



TIPS

for Trauma Informed Practice

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Tips for TIP is a general introduction and overview of trauma-informed practice. This resource is based on an edited compilation of a six-part series of TIP articles published Nov-Dec 2020 in the 'Working Well' column of the PHSA News. Written by Dr. Theresa Newlove, R.Psych & Kathryn George, RCC, Psychological Health and Safety Team, People and Culture.

PART I: Trauma Awareness and the Principles of TIP

Trauma-Informed Practice (TIP) is a 'way of working' that helps create a psychologically healthy and safe workplace that benefits everyone — employees, patients, clients and families.

Whether you are a direct health care provider, a leader, a colleague who supports the workplace infrastructure or provides behind the scene essential support, creating a trauma-informed workplace is all of our responsibility. Being trauma-informed in the way we work is an essential component of a psychologically healthy and safe workplace.



Key to understanding TIP is an awareness of trauma and understanding the impact it can have on the health and wellbeing of all Canadians. Making the link between the effects of trauma and difficulties individuals may experience with parenting, working, socializing, interpersonal relationships and engaging in health care is a first step to become trauma-informed. Given the significant influence of trauma for health care outcomes, it is so important that health care and service providers (direct and indirect) have an understanding of trauma, the ability to recognize signs of trauma, and be conscious of the role they have in creating a safe workplace.

Watch the video: [What is Trauma-Informed Care?](#)

What Is Trauma?

When speaking of trauma we often think of a ‘traumatic’ event and it is true that exposure to a single event or series of traumatic events can result in traumatization – although not for everyone. The same traumatic event may result in [range of responses](#) for different people. The impact of a stressful or traumatic experience may involve a relatively short recovery time (weeks) to adverse and longer lasting outcomes. Our unique experiences, based on personal history, culture, individual vulnerabilities and resiliency will influence how we respond to traumatic situations.

The Biology of Trauma

Traumatic events can occur across the lifespan. We are currently working during the time of a global pandemic and a heightened awareness of societal, cultural and racial inequities. Traumatic or stressful events that occurred recently or years ago can have an impact. We also know that children are particularly vulnerable to the potential long-term impacts of trauma because of the effects on their developing brain.



Important research on the impact of [adverse childhood experiences](#) on the physical and psychological health of adults has helped increase our understanding of the neurobiology of trauma. Our bodies respond to psychological or physical stress with a [stress response](#) that, if activated repeatedly in childhood, can lead to a very sensitive ‘alarm system’ that can be triggered by situations that might not appear threatening to others. Trauma can also affect the way our DNA is expressed through a process called [epigenetics](#), in which the genes we are born with can be activated in different ways depending on our experiences.

Watch the video: [Opening Doors Trauma-Informed Practice for the Workforce](#)

Trauma Awareness

Whether it is something that happened yesterday, a month ago, or in childhood, trauma is more common than we think. Trauma can be experienced as a single event, related to historical experiences (wars), intergenerational trauma, complex repetitive trauma, developmental trauma, and secondary or vicarious trauma.

Principles of Trauma-Informed Practice

In a trauma-informed workplace, we *realize* the impact of trauma, *recognize* the signs of trauma, and are able to respond in a way that creates safety for everyone in the workplace. Collaboration, safety, trustworthiness, choice and empowerment are key principles of trauma-informed practice that benefit everyone.

PART II: Adopting a Trauma-Informed Perspective

Trauma awareness is an essential component for all levels of preparation to become part of a trauma-informed workplace. [Part 1 of this resource](#) focused on the origins of trauma and understanding how common trauma is and how we are uniquely impacted by trauma depending on our previous experiences.

[Creating a trauma-informed workplace](#) requires preparation at different levels: **personal** level (self-awareness and self-compassion); **practice/professional** level (our interactions with patients, clients, families, colleagues and team members); and, at an **organizational** level (systems, cultural sensitivity, reducing barriers for access to care for those impacted by violence and trauma).



What are Signs of Trauma?

Often **signs of trauma** are associated with symptoms experienced by individuals who are suffering from Post-Traumatic Stress Disorder (PTSD). We know that not everyone who experiences trauma will develop PTSD, instead there is often a range of how an individual will be affected and recover. We all respond to stressful or challenging situations in ways that can be helpful and adaptive in the moment. However, under **chronic stress or threat**, these adaptive responses, intended to help us cope in the moment, can become an **automatic way of responding**, and this can lead to unintended outcomes and perceptions. People who have experienced trauma or significant stressors can respond, to what others may perceive as typical situations, in unexpected, **surprising or disproportionate ways**.

