Creating Conditions for Professional Development through a Trauma-Informed and Restorative Practice

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Professionals in social work and nursing meet people who, due to trauma, struggle with self-regulation of emotions and social behavior. Caring for trauma survivors requires connection and compassion. Previous research has indicated that many professionals, some with their own trauma histories, do not feel sufficiently equipped to practice self-care or cope with challenging communication. To address how insecurity and trauma are rooted in deeper individual and structural causes of social injustice, social workers and nursing students ($N = 29$) were invited to participate in action research and a restorative circle process. The aim was to provide professionals the opportunity to challenge and reflect upon their own practices by introducing them to a trauma-informed and restorative practice based on the importance of building emotional safety and connection. The findings suggest that given time and space for reflection in a setting characterized by equality and safety, professionals can develop increased (a) self-awareness and compassion, (b) emotional safety and tolerance of stress in challenging communication, (c) trauma understanding, and (d) personal growth. A change to a more restorative and trauma-informed practice could lead to increased interpersonal competence and well-being among professionals and clients.

KEY WORDS: *collective/self-care; compassion; conflict; emotional safety; self-awareness*

Social workers and nurses work in settings in which they are likely to meet clients living under conditions of ongoing traumatic stress or with a history of trauma. Complex trauma can result in a lifelong risk of chronic illness and the loss of core capacities for self-regulation and interpersonal relatedness (Cook et al., 2005), causing, for example, demanding, aggressive, or rude behavior (Koekkoek et al., 2006). Caring for people in distress can be emotionally challenging and stressful (Figley, 1995). Research has indicated that social and care professionals do not feel sufficiently equipped to cope with this challenge (Cunningham, 2003; Knight, 2015). In addition, there is a paucity of tools and competence in conflict resolution among both health and social professionals (Chan et al., 2014; McKenzie, 2015). Due to their lack of understanding, self-care, support, and training, some professionals experience insecurity and fear when working with people suffering from trauma. Particularly during conflict or challenging communication, professionals tend to establish barriers and enter a self-preserving state in which understanding and compassion decrease (Figley, 1995; Klimecki, 2019). Furthermore, research has indicated that people are less likely to be compassionate when relating to someone whom they fear or do not like or understand (Gilbert & Mascaro, 2017).

Social work and nursing education programs and their practice fields do not invest sufficient time enabling professionals in emotionally challenging work situations (Isdal, 2017; Knight, 2015) and might lack knowledge regarding how to build emotional safety and relational awareness. Conflict management has traditionally been framed in professional education and practice as managing "difficult" clients: "The so-called difficult patient is always at risk of not being considered a real patient, in need of and deserving of care" (Koekkoek et al., 2006, p. 800). Moreover, limited studies have demonstrated how professionals can empathize with their patients or clients during conflicts that evoke the professionals' own anger or other negative emotions (Halpern, 2007). The "difficult client" approach is problematic considering that

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emotions have a pervasive influence on human judgment and thought (Clore & Huntsinger, 2007). Considering that negative emotions are often triggered in relationships with others, research has suggested that the emotional resonance triggered during conflict can become the basis for compassion through the act of embracing the perspectives of those in distress if given attention (Betancourt, 2004; Halpern, 2007).

THE TRANSFORMING POWER OF SAFETY

The importance of safety in the professional–client relationship was first described by Carl Rogers (1967). To avoid inadvertently repeating unhealthy interpersonal dynamics in the helping relationship, trauma-informed practice incorporates the core principles of safety, trust, collaboration, and empowerment (Levenson, 2017). These insights indicate that professionals should not only consider that all clients might have experienced some form of past trauma, but also respond to their vulnerability rather than challenging their behavior (Levenson, 2017). The *polyvagal theory* can be helpful in understanding why safety is so vital and acknowledging that clients' adaptive coping strategies are symptoms of deeper harm rather than willful defiance. Honoring clients' choices is primary in empowering them to make decisions that affect their lives. Moreover, the theory embraces the perspectives of professionals in emotionally challenging communication and distress.

