

GENDER-BASED VIOLENCE COUNSELLOR TOOLKIT

Guidance for Ethical Skill-Building
& Knowledge Sharing



MANITOBA ASSOCIATION
OF WOMEN'S SHELTERS

Seven Teachings

Guiding trauma-informed & culturally relevant programming



LOVE

Love is the gift from the Eagle. On the Medicine Wheel, love is symbolic of fire and the Creator. It is everyone's right to have and experience love. To know love is to know peace.

RESPECT

Respect is the gift from the Buffalo. In all life, respect is first and foremost. Respect for oneself and Elders. Respect builds relationships. To honor all of the Creation (land, living things) is to have respect.



COURAGE

The Bear carries courage. We seek the strength and courage to face our greatest enemy - oneself. The Bear gives understanding to seek resolutions by spiritual intervention; to face the foe with integrity.

HONESTY

Honesty is carried by the Sabe (Sasquatch). It is from within and not to be confused with truth (law). Honesty = righteousness. Be honest first with yourself - in word and action.



LEARN MORE:

<https://www.southernnetwork.org/site/seven-teachings>



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WISDOM

The Beaver carries wisdom. Wisdom is the gained experience and knowledge to know the difference & accept responsibility and accountability. To cherish knowledge is to know wisdom.

HUMILITY

The Wolf carries humility. The family pack is central. To ensure survival the pack must be as one. Each member understands and is guided by their individual role & asks for guidance humbly as a sacred part of Creation.



TRUTH

The Turtle carries truth. It is symbolic of law and principle. Turtle has been able to adapt to change without changing. The Turtle's shell has 13 plates representing the 13 moons in a year. Truth is knowing all of these teachings.

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Trauma-Informed Care

AN APPROACH: WHAT HAPPENED *TO YOU*?

Trauma-informed care shifts the focus from “What’s wrong with you” to “What happened to you?” (Centre for Health Strategies, n.d.).



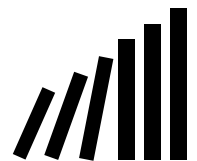
PAST TRAUMA: EMBRACE & RECOGNIZE

Embraces and recognizes the importance of treating the whole person, taking into account their past trauma and the resulting coping mechanisms/behaviours they have developed (TIP, 2014).



IMPACT: ILLNESS IN MANY FORMS

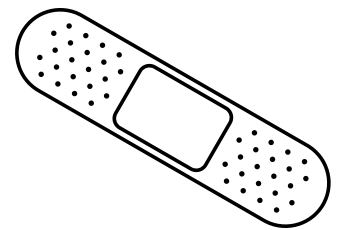
Trauma has an impact on people and can be a contributor to mental health challenges, illness, and substance use (TIP, 2014).



Trauma-informed care

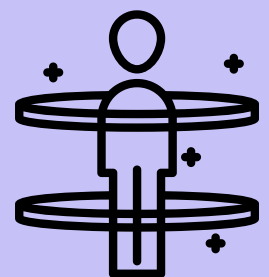
COPING STRATEGIES: NORMAL REACTIONS

The range of coping strategies includes emotional outbursts, anger, sadness, confusion, withdrawal, increased sensitivity, isolation, or other seemingly erratic behaviours (TIP, 2014). These are normal reactions to trauma.

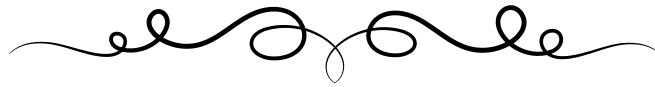


PERSON-CENTERED: INDIVIDUAL IS EXPERT

Empathy, compassion, non-judgement, and an acceptance that the individual is the expert in their own life is vital. Acknowledge that a person's present and future are impacted by their past. Recognize individual needs (Centre for Health Strategies, n.d.).



Trauma-informed care



REALIZE: IMPACT

Realize the widespread impact of trauma and understand paths for recovery.

RECOGNIZE: SIGNS & SYMPTOMS

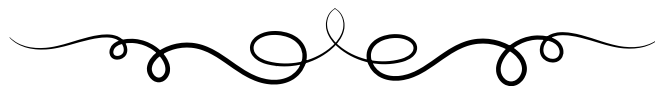
Recognize the signs and symptoms of trauma in patients, families, and staff.

INTEGRATE: TRAUMA-INFORMED

Integrate knowledge about trauma into policies, procedures, and practices.

