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Building Resiliency in our Staff: a debriefing model for addressing moral injury

INTRODUCTION TO STAR-T RESILIENCE MODEL

Drew Grabham, LCSW He/Him/His
CCC Director of Outreach and Strategy
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Today's objectives

- Discuss the importance of addressing staff compassion fatigue, burnout and moral injury

- Provide an introduction to the STAR-T model

- Begin/continue your organizations plan for supporting staff when they have deep impacts from their outreach work

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Staff Wellness

- Staff are our number one resource investment, and they are reporting high levels of stress.

- This manifests itself in irritability, fatigue, distracted, anger, sadness, difficulty sleeping, missed work, avoidant behaviors, substance use, depression, PTSD and other symptoms

- In one study, Shiff and Lane found rates of 33% of staff reporting high levels of traumatic stress from work by Front line Homeless Services providers

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Trauma Stewardship – Trauma Exposure
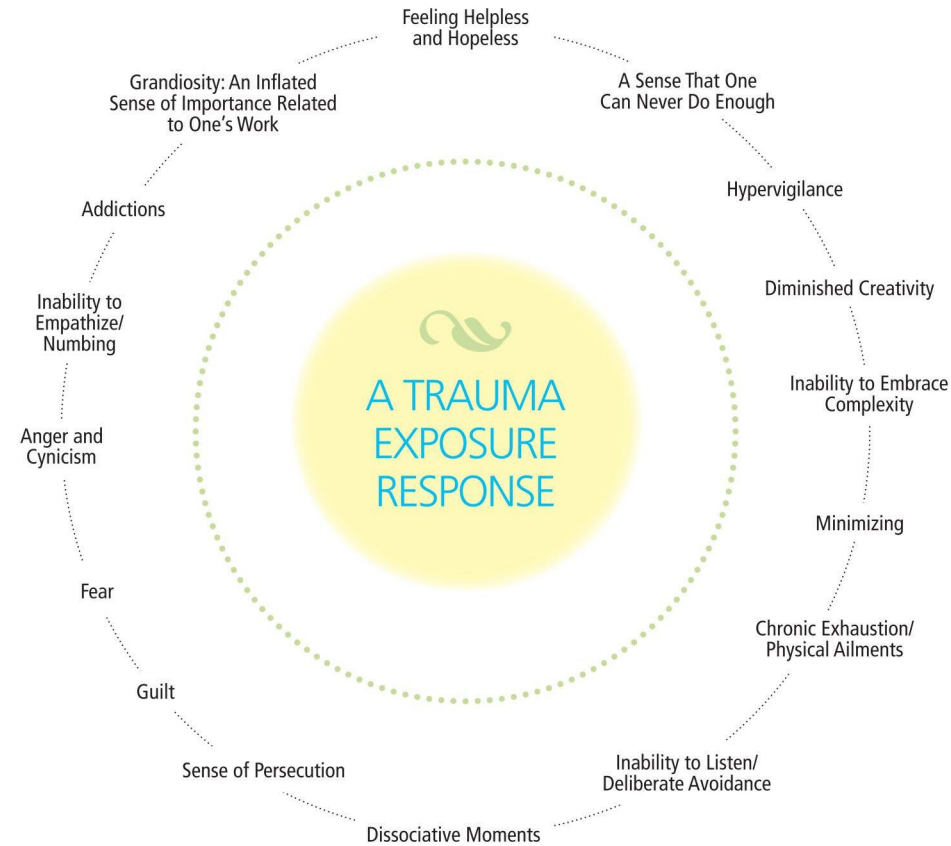
Lets talk about some definitions

- **Compassion Fatigue** - Compassion fatigue is an acute reaction due to the exposure to clients' trauma and the professional desire to provide support. Unlike burnout, which is tied to work demands, compassion fatigue stems from the empathetic engagement in others' pain --- From https://attcnetwork.org/news/key-terms-burnout-compassion-fatigue-moral-injury/#:~:text=Unlike%20burnout%20or%20compassion%20fatigue,a%20loss%20of%20professional%20identity

- **Burnout** – Burnout is from long term exposure to unresolved/unattended chronic. Burnout is a marked by emotional exhaustion, depersonalization manifesting in cynicism and detachment from work, and a lack of sense of personal accomplishment. 1. Maslach C, Jackson SE.. The measurement of experienced burnout. J Organiz Behav 1981; 2 (2): 99–13.