Leading neuroscientists and psychologists have elaborated on how bodily sensations, emotions, and higher processes of the brain are related to safety by linking the evolution of the autonomic nervous system to affective experience, emotional expression, facial gestures, vocal communication, and social behavior (Porges, 2009). The polyvagal theory (Porges, 2017a) identifies the following three neural circuits involved in regulating autonomic states: sympathetic fight/flight, parasympathetic shutdown, and the social engagement system. The sympathetic nervous system is connected to defending oneself, detecting "danger," and preparing the body to fight or flee. During longer periods of danger or distress, the ability to defend oneself is weakened. To save energy and protect the body from pain, the parasympathetic system immobilizes emotions and higher brain functions. Under severe stress or in life-threatening situations, when one feels unable to defend oneself or flee, this immobilization can manifest as shutting down, fainting, and dissociating (fear-induced immobilization). The third stage, which is unique to mammals, is called the "the social engagement system." As illustrated in Figure 1, this system is engaged when we experience emotional safety and is connected to both the mobilization of creativity, play, and personal growth, and the immobilization without fear, which supports health and restoration. This system navigates relationships and enables one to authentically connect to oneself and others, feel compassion, and down-regulate defenses (Porges, 2017b). The social engagement system has many things in common with the "window of tolerance," a zone of arousal in which emotions can be experienced as tolerable, information can be processed and integrated, and everyday life demands can be met and responded to in a calm and connected way (Ogden et al., 2006; Siegel, 2012).

According to the polyvagal theory, professionals who experience fear or other negative emotions are less capable of building relationships and resolving challenging situations because their coping style becomes less flexible and dependent on rules. Furthermore, they are more likely to recruit defensive strategies, develop negative attitudes, and experience loss of energy, such as burnout (Maslach & Leiter, 2016). In daily life and practice, negative emotions can be triggered by individual and collective vulnerabilities, such as a lack of competence, stress, personal history of trauma, demanding life situations, experiences of moral injury, time restraints, and inability to exercise professional efficiency. If considered a collective challenge, these factors require collective healing and responsibility to equally address the individual and structural causes and build safe communities that recognize the needs of both professionals and clients.

Restorative practice acknowledges that all human beings have the same basic needs for safety and belonging (Maslow, 1943). Restorative practice is a holistic and transformative approach aiming to promote collective healing and justice through appreciative dialogue and community building (Pranis, 2005; Zehr, 2002). A key tool in restorative practice is the circle process, which is a process of building a safe and nonjudgmental environment that encourages participation, the sharing of vulnerabilities and strengths, and reflection on the emotional resonance triggered during conflict (Macbeth et al., 2011). In the circle, everyone faces

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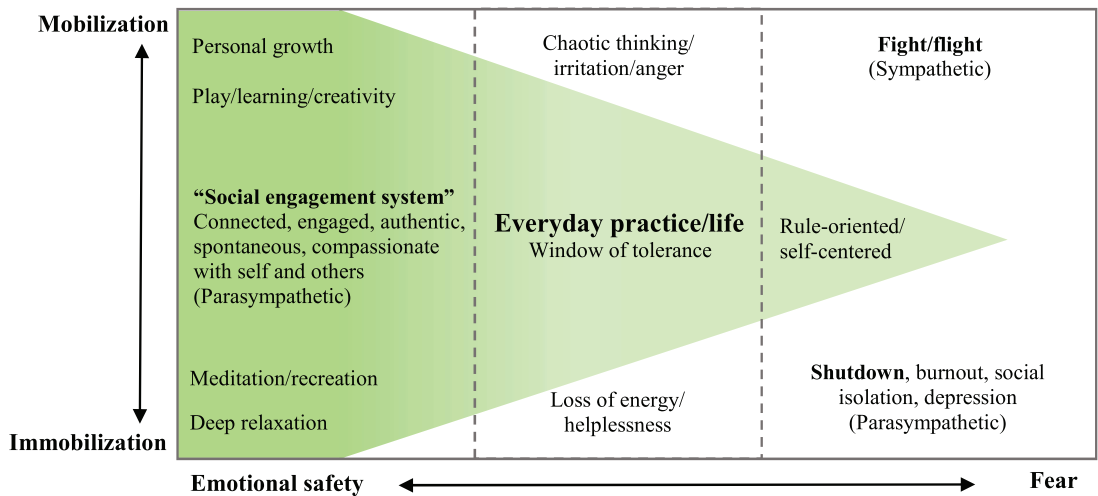
Figure 1: The Power of Safety



