

Equity as a Catalyst to Organizational Resilience

Webinar Transcript

September 28, 2021

Chanel Richmond:

Okay, sounds good. All right. I think we can go ahead and get started. Good afternoon, everyone and thank you for joining today's webinar, which is on Creating Organizational Resilience through Equity. We're going to go ahead and jump in and get started. On the next slide, you will see the learning objectives for today's webinar, which are by the end of it, you will be able to define implicit bias and systemic/structural racism. You'll be able to describe the impacts of implicit bias and systemic racism on individuals, communities, and organizations. You'll have shared definitions of diversity, equity, and engagement. So it's pretty robust, but it will be a very interesting webinar.

Chanel Richmond:

On the next slide. I just want to quickly introduce myself. My name is Chanel Richmond, and I work on the New York State Family Planning Training Center as a TTA provider. And also with me as a co-moderator, I have my colleague, Caitlin Hungate. Caitlin, feel free to take it over and introduce yourself quickly.

Caitlin Hungate:

Thanks, Chanel. Hi, everyone. It's so wonderful to see so many familiar faces or names on Zoom, and we're so honored to be with you and so excited to be partnering with Dr. Henderson-Smith. Chanel, back to you.

Chanel Richmond:

Perfect. Okay. And feel free in the chat to let us know that you're here and where you work. And so then next, I just want to go to the next slide because we have the lovely Dr. Henderson Smith, who will be presenting today, who is the founder of ATC Consulting, but I'm going to turn it over to Dr. Henderson-Smith to tell you a little bit more about her and jump into her presentation.

Dr. Linda Henderson-Smith.:

Thank you, Chanel and Caitlin, and good afternoon or morning, depending on where you are. As Chanel said, I am Linda Henderson-Smith. I am a licensed professional counselor and an educational psychologist by training. I've been in the field for over 20 years. I'm super excited to be here today to talk to you all around what organizational resilience looks like, what it is, and how equity plays a key role in actually creating that.

Dr. Linda Henderson-Smith.:

Today, we are going to discuss, as I said, organizational resilience, implicit bias, systemic trauma, and their impacts, but then strategies for starting your journey. Really getting in the weeds of what is it that we can do to really make sure that we are starting this process in a way that is helpful towards everyone.

Dr. Linda Henderson-Smith.:

All right. So if you have any questions, feel free, put them in the chatbox, let us know. We will try our best to get to those. I will try to infuse them as I see them, if I can. If not, and we don't have time at the end, we will make sure that all of your questions are answered in writing and we'll send that out as part of the follow-up as well. Let's go ahead, jump in, and get started.

Dr. Linda Henderson-Smith.:

So always, always, always want to start with just, what is organizational resilience? Resilience means supporting and embracing failure. The ability to bounce back, the ability to actually grow from adverse experiences. And so the essence of organizational resilience really means that you are able to fail elegantly, gracefully. That a point of failure in one part of the organization doesn't cause the whole structure to collapse. So it's really about the ability of your organization to anticipate, prepare for, respond, and adapt to incremental change and sudden disruptions in order to survive and prosper.

Dr. Linda Henderson-Smith.:

It's a people-centric capability that's based on the strategic coordination of your resources, adaptive, flexible leadership, intelligence, both intellectual, but also emotional intelligence, communication and staff development, which enables the identification and analysis of some strategic threats that we know are going to come. Because through situational awareness and through our experience, we all know that things happen and we have to be flexible in order to lead them.

Dr. Linda Henderson-Smith.:

All of this, organizational resilience has to be underpinned by a learning culture, a learning culture that drives positive adjustment and adaptation during periods of uncertainty. So we have to be willing and able to take those failures, learn from them, and create kind of continuous improvement processes that allow us to become stronger, better, and bounce back. That's really what we're talking about.

Dr. Linda Henderson-Smith.:

In other words, we're really focusing on making sure that we are trusted, that we are responsible, that we are robust, that there is security. We are agile and we are innovative. Building organizational resilience cannot happen when work demands and pressures are not matched to the knowledge, the abilities, and the needs of the individuals within that organization. Ultimately, if people don't have the knowledge, skills, abilities, attitudes, and their needs met, it's going to be impossible for them to fulfill the mission and the vision of the programs and the organization as a whole. It also can't happen if there's insufficient support from supervisors and colleagues. I say supervisors and colleagues because oftentimes we only think about supervisory structure, but what we know to be true is that peer support, oftentimes similar to adolescents, peer support is actually stronger and has a much better support system than does most supervisory structures, but both are needed in order to make sure that we can be agile and flexible and that we can really bounce back when there's adversity.

