

Implementing a Trauma-Informed Approach in the State Workforce System: Serving Veterans and Eligible Persons

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Narrator: Welcome to the National Veterans' Training Institute podcast series, where we discuss pressing issues affecting today's veterans.

Hannah: Welcome to today's NVTI podcast: Implementing a Trauma-informed Approach in the State Workforce System Serving Veterans and Eligible Persons. I'm your host, Hannah. We're joined by a remarkable panel of experts today who bring a variety of experiences and powerful insights to this important conversation. To kick things off, would each of you please just briefly introduce yourselves? Tell us a little about where you're from and share a bit about your current role and the work you do. Mark, would you mind starting us off first?

Mark: I'd be so happy to do that, Hannah. Thank you so much for having me. As you said, my name is Mark O'Brien. I'm a consultant and nonprofit executive and I live in Baltimore County, Maryland. I've been working in the addiction, criminal justice, and some related fields for about 20 years and I started an organization called Trauma Informed in 2019 to support survivors of trauma and help systems better respond to hardship and adversity in ways that help people see the best in themselves and others and grow in strength and resilience. I'm not a veteran, but I did grow up in a military family and living on Department of Defense Facilities here and in Germany, and so the veteran community really has a really special place in my heart and I've gotten to work with a few veterans organizations and other organizations that serve a lot of veterans. And I'd always love to get the opportunity to support more of our service members.

Melinda: Hello, I'm Melinda Meshad. I'm a licensed clinical social worker living in Los Angeles. I have over 3 decades in social work working with various populations with high rates of trauma, starting in the 1980s at Occidental College, serving with world refugees from Central America. I've also worked with the incarcerated, those in foster care, and for the past 13 years, I've been working in the veteran world. I'm not a veteran, but I'm a daughter of a World War 2 vet who was a Seabee until he retired. I'm the wife of Vietnam War vet who's the founder of the Vet center program, and for the last 40 years, the National Veterans Foundation, which was the first national crisis lines for vets and their families, Shad Meshad. Now I'm in private practice. I train and consult on trauma-informed care and I work with the National Veterans Foundation.

Hannah: Stephanie, would you go ahead and introduce yourself, please?

Stephanie: Absolutely. Hi, my name is Stephanie Lemek. I'm based in the Tucson, AZ area and I'm a former HR executive with nearly two decades of experience in house and corporate environments. Everything from Fortune 500 organizations to startups. A few years ago, I founded an organization called the Wounded Workforce, and we're focused on building trauma-informed workplaces and advocating for mentally healthy workplaces. I am not a

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veteran, but my father is actually a service connected disabled veteran, and he served in the US Air Force. So I'm so grateful to be able to be part of this conversation.

Vickie: And my name is Vickie Choitz. I'm calling in from the Boston area. I'm the director of Trauma and resilience at work at Corporation for a Skilled Workforce, which is a national nonprofit organization that works with workforce development organizations and policymakers across the country. I've got 25 years of experience in the workforce development space. I also have lived experience with adverse childhood experiences and trauma retriggering in the workplace and am married to an army veteran. Our team at CSW provides training, coaching and resources for workforce development, Human Services and employers on trauma, toxic stress and mental health. And I'm so grateful to be in this conversation today. Thank you.

Hannah: As you can hear, just a fantastic panel with us today. We are thrilled to have all of you to discuss this really important topic. Melinda, I'd love to start off with you giving our audience some insight into what trauma is so we can get a real baseline understanding of it. And how it can affect veterans when seeking employment or when they're in the workplace, would you get us started there?

Melinda: Sure, you know, trauma alters one's view of the workplace, perceiving it as an unsafe place, so we can interpret the workplace as a predatory environment. The body and the brain focus on more on self protection, so we adapt by getting stuck in the survival mode. You know we, we often call it the fight or flight or fight, flight, or freeze. This makes it difficult to trust or be vulnerable and can restrict our ability to be innovative, to think critically, to be flexible and to trust others we work with. So trauma can also make it difficult to emotionally regulate and can lead to outbursts, anger, or the opposite numbing, shutting down. Also, trauma can create relationship problems in the workplace, making it difficult to collaborate and be resilient in what can many times be very competitive culture. You know, trauma is often born out of a powerless situation. It creates a sense of helplessness or worthlessness, and this can impact one's employment experience, making it difficult to be confident, to contribute, and to also receive feedback. So one can find themselves being overly defensive. So, say in the workplace, if there's situations that are not emotionally safe or they have power imbalance, a lot of criticism or abuse in areas of vulnerability, they can trigger and retraumatize.

Vickie: And Hannah, I can. This is Vickie. I can chime in with a little bit more of the way that we describe trauma in our trainings to add to Melinda's description is that trauma is an experience that the body and brain interpret as life threatening and it overwhelms one's ability to cope. And as Melinda said, the experience activates the emergency response system in our brain, commonly triggering fight, flight, freeze, and/or faun responses. This process actually hampers the frontal cortex part of our brain. The thinking, reasoning and executive functioning part of the brain because our brain is saying, look, we don't have time to analyze the pros and cons of various actions in this life-threatening situation. We just need to go or do something. And that

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reduces our ability to make rational decisions. And I want to underscore that these are all normal brain reactions to abnormal events of trauma or toxic stress or retriggering. It's really the brain just trying to save us from life threatening events, even if the brain has mistaken a job interview as a life-threatening event.

Hannah: May I interrupt you for just a moment, Vickie? That was a fantastic addition and I want to drill down on something you said there. I think most of us have heard fight, flight or freeze, but this fawn response might be new to a lot of our listeners. Would you tell us a little bit more about this please?

Vickie: Sure, the fawn response also might be called submit. It's basically when the person kind of gives up and gives in to the stress or harm. If someone under high levels of stress or experiencing trauma exhibits a kind of, quote unquote, whatever attitude or maybe seeming unmotivated to engage in workforce development or training or education. That might be a fawn or submit response to the stress or trauma. They've just thrown up their hands and have given up. Additional possible responses in this category can include people pleasing behaviors. The individual may just try to appease or accommodate the situation, often at the expense of their own needs. They're not speaking up for what they need in in a training situation or in a workforce development situation. They may become overly compliant just to avoid conflict. A really extreme version of this can be disassociation where the individual may disconnect from their own emotions and experiences, that numb or withdrawn feeling that Melinda had talked about. And this could be very dangerous because a highly disassociated person may try to harm themselves just to feel something. They may try to cut themselves or engage in risky behavior like speed racing on highways just so that way they can feel something because they become so disassociated and numb from everything in their lives. They may be more likely to hurt others as well because they're so untethered from reality. Now, clearly someone who shows signs of such disassociation and disconnection should be referred to a mental health professional ASAP. This is not something that workforce development professionals are expected to deal with. So I'll leave it at that. I hope that helped.

