

Interview on Mental Health and Trauma with Francoise, a provider

Hello my name is Elyse I would like to welcome to rising from the ashes Trauma Talks, A podcast series brought to you by UB School of social work, The Institute on Trauma and trauma-informed care. This series provides an opportunity for individuals to share their witness of how strength and resiliency has allowed individuals to rise from the ashes. Trauma talks follows people who have both worked within the field of trauma as well as those who have experienced trauma. Here we will reflect on how trauma informed care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today I'm joined by Francoise Mathieu who is the co-executive director of Tend academy and a specialist in high stress workplaces. On behalf of the Institute, we would like to thank you so much for being here today, and thank you for sharing your perspective and story with us. I'm going to let Francoise begin by giving you, the audience, a sense of how she came to interact with the field of compassion fatigue and vicarious trauma. So, Francoise I wonder if you could begin by telling us a little bit about why you chose to specialize in this area and what kind of lead you down this path?

01:17 **Francoise:** Sure, Thank you, thank you for having me. So, I have a master's in counseling psychology and very early on, so I have about 20 years of experience in the field and mostly did a lot of trauma work, and a lot of community mental health kind of stuff, and you know very early on, first of all in those days, in the 90's we did not receive much training on trauma. And we did not receive much training, well, no training at all on concepts relating to compassion fatigue and secondary trauma. But, really early on in the field I started asking me, myself some questions, where I would take a patient for example to emergency ward, and you know sometimes they were well received and sometimes they were really poorly treated and I had the same experience with first responders, you know with police dealing with domestic violence, and other things. And I started thinking surly to goodness these folks did not go into this field because they disliked human beings. something along the way shifted for these folks. And I became really interested in basically how can we provide high quality respectful care to especially our most difficult challenging patients? So, very early on before I even knew about the concepts I was already scratching my head thinking, there's got to be a different way to do this job.

02:33 **Elyse:** Can you kind of tell us a bit about what your practice looks like today or what you do today?

02:37 **Francoise:** Absolutely, so over the years I, I did a lot of different things, but the last interaction before I shifted to focus on compassion fatigue full time, I was a practitioner in private practice, and I started to get more and more request to do education and training on this topic of compassion fatigue and secondary trauma. And, to make a very long story short I wrote a book about it called "The Compassion Fatigue Workbook" I wrote that and it was published in 2012. And, originally it was published in 2008. So really after 2008 I started getting more and more request for speaking engagements all over North America. But also for more recently, organizational health assessments. So, my co-executive director Dr. Pat Fischer and myself are called into workplaces maybe hospitals or child protection agencies or similar when leadership is really express concern about the health of their staff. And we do a whole bunch of things from

kind of a diagnostic assessment to education and kind of training supervisors and leadership to better support their staff. Our focus are on what we call high trauma exposed and high stress workplaces so you can imagine so many different areas of the helping field would fit under that category.

03:52 **Elyse:** So I guess in the populations that you work with in your speaking engagements do you consider that you're also interacting with trauma survivors in those audiences?

04:00 **Francoise:** Oh Absolutely, absolutely. First of all cause as we know I mean at least sixty percent of people who go into the helping professions have a whole history of their own. I mean there's that great old expression where all Bozos on the same bus, were all Bozos on the bus. So, of course there is a lot of us who are in the field who have lived experience. So absolutely we are definitely interacting with folks with a trauma history. Absolutely.

04:23 **Elyse:** Right, and I wonder just for our listeners if you could differentiate because I kind of know the terms like compassion fatigue, um vicarious trauma, burn out, are kind of thrown out there but what are really the differences there?