Dr. Linda Henderson-Smith.:

It also can't happen when there's little control over the work processes, when the individuals that are doing the work have absolutely no say so in how the work is done. Oftentimes, it's the ones that are doing the work that can tell you where things need to be more effective, more efficient, that can really bring out some of the issues that aren't necessarily there when you're just looking at paper processes, when you're just looking at the policy and the procedure. So we've got to make sure that as part of building this organizational resilience that we're looking at who has control over those processes, who's

a part of having those conversations, but also making sure that in that there's no hypocrisy that sits within our work environment and that our work conditions are satisfactory.

Dr. Linda Henderson-Smith.:

I can tell you that I know from experience, workload, pace, hours, when we're working with other human beings and providing support to them in their lives, it can be overwhelming. So we have to make sure that we are really truly focusing on how we can, to the best of our ability, create working conditions that are satisfactory to the individuals within our organization. Honestly, all organizational strategies have to integrate equitable approaches.

Dr. Linda Henderson-Smith.:

Let's talk about how we achieve excellence and resilience through equity and equity-minded learning and workplace environment. Because the fact is any environment that we work in, hopefully, we're also learning something there. But that is only achieved when every person, a client, a staff member, a supervisor, a leader, it doesn't matter, but when every person has the opportunity to attain their full potential, and no one is disadvantaged because of their social position or their group identity, whether that be race, ethnicity, age, gender, identity, sexual orientation, language, religion, or physical, mental developmental abilities. It requires that as an organization, we're deliberate in providing intentional investment into our staff, into our clients so that they can optimize their talents and achieve their full potential.

Dr. Linda Henderson-Smith.:

So that requires that we be proactively educating ourselves about any historical context of exclusionary practices and seek to recognize and understand the impact of this history on present date practices. We have to reject the ingrained habit of blaming inequities and failures on our clients and our staff based on their social, their cultural, or their educational backgrounds and we have to change the focus inwardly to question our effectiveness on our clients and our staff reaching their goals. And so we have to recognize that the elimination of biases, stereotypes, and assumptions will require intentionality, but will also require the understanding that having discussions and bringing forth some of this will inevitably bring up very strong emotions and feelings from everyone involved.

Dr. Linda Henderson-Smith.:

So we have to be willing to create an organizational culture that allows for it to be okay to not be okay in the moment. the means justifying the end of a more equitable environment, because we have to be intentional about critically deconstructing structures, governance, policies, practices, norms, and values that are assumed to be neutral, culture neutral, but really actually sustain many inequities. That requires systems-based thinking and a shift in our paradigm and requires us to invest time, effort, social, and political capital. But most importantly, it requires us having the courage to begin to have some of these conversations.

Dr. Linda Henderson-Smith.:

I think this quote says it best, "When you plant lettuce, if it doesn't grow well, you don't blame the lettuce. You look for the reasons it is not doing well. It may need fertilizer or water or less sun, but you never blamed the lettuce." The same is true for our clients and our staff from different cultural backgrounds. And so we can't blame them when the outcomes aren't what we want them to be. We

need to see what's going on around them. The sun, the water, whatever that may be, whatever practices, biases, stereotypes, and assumptions that we have that are creating that.

Dr. Linda Henderson-Smith.:

Let's dig a little deeper into ... We talked about organizational resilience. Let's talk about implicit bias. I am very well aware that you guys have done a lot of training already provided by Dr. Blackstock, but I also just want to refresh that so that we can connect the dots between that training and what's going on today. So implicit biases are the attitudes or stereotypes that affect our actions, our understanding of events, and decisions in an unconscious manner. They're activated involuntarily, without awareness or intentional control and they oftentimes can disadvantage others. Social sciences actually believe that these biases are actually learned as young as age three and are oftentimes fooled by stereotypes perpetuated in the media, by friends, by family, by our community, by our parents, by our peers. But the one thing that I think is important to highlight is that everyone is susceptible, everyone is susceptible, but the good thing is that because they are learned, they can be unlearned. That is the biggest component.

Dr. Linda Henderson-Smith.:

Let me give you an example because I think oftentimes we think of bias as just this whole little thing, you know, this little thing over here, but it's important to realize that it actually operates at that subconscious level, which means we are not necessarily aware that we have them. And because of that, they can run contrary to our actually stated beliefs and our attitudes. So we can say, for example, that we truly believe in equity, but then behave in ways that are biased and discriminatory. Because they are triggered automatically, through rapid association of people, groups, objects, our attitudes and stereotypes, they can play out at both the individual and the institutional level as well.

