

Healing: Navigating COVID-19 and Social Uprisings Through a Trauma-Informed Lens

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EXECUTIVE SUMMARY

This paper is a reflection about professional roles in child welfare through the lens of the core principles of Trauma-Informed Systems during this unprecedented time in history,

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Introduction

Six months ago, I was excited to visit another county, study their leadership principles, and share those lessons with my county. Then, the pandemic hit. Weeks of absolute exhaustion followed, as the system I work in—along with every system we touch and every community partner we have—pieced together a plan to switch to virtual/remote work with extreme urgency. The requirements for child welfare face-to-face contacts remained unchanged, leaving us to grapple with the ethical dilemma of balancing our responsibility to ensure public health with our responsibility to meet state-mandated timeframes to ensure child safety. Everyone, including our social workers and myself, felt scared, confused, anxious, and deeply tired; there was—and still is—so much uncertainty. Many of us also struggled with the conflict of feeling extremely grateful to still have jobs while so many were losing theirs and the tension of having the privilege to work remotely while also feeling completely unmotivated to work.

On the heels of the pandemic came racial uprisings across the country (and the world) and a call to action—especially to white people—to listen and engage in racial justice work. While many of us have always been aware of the extreme disproportionality that exists inside of the child welfare system and the history of “saviorism” as a foundation for child welfare services, the current climate has made this context ever more salient. On top of the ongoing global pandemic, many of us are reckoning with these realities of our deeply flawed system and our roles within it.

This is the climate in which I sat down to write what is supposed to be a fairly technical paper. As this assignment shifted to one of reflection about our professional roles during this unprecedented time in history, we were encouraged to think about which modules from the BASSC program stood out to us and which lessons we learned that could be most helpful to our agency and in our professional lives. As I reflected on this query, I remembered one of our first modules in May, in which Ken Epstein was talking to us about Trauma-Informed Systems (TIS) in relation to the pandemic and in which he normalized the feelings of overwhelm, the loss of motivation, the exhaustion that we were all experiencing. That session resonated with me, and as I reviewed all of the materials related to TIS, I knew that this area is where my passion lies; this theme is what I want to remember and practice in my professional life.

Trauma in Child Welfare

Before we dive into the lessons learned and applied from Trauma-Informed Systems (TIS), I want to note that while the pandemic is certainly an unprecedented, shared trauma, those of us who work in child welfare services are always working in relationship with trauma. The families that we work with have experienced trauma; our system causes trauma; we experience secondary trauma; many of us have our own childhood traumas. Trauma permeates all our work, and the impact of that fact is evident in many, if not all, aspects of our work culture. In reviewing TIS materials, I recognize the characteristics of a “trauma-organized” organization in child

welfare services: “Organizations impacted by stress, operating in silos, avoidant of issues and isolated in their practices or service delivery. These organizations can be trauma inducing.”

Trauma-Informed Systems: Core Principles

TIS materials outline six core principles: Understanding Trauma and Stress; Cultural Humility and Equity; Safety and Stability; Collaboration and Empowerment; Compassion and Dependability; and Resilience and Recovery. These elements are each extremely important and help to guide the TIS leadership competencies, which include: Trauma-Informed Communication; Inclusive Leadership; Mindfulness and Reflection; Complexity; Radical and Critical Inquiry; Relational Leadership. This report explores how these leadership competencies have been applied to my professional life in the past five months and where the “opportunities for growth” lie.

Trauma-Informed Systems: Leadership Competencies

Trauma-Informed Communication

“Focuses on the practice of intentionality about the mode, frequency, and amount of information to offer to others in order to minimize the impact of stress and trauma. Examples: Connect before correct. Right-sizing information. Framing + Storying. Offering stabilization: Providing the why’s, likely impacts, and what’s next.”

This practice was especially important when the pandemic began. Everyone in the world was consuming incredible amounts of new and unsettling information on a daily basis. Every system and every community partner were urgently moving all services online, which necessitated learning new technology, creating new policies and procedures, and adjusting to a major lifestyle change with remote work and remote school. There was a popular meme circulating amongst social workers at that time that accurately captures how people were feeling (see above).

Essential workers trying to process the 35th policy change in the last 3 weeks



As a leader (and a human) in our organization, I was particularly concerned about the loss of connection amongst our staff. Working in child welfare is a peculiar and unique job. When most people hear what we do, their response is, “I could never do that.” As such, we heavily rely on each other to process our experiences, get support, and brainstorm ideas about how to engage families. The sudden loss of regular access to that support network—in the midst of a global crisis—was a trauma in itself.