Mark: I'd love to pick up there on something that came up for me in Vickie and Melinda's discussion of this and that's really that there are a lot of different ways that we talk and think about trauma and some of the initial reactions that people may have to traumatic experiences. And one of the big questions researchers and clinical folks still seem to grapple with is what types of experiences actually qualify as triggers of trauma, so a lot of this research actually originated in the military and in research around combat veterans. But we now know that people can have these kinds of psychological reactions to a lot of experiences. The way the way I think about it and the way we talk about this at Trauma Informed, and I'll say not because other ways of thinking and talking about this are less valid, but because it aligns with sort of the our place in the order of kind of healing from trauma, which is we tend to address the situation where people are not in the acute phases of post-traumatic stress. And so what we talk about is

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trauma representing those cognitive changes that people experience while grappling with the aftermath of this. So we define trauma as a threat to a person's cognitive or psychological integrity. It disrupts their worldview and, and I think Melinda was talking about this with the idea of this kind of, like, breaking that view of the world as safe or just. Trauma stems from extreme experiences that overwhelm an individual's capacity to cope and that impair their normal brain function. Their trauma can result in short term and long term physical or psychological effects. But what we also want to talk about is that trauma isn't determinative. People actually survive and recover and they even sometimes grow and become what they consider better, more resilient versions of themselves because of these experiences. And I think it's important we always kind of acknowledge and sort of try to, you know, be catalysts for that.

Stephanie: The group has covered such a great overview of trauma. I think it's really important to think about when we're talking about the workplace and someone seeking employment, especially, there's really a strong inherent balance of power in these situations, and that imbalance of power is so prominent in the experience of trauma and in what we think about when we define trauma. So safety and employment are also key aspects that we want to be thinking about as we're thinking about trauma and its definition in this context. Without stable employment, without a living wage, how can we, how can our clients keep ourselves and our family safe? This is something that is really fundamental and it's really at the core of employment, finding employment. I also think a great call out when we're thinking about trauma, unemployment is purpose and the sense of self efficacy that having a good job can create, especially when we're thinking about transitioning veterans going from, you know, a role where they had an extreme sense of purpose, an extreme sense of self efficacy to how can we translate that into the civilian world and how can we really help that become a source of resilience and post traumatic growth, which I think Mark, you know, really referenced, is something that we can look to attain even beyond just supporting, how can we actually support that growth through the employment experience?

Hannah: Absolutely, absolutely fantastic points and we're going to get even deeper into that. In fact, our next step is to really dive into that employment experience because now that we've defined trauma and made sure that we have that, that baseline understanding and thank you all so much for that and sharing that depth of experience and knowledge. We want to discuss what a trauma-informed approach is. So that we can really start off on the same page and with the same understanding. According to the Substance Abuse and Mental Health Services Administration, or SAMHSA, a program, organization, or a system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery. It recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures, and practices and it seeks to actively resist retraumatization. Now, what else? Because you all really work in this every day. Would you like to add to that definition for more clarity and more context for our listeners today?

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Vickie: Thanks, Hannah. This is Vickie. I can kick us off by keeping on the SAMHSA theme. They've done an amazing job of defining trauma, trauma-informed organizations, approaches, and principles. So at our organization, we also use the SAMHSA core principles around trauma-informed approach and we've actually modified them a bit to be even more comprehensive. So there's 6 core principles in the framework. The first one is safety and we've added acknowledgement, respect, and structured interaction and that really goes back to that safety of, you know, if I know what's coming, then I'm not going to be taken by surprise and that'll help me regulate my brain when it comes to toxic stress and possible trauma retriggering. The second one is trust and transparency. The third principle is empowerment, voice choice and flexibility. The 4th is peer support and belonging. The 5th is collaboration and mutuality, and the 6th is cultural humility and critically engaging difference. And if you didn't catch all those, if you're trying to take notes, they are definitely on the SAMHSA website and in our materials that will be in the resource page for folks who have access to this podcast. I want to acknowledge that it may sound like some of these principles are overlapping, and that's by design. They're really designed to mutually reinforce each other. And the second thing I want to note is that these principles are really helpful beyond a trauma-informed approach that organizations may want to adopt when they're working with trauma survivors or people who may be experiencing retriggering. We can apply these across the workplace, our workforce development programs and services, universally and in our everyday lives, which will improve work for everyone, not just those who have experienced trauma. So I highly encourage a universal approach to using these principles in workplaces and workforce programs.

Melinda: Well, thank you, Vickie. I love the modification too. It's so clear. But yeah, I would agree. SAMHSA, though, is very comprehensive. It looks like it has all the components, but when we train, we kind of break it down. We want to really look and understand what trauma does to us like our body, our perspective, the behavior. We look closely at the symptoms. You know, some of them aren't always easy to detect. You know, and how they're exhibited, for example, how trauma creates fear and maybe a lack of trust. Then we really look at what well-being looks like and how we can go from these trauma, we call the trauma lens, trauma symptoms, to well-being. That leads us actually to the core principles that Vickie outlined so well. And then we take these core principles and we use them in the way that we engage in the programs we create, and the policies that we create, and in the culture that we create as well. So we kind of thread these core principles, you know, in a holistic way. So in the workplace, this means maybe how we engage one another, supervise employees, how we collaborate, the policies we set up, and the workplace structure.

Stephanie: Melinda and Vickie have done such a great job kind of talking through what trauma-informed care looks like in practice and, you know, these are all incredibly vital aspects of trauma-informed practices that can show up in the workplace, show up in our interactions with clients and our peers. But I think sometimes we can over index on individual actions when it comes to trauma-informed environments. And don't get me wrong, it is so important for us to

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consider our own individual actions, but there's also so much more we can do, and this is something that my organization really focuses heavily on, is that the beauty of the principles of trauma-informed care, the beauty of the work that SAMHSA has done, is that it also provides us with these actions, but it also creates these lenses from which we can review and build our processes and systems, and those can become inherently trauma-informed and can kind of scaffold a trauma-informed experience for our employees, for our clients, for our peers. And what, when we do this, when we're scaffolding, that individual actions with those culture, those processes and systems, we can really do a great job of ensuring we're having a consistent trauma-informed approach versus just relying on experience in the moment, which can become very overwhelming sometimes to feel like you know, the role of trauma-informed is all on your shoulders. Having that support can be really important. A great example that I can think of, you know, when I think of the hiring process, you know, as a former HR professional, you know, think about a hiring process that is trauma-informed. Make sure that the process is clear and transparent, we're communicating to through those participating in it what the steps are, what it will look like, who they'll be interacting with. We can provide choices in terms of when and how they might want to be interviewed. Create a sense of, you know, understanding of what they can expect. And really make sure we're creating those supports. Super, you know, high level brief example, but when we think about trauma-informed practices in our processes and systems, we can really create a much bigger ripple impact on those practices within our organizations.

Mark: I want to pick up on a couple of things that I'm hearing from my co-panelists that I really think are important to reinforce and that's the universality of these practices and that we're talking about this today in the context of workforce development, but that these are really important interpersonal practices whenever we're helping somebody or in our everyday interactions. And also that while these principles are sort of laid out very transparently and effectively for us by SAMHSA, that they're not just a list of actions that we're supposed to be taking every day to, like, check off some boxes, but really a way of thinking about our interactions. So I think about this as something that we can all do when we're caring for or engaging another person. It's important to remember we're not talking about treating trauma here, although as it turns out, establishing safety, that first trauma-informed principle of safety is critical for trauma recovery too. And that's why it's one of the first things we have to focus on in trauma-informed care because a lot of the other work we want to do can't start to happen until they're safety. But more broadly, we can think about trauma as damaging, or even destroying certain pillars a person relies on to function effectively in the world. We've heard about this already, right? Ideas like that we're safe in the world, or that we can trust others. Ideas like we can predict what might happen next to us, or we have the resources and control to respond to things that happen in the world or that happen to us, situations we confront. So these things get damaged or destroyed in the context of that trauma, we don't think we're safe anymore. We don't think we can count on people. We don't think we can predict the future or respond effectively when bad things happen to us. So trauma-informed care is really about just

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setting the conditions within the relationship for some of those pillars to begin to heal. It's not our job to fix the pillars. Right. Hopefully people are getting care to do some of those things and we can help push people in the direction of healing. But we're really just setting the conditions for people to recognize that we're going to take the special care to anticipate their needs. And to make sure that they're met and that they're able to engage with us in a way where they have a voice and some empowerment over what happens next in their life.