Dr. Linda Henderson-Smith.:

Now, this implicit bias is an unconscious thought. I like to make sure that we recognize that unconscious thought leads to conscious thought. So many times that shows up as prejudice or stereotyping. That then leads to discriminatory behavior. So thoughts lead to actions, and those actions are what lead to the inequalities and the injustices that we currently see. It's important to recognize that because ultimately what we continue to see and we continue to hear about is the end result of the inequalities and the injustices as it relates to things like women and housing and all kinds of other things, but we don't necessarily understand how it shows up, where it comes from. And in order to address something, we have to actually unlayer the onions, as I call it. We got to get to the root of it.

Dr. Linda Henderson-Smith.:

So I want to just kind of highlight some examples of some of those outcomes that have been shown to be impacted by bias. The first one is employment. There are several studies that actually indicate that bias has a huge role in the way in which we hire or don't hire, provide salary, or don't across this country. There was a study that was conducted in Milwaukee, by Northwestern University in 2003 that found that white job applicants] with a criminal record were more likely than black applicants without a criminal record to be called back for a job interview.

Dr. Linda Henderson-Smith.:

Additionally, there is also another study that talks about how in a mock hiring study, there were two highly credentialed resumes for candidates that were applying for a mid-level marketing position. They

were a mix of male and female names. Some resumes noted that the applicant was a coordinator of the parent-teacher association. Others noted that they were fundraisers for a neighborhood association. What the results came to be was that PTA applicants were viewed as less competent, less committed, and received a lower salary recommendation by \$11,000 per year and they were also less likely to be recommended for hire. What was interesting was that there was also this belief that those who had PTA on their resume were female and those who had fundraiser for a neighborhood association were automatically thought to be male. So there's a lot of different biases that play into that, but it's important for us to know that.

Dr. Linda Henderson-Smith.:

So I'd love for you guys, in the chatbox, to give some examples. Examples of how you have seen, or potentially how you've been impacted, you don't have to say it was you, but just examples, whether it be from your work or from your friends or other people that you know where this type of biases come up. As you guys are doing that, I'll just keep going, but I want you guys to share if you feel comfortable sharing as well.

Dr. Linda Henderson-Smith.:

Another way that implicit bias shows up in our everyday life, is through what's called microaggressions. Microaggressions are brief commonplace, verbal, behavioral, and environmental indignities, whether intentional or unintentional that communicate hostile, derogatory, or negative slights and insults to marginalized individuals and groups. The micro in microaggression refers to the person to person interaction. But these microaggressions can be constant stings and barbs and what we've found is that they negatively impact job satisfaction, job engagement, whether or not people feel engaged and connected to the vision and the mission of the program or the organization that they're working in, self-esteem, but also in terms of mental wellness and mental health issues for people of color, but also for people from other cultural backgrounds that constantly are experiencing them. There are every day kind of examples of this that I think are important and I'm sure we either seen, witnessed again, whether it was intentional or unintentional that we need to be aware of.

Dr. Linda Henderson-Smith.:

Recognizing that communication is 10% intention and 90% perception. So it's not necessarily about the intent of it, but how these things are perceived. Examples include things like using endearments, calling someone sweetheart, or honey, which kind of diminishes the professionalism for certain individuals. Or we have the same behavior, different descriptions where we label potentially women as needy, high-strung, too emotional or bossy, or we've seen things where we label, for example, people of color, but specifically women of color as too aggressive, instead of assertive, or just honest in their communication. There's also the benevolent sexism that shows up that can be considered and perceive as a microaggression. One example is if we have a new mother that's working with us, we assume that she won't want to travel anymore, won't want to work late hours, or won't want to engage in the work as it was asked of her, but we don't make those same assumptions about a new father. Or the underestimation where for example, a woman is assumed that she's a paraprofessional or administrative assistant instead of the actual doctor or the nurse.

Dr. Linda Henderson-Smith.:

And then there's attribution bias where all the successes are attributed to us, but all the failures that happen, all the mistakes that happen, "Oh, that was somebody else's fault." So I think the other thing

that would be good for us, if you guys have some examples, would be to ... If you've ever experienced any of these, feel free to share those. This is a space where we can share those kinds of things. But I think it's important to recognize that these types of biases again, show up every day in a lot of our processes, a lot of our practices, a lot of the way in which we engage and communicate with each other. And it can have some negative impacts on our environments, for both our staff and our clients.

