

Part I - Applying Mind-Body-Spirit Practices within the Organizational Culture

Implementation Strategies for Staff in Recovery Care Settings

Presented by:

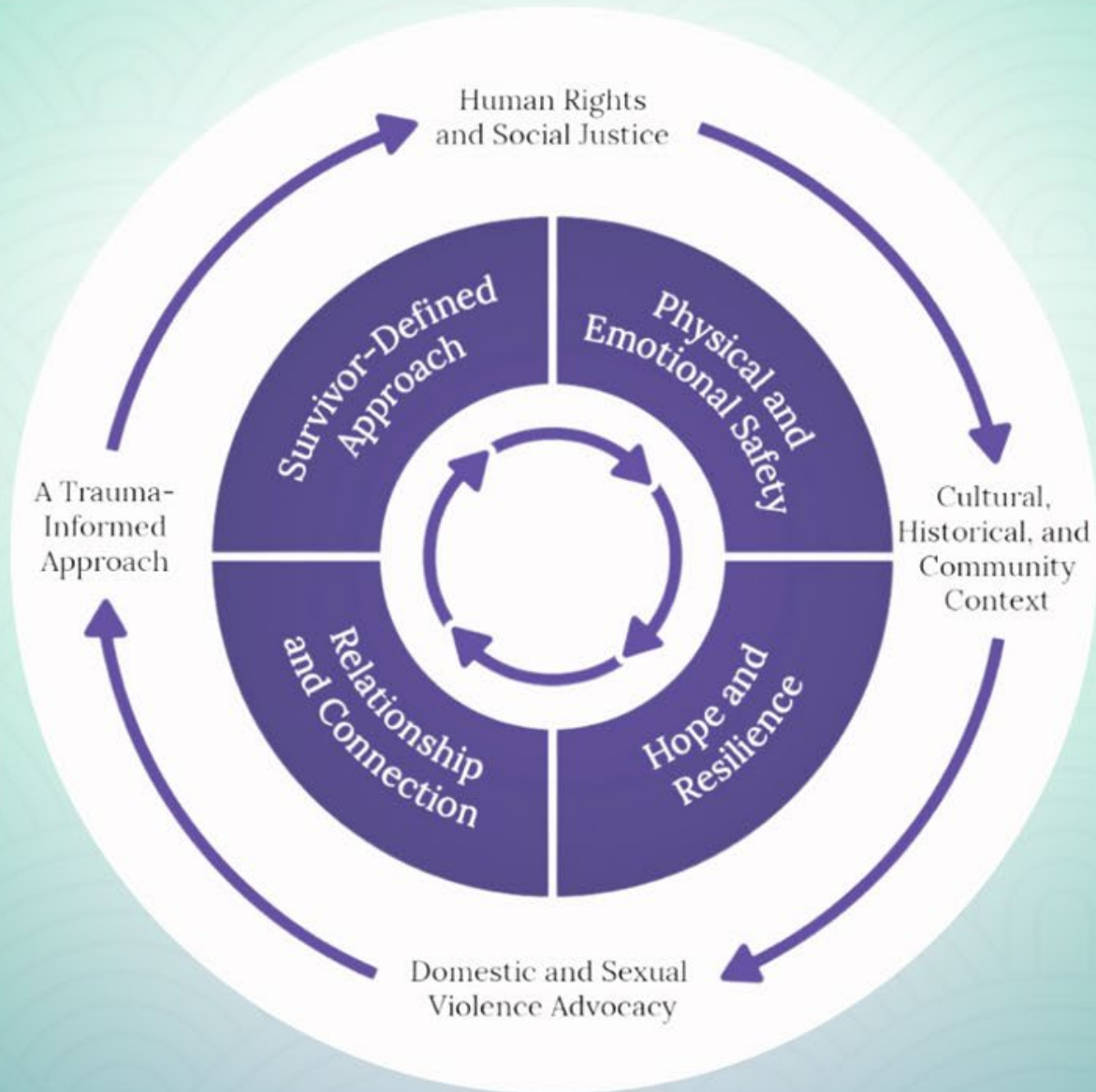
Tori Wynecoop (Spokane | Coeur D'Alene), MA, LSW

Tori Wynecoop,
LSW

TTA Manager



ACRTI Framework: Accessible, Culturally Responsive and Trauma-Informed





Land Acknowledgment

Us and Us

Caring for ourselves and for each other.

This presentation discusses:

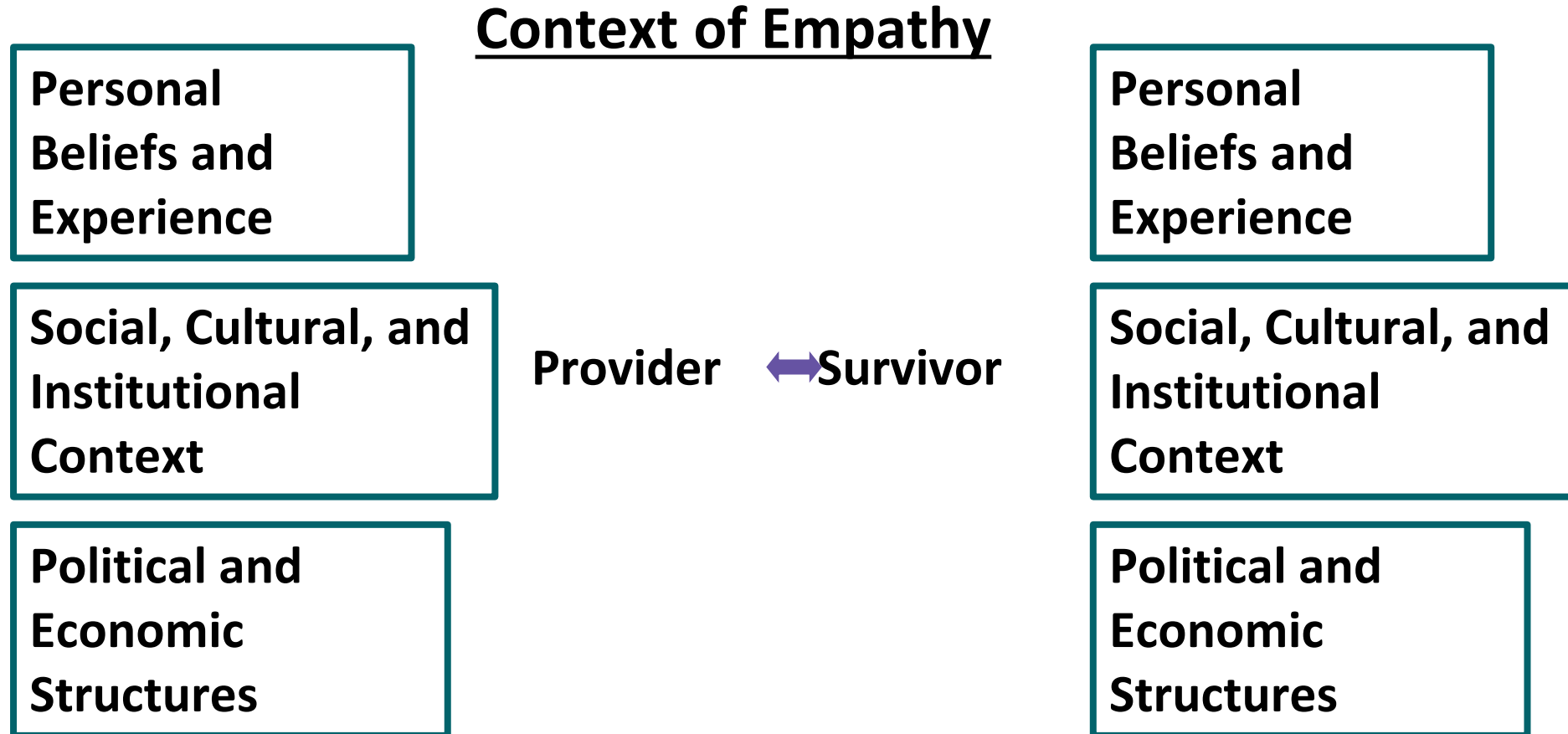
Organizational trauma, secondary trauma, and burnout

This is a space that centers strengths, lived experiences, healing, and well-being.

*If at any point you need to take a break,
we encourage you to take care of yourself and return when you are ready.*



Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) Approach



We Are Always Part of the Equation!