There were a few steps that I took to operationalize the principle of trauma-informed communication. First, I started emailing my unit every morning to let them know my schedule for the day. I also used these emails as a check-in and an opportunity to normalize the feelings that people were having by sharing my own. Second, I started hosting “virtual check-ins” for our program, to create a virtual space every week for our social workers to connect informally. There was no agenda for these spaces other than to “see” each other and share our experiences. Third, I started doing weekly unit meetings—which later moved to biweekly meetings, when the need lessened—both to connect as a smaller unit and to go over new policies and procedures all at once, rather than sending numerous emails. I made a clear agenda for those meetings, so that my staff

would know what to expect, and we went over the reasons why we were doing what we were doing and the possible impacts of our current procedures. I also use(d) these meetings to gather feedback about what was working well, what staff was worried about, and what ideas everyone had for next steps. I also took the opportunity provided by my organization to attend trainings on trauma and resilience during the pandemic, which helped me to understand what our social workers, leaders, and myself were all experiencing, and helped me to understand why people were behaving the way that they were. We learned under the first principle of TIS to ask “What has happened?” rather than “What is wrong with this person?” which encourages a more compassionate look at the situation and the person in front of us. All of these practices are still in place today in our department and provide some consistency and stability for all of us during what is still a very uncertain time.

Inclusive Leadership

“Makes space for diversity and difference. Understands power analysis and uses both power building and sharing to create more expansive contexts and communities. Promotes voice and choice. Acknowledges some wounds are results of oppression and must be remedied in relationships and institutions. Examples: Power analysis. Power sharing. Power building. Doing with and not for. Taking multiple perspectives. Participatory management.”

Every time that a child welfare social worker interacts with a family, the worker must be aware that there is a power differential. Our role is that of governmental authority, and our assessments have huge implications for the families that we serve. We are all aware that families may be wary of our intervention and afraid of the power that we hold. During the pandemic, our worry about that power differential increased; would families feel empowered to decline to allow us into their homes or to meet with their children? Social workers and I began engaging in an ongoing conversation about our dual responsibility to ensure child safety and

to also ensure that families are able to advocate for themselves, especially regarding their family's health. As a leader in these unprecedented times, I did not have all the answers, and we were all equal partners at the table in this uncharted territory. These conversations led to creative thinking about how to balance these competing needs and find solutions that met all responsibilities. My job as a leader was to create the space to have conversations in which we analyzed the power dynamics and brainstormed new ways to engage our families.

The opportunity to practice the TIS competency of inclusive leadership also appeared during the anti-racism uprisings as I began to reflect on my position in our organization as a white person. How much space did I take up in meetings? How much did I mentor other white people versus Black people, Indigenous people, or people of color? Why? How often did I think “I know best” for families of color? How often do I intentionally create opportunities for people of color to advance in the organization? One of the more uncomfortable truths I faced in my reflection was that I often excuse doing things myself as being “helpful,” “more efficient,” and “quicker” when, in reality, hoarding information, knowledge, and tasks for myself gives me a sense of security, since I become the person who is “needed” to do those things. These behaviors give me a sense of power and do not cultivate the inclusive and participatory place from which I want to lead, so I knew that my behavior needed to change. I began to ask others—especially people of color—to take on leadership roles and opportunities for professional development, rather than volunteering to do things myself. I began to use my voice, my position, and my privilege to speak up about race and equity in meetings and to amplify my worries about disproportionality, racism, and saviorism in our system. I noticed when people were being quiet in meetings and intentionally asked if they had anything to add. I am recognizing now that diversity does not happen without intentionality and without white people intentionally letting go of some of their privilege and power.

Mindfulness and Reflection

“Practice of cultivating awareness, contemplation, and deliberation. Long-term focused versus reactive. Creates opportunities for healing in real time and prevents reverting back to former structures and practices that reproduce stress and trauma. Examples: Reflective supervision. Curiosity. Capacity to see & feel without reacting.”