Dr. Linda Henderson-Smith.:

So what are the responses? Oftentimes, what we see from things like microaggressions and employment issues and other implicit bias kinds of outcomes, we see these responses from the individuals that have experienced them that include things like fear and anxiety. You know, a discomfort being around white people, there's a sadness or a grief. But we also see things like anger and guilt and regret. And what we've noticed and what a lot of the research is now saying is that because of these feelings and because of these experiences, there's also some intergenerational manifestations. That include things like anger, hatred, and aggression that can be self-inflicted as well as being inflicted on other people.

Dr. Linda Henderson-Smith.:

So we see the outcomes and the disparities in things like depression and anxiety and isolation. But we also see it in terms of substance use and abuse. We see it in terms of violence and suicide. There was a recent paper that came out that indicated that though suicide numbers and suicide attempts were going down for most populations, for African-American teenage girls and boys, it's actually increasing. All of which has happened mostly over the last two to four years when a lot of things have just kind of been out on media. So we've got to be cognizant of those things and recognize how they are impacting even the engagement that we see with our clients, but also the engagement that we see with our staff.

Dr. Linda Henderson-Smith.:

Next let's talk about systemic racism and trauma. Systemic trauma and oppression are the practices, laws, and customs that are really embedded within our society's institutions and are oftentimes upheld by police, government, and society, meant to keep certain social and cultural categories and power while restricting others. And so we have to be aware that similar to individual experiences with communication and interaction, it can also, as I said earlier, it can show up in our institutions, it can show up in our organizations, it can show up in our communities. So what winds up happening, we know that this type of systemic oppression is rooted in the exploitation of difference in how people respond to difference. And difference can be based on things like race, class, gender, age, sexual orientation. We talked about this, but it shows up again at those three levels.

Dr. Linda Henderson-Smith.:

Individual kind of traumas, as it relates to this, refers to kind of the beliefs, attitudes, and actions of individuals that support or perpetuate racism in conscious and unconscious ways. This shows up at interpersonal relationships and oftentimes creates tension. I'll just put it that way. It can create tension, but it can also create all of those experiences that I just talked about.

Dr. Linda Henderson-Smith.:

At the institutional level, it shows up as discriminatory treatment, unfair policies, bias practices that are based on those cultural dynamics and result in those inequitable outcomes. They oftentimes, these policies and things, they never mentioned any cultural group, but the intent is to create advantages.

Dr. Linda Henderson-Smith.:

And then there's the structural. The structural kinds of trauma and oppression, that is the overarching system of bias across institutions and society. These systems give privileges oftentimes to Caucasian people, resulting in disadvantages of other cultural groups. An example are kind of stereotypes of people of color as criminals in mainstream movies and media.

Dr. Linda Henderson-Smith.:

Now, what are the dynamics like? How does this kind of impact people? I think it's important to recognize that there are some true dynamics of the systemic components of this that includes social exclusion and rejection. Human beings by nature, want to belong. We want to be a part of groups. It is literally biologically baked in because groups is how people actually survives in the past. And so when there are structural systemic kind of traumas and oppressions that happen, there's this implied threat to collective identity of the individuals. And because of that, it really creates this feeling of social rejection and betrayal that threaten the primary human need of belonging, control, self-esteem, and a meaningful existence. That type of social exclusion can trigger our automatic, our biologically built-in stress response of fight, flight, or freeze. That fight, flight, or freeze can show up whenever those thoughts, feelings, emotions are actually engaged.

Dr. Linda Henderson-Smith.:

The second is recognizing that these dynamics are not kind of linear or non-linear, but because these kinds of oppressions and traumas are especially chronic, their cumulative load is unique and can have serious physical and mental health consequences. The fact is any traumatic experience can impact us physically and mentally, however, these have a different level. So it shows up as health disparities. It shows up where people of color have higher levels of hypertension and obesity. There's changes in their genetic code that passes down from generation to generation. So we know that when there's enough stress and enough trauma, when that accumulates, it overwhelms the protective factors, it overwhelms their resilient skills, it overwhelms their coping mechanisms, and has longer-term emotional and physical health outcomes.

Dr. Linda Henderson-Smith.:

Then there's the intersectionality of it all. The intersectionality by definition is really about the fact that as people experience these types traumas, I'll just call them traumas right. As they experience them, if they happen to belong to multiple cultural groups who experienced systemic trauma. So let's just give an example that there is a woman who is also Latino, she's a Latina and she also happens to belong to the LGBTQIA2S+ cultural group. That overwhelming under ... Like, not being able to dissect where and what the kind of oppression and discrimination really is about, reinforces and amplifies the experience and the feeling of it all. The combined effects can really create this overwhelming feeling and this confusion and that level of confusion means that this is not just kind of, you know, "Oh, this here and this here." But it's really a compounding impact that allows people or puts people in a place of further not being able to access those coping mechanisms and further into their biological fight, flight, or freeze response.

