Trauma Informed Communities: Helping People Heal

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Traumas

- Historical
- Community
- Organizational
- Individual
The Three E’s in Trauma

**Events**

*Events/circumstances cause trauma.*

**Experience**

*An individual’s experience of the event determines whether it is traumatic.*

**Effects**

*Effects of trauma include adverse physical, social, emotional, or spiritual consequences.*
Potential Traumatic Events

**Abuse**
- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional

**Loss**
- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

**Chronic Stressors**
- Poverty
- Racism/Discrimination
- Gender Bias
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder
The effect of trauma on an individual can be conceptualized as an understandable response to an abnormal situation.
- All behavior has meaning and purpose
- Symptoms are ADAPTATIONS
- Comfort vs. Control
- We build on success not deficits
Resilience Questionnaire
What's Your Resilience Score?

This questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in February 2013. Two psychologists in the group, Mark Rains and Kate McClinn, came up with the 14 statements with editing suggestions by the other members of the group. The scoring system was modeled after the ACE Study questions. The content of the questions was based on a number of research studies from the literature over the past 40 years including that of Emmy Werner and others. Its purpose is limited to parenting education. It was not developed for research.
Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.
2. I believe that my father loved me when I was little.
3. When I was little, other people helped my mother and father take care of me and they seemed to love me.
4. I’ve heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.
5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
6. When I was a child, neighbors or my friends’ parents seemed to like me.
7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.
8. Someone in my family cared about how I was doing in school.
9. My family, neighbors and friends talked often about making our lives better.
10. We had rules in our house and were expected to keep them.
• 11. When I felt really bad, I could almost always find someone I trusted to talk to.
• 12. As a youth, people noticed that I was capable and could get things done.
• 13. I was independent and a go-getter.
• 14. I believed that life is what you make it.
• How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled “Definitely True” or “Probably True”?)
The Trait Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the blank provided.

7. = Mostly True      8. = Definitely True
1. I can think of many ways to get out of a jam.
2. I energetically pursue my goals.
3. I feel tired most of the time.
4. There are lots of ways around any problem.
5. I am easily downed in an argument.
6. I can think of many ways to get the things in life that are important to me.
7. I worry about my health.
8. Even when others get discouraged, I know I can find a way to solve the problem.
9. My past experiences have prepared me well for my future.
10. I've been pretty successful in life.
11. I usually find myself worrying about something.
12. I meet the goals that I set for myself.

Note. When administering the scale, it is called The Future Scale. The AGENCY subscale score is derived by summing items 2, 9, 10, and 12; the PATHWAY subscale score is derived by adding items 1, 4, 6, and 8. The total Hope Scale score is derived by summing the four agency and the four pathway items.
The Four R’s

A trauma-informed program, organization, or system:

- **Realizes**
  - Realizes widespread impact of trauma and understands potential paths for recovery

- **Recognizes**
  - Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Responds**
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices

- **Resists**
  - Seeks to actively Resist re-traumatization.
Prevention Institute at the Center for Community Well-Being

Strategies within the **social-cultural environment** are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors. Some of the most successful youth development, violence prevention and health promotion programs build on existing community assets and are dependent on community members and organizations that connect individual youth and adults to a supportive community.
SAMHSA

Resiliency in Communities After Stress and Trauma
Short Title: ReCAST Program

The purpose of this program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST Program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, and reductions in trauma and sustained community change.
ReCast

- Resiliency in Communities after Stress and Trauma

Oakland, CA
Chicago
Baltimore
Flint, MI

Berkeley, MO
San Antonio, TX
Minneapolis
Milwaukee
Trauma Informed Care

- A District Priority for City Schools - School Year 2015-16

- June 7, 2016
Our Cross-Functional Team

- Office of Specialized Services
- Office of School Supports
- Office of College and Career Readiness
- Office of Teaching & Learning
- School Police
- Community-Based Mental Health Partners
Trauma Informed Care Is a District Priority and a Board Goal

- **District Priority 3:**
  - a) City Schools will have a respectful culture and climate and a collaborative environment that supports student achievement.

- **Board Goal:**
  - All students will learn in environments that embody a culture and climate of excellence, mutual respect and safety.
Trauma Informed Care: Preliminary Work in SY 2015-16

- Over 30 City Schools staff participated in the two day “train-the-trainer” trauma training conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) and sponsored by the Baltimore City Health Department.

- Concurrently, 10-15 City Schools staff participated in Baltimore City-sponsored monthly trainings in trauma with SAMHSA. Multiple offices throughout City Schools were represented: Office of Specialized Services, Office of College and Career Readiness, School Police, and Office of Student Supports. Also, community partners and other Baltimore City agencies participated.

