



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

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Vision: New Jersey is a **trauma-informed** and **healing-centered state**, creating opportunities to prevent, and empower healing from, individual, transgenerational, and community trauma.



Stop Asking Individuals to Be Resilient

Building Trauma Informed Resilience in
Public Health



Learning Objective

- Participants will be able to identify how trauma informed systems and practices shape resilience in communities and the public health workforce.



Bounce back. Self care. Grit.

THE PROBLEM WITH HOW WE TALK ABOUT RESILIENCE



How Resilience Becomes Moralized



1. Resilience framed as a personal virtue

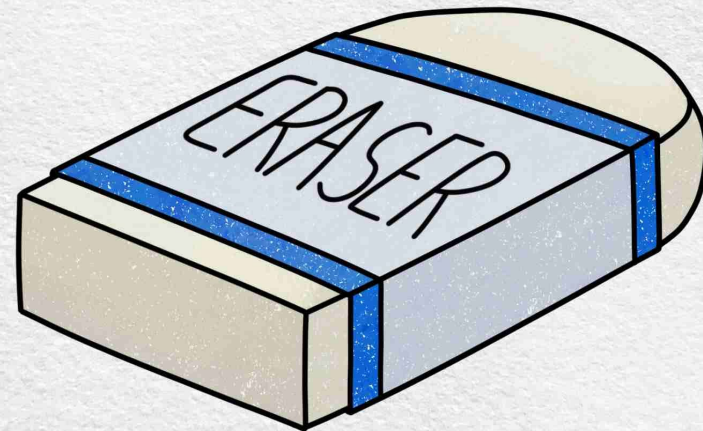
- Grit
- Toughness
- Perseverance
- “Bouncing back”
- “Choosing positivity”

BOUNCE BACK



2. “If you were stronger, you’d be fine.”

- Erasure of:
 - Trauma histories
 - Unjust principles
 - Chronic stress
 - Unsafe environments
 - Lack of support
 - Systemic barriers



3. People held responsible for adapting to harm

- People are expected to:
 - Endure adversity quietly
 - “Stay positive”
 - Not complain
 - Not ask for help
 - Not expect systems to change



4. A process is turned into identity labels

- Instead of: “I’m having a hard time right now.”
- It becomes:
 - “I’m not resilient enough.”
 - “I’m failing.”
 - “I’m weak.”



5. Cultural narratives reward “right kind” of resilience

■ Celebrated:

- Stoicism
- Self-reliance
- Emotional suppression
- Productivity despite pain



■ Dismissed:

- Setting boundaries
- Resting
- Seeking support
- Naming harm
- Refusing to endure unfairness



6. Trauma survivors pressured to perform

In workplaces, schools,
and families

- People feel they must:
 - Appear strong
 - Minimize their needs
 - Avoid burdening others
 - “Prove” they are okay



7. Resilience becomes a moral expectation

- A requirement
- A standard
- A measure of character
- A condition for belonging

Requirements



Moralizing Resilience Impacts the Public Health Workforce



- Undermines psychological safety
- Erodes trust between staff and leadership
- Shifts responsibility downward
- Ignores cultural, historical and role-based realities



***What if resilience isn't about
people trying harder
– but systems doing better?***



Words matter.

SYSTEMATIZING TRAUMA INFORMED LANGUAGE



Defining Trauma: 3 E's

Event

- Single or ongoing
- Amps up human stress response

Experience

- Experienced as a threat to physical and/or psychological safety
- Not always conscious

Effect

- Impacts one or more domains or wellness:
- Mental, Physical, Social, Emotional, Spiritual



Many Types of Trauma

**ACUTE | SITUATIONAL
TRAUMA**

**TOXIC | CHRONIC
STRESS**

COMPLEX TRAUMA

HISTORICAL TRAUMA

SECONDARY TRAUMA

COLLECTIVE TRAUMA



Trauma Informed Assumptions: the 4 R's

Realize

- Widespread impact of trauma

Recognize

- How trauma affects all individuals involved with programs, organizations and systems, including the workforce

Respond

- Put knowledge into practice

Resist Retraumatization

- Identify and modify/eliminate potential harmful practices and policies



Realize: Trauma is Common

Statistics

70%

of Adults
in the United States

have experienced some type of traumatic event at least once in their lives.

223.4M

people
in the United States

have experienced some kind of traumatic event.

+90%

of clients
In the United States

Public Health System have experienced trauma.