Dr. Linda Henderson-Smith.:

And then the last one is, it's called identity annihilation anxiety. So there is a collective annihilation anxiety that basically indicates that there's this unique existential anxiety, which is especially triggered by these experiences. So you're trying to get rid of me is kind of the thought process that oftentimes is

subconsciously and consciously going through people's minds when they are in that space of fight, flight, or freeze based on systemic traumas.

Dr. Linda Henderson-Smith.:

Researchers have found that it really does impact the way in which it ... Sorry. Racism and bias and systemic traumas, the way in which they really truly show up and the dynamics that that people have as a result thereof, really long-term shows up in both at an individual and intraorganizational and an extraorganizational level. So I want to just kind of highlight some of that because I think it's important to recognize that when it comes to our organizational procedures, such as hiring, promotion, and evaluation, our recruitment, and promotion, our institutional policies, our organizational climate, we have to really truly be intentional about making these things equitable if we want to erase these effects.

Dr. Linda Henderson-Smith.:

So at the individual level, it shows up. In staff beliefs, attitudes, and behaviors, how they communicate with each other, how they interact with each other, how they potentially group with each other. I don't know. Maybe you guys have never experienced it, but I've truly have experienced the clear racial divide, the clear cultural group divide in programs and organizations. Well, that's because of the attitudes, beliefs, and behaviors, and the way in which people feel safe. And we automatically, let me just say this, like biologically, we want to be with people that are like us. If you were to sit and think about who's in your inner circle of friends, oftentimes that inner circle are people that are most like you. And then if you were to go out to your friends, but not necessarily your inner circle, they may be a little different than you. And then if you look at your acquaintances, those are generally the people that are most unlike you, but you have connection to them in some way, shape, or form.

Dr. Linda Henderson-Smith.:

Well, without intentional individual, intraorganizational, and extraorganizational looks at all of these things, we wind up having organizational cultures where people don't feel safe, where people don't communicate well, where they don't interact in a way that we would want as an organization. At the intraorganizational level, it operates through the internal climate, the policies, the procedures, the relationships amongst staff, which are rooted in formal and informal hierarchies and power relationships. And then at the extraorganizational level, it's really about how we, as organizations can influence our communities, our public policies, and our institutions and what we do in that arena. All of these things can have some truly negative impacts on our staff and our clients.

Dr. Linda Henderson-Smith.:

Moral injury is the lasting psychological, biological, spiritual, behavioral, and social impact of perpetuating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. What does that mean? That means that most of us come to this work specifically. We come to this work specifically because we have a heart for it because we feel like we're connected to the mission and the vision of the work that we do. As part of that, we oftentimes have morals, moral beliefs, and values that are attached to that. And when we experience things, whether it be individual, intraorganizational, or extraorganizational, when we experience things that are contradictory to that, it oftentimes leaves us injured, morally injured. What we have found is that, that moral injury can create higher levels of turnover, a lack of staff engagement, which is then connected to all of the outcomes connected to our clients. Higher levels of compassion, fatigue, and burnout for individuals that are

within certain cultural groups. But all of that then negatively impacts our organizational resilience and our organizational wellness.

Dr. Linda Henderson-Smith.:

So we've got to be cognizant of that and we have to make sure that we're working really hard to uphold our number one ethic, which is to do no harm. But we've got to make sure that it's not just about doing no harm to our clients, but also to our staff as well. Because if you think about the Quadruple Aim, we want better population health, we want a better experience of care for our clients, and we want lower costs so that we can be more effective and more efficient. Well, the fourth pillar of that is that we have to have staff that are fully engaged. If we have organizational cultures that don't support that, if there's messages of worthlessness, if there's experiences of being dismissed as unimportant and that their voice doesn't matter, if there is any experience where the Hippocratic Oath or the do no harm ethic is challenged, we have to be cognizant of that and we have to understand that that has clear impacts on our organizational wellness overall.

Dr. Linda Henderson-Smith.:

So what do we need to do? Number one, creating safety for everyone is key to this. As a foundation, we have to have some kind of universal clear, and reasonable expectations, keyword being clear, about how we are going to communicate with each other and how we're going to interact with each other. The fact is that healing happens in relationship. And if we don't have some clear and reasonable expectations of how we're going to create relationship and maintain relationship, then we wind up in a situation where we have a lot of clicks and we have a lot of organizational culture dynamics that will ultimately negatively impact our clients and our staff.