AVOID: RE-TRAUMATIZATION

Actively avoid re-traumatization.



LEARN MORE:

<https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care>



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Cultural Humility at Work

Challenge your and others' biases and prejudices in the workplace. Print this card out and place by your workstation as a reminder that cultural humility is an everyday, lifelong process that requires bravery, empathy, and respectful crucial conversations.

Create a safe space:

Recognize biases in the workplace, including micro-aggressions, prejudices and -isms. Use the "oops" and "ouch" method. If someone says something they subsequently want to take back, they are encouraged to say "oops". If someone is hurt, offended, or negatively impacted by something someone else says or does, they are encouraged to say "ouch". If necessary, there can be further dialogue about this exchange.



Engage in open and crucial conversations:

Invite people into a dialogue that prioritizes a common purpose and benefit to all parties involved rather than correcting or labeling. Ask open ended questions and be empathetic towards the responses; be curious about others experiences. Ask the other person to give their own interpretation, present your interpretation as a hypotheses rather than fact, and imply that you could be wrong.



Listen for what matters and self-reflect:

Pay attention to a person's words, what's important to them and not what you think you want to hear. Check your prior assumptions with the information you are hearing. Ask yourself: How do I know what I know? Is an early experience conditioning me into wrong assumptions about similar but different situations?



Advocate:

Recognize that your advocacy and allyship can help transform culture and norms in the workplace.



Design inspired by the Office of Diversity and Equity in San Mateo County.

For more info visit: www.smchealth.org/bhrs/ODE



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Cultural Humility & Leadership

Acknowledge that power and privilege exist in relationships. As a leader it is important to understand how this impacts your staff. Print this card out and place by your workstation as a reminder that cultural humility is an everyday, lifelong process that requires bravery, empathy, and open and respectful crucial conversations.

Model lifelong learning and self-reflection:

Practice principles of cultural humility for your staff by understanding and respecting different points of views and challenging both personal and institutional biases. Ask yourself: What biases may be impacting your decisions about the team, priorities and resources?



Engage in difficult crucial conversations:

Engage with others humbly, authentically, and from a place of learning. Learn to have difficult conversations with staff and to give/receive real time feedback. Uphold staff to the values of respect and cultural humility.



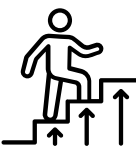
Practice inclusive leadership:

As a manager or supervisor you are inherently in a position of power. Don't just acknowledge the power imbalance but also challenge its impact. Especially in the context of race, ethnicity, class, linguistic capability, and sexual orientation, managers or supervisors must repeatedly identify areas where cultural humility and inclusion need to be prioritized. Involve others in decision making by asking for their input.



Advocate for diversity and staff development:

Advocate for opportunities, policies and procedures that promote well-being, engagement and development for diverse staff. Ask your staff: what do they want and need to thrive at work?



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8 Elements for Active Listening



PARAPHRASE

Paraphrase what the person says. This will help you understand what they are saying and shows that you are paying attention; makes a person feel heard.

ASK QUESTIONS

Ask questions because this encourages a person to elaborate on their thoughts and feelings which, in turn, helps you better understand what they are communicating to you and any associated behaviors.



USE POSITIVE BODY LANGUAGE

By nodding, facing the other person, and maintaining open and relaxed body posture you show the person that you are engaged and interested in what they are saying and expressing. Positive body language helps put people at ease.

SHOW EMPATHY

Validate negative feelings. Take time to consider why they feel this way and try to put yourself in their shoes. Consider how some negative/difficult behaviours are reasonable responses to negative experiences and can be a result of the impact of trauma.



8 Elements for Active Listening



5

AVOID JUDGEMENT

Judgement gets in the way of your goal which is to understand the other person's perspective. Try not to interrupt with your own opinions while the other person is speaking. Remember, THEY are the expert in their own lives. It is not our place to make judgements.

DON'T GIVE ADVICE TOO QUICKLY

Try to guide the person into coming up with their own answers before giving advice. Also, let the person finish speaking before offering advice. You want to make sure you fully understand them. Remember, not everyone is looking for advice when they talk about a problem.



6



7

EVALUATE THE CONVERSATION

After you have listened to what the other person has said, take a moment to think about it and process it; evaluate the conversation. This may be a good time to reflect on any judgements or bias that you feel may impact how you respond and on how to best respond in a trauma-informed way.