Hannah: I love that. That's so perfect that we're really setting the conditions for some of those pillars to begin to heal, but we're not talking about treating trauma and that is important. And you'll probably hear us say that a couple of times here as reminders. And as some kind of reminder and kind of a check on ourselves here, I do want to address before we get too much deeper into the conversation, what are some misconceptions about trauma-informed approaches or trauma in general that you often see? Because there are things that we might we, I right now and our listeners right now might be carrying with us. So what are some of those misconceptions that that you often see in general, that you hear that you'd like to go ahead and address just right now, and let's get some of those misconceptions off the table.

Mark: Yeah, I appreciate you bringing that up, Hannah. I think that's really important. You know, I think that part of this comes down to also that question that people may have about like, am I supposed to be treating this really difficult, painful, complex thing that people may be going through? And I think some of that comes from people hearing trauma and automatically thinking about PTSD, post-traumatic stress disorder. Or if they're in the medical field, they might think of physical injury as trauma. I actually think that the doctors have it a little bit closer in this case, because at least their idea of trauma has, like a little bit more room for some severity and that it isn't always the worst-case scenario. So we want to acknowledge that not all trauma is the same and not all traumatic stress or traumatic experiences are going to lead to post traumatic stress disorder. Even if you know some of those cognitive processes are similar, trauma is always a dynamic outcome, and it results from an interplay of individual factors like a person's previous experiences, their ability to cope, their perception of the event, and then the actual event or experience itself. So there's a lot going on there and we're not always talking about PTSD. The other big thing for me is that we spend so much time talking about all the ways that trauma hurts and harms people and all the reasons we should be careful not to retrigger or retraumatize. And that's really, really, really important because these are painful experiences and we never want to make them worse. But I feel like we don't spend anywhere near enough time talking about that post traumatic growth that Stephanie was talking about and the ways that this can actually shape people to be stronger and more resilient versions of themselves. And it's difficult because we never want to glorify pain or minimize the suffering that people are facing. Nobody would want this to happen to themselves or somebody that they care about. This is really painful stuff, but the reality still is that growth from these kinds of experiences actually is a more common outcome than PTSD. And that's what we see in the research.

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Stephanie: You know, it's so interesting for me especially, you know, operating most frequently in a corporate environment, corporate spaces. People are just kind of scared of the word trauma. You kind of get a visceral from reaction. And, you know, we've already said it a few times, I'm sure, we'll say it a few times more, but definitely the biggest concern I hear is that idea that trauma-informed approaches require us to step into that role of a clinician or to treat trauma, and that is absolutely not the case. I also think you know, some folks have concerns around hearing or being exposed to another person's trauma. That can be really scary, that can be a challenging aspect of thinking about trauma-informed care or trauma-informed approach for many, especially when we think about, you know with the prevalence of trauma. Many of us may have our own triggers, our own traumatic experiences, coloring our work, even with individuals who may be bringing those traumatic experiences with them, that we are looking to serve. So it's really important to call out that we actually don't need to have someone disclose the details of their trauma or their triggers to support them in a trauma-informed way. This is why trauma-informed practices are so incredible. It's because it allows us to provide that support using these principles, using these actions, these lenses. And then we can make sure that it is always the person's choice of how, when, or if they disclose their trauma, because again, we want to make sure we're preserving that sense of choice, that sense of self efficacy, if we are entering a new relationship with a client and say hey, tell me about all your trauma, that isn't actually trauma-informed. We also can then hold our own boundaries in terms of space for stories and experiences, you know vicarious and secondary trauma and compassion fatigue are very real, and I think they are more widely present in employment, in our jobs, in our world than many of us even realize, and knowing we can support trauma-informed practices and ourselves at the same time is so very important, especially folks who are engaged in, you know, purpose driven work, supporting veterans. We want to make sure we're balancing that idea of supporting our clients and making sure we're supporting ourselves and preserving our own personal boundaries and our own personal needs.

Hannah: Oh, my gosh. Stephanie, thank you, thank you, thank you. Thank you for bringing that up. Incredibly important. Of course, we are not expecting anyone to treat trauma and that is very important to bring up and we will probably bring that up, as you said multiple times, but also that vicarious or secondary trauma is very, very real and that we also need to be aware of that. So thank you for taking the time to bring both of those elements up, things we really need to be aware of. And you're right, particularly in the field of veteran service, those are very real concerns and you're right, the beauty of trauma-informed care is that it does save space for that, that it's a way of caring and a way of being, so fantastic. I really, really appreciate that. And Vickie, I know you had a lot more to say about what workforce development professionals can do. I just kind of jumped in there and cut off because I so appreciated what Stephanie said. Vickie, you wanna jump back in? I'm sorry. I jumped in there.

Vickie: No, absolutely. I appreciate everything that you've been echoing, Hannah. I also wanted to provide another example to what Stephanie was saying earlier in terms of, you know, how

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can you have a trauma-informed hiring practice, for example, and workforce development professionals can do this in their own organizations as well as coach employers that they may be working with to adopt these sorts of concrete practices and the example is something that we do here at Corporation for a Skilled Workforce, in that we just wrote a blog about some hiring that we've recently done and how we made sure that it was very transparent. And so, for example, in our job descriptions, we always put the salary range so that way applicants know exactly how much they could be paid in this position and they know if that would work for them, you know, even before they apply. We also, a second point that was in the blog and you can find it on LinkedIn if you go under a Corporation for a Skilled Workforce hiring practices, it was just posted last week. We got 600 applications for three positions and we did not run those applications through some sort of AI, artificial intelligence screener. We had real people reviewing each of those applications and that really in my mind, follows the principle of acknowledging that folks applying for these jobs are real human beings and we shouldn't expect them to put the precise exact words that some computer program is going to pick up. And if they didn't use those exact words, then they get, you know, spit out of the process. We think that's very untrauma-informed and so we wanted to make sure that we highlighted that as part of our own hiring practice and something that others can do as well in their hiring practices. But another point is that as has been mentioned earlier, trauma-informed approaches are not trauma treatment, just leave the diagnosis and treatment to mental health professionals, everybody has a role to play in this, but what we as workforce development professionals can do is to understand the trauma and we, you know, don't have to be psychologists here, but we can understand. We've already been talking about how it affects the brain and the body and the behaviors of individuals who may have experienced that. Recognize those signs and symptoms and implement practices and procedures that help to mitigate the effects of trauma or trauma triggering practices that help folks regulate and get back on track with their workforce development activities. So that's our part of the job in being trauma-informed and having trauma-informed approaches to our work. Other misconceptions that I think are really important to bring up: One is that trauma is pervasive, so if you've experienced trauma or any of these symptoms that we've talked about, you are absolutely not alone. SAMHSA has reported that 90% of adults, 90% of adults, almost all have experienced at least one traumatic experience in their lifetimes. It doesn't necessarily lead to trauma symptoms, but a lot of folks have experienced trauma that could lead to symptoms that show up at work in the workplace or in workforce development programs. Also, sometimes these traumas might overlap so individuals can have what we call complex trauma, so maybe an individual has grown up in a low-income community, maybe they experienced community violence, maybe they experienced adverse childhood experiences, which are things like abuse and neglect before the age of eighteen and then they might enroll in the military and experience military related trauma. So all of those can add up for an individual as well. And so that's something to keep in mind. But trauma is experienced differently by different people. And it all depends on their chemical makeup, their biological makeup, their life experience, how many resilience factors they have, like a supportive family, supportive friends, you know their basic needs being met.

