

Interview with Drs. Kyle Bersted and Janet Yarboi May 22, 2023

This Trauma-Informed Awareness Month, the [Illinois ACEs Response Collaborative](#) is focused on [Building a Healing Centered Future](#). Here at Rush, we are drawn to thinking about how we might heal our healers – each other. This year, the Department of Pediatrics Diversity, Equity and Inclusion Retreat leaders dove into Restorative Justice (RJ) practices and taught several of its staff the basics of RJ to lead department-wide RJ Circles focused on joy, pride and accomplishments.

We interviewed Drs. Kyle Bersted and Janet Yarboi to learn more about RJ and reflect on its capacity to promote a trauma-informed, healing centered culture.

What is the concept of RJ, and RJ circles?

KB: Restorative Justice is a framework built on concepts of human connection, mutual respect, compromise and forgiveness that has been around for hundreds of years and is rooted in Indigenous traditions. Currently, we see this framework being used in prisons or schools as a restorative path towards healing harm, and more recently, we have seen it work its way into academic medicine. It is a framework that offers a different approach to conflict resolution through relating to each other. Importantly, it can also prevent conflict from arising in the first place through building a sense of community that in turn prevents harm from happening.

JY: There are different iterations of restorative practices and RJ circles, and we wanted to focus on community building, to provide a space for our pediatric community to come together, share, and listen; to exchange ideas and hold conversation. RJ circles are just one tool of many restorative practices.

What led you to RJ circles for this year's Pediatrics Dept DEI retreat?

JY: We knew this would be our first in-person DEI retreat since the start of the pandemic and were looking for a way for people to be together, with each other, and not just focused on didactics or teaching. The RJ framework fits this goal.

KB: I honestly was thinking about how to leverage the resources we have, and I knew Dr. Behel and the work he had been doing for the past several years with RJ. Through collaboration with Dr. Behel we knew that RJ was an interactive and experiential framework that could counter our deepening feelings of being siloed. The potential longevity of RJ was also exciting – this could just be the beginning, and we could aspire to having circles monthly, or use circles when conflict arises.

JY: We were also thinking about the “I” – Inclusion – of DEI. We wanted to promote inclusion that helped all staff and faculty feel that this was a space for everyone.

KB: I agree – we wanted to shift to be more “inward” facing and provide a practice that might address our own struggles with retention and attrition. RJ is a practical and targeted approach to get people thinking more broadly and globally about our culture of supporting each other.

How did people feel about this approach?

JY: Well, we surveyed them, and overall people were very positive about this approach, with most people reflecting that it allowed them to feel connected, and that coming together as a community of providers was beneficial. It took people some time to recognize and ask how to apply RJ to their workspace, but the requests have been coming in. It's not for everybody – 7 of 10 surveyed said they would do it again.

KB: We have had 7 additional circles since the retreat – some climate focused and some focused on community building. Overwhelmingly people who participate state “I'm so grateful for this time,” or “I realize how similar we are despite our differences.” People value the ability to disconnect from work to connect with one another in these spaces.

GL: Dr. Yarboi, you mentioned RJ is “not for everyone.” Is it possible RJ can feel threatening, or retraumatizing, to some who participate?

KB: I think this can be the case. In RJ circles, you can choose not to speak by passing the “talking piece” to the next person. However, even if you're just a listener, listening to others can be retraumatizing. And there were people who shared that they were not comfortable listening to other people's stories or traumas. When things are getting tough, we rely on our community agreements – for example “allow space to pause and breathe” and “acknowledge that intent is different than impact.”

JY: People can come into the space and take from it what they need – and we all may not need the same thing. Sometimes we may start a circle by allowing people to voice what they need, and what they have to offer others. It's not our job to “lead” the circle – just to hold space for the circle to happen. We can't promise what may unfold, but it can still be successful regardless of where it leads.

What were you hoping to accomplish, and do you think it was accomplished?

KB: We were hoping to expose people to the RJ framework and buy-in to something that could ultimately be the fabric of [the way we approach community in] our department.

JY: We wanted to bring people together, break down siloes, worry less about who works where, and **see ourselves as a community that shares a mission and has a shared humanity**. The early signs are promising, and we're encouraged to continue on this path, but there is still a lot of work to do!

How do you see RJ helping us as healers?

JY: RJ promotes the idea that to do our job well, we ought to be taking care of ourselves **and** each other. It teaches us about hearing others' stories, not making assumptions, seeing how we connect to others. These are all concepts so important in healing our families, whose stories we hear all the time in our work. Intentional relationship building allows us to collaborate more effectively – with colleagues and with our patients.

KB: RJ reduces our isolation. We all work in a tough industry in a tough time under difficult circumstances. RJ can help us rely on one another and cope more easily with the stresses that work brings us. Our workplace is not set up for supporting each other in this manner inherently – RJ directly addresses this.

What do you see as barriers to wider implementation of this practice?

KB: Time and money! These constraints limit buy-in – to have every employee attend circles means having every manager on board, managing schedules, compromising on “productivity.” Having a chairperson (Dr. Silvestri) who values this approach, protects some time to implement this approach, and elevates it as important enough to work through those concerns is vital. We also need more people who are interested and willing to go through further trainings to perpetuate the practice. Other institutions who employ RJ practices have entire hubs or committees solely dedicated to focusing on RJ practice cultivation and dissemination.

Some hope to end with?

RJ offers unique potential for promoting a safe and inclusive workspace for healthcare professionals. With regularly implemented circles, we hope to effect lasting change in the department by creating a culture and community in which we all feel cared for and included.

About the Interview Team:

The Rush TIC Core are Eve Escalante, Jon Goldner, Sally Lemke and Gina Lowell. We seek a path towards trauma-informed, healing-centered transformation at Rush through promoting system-wide awareness and approaches that support relational health in order to achieve health equity. Eve Escalante, Sally Lemke and Gina Lowell represent Rush as members of the Illinois ACEs Response Collaborative’s Trauma-Informed Hospitals Working Group; Gina Lowell is a member of the Illinois ACEs Response Collaborative’s Statewide Working Group to [Address Childhood Adversity](#); Eve Escalante represents Rush as a member of the [Chicago Resiliency Network](#).

About the Interviewees:

Kyle Bersted, PhD and Janet Yarboi, PhD are clinical psychologists and faculty in the Department of Pediatrics at Rush University Medical Center. They also serve as co-chairs to the department’s Diversity, Equity & Inclusion (DEI) committee which supports a range of initiatives related to hiring, reporting, training/education, and communications, among other areas. Drs. Bersted and Yarboi are trained facilitators of RJ in academic medicine and have been integrating RJ principles and practices within their department since 2022.