LISTENING MAY BE ENOUGH

We may be tempted to "fix" someone's problem. However, sometimes people just want to talk and be listened to. Remember, they are the expert of their own life. Sometimes support means listening and not "fixing".



8



“Remember, we cannot be experts in everything. Be patient with yourself and be okay with not having all of the answers. Often times, being honest with a person by acknowledging that we don’t know something is better than pretending that we do.

Reflection is key to understanding our own skill set, biases, strengths and weaknesses. We need to understand ourselves and the people around us. This can be done through continuous reflection.”

Conflict Management Styles

1

ACCOMMODATING

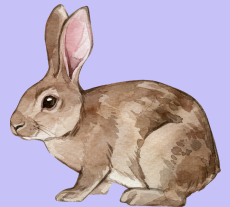
Unassertive, cooperative. Satisfying the other person's concerns at the expense of your own.



2

AVOIDING

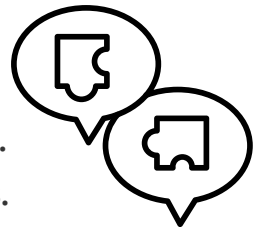
Unassertive, cooperative. Bypass conflict without satisfying anyone's concerns.



3

COMPROMISING

Intermediate in assertiveness and cooperativeness. Find solution that only partially satisfies individuals.



4

COMPETING

Assertive, uncooperative. Satisfying your own concerns at other person's expense.



5

COLLABORATING

Assertive, cooperative. Find win-win solution that completely satisfies individuals involved.



Based on the Thomas-Kilmann
conflict mode instrument



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Harm Reduction: Myth Versus Fact

MYTH

FACT

Making condoms, safer drug use equipment, and harm reduction information pamphlets available will undermine policies that state that individuals cannot have sex or use drugs on the premises.

Making harm reduction equipment & information available shows that an individual's health and well-being are valued and creates opportunities to have open and honest conversations about risks associated with those practices. There is no evidence that making these tools available leads to an increase in the level of these activities on or off the premises.

If a person doesn't abstain from all substances, use will lead to renewed problems and possibly addiction.

Different people have different relationships with different drugs. For some, the use of any substance can trigger intense drug use, while others find it possible to use some substances in moderation.

Abstinence-only models are the only way people will get well.

Abstinence-only models are useful for some but not all individuals. Abstinence cannot always be reached right away. Not every person can stop or wants to stop using. Having abstinence as the only determinant of success can set people up for ongoing failure, increasing a sufferer's sense of hopelessness and helplessness. Harm-reduction provides opportunities for small successes to lead to greater successes as well as practical and immediate solutions that can be used to decrease short and long-term consequences.



Harm Reduction: Myth Versus Fact

MYTH

FACT

Harm reduction is opposed to abstinence and therefore conflicts with traditional substance abuse treatment.

Harm reduction supports all options for safer and/or managed use, including abstinence. It supports people where they are, and with what their individual goals are.

Harm reduction encourages drug use.

Harm reduction is neither for or against drug use. It focuses on supporting efforts to reduce the harms created by drug use that affect the individual, their families, and communities.

Harm reduction takes away money from other programs.

In Canada, the National Anti-Drug Strategy allocates the majority of the funds to enforcing current drug laws. Only 17% of those funds go towards any type of treatment and a fraction—less than 2%—goes towards harm reduction programs or services, despite the evidence of their efficacy.



Harm Reduction & Service Delivery

According to the Canadian Mental Health Association (2023:no page), harm reduction “is an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping”.

Harm reduction is part of a public health approach to substance use, which includes other pillars such as prevention, treatment, and enforcement (CATIE, no date).

There are five principles of harm reduction (Umbrella Project, 2023):

1

PRAGMATISM

Accepting that some level of drug use will occur in society and that trying to eliminate use altogether is unrealistic. Harm reduction focuses efforts on decreasing the more immediate harms in the present term versus efforts towards creating a drug-free society.

2

FOCUS ON HARMS

Prioritizing the decrease of negative consequences of drug use for the individuals, families, and communities. Harm reduction may include, but does not demand, abstinence. Reduction of the level of use or mode use may be more immediate, practical, and effective.

Continued on next page



Harm Reduction & Service Delivery

3

PRIORITY OF IMMEDIATE GOALS

Supporting the individual's goals and focusing on their most pressing needs. Harm reduction recognizes the importance of small gains that can add up over times. Small successes can empower people to greater changes.