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Those can really go a long way to counteract the effects of trauma or trauma retriggering. And it can help develop resilience and an individual's ability to heal from trauma or trauma retriggering. So, you know, none of this is a monolith. Different people experience trauma, different ways. They may have more than one trauma. And so that's or just things for us to keep in mind. But again, not diagnosing anybody, but just keep in mind that that may be part of somebody's experience and so when we do follow those principles in our practices and our policies and procedures that our organization we are setting a culture to help mitigate and counter those experiences.

Melinda: Well, thank you, Vickie. You know, I think everybody on the panel has talked about this first misconception that you know, of course, I was thinking too, just I think often people think that trauma has to be this life threatening experience. But I think it's already been explained that it doesn't have to be that it could be just, you know, chronic, maybe adverse experiences. And yeah, Vickie did a great job on that. Thank you. But one other one, I think that I've heard people talk about this especially being involved with maybe some different organizations or agencies that are going through like a reorganization based on trauma-informed care is that there's sometimes this assumption that this approach kind of promotes like a lax or a soft environment. You know, maybe even tolerating unproductive behavior. So, you know, while there's of course room for self-care, you know, this is not an opportunity to relinquish people's, you know, responsibilities. Yeah. So that's one. Also, I think that that people don't understand that really the trauma-informed environment is a healthy environment, not just for those who've experienced trauma, but for all of us. Promote safety and you know when we all feel safe, our bodies are at ease and we're not in the survival mode, you know, and it's in this relaxed state that we're able to be our most productive, resilient, relationally healthy selves. So I would argue that really generally, although there may be exceptions, the trauma-informed environment is how we build healthy workplaces and communities for everyone, because actually this is where we all thrive.

Hannah: Absolutely. And I think that is an ideal point to make. And of course that's really what we're here to discuss. We're here to discuss trauma and the trauma-informed approach from the perspective of the workplace. And in employment services in general, what is the role of trauma-informed practices in workplaces or organizations? And that's really where we want to go with this next is focusing on workplaces and organizations and why it's important from an employment perspective. We want to get into how using a trauma-informed approach when providing employment services might differ from providing a trauma-informed approach for care. Stephanie, would you share your thoughts with us first?

Stephanie: Absolutely. I am very passionate about the translation and I think the keyword here is translation of trauma-informed care into the workplace because it really is the core of what my organization seeks to do. You know, over the course of the last few years, we've seen a changed relationship with work, both spurred by the COVID-19 pandemic and by Gen. Z

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entering the workplace. If anyone's interacted with Gen. Z or has heard conversations about Gen. Z, they are very well educated, well versed in terms of talking about mental health, and even talking about trauma in a more colloquial format. And the thing is here is when we look at corporate environments, when we look at employment, your mental health has really become a key tenet of a strong workplace. And I would say both mental health from a proactive standpoint and in terms of addressing crisis situations. Unfortunately, most often this is not very well done. Often we are looking to managers, middle managers, leaders, HR professionals who have little or no training in mental health and trauma to support individuals or to support mental health at work. And you know, a lot of times what's actually happening is they're becoming de facto counselors. We've talked about it. This isn't what we actually want to do, what we actually want to see when it comes to trauma-informed practices in the workplace. And so this doesn't work for them to, you know, jump into a role that they do not have the right tools, education, resources for. And then we know that it's not the safest or most effective option for employees or for those folks who they're servicing. So translating trauma-informed care to the workplace allows us to use proven and well researched approaches to supporting individual mental health with clarity and creating culture changes within organizations versus creating an extra box to check, an extra thing for managers, leaders, HR, professionals to do if their day-to-day work. So again, you know, this is why I'm so passionate about this translation, because like we've discussed previously, trauma-informed practices really provide the scaffold, the support for anyone, those individuals impacted by trauma and really, everyone can benefit from experiencing trauma-informed practices.

Vickie: That's awesome, Stephanie, and I want to under score your first point about younger generations of workers being very attuned to mental health. They are also looking for employers and expecting employers to also be attuned to mental health issues and needs in the workplace and you can see this in survey after survey after survey of workers and job seekers. You know, high percentages are fully expecting their places of employment and their employers to focus on these issues and support them with these issues. So, this isn't just something that's nice to have if employers want to attract talent, they're going to need to be responsive to, you know, workers who are seeking these mentally healthy workplace cultures. So I encourage folks to look at some of those surveys and what we're seeing around the expectations for mental health of folks coming into the workplace. And we boil it down to, you know, trauma-informed approaches are important to employment and workforce development for a number of reasons. In addition to that, one is simply working adults spend half of their waking hours at work, assuming that they work full time. And trauma doesn't check out when we check in for work. It follows us to work and can affect our ability to do our jobs and work with others. I don't know if anybody's seen the TV series called Severance, in which people can divide their brains into two, one for work and one for their home life. That's not real because the, our same brain that we operate with at home is the brain that we use to operate at work. So we do need to understand how trauma and retriggering and toxic stress may affect us at work if it's also, you know, affecting us at home. And as we've talked about, trauma responses can really hamper

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our ability to do our work. For example, if our trauma response is fight, we may not be able to get along with colleagues. We may mouth off to our supervisors. So you know, some people may think, well, this person is just being a jerk. But if you do have a trauma lens and you're taking this into consideration, they may be experiencing a trauma response and a supervisor's reaction to that is very different than the typical punitive reaction if somebody's just being a jerk at work. Also, if our response is flight, we may be calling in to work sick a lot. We're fleeing work, so to speak. We may avoid doing work tasks that feel overwhelming and our whole career may atrophy because we're just kind of fleeing a lot of the stress and possible retraumatization that work may be an experience for us. If our response is freeze, we may experience brain fog easily. I know that happened for a lot of people in COVID. And so yeah, you can just as you start to exercise using this trauma lens, you can see how some of these behaviors could be rooted in trauma and not necessarily just bad behaviors of employees at work. So it's just so important for us to understand this and have this different lens.

Melinda: Thank you, Vickie. And you know Stephanie did a great job of just explaining that, you know how they can be implemented and Vickie too. So really, you know, you said what is the difference? Really, trauma-informed care is kind of like that overall evidence based practice. You know, based on these guiding principles, but you know, it's really, I like the word that Stephanie used, translation. You know, it's really how these principles are implemented. You know, so that depends on the situation, the workplace, the population, even varying on different workplaces. You know, again, I think we've already talked about the role of trauma-informed care is to help we build a sense of safety, like a sense of confidence, the ability to be flexible, emotionally regulated and able to speak up and be productive and you know, have good relationships and all these are really, you know, critical components of having a healthy workplace. You know, really trauma-informed care, you know it comes down to really practical things like it decreases retraumatization and it can decrease turnover, workplace absenteeism, you know, it increases worker productivity. So from an employment perspective, we want a workplace that promotes collaboration, innovation, flexibility, productivity. This benefits everybody and that is the trauma-informed care approach.

