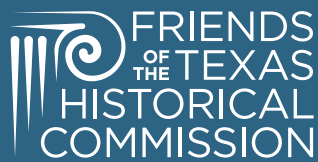


CRISIS AND TRAUMA RESPONSE TOOLKIT FOR CULTURAL WORKERS 2023



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INSTRUCTIONS

This toolkit is designed to be used as a whole or in-part. It contains stand-alone chapters, which can be used on an as-needed basis. The organization of the toolkit proceeds from larger topics to more specific topics.

TIPS FOR USAGE:

1. Watch the video(s) for the toolkit chapter(s)
2. Review the toolkit chapter in its entirety.
3. Use the discussion prompts to facilitate discussion with staff, community members, or others.
4. Engage in the recommended trainings or programming as desired.

Please note that this toolkit includes content that will continue to be updated.

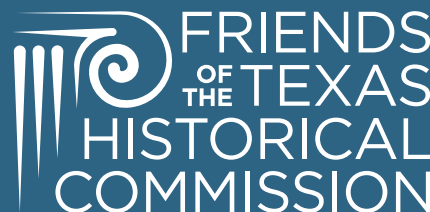
As stated in the introduction, this toolkit is offered as “permanently incomplete” product and will be continually updated as new information and resources become available. The views, findings, conclusions, or recommendations shared in the video presentations are those of the presenting experts and do not necessarily represent the opinions of the Friends of the Texas Historical Commission.

While some of the video presentations are provided by licensed therapists, the training and programming recommendations, which came out of the “lab” sessions, are presented as suggested practices to be used by cultural workers at their discretion and NOT as therapy.

This project was made possible in part by the Institute of Museum and Library Services, Grant #CAGML-247929-OMLS-20 (www.ims.gov).

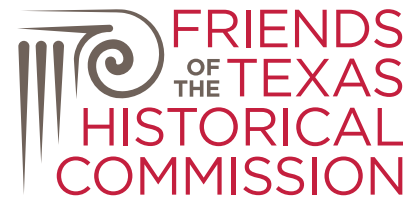
The views, findings, conclusions or recommendations expressed in this “Crisis and Trauma Response Toolkit” do not necessarily represent those of the Institute of Museum and Library Services.

FRONT COVER: Images of Caddo Mounds State Historic Site, Fulton Mansion State Historic Site, and Maggofin Home State Historic Site.



WHAT IS TRAUMA?

Defining trauma and understanding its impacts on communities and cultural workers



Nearly everyone is affected by trauma during their lifetimes. Trauma can be found the world over and does not discriminate on the basis of age, ethnicity, gender, or any other human characteristic. It can take many forms, from life threatening to non-life threatening, from trauma caused by human beings to trauma caused by nature. The ways that people experience and react to trauma can differ widely as well; whereas one person may experience a mild trauma reaction to an event, another may have a debilitating trauma reaction to the same event. Beyond the individual level, entire communities can experience trauma, which is known as collective trauma. Because trauma is ubiquitous and complex in nature, understanding it requires looking not only at definitions of the term “trauma” but also the types and characteristics of trauma reactions.

In each of the two video presentations that accompany this chapter, “Trauma 101” by Dr. Tanisha Thelemaque and “Trauma 101 for Cultural Workers” by Rainey Tisdale, the presenters provide definitions and descriptions of trauma and trauma reactions. Drawing on a definition from SAMHSA, presenter Rainey Tisdale offers: Trauma “results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” Dr. Thelemaque explains that “a traumatic or stressful event is one that involves actual or threatened death, serious injury, or violence, such as a physical attack, sexual violence, and natural or

man-made disasters. [Trauma] can be a single event or a series of events that are unexpected, experienced directly, witnessed, or effects someone a person knows, and can occur at any developmental stage or age.”

As a cultural worker who has experienced trauma, Tisdale approaches the topic by talking about her own experiences and what she has learned from her journey of working with trauma. Leading with the metaphor of the “trauma bucket,” she helps audiences understand that each person differs in how much trauma they can effectively process and how much their “trauma bucket” can hold. Her presentation delves into the complexities that cultural workers face with regards to trauma and offers some key insights about things cultural workers and organizations can do to support those who have experienced a traumatic event.

Dr. Thelemaque approaches trauma from a clinical perspective and discusses not only the impacts that trauma can have on a person’s ability to function day to day, but also how societal issues such as sexism, racism, and homophobia can create historical trauma and further complicate the impacts of trauma. By introducing the wellness wheel, Dr. Thelemaque guides viewers to think holistically about wellness. She provides tips for coping and healing as well as for helping colleagues who may be experiencing trauma.

