Today’s Presenters

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Social Work Consultant with Public Libraries, Founder and Principal Consultant, Beth Wahler Consulting

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ABOUT BETH:

• Social work practice experience with poverty-related needs, homelessness, substance use disorders, mental health, trauma, and other barriers to economic stability and mobility

• Administrative experience in a variety of both practice and educational settings, including leadership for organizational change

• Collaborations with libraries for 9 years

• Research focused on trauma-informed librarianship, public library patrons' psychosocial needs, library staff trauma and needs, and ways to address these needs

• Experience with social work/library collaborations

• Consulting business focused on individual library needs assessments, training/professional development, library-based social service program design/development, leadership coaching/support, and program evaluation
ABOUT SARAH:

- Librarian with 15 years of experience in both academic and public libraries
- Professor and creator of the University of Illinois Library Social Work graduate MLIS course
- Extensive research, publication, and presentation record focusing on social work students conducting their practicum placements at public libraries
- Creator of www.swlibraryinterns.com
- Consultant to social workers, librarians, and social work students on best practices with interdisciplinary collaborations
- Licensed social worker for over 24 years.
  Experience working with homelessness and food insecurity; substance abuse and recovery; school-based counseling; casework with seniors.
As a result of this webinar, you will be able to:

• Articulate the changing needs of library patrons and how these impact staff
• Learn strategies for assessing your library’s unique needs
• Discuss helpful programs, collaborations, and/or services for high needs patrons
• Apply person-centered strategies to begin creating cultural change in your library
• Anticipate potential barriers to change
Historical changes affecting public libraries:

- **Deinstitutionalization in the 1960’s** brought increases in people experiencing homelessness and/or mental illness (Cart, 1992; Torrey, Esposito, & Geller, 2009).
- The **Great Recession and mortgage crisis** in 2007-2009 brought an increase in people experiencing challenges related to poverty (Jaeger et al., 2014).
- **Increasing costs with stagnant wages**
  - National minimum wage has been $7.25/hour since 2009
  - Average 2023 living wage for 2 wage-earner family with 2 children =$25.02/hour (MIT Living Wage Calculator, 2023)
- **Shortage of emergency shelter beds** (National Alliance to End Homelessness, 2023)
- Increasing municipal statutes that **criminalize homelessness** (National Law Center for Homelessness and Poverty, 2019)
- The **COVID pandemic**
- Current **political climate**
Psychosocial needs of public library patrons have been increasing in recent decades. Top areas of need (Pressley, 2017; Provence, et al., 2021; Torrey et al., 2009; Wahler et al., 2021)

- Homelessness or unsafe/unstable housing
- Mental health challenges
- Substance use/overdose
- Poverty-related needs

These needs have been increasing since the beginning of the COVID-19 pandemic (Hertz-Palmor et al., 2021; Horowitz et al., 2021; NAEH, 2020)

Although frequency of needs varies, rural, suburban and urban libraries are experiencing the same types of unmet patron needs (Wahler, 2022)

Many of these needs are trauma-related (and can cause trauma)

“High-Needs Patrons” = patrons with psychosocial needs
STRAINED LIBRARY STAFF

• Libraries are **feeling the strain**
• Staff are **not often trained** or qualified to assist with these levels of need (Anderson et al., 2012; Morgan et al., 2018)
• Staff sometimes **feel conflicted about their role** with these needs (Wahler et al., 2020)
• Patrons with these **needs often take more time** for staff, stretching them too thin or causing difficulty in meeting needs of all patrons (Soska & Navarro, 2020; Torrey et al., 2009; Wilkins Jordan, 2014)
• **Violence** occurs in many libraries, and some staff fear for their **safety** or the safety of others due to patron behaviors (Anderson, 2018; Clark, 2019; Torrey et al., 2009; Wahler, 2022)
• Some libraries **frequently call police** or for emergency assistance
Front-line library workers from all types of libraries (urban, suburban, and rural) report high rates of trauma from workplace incidents (Fisher, 2022) and over half report experiencing violence in their job (Wahler, 2022).

- Incidents include verbal abuse, physical aggression and attacks, threats of violence, sexual harassment, threatening with weapons, and destroying library property.
- These incidents have increased since the COVID-19 pandemic began.

The current political climate is contributing to increased threats to intellectual freedom, some bringing threats of violence to library workers.

- Many of these threats are specifically related to library collections related to LGBTQ+ or race-related topics, which can further perpetuate trauma for library staff from marginalized groups.