Mark: I love that so much, Melinda. I think that that is spot on. I also think about trauma-informed approaches, not just in the workplace, but in the context of workforce development. And I think that relationship and workforce development and helping somebody forge ahead and kind of identify that path forward is such a powerful relationship for these kinds of practices. Because it's really about helping people to start reclaiming control of their lives and restoring that sense that, you know, they have some control over the future. Employment gives people agency, right? They get to do something to go from point A to point B and accomplish a goal with their, you know, with their skills and their effort, it empowers them with resources to care for themselves and maybe people they care about too, other people they care about. I think a really big one in this kind of relationship is that we can show up and just be trustworthy, right? Follow through on our commitments, be transparent when we don't have answers or we

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may have gotten it wrong. We can start modeling being those relationships that are reliable for people. So just making sure that you're following through on your word, being honest when you don't know, and getting guidance when you need it. And then I think the other part of this is so you're showing up as that relational person who can be relied on, at the same time, you're also empowering that other person, right? This isn't only about your expertise and only about your ideas for their future. It's really about listening, right, hearing what's important to that person. It might not be the same thing that's important to every other person that you're working with. So finding out what are the priorities? Is it the commute? Is it the income? Is it the sense of purpose they get from the work and figuring out and not just assuming there's a one-size-fits-all, you can really empower them to reclaim that control of their lives.

Hannah: Mark, you really started a fantastic transition for us right there because what I want to do now is drill down into the specific population that we're addressing here today. And we've already certainly established that generally it's critical for long term workplace success to have a trauma-informed approach. But now, thinking about working with veterans in a place like an American Job Center, a workforce center or another veteran service organization. In particular, why is a trauma-informed approach important from the very moment the veteran walks through the doors of that center? And how can using a trauma-informed approach help veterans who are seeking employment and employment services?

Vickie: Yeah. Thank you, Hannah. As we've covered, safety and trust are two really key principles in adopting a trauma-informed approach. And it's to help ensure that the brain does not go into emergency response mode and derail workforce development efforts. But also, if the brain does go into emergency response mode, how can we as soon as possible get it to calm down so that way the veteran or any workforce development participant can focus on the education, training, employment activities that they're there to engage in? As you said, it's important that these principles are adopted even before someone walks in the door. So for example, does the location of the center feel safe? Is it easy to get to or is it hard to find? Is the signage clear? Once someone walks in the door, is the front reception area orderly and friendly? I imagine for a military personnel used to order and clarity this is very, very important. Also has the veteran been greeted as a person, acknowledged as an individual or is just a number called? And they're another number. Do we offer them even little choices at intake in order to fulfill the principle of voice choice and empowerment? So, for example, do we ask them if they would feel more comfortable sitting at this table which faces the exit or at that table which is away from the exit? So even small choices help to build that resilience and empowerment in the brain and counter trauma, potential trauma responses. Designing a center and the processes to cultivate psychological safety and human acknowledgement really sets the stage for a mentally healthy interaction with a case manager or a career coach or a training facilitator. It's also really important for vets and other workforce development participants to understand how the trauma may affect them. What's going on in their brain? What are their triggers and what are their regulation behaviors for times when they might enter workplaces

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that are not trauma-informed and they get triggered? So I think making sure that veterans and workforce development participants in general understand a little bit about how trauma affects them. And what their go to strategies to calm and regulate their brains can be is extremely important in this conversation as well.

Mark: I completely agree about that, Vickie and I also, I want to back up to something that you were alluding to, I think just a minute ago and that Hannah also mentioned too in introducing this topic, which is this idea that this starts from like the moment that people first engage with the organization or the service provider or like walking in the door. So I want to kind of like call that out as this idea that first moments matter. It matters a lot when people first get there. The first impressions they have about you're prioritizing them as a human and their dignity and their safety, that trustworthiness, those choices, people develop some really specific and hard to dislodge impressions of you as an individual and of your organization and the places that they come to very, very quickly. So I just want to say that this really is something that we have to be conscious and thoughtful about from the beginning. And then also you know that using a trauma-informed approach with those six key principles, we can do that in ways that also kind of nudge conversations from the very first interaction in the direction of like a more hopeful and positive disposition towards the future, like optimism and hope are very, very important and that helps give people like the chance to identify some of their strengths, the ways that they've been resilient in the past. The ways that they may be able to use their strengths in the future, right? Anytime we can highlight these things and kind of cultivate that hopeful disposition is going to be really powerful. And you know, cause one of the most painful consequences that we keep talking about with trauma is that feeling of powerlessness, right? So from the first moment workforce providers can help veterans regain that sense of control by truly engaging them in these processes and prioritizing listening to what they need, but also reinforcing that they already have the tools to accomplish their goals.

Melinda: Thank you, Mark. And you know, Vickie, one thing that Vickie said that is really important in our training is that you know like employees, participants really need to understand how trauma may have affected them. Maybe their own triggers and how they regulate. And that's a big part of our training because sometimes it's hard. It's hard sometimes to, you know, this takes practice and to sometimes recognize when our own trauma symptoms may come out. I also love how this, the concrete examples that everybody gave. You know, it's, what I want to stress is that the trauma-informed approach really is like the healthiest approach for us all, not just for those with trauma, you know, it's the way that, you know, well-being is for all of us, you know? So but when one person has experienced trauma, you know, they could be highly reactive, maybe hyper vigilant and sensitive, very sensitive to disrespect or mistreatment and easily retraumatized. And also one thing I want to note is that you know, I don't know if we've mentioned this, but veterans have double the rate of childhood adverse experiences. So even before they become adults or go into the military, you know, they've experienced high rates of trauma. But you know, you guys mentioned trustworthiness,

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transparency. When a person can trust what's being told to them when they're heard, when they're supported, and like when they're, you know, when there's a lot of strength based and you know, talk and positivity, this builds a positive, safe environment, promotes emotional and physical well-being in the workplace or really anywhere. But a hyper vigilant person can be triggered even from just a moment they walk in the door. I mean, this could just be from the person, the security person, the person at the desk, if they sense any kind of disrespect, or they feel marginalized, maybe ignored or unheard. That could jeopardize their participation in a program you know, just for, it could just take seconds. So it's critical that every person in an organization engages in a trauma-informed manner, even that first person you see in the door.

Stephanie: I think it's important to also call out that it can be difficult for veterans to ask for help. When we look at this population, that kind of sense of pride that exists there and some may even already feel as though they're asking for help or support just by using these resources. So when we're leveraging trauma-informed practices we can bolster their needs without their need to disclose or have to ask for more. We can also find ways to connect to that sense of empowerment and self-efficacy that can be really encouraging, really important and fully leveraging these services and really important and thinking about being trauma-informed and some of that post traumatic growth. I also would be remiss if I didn't restate the imbalance of power and the importance of understanding, power imbalances as part of a trauma-informed approach. You might be thinking, Stephanie, what are you talking about? Well, you might not be the hiring manager, you are in a role where you're able to help someone get work, and that is another type of power imbalance. So when we understand that, when we recognize those kind of inherent power imbalances, some may be more visible than others, it really helps us make sure we're putting those client needs first and really helping cement that trauma-informed approach.