In the course of day-to-day interactions with patients, clients, families, and colleagues, we may inadvertently **trigger** a response from someone by what we say or do. Individuals may perceive a threat in otherwise non-threatening situations and respond in a way that interferes with the ability to draw on rational thinking, decision-making, and self-regulation. Responses to triggers, real or perceived threats, can range from withdrawal, anger, hyper-vigilance, trying to please **as a means to stay safe**, shutting down, hyper-arousal, or avoidance. These [common signs of trauma](#) are often categorized as [fight, flight, freeze and fawn](#).

Enhancing the Way We Think

Trauma-informed practice starts with enhancing the way we think about others. At a **practice** level this means adopting a trauma-informed lens in the way we approach our thinking and interpretation of the behaviors of others. When we shift the way we think, we support our ability to engage in trauma-informed communication and actions.

In a trauma-informed workplace, our goal is to increase safety for everyone. If we are on the receiving end of an unexpected or disproportionate response – we can choose how we think about the individual and the circumstances. Below are some ways we can shift our thinking from deficit-based to trauma-informed thinking.

Deficit or Stigmatized Thinking	Trauma-Informed Thinking
They are being manipulative.	This person is having difficulties directly asking for what they need.
They are attention seeking.	This person is trying to connect in the best way they know how.
They have poor coping skills.	They have survival skills that have gotten them to where they are now.
They are not engaged in their care.	We have not been able to engage them in care in a way they feel safe.
The difficult patient/colleague.	The patient/colleague who is experiencing difficulties.

Changing Our Question

Enhancing our thinking allows us to *change our question* from 'what is wrong with them?' to 'what happened to them?' or 'I wonder what is going on with them?' **In day-to-day interactions, it is not necessary to know the nature or details of an individual's previous experience in order to offer safety, choice, collaboration, trustworthiness, and empowerment.** Shifting our thoughts this way helps us to understand the perspective and behaviours of others, as well as appreciate that the person is coping with a situation the best way they can, in the moment.

Whether you are a direct health care worker, or a colleague who provides essential support and infrastructure to provide health services, adopting a trauma-informed perspective in response to difficult or challenging encounters can change the trajectory of what happens next. In Parts 3 and 4 of the resource, we will focus on trauma-informed communication and actions that create safety for everyone.

PART III: Choice, Collaboration & Compassion in Trauma-Informed Communication



Trauma awareness, understanding how trauma can affect people and changing what we think from ‘what’s wrong with them’ to ‘what happened to them’ help us [create a trauma-informed workplace](#).

We can *choose* to adopt a trauma-informed perspective when we encounter unexpected responses in the workplace. Changing from a deficit-based or stigmatizing interpretation to a trauma-informed perspective gives us an opportunity to communicate with respect and compassion, and an intent to collaborate with each other.

Universal Precautions

Adopting a trauma-informed perspective and way of communicating is a ‘universal precaution’ that enhances psychological safety for everyone in the workplace, whether they have a trauma history or not. Collaboration, choice and perspective are key elements of trauma-informed communication.

Acknowledging that a typical ‘day at work’ supporting or providing direct health care is often a ‘difficult day’ for patients, clients, families and their supporters brings perspective to the way we choose to communicate. Receiving medical or mental health care that involves treatments, procedures and sharing of personal information, while potentially curative or life-saving, can leave the recipient and supporters feeling vulnerable. Both direct care providers and colleagues who are supporting health care interactions through booking, providing essential supplies and housekeeping services can contribute to psychological **safety** by engaging in trauma-informed communication.

Choice and collaboration

Trauma-informed communication may require us to learn a little, but does not take any more time in our day-to-day work. For example, in clinical settings we are less likely to re-traumatize or trigger others since we are providing clear information of what to expect, who will be involved, and their role. Trauma-

informed communication is not only a [way to respond in challenging situations](#), it is a way to engage with patients or clients, their supporters, co-workers and teams with the intention of creating healthy outcomes.

Increasing safety for patients or clients receiving care can happen when we increase their sense of control through using the language of choice and collaboration in treatment planning and decision-making. Providing a safe teaching, learning, and working environment for colleagues and teams results in a healthier workforce and better outcomes for patients and clients.