Child welfare is, by design, a reactive system; we do not get involved in family’s lives until something has happened, and our entrance is often accompanied by a sense of urgency. As a supervisor, one of my main jobs when making life-changing decisions on behalf of families is to pause and slow down the decision long enough to filter out the drama and the fear of potential consequences so that we can be thoughtful and creative about our next steps. The pandemic mirrors the crises that we encounter in our daily work and challenges us to maintain a level of mindfulness and reflection in the midst of a chaotic world. While I have always checked in with my social workers at the beginning of each one-on-one supervision, the question “How are you doing today?” morphed to “How are you *really* doing today?” and the answering of this question became as important as the reviewing of workloads. I consistently validated social workers’ experiences, personally and professionally, including listening to their frustrations with us (the supervisors and managers), without defensiveness. I asked the social workers open-ended questions, much as we do when we interview families, about what they thought needed to happen or what they thought should be prioritized. I asked them what support looked like for them during this time and told them what was helping me manage my own stress and anxiety in the current climate, which included therapy, 12-Step work, clear boundaries, and time in nature. I reminded them that it would be *weird* if we were all “fine” during a global pandemic and that taking care of ourselves needed to be a priority. All of these conversations helped us to maintain a reflective lens on ourselves, our work, and what we needed in order to keep showing up to do

our very challenging jobs during a very difficult time in history.

Complexity

“Awareness of systems thinking and change management. Able to operate in space of uncertainty and ambiguity in order to evolve our systems and structures where there are no predefined roadmaps. Examples: Tolerate ambiguity. Synthesize disparate pieces of information. Ability to consider multi-variate inputs simultaneously.”

One of the reasons I love child welfare is that we are forever confronting and embracing the complexities of human nature. This aspect can be challenging for people at first, as they want clear answers to do what they do in each situation. Those clear answers simply do not exist. Fortunately, after ten years in the field, I have developed some capacity to tolerate ambiguity, which serves me in a leadership capacity and served me across the COVID-19 pandemic, when the uncertainty of our future became incredibly salient. During the pandemic, people joked that we were in the “wild west” as we tried to bring our system “online” and create a way to work virtually. How would we attend court hearings? How would we transport children? How would we sign documents? All of these questions arose with the knowledge that, generally speaking, people feel resistant to change. As a leader, I continually named and validated this experience and the discomfort of “not-knowing” for our social workers. I also offered the perspective—and continue to do so—that the recent national and global crises are offering us the opportunity to practice sitting with the discomfort of uncertainty, which is where new ideas and different ways of doing things are born; nothing changes as long as we all remain in our comfort zones, doing the same thing, and this crisis has certainly forced us out of that zone.

Radical and Critical Inquiry

“Capacity to be deeply reflective about one’s own self-concept (radical) as well as the institution one leads (critical inquiry). Examples: Critical self awareness.”

Willingness to challenge assumptions. Humility. Critical Institutional Inquiry about organizational treatments, interventions, and problem formulation.”

Radical and critical inquiry is, without question, my favorite of the TIS competencies and the one that I incessantly strive to practice. In child welfare, we ask the vast majority of our clients to attend therapy, and yet, many of us still hold stigma around therapy and have never sat through a session ourselves. When I myself first started going to therapy, I would write that I was at a “doctor’s appointment” every week when I went, so that nobody in my office would know. I was ashamed because I still held the belief system that therapy was for people who were “weak” or who “couldn’t handle things.” I soon realized that I wanted to normalize going to therapy, especially for people in our field, who are regularly experiencing trauma and secondary trauma. My new belief was that *we all needed to be doing our own work*. For me, therapy—and other spiritual, emotional, psychological work—is where I build my capacity to be “deeply reflective about [my] own self-concept” and to cultivate critical self-awareness, both of which support me in regularly engaging in inquiry toward my choice of actions and whether my behavior is aligned with my values as a human and a social worker. In order to do this job in a way that is not reactive, I need to be doing my own work. Therapy and Al-Anon 12-Step work are what allow me to continue to do this job with an open heart, rather than becoming numb or callous, and to be brave and humble enough to rigorously reflect on the way I am doing it.

In the wake of George Floyd’s murder and as peoples’ awareness, education, and outrage about systemic racism increased, many of us working inside of social service systems grappled with our roles and responsibilities in the context of the anti-racism movement. How much harm does our system prevent, versus how much harm it perpetrates? Despite being social workers, our system does not escape systemic racism. And while the impact of systemic racism is arguably less harmful in our system

than in law enforcement’s, the power that our system wields still causes harm to Black and brown families at a disproportionate rate. One of the things that I learned while navigating these past several months is how difficult it is to talk about systemic racism, the ways in which our systems uphold white supremacy, and the ways in which we contribute to this dynamic as individuals working inside our system. Because we are not practiced at examining our own work and our own system, we become defensive when it is questioned, hearing inquiry as a personal criticism, rather than necessary reflection about our practices and systems as a whole. In this defensiveness, we deny that systemic racism exists in our work or assert that if there is, it’s definitely because of someone else. This perspective worries me, as we are not able to change or heal something that we are not able to see.