- **Moral Injury** -Moral injury is defined as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."[2]
  - The risk for moral injury resides in situations of moral distress when one knows the right thing to do, but external constraints make it impossible to pursue the right course of action. Moral injury represents more permanent, life-changing, deep-seated emotional damage from repeated acts transgressing one's moral beliefs. 2. Litz BT, Stein N, Delaney E, et al. Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. Clin Psychol Rev 2009; 29 (8): 695–706. [DOI] [PubMed] [Google Scholar]

Similar but Different

- Compassion fatigue – repeated exposure to repeated exposure to participants trauma, leading to exhaustion and lack of empathy.

- Burnout - Tends to focus on within or on an internal experience and skills of our staff. With a focus that someone is in some way deficient. It implies that the individual lacks the resources or resilience to withstand the work environment. It's the individual's responsibility to find a solution

- Moral Injury - Moral injury, on the other hand, describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control. Moral injury is the consequence of the ever-present double binds in health care: Do we take care of our patient, the hospital, the insurer, the EMR, the health care system, or our productivity metrics first? - https://pmc.ncbi.nlm.nih.gov/articles/PMC6752815/

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Supporting Staff Wellness

- The usual (pto, breaks, good pay etc).. But need to go more indepth:

- Support to set boundaries (on work, on self, with others)
- Everyday and Crisis Self Care supports
- Good Supervision (difference between managing and supervising)
- Team Culture and sharing of responsibilities
- Connecting with Others
- And when needed formal Debriefings

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People Want to be:

SEEN & HEARD

CONNECTED TO OTHERS

SAFE

HAVE CHOICES

Arrival Exercise

When might you offer a debriefing

- When police, security or others have to get involved
- Violence is witness or threatened
- Responded to an Overdose
- Death of a client
- Death of a co-worker
- Someone is evicted or exited from a program
- For Cumulative toll of recent losses
- When the community is impacted....

- When the staff ask for it or when you notice it is needed.

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What is it?

- Protected time for the team to come together 60-90
- Time to focus on how the staff are doing, what they need to finish their shift or show up for next shift.
- Most impactful when offered with 72 hours
- It is not therapy or counseling, but co-regulation and connection
- Offered per event, sometimes more than once.
- Often best to be offered by outside team members (trained in the model)
- An investment in your team

- It is not a time to process improve or problem solve.

CISM model

- https://icisf.org/a-primer-on-critical-incident-stress-management-cism/?srsltid=AfmBOoo0XtY_NMkik58h0WmWTe2CgZJCFnctiZ_6B80TSt4oYzdddNi2

What is Critical Incident Stress Debriefing?

- Critical Incident Stress Debriefing (CISD) is a facilitator-led group process conducted soon after a traumatic event with individuals considered to be under stress from trauma exposure. When structured, the process usually (but not always) consists of seven steps: Introduction; Fact Phase; Thought Phase; Reaction Phase; Symptom Phase; Teaching Phase; and Re-entry Phase. During the group process, participants are encouraged to describe their experience of the incident and its aftermath, followed by a presentation on common stress reactions and stress management. This early intervention process supports recovery by providing group support and linking employees to further counseling and treatment services if they become necessary.

From https://www.osha.gov/emergency-preparedness/guides/critical-incident-stress

STAR-t Model goes beyond CISD

- CCC was trained by Andy and Jen in this model. For more go to: https://www.activateresiliency.com/

- Star-t is about co-regulation and connection…. A way to better notice and name how we are experiencing and digesting an event.

- It does not focus on the retelling of an event but on how we/staff are truly experiencing an event.

- It helps the staff to hear from others, connect with others and find ways to get back "into the window of tolerance" for our experiences

- Less about talking about and more about experience with each other

STAR-T uses Secondary Trauma

- The STAR-T model uses the term Secondary trauma to capture that some workers are overwhelmed by some direct tasks / actions from the work (such as collecting evidence or hearing stories) and from indirect exposure to how staff talk about these topics in meetings… which leads to a "Secondhand trauma" exposure and build up.

- But this cumulative exposures that staff have (and are impacted by) leads us (leaders) to learn from past extensive work on the neurobiology of trauma to come up with unique and novel ways of help to identify, name and regulate with staff.

- STAR-T allows the organization and staff to name, notice and hopefully negate the intensity of work traumas.

Some of the Skills taught in Star-T

STAR-T AWARENESS SKILLS

SKILL ONE: ARRIVAL ACTIVITY
1. **Arrive in the Body-** Notice the weight of your body in the chair and the feet at the floor. Are you up off the floor? Collapsing down into the floor? Or are you being met by the floor? This is tracking not fixing.
2. **Arrive and regulate in the place you are in-** Open the portals of your five senses one by one to track the safety in the place that you are in. Visual: Quality of light in the room, color, shape, shadow. Sound: Track sounds first farther away and then closer to you. Touch: Temperature, Humidity, Texture.   Smell and taste (together). Breathe in what is activated in these two senses.
3. **Connect-** Make eye contact with the people in the room, signaling welcome, curiosity, wonder.
4. **One Word Check-In-**   Think of the one word that describes something about you in this moment. It might be your mood, your energy level, or your level of connection or disconnection with this meeting already. State the one word and focus on mirroring and resonance.