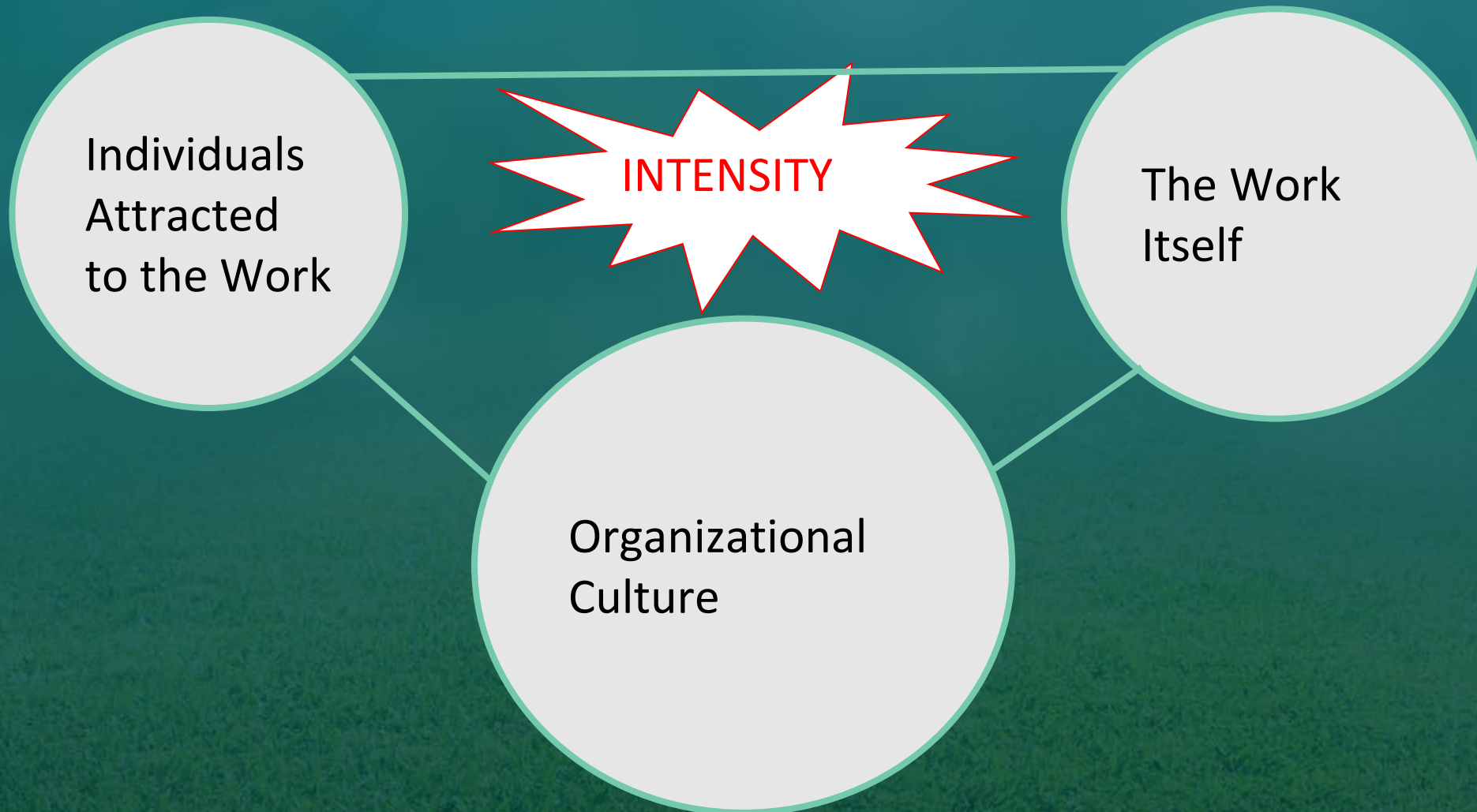
Characteristics of a Traumatized System

- Closed boundaries between organization and external environment
- Centrality of insider relationships
- Stress and anxiety contagion
- Inadequate worldview
- Depression; Despair and loss of hope

Vivian & Hormann, 2014



Individual-Work-Culture Connection



Vivian & Hormann, 2014



Challenges for Us as We Work

Personal Experiences and Responses

Microaggressions Inequities

Secondary Trauma

Historical and Collective Trauma

ALL STAFF

Organizational Capacity

Stress and Burnout

Role Expectations

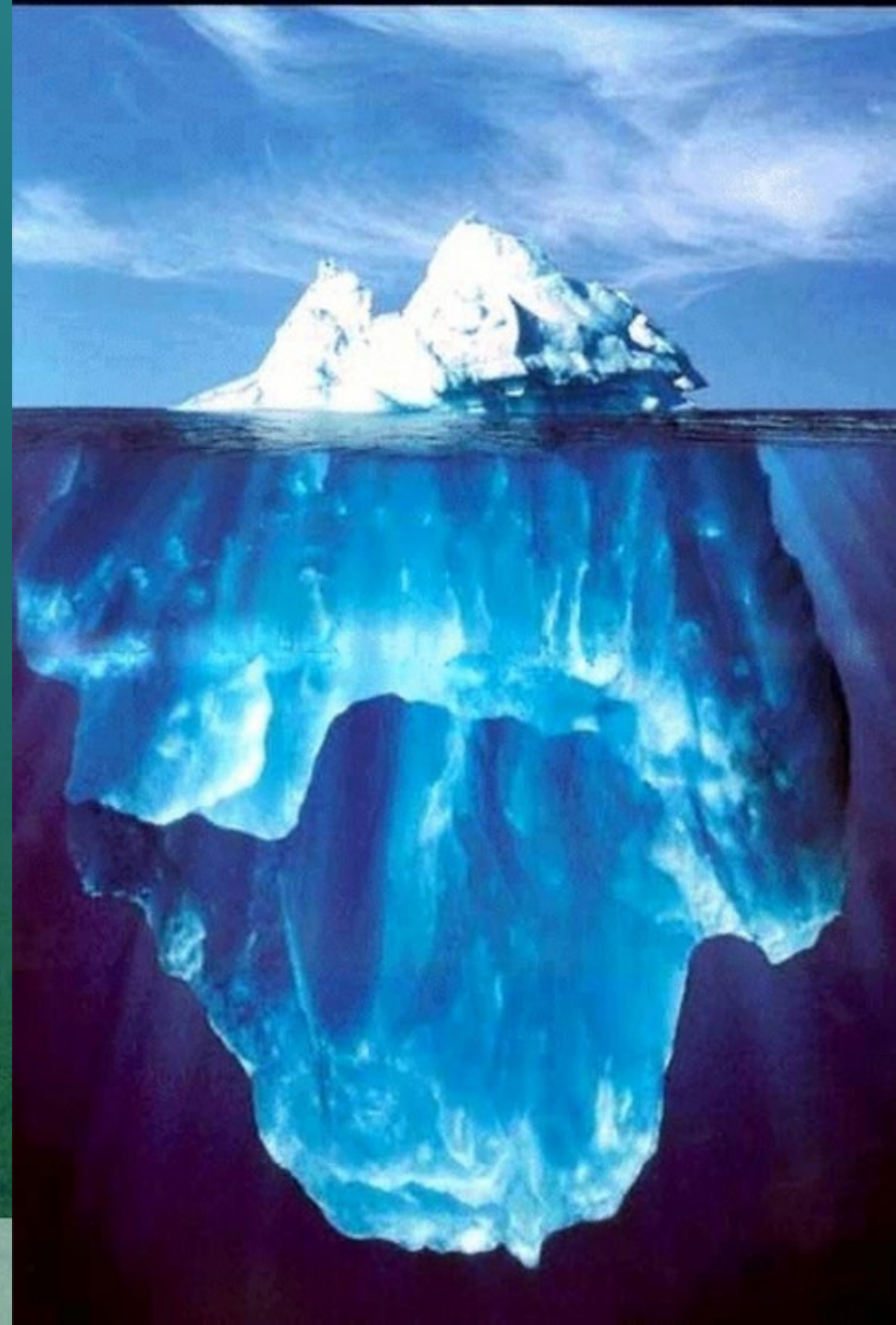
Cave, 2019; Warshaw, 2009



Thinking About Our Interactions



What May Be Below the Surface



Below the Surface May Impacts Our Relationships...