04:36 **Francoise:** That's a great question. So, first of all if people are confused it's normal because there's a big nomenclature confusion out there. The way I define it is by the following and I really see them as interconnected. To me I really see compassion fatigue really refers to that profound emotional and physical erosion of our empathy and our ability to engage empathically with folks in need. So, that could be your loved ones it could be someone you are care giving for, it could also be a patient or client. It really comes as a result of a large volume of request either from the same person like maybe a friend in crisis, but you know the crisis is months long or similar patients maybe is the sameness or chronicity so one patient who has tremendous amount of need. So, that's really compassion fatigue. Secondary or vicarious trauma are often used interchangeably, and they really refer to indirect trauma exposure. So, that is us bearing witness to stories, in our sessions, perhaps through case consults, perhaps trauma conferences which are interestingly enough are very traumatic you know seeing images and so on, but are second hand. And, what we find is over time an accumulation of all that exposure can really transform our ability to engage with the world. You know, that I know myself as a parent of two teenagers spending 20 years hearing about sexual violence and trauma has altered my sense of safety towards them. I'm probably more hyper-vigilant you know about my kids' safety than other people. And, burnout really refers to working conditions, supervision, the quality of supervision you receive. Do you have good pay? Do you have good hours? You know, burn out can happen in any occupation. It can happen working in a really busy factory or working for an accountant's office. But, together they provide a constellation that often go hand and hand and can lead to people having to leave or maybe having to scale back or even unfortunately even leave the field.

06:34 **Elyse:** Right, so it sounds like those things are so, so important to be noticing and to be talking about as people who are interacting with trauma survivors or trauma stories.

06:45 **Francoise:** Absolutely

06:46 **Elyse:** So, I notice that you mentioned safety which is also one of the five GUIDING PRINCIPLES of this thing called trauma informed care which essentially is just this ask toward individuals and service providers to stop saying or asking themselves what's wrong with this person in front of me and move towards asking what has happened. So, I'm wondering if you could talk to safety a little more in terms of both physical and emotional. And what that means to you as a provider or educator, do you feel that's very important for organizations to be noticing?

07:21 **Francoise:** I think it's crucial and in fact I'm so excited about the rising awareness of things like the adverse childhood experiences study and other kind of initiative that are starting to educate care providers to the realities of a bulk of our, particularly to the bulk of our high need patients and clients. You know one of the groups I kind of had to, I started getting a lot of request for training and I had to make some really tough decision about which ones I do and which ones I don't. In terms of traveling and leaving my family behind. And the two groups I really decided to focus on were, there's more than them, but were really primary care physicians and judges. The reason I chose those two groups is that they are in a very frequent contact and they have a very high impact on people's lives. And, I found that both of those groups were not in general not trauma informed. And, they were making decision or recommendations that were not based on kind of the full story of the folks that have, were in front of them. So, I think it is absolutely crucial for anyone who is in a high touch position to have that back story and that awareness, but what physicians for example say to me is "I don't want to ask about trauma because I don't have time I don't have the training, what if they fall apart, I feel like it's outside of my scope." And those are really, really, good concerns I think those are very legitimate concerns, but I think a bit of education can reassure service providers that there are ways to address trauma without all of us becoming trauma therapist.

08:58 **Elyse:** What are some of those ways? Is the use of language really important in setting like that? Or physical environment?

09:04 **Francoise:** Absolutely, in fact we are just completing a study that we did. We received a small grant here in Kingston, to study the experience of, these were subjects that had at least two chronic illnesses and scored high on the ACES survey and we were questioning them, querying them rather on their experiencing receiving primary care, and a lot of them talked about exactly that. The layout of the building or the waiting room, the language that is used by the resident or the physician or the social worker. And you know what was really interesting from these folks that were surveyed is none of them said I'm, I'm uncomfortable if you ask me about trauma. They said I don't necessarily want to talk in detail don't, don't pry. But none of them were uncomfortable with being asked even just on a questionnaire. They actually appreciated the fact that someone was being aware of that or that were maybe thinking about if you are having a difficult physical exam that maybe they were asked, given your history is there anything I can do to make this more comfortable? All, of those things because they live with this every day.

