

Considerations for employers committed to creating psychologically safe workplaces





#### **Table of Contents**

- What are trauma-informed practices? [4]
- Understanding trauma: What science tells us about the experience of trauma [6]
- Brain structures related to trauma [7]
- Brain processes related to trauma [8]
- Potential fight, flight, or freeze responses [9]
- Why should organizations care about being trauma-informed workplaces? [10]
- How to be a trauma-informed workplace [14]
- Considerations for creating a trauma-informed workplace [15]
- About the Authors [18]
- References [19]

Clair has been with her organization for nine years, and like many employees, worked from home during most of the pandemic.

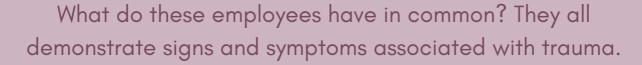
Most employees are back in the office full- or part-time, but Clair has yet to return. Despite conversations with her manager and her commitment to come in, she seems to have excuses for why she can't make it back into the office. Now, her manager finds it more difficult to get in touch with Clair. It's as if she is avoiding interactions. Clair was not like this before the pandemic.





Jason is in a factory position that required him to be on site for most of the pandemic. He recently acknowledged to his coworkers that his uncle died from COVID during the pandemic. While Jason consistently shows up for work, he seems absent and disengaged. When asked, he says nothing is wrong and doesn't want to talk about it. He seems to be more distracted and less social. Jason was not like this before the pandemic.

Megan had some conflicts with her colleagues last year. No one was disciplined. Megan's manager has overheard that she is complaining about being "bullied." The manager notices that Megan frequently gets into arguments and disagreements with her co-workers. Megan's constant irritability and conflict are negatively impacting the team's productivity. When her manager tries to speak to her about the behaviour, Megan responds defensively and points out all the ways her co-workers are trying to get her upset.



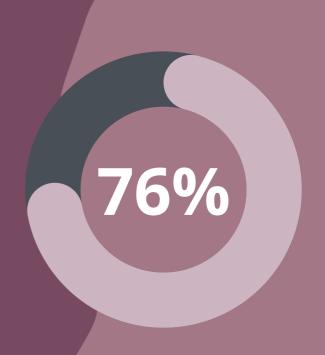
The CSA Z1003 Standard on Psychological Health and Safety highlights that employers can play a significant role in preventing mental harm and promoting mental health. However, employers and leaders must be aware of how trauma can negatively affect people at work. They also need the knowledge and skills to support workers experiencing trauma in the workplace. Employers need to be aware that workers experiencing trauma that develops into traumarelated disorders like PTSD are protected under human rights legislation. Employers have a Duty to Inquire and a Duty to Accommodate those workers.



#### What are trauma-informed practices?

Many workers who come to work each day have experienced trauma. A "traumatic event" according to the DSM-5 (the clinical diagnostic manual) requires "actual or threatened death, serious injury, or sexual violence"[1]. This is often referred to as "Big T trauma". But trauma can be viewed as events involves a significant degree of actual or threatened physical or psychological harm—to oneself or others [2,3]. Traumatic experiences can also involve workplace events such as bullying, interpersonal conflict with co-workers, or fear of losing their jobs.

Evidence suggests that large population segments have experienced trauma [4]. Seventy-six percent of Canadian adults report being exposed to some form of trauma during their lifetime. Approximately 50% of women and 33% of men have experienced at least one incidence of sexual or physical violence. Many more have experienced trauma due to living through the COVID-19 pandemic. It is, therefore, hard to imagine a workplace where a meaningful portion of employees does not have a history of trauma.



In general, trauma-informed practices aim to foster choice, control, collaboration, and connection[5]. They emphasize safety and trustworthiness and create safe environments that foster a sense of efficacy, self-determination, dignity, and personal control. Trauma-informed practices are strengths-based and skill-building. They help people make sense of their experiences and the responses of others. These clinical trauma-informed practices can also be adapted to the workplace.