The Language of Choice and Collaboration

Examples of Trauma-Informed Communication... with patients, clients, families and supporters:

- Hi, I am _____ and will be providing [care/service] to you today.
- Let's look at this together and figure out the plan that will work best for you.
- What is most important for you that we should start with?

- I would like to understand your perspective.
- It is important that we have your feedback as we go along – how will you let me know what your need?
- [Describe process/procedure] ...is there anything that would make this feel 'easier, safe, or less stressful'?

- How would you like to let me know if this is too much?
- What was it like for you today? Is there anything we can do differently?
- I would like to ask some sensitive/personal questions because _____.

- Thank you for your patience. I know you have answered these questions before, would you like me to explain why we do this?
- I appreciate how frustrated you must be... I am here to help.
- What questions can I answer for you?

- Would you like to discuss traditional healing practices that are important in your care?
- Is there anyone you would like to bring when we discuss _____?
- We have 10 minutes right now – I want to prioritize your questions/concerns.
- I am sorry this has been your experience.

Examples of Trauma-Informed Communication... with colleagues, learners, and teams

- Hi, I am _____ and I will be training/teaching you today.
- Is there anything you would like to know before we start?
- How will you let me know that you need help?

- I would like to understand your perspective.
- Let's figure out a plan together so we are on the same page.
- This might be a difficult discussion –when would be a good time to have it?

- It is important to get your feedback as we go through this process, how would you like to do this?
- What was it like for you today?
- Do we have a shared goal for this conversation?

- Today was really difficult –what was your experience like?
- I noticed _____. What are your thoughts?
- I am sorry this has been your experience.

We can all take a moment to pause before we respond, take **perspective**, and choose compassionate, respectful communication that promotes choice and **collaboration** to support wellbeing and **safety** in the workplace.



PART IV: Why What We Say and Do is so Important

Realizing the origins of trauma and recognizing the signs of trauma prepares us for engaging with others from a trauma-informed lens. Pausing to consider a different interpretation of behaviours helps us enhance what we say and respond with actions that create psychological safety for everyone in the workplace.



Why what we Say and Do is so Important

There are so many uncertainties in the workplace. Safety and trustworthiness are experienced when we are as transparent, consistent, and predictable as possible. Consider some of the individual and interactional factors that have the potential to trigger a stress or trauma response:

For patients, clients, families and supporters

- Invasive procedures
- Loss of privacy
- New and complex information
- Power dynamics
- Previous medical experiences
- Expectations
- Anxiety and fear
- Grief
- Guilt
- Personal history
- Cultural perspective
- Personal values

For colleagues, team members and trainees

- Complex or new protocols
- Working with new team members
- Power dynamics
- Recent adverse events
- Perceived competency
- Compassion fatigue
- Anxiety and fear
- Grief
- Guilt
- Personal history
- Cultural perspective
- Personal values

What actions can I take to be trauma-informed?

It is highly likely that you are already working in a way that incorporates the principles of **safety, choice, trustworthiness, collaboration and empowerment**. Trauma-informed practice is not complicated. Every time you approach a patient, client, family member, supporter, a colleague or a trainee, and you introduce yourself by name, explain your role, share with them what you will be doing with or for them, and ask for their input - you are being trauma-informed. See below for more examples of trauma-informed practice.

Trauma-Informed actions with patients, clients, families, and supporters

- If you are a direct care provider, **offering choice** (when possible) helps those you are providing care for have a sense of control and safety. For example, ‘These are the things we need to do during this visit, which would you like to start with?’
- **Obtain consent** and explain how information may be shared. Provide an explanation of what to expect during an encounter and after you have done so, ask if there is anything that will make the experience easier for the individual.
- **Respect healthy boundaries** by asking only what you need to know, ensuring the privacy of the individual and clarifying your role.
- **Attend to immediate needs** of patients, clients, families and supporters, and at the same time, enquire about and validate their strengths and coping strategies.
- **Collaborate** with those you are providing care for. Enquire about their perspective on the treatment plan and whether they would like to include other members of their community to be involved or include alternative or additional traditional healing approaches.