SKILL TWO: BASIC BODY TRACKING SKILL
1. **Arrive in the Body-** Notice the weight of your body in the chair and the feet at the floor. Are you up off the floor? Collapsing down into the floor? Or are you being met by the floor? This is tracking not fixing.
2. **Arrive and regulate in the room you are in-** Use whichever (one or more) of the five senses allow you to do this most effectively.
3. **Ask the body to allow you a place inside of the body that will function as an anchor-** By anchor, we mean a place inside your system that is calm and strong at the same time. Give examples of the anchor.
4. **Micro-Tracking Skill-**   When you bring awareness to the anchor spot, right now, what is the quality of the sensation at the anchor.

Connecting about the Skill:

Ask people what they noticed about the activity, building a vocabulary of the "bottom up". Differentiate between thinking and noticing.

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The Star-T Debriefing Steps

Steps of a Secondary Trauma Informed Critical Incident Stress Debriefing
90 minutes CISD

STEPS	ACTIONS	IMAGE
GATHERING 3 – 5 minutes	Circle of chairs Arrival or Conscious beginning Addressing the body Conscious engagement (eye contact)	
NAMING THE PTE 2 minutes	State succinctly the trauma we are here to address	
CONNECTING 10 minutes	One word noticing or movement Resonating Response Metaphor of the Drumhead Notice Activation or Collapse Bottom up processing (movement and sounds)	
NOTICING 10 minutes	What did you notice? Distinguish between responses: Thinking, Feeling, Sensation Track for the ability to create five or six response across the circle, and some responses that are responses to responses	
ENGAGING THE PTE 30 – 40 minutes	As we are aware now of how trauma enters our system when we are in such close proximity to traumatic events, lets share together how you are being impacted by this traumatic event. Speaking, Expressing, Using a variety of ways of activating the drumhead or communicating. Facilitator reaches for resonant or mirrored response in others Pays attention to regulatory qualities and regulates the group through body awareness Tracks sensation as much as story or emotion	
TRACKING THE RESPONSE 10 minutes	So, I noticed that (personalized responses), what did you notice? As we have made contact with this material, are we accurate in what we are noticing? Does it make it more intense or less intense when we notice?	
CLOSING 5 – 7 minutes	Standing in a circle together. Conscious re-grounding in the body Conscious eye contact Naming what each person needs	
FOLLOW-UP	Pay attention to high risk folks both hyper and hypo aroused Identify ways to do follow up on these responses	

2825 Stockyard Road #F4
Missoula, Montana 59808

Phone: 406.327.9445
E-mail: laue@blackfoot.net

Andrew R. Laue, LCSW

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STAR-T debriefing feedback tool for CCC

- We track number of debriefs, how many staff attended and general topics.
- Stats and Stories – <mark>offered GET STATS</mark>

- 8 voluntary questions;
  - When did you attend.
  - How is your nervous system responding
  - What was helpful.
  - What was difficult
  - Would you participate in another
  - Would you recommend to others to participate if offered
  - In own words, what was the impact of this for you
- https://forms.office.com/Pages/DesignPageV2.aspx?prevorigin=shell&origin=NeoPortalPage&subpage=design&id=aZccukx83EOaQXTRGTPUhE1G1aRXGaJOoSidSxRuReNUOUxDVVlEUzdQT0YzTVo5UzlJOVpHWElUNy4u

CCC Implementation of Star-T

- Trained around 20 staff (8 still active now)
- Investment in training and time (for debriefers and participants)
- Team meets monthly to discuss and practice
- Renewed training annually- adding more to team.. Starting a CCC mentorship for debriefers
- Offer mostly internal (to healthcare, housing or other CCC teams) but have offered to other community partners

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Ending Exercise

- What is the one thing you need from today?

- Can you do this?

- What is something that your team or organization needs after today?

- Can you do this?

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Questions or Reflections

- What questions do you have?

- What was helpful about today?

- What was difficult about today?

- What will you take away from today?

- Thank you for being here... for caring for your staff... who care for our community.

Drew Grabham, LCSW
Director of Outreach
971-387-6086
Drew.grabham@ccconcern.org