Hannah: Stephanie, I'm actually really glad you brought that up again. I'd wanted to kind of hone in on it before and then we just moved on. So I'm really, really, really glad you brought up that power imbalance because I want to get more into that. We know that veterans are accustomed to being part of a hierarchy and following orders in general. So, I do want to drill down some into how can a lack of understanding of power imbalances affect trauma-informed approaches? Because of course we know it can. Melinda, I think you had some more to add on to that from prior conversation. Do you mind jumping in there?

Melinda: Sure. Yeah. You know, I just wanted to point out that the trauma often involves being powerless to change the situation. So, you know, many times, trauma involves an abuse of power. Actually, it's often power that becomes a barrier even to justice. So there's many examples of hierarchy supporting an abusive situation and not keeping someone safe. You know, in a variety of military context, staff not only experience traumatic violence, but they are sometimes required to participate in actions that they would not morally want to do. And this command comes from a person also in authority, you know, and we haven't really mentioned

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this, but this can lead to a moral injury. You know, so power imbalance, can, you know, retrigger that it, can retrigger that trauma and it can exacerbate symptoms. Trauma-informed care strives to reduce the power imbalance. It promotes a collaboration, more of an egalitarian approach and mutuality, allowing for voice, for someone to be heard, you know, choices and seeks ways to empower those in the an organization or the workplace.

Stephanie: You know, I'm a firm believer that power imbalances show up all over our world and that it's our failure to understand our own power that causes a lot of unintentional harm. By examining our own power or the lack of power for our clients in a situation, or even the lack of power our clients may be feeling or perceiving. It's really key in empathizing, but it's also so important when we're thinking about actively avoiding harm as we're working with these individuals. A power imbalance can feel like a given for so many veterans, and you know, Melinda did a great job providing an overview around the why and some of the specific situations where that may come up. So specifically addressing power and power dynamics and then looking to create trust can really go a long way in these situations. I also think it's really important to call out as veterans are transitioning to civilian roles, it's important to help them explore the less clear hierarchical structures and other ways power can show up in organizations that may be more subtle and help them navigate this change and also avoid harm as well.

Mark: I think it's really important, Stephanie. I'm glad you brought that up because in that transition, I think it can also be difficult for veterans to transition into different sorts of power dynamics that are, you know, different from what they may have experienced in the in the military and where the power dynamics may be less formal. In the role of workforce development, in trying to assist a veteran in their in their workforce needs, I think it can really be helpful actually to kind of name and identify this early so that you can dispel some of the power differential that may make veterans reluctant to kind of explore what they actually want out of the situation. So I'd actually like share a quick little script that would be something along the lines of "I know during your time in the service a lot of the questions about your life were answered for you. I'm here to give advice, share information about what jobs are available and support you to find work that is right for you, but ultimately the decisions we make are going to be up to you and not everyone is looking for the same thing. For instance, some people really like to work at night. Other people can't stand a commute. Some people like a quiet environment and others like a lot of action. It might take time to really think about what works for you. But I hope you'll see that I'm listening, and it's worth speaking up because I'll do my best to follow your lead with some advice when I think it makes sense."

Hannah: Wow. Thank you for sharing that. I have a feeling that there are going to be some folks running that back to relisten and probably write that down. Do know that there is a transcript along with this so you can go to the transcript and look at it also. That was fantastic. Thank you all so much. And I'm really glad that we spent a little bit of extra time speaking on that subject.

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Now we know that it's inappropriate to directly ask veterans about traumatic experiences, but that after building rapport, they may share these experiences, and then, of course, assisting with appropriate resources is the next step. We'll provide some shortly and of course, there are some provided with the associated materials with this podcast. But that, of course building rapport takes time, and sometimes the relationship never gets to the point that a veteran feels comfortable sharing. As a service provider is building rapport, what might be potential signs that an individual is experiencing a trauma response? If signs are observed, what steps or approaches might the veteran service provider take to provide appropriate support in the moment?

Stephanie: So one thing I think here is, you know, this is, can be really heavy work and talking about trauma can feel really heavy. I think sometimes we build that up in our minds and it keeps us from doing those really important and simple things that actually provide really amazing support for our clients or the people were interacting with. Remember, caring about your client is huge here. Look at those cues that let you know that someone seems off or not themselves. We all kind of know someone is kind of showing up, it feels like something's not quite right, especially as you're getting to know them. That can be huge in terms of understanding what's happening without maybe having someone disclose some of those specifics. And then I think the other important thing here is you do not have to have all of the answers. Stopping, asking someone what might help, if they need support, just taking a pause or talking it out can really be a huge help. And remember, we can always connect people to other resources outside of ourself. And remember, when in doubt, ask. Choice is one of my favorite ways to infuse trauma-informed practices into our work. Choice is a powerful trauma-informed tool, so give your client a choice in terms of how they want to be supported. When you're kind of feeling there's something that's off.

Vickie: I know you're not supposed to have favorites in the SAMHSA 6 key principles, but right after safety, choice is one of my favorites because I think it is so powerful. So thanks, Stephanie for highlighting that one. I would recommend that folks really look for those signs of fight, flight, freeze, or faun. So for example, is somebody agitated and snapping at you? So, that could be a fight response. Are they searching for the exit? Are they looking around the room and kind of searching for a way to get out of out of the situation? Are they distracted and unable to focus? And is what appears to be a lack of motivation really a freeze or faun response? So think about that, apply your trauma lens and consider if the behavior might be a trauma response. Not necessarily a, you know, response to somebody being unmotivated or not wanting to be there or, you know, just kind of being a person who's not engaged. Melinda's earlier example of hypersensitivity reminded me of a personal example that I've so incorporated into to my work that I forgot that it was a way of, a good example of how you sort of have to trick your mind when you've experienced trauma to not be hypersensitive and not take things personally. So I used to be extremely sensitive to criticism and critical feedback on a resume or on a piece of an article that I had written. And it was because as a kid, critical feedback came in the form of a

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beating from our father. And so that, my brain would go back to that moment whenever I received criticism. And I really had to trick my brain and so now I say, look, you know, critical feedback on a paper or a resume, or you know, something that's said at work to me to improve my job is really a gift because if somebody is taking the time to give me that information on how to improve, that should be happy about and not something that I should be fearful of just because of the experiences that I had when I was a kid. And so you really have to hack your brain sometimes and turn things around for folks. But at CSW we also use what's called the LAPIS model, L-A-P-I-S, when someone is triggered in the moment. So if somebody is desperately searching for an exit or they're snapping at you and you think it might be a trauma response, you can plug in this LAPIS model. And the L stands for listen for distress or harm to self or others. So, you know, if the individual is talking about how they're so angry, they just want to go and hurt somebody or they feel like they are so worthless that they should hurt themselves. Listen for that. That's the first step. And if you do see potential signs of harm to the individual or to others, seek help from others in your center or from the hotlines. The 988 hotline, there's a veteran's hotline. All of those will be available in the resources document. So L is the first step in this LAPIS model. A is the second step, which is to affirm the individual's experience and what they are feeling, and this is all part of that acknowledgement and it helps with individual psychological safety and you don't really have to do much. Sometimes it's just a matter of nodding, saying, uh-huh, I hear you. A simple phrase of "I hear that, that was really distressful when you got evicted from your apartment. I feel that that, that sounds really, really stressful." So, you know, just kind of mirroring back what individuals are telling you so they get that sense of acknowledgement, which helps them feel safe, which helps regulate their brain, so that way they can get to a point of calmness and be able to do what they came into the center and to work with you to do. The P in the LAPIS model is to partner with them to navigate care and seek services. So do they need a training program? Do they need a substance use disorder treatment program, medical care, a peer support group? So as Mark was saying, really partnering with the individual, not making decisions for them, but providing those options and resources and helping them get to a decision that they make themselves, that's also part of the empowerment principle. The I in the LAPIS model is to initiate self and community care. So what does the individual need to take care of themselves and what might they need from others? How can they regulate and care for their brains and their bodies to more fully participate in the workforce development effort? And I would also, as Stephanie was saying, the vicarious trauma secondary trauma is real, so how can you initiate self-care and collective care for yourself and for the folks that you're working with who also might be experiencing secondary or vicarious trauma? And then the S in the LAPIS model is to seek additional help as necessary. So, are there additional supports that might be needed? Does somebody need to be referred to a mental health professional? Making sure that you have those numbers available and those websites and those resources available in order to provide the individual is really important. So the LAPIS, L-A-P-I-S, model is a good one, but there's other similar ones. The basic idea is just to pause, help the person get to a point of safety, acknowledge their pain, fear or distress, don't jump into interjecting your own thoughts and your own experiences and your