Dr. Linda Henderson-Smith.:

So we've got a focus. Focus on being culturally humble. Culture can be defined in two ways. Culture is the shared values, traditions, arts, history, folklore, institutions of a group of people that are unified by race, ethnicity, nationality, language, all of those things. We all know that definition. But another definition that I heard, it's been two years now, is that culture is the communication and interaction guide of any cohesive group of people. And so what we've got to do is be open to learning from other people what is important to them. Cultural humility is the ability to maintain that other-oriented stance in relation to aspects of cultural identity. That requires that we individually and collectively have a lifelong commitment to self-evaluation and self-critique. We have to be able to hold ourselves accountable, but also hold ourselves with grace, knowing that we are going to step in it at some point, that we're going to mess up, but it's not the end of the world.

Dr. Linda Henderson-Smith.:

We also have to be willing and have the desire to fix power imbalances where they shouldn't exist. Hierarchies don't necessarily support cultural humility. And then we have to be willing to develop partnerships with people in groups who advocate for different cultural groups. The other thing that we have to do is really engender cultural safety. And that means really engaging in developing protocols, our personal knowledge, partnerships, processes, and positive purpose with both our clients and our staff. We will go deeper into what this actually means in the learning collaborative, but it's important for us to be thinking about how do we do cultural safety. How do we go from just kind of being colorblind and saying, "We treat everyone the same" to really being equity-focused where what we are

intentionally attempting to do, like we talked about in the beginning, is getting it right for the most marginalized so that it's right for everybody.

Dr. Linda Henderson-Smith.:

Cultural safety is the individual and institutional knowledge, skills, attitudes, and competencies needed to deliver optimal care. And so what we have to do is understand that it's about the cultures of our systems, our professions, our staff, and it's an ongoing individual and organizational self-reflective exercise. It addresses the impact that mainstream cultures, ways of doing business, and social positions have on the way we do things, but also on the outcomes for our clients. So we've got to shift our focus. Shift our focus from just talking about diversity and inclusion, which I hear a lot, but really focus on being equity-focused. That means diversity is just about having people at different perspectives at the table and being a part. But that doesn't mean that they're actually included and engaged in processes.

Dr. Linda Henderson-Smith.:

Oftentimes, we say that diversity and inclusion is about making equality, but there's a difference. Equality is about everybody getting the same thing. Equity is about really, truly engaging in trying to get everyone what they need for the same outcome, not just giving everybody the same thing. So that's what we really have to do. And the first thing that we have to do, to do that is really begin to have the conversations. These conversations require vulnerability on the part of the leadership. Like, they have to be vulnerable enough to be open and honest. They also have to be okay with not being okay, recognizing that emotions are going to be a part of this process, but it also requires vulnerability on the part of the staff. Because it requires openness to hearing everyone's perspectives and everyone's experiences. Everybody's experiences and any emotions and feelings are valid. Just because they're not the same as yours, doesn't make them invalid.

Dr. Linda Henderson-Smith.:

So we have to create a mutually respectful interpersonal climate that really fosters the safety, the trust, the choice, the collaboration, and the empowerment, the relationships. That allow us to have these conversations and recognize that mistakes aren't going to happen often. There's no other way to say that, except just that.

Dr. Linda Henderson-Smith.:

In the chatbox, feel free to answer this question for me, what are the barriers to creating a safe environment from your perspective? And while you're doing that, I will make sure that I continue to also talk about what else we can do. Again, the question is, what are the barriers to creating a safe environment to have the conversations that matter?

Dr. Linda Henderson-Smith.:

The second thing that we have to do in order to really create kind of that cultural safety is we have to protect everyone's voice. There is a huge difference between dialogue and discussion. And as leaders in this work, it's going to be important to maximize the chances of success. That means that we're going to have to activate a different mode of management and operation. And that means we have to really be thinking about how we can transition to a design thinking approach, where leaders celebrate the work and what is not working equally. So we have to be thinking about how we can develop and reinforce a learning culture while we're allowing everyone's voice to be heard.

Dr. Linda Henderson-Smith.:

And we, as the leaders, have to reward those that come forward with bad news or critical questions and avoid the urge to silence that unexpected leadership voice. Oftentimes it's that unexpected leadership voice who gets labeled, we go back to those microaggressions, as aggressive, as the problem person. We have to fight that urge to actually silence them and be open to those voices, even when they're different from our own perspective because that's what creates a climate of psychological and cultural safety.

