Barbara Rubel built her reputation in rooms where people carry heavy stories. Nurses who have coded the same patient twice in one shift. Social workers triaging cases that echo their own histories. Dispatchers who walk out of the night shift with a voice still ringing in their ears. She has stood at the front of those rooms as a keynote speaker and trainer, not to exhort grit, but to translate what trauma informed care means for the caregivers themselves. The throughline of her work is simple and demanding: you can do meaningful, hard work without losing your capacity for joy, connection, and excellence. It takes language, practice, and leaders willing to model something different.

Organizations hire speakers for all kinds of reasons, from morale boosts to compliance box-ticking. When Rubel is the keynote speaker, the request usually comes with a subtext. Turnover is rising. Absenteeism has quietly doubled. Good people feel brittle. A supervisor used the phrase “emotional hangover” in a staff meeting. The team has no common vocabulary to discuss what is happening, and no permission structure to tend to it. Rubel brings both, and the results show up not just in smiles after a workshop, but in concrete measures like retention and error rates over the next quarter.

What makes trauma-informed care a performance strategy

Trauma informed care began as a clinical framework. Understand the impact of trauma on a person’s nervous system, then design interactions that prioritize safety, choice, collaboration, trust, and empowerment. The leap to organizational performance happens when leaders realize that their own staff are not outside that framework. People in helping professions and public safety absorb trauma by proximity. Vicarious trauma is not a metaphor; it is a measurable shift in worldview, physiology, and behavior caused by repeated exposure to others’ suffering.

When a team ignores secondary trauma, it shows up in the seams. An ICU charge nurse snaps at a med student. A case manager stops returning calls. A prosecutor feels numb after a child abuse trial and does not notice that a key filing is missing. This is not a lack of professionalism. It is compassion fatigue doing what it does. The person’s body is protecting itself by turning down the volume on empathy, executive function, and short-term memory. Expecting grit to fix it is like telling a twisted ankle to run it off.

Rubel’s approach treats resiliency not as a character trait, but as a set of skills and structures that can be learned, measured, and reinforced. Building resiliency means designing work that respects human limits. It also means naming the particular stressors of a role. A 911 operator toggling between life-and-death calls has a different profile of secondary trauma than a hospital chaplain who sits with one family for hours. The interventions should reflect that reality.

A language that reduces shame and sharpens decisions

In one of Rubel’s sessions with a county child protective services team, a seasoned investigator raised his hand. He said, almost apologetically, that he had started to feel annoyed when parents cried. He had never told anyone. He assumed it meant he was burned out and on his way out the door. Rubel rewound the room to the concept of vicarious traumatization, which focuses on the shift in a professional’s beliefs over time. When your daily job includes chronic exposure to betrayal, chaos, and harm, your threat detection system does not flip off when you go home. You may begin to interpret crying as a tactic. That is not a moral failing; it is an adaptation that needs recalibration.

A shared vocabulary reduces shame and improves decision-making. Teams that can distinguish between compassion fatigue, burnout, moral distress, and vicarious trauma choose different interventions. Burnout may call for workflow redesign. Moral distress points to ethical conflicts and policy. Compassion fatigue needs rest, connection, and ritual. Vicarious traumatization benefits from reflective practice and supervision that explicitly explores meaning-making. When everyone uses the same terms, leaders avoid mismatched solutions that waste time and erode trust.

The leadership model: physiological honesty and operational follow-through

Leaders often ask for a checklist. Rubel resists reducing trauma informed care to a laminated card, but she is pragmatic. In organizations that have successfully integrated her approach, three leadership behaviors stand out.

First, physiological honesty. Stress is not an abstraction. It is a heart rate spike, a cortisol surge, a narrowed field of vision. Leaders who normalize the body’s response to chronic stress give permission to intervene early. One hospital CEO opened staff forums by sharing her own strategy: she sets two five-minute breaks in her calendar to walk the stairs and breathe. That small admission shifted the culture more than any slogan.

Second, operational follow-through. A supervisor cannot tout work life balance and then schedule meetings at 5:30 p.m. The people who report to them will clock the mismatch and act accordingly. If leaders want to protect recovery time, they change the on-call rotation, create coverage for debriefs, and trim legacy reports that no one reads. They do not outsource culture to posters.

Third, measured experimentation. Organizations vary. A police department piloted a quiet room near the squad room with adjustable lighting and noise control. Utilization was low at first; the perception of weakness hung over the door. The chief moved the quiet room one floor up and named it the Tactical Readiness Room. Utilization tripled. Same room, different frame. The team iterated without shaming anyone.

