

# USING A TRAUMA LENS

## Lunch and Learn Series

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# A GUIDE FOR PUBLIC HEALTH AND COMMUNITY ORGANIZATIONS

Public health professionals see the impact of trauma every day: violence, loss, homelessness, substance use, stigma, chronic stress, and the long shadow of inequity. These experiences shape how people show up in clinics, in community meetings, and in workplaces.

Using a trauma lens means changing the way we see and respond to people—community members and staff. Instead of asking, “What’s wrong with you?”, we ask:

**“What has happened to you, and how might that be affecting how you’re showing up today?”**

**“How should I respond in light of what you’ve experienced?”**

## **This shift applies to:**

- Community members seeking services
- Partners and stakeholders
- Coworkers and supervisors
- Ourselves

## **When organizations use a trauma lens, they:**

- Create safer, more respectful interactions
- Reduce re-traumatization in services and workplaces
- Recognize emotional labor as real and impactful
- Make better decisions about staffing, supports, and resources



# WHAT DOES IT MEAN TO USE A TRAUMA LENS?



At its core, a trauma lens is a holistic, compassionate, and non-judgmental way of seeing people.

## Trauma-informed care asks:

- What has this person experienced?
- How might that history be shaping their behavior, emotions, or reactions today?
- How can we respond in ways that communicate safety, respect, and dignity?

## This perspective applies across relationships:

- With **community members** – responding to fear, anger, or withdrawal as possible trauma responses, not “noncompliance” or “attitude.”
- With **staff** – recognizing that team members are not just employees; they are people who may be carrying their own histories of trauma while also witnessing trauma at work.
- With **ourselves** – acknowledging when we are not okay and need support, not just “toughing it out.”

## Emotional Labor as “Invisible PPE”

Many professions easily recognize physical risk or injury and require:

- Hard hats, vests, goggles, gloves
- Scheduled breaks and rest periods
- Written protocols to prevent accidents and fatigue

But in public health and similar fields, much of the work is emotional labor, not just physical labor.

## Staff may:

- Attend multiple homicide scenes in a short time
- Deliver difficult diagnoses or public health messages
- Work daily with families experiencing violence, loss, or housing instability
- Carry their own grief, stress, or trauma into the workday

This kind of ongoing emotional exposure can increase the risk of:

- Anxiety and depression
- Intrusive thoughts or flashbacks
- Difficulty concentrating or remembering details
- Persistent stress that impacts the whole body



A trauma lens recognizes **emotional labor as real exposure**—and asks, “What systems of protection and support do our staff need, just like physical protective gear?”

# BUILDING SUPPORTS INTO THE WORKPLACE

Using a trauma lens at the organizational level means designing supports on purpose, not as an afterthought.

Examples of trauma-informed workforce supports include:

- **Behavioral health leadership**
  - Hiring behavioral health division managers or social workers whose roles explicitly include supporting staff well-being, not just client services.
- **Contracted counseling and support**
  - Bringing in counselors or facilitators onsite to support specific teams (e.g., violence prevention, home visiting, or STI clinics) who routinely encounter trauma.

- **Peer networks and care teams**

- Leveraging peer teams who can check on coworkers, notice when someone is “not themselves,” and offer a blend of empathy, safety planning, and follow-up.

- **Support on work time**

- Making it possible for staff to connect with support without needing to take leave, especially when the stress is caused by the work itself.

Using a trauma lens asks:

“If this emotional exposure is part of the job, what is our responsibility as an employer to buffer, support, and care for our staff?”

## **DATA, STORIES, AND ADVOCACY**

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Using a trauma lens also shapes how leadership **advocates** for resources.

Leaders can:

- Use data on burnout, turnover, and workforce mental health (local, state, and national) to demonstrate the need for staff supports.
- Pair data with real stories (protecting confidentiality) that humanize the workforce:
  - The staff person who says, “I’ve been to three homicide scenes in two weeks. I lost a family member to COVID-19. I’m not okay.”
  - The team that is working in the middle of a “twin-demic” of severe illness and rising violence, with no structured space to process what they’re experiencing.

Stories like **“No, I’m not okay”** are not trivial—they are turning points. They remind leadership that staff are not just “resources” to deploy. They are valued people in the community whose well-being directly affects the quality and continuity of services.

# EVERYDAY TRAUMA-INFORMED PRACTICE

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**A trauma lens is not only about adding new positions or programs. It's also about how we show up day-to-day.**

Trauma-informed everyday practices include:

- Treating people with kindness, compassion, and non-judgment, whether they are clients, coworkers, or community partners.
- Remembering that behavior is often communication—of fear, exhaustion, grief, and past or current harm.
- Asking, “What support would help you keep doing this work?” rather than assuming staff will “just bounce back.”
- Recognizing that staff bring their whole lives with them: their histories, communities, and personal stressors also shape how they experience the

**As one leader put it:**

**“They’re not just employees,  
they’re people too.”**



# REFLECTION ACTIVITY: APPLYING A TRAUMA LENS

**You can use this individually or with your team.**

## **1. Reflect on your role**

- Where do you see emotional labor in your day-to-day work?
- How do you typically respond to your own stress or your team's stress?

## **2. Look at your organization**

- What "protective gear" exists for emotional exposure? (EAP, onsite support, peer networks, supervision, flexible policies, etc.)
- Where are the gaps?

## **3. Identify one trauma-informed shift**

- Choose one change you could advocate for or implement, such as:
  - Adding a regular "How are you really doing?" check-in to team meetings or supervision
  - Making it easier for staff to access counseling on work time
  - Using both data and stories to advocate for a dedicated staff support role

**Write down one specific action you will take in the next month to apply a trauma lens to your team or department.**

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# CALL TO ACTION

Using a trauma lens isn't just about how we treat the communities we serve—it's about how we treat **the people doing the work.**

- How can your organization better recognize emotional labor as real exposure?  

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- What supports could be added or strengthened so staff don't have to choose between "being strong" and being honest about not being okay?  

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- How can you use data and stories to advocate for workforce supports in your next budget or planning cycle?  

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For additional resources on trauma-informed care and workforce well-being, visit **dmh.mo.gov** and explore materials related to trauma, supervision, and staff support.