Trauma-informed workplaces are about applying established aspects of trauma-informed practices. Trauma-informed workplaces aren't about identifying people who may have experienced trauma, rather the goal is to create an environment that is sensitive and responsive to the experience of trauma. This includes creating safe, less-triggering environments that allow employees to flourish. Trauma-informed practices are highly effective leadership practices that benefit everyone at work, not just workers coping with trauma.





# Understanding trauma: What science tells us about the experience of trauma

Established biological and neurobiological processes underpin the trauma experience. The following is not a comprehensive review of this literature. We highlight salient information only that might help workplaces become more trauma-informed.

#### Brain structures related to trauma

Part of our brain, referred to as our "survival brain," is responsible for emotions, automatic thoughts, learning, and memory [6,7,8]. This part is unconscious and automatic and records traumatic experiences. We can't directly control any aspect of its functioning.

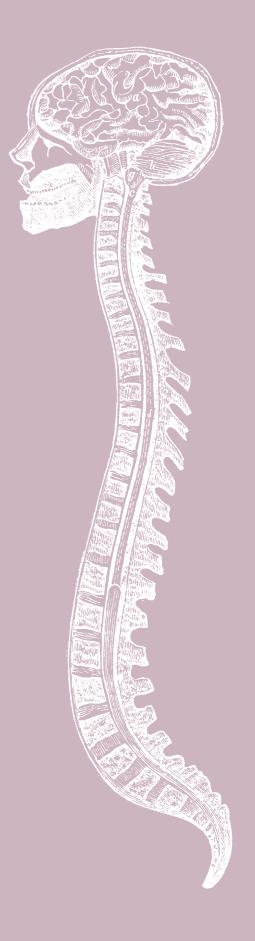
The other relevant part of our brain is the pre-frontal cortex. This part is responsible for executive functioning, including planning, decision-making, and starting and stopping planned behaviour [9]. It is the location of "self-control." Unlike the survival brain that is always functioning and can do so outside of conscious awareness, our frontal lobe is like a battery. It drains the more we use it and requires deliberate, intentional action to recharge it. This is why we advocate the practice of mental fitness that includes the development of daily habits that promote engaging in activities that provide meaning, purpose, pleasant emotions, developing safe, positive relationships, and engaging in prosocial habits that promote physical health. Such activities can contribute to "recharging" our frontal lobes.

### Brain processes related to trauma

The human brain can be oriented or focused on aspects that generate physiological, emotional, and psychological experiences [10,11]. The threat system is activated when there is a perceived danger or threat. This threat does not need to be experienced consciously or "logically" through our pre-frontal cortex. It is an automatic system that can activate outside of conscious awareness through the sympathetic nervous system ("SNS").

The SNS is focused on protection and safety-seeking. It is responsible for activation and inhibition, including the fight, flight, or freeze response. It is associated with feelings of anger, anxiety, fear, and "tunnel vision," or a narrowing of behavioural repertoire. When the SNS triggers the fight or flight response people only see limited options (e.g., "I only have option A or B", to run away (avoid) or to fight"). This is an adaptive strategy which works really well when you are about to be attacked by a bear, for example. Being attacked by a bear is not the time to brainstorm 100 possible ways to deal with the attack; you should pick one and go with it.

The treeze response is poorly understood by those experiencing it and those observing it in others. It is a myth that we should always be active in dealing with trauma (e.g., fight off an attacker). If the freeze response has been activated (which happens automatically and unconsciously), it is impossible to respond to a threat. That's not a failing of individuals in their response; it's the biology of human beings.