Trauma-Informed actions with colleagues, team members, trainees

- Have **consistent informal ‘check-in’s** embedded in a regularly scheduled meeting or at the start of the day. We all have work or learning to do – however, these few minutes of having a sense of our how our team members are doing is an investment in creating a healthy workforce.
- Incorporate the principles of **choice, collaboration, and trustworthiness** in your communication. Instead of ‘why didn’t you do this?’ or ‘what did you do?’ start with ‘I noticed Can you share your thinking behind this?’
- In challenging situations, **pause** and consider is this a ‘what’ or ‘how’ conversation instead of a ‘you and me’ discussion. Creating safety in the workplace means we can learn from ‘what’ we do or ‘how’ we do something without making it personal. We start these conversations with the assumption of the best intentions of those we teach or work with.
- In TIP we **understand that our own reactions and responses** are based on our own ‘story’ and what ‘comes with us’ into an interaction. This self-awareness will also help us realize that the reactions and responses from others are usually not personal. We make room for compassion for ourselves and others.
- Recognize that **competent providers make errors**, and we respond with compassion and as an opportunity to learn instead of a culture of blame and shame. Creating a [just culture](#) improves health care outcomes and creates a psychologically healthy workplace.

PART V: Self-Awareness and Self-Care: Essential Components of Trauma-Informed Practice

Creating a psychologically healthy and safe workplace starts with you. Your self-awareness and well-being are the foundation of trauma-informed practice.



Yuk'wa ko'pa tum'-tum. This is [Chinook Jargon](#)¹ for 'with mind/heart'. The word **tum'-tum'** means both mind and heart. A trauma-informed workplace requires preparation at personal, [practice](#) and **organizational levels**. Part five of the resource focuses on the personal qualities and activities that allow us, Yuk'wa ko'pa tum'-tum (with mind/heart), to

create a psychologically healthy and safe work environment.

[The Klinic Trauma-Informed Toolkit](#) describes the qualities and characteristics that are essential for working with people affected by trauma. These same qualities are essential for working with all people in the workplace: patients, clients, a family member or supporter, a colleague, trainee or team member. Safety and trustworthiness are the foundation of relationships that not only help with recovery, but also ultimately create a healthy workplace and improve health care outcomes.

Individuals who have experienced trauma require empathy (not pity) and [compassion](#), in order to feel supported and understood. Compassion for self and others is as important for healing as it is for our own well-being. Working from a trauma-informed stance also means that we must be flexible in our thinking and our language. We must accommodate specific needs that may be important for others to feel safe, empowered and to have a voice. Cultivating our ability to be present with those who have experienced trauma shows a willingness to learn and understand from different perspectives. Being comfortable with the unknown requires self-awareness and self-care.

Self-Awareness

For both direct health care providers and non-direct providers of services and support, awareness of our own histories and experiences provides us with insight into how we may be affected or 'triggered' by situations in the workplace. When we are aware of our own beliefs, vulnerabilities and history, we are more able to remain grounded when caring, supporting, teaching or working with others.

Awareness of our own experiences of trauma and how we may be impacted, is also part of the personal 'preparation' to a trauma-informed workplace. Providers working in clinical or emergency-based work environments, are exposed to events that can (over time or with one exposure) result in experiences of vicarious trauma or secondary traumatic stress.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen
1996

[Secondary traumatic stress](#), can lead to [compassion fatigue](#), burnout, behaviour changes, and impact job performance, morale, and interpersonal relationships in the workplace. Recognizing these signs within ourselves or in our colleagues, and accessing available resources and supports to keep ourselves healthy is essential.

Adopting a trauma-informed approach in our day-to-day work and practice can also enhance our own wellbeing in the workplace. Health care providers who engage in trauma-informed practice have enhanced job satisfaction, are at reduced risk for burnout, and improve patient experiences and outcomes.

Self-Care

[Investing in self-care](#) and personal wellness, is an investment in a healthy and trauma-informed workplace. When we are healthy and well, our ability to embody the characteristics needed to provide trauma-informed care and intentionally integrate the principles of trauma-informed practice into our daily work becomes easier or more ‘automatic’.

We know the basics of self-care: eat well, sleep enough and stay physically healthy. Individually, we have our own routines and practices to enhance our well-being. Our shared experience of working during a pandemic has also given us an opportunity to be creative in finding ways we can remain healthy and well. Be inspired by what some of your colleagues shared about their [favorite self-care strategies](#). You can access this [Self-Care Starter Kit](#) to further develop your personalized self-care plan.

Yuk'wa ko'pa tum'-tum: Knowing Yuk'wa ko'pa tum'-tum (your mind/heart) through self-awareness and self-care is the foundation for creating a trauma-informed workplace with Yuk'wa ko'pa tum'-tum.