4

HUMANISM

Valuing that each individual has the right to respect and dignity regardless of level or mode of use. Harm reduction is non-judgmental and creates safer spaces where people who use drugs are more likely to connect with service providers for support and to make the changes they want to make.

5

EVALUATION

Measuring the effectiveness of initiatives to reduce drug-related harms. The health and functioning of the individual and the impact in the community are used to determine the success of harm reduction policies, procedures, and practices.

Continued on next page



Harm Reduction & Service Delivery

Some useful tips to bear in mind for service delivery:

FOCUS ON THE HARMS

The goal is to decrease the harm caused by substance use, whether that is through abstinence or a change in the frequency or method of use.

ABSTINENCE IS NOT FOR EVERYONE

Not everyone will want or be able to stop using, but there are other ways to decrease the negative side effects of substance use that they experience.

MAKE HARM REDUCTION OPTIONS AVAILABLE

Providing information and options shows that the client's wellbeing is valued and creates the opportunity for honest conversations about risks.

MAKE A HARM REDUCTION PLAN

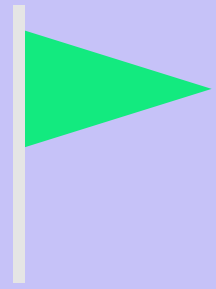
A plan that help mitigate the harms of substance use through substitution, delay, decrease risk/use, and replacing the substance.

GO BEYOND 'JUST SAY NO' AND 'DRUGS ARE BAD'

Implying that people who use alcohol and other drugs are bad people makes it more difficult to have an honest conversation about how to mitigate harm and makes it less likely that clients will reach out for help again.



Relationship Green Flags



APPRECIATION



You respect and value your partner(s), and express gratitude often.

BALANCE



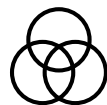
You find happiness in time spent together *and* apart. Some needs are met outside the relationship(s) (through friendships, hobbies, etc.)

COMMITMENT



You are invested in your partner(s) and the relationship(s). You give the relationship(s) adequate time and energy.

COMMONALITY



You share important goals, beliefs, and values with your partner(s).

CONFLICT RESOLUTION



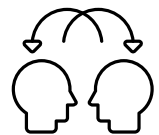
You take responsibility for your actions, and work as a team to solve problems.

EFFECTIVE COMMUNICATION



You communicate your own needs and wishes, while respecting those of your partner(s).

EMPATHY



You take your partner's perspective and understand their feelings, even if you do not always agree.

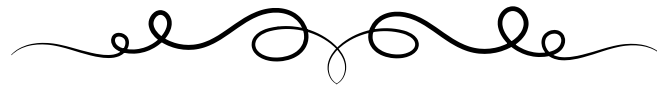
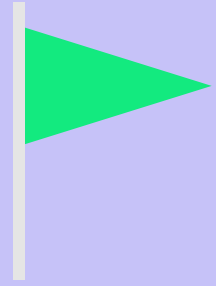
HONESTY



Your actions align with your words. The thoughts and feelings you express are genuine.



Relationship Green Flags



INDEPENDENCE ✨

You have your own interests and goals separate from those of your partner(s).

INTIMACY



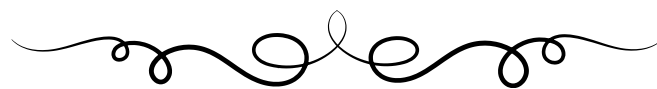
You feel close and connected with your partner(s) physically and emotionally.

SAFETY ⚠️

You respect your partner's boundaries. You feel safe physically, intellectually, and emotionally.

SELF-CONFIDENCE 🧭

You feel comfortable being yourself in the relationship(s).



"I" Statements

When a person feels that they are being blamed—whether rightly or wrongly—it's common that they respond with defensiveness. "I" statements are a simple way of speaking that will help you avoid this trap by reducing feelings of blame. A good "I" statement takes responsibility for one's own feelings, while tactfully describing a problem.

"I feel emotion word when explanation."

- "I feel..." must be followed by an emotion word, such as "angry", "hurt", or "worried".
- Careful wording won't help if your voice still soundings blaming. Use a soft and even tone.
- In your explanation, gently describe how the other person's actions affect you.



"I" Statements Examples

BLAMING

"You can't keep coming home so late! It's so inconsiderate."

"You never call me. I guess we just won't talk anymore."

