SYNERGY
HEALTH CONSULTING

Following the Yes:

Trauma-Attuned Detailing for Thriving Clinical Teams

Presented by
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Organizational Context :

OPG

OREGON PAIN GUIDANCE

Nationally recognized, Oregon-based collaborative advancing compassionate, evidence-based pain care.

- Developed **clinical guidelines** for safe, functional pain management in 2012.
- Delivered **CME education** and mentoring for providers.
- Created **patient + peer support resources** for self-management.
- Hosted **TelePain consultation** for complex cases.

Legacy

Founders launched the **Oregon Pain & Addiction Treatment (OPAT) Conference**, a first-of-its-kind forum for clinicians, policymakers, and community leaders addressing pain and OUD together.

OPG's tools and website continue to be **nationally referenced** for balancing opioid safety and patient dignity.

Website: www.oregonpainguidance.org | Now expanded as **Northwest Pain Guidance** → www.northwestpainguidance.org

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Co-founded by the OPG Founders & Nadejda Razi-Robertson, Doctor of Behavioral Health, and Licensed Clinical Social Worker.

Purpose:

Enhance overdose prevention through facilitating cross-sector alignment efforts, education, leadership support, and optimizing workforce well-being.

Core Areas of Focus

SUD, Pain, & OUD Integration

Translating evidence-based practices for substance use, pain management, and opioid use disorder into frontline workflows.

Leadership & Change Management Coaching

Helping managers and teams integrate sustainable change through reflective supervision and adaptive leadership tools.

Staff Wellness & Burnout Prevention

Supporting teams addressing compassion fatigue, stress, trauma, and secondary trauma from working with high-acuity patients.

Culture & Systems Consulting

Aligning organizational practices with equity, collaboration, and trauma-attuned care principles.

Academic Detailing

Using evidence-based strategies to support clinical and frontline staff in implementing wellness and SUD/OUD-informed care practices.

Key Causes of Burnout & Barriers to Best Practice:

- STIGMA
- MORAL INJURY
- UNCONSCIOUS PROTECTIVE RESPONSES

STIGMA

A LEARNED BELIEF OR BIAS

Often social or cultural - that assigns shame or judgment to people or conditions (e.g., SUD).

Addressing Stigma

Individuals may or may not recognize when their actions stem from stigma, but these behaviors can often be addressed through education, awareness-building, and challenging assumptions.

Typical Approach

- Share evidence that contradicts stereotypes.
- Highlight personal stories to humanize people.
- Facilitate discussions that allow reflection on bias.

Goal:

Reduce negative beliefs and discriminatory attitudes to improve patient care and health outcomes.

When Education is Enough To Address Stigma, We Understand:

Recovery is not linear. Each return is part of the process, not a failure.

Our role is to meet people where they are, not to control outcomes.

Relapse is information, not betrayal.

Connection heals more than compliance.

Compassion and boundaries can coexist.

Systems shape outcomes – not just willpower.

Our worth isn't defined by patient outcomes, but by showing up with integrity and care.


When education is not enough, the work is often an “INSIDE JOB”…..

Moral Injury

Moral injury is what happens when we say “yes” while something inside us is saying “no.”

It’s the inner conflict and pain that come from acting against our own values –

often because of pressure, fear, or impossible circumstances.

Moral Injury in SUD Treatment

- Lack of Efficacy
- Ethics & Values: Conflicts
- Limited Resources & Restrictive Policies


BURNOUT’S GREATEST CULPRIT….

UNCONSCIOUS PROTECTIVE RESPONSE

Is a self-protective response – automatic, not intentional, aimed at reducing our own discomfort or perceived threat.

Unconscious Protective Response

Also Known As:

- Default safety move
- Automatic “guarding” behavior
- Hidden coping
- Unconscious safety behavior
- Subconscious safety reaction
- Reflexive safeguard

Examples: Unconscious Protective Responses

Category	Examples in Healthcare Context	Why It Happens
Physiological	Rapid heartbeat before a patient handoff, tense muscles during conflict, shallow breathing in emergencies	Body's stress response activates to protect from perceived danger
Behavioral	Flight: Avoiding tense coworkers or difficult conversations; Fight: Defensive responses to feedback; Freeze: Silent in team huddles; Fawn: Over-apologizing, taking extra tasks to avoid conflict--always being the one to manage the difficult patient situations	Automatic attempts to reduce perceived threat or regain control
Cognitive	Taking things personally, focusing on worst-case scenarios, mentally rehearsing defenses	Brain prioritizes safety over learning or collaboration
Emotional	Anxiety, guilt, shame, irritability, emotional numbness	Emotional system signals danger and triggers protective reactions
Relational / Communication	Interrupting others, sarcasm, minimizing concerns, overcompensating to "fix" problems	Defense mechanism to protect self-esteem, authority, or relationships

Bevin: Chat Waterfall Question

What are some of your automatic protective responses?