The National Council of Mental Health, 2022



Recognize: Trauma Effects



Behaviors



Cognitive



Mental Health

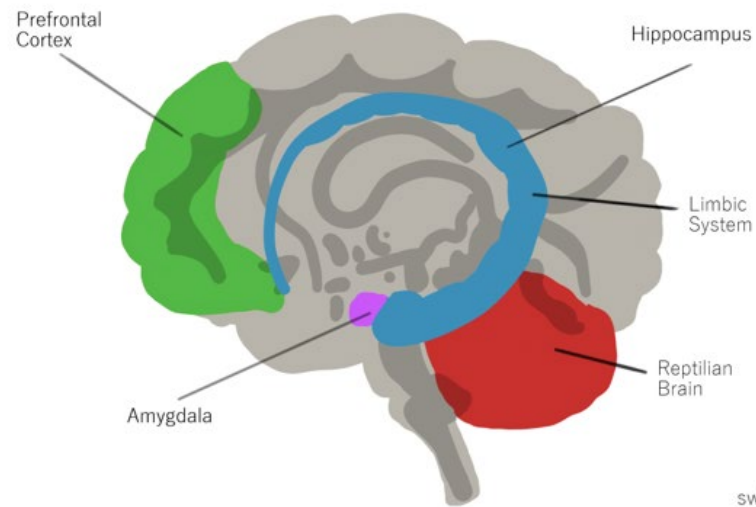


Physical Health



Recognize: Trauma Effects

- Our brains wire for survival
- Understanding brain states
 - Survival: Am I safe?
 - Emotional: Am I loved?
 - Executive: What can I learn?



swb2018





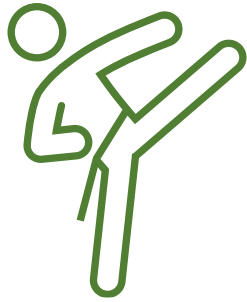
Stress induces a sense of **overwhelm and lack of control** for a person who has **endured trauma**. Stress **hinders the ability to effectively cope** with that of which is perceived stressful.

The National Council of Mental Wellbeing, 2022



STRESS RESPONSE: IN THE WORKPLACE

FIGHT



Defensive
Frustration
Anger
Inflexible

FLIGHT



Avoidance
Worried
Redirection
Absence

FREEZE



Overwhelmed
Disengaged
Stuck

FAWN



Performative
Engagement
Appease
Avoid Conflict



Stats Applied to Work

70%

of Adults in the US have experienced some type of traumatic event at least once in their lives

3.5

If you're in a meeting with 5 people, 3.5 have experienced trauma

35

If you're at a training or team event with 50 people, 35 have experienced trauma



Impact of Stress in the Workplace

- 83% of US workers suffer from work-related stress, with 25% saying their job is the **number one stressor** in their lives.
- About one million Americans **miss work** each day because of stress.
- 76% of US workers report that workplace stress affects their **personal relationships**.
- Depression-induced absenteeism** costs US businesses \$51 billion in a year, as well as an additional \$26 billion in **treatment costs**.
- More than 50% of workers are not engaged at work as a result of stress, leading to a **lack of productivity**.



Building it within Public Health Begins with Building it Within Ourselves.

BUILDING TRAUMA INFORMED RESILIENCE



Resilience ...






- ...is NOT a character trait
- ...is a **process**, an adaptive response to stress or challenge
- ...the ability to embrace change
- ...needs a supportive environment



Workplace Resilience



Resilience is something that
emerges when conditions
are right.

bl   m
where you're
 en-
courage  d
to thrive 



Trauma Informed Resilience

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



Safety: Physical, Psychological and Moral

- Normalize struggle as a human response
- Create environments where distress is met with support not evaluation
- Emphasize that safety is the *precondition for resilience, not evidence of it*



Trustworthiness & Transparency



- Be honest about systemic barriers and stressors
- Name the limits of individual coping
- Communicate clearly what support is available – and what isn't





Peer Support

- Normalize shared struggle and collective coping
- Highlight that resilience is relational, not solitary
- Encourage mutual support rather than silent endurance

Relational health is the foundation of resilience.



Collaboration & Mutuality

- Treat resilience as a partnership between individuals and systems
- Invite people into decision-making about what supports they need
- Share power by acknowledging institutional obligations



Empowerment, Voice & Choice

EMPOWERED
 **VOICES**

- Validate the person's current coping strategies
- Offer options, not prescriptions
- Emphasize that resilience includes rest, boundaries, and saying, "no"



Honoring Identity

- Recognize that resilience looks different across cultures and identities
- Avoid universalizing one “right” way to cope
- Understand what looks like “rigidity” may be adaptive in certain contexts



What Trauma Informed Resilience looks like in practice

For Communities

- Predictable, reliable systems
- Shared power and meaningful engagement
- Investment in protective factors (relationships, economic stability, belonging)

For the Workforce

- Psychological safety and supportive supervision
- Reasonable expectations during crisis
- Collective care or performative self-care
- Normalizing rest, boundaries, and humanity





Healing & Resilient NJ – check it out!



- **Resilience-boosting resources** for individuals, communities and organizations
- De-stress in our **Resilience Room**
- Add your trauma informed business to our **Resource Directory**



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