Dignifi Introduction session
TIP Network

Introductions

- About Dignifi
- Our Model

    - Trauma as visceral
    - Lived experience – Removing the 'othering'
    - Workforce development
    - System change – Whole System Approach

- Our Work

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Dr Karen Treisman

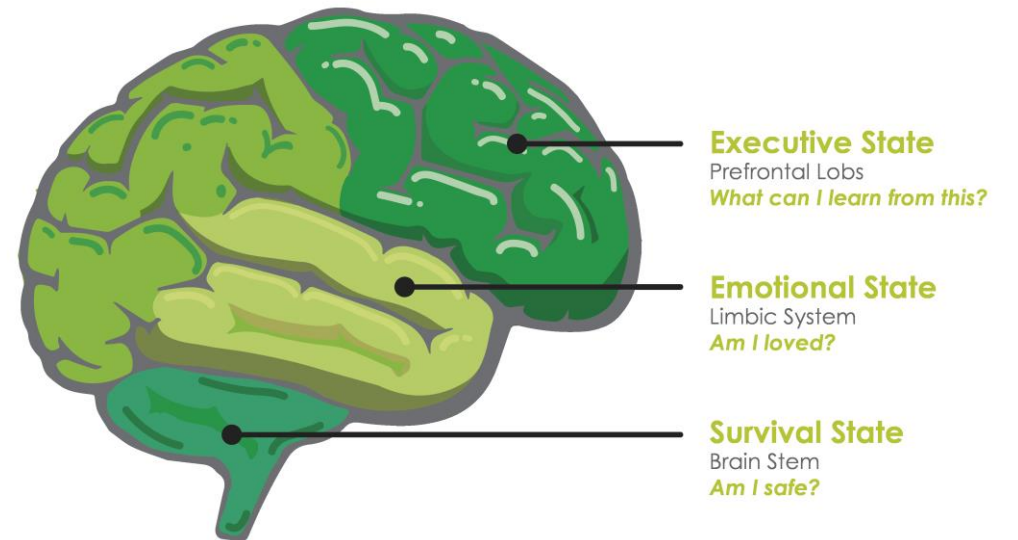**Moving Beyond ACEs:**

How much lived experience is in your team?

How do we support staff to support others?

The Dignifi Model

Being a human being – Not a human doing!

Executive State
Prefrontal Lobs
What can I learn from this?

Emotional State
Limbic System
Am I loved?

Survival State
Brain Stem
Am I safe?

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Long Term Adaptations – None of us are exempt

FLIGHT
- Anxiety, panic, OCD
- Difficulty sitting still
- Busy/overwhelmed
- Overthinker
- Perfectionist
- Substance abuse

FIGHT
- 'The bully'
- Controlling
- Anger outbursts
- Narcissistic and/or violent
- Explosive behaviour

FREEZE
- Numb or stuck
- Isolating
- Disassociation
- Difficulty making decisions

FAWN
- People pleaser
- Lack of identity
- No boundaries
- Overwhelmed
- Co-dependent

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Challenges with budgets - Secondary trauma and moral distress

Moral distress/injury: Prohibition or dilution of someone's ability to work in a way that reflects their true values
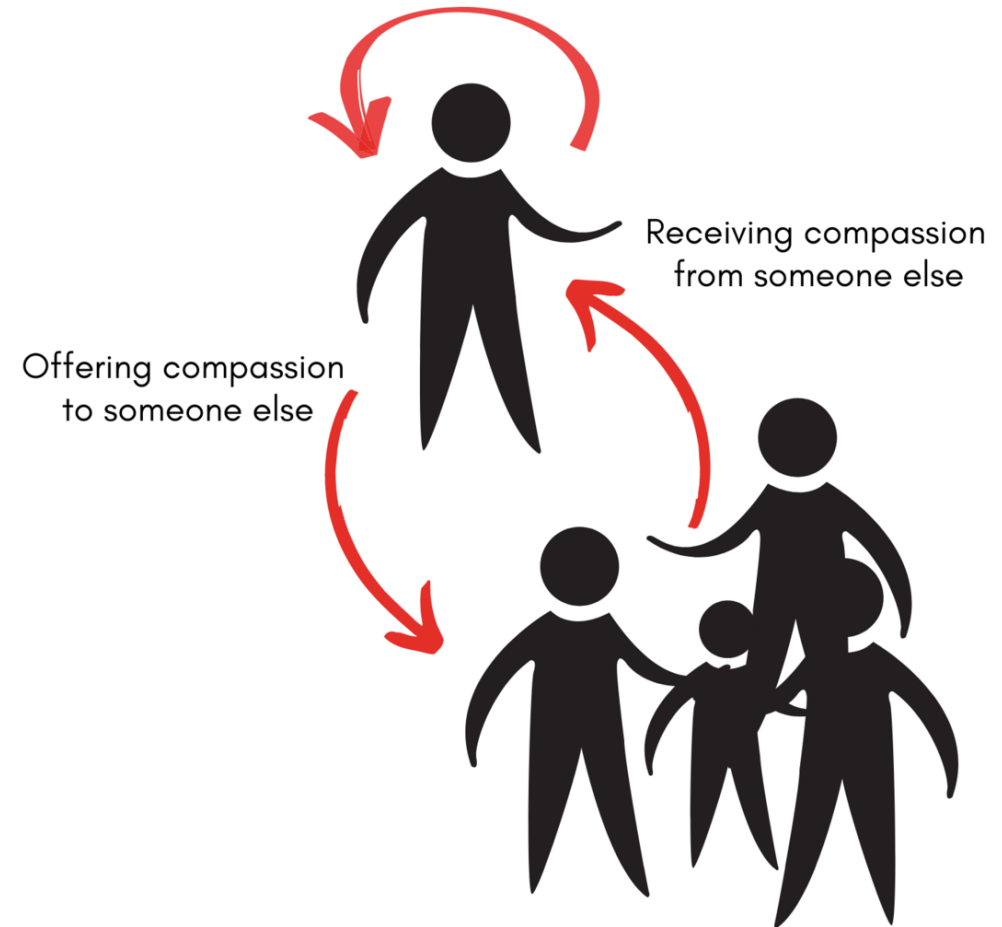
Compassion