Acute stress, chronic exposure, and the drift toward numbness

A paramedic once told Rubel that he felt “emotionally bilingual.” He could jump into a call and translate chaos into decisive action, then drive back to the station listening to jokes, unable to feel much of anything. This split is common. Acute stress demands focus. Chronic exposure to acute stress demands a defensive numbness. The danger is when the numbness persists after the sirens fade. It erodes curiosity, which is the substrate of both empathy and innovation.

Precision matters. If a staffer cannot sleep, the advice is different than if they can sleep but wake with a clenched jaw. If a physician’s charting accuracy drops after a cluster of stillbirths, you are looking at a specific trigger. The intervention might include reassignment for a few days and a debrief with peers who understand the complexity of perinatal loss. Blanket wellness programs miss these nuances and therefore fail to move metrics.

Rubel encourages organizations to name the drift as it appears. A monthly huddle features a two-minute check-in on cognitive, emotional, behavioral, and physical signs of strain. Not a purge of feelings, just a pragmatic scan. People begin to recognize patterns early, which makes course correction less dramatic and less expensive.

Debriefing, not downloading

Teams often confuse debriefing with venting. Venting has its place, but it rarely leads to learning. Worse, in environments saturated with trauma, venting can spread distress. Rubel’s model emphasizes structured debriefs that separate facts, interpretations, emotions, and actions. One public defender’s office adopted a 15-minute “case closeout” ritual that asks four questions: What happened, what did we try, what can we control next time, and what do we need now. That last question ranges from a policy review to a walk around the block with a colleague.

There are limits. After major incidents, compulsory group debriefs can be counterproductive. Individuals vary in how they process acute stress. Forcing immediate disclosure can entrench trauma. Rubel advises offering multiple options within a clear time window: a small peer debrief, one-on-one with a trained facilitator, or a private check-in later. Choice is not just a kindness; it is a trauma informed care principle that reduces the sense of threat and reestablishes agency.

The stubborn influence of schedule design

Every organization says people are their greatest asset, then assigns schedules that disregard basic biology. Shift work, especially rotating shifts, amplifies the effects of secondary trauma. Sleep debt weakens memory consolidation and emotional regulation. When teams feel more volatile, it is often the schedule speaking.

One regional call center supporting crisis lines made a small change with outsized gains. They adjusted shift start times by 15 minutes to allow overlap for handoffs and micro-debriefs. Previously, staff had hung up and walked to their cars with adrenaline still in their system. The new overlap created a five-minute window to note stuck points, share a hard call, and hear a colleague say, “I’ve got the next one.” Over three months, call escalations reduced by 12 to 18 percent, and voluntary overtime requests increased slightly. The change cost almost nothing.

Work life balance is not code for less work. It is code for matching energy to tasks, protecting recovery, and stopping the accidental cruelty of meetings scheduled across time zones without warning. When leaders account for these basics, they often see an uptick in discretionary effort. People will sprint when they trust there is a finish line.

Training that sticks: scenario realism and psychological safety

Rubel’s sessions are light on platitudes and heavy on practice. A sheriff’s department once asked her to address compassion fatigue. Instead of a slideshow, she ran scenario drills where deputies practiced shifting from command voice to calm narrative after a scene cleared. The goal was not therapy. It was operational excellence informed by the biology of stress. When the nervous system downshifts, memory improves, and reports get sharper. Better reports help prosecutors, which helps victims, which feeds meaning, which builds resiliency. The loop matters.

Psychological safety is a phrase that gets overused, but in trauma-saturated environments it has specific features. People must be allowed to ask for a pause without being seen as weak. Junior staff must be able to describe a near miss without fearing ridicule. Supervisors must signal curiosity first, discipline second. None of this contradicts accountability. It sequences it. When a mistake stems from vicarious trauma or fatigue, the fix must address both the behavior and the conditions that produced it.

The math of care: cost, turnover, and ethics

Finance executives sometimes ask for a business case. They are right to. Trauma-informed excellence is not free. It asks for training time, scheduling buffers, maybe a quiet room and better supervision ratios. The math tends to favor action when you add the hidden costs.

Turnover in high-stress roles often runs 20 to 40 percent annually. The cost to replace a trained clinician or dispatcher can equal 50 to 150 percent of their salary, once you factor recruiting, onboarding, overtime to cover vacancies, and productivity loss for six to twelve months. If a modest investment in resiliency training and schedule redesign reduces turnover by even 5 to 10 percentage points, the savings can be six figures in midsize teams. Fewer errors and missed steps are harder to price, but risk managers will tell you that a single incident can alter an insurance premium for years.