Dr. Linda Henderson-Smith.:

We also have to be willing to develop equitable resiliencing. Resiliencing is a verb that emphasizes the focus that involves relentless feedback loops of anticipating problems, collaborating, and improvising quickly to cope with adversity events and learning from them. In essence, it really provides a more nuanced understanding of how crises and how these ever-changing emergent dynamic phenomenon kind of impact us. So we have to be willing to really focus on heading off trouble with having a different mindset. I think we talked about how thoughts lead to actions, we have to change our minds and really focus on how we can establish and sustain concrete resiliencing practices and steps, not only during a crisis, but also enacting them before and after as well. We have to be willing to invest in resources and mechanisms that promote that resiliencing. And we have to proactively look for signs of alarm so that we can prepare for crisis and have the tools and systems in place to believe that we can get through this successfully and be stronger afterwards.

Dr. Linda Henderson-Smith.:

Another thing we can do is really focus on micro-affirmations. A lot of research says that that to overcome the impacts of negative experiences, we have to provide positive experiences. And those are micro-affirmations. Micro-affirmations are tiny acts of opening doors to opportunity. They're gestures of inclusion and caring and graceful acts of listening. They lie in the practice of generosity and constantly giving credit to others and providing comfort and support when others are in distress. It really goes back to the relationship building. Whether it be with staff or with clients, we have to pay attention to the small things and practice the principle of appreciative inquiry, where we're leading rather than pushing and forcing people to do what we say because we say so. We have to build on strength and success rather than first identifying faults and weaknesses. And it's really important to focus on the small things in respect to feelings. We have to be impartial about facts and we have to be willing to understand that everybody's feelings are valid and need to be validated.

Dr. Linda Henderson-Smith.:

Ultimately, as I said, it keeps going back to relationship. We have to make sure that our staff and our clients feel like there's mutuality because that is the key. So we have to make sure that they feel cared about and appreciated. We have to honor our word. We have to consider how what we do impacts others and how it may be perceived because remember, communication, whether verbal or non-verbal is 10% intention and 90% perception. So we've always got to be there for each other and recognize that everybody doesn't receive respect, or defining respect in the same way. They definitely don't receive appreciation in the same way.

Dr. Linda Henderson-Smith.:

Dr. Gary Chapman and Dr. Paul White, talk about it in The 5 Languages of Appreciation in the Workplace. And they talk about how each person has their own appreciation language. Some people are words of affirmation, some are acts of service, some like tangible gifts, some wants to spend quality

time in order to feel appreciated, and some people like physical touch. And I'm talking about like high fives and hugs. But we've got to know that about our clients. You have to know that about our staff in order to build healthy relationships as well.

Dr. Linda Henderson-Smith.:

Another thing that we can do right is to create diverse and inclusive teams. The fact is research says that diverse and inclusive teams have a higher intelligence. They are more stable across time and tasks. And though it doesn't correlate to the individual IQ, they actually are smarter. They perform better, even though they are less comfortable. And so it's important that we create these teams because these diverse teams do better. They can build engaging habits. They can actually mitigate the risk of burnout and vicarious trauma. And that compassion fatigue that we talked about. And ultimately, diverse team strengthen the competencies for all because they normalize attempts to label and uncover bias. They can recognize contributions of others, even when they're not present in the meetings and they can hold ourselves, each other accountable because we only recognize bias in ourselves about 10% to 20% of the time. The other 80% of the time, it's not easy to do. So recognizing that teams can engage in those difficult conversations, hold each other accountable, but also show genuine concern for each other.

Dr. Linda Henderson-Smith.:

It's important to remember this, to remember that bias is universal. There is a general human predisposition to make fast and efficient judgements. And you, as well as everyone else around you is susceptible to these. And so if you actually believe that you're less biased than other people, that's probably a sign that you're more biased than you realize. So knowing that it's difficult to manage bias in the moment. We have to create bias countering processes and practices that place a premium on cognitive effort over intuition or gut instinct. Your gut instinct is generally based on your implicit bias. And so we got to get away from those kinds of subjective components and really be thinking about how to make some bias countering processes and practices. And we also have to just realize that individual cognitive effort isn't enough. No matter how much we just try to do it by ourselves, we can't. We have to do it together.

Dr. Linda Henderson-Smith.:

And so as we close out, I just really want you guys to think about ... This is definitely something for you to think about and take home and reflect on, but what are the barriers and really kind of be intentional about answering this question. You don't have to send it back to us, but just think about what are the barriers to creating a safe environment, to have open, honest, difficult conversations for growth around equity.