Trauma responses vary, but can include mental health symptoms, physical health problems, social/relationship difficulties, or cognitive problems depending on the trauma experienced and other factors.
SECONDARY/VICARIOUS TRAUMATIZATION

• A trauma response that appears due to the act of listening to trauma stories of others

• Common occupational hazard for anyone working directly with trauma survivors

• The risk is greater for people who are:
  o women
  o highly empathetic by nature
  o trauma survivors
  o untrained or undertrained for dealing with others’ trauma
  o socially or organizationally isolated

• Can lead to hopelessness, feelings of worthlessness, and job turnover

(NCTSN, 2022)
BURNOUT

- "A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed."
- Three components/dimensions:
  - Feelings of exhaustion
  - Increased negativity/cynicism about one's job
  - Reduced effectiveness at work
- Risk is increased by:
  - Lack of control at work
  - Lack of job resources
  - Unclear job expectations
  - Dysfunctional work dynamics
  - Isolation/lack of social support (at work or home)
  - Work-life imbalance
- Often results in low morale and disengagement
"INSTITUTIONAL BETRAYAL"

- Term coined by psychologist Jennifer Freyd (University of Oregon, n.d.)
- Refers to “wrongdoings perpetrated by an institution upon individuals dependent on that institution, including failure to prevent or respond supportively to wrongdoings by individuals committed within the context of the institution.”
- Can magnify or worsen the trauma for the person who experienced it
- Reported by library staff in a number of studies on library trauma
THESE ARE COMPLEX, INTERCONNECTED ISSUES WHICH REQUIRE BROAD, ORGANIZATIONAL SOLUTIONS
CULTURAL CHANGE NEEDED IN LIBRARIES TO BEST SUPPORT PATRONS AND STAFF
PEOPLE HAVE TO COME FIRST!

THE PEOPLE INSIDE THE LIBRARY NEED TO [VISIBLY] MATTER AS MUCH AS THE PEOPLE BEING SERVED BY THE LIBRARY
COMMITMENT TO A TRAUMA-INFORMED APPROACH

- Training all staff on prevalence of trauma and how it impacts behavior of both staff and patrons
- Integrating this knowledge into practice and policy for the benefit of both staff and patrons
- All staff committed to being sensitive to the traumatic experiences of others and reducing trauma/re-traumatization
- Viewing inappropriate behavior from a lens of "What happened to this person?" instead of "What's wrong with this person?"
GUIDING PRINCIPLES OF TRAUMA-INFORMED CARE

- Safety
- Peer Support
- Empowerment, Voice, & Choice
- Trustworthiness
- Collaboration & Mutuality
- Cultural, Historical, & Gender Issues

(SAMHSA, 2020)
TRAUMA-INFORMED WORKGROUP IS RECOMMENDED

- Group should be composed of staff and administrators from across your library locations and positions
- This group should:
  - Help assess your library’s current state and areas of need
  - Make recommendations for priorities and strategies
  - Monitor progress
  - Keep the work moving forward in the face of competing priorities
  - Point out and celebrate small successes (cultural change is often slow!)
CREATING A CULTURE OF CARE

- Use a relationship-first approach
- Reduce the hierarchy when possible
- Increase transparency, communication, shared decision-making, and collaborative goal-setting
- Be mindful of power differences and inequities and actively work to reduce them
- Demonstrate cultural/personal humility - other people are the experts on their own experiences
- Swiftly address harassment, abuse, discrimination, and bullying
- Take safety concerns seriously and implement strategies to increase safety of everyone
- Assess needs and look for collaborations, programs, and services that can help
- Create opportunities for peer support, mentoring, collaboration, and connection
- Create opportunities for people to shine, feel appreciated, have meaning to their work, and to have FUN!
- Advocate for adequate support for staff (tangible, social, emotional, etc.)
- Seek consultation/support when needed
Share examples of strategies your library or supervisor(s) have used to support staff or demonstrate a person-centered environment.
UNDERSTANDING YOUR OWN LIBRARY’S NEEDS
All libraries are different!

To determine what is needed in your own library, it is recommended that you start with a needs assessment.

- Need an anonymous way to gather feedback
- Obtain information about experiences and challenges of your library's employees, training needs, stress/burnout level, what’s going well, suggestions for improvement, patron needs, community assets and resource gaps

Helpful resource: A Trauma-Informed Approach to Assessing Your Library's Needs
STEPS IN NEEDS ASSESSMENTS

- What do you need to know? Be specific about your question.
- Why do you need the info? (i.e. What are your goals? How will this info inform your next steps?)
- Who has the information you need? Is there existing data you can use, or do you need to collect data yourself?
- How can you best collect the information you need?
- Where should you collect it?
- When should you collect it (in order to get the most accurate info possible)?
USE THE RESULTS!