### Potential fight, flight, or freeze responses

	Bodily responses	Example
Fight	<ul> <li>Crying in anger</li> <li>Hands in fists</li> <li>Urge to punch something or someone</li> <li>Flexed/tight jaw, grinding teeth, snarl</li> <li>Fight in eyes, glaring, fight in voice</li> <li>Desire to stomp, kick, smash with legs,</li> <li>feet</li> <li>Feelings of intense anger or rage</li> <li>Knotted stomach/nausea, burning stomach</li> <li>Metaphors like bombs, volcanoes erupting</li> </ul>	Yelling at a colleague when the photocopier breaks down
Flight	<ul> <li>Feeling fidgety, tense, or trapped</li> <li>Constantly moving your legs, feet, and arms</li> <li>Restless body, legs, and/or feet</li> <li>Numbness in arms or legs</li> <li>Anxiety/shallow breathing</li> <li>Big/darting eyes</li> <li>Fidgety-ness, restlessness</li> <li>Excessive exercise</li> </ul>	Leaving a meeting early because of many unfamiliar attendees
Freeze	<ul> <li>Numbness, feeling "blank"</li> <li>Feeling stuck in some part of the body</li> <li>Feeling cold/frozen, numb</li> <li>Pale skin</li> <li>Sense of stiffness, heaviness</li> <li>Holding breath/restricted breathing</li> <li>Sense of dread</li> <li>Loud, pounding heart</li> <li>Decreased heart rate (can sometimes increase)</li> </ul>	Mind going blank when the boss asks you a question

Source: [12,13]

When we reconsider the employees described above through a trauma-informed lens, their responses may be the activation of the threat system: a flight response from Clair, a freeze response from Jason, and a fight response from Megan. While there may be many other reasons for behaviour, a trauma-informed perspective can broaden our understanding and attribution of behaviour and potentially allow us to respond more appropriately if the threat system has been activated. For example, continued pressure to perform or punishment for behaviour will keep employees stuck in the threat system along with the maladaptive workplace behaviour it can generate.

However, humans (and other mammals) are not confined to a threat system. We also have a social engagement system unique to mammals and allows us to have a resting state for calm and engagement, not just a freeze response. Activation of this system is related to feelings of safeness, kindness, soothing, contentment, and connection. It is the activation of the parasympathetic nervous system or the vagal vagus break. When activated, this system does the opposite of the threat system in terms of tunnel vision. People are more creative, open to new ideas, and likely to engage in a new behaviour or behaviour change. They are more willing to step outside their comfort zone and start to see other options that seem impossible when stuck in the threat system.

The evidence also shows that we can train the SNS and the social engagement system to help people better assess whether the situation they are facing warrants a 'fight or flight" response, or whether this is the time for creative problem solving. Understanding the biology and neurobiology of trauma can help us learn a new way trauma may show up in the workplace. It might not be the experience of a traumatic event as described above. It may be "getting stuck in the threat system." If we redefine "small t" trauma as the constant engagement of the threat system, we can better understand how employees may show up in the workplace. This trauma is common among employees who have lived through the pandemic. It can also be generated by common workplace experiences like bullying, harassment, threats of job loss (e.g., layoffs), or ongoing conflict that do not meet the DSM-5 criteria of a "trauma" but may keep employees stuck in the threat system. This also means workplaces can play crucial roles in contributing to or alleviating the activation of the threat system.

# Why should organizations care about being trauma-informed workplaces?

### Improve employee wellness and productivity



Trauma can affect a person's sense of security, creating feelings of helplessness in a world they see as dangerous. People suffering from trauma can feel overwhelmed and unable to cope, trust, and work effectively in a team. People in a trauma state lose the capacity to think creatively and problem-solve. Creating a trauma-informed environment can help employees move to the social engagement system, allowing them to be more creative, productive, and collaborative with others.

#### The great resignation

Employee retention and attraction are vital issues in Canada's competitive job market. According to a recent Statistics Canada survey, Canadian companies have 915,000 job vacancies, 80% more than in 2019 and well above pre-pandemic levels [14]. Studies suggest that employees are putting more consideration on well-being, health (including mental health, family, and social connections), meaning, and purpose in their job choices. A psychologically safe and trauma-informed workplace creates a solid foundation to address these issues that employees now consider in leaving or staying with an organization or accepting a job offer. [15]



#### The cost of doing nothing

According to a recent Mercer Marsh report, it has never been more urgent for organizations to tackle the people-related risk exacerbated by the pandemic. According to Gallup's 2022 report on the state of the global workplace, workforce stress and burnout are at an all-time high. Employee well-being must be the new imperative for organizations that want to grow and thrive. Strong evidence is that funding mental health in workplace initiatives has a positive return on investment [16]. Moreover, there is a cost to failing to address mental health issues in the workplace (I.e., the "cost of doing nothing"). In our experience, employees who have experienced trauma are more likely to experience workplace conflict and harassment and trigger workplace investigations. Employees with trauma-related disorders have a higher risk of absenteeism, presenteeism, and short- and long-term disability. These issues translate into dollar losses for employers through,