Dr. Linda Henderson-Smith.:

Lastly, I just really want us to kind of close with the ABCs. I like to call it the ABCs of Equity. We have to, number one, acknowledge history. The fact is as a country, we are grappling with the result of hundreds of years of systemic traumas, of bias, of all of those things. And so we have to be willing to acknowledge and be specific and accurate in identifying the history and the impact that its had. We have to build community.

Dr. Linda Henderson-Smith.:

I've said this, but relationship matters. And so we have to have an environment that's safe, builds trust, is collaborative, is mutual, provides peer support, but really is intentional about focusing on equity. We

have to create those safe spaces for having the open, honest dialogues for growth. And from that, develop some action plans for how we, as organizations, are going to intentionally dismantle those processings and deconstruct those governance structures within our organization that support it.

Dr. Linda Henderson-Smith.:

And then as I've said, we have to move past just diversity, equity, and inclusion, and really focus more on engagement, equity, and justice. And we have to be intentional and assess where we are individually and collectively as an organization to really move this forward.

Dr. Linda Henderson-Smith.:

So I want to thank you guys for listening, and I'm going to turn it back over to Caitlin for any questions and what's next.

Caitlin Hungate:

Thanks Dr. Henderson-Smith. And Chanel, I'm going to make sure to engage you in this process of what's next in our five-month learning collaborative. So Chanel.

Chanel Richmond:

Perfect. So again, thank you Dr. Henderson-Smith. That was wonderful. Just in the interest of time, we won't be able to ask live questions. But if anyone has any questions, feel free to drop them into the chat and we will definitely get your questions answered outside of the webinar. But we did want to take the time to extend to everyone the opportunity to apply for the upcoming learning collaborative. So we will be having a learning collaborative entitled, Advancing Trauma-informed Resilience Oriented, and Equitable Approaches learning collaborative. And so this will be a five-month learning collaborative held on the third Wednesday, starting in October, so next month, from 3:00 to 4:30. Sorry, had a moment. And so this webinar just offered like a quick snapshot into what we will be discussing throughout the learning collaborative. So as you see on the screen, we'll be taking a deeper dive into bias, creating safety, and then really focusing on equity and how to make equitable spaces.

Chanel Richmond:

It will be a really good learning opportunity. We will be having case forms. So that's part of what we'll be asking everyone is to submit case forms, so that way you can have real-life examples that you can apply. We do ask that if you do plan on being a part of the learning collaborative, it will be a time commitment from the 3:00 to 4:30. In addition, there will be some assignments that you may have to do outside of the learning collaborative time. So just keeping that in mind as you look through ... We just chatted out the links.

Chanel Richmond:

So in case you want to take a look now, it is there and available. And so on the next slide, you'll see that it's live now. You don't have to wait, it's open, you can apply and see. The application will close on October 12th, but we encourage everyone to apply because it will be a great opportunity and it will be led again by Dr. Henderson-Smith. So of course, we're very excited for that and we'd love for you to join. I'm going to turn it back to Caitlin just to add any last things.

Caitlin Hungate:

Wonderful. Thank you, Chanel. And Dr. Henderson-Smith, thank you very much for engaging in this wonderful dialogue today and this learning collaborative over the next five months. We're so grateful to partner with you.

Caitlin Hungate:

The only other thing I wanted to add and thank you to those who engaged in the chat today and participated and gave some examples. That's exactly what we are looking for when we're talking about the keys presentations, to kind of talk about situations and internal to organizations to really get at how we can improve the organizational environment, hiring practices, and other things like that. So the keys presentation is an opportunity to really engage in examples and strategize and grow and learn together in a safe environment. And so we're really grateful if you will consider applying and look more to digging into doing this hard, but important work internally to better serve the clients that you serve.

Caitlin Hungate:

So Dr. Henderson-Smith and Chanel, I just want to extend my thanks again to you both, and I'll turn it over to you all to wrap up.

Dr. Linda Henderson-Smith.:

I just wanted to end with this quote. I love this quote from Dr. Maya Angelou because I feel like it is very representative of what we're trying to do in focusing on equity. She says, "I've learned that people will forget what you've said, they will forget what you did, but they will never forget how you made them feel." And so what we want to do is really look at our policies, our processes, our structures, and support people feeling engaged, whether it be our clients or our staff and feeling that the organization is there as a support for them. So I really do hope that you will join us in this learning collaborative and will apply. And I'm looking forward to working with you all starting next month. Chanel?

Chanel Richmond:

Perfect. So again, thank you all for joining. We just chatted out the evaluation link. We love to get feedback on if you enjoyed the webinar, and if you felt that this was relevant to your work. So please, please, please fill out the evaluation and we hope you all have a great day. Thank you for joining.
(silence)