(ex: anger at pedestrian when afraid we might hit them or shouldering more than is appropriate)

Common Examples:

Over-controlling or overworking

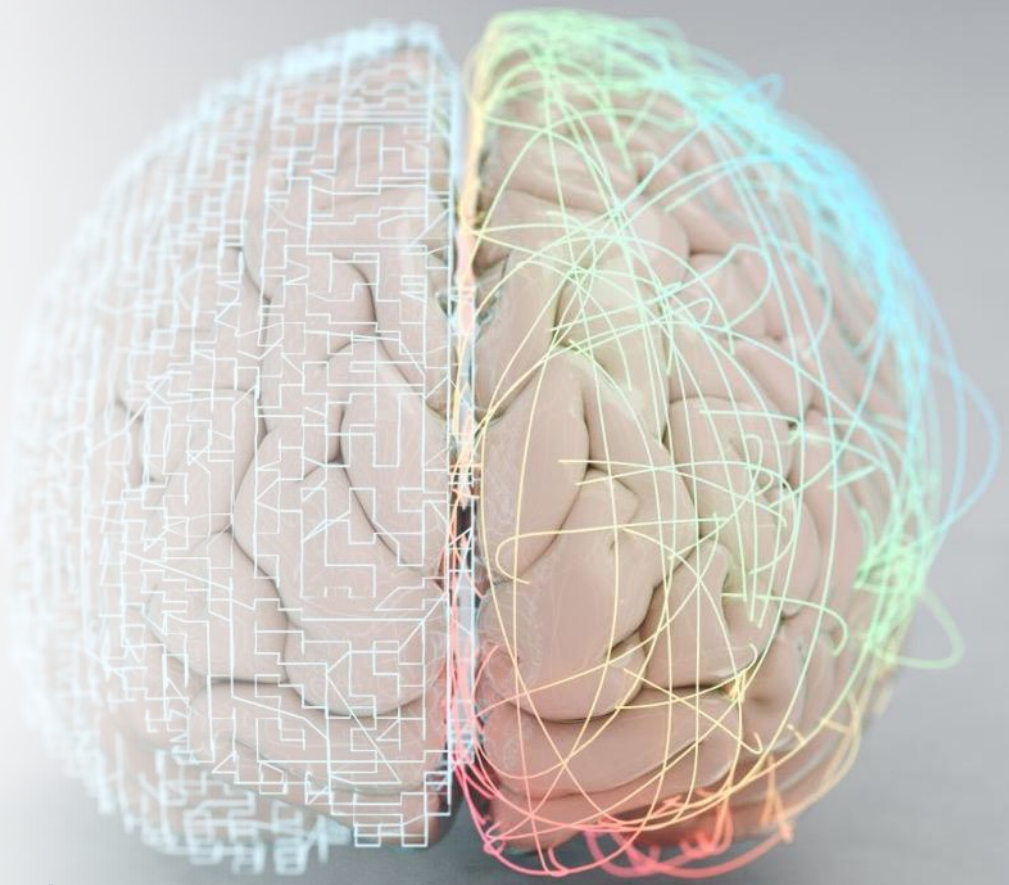
Blaming patients or systems

Avoiding difficult conversations

Minimizing impact (“I’m fine, this is just the job”)

Impact on Clinical Judgment

When we are dysregulated the brain prioritizes protection over openness and discernment.