"I" STATEMENT

"I feel worried when you come home late. I can't even sleep."

"I feel hurt when you go so long without calling. I'm afraid you don't care."

PRACTICE

Write a response using an "I" statement:

A friend always cancels plans at the last minute. Recently, you were waiting for them at a restaurant when they called to say they couldn't make it.

You are working on a group project and one member is not completing their portion. You have repeatedly had to finish their work.

Your boss keeps dumping new work on you with little instruction and not enough time. Despite working overtime, you're weeks behind.



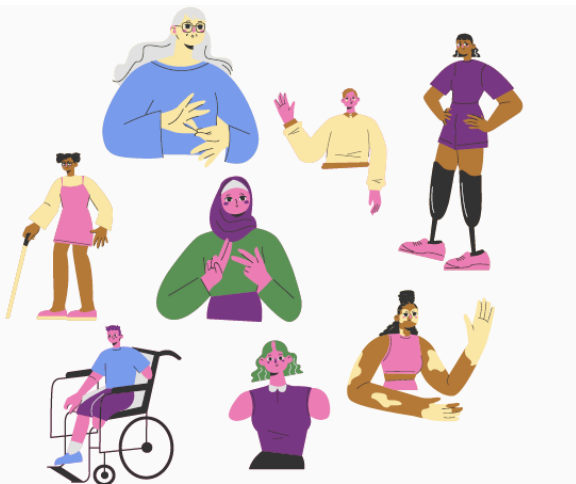
Disability: Providing services to people with different impairments

According to the World Health Organization (WHO) (no page), disabilities is “an umbrella term covering impairments, activity limitations, and participation restrictions.”

“An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; a participation restriction is a problem experienced by an individual in involvement in life situations.”

Some people are born with a disability, while others develop a disability later in life.

Depending on the type of disability a client has, it is essential to communicate and engage with them effectively bearing in mind the barriers they face. The following tips should be considered to provide holistic and dignifying services to clients who access shelters and other agencies.



Adapted from “I See That It Is Possible” project
(Women’s Refugee Commission, 2023)

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Disability: Providing services to people with different impairments

PHYSICAL IMPAIRMENTS

- Ensure the shelter/agency is accessible (including toilet facilities, etc.) and have sufficient space for people with mobility aids to move around.
- When arranging meetings with a participant who uses a wheelchair, provide space at the table for a wheelchair (i.e., move one chair away) and ensure there is enough space for them to move around the room freely.
- When offering assistance, first ask them what they require. Follow their instructions, and not what you think is best.
- Do not lean on or move someone's wheelchair or assistive device without their permission.
- Move at their speed. Do not walk ahead of them if they are moving slower than you.



Disability: Providing services to people with different impairments

HEARING IMPAIRMENTS

- Allow persons who are deaf or hearing impaired to choose the best place to sit in order to be able to see people clearly and communicate more easily.
- Find out how the person prefers to communicate. People with hearing impairments may use a combination of writing, hand-over-hand, lip reading, and/or sign language.
- Face and talk directly to a person who is deaf (even in the case where an interpreter is present).
- Speak clearly. Do not shout or exaggerate words as this will make it more difficult to lip read.
- Do not cover your mouth or eat while talking. This will make it difficult to lip read.
- Try not to sit or stand with your back to the light. This can put your face in the dark and make it difficult to lip read.



Disability: Providing services to people with different impairments

VISION IMPAIRMENTS

- Always introduce yourself (and any other persons present) by name.
- Tell the client if you are moving or leaving their space—do not just walk away.
- If it is the client’s first time at the shelter or agency, offer to describe the environment.
- Avoid vague language such as “that way” or “over there” when directing or describing a location.
- Ask for instructions on how they would like to be assisted when using the shelter/agency’s facilities and where they would like to go. Some people prefer verbal guidance, whereas others may prefer for you to physically guide them.
- Ask persons with vision impairments if they would like documents in alternative formats, such as Braille or large print. In some contexts where people have access to computers, persons with vision impairments may prefer electronic documents that are accessible through screen reader software.
- If you are asked to physically guide someone with a vision impairment, they may want to hold your arm just above the elbow. This will allow them to walk slightly behind you, following you as you turn or step up or down onto steps. Do not grab the person’s arm to guide them.
- In the event that a client uses a support pet or guide dog to assist them, do not distract or pet the animal while they are working.