- We may blame and see other people as the source of the problem
- We may lose touch with our empathy
- We may respond to others' needs in ways that aren't helpful or supportive
- We feel bad about our responses



Influences on Our Responses

When our sense of competence is tied to skills mastery and control of our environments, we may avoid, dismiss, blame, or label survivors or attempt to control their choices and decisions.



Personal Experiences, Responses, and Trauma Reminders

- Many of us are called to this work because of our life experiences with trauma and violence.
- Sensing things in the environment or in interactions with others can bring trauma responses to the surface for anyone.
- A particular smell, sound, or tone of voice can activate the fear response (for example, fighting or arguing to defend self, socially and emotionally checking out, or physically exit).



Effective Supervision: Accommodation and Accountability

- Establishing physical and emotional safety
- Clear expectations
- Exploring impact of the work

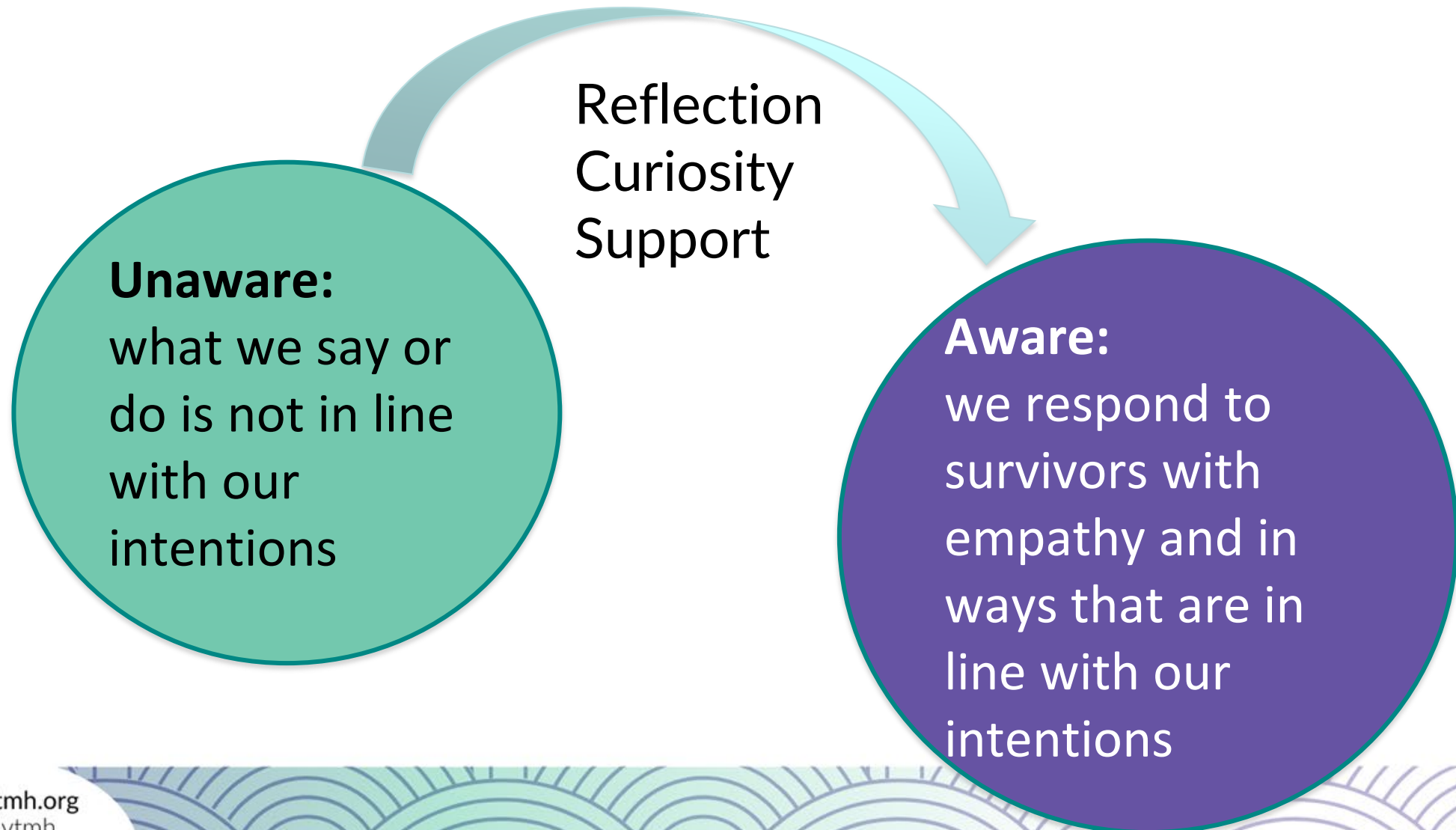


Effective Supervision: Reflective Conversations

- Creates a safe and non-judgmental space to reflect on feelings and responses that arise in doing this work
- Fosters attunement, empathy, non-judgmental stance to survivors and their children
- Reduces burnout and secondary trauma responses
- Values self-care and program supports
- Sustains hope and faith in the human spirit

Blumenfeld, 2010

Reflection and Transformation



Transforming and Healing Secondary Trauma: ABCs

- Awareness
- Balance
- Connection

**How do you support healing for self
and others in your work?**





Activity: Begin the Conversation and Understand What Happened

- Pair up with a partner
- Think of a scenario that you've experienced in the workplace
- Respond to the prompts that begin on the bottom of page 3 in the Reflective Tip Sheet



Accessible, Culturally Responsive, and Trauma-Informed Organizations

- Prioritizes survivor autonomy and self-determination
- Minimizes retraumatization
- Recognizes symptoms as survival strategies
- Empowerment-based approach

Definitions

- Decolonization: “An attempt to deconstruct or dismantle existing policies and programs that are rooted in colonial thinking”.
- Indigenizing: “Building something new that is grounded in Indigenous ways of knowing”.