The results can help:

• Make a case for/justify why a new strategy is needed
• Act as a baseline to measure change over time
• Set priorities/goals (recommendation—start small and scale up!)
• Ensure you’re using a collaborative approach
• Get buy-in and increase participation from others

Data gathered can inform you what potential collaborations, programs, and/or services might be helpful to offer
STRATEGIES FOR SUPPORTING HIGH-NEEDS PATRONS
**GENERAL STRATEGIES**

- **Intentional Engagement**
  Being mindful of both overt and covert messages sent to all patrons

- **Outreach**
  Extending library resources outside the traditional walls of the building

- **Warm Handoffs**
  Facilitating direct connections between the patron in need and another service/org

- **Service Coordination**
  Following up with people after referrals are made to identify barriers or challenges
PRIMARY COLLABORATIONS

Social Work

Public Health/Health Navigators Peer Navigators
Are there existing collaborations your library or you have developed to be helpful for serving high-needs patrons?
SOCIAL WORK IN THE LIBRARY

• There’s a growing movement to partner social work services with public libraries across the US, Canada, Australia, and New Zealand

• Various models: the programs are as different as the libraries they are in!

• This is NOT to say that public libraries are becoming social service organizations, rather this is a different type of information need
EXISTING COLLABORATIONS

Source: https://wholepersonlibrarianship.com/map/
HEALTH NAVIGATORS

RNs, public health advocates, community health workers:
  - Different training and purposes
  - Health and wellness focus:
    - Disease prevention
    - Early identification/intervention
    - Behavioral health
    - Mobility/exercise
Pima County (AZ): Library Nurses Project (now defunct) placed FT and volunteer nurses from local Health Department in the library:

- Blood Pressure screenings
- Health and nutrition education
- Assist patrons experiencing signs of behavioral health issues

Novant Health & Charlotte Mecklenburg (NC) Library’s Wellness Hubs:

- Health services navigation
- Life stages and wellbeing
- PT community health worker
- Speaker series
- Mobile unit
Peer navigators have lived experience with:
- Homelessness
- Substance use disorders
- Mental health challenges

- Assists patrons with accessing and navigating resources
- Provides support by someone who has been where they are
- Reduces stigma
- May be supervised by a social worker or as an addition to a social work team, sometimes a standalone intervention
EXAMPLES

• Kalamazoo Public Library (MI)
  • Partners with a community organization (Recovery Institute of Southwest Michigan) to have trained and supervised peer navigators at the library
  • Provides support to library patrons experiencing mental health and/or substance use concerns
  • Coordinated by the library’s Outreach Coordinator

• Health and Safety Assistants (HASAs) at San Francisco Public Library

• Washington DC Public Library
ADDITIONAL PROGRAMMING

• Specific librarian roles
• Agency fairs/tabling
• Resource lists
• Book groups
HELPFUL STAFF TRAININGS

- Trainings could include:
  - De-escalation and working with people in crisis
  - Setting boundaries
  - Mental health (Mental Health First Aid is recommended)
  - Trauma and trauma-informed librarianship
  - Substance use
  - Homelessness
  - Poverty
  - Community resources

- Trainings should be:
  - Relevant
  - Practical
  - Teach skills, rather than focusing only on theory
  - Use staff time efficiently
  - Be adaptable for staff schedules
INCREASING STAFF SUPPORT
COMPREHENSIVE STRATEGIES NEEDED FOR SUPPORTING STAFF WELLBEING

- Professional Advocacy
- Individual Self-Care
- Organizational Strategies
- Supportive Supervisory Practices
SELF CARE

• Self care is any strategy we use as individuals to improve/increase our overall wellness
• Wellness is multi-dimensional so we need to consider activities we can do for physical, psychological, social, intellectual, and spiritual care
• We need a "toolbox" of both long-term and short-term/immediate strategies
  o Short-term strategies improve our immediate response to high-stress situations and the resultant dysregulation
  o Long-term strategies help build up our overall resilience to stress
• Focus on sustainable, affordable, and time-efficient strategies—self-care doesn't have to be something grand, big, or expensive
• Small strategies add up over time!
SELF CARE STRATEGIES: SHORT-TERM

When we feel a strong emotional or physical reaction to stress, focus on activities that can help regulate our nervous systems (movement and sensory activities):
- Deep breathing, square breathing, and other breathing exercises (be mindful that these don't work for everyone, though!)
- Practice a pause
- Sensory breaks/brain breaks
- Music/singing/humming
- Stretching/yoga/short walks
- Feel something hot or cold

Shift focus to “what can I do right now?” rather than “why is this happening to me?”