Adapted from “I See That It Is Possible” project
(Women’s Refugee Commission, 2023)



Disability: Providing services to people with different impairments

INTELLECTUAL IMPAIRMENTS

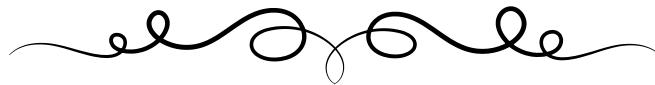
- Communicate in short sentences that convey one point at a time.
- Use real life examples to explain and illustrate points. For example, if discussing an upcoming medical visit, talk the client through the steps they are likely to go through both before and during the appointment.
- Give the client time to respond to your question/enquiry before you repeat it. If you need to repeat a question or point, then repeat it once. If this does not work, then try again using different words.
- Clients with intellectual impairments may want some more time to think about decisions or to discuss their options with someone they trust.
- Clients with intellectual impairments may want some more time to think about decisions or to discuss their options with someone they trust.
- Clients with intellectual impairments may experience difficulty in understanding, learning, and remembering, as well as applying information to new situations. It is important to note, however, that persons with intellectual disabilities can learn new things and participate in activities—we just need to ensure they are accommodated.
- Pictures can also be used to communicate messages to clients with intellectual impairments. These are sometimes called “Easy Read” documents.

Adapted from “I See That It Is Possible” project
(Women’s Refugee Commission, 2023)



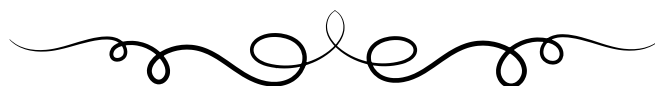
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Disability: Providing services to people with different impairments

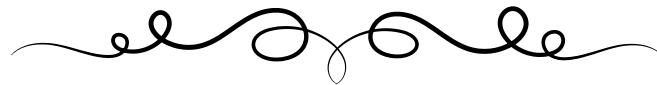


SPEECH IMPAIRMENTS

- Plan more time for communicating with people with speech impairments.
- It is okay to say, “I don’t understand.” Ask the client to repeat their point, and then say it back to them to check that you have understood it correctly.
- Do not attempt to finish a client’s sentences. Let them speak for themselves.

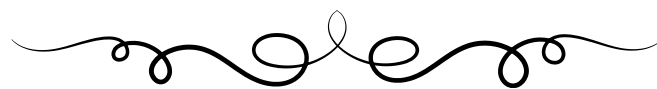


Conducting a Gender-Based Violence (GBV) Assessment with Persons with Disabilities



There are several factors service providers need to bear in mind when conducting assessments with persons with disabilities.

An essential part of accessing services which poses a barrier for persons with disabilities is effective communication. How well does your shelter/agency understand basic ways to adapt verbal and non-verbal communication when working with clients with disabilities?



Conducting a Gender-Based Violence (GBV) Assessment with Persons with Disabilities

Disability can take many forms. Assessments with clients must be appropriate:

- Every day we use speech, writing, gestures, pictures and posters, and activities to convey and understand information. These basic approaches can also work with people with disabilities.
- It is important to find the approach that works best for the particular client you are working with. You can ask persons with disabilities or their caregivers for their preferred communication method, and you should always be prepared to try an alternative approach if one method doesn't work.
- Start discussions with general topics and move towards more sensitive topics as the participants become more comfortable.

Adapted from "I See That It Is Possible" project
(Women's Refugee Commission, 2023)



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Conducting a Gender-Based Violence (GBV) Assessment with Persons with Disabilities

Use a strengths-based approach:

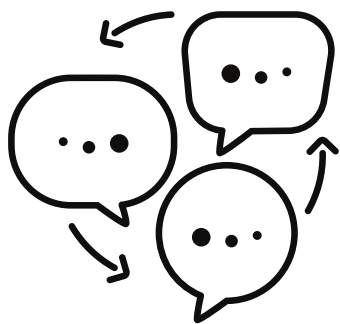
- Do not make assumptions about the skills and capacities of persons with disabilities. This can affect the way you communicate and interact with clients.
- Greet persons with disabilities in the same way you would other people.
- Speak directly to the individual with a disability, not to their interpreter or assistant/caregiver.
- Treat adults with disabilities like you treat other adults. Discussions and assessments should continue to be age appropriate and then adapted for the communication needs of the client.
- When speaking for a length of time, try to place yourself at eye level with the person if they are not already at the same height.
- Ask for advice. If you have a question about what to do, how to do it, what language to use or the assistance you should offer, ask them. The client you are trying to work with and provide service to is always your best resource.