Community Care

Staff are able to create a healing environment for survivors when organizations are able to create a healing environment for staff.



Transcend, 2020



Mind-Body-Spirit Practices

- They can directly address the overwhelm or dysregulation in our bodies by calming the central nervous system
- Especially when we don't have words to express what we are experiencing or when talking about it increases our agitation or distress



ACRTI: Cultural and Linguistic Environment



- Affirming
- Responsive and resonant
- Language justice
- Accessibility in communications
- Cultural sources of strength, healing, pride, resilience
- Representation matters

ACRTI: Physical and Sensory Environment

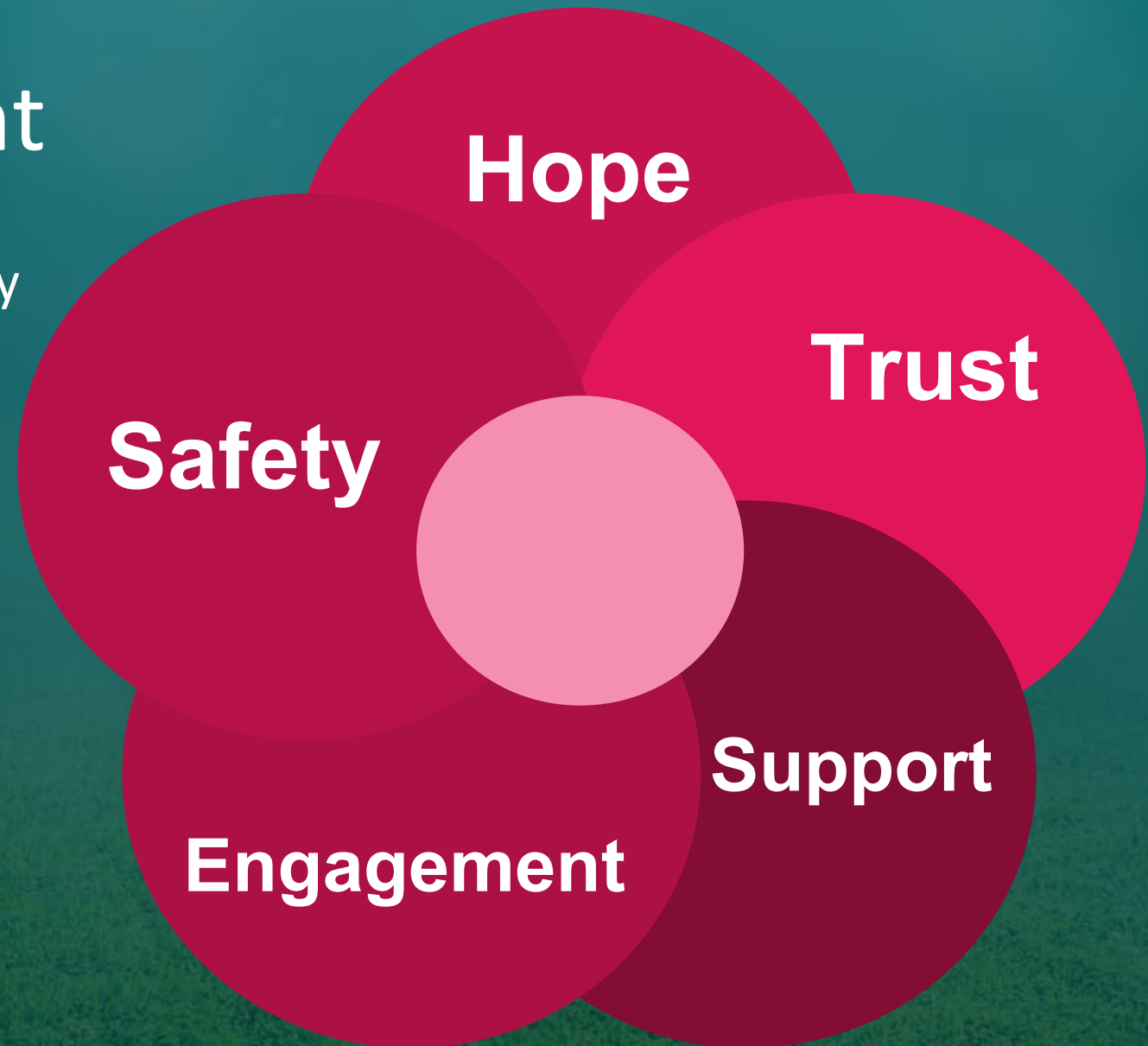
- Accessible
- Welcoming
- Inclusive
- Reflects communities being served

- Attends to potential sources of harm or trauma reminders



ACRTI: Relational Environment

- Rooted in relationship and community
- Caring
- Respectful
- Empowering
- Transparent
- Trustworthy
- Representation matters



ACRTI: Community Care Resources and Support



- Family-sustaining compensation
- Employee assistance programs
- Comprehensive benefits
- Universal onboarding and training
- Ongoing professional development opportunities



Activity: Community Care - Indigenizing Our Spaces!

What do you already do?

What is one new idea?

- Cultural and Linguistic Environment
- Physical and Sensory Environment
- Relational Environment

Question & Answer



Thank You!

