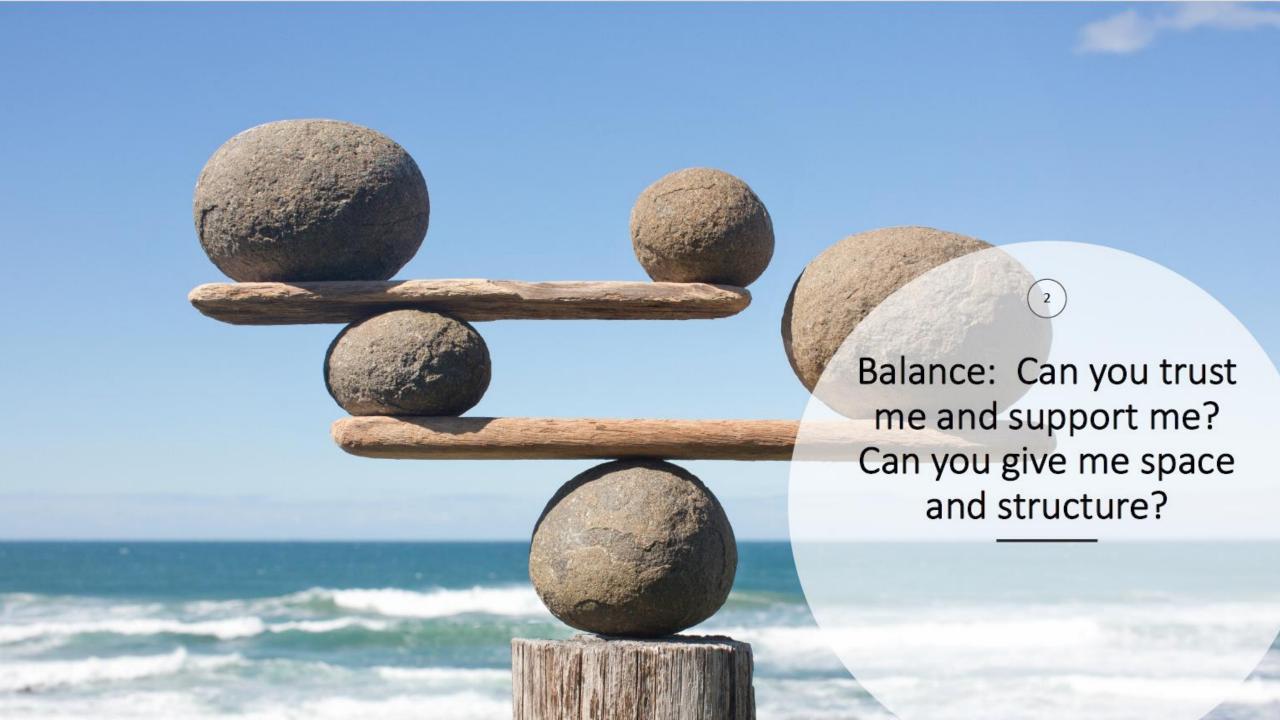
Council (NHCHC)



Trauma Informed Leadership

November 30, 2022

Presenter:
Cindy Manginelli
cmanginelli@nhchc.org



Trauma and Resilience

The changing definition of trauma: an experience that is life threatening or threatens the existence and identity vs an extremely unpleasant or disturbing experience.

Resilience: the ability to adapt or to grow from adversity, stress, trauma



Understanding Staff Response: Operating out of my own trauma

Helpers often emerge from a personal history of trauma, adverse childhood experiences, crisis, etc.

Lived experience – compassion, understanding, realistic expectations, and more

Helping can facilitate my own healing

Understanding what will help and what will not

Understanding Staff Response: Operating out of my own trauma

Operating out of my own trauma can be unhealthy and dysfunctional.

This can compound my own trauma



Avoidance

- I will not let this hurt me again
- Disassociation, inability to empathize



Transference

- I expect the client to feel what I felt
- I will save, protect, or control them



Offended

- I feel what I believe the client feels
- I am offended/hurt for them

Why am I here?

Healthy Reasons

- To provide help and care
- To demonstrate love and compassion for my neighbor
- To equip
- To demonstrate hope and healing
- To provide options for those who feel trapped and stuck

Potentially Unhealthy Reasons

- To save those less fortunate or less able
- To parent (protect, control)
- To patrol (correct, monitor)
- To keep anyone from ever feeling what I felt (protect, control)
- To make amends

Encouraging Resiliency



I have what I need

- Support from leaders and peers
- Resources



I am sure of who I am

- My value is not determined by....
- I have a source of hope/identity



I can do what I am here to do

- I know what I can do and what I cannot do
- I can solve problems, ask for help, or offer regrets

Focus: Safety and Security

Staff safety is a top priority and they know it

Staff can talk about mistakes, fears

Job security

Confidence that staff are held accountable

Staff know when and how to share past or current trauma safely



Focus: Boundaries Organizational Boundaries

Lack of boundaries as a primary source of compassion fatigue, moral injury, burnout, turnover, etc.

Mission

- What we do and why
- What we cannot do and how we refer, etc.

Job Descriptions

- What I am tasked to do
- Issues that I do not address and how I refer

Culture

- How do we enforce boundaries?
- How we encourage and inspire one another

Focus: Boundaries Personal Boundaries

I see and engage the patient's suffering

I offer what I can to help

Patient chooses what is helpful to them.

Treatment/safety plan is created or help is rejected.

Patient departs and I am ok.

Focus: Mindfulness









Staff are encouraged to manage time, schedule, work space, home/work and supervisors support this

Staff understand personal triggers Staff develop
and maintain
personal
support systems
and healthy
coping
mechanisms

System can
address specific
incidents, staff
crisis, etc. in a
trauma
informed
manner

Trauma Informed Leaders Provide Support, Empathy, and Truth

Support

- We see what you need
- Resources
- Structure

Empathy

- We understand what you are feeling
- Compassion
- Trust

Truth

- This is what we can offer
- This is what we can change/control
- This is what must be done

Resources

- National Council for Mental Well Being Fostering Resilience and Recovery: Change Concept 2
- National Council for Behavioral Health Advancing Adult Compassion and Resilience: A Toolkit for Health Care Agencies
- National Council for Behavioral Health: Fostering Resilience and Recovery
- NHCHC: Trauma Informed Organizations Toolkit



Questions?







STAR² CENTER RESOURCES

- Recruitment & Retention Self-Assessment Tool (Newly updated!)
- Health Center Comprehensive Workforce Plan Template (formerly Health Center Provider Recruitment & Retention Plan - Newly updated!)
- Pay Equity Checklist
- MA/DA Retention Paper
- Financial Assessment Tool (Updates coming this Winter)
- Building an Inclusive Organization Toolkit

You can find all of the STAR² Center's free resources here

Sign up for our newsletter here for new resources, trainings, and updates

ACU

READY TO LEARN MORE?



Check out the STAR² Center Self-Paced Courses:

https://chcworkforce.elearning247.com

And the STAR² Center's Podcast Series, STAR² Center Talks Workforce Success: https://chcworkforce.org/web_links/star %c2%b2-center-chats-with-workforce-leaders





SIGN UP FOR OUR NEWSLETTER!





tinyurl.com/3jttdtvv



THANK YOU!

Chcworkforce.org

info@chcworkforce.org

844-ACU-HIRE