Other strategies-
- Positive self-talk- “It’s not about me,” “I can be calm in the face of great stress,” or “I’m doing the best I can”
- Meditation/mindfulness/visualization
- Grounding exercises- think of 3 things using multiple senses (i.e. “What are 3 things I can see? What are 3 things I can hear? What are 3 things I can feel?...”)
LONG-TERM STRATEGIES

- Although they all have limitations, an assessment is a good starting place to determine what we're doing well and in what areas we could improve.
- Provides ideas for additional self-care strategies to try.
- Helps give us a baseline to assess change over time.
- Consider using a publicly available assessment tool:
  - Be sure the assessment tool used asks about multiple areas of self-care, such as physical, psychological, and spiritual self-care to reflect multiple dimensions of wellness.
- Self-care assessments can help us identify strategies to incorporate into our own self-care plan ("take what you need and leave the rest").
We can't "self care" ourselves out of poor organizational practices, discrimination/bias, abuse, etc.!

Self-care takes resources—time, focus, relationships, money—that many don't have.

Trauma, vicarious trauma, and burnout are related to workplace/structural factors, so the onus isn't all on an individual to take care of themselves!
SELF-MONITOR AND REFLECT

- There are inherent risks to serving the public and ALL risk of harm cannot be completely removed for library workers.
- Individual employees must reflect on:
  - Personal motivations/meaning of the work
  - Personal attributes which help or hinder in the job
  - What is within one’s own control
  - Monitor for signs of vicarious trauma, firsthand trauma, burnout
  - Seek professional help if needed
- It’s important to determine what you can change and what you can’t. To try to bring about change:
  - Speak up (if possible)
  - Connect with allies to combine voices—there’s power in numbers
  - Collect data or personal stories to help get buy-in from managers/director
  - Demonstrate discrepancies between stated mission, goals, values and the reality
- Know when to walk away or make a change!
ONGOING SUPERVISORY STRATEGIES

- Require breaks, encourage use of annual leave
- Focus on team building and relationship-building
- Make decisions through shared decision-making processes
- Maintain open communication
- Provide regular supervision (individual or group/team)
- Clearly communicate expectations
- Address and stop workplace bullying/inappropriate behavior
- Include conversations about well-being, self-care, and community care in meetings
- Respond compassionately and reflectively when incidents occur
- Create space for staff to engage in reflective exercises, peer support, sharing strategies, etc.
ORGANIZATIONAL STRATEGIES

• Intentionally shift focus from self-care to community-care (with the library as the community)—everyone is in this together!
• Add time in the schedule for staff support groups/pairs to meet (partner with another library if needed)
• Add wellness or sensory-friendly spaces for staff
• Examine workload and make adjustments for equity when needed
• Hire with the reality of the role in mind
• Clearly define roles and communicate expectations
• Assess organizational capacity and set priorities as needed (the library can’t be all things to all people)
• Add staff support/training days for wellness, team-building, and professional development
• Ensure policies and practices support staff rather than solely being patron-focused
• Build community partnerships to offer wellness-focused programming for staff and patrons
• Advocate with the “powers that be” to offer:
  • adequate support programs/EAPs
  • adequate wages
  • adequate staffing/coverage
PROFESSIONAL ADVOCACY

For long-term improvement of library staff wellbeing and a reduction in stress, we also need large-scale professional advocacy for library workers:

- Increase accurate perceptions of library work by the public
- Ensure that LIS programs prepare students for the reality of the work
- Advocate for adequate funding for libraries
- Ensure adequate mental health and health-related supports for library workers
- Provide helpful professional development opportunities
- Support research on effective supports for library workers
ANTICIPATING BARRIERS TO CHANGE
COMMON BARRIERS

- Staff resistance
- Patron challenges
- Library boards; city/county admin
- Security funding
Share examples of ways your library has successfully navigated any of these barriers to change.
ADDITIONAL RESOURCES

_A Trauma-Informed Approach to Assessing Your Library's Needs_ (2023) by Elizabeth A. Wahler

_A Trauma-Informed Approach to Library Services_ (2020) by Rebecca Tolley

_A Trauma-Informed Framework for Supporting Patrons: The PLA Workbook of Best Practices_ (2022) by the PLA Social Worker Task Force

_Creating a Person-Centered Library: Best Practices for Serving High-Needs Patrons_ (2023) by Elizabeth A. Wahler and Sarah C. Johnson

_Whole Person Librarianship_ (2019) by Sara K. Zettervall and Mary C. Nienow
THANK YOU!

FOR MORE INFO:

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