Contact Information

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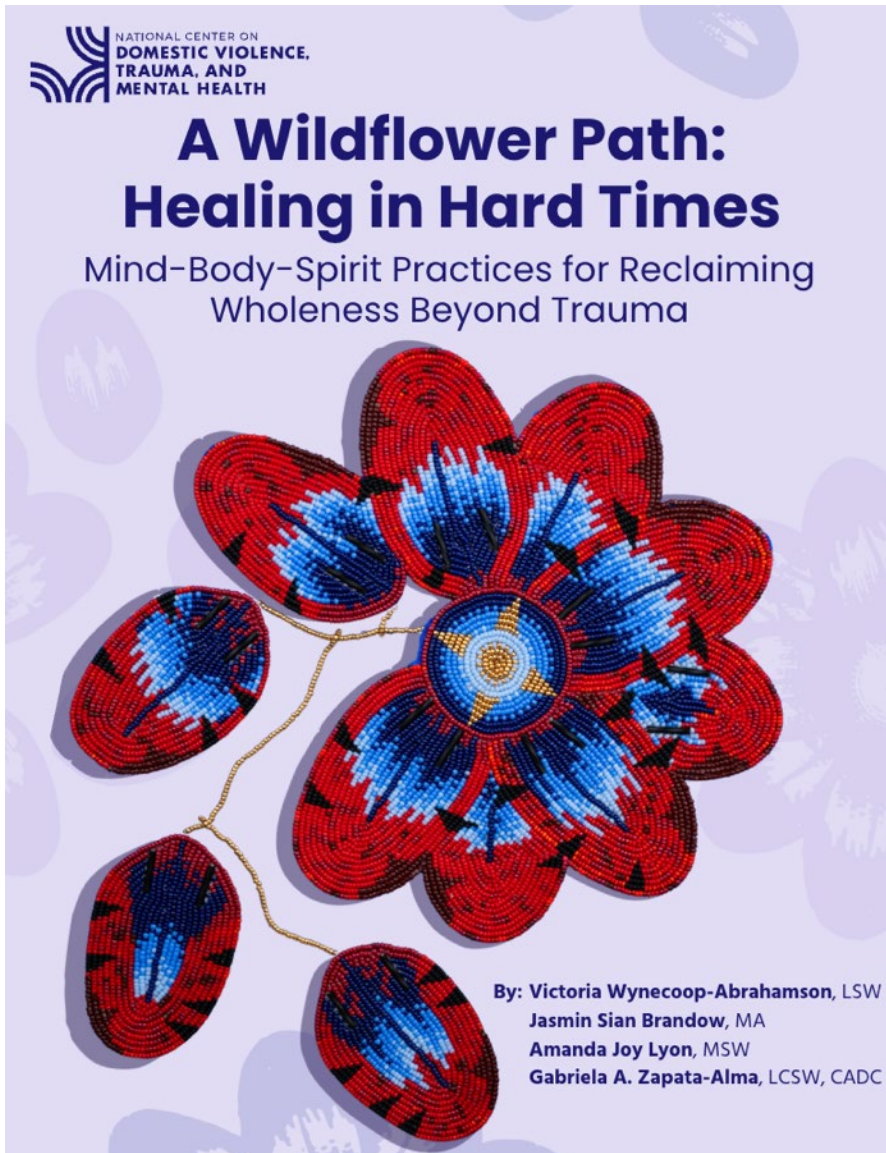
312-726-7020 ext. 2026



twynecoop@ncdvtmh.org



Additional Resources



A Wildflower Path: Healing in Hard Times

Mind-Body-Spirit Practices for Reclaiming
Wholeness Beyond Trauma

- 6-part webinar series already available
- Toolkit coming soon!

Additional Resources



TRAINING

Find Resources + More

GO

A Wildflower Path: Navigating Wellness Through Life's Seasons Webinar Series

+ Save To Account

Webinar Information

- 2025 WEBINAR SERIES - [Planting Seeds: Growing a Foundation for Wellness](#)
- 2025 WEBINAR SERIES - [Rooted in Presence: Nurturing Safety](#)
- 2025 WEBINAR SERIES - [A Blossoming Flower: Healing Through Creative Expression](#)
- 2025 WEBINAR SERIES - [Rays of Sunshine: Cultivating Hope and Joy](#)
- 2025 WEBINAR SERIES - [Sacred Pathways: Connecting to Nature and Spirituality](#)
- 2025 WEBINAR SERIES - [Community Gardens: Integrating Wellness for Advocates and Organizations](#)

6-part Webinar Series 2025

A Wildflower Path: Healing in Hard Times

Navigating Wellness Through Life's Seasons

Additional Resources



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Talking with survivors about feeling distressed or overwhelmed can sometimes feel uncomfortable. Our own worries, biases, and past experiences in our work, lives, and communities can shape how we relate to the people we intend to assist. There are ways we can approach these conversations that are transparent about our intentions and respectful of others' beliefs about what is helpful in times of overwhelm, emotional distress, and feeling unwell.

With our understanding of the impact of violence, coercive control, and trauma, we can expect to regularly meet people in our services who experience difficulty feeling calm, clear, grounded, connected, and physically and emotionally safe. When our support is inclusive, accessible, culturally responsive, and trauma-informed, we can be respectful of everyone's values, health, and well-being, and provide resources that allow survivors to feel supported, present, and safe. It is also important to make our own well-being a priority as we work.

Policy and Practices that Protect People from Mental Health Stigma and Discrimination

The ways we work with people who experience emotional distress or crisis must be in compliance with the Americans with Disabilities Act, the Fair Housing Act, and the Civil Rights Act to ensure we do not add to the discrimination against people who have already experienced violence, trauma, and marginalization. Our intake processes are meant to determine if someone needs our support because they experienced domestic violence, not meant to screen people out or turn people away because of fears related to mental health concerns or substance use.