¹Chinook Jargon, a simplified language based on French, English, Chinook and other Indigenous languages that was used throughout BC at the turn of the century to help with trade and communication between the settlers and the First Nations peoples. -Harlan Pruden, [Chee Mamuk](#), BC Center for Disease Control

PART VI: Organizational Investment in TIP

Organizational investment in trauma-informed practice results in a healthy workplace and best health care outcomes for patients and clients.

Trauma has a significant influence on health care outcomes, both from the perspective of those receiving care and those providing direct or indirect health care services. A trauma-informed environment requires a personal, practice, and organizational commitment.

Trauma awareness and understanding both the nature and impact of trauma is the foundation of TIP. Early adverse events as well as recent experiences can create barriers to both accessing and providing psychologically safe health care. By recognizing trauma, realizing the impact, and responding in a trauma-informed manner (choosing our thoughts, words and actions) we are creating safety and mitigating the opportunity for re-traumatization.

Trauma-informed organizations and services work toward decreasing barriers and increasing access and engagement with the patients, clients and the families that are served. Individuals, who may have had an initial struggle to connect with the health care system for many reasons, including the many social determinants of health, may not return for follow-up if their care was not experienced as safe. This means moving away from stigma and deficit based thinking and using language that embodies collaboration and choice. The TIP principles of safety, trustworthiness and empowerment informs what we do to create a healthy workplace.

Organizations, just like individuals, are vulnerable to the impact of trauma and chronic stress. Commitment to emotionally intelligent ways of working is required for trauma-informed practice to thrive within an organization. TIP practices create a healthy organization, healthy staff and best health care outcomes.

What Does A Trauma-Informed Organization Look Like?

- The organization has a policy or **position statement** that includes a commitment to trauma-informed principles and practices.
- The policy or position statement identifies the **relationship between trauma and programming**, and the implications for service access and design.
- Services are based on an optimistic, **strengths-based and evidence-informed**, trauma-informed **culturally safe** model.
- There is a clearly defined **point of responsibility** for implementing trauma-informed services.

- **Leaders understand** the work of direct care staff as it relates to the provision of services to people who have experienced trauma.
- Leadership **allows staff time and other resources to** focus on implementing trauma-informed services.
- Leadership is aware of the **impact that trauma has on the workforce**, and that many of its employees have been affected by traumatic events in their lives.
- **Collaboration and shared decision making** is a key part of leadership style in development of trauma-informed approaches.
- A structured **and transparent process** is in place for patients, families, and staff to provide suggestions, feedback and ideas.

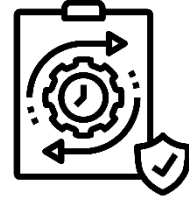
What Can Leaders Do To Support A Trauma-Informed Organization?

- **Job descriptions** include knowledge, skills and abilities to work with people affected by trauma.
- **Job interviews** include trauma content and questions about knowledge and skills related to trauma-informed practice.
- All staff at ALL levels receive **foundational training and enhanced training** (when appropriate) to strengthen their understanding of trauma.
- Foundational training includes the psychological, neurological, biological, relational and spiritual impact that trauma has on people.
- **Program meetings** encourage opportunities for knowledge exchange on working with trauma.
- Staff are encouraged to **discuss ethical issues** associated with defining personal and professional boundaries.
- **Regular supervision** and support is devoted to help staff understand their own stress reactions.
- **Self-care** is encouraged among staff, and issues related to safety/self-care are addressed at program or staff meetings.
- Staff have an understanding how **vicarious trauma** manifests and ways to mitigate including self-care, resiliency, personal and professional boundaries.

Resources

[Trauma-Informed Practice Guide](#)

The Trauma-Informed Practice (TIP) Guide and TIP Organizational Checklist are intended to support the translation of trauma-informed principles into practice. Included are concrete strategies to guide the professional work of practitioners assisting clients with mental health and substance use (MHSU) concerns.



[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

SAMHSA puts forth a framework for the behavioral health specialty sectors that can be adapted to other sectors such as child welfare, education, criminal and juvenile justice, primary health care, the military and other settings.

[Trauma-Informed - The Trauma Toolkit, Second Edition](#)

This toolkit aims to provide knowledge to service providers working with adults who have experienced or been affected by trauma. It will also help service providers and organizations to work from a trauma-informed perspective and develop trauma-informed relationships that cultivate safety, trust and compassion.



[Healing Families, Helping systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#)

This guide is concerned with advancing understanding and action about trauma informed approaches that support program and service delivery for or with children, youth and families.