#### Early prevention of mental illness

Many organizations focus on providing resources once distress or mental illness has occurred. Employee assistance programs are classic examples of reactive strategies toward mental health. While it is essential to address illnesses when they occur, preventive efforts can be far more cost-effective for employers and helpful for employees. Trauma-informed workplaces are about creating environments that support all employees, not just those identified as having trauma or trauma-related disorders. This means that workplaces provide prevention for many individuals before issues emerge. It can also prompt early intervention to get support if an employee needs additional resources because the organization's culture has reduced the stigma around seeking help. Outcomes and costs are improved when issues are addressed earlier rather than later.



### Legal duty



Trauma-related disorders such as PTSD are protected under

escalating and exacerbating employee trauma responses. A trauma informed workplace has more options for peaceful and collaborative ways of coping with workplace trauma.

human rights legislation, and employers have a Duty to



#### How to be a trauma-informed workplace

Existing science and evidence-based practices can provide guidance on creating a trauma-informed workplace. Trauma-informed workplaces are not "check-the-box" activities. They are about empowering employees and leaders to have the skills to deal with "small t" trauma. This includes accepting that workers' experiences such as trauma in and out of the workplace can negatively impact their mental health and experience at work.



Trauma-informed workplaces are about creating a workplace environment where employees who have experienced trauma can feel safe and have a sense of control to re-engage and return to productivity. Psychological safety is at the foundation of any trauma-informed workplace.

Psychological safety is the employee's experience that 1) it's okay not to be okay, 2) it's okay to make mistakes, and 3) it's okay to speak up and disagree. Significant research demonstrates the importance of psychological safety in the workplace. For example, Google conducted an extensive, two-year study to determine what characteristics made highly effective and productive workplace teams. Google discovered that psychological safety was the most important characteristic for creating high-performing teams.

# Considerations for creating a trauma-informed workplace

Obtain a psychologically safe culture baseline of workers' perceptions of the culture regarding psychosocial stressors (e.g., bullying, unsafe leaders) and perceived levels of fear and stress. This can help employers get a baseline of the degree of trauma in the workplace.

Provide all leaders and workers with basic training and development on a trauma-informed workplace and trauma. We suggest within the curriculum:

- Provide knowledge and understanding of employees' and managers' experiences of the threat system (i.e., fight or flight system).
- Provide knowledge and understanding of the importance and benefits of supporting workers' social engagement system (i.e., building psychologically safe relationships in the workplace).
- Provide knowledge and skills for employees and leaders to recognize their state (e.g., threat vs. social engagement) and strategies for to activate the social engagement system (e.g., help-seeking behaviour).
- Create awareness of how everyday interactions and communications can increase the risk of psychological harm (i.e., trauma) when psychologically or physically threatening.

Provide leaders with additional leadership training on how to mitigate workers' trauma risk and provide support. This includes providing knowledge and skills to help employees switch to the social engagement system by creating environments, conversations, and behaviours that generate a sense of psychological safety and social engagement.

• This is not the same as "stay calm" because, without active social connection, employees are left stuck in the threat system on their own. This requires a new set of "soft skills" so managers can stay engaged with distressed and dysregulated employees while keeping their nervous systems calm. This training requires the development of micro-skills like coregulation, active listening, and emotional literacy.

Position appropriate support resources for workers experiencing trauma. Do not assume EFAP programs have this capability; do due diligence. It is helpful for an organization to have a list of approved psychological resources specializing in trauma and promote community resources available to their workforce.



Many things have changed as we move into the post-pandemic world.

Workplaces need to be more aware of and foster employees' mental well-being, prevent mental harm and create psychological safety. Trauma-informed workplaces are critical to properly addressing employee needs in a post-pandemic world.