DR. TANISHA THELEMAQUE

Dr. Tanisha Thelemaque is a licensed psychologist with a private practice in San Francisco, and works with renowned mental health organizations such as the National Center for Post-Traumatic Stress Disorder and the Journalist Trauma Support Network. Dr. Thelemaque continues to create workshops as an equity consultant for international corporations, non-profits, and universities.



DISCUSSION GUIDE

Talk with others within your organization about trauma and trauma reactions.

Using the facilitation tips below, set aside time to engage members of your organization in discussion about trauma, trauma reactions, and how the organization can respond.

FACILITATION TIPS

Create a safe space for productive group discussions.

- Create a set of agreed-upon guidelines for group discussions.
- Clearly articulate the goal(s) of the discussion.
- Listen respectfully, without interrupting.
- Listen actively and with an ear to understanding others' views.
(Don't just think about what you are going to say while someone else is talking.)
- Avoid criticizing. We all can learn something from each other, even if your views do not necessarily align.
- Avoid blame, speculation, and inflammatory language.
- Allow everyone the chance to speak.
- Avoid assumptions about any member of the class or generalizations about social groups.
Do not ask individuals to speak for their (perceived) social group.
- A brief check-in and check-out is often helpful to include everyone—even a one-three word description of how they are doing as they come in and their impressions at the end can be good.
- We are accountable for our words and their impact.
- Personal information that comes up in the conversation should be kept confidential.

*Facilitation tips based upon information from MIT's Discussion Guidelines webpage.

DISCUSSION PROMPTS

What would it look like if your workplace, tribal government, or organization/s you are involved with were well versed in the language of trauma and had a commitment to caring for their employees and members in crisis or working to metabolize trauma?

Can you find examples where businesses, agencies, tribal governments, or organizations provide trauma stewardship for their employees or membership?

If you could create a program at your organization with the goal of helping visitors and your community develop skills for metabolizing trauma and practicing resilience strategies for negotiating future trauma what would it be?

How could your organization utilize its resources to create opportunities to develop holding environments for communities and visitors?

Tisdale talks a bit about awareness of the potential inherent trauma triggers of museum collections and locations and the need to handle these with greater care. What could this look like for your site?

What from this content should cultural organizations consider as they plan programming and other responses in the wake of traumatic events?

FROM A SURVIVOR

Saturday, August 3, 2019, began as a beautiful summer day in El Paso, Texas, but when a mass shooting took place at a WalMart in town, a county wide lockdown left the staff and volunteers at the Magoffin Home State Historic Site sheltered-in-place with adults and children on tour and in our visitor center. In that moment, staff and guests were united as we were anxious and awaited information from a chaotic situation. As museum professionals, we felt an added burden to make our visitors comfortable and keep them informed of any important info they may have needed. But how do we do that? What can a small history museum do to aid a community during a tragic event and assist the healing of our community and ourselves? As more information about the mass shooting became available, that El Paso had been targeted for our Mexican-American heritage, the staff knew we had to do something.

The next week, we all came back to work feeling grief for our city, our friends, our neighbors, and ourselves. We, as staff, met to discuss the shooting and our handling of visitors. After long discussion and an examination of our assets and skills, we decided to use the best tools we had: the adobe Home that had survived 144 years of brutal desert conditions; a history that reflected periods of struggle, resolution, and growth; caring community partners, and a small but mighty staff. Our mission statement made it clear that we “preserve and interpret the history and legacy of a prominent multi-cultural El Paso family” and demanded that we inspire “a deeper appreciation and understanding of Texas and the Southwest Borderlands.”

In just six weeks we put together the El Paso Strong Tour. It combined elements of historical research of conflicts in El Paso that were resolved, cultural diversity, and facilitated dialogue amongst attendees. We asked people how they identified themselves and what they liked most and least about our fair city. We listened and learned from everyone. This was what we do best. We offered up the Home as a safe haven in our community opened up a dialogue.

As a staff, we operated purely from the instinct of helping our community. For us, that meant showing them that horrible things had happened in the past, but we have overcome them and learned to be better from them. We also just sat and listened to what they were thinking and feeling on that terrible day. We offered friendship, refreshments, and entertainment to remind them that we were all connected and worthy of their trust just as they were worthy of ours.

While we operated purely from instinct, training in psychological first aid would have helped. First, we would have been better prepared to handle that day. We would have emergency supplies hidden and better access to restrooms. Since this event, we have picked a new shelter that will allow us to store blankets, cell phone chargers, stuffed animals and games while also providing direct access to the restroom without exposing us to danger. Secondly, we would appoint one person as the provider for information and make sure all of us had contact with this leader. Perhaps most importantly, with practice and drills, we all would be better at dealing with our anxiety so that we could be there for our visitors. Our event would be improved by including health services and have been more directly geared towards self-empowerment for our guests. Health services would have allowed our community to improve their physical bodies to withstand stress and self-empowerment would allow them to achieve resilience.