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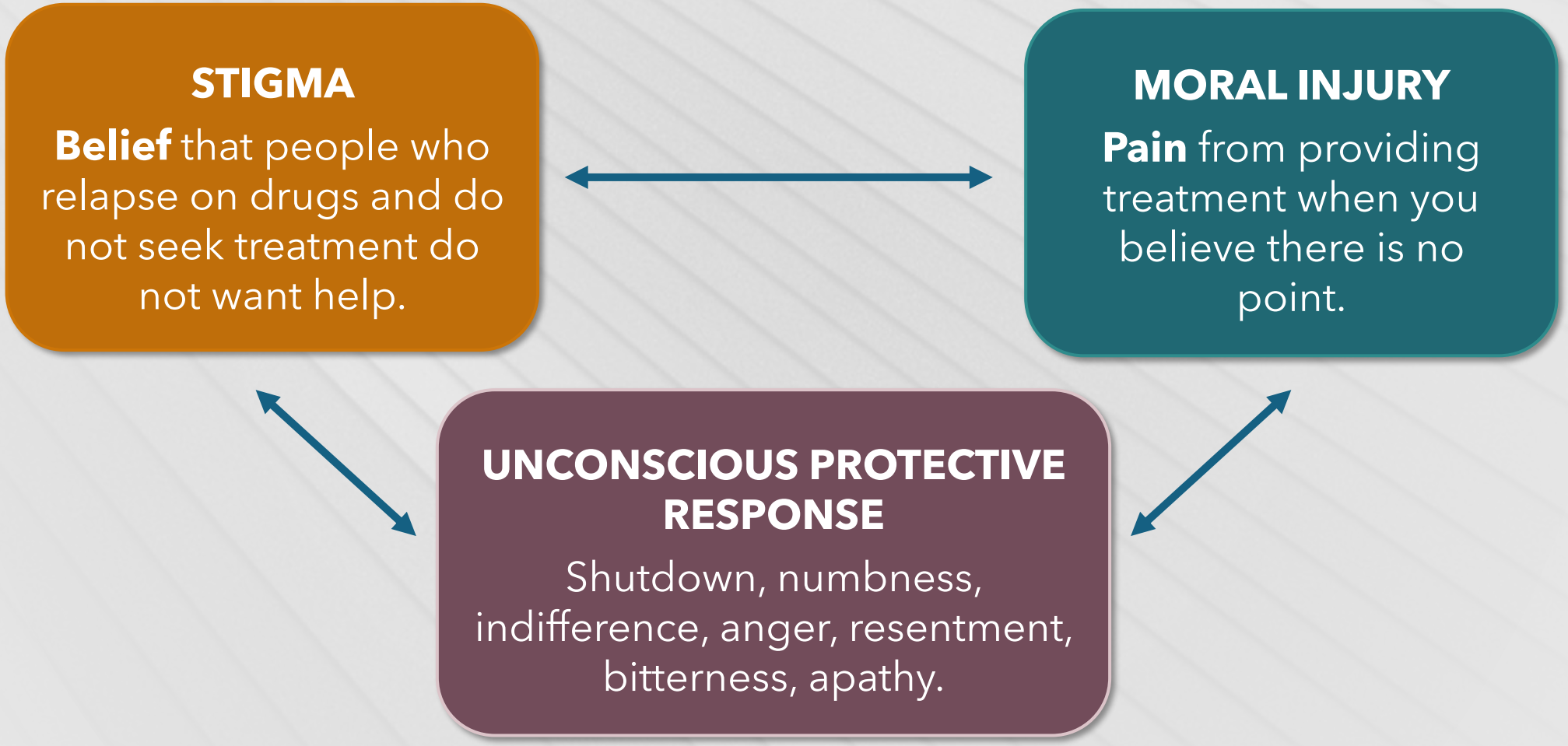


WE ALL HAVE PARTS…

"When a reaction feels bigger than the moment, an old part of us is likely involved. An old part of us might be reacting based on previous experiences—like past jobs, childhood, or moments where we felt powerless, disrespected, or not good enough."

- Amanda Singh Bans, LCSW, Resonance Therapy

The Fixer - steps in to resolve issues or maintain harmony

The Performer - strives to appear capable no matter what

The Critic – judgmental self-talk, "I messed up again"

The Shut-Downer - withdraws, freezes, or disengages

The Defender - gets guarded, defensive, or pushes others away

When We Need More Then Education:

Stories from the field

The Hidden Layer of Trauma: Organizational Response

A consistent theme:

The organizational response after a critical event or period of heightened stress can be as or more traumatizing than the event itself.