During intake, consider what you need to know and why, as well as what you need to document and why. As we get to know survivors better, we can talk openly about distress and overwhelm. This allows us to offer comfort, share information about the effects of violence, better understand what is helpful to each survivor, and provide wanted resources for support.

www.ncdvtmh.org

October 2023 1 →

Guide for Emotional Support

- For advocates, survivors, and other staff members
- Develop a support plan prior to crisis and distress, utilize during, evaluate and update after

Link: [Guide for Emotional Support](#)

Translations available:

- **English, Spanish, French**
- **Urdu and Arabic:** culturally adapted to better serve Muslim survivors of domestic violence.
- **Chinese, Korean, Hindi, and Tagalog:** culturally adapted to better serve Asian survivors of domestic violence.

Additional Resources

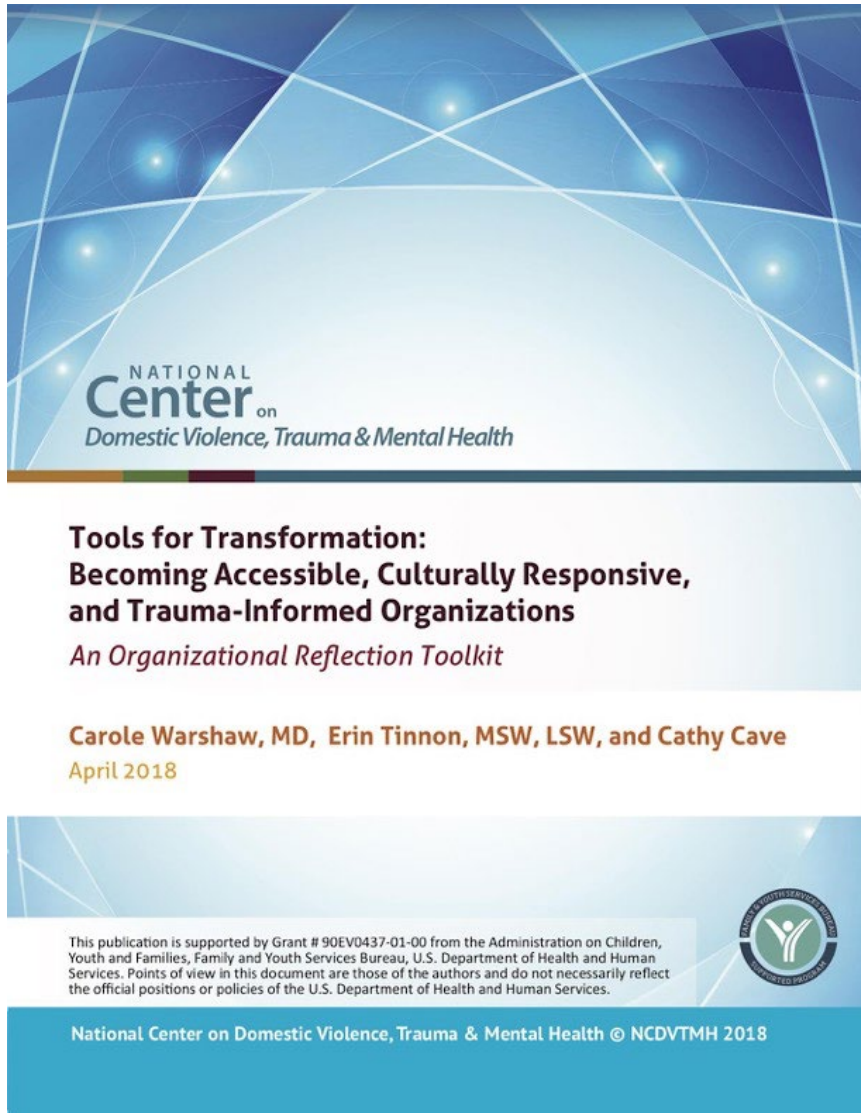


Do I Want to See a Therapist?

A Tool for Reflection and Self-Advocacy

- For people who have experienced domestic violence and are considering therapy.
 - This may be used to explore if a therapist is a good fit, make informed decisions about continuing or ending therapy, and get the most from therapy sessions.
- Also useful for advocates supporting survivors in their therapy journey.
- Available in English and Spanish

Additional Resources



Tools for Transformation Becoming ACRTI Organizations

- [Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations](#)
 - [Implementation Support Guide 1: The Social, Emotional, and Relational Climate and Organizational Trauma](#)
 - [Implementation Support Guide 2: Supporting Change Leadership](#)

Additional Resources

When You Can Talk Privately

"People have shared with us that their (ex-)partner pressured them to use substances, use in ways that they didn't want to, or used their substance use as a way to control them. Using substances is a common way to deal with physical and emotional pain. If you can relate to any of this, know that we're here to help."

Common Forms of Substance Use Coercion

- Introduction to or escalation of substance use
- Forced use or withdrawal
- Self-medication to cope
- Sabotaging treatment access or recovery efforts
- Using stigma to isolate, discredit, or threaten
- Blaming abuse on use

Validate and Affirm

- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

"Would it be helpful to talk about some safety strategies and resources?"

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org

When You Can Talk Privately:

"People have shared with us that their (ex-)partner pressured them to use substances, use in ways they didn't want to, or used their substance use as a way to control them. It is common to use substances to deal with physical and emotional pain. If you can relate to any of this, know that we're here to help."

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www.ncdvtmh.org

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

Conversations about Substance Use

- [Substance Use Coercion Palm Card for Practitioners](#)
 - Available in English, Spanish, and French
- [Substance Use Coercion Palm Card for Advocates](#)

Additional Resources

When You Can Talk Privately

"How does your partner support your mental health? People have shared that sometimes their partners say hurtful things or try to make them think they are 'losing their mind.' Partners might make it hard to connect with people you trust or might only be supportive during hard times. If you can relate to any of this, we're here to help."