10:09 **Elyse:** Right yeah, that's very critical to be noticing that in those work places. When someone feels they are being witnessed in a way that is safe and collaborative what maybe does that look like from the provider end? What are some, some ways to approach that language wise or things to notice in the physical environment?

10:29 **Francoise:** Well, I'm going to give you an example that might sound a little strange but, it's actually going to come from the field of yoga. So, I'm an active yoga practitioner. And as many of you know there's been more and more research finding tremendous benefits of using yoga. For example, with veterans you know who have post-traumatic stress disorder, but one of the things that became important was to use invitational language in yoga. So, it's kind of called trauma sensitive yoga or yoga for warriors. And it was found that um, using that type of language that's permission based and invitational was important and I think that's the same, that's very true in our interactions with clients, you know in our offices for example. Therapist are counselors. And I certainly, I'm very careful about not making assumptions about folks, and I also, I'm very careful about never assuming I know more than the folks that are in front of me about their own experience. You know? So I will often use, this may sound incredibly simple but, I will often use language such as saying things like you may already know the following, you know, and then I may do a little teaching moment. Like if you are going to do some psychoeducation. You don't patronize people and assume they have never tried anything before. Or maybe saying things like a, you may have tried some of these things before, and I was wondering whether, so you know, sort of, it's so simple, but I also think the other piece that's important in providing trauma informed and trauma sensitive care, is not assuming because people said they didn't have trauma in the past on their forms or to you, that isn't necessarily true. And, it's, it's important to revisit those things, not relentlessly obviously but it's important to revisit those things on a regular basis, because something may have changed for them and maybe you said something or you did something this time around that actually made them feel safer. So, it's really about creating possibility. And, I also think a simple as it sounds what is in the environment makes a difference. You know I was in a, in a, washroom at a college recently and there was a poster in the bathroom stall, too much information here, but I really, I forget what it was about, but it was related to domestic violence. But the language was so smart. And the way an and where they put it was so smart. You know, what a best place to reach a woman than in a bathroom stall. And, I just thought you know what? Seeing that sign on that particular day might make someone thing you know what I can go and talk about this. So, just thinking it, it what's in your waiting room? What are the posters? What are the messages out there?

13:08 **Elyse:** Right. And to me that also sounds like um another component of trauma informed care which is trust, which often intersects with safety kind of building that through language. I heard you talk about choice a bit as well, in terms of psychoeducation, kind of offering that they are experts. So, I'm wondering how critical is it to talk about choice?

13:32 **Francoise:** Oh, it's so important. You know and I think that, what goes hand and hand with trauma informed care is making, being sure that we have as much information about trauma and kind of what are quote unquote normal behaviors in a trauma context. So, an example that is used often, but I think that it is very good is, the one about domestic violence. You know, in my community on average women return to their partners on average of seven to twelve times before they leave. But, if you go up near Alaska in the Yukon, it's thirty times. That statistic alone blows my mind not only because of the complexity and the difficulty of it, but it blows my mind also, because if you are not someone who has worked in the Yukon before and you show up there, and you have your seven to twelve kind of statistic, are you going to be able to provide the, the, support that that person needs? So, one of the things I have always done, I'm, I'm going to

stay with the domestic violence example for a minute. What I have always done with women who are in a domestic violence relationships is let's pretend we have made a safety plan they are about to leave and all of that stuff. At the end I always say to them I know you are leaving today, you are telling me you are leaving, if for some reason for whatever reason you don't leave. I still want you to come to the next appointment. And, I remember one day a woman saying to me. I don't know what you are talking about I'm gone. The moving van is packed you know the whole thing. And she didn't leave because she wasn't ready and for a whole variety of reasons and she said to me that the only reason she came back to see me, was because I said that thing at the end. Where I had given her a chance to make that choice or at that point all sorts of reasons and that had allowed her to return. She eventually left, you know, but it wasn't that time.

15:17 **Elyse:** Right, that's so powerful to kind of offer that in that situation.