MACHELLE WOOD

Mabelle has been the Education and Public Events Coordinator at the Magoffin Home for the last eight years. Prior to this, she spent a decade conserving and reproducing decorative finishes in historically significant buildings all over the United States. Where she once had to content herself with jumping up and down on a lonely and dusty scaffold whenever she made a new exciting discovery, Mabelle is now encouraged to share it with the thousands of people who visit the Magoffin Home every year!

TIPS FOR PROVIDING SUPPORT

Training and programming to enable organizations to provide support.

TRAINING

Training for staff can ensure they are ready to respond to the community as well as care for their own well-being in the face of a traumatic event.

RECOMMENDATION: Provide staff with information about trauma and trauma reactions. There can be relief in understanding that personal experiences of disconnection, fatigue and powerful emotions like sadness are very normal responses to trauma.

RECOMMENDATION: Create a list of mental health resources available in the community and make available to staff and community.

RECOMMENDATION: Create an emergency response plan to include: site and action plans for emergency/unexpected events, a clear chain of command for disaster events, clearly designated safe spaces, first aid kits and stations, a list of emergency information for staff and the public, contact information of neighbors and nearby community organizations, knowledge of local emergency response teams, and at least one staff member who is trained as a First Responder.

RECOMMENDATION: Provide cultural competency training that specifically includes the communities directly connected to the cultural organization.

RECOMMENDATION: Create a trauma-informed workplace. Build intentional language into the work environment that encourages a collective supportive response. Provide opportunities for check-in time where people feel safe to set necessary boundaries based on their emotional mindset. Build a work culture that values and respects individuals and prioritizes and models empathetic understanding. Provide flexibility and more options in work schedules and project expectations that are considerate of people's time and unique skills. Develop policy and procedures that contain guidelines for behavioral expectations in the work environment and have clear actions directly addressing the importance of a trauma informed space. Training for staff on these topics and other necessary skills such as communication techniques, conflict resolution, etc. If an organization had better practices around these areas they would create a work place that is better able to produce positive results.

PROGRAMMING

Creating opportunities for communities and staff to engage in programming can take many forms. Here are a few ideas for implementing programming within your organization.

RECOMMENDATION: Listen carefully to the needs and wants of impacted communities in order to develop appropriate, tailored responses.

RECOMMENDATION: Create comfortable spaces for reflection and contemplation that are visually pleasing with quotes and possible prompts that encourage thoughtful reflection and self-awareness. These spaces could be located inside or outside the organization's building.

RECOMMENDATION: Create spaces and programs for processing trauma, especially trauma that might be triggered by your site or its exhibits. Develop signage that acknowledges the effect they may have and encourages self-care around these issues.

RECOMMENDATION: Develop programs that encourage the kinds of coping and healing strategies discussed in the two presentations for this chapter.

RECOMMENDATION: Find ways to connect specific trauma events with the history of the cultural organization and create programming around that connection.

ADDITIONAL RESOURCES

BOOKS:

Levine, Peter. (2010) *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness.*

Linklater, Renee. (2014) *Decolonizing Trauma Work.*

Menakem, Rasmaa. (2017) *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies.*

Van der Kolk M.D., Bessel. (2015) *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.*

ONLINE RESOURCES:

American Psychological Association.

<https://www.apa.org/search?Classification=Trauma&sort=ContentDateSort+desc>

Centers for Disease Control.

"Phases of Disaster graph in 'Disaster Mental Health Primer: Key Principles, Issues and Questions.'" <https://stacks.cdc.gov/view/cdc/29151>

Cole, Esther.

"Your Nervous System and the Window of Tolerance: 'Expanding the Window of Tolerance.'" <https://www.psychologytoday.com/us/blog/lifespan-psychology/202004/expanding-the-window-tolerance>

Goldman, Barry and Susan Silk.

"How Not to Say the Wrong Thing." <https://www.latimes.com/opinion/op-ed/la-xpm-2013-apr-07-la-oe-0407-silk-ring-theory-20130407-story.html>

Klinic Community Health Centre.

"Trauma-Informed: The Trauma Toolkit." https://yourexperiencesmatter.com/wp-content/uploads/2016/01/R_71.pdf

Murray, GERALYN Broder.

"Ring Theory, Pandemic Edition: Comfort In, Dump Out, Switch." <https://geralynbmurray.medium.com/ring-theory-pandemic-edition-comfort-in-dump-out-switch-ef402d7c2e94>.

Naomi Breslau, Holly C. Wilcox, Carla L. Storr, Victoria C. Lucia, and James C. Anthony.

"Trauma Exposure and Posttraumatic Stress Disorder: A Study of Youths in Urban America." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3455932/pdf/11524_2006_Article_323.pdf

The Nap Ministry.

<https://thenapministry.wordpress.com/>