## ABOUT THE AUTHORS DR. BILL HOWATT



Dr. Bill Howatt is the Founder & President of Howatt HR
Consulting, Chair of the CSA Standard on Substance
Impairment Z1008, former Chief of Research and Development
Life Works, and former Chief of Research and Workforce
Productivity at The Conference Board of Canada. He is author
of The Globe and Mail Best Seller The Cure for Loneliness. For
details see www.billhowatt.com.

#### DR. DAYNA LEE-BAGGLEY



Dr. Dayna Lee-Baggley specializes in behaviour change, both to encourage better health in individuals and to create healthier workplaces in organizations. She uses evidence-based practices to provide practical and applicable skills to improve behavioural effectiveness both in the workplace and at home. She also specializes in interventions for diversity, equity, and inclusion in the workplace. As a bi-racial daughter of a Chinese immigrant, she also brings the lived experience a visible minority and the immigrant experience to her work.

#### **MR. RONALD E. PIZZO**



Mr. Ronald E. Pizzo is a labour and employment lawyer. His work includes human rights law, workplace harassment investigations and occupational health and safety law. Mr. Pizzo is a certified facilitator, mediator, and coach. He is certified in the ACT Prosocial Communication process, an evidence-based approach to address toxic workplace communications. Since 2015, he has been recognized by his peers as being among the best lawyers in Canada in the field of labour and employment law. He is often hired to help leaders and individuals reconcile their differences to restore productive workplace relationships.

- [1]American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Association; Arlington, VA, USA.
- [2]Conti, P. (2021). Trauma: The Invisible Epidemic: How Trauma Works and How We Can Heal From It. Sounds True, USA.
- [3]Harris, R. (2021). Trauma-Focused ACT: A Practitioner's Guide to Working with Mind, Body, and Emotion Using Acceptance and Commitment Therapy. Context Press, USA.
- [4]Source: Van Ameringen, M., et al., 2008; Working Group on Women Mental Health Mental Illness and Addictions, 2009
- [5]Source: BC Provincial Mental Health and Substance Use Planning Council, Trauma Informed Practice Guide, 2013
- [6]Tirch, D. D., B. Schoendorff, and L. R. Silberstein. 2014. The ACT Practitioner's Guide to the Science of Compassion: Tools for Fostering Psychological Flexibility. Oakland, CA: New Harbinger.
- [7]Roxo, M. R., Franceschini, P. R., Zubaran, C., Kleber, F. D., & Sander, J. W. (2011). The limbic system conception and its historical evolution. The Scientific World Journal, 11, 2428–2441. https://doi.org/10.1100/2011/157150
- [8]The Willpower Instinct: How Self-Control Works, Why It Matters, and What You Can Do to Get More of It 2013 by Kelly McGonigal
- [9] Lowe, C. J., Reichelt, A. C., & Hall, P. A. (2019). The Prefrontal Cortex and Obesity: A Health Neuroscience Perspective. Trends in cognitive sciences, 23(4), 349–361. https://doi.org/10.1016/j.tics.2019.01.005
- [10] Source: Tirch, Silbertein, and Kolts, 2018
- [11] Source: clinical applications of polyvagal theory
- [12]https://trauma-recovery.ca/impact-effects-of-trauma/fight-flight-freeze-responses/
- [13]https://www.webmd.com/mental-health/what-does-fight-flight-freeze-fawn-mean
- [14] https://www.gartner.com/en/articles/employees-seek-personal-value-and-purpose-at-work-be-prepared-to-deliver
- [15] Statistics Canada: Job vacancies, fourth quarter 2021
- [16] Centre for Addiction and Mental Health (CAMH). (2021). Workplace mental health playbook for business leaders. https://www.camh.ca/en/health-info/workplace-mental-health-playbook-for-business-leaders
- [17] Kangasniemi, A., Maxwell, L., & Sereneo, M. (2019). The ROI in workplace mental health programs: Good for people, good for business. Deloitte Insights. https://tinyurl.com/4txpka2w
- [18] World Health Organization. (2011). Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level.