15:21 **Francoise:** umhm

15:23 **Elyse:** So, I guess I'm also wondering because it sounds like choice can intersect with collaboration as well. So, kind of making sure that that person is informed about the choices that they have in front of them and that you are working collaboratively.

15:36 **Elyse:** yeah

15:38 **Elyse:** And I'm wondering if we can kind of shift into organization staff level and talk about how important collaboration and it's many forms can be when we are working with domestic violence to prevent compassion fatigue?

15:50 **Francoise:** So you are talking about the organizational level, collaboration between kind of leadership and staff and so on?

15:57 **Elyse:** Right, so yeah, when you leave the office is collaboration important along with safety, and trust.

16:05 **Francoise:** So, here's the thing that is really interesting in that we are finding in our research you know, Dr. Fischer's work, as I mentioned before looks at complex high trauma, high stress workplaces and we found that there are some very key behavioral key features of high stress, high trauma workplaces that are quite different from other workplaces. And, one of them is some of the things that we need to provide trauma sensitive and trauma informed care are some of the first things that go by the way side when people are stretched to the max and also exposed to a lot of trauma. And some of those are trust, and communication, and collaboration. So, when there isn't enough, there aren't enough resources to go around unfortunately a lot of us turn on each other, because we are just so overwhelmed and so there will be some toxicity and some backbiting. People tend to have more hostile attributions about messages that are coming from leadership. So, I will give you are really quick, example. I was recently working with a group of paramedics and some policy had come down from high up, you know, I thought it was a very benign policy, but they say it as a tremendous amount of mistrust and suspicion. And I have seen that a lot in the correctional system too. Those are key features

of high stress high trauma exposed workplaces we see it everywhere we go, it's so interesting to us. So, it's hard to collaborate when everyone's pressed for time. You know when kind of started doing a lot of workplace gossip or back biting and these are not condemnation of individuals, it really is a metric of kind of the press you know of the volume of work that doesn't fit with the amount of resources that are available. So, it's really hard to deliver trauma informed and trauma sensitive care when our staff are under resourced and overworked.

17:54 **Elyse:** Right, So, I guess in that how important is self-care for those individuals when working through those elements at the organizational level, at the individual level, how important is that noticing?

18:06 **Francoise:** Well, I could give you a super long answer about that and spend the entire talk on this topic it's called beyond care and pedicures. I think however the focus on self-care became so heavy that we at some point lost track of the fact that if you work in a really unsustainable, I worked at a, I assessed a workplace in a state recently where people were expected to be on call twenty-four seven. All the yoga and the kale in the world is not going to compensate for working twenty-four seven and being on call and being expose to trauma without the resources. So, I believe that self-care is a key component for any person to provide ethical care and be able to be present for our clients I mean, I don't know about you but if I haven't had a proper good night's sleep I'm good for nothing. So that's my responsibility. And, just like you know athlete, Olympians take very good care of their bodies so they can use it, I mean all of us have that ethical responsibility. Especially as clinician's we have ethical responsibility to be fully present. You know speaking at a psychology class today and I said to them, kind of I was joking, but I said, what other tools do we have, let's be honest, in our skill set I mean maybe some of you are incredibly handy, or whatever, but I personally I can't put up a shelf and I would die if I was left alone in the woods for two days. You know I don't have a lot of hard skills and I can't intubate people like paramedics can. What I have is the gift of presences, and all of the clinical skills we have. That is something we cannot do if were starving or drinking fifteen cups of coffee a day. We can't. So, self-care is important, but it need to operate embedded in an organizational and systemic context that is actually realistic and sustainable. Does that make sense?

19:54 **Elyse:** Yeah, Absolutely. I'm wondering if you have ever heard of any organizations kind of implementing this right or notice that and what does that look like when you build that in?