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own advice. That's not helpful in the beginning of this conversation. Let them talk it out and then partner with them to jointly come to a solution. That's the best way to really implement a trauma-informed approach, as somebody may be experiencing a trauma experience or retriggering.

Melinda: Thank you, Vickie. You know, I love the, using that acronym LAPIS because it's really easy to remember, you know, when people are working with those, they can remember that and it makes it easier to practice. You know, and I also like that Stephanie very clearly simply just said how caring is really important. One thing I want to bring up is that this work is hard and for people who are working and they're being present for others, the way we're talking about it can, it can be draining and I just wanna, you know, point out that when you're in this work, you really want to make sure that you do your own self-care because it can lead to burnout or secondary trauma and things like this. But so, you just really want to make sure that you're doing your own self-care so that you can be there and be caring. You know, because we want to be proactive with active listening, being very attentive, giving, giving people space when appropriate. We want to acknowledge, maybe, that this is a safe place without even seeing any symptoms or anything, just a front load before we even work with someone to let them know, you know, that if there's, it's difficult, there could be, you know, we could take a break. That would be fine. The other thing is, you know, it's this choice that's so important that everyone's been talking about. You want to really remember, allow the veteran to be the driver in the process be and be sensitive to the pace. You know, maybe stop you know, throughout and ask permission during the conversation would it be okay, or how does that sound? So that you really continue to get their choice and that they, you get their buy in in the process. So that you just don't kind of, just you know, sometimes we have, get busy and we just kind of move forward real quick. We don't stop and see is this pace appropriate? Are we asking if it's okay? Are we sensitive to maybe symptoms that come up? So we want to make sure that we're really collaborating in the process. Some signs are really obvious, but some can be very more difficult. More overt, you know some are overt, but some are really subtle. If you're really present, sometimes you just might see like someone looking down, or someone getting like a little teary or wringing their hands. You know they're not always overt, like when someone just shuts down or gets angry. You know when you see those signs, like I said before, you can just take a moment and say, do you need some time or how about we pick up after we maybe take a little break or you know is there anything you would like to share? You know, again, you don't want to do any pressure, you just want to give space. I think Vickie was talking about, you know, you want to also have additional resources available because you may want to, you know, suggest like it looks like there might be some other things going on in some other areas and then you would have resources available. So, you really want to kind of do that whole person approach and have resources maybe outside the scope of practice that you're involved with so that you can really provide the person with those resources.

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Hannah: Oh my gosh, thank you so much. And yet again, perfect transition, because we do want to transition into specifically talking about some resources and of course they are going to be in our resource document that's going to be associated with this podcast. But I want to drill down into a couple of specifics. Before we do that, I did want to focus in on a few just fantastic things you all said in particular, and this has come up several times and it's just so important. This is hard work, folks. This is tough. You all have hard jobs and self-care is so important. Really making sure you take that time and have resources for yourself as well, the National Veterans' Training Institute created a class that's Burnout Prevention for Veteran Service Providers. That's really specifically developed for individuals working with veterans in workforce centers to help them find employment and employment services. Knowing the challenges that you can face and how hard that can be in your positions, we created that class as a resource specifically for veteran service providers. We also have a podcast on the same topic, so really, do encourage you to avail yourselves of those resources and other resources that are available for you as veteran service providers to protect your well-being and your mental health while you are serving veterans and ensuring they have the resources needed to seek employment. So now let's talk a little bit about some resources for veterans who are experiencing trauma. So, what are some of the resources that the veteran service provider might be able to coordinate for the veteran?

Melinda: Yeah. First, I just want to say thank you for really pointing out self-care because I don't even know that we mentioned it too much earlier about when an organization is going to, you know, looking at becoming trauma-informed. You really want to make sure that people know how to do their own self-care. You know, I've been training for the last, I don't know, four or five years this program that I wrote called 4 Points Builds a Star. It's a trauma-informed care program. But the very first point is called personal reflection, and we spend a lot of time drilling down into like, we look at trauma, we look at our own trauma, we look at self-care and burnout and secondary trauma and what we can do to take care of ourselves. So it's really a key component of doing this work. But you know, so yeah, resources are important. Resources are important for us all. You know me, including myself, and I have to tell you, being in this field has really been good for my own personal growth. It really forces me in a way to really look at how am I engaging others and how am I behaving and my, you know, my own internal stuff that's going on. So you know, I love it and so. But also, I wanted to, you were talking about resources, I wanted to mention that I do work with National Veterans Foundation and it is a national crisis and information hotline that helps veterans and their families, you know, all over the country and they help people to find appropriate resources and meet those needs in their particular situation. It's National Veterans Foundation, nvf.org, and their line is 888-777-4443. I know there's a lot of other great places to get help, especially like mental health groups and different things. So there is like the vet center program and there's over 300 hundred clinics nationwide.

Vickie: I'll just hop in with a couple of resources that we've put together at CSW. One is our Trauma and Resilience at Work quick guides. There's four very short chapters. They are very



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much like infographics, so quick reads designed for busy workforce development professionals like yourself. And they, each chapter covers a different theme. So the first one looks at the brain science of how trauma affects our brain and how to build resilience. The second one looks at how trauma might show up at work or in workforce development programming. The third chapter spells out that LAPIS, L-A-P-I-S, model that I quickly described. And the 4th chapter goes into the SAMHSA 6 key principles and how we can apply them in our services, in our programs, and in our own workplace cultures so we have trauma-informed approaches, not only for our workforce development participants, but for our workforce development staff. So if you just do a Google search for CSW Trauma and Resilience at Work quick guides, hopefully they'll come up and I know they'll be on the resource sheet. you also might want to check out the different reports and blogs that we've put on our team's web page and you can find that at skilled work, S-K-I-L-L-E-D-W-O-R-K, all one word, .org and then go to the Trauma and Resilience at Work team page and there's lots of resources there.

Hannah: Excellent, excellent resources and we know everybody likes resources, can't really ever have too many in your tool belt, and speaking of that for listeners who are interested in introducing a more trauma-informed care approach within their organizations. Where's the best place to begin? What agencies or organizations would you refer veteran service providers to for more information on providing a trauma-informed approach and for agencies that have tried to adopt this approach, you know, where might they go to seek assistance if they've had some barriers to full implementation? What, where might they go for some help?