Note: The model is based on the polyvagal theory (Porges, 2017a, 2017b) and the window of tolerance (Ogden et al., 2006; Siegel, 2012).

each other, and there are no tables or disturbing obstacles. The process begins with a check-in, which creates the possibility for everyone to be seen and listened to and marks a ritual transition from everyday life to the present community (Boyes-Watson & Pranis, 2015; Pointer, 2019). Fundamental to restorative practice is the ability to build and restore relationships within a society in which disconnection is becoming the norm rather than the exception (Braithwaite, 1989) and to proactively build community and relationships that are better prepared to respond to harm.

Research regarding how to build emotional safety, relational awareness, and compassion, and how to apply them collectively to address challenging communication when both the client and the professional are feeling unsafe, is limited. Furthermore, extant research concerning building compassion has noted individual responsibility for self-care (Maslach & Leiter, 2016; Pyles, 2020). However, we suggest that there is an organizational and political responsibility and need to address the challenges with collective care/healing in professional practices and education.

Both restorative and trauma-informed practices empower people in a safe and transformative way by creating a relational environment that cues safety. This allows participants to achieve what the polyvagal theory refers to as a social engagement state, enabling them to let down their defenses, and encouraging them to face and reflect upon their own negative feelings and express their vulnerabilities in their practice and daily life. The conceptual framework of this study rests on how principles of trauma-informed care and restorative practice can be used to activate the social engagement stage as a tool to increase competence and well-being among professionals and clients. Taking these principles and insights into account, the following research question was developed: How can a restorative and trauma-informed circle process contribute to increasing professional development in challenging communication?

METHOD

Study Design

This study was inspired by the aforementioned theoretical insights and the first author's following experiences: (a) working for many years as a social worker with traumatized young adults and (b) facilitating restorative circle processes for students and professionals with encouraging feedback for over 10 years. Based on these experiences and to answer the overall research question, an action research study was carried out from 2017 to 2019. Consistent with Furu et al. (2008), students and

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professionals were invited to work along with the researcher as research partners (referred to as "participants" in this article). The aim was to provide the participants the opportunity to challenge and reflect upon their practices by introducing them to a trauma-informed and restorative practice. A central part of this research was to provide a democratic circle process in which the participants were offered ways to develop professionally by planning, pursuing action, observing, and reflecting upon challenges related to their own practices (Reason & Bradbury, 2001).

Participants and Recruitment

The inclusion criterion for this study was being a social worker or nursing student with clients suffering from trauma. The two professions form a major part of the workforce in health and social services and are often not equipped with the needed understanding and/or support. Students were included to explore whether and how the circle process could be used in their educational programs to contribute to increasing interpersonal competence and safety. The participants were invited to an information meeting through service and education managers in three different settings. After being informed of the research process and sharing their practice challenges, 20 social workers and nine nursing students volunteered to participate. In total, the study included eight social workers employed in the Norwegian Labor and Welfare Service, 12 social workers from a nongovernmental labor and inclusion services organization, and nine nursing students who practiced in a psychiatric ward or drug rehabilitation facility. (For all participant characteristics, including gender, age, and years of work experience, see Table 1.) All participants signed a declaration of consent.