As a supervisor, I began to talk openly with my team about systemic racism and the fact that our system does not escape our country’s history of racism and white supremacy. I began to talk with social workers about the ways this phenomenon shows up in our practices and systems, and I made clear that these were not personal failings. In other words, inequities do not exist because we aren’t all nice people or good social workers, but because we were all conditioned a certain way, simply from growing up in this country. My manager and my peers began meeting weekly to discuss actionable steps in our day-to-day work that could begin to address some of the inequity that existed. Social workers and I have been discussing forming a “practice group” where we would meet to discuss and practice how to respond when a client or community partner says something racist or when we see our clients experiencing racism from other systems or partners. I am also sharing with social workers the racial justice work and self-reflection that I am doing outside of work to support our abilities to be reflective and rigorous in our inquiry, and I am asking social workers to engage similarly in their personal lives. Finally, I am striving to model the courage required to speak up about these issues, even when the topic is not

popular or makes others uncomfortable. As leaders and as humans, I believe anti-racist action is the most important work that we can be doing at this moment in history.

Relational Leadership

“Values centrality of relationship. Uses relationship and influence more than power and authority to affect change and systems transformation. Examples: Frequent use of appreciation. Whole person consideration. Build cultures of staff connection and shared success. Express and hold emotion and vulnerability. Interact with transparency and trust.”

Each of the above competencies are so important, probably across all types of organizations, and especially in child welfare. Relational leadership perfectly captures the way that I strive to lead; in fact, it is the only way that I know how to lead. In the face of all of these crises, it was impossible to not consider the whole person at work each day, who was balancing distance learning for their children, working remotely, accountability to clients, and their own health risks. Our staff check-ins were not cursory and not between a supervisor and a supervisee, but between two whole human beings, walking through a global pandemic together. Every Friday, my email check-ins included a question to staff about what they were doing for self-care at the end of the week, and every Monday, I asked staff if there were any moments of joy over the weekend. In response, everyone would “Reply All,” and we would all get to share in some joy at the beginning of our week. I frequently expressed my appreciation and awe that we were all still showing up together in the midst of the pandemic to do our difficult jobs, and I looked for extra opportunities to commend my team’s work and creativity. I shared my authentic experiences with all of my peers, including the hard parts, as I know that the vulnerability required for being a whole, authentic person cannot be demanded; it must be modeled and normalized. In a time when we were all more disconnected than we had ever been, the shared human experience of *feelings*—fear, despair, grief, frustration, hope, gratitude, joy—were

our touchstone, our connection point; and my job as a leader was to create a safe space to share them.

Concluding Comments

To work in child welfare services is to work with trauma, and therefore the organizational cultures of child welfare agencies are often organized around trauma. The multiple crises of 2020 only made this organization flaw more clear and the need to transform trauma into opportunities for healing more pressing. In order to move towards a “healing organization”—which TIS describes as “reflective; collaborative; culture of learning; making meaning out of the past; growth- and prevention-oriented; relational leadership”—we must engage in a critical inquiry of our culture and our practice. What is working well? What are we worried about? And what are our creative next steps? To have the courage and humility required to engage in rigorous inquiry about why we do what we do, we as leaders must be doing our personal work to build our own capacity to tolerate ambiguity, to reflect, to critically examine ourselves and our work, to *hear* each other, and to bring every level of staff to the table. As a leadership team, we need to adopt a set of values and TIS principles, define what those principles look like behaviorally, and create a system to hold ourselves accountable to operating in ways that are aligned with our values and principles. Without clarifying what guides our work, we will continue to do things “because that’s how we’ve always done them,” because of implicit and unexamined bias, because it’s too hard and too scary to learn new ways, or because we are afraid to examine the harm that the old way has caused. This moment in history calls upon us all to pause, to reflect, and to be mindful and intentional about how we move forward. I sincerely hope that we seize this moment and respond to that call.

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Reference

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