Ethics belongs in the equation. A trauma informed care commitment extends to employees. If an institution expects staff to witness pain, then it owes them structures that protect their health. This is not paternalism. It is an ethical stance that recognizes the cumulative weight of vicarious trauma and confronts it with skill, not slogans.

When culture fights back

Culture change laughs at memos. It resists consultants and slogans alike. Rubel’s projects usually surface a few predictable friction points. Some staff worry that talking about trauma will make them feel worse. Others fear the stigma of seeking support. Managers get anxious about the time hit. Skeptics ask for proof that this is not just the flavor of the month.

The countermeasures are practical. Start small and voluntary, with credible champions who have frontline experience. Track a few leading indicators before and after: sick days, incident reports, retention at 90 days, and new hire feedback. Share stories of micro-wins. One emergency department posted a “handoff hero” board celebrating seamless transitions after tough cases. The recognition cost nothing and shifted focus from individual heroics to team coherence.

The most stubborn barrier is the myth of toughness. In some fields, the identity of the professional is wrapped around stoicism. Rubel does not try to puncture that balloon with feelings talk. She ties resilience to mission. Professionals who process secondary trauma are better at their jobs for longer. They make fewer errors, teach the next cohort with patience, and go home with enough left in the tank to be present with their families. The old definition of toughness is brittle. The newer one bends and returns to form.

Personal rituals that scale across a team

In workshops, Rubel asks participants to describe a ritual they can complete in under two minutes that signals the end of a difficult encounter. The answers range from handwashing with deliberate attention, to stepping outside to name five things they can see, four they can touch, three they can hear, two they can smell, and one they can taste. A probation officer keeps a pebble in his pocket and uses its texture to ground himself after a client recounts trauma. A forensic nurse hums the same bar of a song while logging evidence.

These rituals do not replace therapy or organizational change. They are the flywheel. When teams share them, they become cultural touchstones. A dispatcher might see a colleague step into a doorway and know to hold the next call for thirty seconds. The signal is wordless, and it prevents errors downstream.

Recruitment and onboarding through a trauma-informed lens

The hiring process shapes culture long before day one. Transparent job previews help candidates self-select. If a role involves frequent exposure to traumatic content, say so plainly. Explain the support structures in place and the expectations around use. During onboarding, avoid information overload. Stagger exposure to the hardest material. Pair new hires with peer mentors trained to discuss vicarious trauma without catastrophizing it.

One nonprofit serving survivors of human trafficking retooled their first-month schedule. Instead of plunging into crisis response in week one, they layered shadowing with reflective sessions that included a senior advocate and a clinician. They set a target that new staff would log two short debriefs per week, not as surveillance but as skill practice. After six work life balance months, retention at the one-year mark rose from roughly 60 percent to about 75 percent. The team also reported fewer boundary issues and less after-hours work bleeding into personal time.

Metrics that matter and ones that mislead

Measurement is tricky. Some metrics spook people. Anonymous pulse surveys can drift into venting if poorly designed. Overly medicalizing staff experience with checklists can backfire. Rubel suggests a balanced dashboard that respects privacy and focuses on actionable signals.

Attendance patterns, overtime distribution, and the cadence of errors or near-misses are usually available without new tools. Short, frequent check-ins with two or three targeted questions can gauge energy and workload without intrusiveness: How manageable was your workload this week, did you have at least one recovery break, and did you feel able to ask for help when needed. Chart trends, not individual compliance. Share the data in staff meetings and invite interpretation from the people doing the work. When a spike appears, ask what changed. Often the answer is mundane and fixable. Sometimes it’s a cluster of cases that require temporary relief.

What misleads is a single, grand gesture treated as a cure. A wellness app, a ping-pong table, a quarterly retreat. None of these are useless, but without daily practices, they become theater. Staff know the difference.

The role of storytelling and lived experience

Rubel’s own story matters to audiences because it carries the grain of lived experience. She does not present trauma informed care as a sterile framework. She tells it through the lens of loss, recovery, and the complicated pride of people who stay in hard jobs. In one talk to hospice workers, she shared a scene where a nurse noticed a family’s exhaustion and gently restructured the room, pulling chairs closer and dimming lights. That small act might never appear in a chart, yet it was the most trauma-informed choice of the day. Professionals left that session not with a new certification, but with a renewed eye for moments that restore dignity.

Storytelling also counters fatalism. Trauma exposed work can feel like bailing out a boat with a teacup. The stories that stick are the ones where a fraction of skill changed the trajectory of a person’s day. A child who smiled in a forensic interview because the wall color was warm. A veteran who agreed to counseling because the clinician normalized nightmares as a nervous system doing its best. These stories renew purpose, which fuels resiliency more than any slogan.