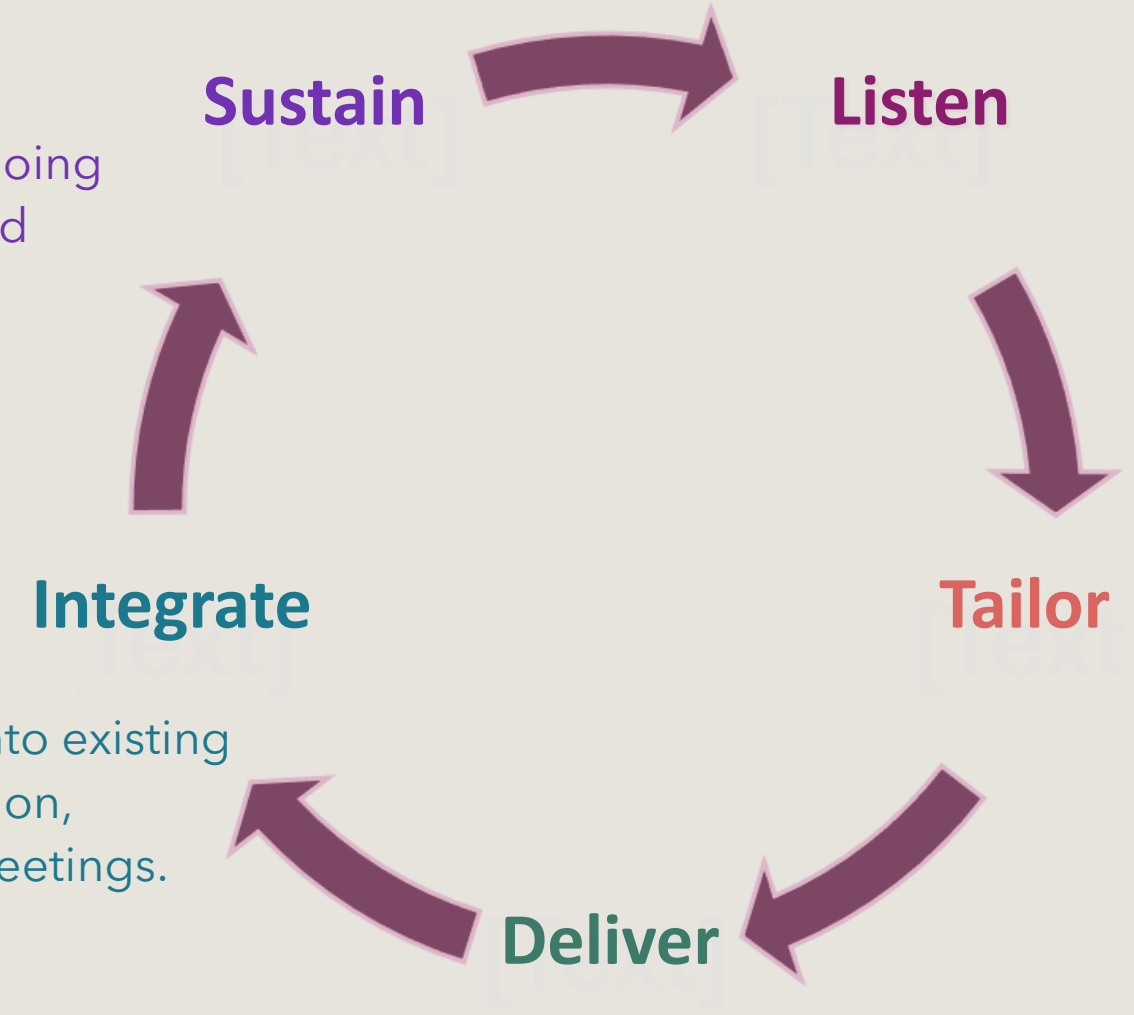
When staff feel blamed, silenced, or left without communication, moral injury can deepen.

Trauma-attuned staff-support prevents vicarious trauma, burnout, increases retention, builds loyalty and trust.

AD & Educational Outreach Concepts To Increase Self-Awareness About Unconscious Protective Responses

- Self awareness (what, why & how)
- Emotions as tools (wise guidance vs “bad” & unprofessional)
- Basic needs
- Identifying “activation” (& why it happens)
- Window of tolerance
- Self-regulation & co-regulation
- Boundaries (self & others) (moral injury)
- Why difficult conversations are difficult
- Psychological safety

Trauma-Attuned AD Implementation Framework



Sustain through ongoing reflective practice and consultation.

Begin with **listening sessions** to understand each team's emotional landscape.

Use insights to **tailor** education and coaching.

Deliver through:

- Leadership consultation & coaching
- Educational Outreach Sessions (20-30 min)
- Interactive workshops & trainings
- Short video-based wellness "mini-sessions"

Integrate learning into existing operations—supervision, onboarding, team meetings.

Following the Yes:
Adapting to Each Environment

Leadership Coaching & Consultation:
Supporting leaders to model regulation and respond effectively after critical incidents.