Adapted from “I See That It Is Possible” project
(Women’s Refugee Commission, 2023)



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What is Debriefing?



Debriefing is the follow-up and joint analysis of an event, important situation, or project.



Debriefing is a structure learning process that often involves employees and supervisors.

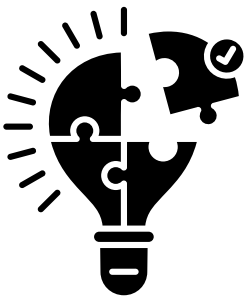


Debriefing is also defined as a “conversational session that revolves around the sharing and examining of information after a specific event has taken place” (Providence Health Care, n.d., Cho, 2015)

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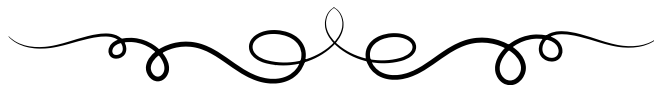
What is Debriefing?



Debriefing focuses on discussion, problem-solving, and reflection.



Debriefing is difficult work because it can become very uncomfortable. It forces folks to get comfortable with being uncomfortable and to work through ideas and issues in a respectful, non-judgmental, generous environment.



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Importance of Debriefing



A debrief can allow people to discuss and record what worked well and what didn't. It can generate ideas for a more effective approach and help create a plan for similar future situations (Ryan, 2016, para. 8).



Debriefing fosters ongoing discussions about the day, focuses on what has been learned, and sets the tone for applying learnings in the future (Lipman, 2012).



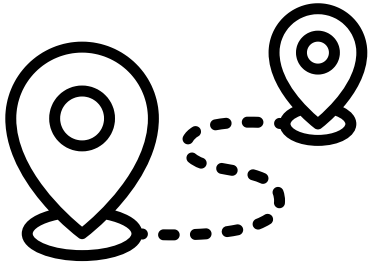
“Debriefing brings a team together, strengthens relationships, and fosters team learning. In my experience, teams who debrief regularly are more tight-knit than those who don't. They communicate more effectively across the board. They are more aligned on values and purpose. In essence, they become higher performing teams” (Sundheim, 2015, para. 4).

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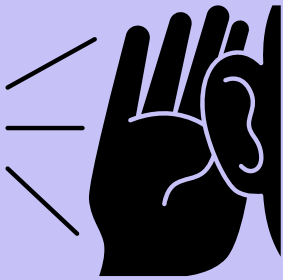


MANITOBA ASSOCIATION
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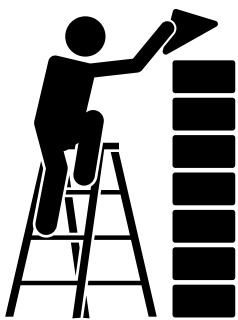
Tips on How to Debrief



1. Guide the sessions so they have some structure
2. Involve the whole group
3. Follow the group's lead—go where they are going.
4. Do not judge any statement or person.



5. Listen, listen, and listen some more
6. Ask open-ended questions



7. Don't talk at people; talk with people. Invite people into your conversation rather than just telling them what they need to know. For example, compare "This is how you handle a CFS call" with "Jesse, what do you think is the best way to handle a CFS call?"
8. End the session with closure

Sources: playmeo, n.d.; Lipman, 2012

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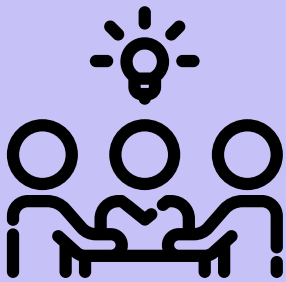


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Effective Ways to Commit to Regular Debriefing



1. Make it mandatory
2. Make it daily
3. Schedule as a paid overlap of 15 min between shifts
4. Recognize the significance of short debriefing sessions during shift change



5. Offer additional group and individual debriefing immediately after an incident has taken place or when it is requested
6. Guide sessions so they focus on clients and cases
7. Consider offering sessions that focus on employee well-being (“collective care”)



8. Debrief in a circle, when possible
9. Allow for unstructured debriefing. For example, allow employees to informally work through work-related issues or difficult work-related experiences in the moment, with colleagues