Circle Process Workshops

Three separate workshops, which included exercises, role-playing, and reflection, were organized from November 2017 to May 2018, according to Geir Dale's (2006) book *Fra Konflikt til Samarbeid* (From Conflict to Collaboration). To increase the sense of trust and connectedness in the group, all participants were asked what they needed to feel safe in the process, and a "talking piece" was passed to each person in the circle, providing all participants an opportunity to speak and listen to one another. The participants emphasized and agreed to listen and speak with respect and honor confidentiality. The dialogue continuously progressed through rounds of questions structured according to what psychologist Marshall Rosenberg (2015) called "nonviolent communication" using metaphors of the "giraffe" versus the "jackal" (wolf). The giraffe symbolizes the ability to observe, recognize, and communicate feelings without judging and empathize with oneself and others, whereas the jackal symbolizes a more aggressive and defensive way of communicating by automatically responding without reflection and searching for the weaknesses of others. The metaphors helped the participants address their own communication strategies in different settings and circumstances.

The circle workshops lasted for six full days and consisted of three modules. The nursing students participated in five shortened days that incorporated the contents of the modules most rel-

Table 1: Participant Characteristics (Gender, Age, and Years of Work Experience)

Participant Group	Gender		Age (Years)						Relevant Work Experience (in Health or Social Work)				
	Female	Male	20–29	30–39	40–49	50–59	*M*	Min–Max	>5	5–10	>10	*M*	Min–Max
Governmental social workers (*n* = 8)	8	0	1	2	5	0	39	28–59	2	4	2	10	2–24
Nongovernmental social workers (*n* = 12)	8	4	2	5	4	1	39	26–57	7	4	1	5	1–12
Nursing students (*n* = 9)	6	3	8	1	0	0	25	21–32	8	1	0	3	0–8

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evant for them as students. The first module aimed to strengthen the participants' skills in resolving their own conflicts and sharing and reflecting upon their own experiences, strengths, and vulnerabilities in connection with themes, such as positive cooperation, conflict understanding, "nonviolent communication," triggers, anger, enemy images, and conflict transformation. The second module aimed to provide the participants tools to understand and support others in conflict transformation while focusing on the role and practice of the mediator, dialogue, and creativity. The third and last module focused on developing an understanding of how to use restorative circles with colleagues and clients. The last module was held six weeks after the first module to provide the participants time to act, observe, and critically reflect upon their own practices.

Data Collection

The data used in this study were collected from reflection notes (RN), focus group interviews (FG), dialogue meetings (D), and individual interviews (I). All interviews and meetings were audio-recorded and transcribed verbatim, and direct quotes are labeled as RN, FG, D, or I, to indicate the source.

All participants received a book in which they wrote their reflections during the process. Two participants decided not to deliver the notes to the researchers. After completing each of the three workshops, we organized focus group interviews highlighting the following: (a) reflections upon interpersonal communication and safety after participating in the circle and (b) how they could use these insights in their daily practices.

Most social workers ($n = 15$) participated in the reflective processes in three dialogue meetings that occurred three to 12 months after the last restorative workshops. During these meetings, the participants were presented the preliminary findings and reflected upon the findings as research partners.

All participants were invited to individual interviews ($n = 18$) a year after the focus group interview. The participants tended to be more specific during the individual interviews and critically reflected on the process of changes in challenging meetings and their overall practices. During and after the process, the preliminary findings were presented (in a circle) by the participants and the first author to other social workers and representatives from the Norwegian Directorate of Labor and Welfare and the Norwegian Labor and Welfare Administration leadership. Furthermore, the participants used the circle process in meetings with clients.

Methods for Analyzing

A thematic analysis was conducted (Braun et al., 2018). The qualitative data were categorized according to the factors and concepts revealed to be important by the participants and to identify emerging themes. The themes were presented and developed in dialogue meetings and interviews with the participants over a one-year period. All aspects of the research process were rendered transparent to the participants and second author. To decrease bias from the first author, due to her leading role in facilitating the workshops, interviews, and data analyzation, the second author contributed with a critical outside perspective. Furthermore, two different co-facilitators critically reflected during the process.

RESULTS

The participants' experiences after participating in the circle process centered on the following four main themes related to professional development in challenging communication: (1) self-awareness and compassion for others, (2) emotional safety and tolerance of stress in challenging communication, (3) responding to vulnerability instead of challenging behavior, and (4) courage to progress toward personal growth.