… a central component to the development of trauma responsive work

The 3 Flows of Compassion

Offering and receiving compassion to and from yourself

Receiving compassion from someone else

Offering compassion to someone else

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Organisational Compassion

Why is compassion important?

"Compassion also creates psychological safety, such that staff feel confident in speaking out about errors, problems and uncertainties and feel empowered and supported to develop and implement ideas for new and improved ways of delivering services" (p.2).

Kings Fund (2017) *Caring to Change: How Compassionate Leadership can Stimulate Innovation in Healthcare.* https://www.kingsfund.org.uk/publications/caring-change

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Compassion Fatigue

Collective Trauma in the sector

1. Increasing demands with cuts to resources
2. Increasing needs of people accessing services
3. Covid -19 recovery and fear of illness
4. Regulations becoming more difficult due to reduced budgets
5. More pressure on leaders and managers
6. More demands on staff
7. Workforce burnout
8. People leaving the sector
9. People developing adaptations – or flight responses
10. Ongoing trauma through moral distress

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What is Shame?

Social Emotions – feelings and meanings

- Shame can be healthy, we need to understand how to behave in social settings, but when we have been overtly exposed to shame it can become chronic and extremely damaging to identity and sense of self.

- Commonly characterized as a negative self-conscious emotion where someone feels less than others or denigrated.

- It arises when we are concerned about how we will be seen by others. Ultimately it is a perception that our core self is perceived to be inadequate, inappropriate or immoral in some way.

- Closely connected to power or perceived power, can be used as a weapon.

- It's a debilitating 'feeling', and we feel shame when we are seen by another as being flawed or subordinate. This can be real, imagined or it can be an internalized viewpoint.

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Considering shame

And links to PTSD

Shame is (along with fear, horror, anger and guilt) both common and painful for people who have experienced trauma.

Understanding and responding to shame – and its role in PTSD – is key to trauma responsivity in practice, the very nature of shame can be a barrier to engagement in services.

Recently included in the diagnostic criteria for PTSD – as a 'persistent negative emotional state'.

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Chronic shame: the need for shame-sensitive practice

"There is an enormous difference between acute, reactive shame and the chronic shame that shapes a whole personality and may last a lifetime. When individuals appear to experience the whole of life as actually or potentially shame-productive and manifest such symptoms as withdrawal, self-contempt, inferiority and gaze aversion as a matter of course throughout their everyday lives, shame has become pathological and chronic" (Pattison 2000, 83).

Anticipated shame (Shame anxiety) dominates - a corrosive, undermining and persistent fear about being objectified, judged, labelled and rejected by others.

A persistent '*fear of disgrace and being looked at by others with contempt.*'

Wilson, Drozdek and Turkovic, 2006, p.125

Lets Breakout!

1. What are some of the ways that we see shame both in our organisations and in practice? (blame cultures, language, micro-aggressions etc?)

2. How can we change this is in practice?

3. How can we remove the 'othering'. Recognising and removing the stigma around lived experience in our network, the wider workforce and our communities?

4. What do staff need in order to feel psychologically safe enough to reflect on difficult work in a meaningful way?

5. How can the network support the development of this work.

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