Link to more resources: [Resources on Vicarious Trauma](#)

Additional Resources

Indigenous Cultural Safety

To learn more about PHSA led Indigenous Cultural Safety training (ICS, ICS – Health, Mental Health, Child Welfare, and to inquire on Bystander to Ally), please go to this link: <http://www.sanyas.ca/>. At this link, you will find a series of webinars produced under the National Indigenous Cultural Safety Learning Series. <http://www.icscollaborative.com/>

Learn more about the [final report](#) by the Truth and Reconciliation Commission of Canada, in addition to the calls to action, along with resources for students and educators.

For those who may be directly impacted by [Missing and Murdered Indigenous Women and Girls \(MMIW+G\)](#), there is a support line. This independent, national, toll-free call line is available to provide support for anyone who requires assistance. This line is available free of charge, 24 hours a day, 7 days a week. 1-844-413-6649.

Through [Homewood Health](#), Indigenous clients have the option to work with an Elder or Knowledge Keeper of their own choosing. For those wishing to do so, simply call the Client Services Centre (1-800-663-1142) and inform the responding intake counsellor of the desire to work with your chosen Elder/Knowledge Keeper.

PHSA Resources: [Diversity, Equity and Inclusion](#) | [How to be an ally](#)

PHSA resources to support you

[Health and Wellness](#): PHSA is committed to ensuring your health and wellness both at work and at home. While maintaining a healthy lifestyle can be a challenge, many resources are available to help you along the way. If you do suffer an injury or illness, supports are available to help you recover in a safe and timely manner.

[Homewood Health](#): PHSA's Employee and Family Assistance Program is available to all staff, 24/7, for counselling and mental health support.

[Introduction to Psychological Health & Safety in the Workplace eLearning](#): Created by the Psychological Health and Safety team, this course introduces the National Standard in the workplace and covers the psychosocial factors identified to have the greatest impact in the workplace, as well as the responsibilities of employees, leaders, and the employer. Participants are provided with resources and links to support PHSA staff.

[Motivational Interviewing Training for Employees](#) and [Leaders](#) covers the foundation of motivational interviewing in several parts. Motivational Interviewing (MI) is commonly used in clinical situations, with any type of behavioural change, and in any setting. MI can help to increase psychological safety in the workplace through engagement with colleagues or clients/patients because they feel understood, heard and that their opinions and input are valued. MI strengthens communication and listening skills and creates an atmosphere of trust and positive working relationships.

[Psychological Health and Safety in the Workplace Handbook](#): This companion handbook to the policy summarizes key aspects of psychological health and safety in the workplace, including psychosocial risk factors, a psychological health and safety management system, and wellness resources available to staff and eligible family members.

[The SafeCare program](#) is for any employee, leader, or physician of BC Children's Hospital and BC Women's Hospital (BCCW), and for anyone who provides direct or indirect care. The SafeCare curriculum centers on principles of resilience, healing, and improved care outcomes, with aims to create safer, more collaborative, more trusting relationships with patients and colleagues. BCCW SafeCare supports all staff and employees to do their part in creating a positive hospital experience for everyone.

[Understanding and Addressing Vicarious Trauma](#): This eLearning course has been created by the Psychological Health and Safety, Health Promotion Program to support employees to create a preventative and protective action plan.

[Violence Prevention POD page](#): Contains additional resources for Staff and Managers on what violence in the workplace is, how violence prevention is conducted at PHSA, and available tools and Standards.

For Leaders

[Employee Psychosocial Check-In](#): Training for Leaders: Supervisors and managers can join this 3.0 hour session and learn, step-by-step, how to provide a first-line response to staff who are experience psychological distress in the workplace.

[Motivational Interviewing Training for Leaders](#) supports MI skill development aligned with and related to transformational and servant leadership styles. MI increases psychological safety through demonstration of concern and compassion that motivates and challenges employees to be their best. MI supports engagement, strengthens communication and listening skills, being an appreciative leader and create an atmosphere of trust and positive working relationships and helps employees and the organization to resolve whatever is keeping them stuck.

[Team Wellness Sessions](#) are planned through consultation and collaboration with Leaders to 'design' a wellness session to meet a team's needs. Wellness sessions are facilitated by PHS leaders and typically contain both 'content' and a team engagement component. Consider booking a team session facilitated by a Psychological Health and Safety leader to discuss and share self-care strategies both inside and outside the workplace by contacting psychhealthsafety@phsa.ca.