Theme 1: Self-Awareness and Compassion for Others

Most participants experienced increased self-awareness during and after the circle process as follows: "I have become more aware of what I bring to a conversation in terms of body language, tone of voice, and choice of words/formulations" (P20RN). The process also emphasizes that the participants' experiences of self-awareness are important for opening up and having compassion for others in relationships and practice. At the beginning of the workshop, several participants were mostly concerned with how imperative it was for clients to understand the rules and limitations of the system and themselves as professionals. During the exercises and reflections, their understanding and awareness of how their communication affected others became clearer, and

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their focus shifted toward the clients. One social worker stated:

> I have become more conscious and more aware of what my choice of words has to say for the message I give—what words I use, how I say it, and how it is perceived. . . . Additionally, I have become more aware of identifying the needs of the person I am talking to. (P1FG)

The process also liberated many participants to be more open-minded and likely to embrace the perspectives of others in distress. The following experiences were echoed by several social workers, including one who said, "I would say that the change in my understanding of other people's feelings, perspectives, and actions had a special impact on me" (P26RN). Additionally, a nursing student stated:

> I may have thought more about how I react in different situations, which I didn't think much about before. . . . I think it's good when I know myself and what makes me annoyed; I can better understand why others get annoyed with things. (P16I).

Participating in the circle shaped how the participants expressed themselves and how they understood and interpreted their practices. Most participants reflected upon how they became more aware of staying silent and actively listening to their clients as illustrated in the following quote: "I became even more aware, dared to stand in silence, and the times when I really do, that's where I get the most benefit" (P20D).

Theme 2: Emotional Safety and Tolerance of Stress in Challenging Communication

Most participants felt more secure in interpersonal communication resulting in higher stress tolerance. Two nursing students reflected upon this outcome in their notes as follows: "I have become more secure in communication and conflict management or maybe more in preventing conflicts. I think I will speak and behave differently than I did previously" (P13RN); "I think that my stress tolerance has increased considerably. I am more patient. I feel less stressed in conflicts, and I have become better at addressing my needs" (P10RN). The study outlines that feeling insecure affects attitudes toward challenging clients. As they felt safer, they became better listeners and had increased patience and understanding of themselves and others. One social worker stated:

> Immediately after the sessions [circle], I noticed that I dared to let people in, the clients' whole story, that I dared to shut up, dared to hear them out. Before, I think that really stressed me out; I guess I assumed more . . . I was only concerned about what I thought was important. (P3I)

With more understanding, several participants felt a sense of not only safety, but also control, which allowed them to break down barriers and address situations without polarization. As explained by a social worker:

> It has given me a sense of safety and a sense of control over the situation. . . . I have had greater peace of mind. We have experienced a lot of conflict situations and death threats. Before, I distanced myself more from this kind of client and became a lot more like [making a strict face] "this is how it is"—and if it evolved into something more, I would just have gotten out of the office and got the manager; while now, I feel calmer in those situations and can keep the dialogue going without putting up barriers [indicating with her facial expression and motioning with her hand that she sets up a barrier]. I feel I have taken some of them down. (P8D)

Several participants attained self-awareness in challenging situations and felt an increased sense of safety that allowed them to remain in communication. As explained by another social worker, "As you learn new concepts or new perspectives, you may expand your 'window of tolerance' because you gain awareness of why you act like you do—like why I always go into hyper-activation or hypo-activation in some situations" (P6I). For many participants, understanding their own reactions as they became calmer created room for curiosity, even in challenging communication.

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Theme 3: Trauma Understanding and Responding to Vulnerability instead of Challenging the Behavior

According to some participants, there is limited trauma-informed understanding in their respective practice fields, and clients are regarded as "difficult" as follows:

> I think we could have emphasized a lot more on understanding trauma because I think we tend to put some clients in boxes where some are 'difficult' clients. . . . We can be a collective group of wolves. If something goes wrong or there is poor communication, it is always because there is something wrong with the clients—the client is blamed. (P6I)

Describing themselves as a group of wolves showed how vulnerable the social workers felt in their profession. The changes in their understanding after the circle process seemed crucial. As the participants' focus shifted from defending themselves to recognizing and listening to the needs of the clients, they opened up to deeper compassion and positive attitudes toward clients, rendering them more motivated to perform their work. One social worker elaborated on this change as follows:

> I have gained more understanding. Instead of saying, "He is rude," I think a little more: Why is he angry? Why has he become angry, and what does he need not to be angry? When you think of clients like that, it is much easier to help and find the motivation to help. Then, you don't see someone as rude but as a person who has a really, really hard time. (P1I)

Many participants reported a change in their understanding, from clients being difficult to clients being oppressed and suffering. This understanding is exemplified in the following quote: "I have increased my understanding of why someone is so angry and feels powerlessness in the system and how I can compensate with my communication to some extent. We can come far just by being giraffes" (P6RN). These findings are supported by previous research indicating how people are less likely to be compassionate when relating to someone whom they fear or do not like or understand (Gilbert & Mascaro, 2017). Identifying a client who exhibits challenging behaviors as suffering rather than misbehaving has a great impact. Helpers who tolerate feelings of anger are more likely to behave compassionately for the welfare of others than those who avoid angry feelings (Gilbert & Mascaro, 2017).

Several participants reported experiences of increased optimism and belief in their own competence. This outcome is illustrated in the following quote:

> We have contact with clients who do just that [pretend to be tough]. After all, it constitutes the core of the circle guidance—to see and understand that we feel a need to protect ourselves when we are vulnerable, and so do the clients. That was what I experienced when working [in the circle]—that one thing is to recognize how we [professionals] react and handle things ourselves, but also to see and understand that it is some of the same things clients do when they meet us. (P8I)

This quote reveals an increased understanding of a shared humanity. Hence, once we accept our own and others' vulnerability, coping with emotions in challenging communication becomes less threatening.

Theme 4: Courage to Progress toward Personal Growth

Many participants reported that working in the circle, especially during the reflections after each exercise, challenged their comfort zones and increased their tolerance for discomfort. Additionally, the participants experienced a close connection among safety, having the courage to exit their comfort zone, and exploring self-discovery and introspection. As one social worker expressed in their reflection notes:

> I've been given the opportunity to challenge myself in a safe environment. Initially, I always wanted to avoid such challenges. . . . Personally, it has been very educational, and I feel that I have developed myself and my personal skills. (P2RN)

One student reflected upon how her way of thinking and meeting people changed:

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> I feel that I have learned more about myself and the way I communicate with those around me. I meet others in a different way, and I am more open and less judgmental. I have learned how to become better in communicating with others not only in terms of body language, but also in how to convey my own thoughts and needs. (P10RN)

One participant addressed the importance of introspection: "I think it is very exciting to go into oneself first; in the next moment, it opened up room to being able to see others" (P6I). Recognition of self and others is necessary for self-change and growth in all relationships. In the circle, recognition is further directed to enable a more socially just practice in which participants are provided the opportunity to enter a safe space for deep reflection and challenging their practice.

DISCUSSION

Altogether, the four themes emerging in this study relate to the importance of increasing the participants' emotional safety for professional development. "Safety is two-dimensional with an objective component, assessed by behavioral and environmental measures, and a subjective component, acknowledging the feeling of safety experienced by professional and clients alike" (Beattie et al., 2019, p. 118). The participants reported that talking about their feelings, including negative ones, and challenging situations promoted well-being, bonding, and understanding. Moreover, the circle process enabled some participants to break down barriers and other participants to lean back and grant more empowerment and attention to clients. Most participants felt calmer, more compassionate, and motivated in the helping relationship.