Practical guardrails for teams under strain

Guardrails keep a vehicle on the road even when the driver is tired. In high exposure teams, three guardrails are worth installing early.

- Boundaries around off-hours contact and a clear escalation path. People need to know what is an emergency and what can wait.
- A rota for emotionally heavy tasks so the same person is not always the one delivering bad news or reviewing graphic content.
- Supervisor training that includes spotting signs of vicarious trauma and initiating supportive conversations that respect privacy and choice.
- Micro-recovery practices embedded in workflow, such as two to three-minute transitions between intense tasks and documentation.
- Annual refreshers that revisit the language of compassion fatigue, secondary trauma, and vicarious traumatization, with updated scenarios from the team’s own year.

None of these items require a budget line that scares the CFO. They do require leadership attention and willingness to enforce norms consistently.

Edge cases and honest constraints

Not every context allows for ideal solutions. Rural agencies may have too few staff to rotate duties. Small nonprofits may lack access to on-site clinicians. High-volume systems like public defenders’ offices face caseload mandates that make breaks feel indulgent. In these settings, aim for micro-adjustments rather than wholesale redesign. A five-minute peer huddle, an end-of-shift ritual, and explicit permission to ask for a pause will do more than a glossy manual no one reads.

Another edge case is remote or hybrid work in trauma-exposed roles. People handling crisis chat or reviewing case files from home blur the boundary between work and personal space. Organizations can offer stipends for ergonomic setups and suggest physical markers that signal “off duty,” such as a bin where work materials live when closed. Leaders should avoid assuming remote equals less strain; the absence of a commute can remove a decompression buffer.

Finally, there is the clinician or officer who rejects every offering. They may be in deep numbness or simply prefer privacy. Respect that stance while keeping doors open. Sometimes the right moment arrives months later, after a specific incident. The leader’s job is to keep the invitation credible and the expectations clear.

Why this approach endures

Trauma-informed excellence endures because it aligns care for the workforce with mission outcomes. The pediatric nurse who can metabolize a day’s grief without hardening becomes a better mentor. The victim advocate who names their limits avoids the brinkmanship that leads to abrupt resignations. The public safety team that integrates recovery into routine shows up sharper when the call comes. None of this is soft. It is disciplined, repeatable, and testable.

Barbara Rubel’s path has not been about heroics at the podium. It is the slow, steady work of helping teams name what they carry, practice how to carry it differently, and build systems that make the healthier choice the easier one. She treats resiliency as a craft, not a slogan. That craft can be taught, handed down, and refined.

Organizations that commit to this craft rarely brag about it. The success looks like fewer sighs in the hallway, steadier hands during high-risk moments, and people staying in roles long enough to become wise. If you listen closely in those places, you hear a particular kind of confidence. It sounds like a team that knows the weight of their work and has learned how to bear it together.

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Barbara Rubel - Griefwork Center, Inc. is a experienced professional speaking and training resource serving Kendall Park, NJ.

Griefwork Center offers trainings focused on compassion fatigue for clinicians.

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Business hours are weekdays from 9am to 4pm.

Popular Questions About Griefwork Center, Inc.

1) What does Griefwork Center, Inc. do?
Griefwork Center, Inc. provides professional speaking and training, including keynotes, workshops, and webinars focused on compassion fatigue, vicarious trauma, resilience, and workplace well-being.

2) Who is Barbara Rubel?
Barbara Rubel is a keynote speaker and author whose programs help organizations support staff well-being and address compassion fatigue and related topics.

3) Do you offer virtual programs?
Yes—programs can be delivered in formats that include online/virtual options depending on your event needs.

4) What kinds of audiences are a good fit?
Many programs are designed for high-stress helping roles and leadership teams, including first responders, clinicians, and organizational leaders.

5) What are your business hours?
Monday through Friday, 9:00 AM–4:00 PM.

6) How do I book a keynote or training?
Call +1 732-422-0400 or email BarbaraRubel@griefworkcenter.com .

7) Where are you located?
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YouTube: https://www.youtube.com/MsBRubel

Landmarks Near Kendall Park, NJ

1. Rutgers Gardens
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Rutgers%20Gardens%2C%20New%20Jersey

2. Princeton University Campus
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Princeton%20University%20Campus

3. Delaware & Raritan Canal State Park (D&R Canal Towpath)
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Delaware%20and%20Raritan%20Canal%20State%20Park

4. Zimmerli Art Museum
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Zimmerli%20Art%20Museum

5. Veterans Park (South Brunswick)
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Veterans%20Park%20South%20Brunswick%20NJ