Mark: It's a great, great question and I think there are a lot of great resources for implementing trauma-informed care principles in different settings. The organization that I work for, Trauma Informed, which you can find at traumapolicy.org, we provide training in trauma-informed care and consulting in trauma-informed care as well as our framework, we call Growth-Oriented Trauma Responsiveness that uses that, those trauma-informed care principles with some additional kind of interpersonal interaction strategies to cultivate post traumatic growth. And then, since we've been talking a little bit more about some of the workforce impacts of doing this work and the ways that the distress of the people we work with or our own pasts can come up in our work, I'll also mention that we have consulting and workshops around supporting the workforce with resilience and high quality connections among the workforce and things like that, that are also really important for the workforce resilience aspects of this.

Melinda: Yeah, I know. Thank you, Mark. Yeah, I know, I think all of us on this panel really are resources. You know, I personally train agencies and provide consultation. You can find me at trauma-informed-consulting.com. And you can, I think people who are interested in training or consultation, they can, they can contact me at Melinda, M-E-L-I-N-D-A, Meshad, M-E-S-H-A-D, @gmail.com. Of course, you know, I think it's been mentioned before, there's actually a lot of good information in SAMHSA. I think people should kind of take a look in there. They have some really good resources that are just, you know, very easy to find. But you also mentioned

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what are barriers? And I just wanted to bring up that I think that sometimes people, you know, often like, I'll train people who are working with others and so the employees all train in trauma-informed care. But what happens is, it's really not implemented throughout the program. Like we said, it's really important to implement the program, the policies, not just how people engage others. So I think one of the barriers of success is when this approach is not fully threaded throughout the program. We want to ensure that all areas are covered. We need like ensure employee training to ensure that engagement is trauma-informed, but also policies, program structures, you know, even like I think Stephanie mentioned, the way the physical environment is laid out. And then one last thing, I think, also to bring up is that we need to continue to review how we're doing on this because this is not a one and done project. You know, so we want to continue to train or just look at our policies and improve and look at maybe where, places that we forgot, look at how people are responding to our program so that we continue to make sure that we're the best trauma-informed organization that we can be.

Stephanie: So my organization, the Wounded Workforce, is specifically focused on trauma-informed practices tailored to the workplace setting, and we have a ton of free resources, including recently we rolled out a free resource guide on trauma-informed hiring practices. We also have some paid resources, including certifications on trauma-informed workplace practices. I am also always so happy to talk to anyone directly about trauma-informed practices, trauma-informed care, so certainly feel free to reach out to me. I also want to call out the Campaign for Trauma-informed Policy and Practice. This is another amazing resource that really addresses a variety of avenues where trauma-informed approaches matter.

Vickie: Yeah. And this is Vickie at CSW. I would encourage folks when you sign up for the quick guides that I mentioned earlier that will get you on our E-newsletter list that we send out every other month and we have a blog on a particular topic, so this last blog we really outlined adverse childhood experiences, what they are, how they affect people, the pointing to the research reports on them. So that may be another resource that folks would be interested in. And like everyone else on the call, we do trainings and coaching, so definitely feel free to e-mail me as well if you're interested. My first initial V as in Vickie, last name Choitz, C-H-O-I-T as in Tom, Z as in Zebra, at skilledwork.org. I would also encourage folks to think about organizing with your peers and doing a cohort training approach. That's one way that we do a lot of our trainings, is we'll work with several different workforce development organizations at once and boy, they learn a lot from each other. And a lot of good ideas and practices come out of the trainings and workshops that that we do with folks as peers in a cohort. So I would highly encourage you to think about that as a possibility for developing your own path on this journey, if you're interested.

Hannah: Well, to my absolute heartbreak, we have actually reached the end of this podcast. I want to thank you all for your time and conversation today. This has been incredibly valuable, eye opening, informative, inspiring, all of the above. I would love to hear what your final

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thoughts are today on trauma-informed care and about the trauma-informed approach. What would you all like to share with our audience as your final thoughts?

Vickie: This has been a fantastic conversation. Thank you so much for hosting it. I would just say look, these days most of us are experiencing toxic stress, trauma, and/or trauma triggering. It not only hurts our mental health and undermines our ability to succeed at work and employment programs, but it is honestly slowly killing us because trauma and toxic stress not only hurt our mental health, but they wear down our bodily systems and increase our risk of heart problems and chronic diseases. So it's a very important to keep that in mind as well that we really must address trauma, reduce trauma and trauma triggering in order to save our physical selves as well as our mental health. I would also say you're not alone if you are experiencing some of the things that we've talked about. Many of us are in the same or a similar boat, so please speak up, remember that asking for help is absolutely not a weakness. In fact, it takes way more courage than staying silent, and others will appreciate your courage to speak up because it helps to break the stigma. It helps them speak up for what they need, and it helps us all work together for mentally healthier workplaces and societies overall.

Melinda: Yes, thank you. I'm really honored to be a part of this conversation. And Vickie, you just really laid it out excellently. We do live in a complex society. Presently, we're seeing increasing rates of anxiety and depression. Our society as a whole is, it's very competitive. It's often an aggressive place based on achievement and now it's very polarized. Veterans we enter back into an already stressed out society that's showing signs of trauma. Studies and polls are showing that people are losing trust in one another. We don't feel safe or believe that society is going to treat us fairly. Trauma-informed care is the approach that can provide a safe and healing environment for us all. It is the model for healthy engagement and resiliency to bring healing and well-being for everyone. Trauma-informed care is the answer for the greater good.

Stephanie: Thank you all so much. It is such an honor to be included with all of these amazing voices and you know, I even learned some things about, you know, trauma-informed approaches, participating in this podcast. When I think of, you know, what I would like to leave you with as you're listening is that it can feel really overwhelming when it comes to integrating trauma-informed practices. Especially when we're looking at doing this at an organizational and a cultural level, but the work is well worth it and every small change on this journey has massive impacts for the veterans you are serving and for their families and loved ones. So even those small changes, you're able to make and integrate have massive impacts so don't discount that. Employers want to and are called to do better when it comes to mental health and well-being at work and trauma-informed practices in hiring and job matches. Are the meaningful ways that we can create that change and create meaningful avenues to connect veterans with purposeful, meaningful employment.

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Mark: I'm just so grateful to my co-panelists for the work that they're doing, and I would love to echo what Stephanie said about learning from each other. I learned so much from Vickie, from Stephanie, and from Melinda, and from you, Hannah, today. And so I'm really grateful for that and for the National Veterans' Training Institute for getting this information out into the world and I would just close by saying, you know, in line with what Stephanie was just sharing, that the goal here is not to become perfect even though we want to implement all six principles of trauma-informed care, making solid progress in any of them will mean doing a better job for the people you serve and probably also feeling better about the way that you do your work.

Hannah: That is a great way to end this. It's not about perfection. It is about progress. Thank you. Thank you. Thank you. Thank you to our panel for joining us for the podcast and sharing your expertise, I think we all learned so much today and thank you to our listeners. If you would like more information about serving veterans, please visit NVTI.org to access resources such as this podcast. We are constantly adding new material. So please check back often and we also, of course, invite you to continue the conversation at the Making Careers Happen for Veterans Community of Practice. Thank you so much.

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