This study indicates that when the participants developed an awareness of themselves and their own vulnerability, they could better open up and view both themselves and traumatized clients through another lens: not as difficult clients but as vulnerable and suffering people. Self-relating throughout the lifespan and accepting one's vulnerability are important for achieving emotional maturity, which entails and fosters nonjudgment, forgiveness, and acceptance of oneself and others (Neff, 2009). The findings of this study support findings from recent research concerning the development of compassion (Seppälä et al., 2017). Addressing fear and insecurity in practices seems crucial for building self-awareness and self-compassion. When the participants changed their awareness and beliefs about themselves, it led them to think, feel, and act differently (Dweck, 2013). We all struggle with inner conflicts. Becoming aware of our triggers and tendency to judge ourselves and acknowledging our positive qualities can help us understand and work on these inner conflicts, resulting in less fear and better communication. Trauma-informed practice based on the polyvagal theory offers professionals an understanding of the necessity to experience safety; remain flexible, connected, and compassionate; and understand how they depend on their own and their clients' neurophysiological states (Porges, 2017b). Trauma is related to the loss of connection—to ourselves, our bodies, others, and the world around us (Levine, 2012)—while restorative practice is related to building relationships and community.

Participating in the workshop reminded many participants of our shared humanity and the importance of being kind and true to themselves. Reducing insecurity and shame by increasing self-compassion in professionals can be a powerful way to enhance personal and interpersonal well-being (Seppälä et al., 2017). Understanding trauma and challenging communication from the perspectives of both the client and the professional is of importance to all human services in which relationships and interpersonal communication are the main resources for change.

The need for personal growth and transformation often appears in challenging situations when people are confronted with problems without being provided the tools necessary to solve them. Involving professionals and students as partners promoted engagement and an understanding of their own practices and provided an opportunity to create changes during and after the process. These findings indicate that restorative practice can contribute to healing trauma through supportive and healthy relationships, providing people an opportunity to speak and listen to one another in an atmosphere of safety and equality, and mindfully encouraging the participants to slow down and be present with themselves and others. When professionals are given the opportunity and responsibility to reflect upon their own practices, it can create awareness and empower

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their own practices (Rundell, 2007), focusing on "becoming better humans for others and for themselves" (Kaufman, 2020, p. 220). Changing a culture starts with challenging the practices, stereotypes, prejudices, attitudes, beliefs, and behaviors that contribute to injustice and harm, and changing mindsets through sharing and deep reflection (Morrison, 2007). There is a need to shift from self-defense to self-care, collective caring, healing, and well-being, and to transform the institutions and relationships that cause harm in the first place (Ginwright, 2015).

CONCLUSION

The purpose of this study was to explore whether the restorative circle process could contribute to increasing professional development in challenging communication. Organized in a circle to promote feelings of safety, the participants had the opportunity to reflect upon their needs in situations involving challenging communication; reflect upon how insecurity, beliefs, values, attitudes, and experiences might hinder them from achieving well-being; and establish grounds for change. This research suggests that restorative circles can build professional competence and result in lowered defenses, allowing for appreciative dialogue and reconnecting to professional and human values in communication. Furthermore, this research can contribute new knowledge regarding how to use restorative circles to build safety, compassion, and relationships in education and practice. Addressing both professionals' and clients' need for safety and belonging creates an opportunity for personal and organizational change, which can be achieved by (re)acknowledging the importance of building connections, understanding attitudes, and empowerment, thereby breaking down the isolation and detachment that has taken over social/human services. Such personal and organizational changes can benefit the well-being of both professionals and clients.

It is necessary to spend time challenging practices and reflecting upon who we are and what we need in education and practice. Otherwise, the interpersonal and ethical dimension can easily be overridden or eliminated by "efficiency" ratings and time restraints.

The findings of this study must be considered in light of some limitations. First, the findings cannot be generalized to populations beyond those included in the study. Second, this study relies on self-report; thus, bias and inaccuracy may be present. Third, this study does not include clients' evaluation; thus, we cannot determine whether or the degree to which their well-being was affected by this study. Finally, the central involvement of the first author through interaction and applied theoretical perspectives may have impacted the findings to some degree. Thus far, the participants' positive evaluations in their practice fields have encouraged the managers of social and care services in Norway to attend circle processes to improve their collective care. Furthermore, the first author and a study participant are collaborating with professionals working at the Regional Resource Centre for Violence, Traumatic Stress and Suicide Prevention in Northern Norway to develop a model of collective care based on the findings of this study. However, continuing research is needed to further document and explore how training in restorative circle processes can contribute to professional development and provide a new understanding of challenging communication in education and practice. SW

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