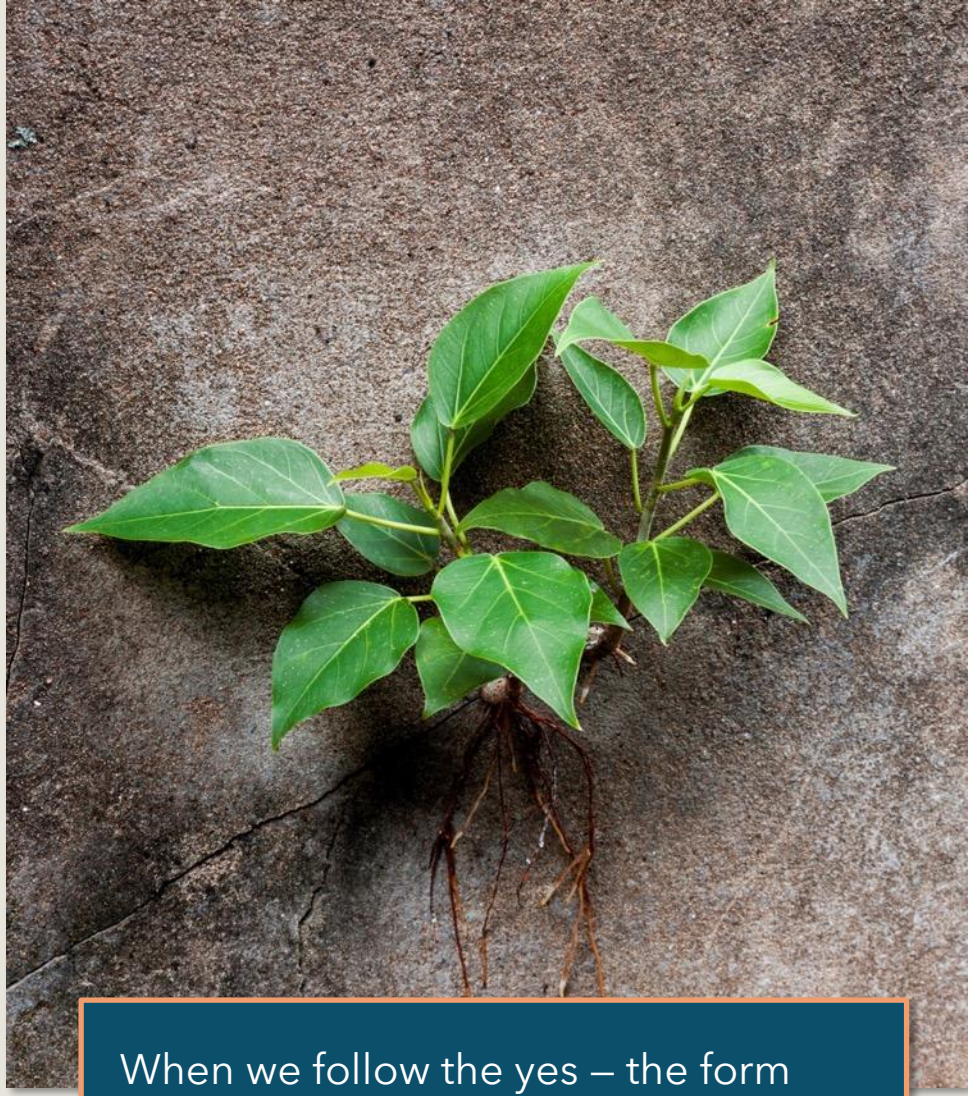
Reflective Practice Groups:
Structured conversations that allow staff to process moral distress and reclaim meaning.

Educational Outreach: 20 - 60 minutes.

Wellness Mini-Sessions:
10 –15 minute modules embedded into existing meeting rhythms.

Interactive Workshops:
Co-facilitated sessions teaching nervous-system awareness and trauma-attuned communication.

Cross-Sector Strategy Development:
Multi-agency teams co-create systems-level wellness strategies.



When we follow the yes – the form adapts, but the heart of the work remains the same: listening, tailoring, and building capacity for connection.

Applying AD Principles to Staff Support

We use the AD framework not to change prescribing, but to change the internal climate of an organization or team.

Key Parallels:

Evidence sharing → Normalizing stress responses

Reflective dialogue → Building self-awareness

Relationship-building → Creating safety for change

Responding Skillfully

Validate:
'I can see why that approach feels comfortable – it's worked well for you.'

Stay Curious:
'How have you seen that play out with different patients?'

Slow the Pace:
Give space to process.

Model Openness:
Share a learning moment.

Normalize:
'These reactions are human – we all do this when stakes are high.'

Learning happens when the nervous system feels safe enough to be curious.

Key Takeaways

- More than Stigma: Unconscious protective responses get in the way of learning & lead to burnout.
- AD principles can be used to heighten provider self-awareness, team resilience, & reduce burnout.
- Supporting staff well-being improves patient care (& saves lives).

Thank you!

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Building safer, more connected healthcare systems.