Common Forms of MH Coercion

- Undermining a survivor's sanity
- Provoking, threatening, or forcing unnecessary commitment
- Interrupting healthy routines
- Interfering with MH care: controlling medications, diagnosis, or overall engagement
- Using stigma to isolate, discredit, or threaten
- Blaming abuse and control on MH

Validate and Affirm

- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
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When You Can Talk Privately:

"People have shared that sometimes their partners say hurtful things or try to make them think that they are "going crazy" or "losing their mind." Partners might do things to harm your mental health, interfere with mental health care, or make it difficult to do things for your own self-care. If you can relate to any of this, know that we are here to help."

Common Forms of Mental Health Coercion:

- Undermining a survivor's sanity
- Provoking, threatening, or forcing unnecessary commitment
- Interrupting health routines
- Interfering with mental health care: controlling medications, diagnosis, or overall engagement
- Using stigma to isolate, discredit, or threaten
- Blaming abuse and control on mental health

Validate and Affirm:

- You deserve to be treated with dignity and respect, no matter what
- None of this is your fault
- You are not alone
- I believe you

"Would it be helpful to talk about some safety strategies and resources?"

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NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

Conversations about Mental Health

• Mental Health Coercion Palm Card for Practitioners

- Available in English, Spanish, and French
- Culturally adapted and available in Korean, Urdu, Arabic, Hindi, Chinese, and Tagalog

• Mental Health Coercion Palm Card for Advocates

Additional Resources

The screenshot shows a webpage with a purple header and a white main content area. The header includes the National Domestic Violence Hotline logo and navigation links. The main content area features a large heading, a paragraph of text, a list of four categories, and three resource cards. Below this is a section titled 'Locating Behavioral Health and Domestic Violence Resources' with three more resource cards. The footer contains the text 'Supporting Survivors to Reach Desired Resources'.

OUR WORK Find Resources + More **GO**

Survivor Health Connections: Increasing Access to Desired Resources

The trauma of domestic and sexual violence often impacts survivors' mental health and use of substances. Survivors and advocates alike often encounter significant obstacles when seeking support for these issues. This compilation of resources is designed to help both domestic violence advocates and behavioral health providers (including mental health and substance use specialists) increase survivors' access to resources that support their safety and well-being.

These resources were developed in response to barriers and recommendations shared by survivors, advocates, and behavioral health providers. They fall into four main categories:

- [Locating Behavioral Health and Domestic Violence Resources](#)
- [Supporting Survivors to Reach Desired Resources](#)
- [Supporting Organizational Collaboration](#)
- [Increasing Accessibility for Survivors](#)

RESOURCE
Accessibility and Effectiveness of Behavioral Health Services for Survivors of Domestic Violence: A Summary of Survey and Listening Session Results
[Read More](#)

TOOLKIT
Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence
[Read More](#)

RESOURCE
Key Elements for Responding to Mental Health and Substance Use Coercion in Clinical Practices
[Read More](#)

Locating Behavioral Health and Domestic Violence Resources

RESOURCE
Locating Domestic Violence and Sexual Assault Advocacy Resources
[Read More](#)

RESOURCE
Locating Mental Health Support Resources
[Read More](#)

RESOURCE
Locating Substance Use Support Resources
[Read More](#)

Supporting Survivors to Reach Desired Resources

Survivor Health Connections

- Seamless access to desired resources that support survivor safety and well-being, based on their self-defined goals
- [Accessibility and Effectiveness of Behavioral Health Services for Survivors of Domestic Violence: A Summary of Survey and Listening Session Results](#)

Additional Resources

The screenshot shows a webpage with a purple header. On the left, it says 'TRAINING'. On the right, there is a search bar with 'Find Resources + More' and a 'GO' button. Below the header, the title 'Trauma-Informed Responses to Emotional Distress and Crisis' is displayed in white. Underneath the title is a button that says '+ Save To Account'. The main content area has a white background with a light green pattern. It starts with a 'Brief Overview' section, followed by a paragraph of text. Below that is a 'Webinar Information' section with a list of five webinar titles, each preceded by a right-pointing chevron and a small '2016-2017 WEBINAR SERIES' label.

TRAINING

Find Resources + More GO

Trauma-Informed Responses to Emotional Distress and Crisis

+ Save To Account

Brief Overview

NCDVTMH's webinar series on Trauma-Informed Responses to Emotional Distress and Crisis is designed to support DV/SA advocates in partnering with survivors experiencing emotional distress, mental health crises, and/or psychiatric disabilities. The series provides an opportunity to explore existing frameworks for thinking about trauma and mental health and to examine our understandings of crisis and distress. It reminds us that we are talking about people and the complex courses of their lives, not about categories, labels, or diagnoses. Finally, it discusses the knowledge, skills, practices, and reflective processes needed to support people with a wide range of experiences of distress and ways of coping and being in the world.

Webinar Information

- 2016-2017 WEBINAR SERIES - Trauma-Informed Responses to Emotional Distress and Crisis: An Introduction
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: Incorporating Peer Support Practices
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: Program Polices That Support Trauma-informed Responses to Emotional Distress and Crisis
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: The What and Whys of Self-injury
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: Trauma-informed Approaches to Conversations About Diagnosis, Treatment and Medication

Trauma-Informed Responses to Emotional Distress and Crisis

- Training Series:
 - [Trauma-Informed Responses to Emotional Distress and Crisis](#)
 - Five webinars with supporting materials on mind-body



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