



RC Webinar
Risking Connection in Every Role: Trauma-Informed Practice Beyond Clinical Care



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Welcome!

Quick Chat Warm Up:

- Name
- Organization
- Job Role
- One Group Agreement that would allow you to engage with this webinar RICHly





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Quick Quiz:

Who in the group plays an active role in TIC within your organization?

- Clinicians and administrators
- Direct care staff
- Facilities and nutrition staff
- All of the above



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Who in the group plays in active role in TIC within your organization?

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Quick Quiz: Who in the group plays in active role in TIC within your organization?

- a.Clinicians and administrators
- b.Direct care staff
- c.Facilities and nutrition staff
- d.All of the above

HOW
??



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Learning Objectives

1. Participants will explain how the core principles of RC apply to non-clinical roles across an organization.
2. Participants will identify at least three ways non-clinical staff interactions and organizational systems can contribute to either relational healing or relational harm within human service environments.
3. Participants will apply RICH strategies to promote safety and collaboration across interdisciplinary teams, including human resources, food service, research and facilities departments.



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**Promoting Healing vs. Perpetuating Harm:
The Case of Mrs. R and Mr. G**



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Reactions?

What went wrong here?



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The Hero(es) of the Story...

- Nutrition staff
- Bus Drivers
- Facilities staff



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Why Does This Matter?

- Clients/students experience **organizations**, not roles
- Healing can be supported – or disrupted – outside of the therapy room
- Clinical excellence ≠ organizational safety



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Let's Get RICH



Respect



Information



Connection



Hope



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Core Needs in Relationships

- Safety
- Trust
- Autonomy
- Meaning



**Even the briefest of interactions
can promote healing or perpetuate harm**



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Where Does Healing Happen in Organizations?

Not only in therapy sessions

- Front desk interactions (Admin)
- Within your policies and procedures (HR)
- Physical environment (facilities staff)
- Everyday conversations (everybody!)



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What if we view EVERY interaction as part of a healing intervention?

- Tone
- Timing
- Shared Language
- Physical environment

All of these communicate "You are safe here," or...

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The Gap and the Reframe

The Gap

Trauma-informed clinicians and direct care staff working within non-trauma informed ecosystems

The Reframe

No single person or department can foster TIC alone; System trauma-informed care means we are working towards a relationship-focused ecosystem

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When it Breaks Down

- Empowering sessions ↔ Rigid policies outside
- Student feels safe with teacher ↔ Unsafe in cafeteria, so avoids lunch
- Connection ↔ Disconnect



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The Impact

- Mixed messages received
- Loss of trust
- Possible re-traumatization
- Increased staff burnout (overcompensating)



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Chat Check-In

Have you ever felt your work with a client/student was “undone” by other influences within your ecosystem?



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WE SEE YOU!

- Clinician/Direct Care/Educator ☐ Role Model
- Clinician/Direct Care/Educator ☐ Connector
- Clinician/Direct Care/Educator ☐ Needs translator

We are not asking you to take on more jobs. We are asking you to engage more staff in your TIC work.



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Engaging with Non-Clinical Staff

- Clinical language and theory are not required.
- Non-clinical staff need:
 - ✓ Relevance
 - ✓ Respect
 - ✓ Practical connections





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Example Time!





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Chat Check-In

What are your honest reactions to this video? You are welcome to reflect in the chat or to yourself.





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The Gap and the Reframe

Barriers

- That is not my role
- Time
- Hierarchy
- Lack of shared language

Reframe

- Lived experience is valued
- Small interactions go a long way
- Partnership over policing
- Center connection



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Connection Time

We will place you into breakout rooms for 10 minutes to connect with a small group on the following prompts:

- 1.What non-clinical staff in my organization can I engage with to better foster systemic TIC?
- 2.How can I partner with these individuals?
- 3.Where can harm unintentionally occur?



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Debrief

What stood out in your conversation with your small groups?





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Moving From Insight to Action

Let's take a RICH approach to engaging non-clinical staff in trauma-informed practices.





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Strategy 1: Respect

Make time to start the conversation:

- Start with curiosity
- Ask about their day-to-day
- Ask about challenges and barriers





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Strategy 2: Information

RCCM is an accessible, inclusive framework. You don't need to teach, you need to translate.

- "This is how your role supports safety and trust"
- "This is how unintentional harm can occur"
- Be clear and be practical



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Strategy 3: Connection

BUILD RELATIONSHIPS ACROSS ROLES

- Use names
- Acknowledge contributions
- Create opportunities for shared learning



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Strategy 4: Hope

- Focus on small, meaningful shifts
- Ask for feedback, "What is something we can try...?"
- We aren't looking to move perfectly, we are hoping to move forward



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Strategy 5: Identify Key Relational Moments

- Intake
- Waiting areas
- Common areas
- Physical environment
- Policy enforcement





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Chat Check-In

Which strategy feels most doable over the next few weeks?

- a. Respect
- b. Information
- c. Connection
- d. Hope
- e. Identifying Key Relational Moments





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Action Planning

- Identify one role
- Identify one action
- Start with one conversation





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Key Takeaways

- Every interaction can serve as part of a healing intervention
- RICH applies across the organization
- Healing is a shared responsibility



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