20:04 **Francoise:** Absolutely, there a great example actually of Vanderbilt university hospital I believe is the name, I know it's Vanderbilt Hospital, but I can't remember if it's university hospital, they have actually won some awards for being one of the healthiest work places to work in America, and so on. And, uh, they really, you know they are really walking the walk and talking the talk I mean a lot of places have some work place wellness stuff, but they seem to have really taken the, I mean a recent conversation I had with them, every recommendation we had they had already implemented, and what they said, what was the reason they were so motivated to do this is their goal is to attract and retain the absolute top physicians in the land. Well, you can only do that if your nurses are happy, and your allied health are happy you know, a happy physician only works happily in a happy team. And so, they have absolutely prioritized those things. So, that has to do with timely debriefing, regular supervision, access to ongoing

professional education when it's needed. Another thing that was found in the research that makes a huge difference is the ability to start and end your day with flexibility. So, a lot of staff who work in these services said I don't necessarily need a raise I want to be able to pick my shift. Or I want to be able to interrupt my day to go to my daughter's dance recital and then come back. Or to interrupt my day to take my mom to her MRI or come back, so flexibility was really, really important and kind of the climate in which you work.

21:38 **Elyse:** Thank you for sharing that, that's so interesting flexibility. Yeah, so flexibility and have you found that leadership buy in is really key to getting this going?

21:47 **Francoise:** Everything! Leadership buy in is everything. Now, what's really interesting is that we are having a wonderful experience of meeting some tremendous leaders. I mean don't get me wrong, I think we can get in such a cynical negative place where we kind of beat up on managers, management. I don't believe in that at all. I met incredibly dedicated managers and leaders who are extremely concerned about their staff and they are coming to us for suggestions and strategies, so I'm seeing that. The thing you have to do though is need to use the right language to convince leadership this is worth it. Right? Because sometimes I think sometimes these topics can come across quite fluffy, if you will, or self-indulgent. You just need to make a business case and show them why that isn't. And sometimes that's using the language of business, you know a return on an investment, the cost of having people on leave, and so on. The other thing you have to do is you have to focus on middle management. Because they are the ones sometimes that are resisting this and the reason they are, is they are so over loaded with work. They are being pressed by both sides. And their concern sometimes is speaking of trauma, or compassion fatigue, is going to create a quote unquote an epidemic among their staff. You know they are kind of worried if they talk about it, everyone's going to get it. And what we really need to do is we really need to spend some time with leadership right off the bat so they totally get how this is going to help them, and once you have their buy in, the rest of it goes so much more smoothly.

23:18 **Elyse:** Right, and it kind of just trickles down.

23:20 **Francoise:** It does, it does,

23:20 **Elyse:** I kind of just wanted to end off the interview by asking, so for those who maybe working in this field, or are facing compassion fatigue and vicarious trauma can you offer a few final words on why being trauma informed about care is so vital?

23:37 **Francoise:** I can tell you that becoming trauma informed changed my practice. It transformed my work life. I went to a workshop years ago, it was actually before that language was used, but it was a workshop about kind of the personality disorders diagnosis, the borderline diagnosis, and what I realized that that was largely associated with attachment and complex PTSD, and all of that, It's like a switch went off in my head, and I was like, like you said before, Oh you aren't doing this to me your doing this because that stuff happened to you, and all of a sudden all of my most challenging, trusting, difficult, patients and clients, became just people who were just doing the best they could. And, all of a sudden that was a game changer for me because it also shifted, kind of shifted also responsibility, it wasn't my job to fix everyone it was

my job to just be present, and be there and bare witness, and support them wherever they are at. As opposed to working harder than my client's kind of beating my head against the wall trying to fix them. You know? So for me, trauma informed care is the absolutely the corner stone of doing this work. without a doubt.

24:51 **Elyse:** Thank you so much for sharing those words. On behalf of The Institute we would like to thank you for taking time to speak with us today and to share your witness of strength and resiliency it's been an absolute pleasure

25:03 **Francoise:** Likewise. Thank you

25:04 **Elyse:** Thank you