- The district hosted training for Principals by SAMHSA with a focus on what trauma looks like in the school environment.
Carrying the Work Forward: Cross-Functional Infusion

- Expand elementary school implementation of the Restorative Practice model to increase opportunities for all members of our school communities to share the responsibility for making our schools a safe and nurturing environment.
- Develop and pilot a district-wide Character Development program to address climate and culture concerns at all grade levels and in all schools.
- Develop resources to be used by the school communities, including a trauma-informed care tutorial to be posted on Blackboard.
- Incorporate trauma-informed care content and strategies into the annual “Abuse and Neglect” professional development for all social workers, who then extend the training to all schools.
- Collaborate with the Positive Schools Center to develop the trauma responsive educational practice portion of the school climate transportation collaboration.
KEY SYSTEMS FOR RESILIENCE

CAPABILITY
- Intellectual & employable skills
- Self regulation – self control, executive function, flexible thinking
- Ability to direct & control attention, emotion, behavior
- Positive self view, efficacy

ATTACHMENT & BELONGING
- Bonds with parents and/or caregivers
- Positive relationships with competent and nurturing adults
- Friends or romantic partners who provide a sense of security & belonging

COMMUNITY, CULTURE, SPIRITUALITY
- Faith, hope, sense of meaning
- Engagement with effective orgs – schools, work, pro-social groups
- Network of supports/services & opportunity to help others
- Cultures providing positive standards, expectations, rituals, relationships & supports

GROWTH

PROTECTION

NOURISHMENT

WHOLENESS
Healing Communities

- Nourishing organizations
- OHMAS
- Ohio Attorney General
- Baltimore, MD 311, Schools, DJJ, Headstart
- May Dugan Center
- Missouri Initiative CAC
- The Living Well
- Brooklyn Drug Court
- Baltimore Police Department
- San Jose Mayor’s Office of Gang Prevention
- Making of a Gangsta
- Dayton Police Department/ Dayton Opiate Summit
- Human Trafficking Court
- First Responder Trauma
- Philadelphia Healing Hurt People
- Office of Victims of Crime Initiative
- Handle with Care
In the House of Representatives, U. S.,

February 26, 2018.

Whereas traumatic experiences affect millions of people in the United States and can affect a person’s mental, emotional, physical, spiritual, economic, and social well-being;

Whereas adverse childhood experiences (ACEs) can be traumatizing and, if not recognized, can affect health across the lifespan and, in some cases, result in a shortened life span;

Whereas ACEs are recognized as a proxy for toxic stress, which can affect brain development and can cause a lifetime of physical, mental, and social challenges;

Whereas ACEs and trauma are determinants of public health problems in the United States such as obesity, addiction, and serious mental illness;

Whereas trauma-informed care is an approach that can bring greater understanding and more effective ways to support and serve children, adults, families, and communities affected by trauma;

Whereas trauma-informed care is not a therapy or an intervention, but a principle-based, culture-change process aimed at recognizing strengths and resiliency as well as helping people who have experienced trauma to overcome those issues in order to lead healthy and positive lives;

Whereas adopting trauma-informed approaches in workplaces, communities, and government programs can aid in preventing mental, emotional, physical, and/or social issues for people impacted by toxic stress and/or trauma;

Whereas trauma-informed care has been promoted and established in communities across the United States, including the following different uses of trauma-informed care being utilized by various types of entities:
(1) The State of Wisconsin established Fostering Futures, a statewide initiative partnering the State with Tribes, State agencies, county governments, and nonprofit organizations to make Wisconsin the first trauma-informed State. The goal of Fostering Futures is to reduce toxic stress and improve lifelong health and well-being for all Wisconsinites.

(2) The Menominee Tribe in Wisconsin improved educational and public health outcomes by increasing understanding of historical trauma and childhood adversity and by developing culturally relevant, trauma-informed practices.
(3) In Chicago, Illinois, schools of medicine provide critical trauma-informed care, including the University of Illinois at Chicago Comprehensive Assessment and Response Training System, which improves the quality of psychiatric services provided to youth in foster care, and the University of Chicago Recovery & Empowerment After Community Trauma Initiative, which helps residents who are coping with community violence.

(4) In Philadelphia, Pennsylvania, service providers, academics, and local artists use art to engage their community to educate and involve citizens in trauma-informed care activities.

(5) In San Francisco, California, the city’s public health department aligned its workforce to create a trauma-informed system.
(6) In Kansas City, Missouri, schools worked to become trauma-informed by encouraging teachers and children to create their own self-care plans to manage stress. They have implemented broad communitywide, trauma-informed culture change.

(7) In Tarpon Springs, Florida, the city crafted a community effort to gather city officials, professionals, and residents to coordinate multiple trauma-informed activities, including a community education day.

(8) In Worcester, Massachusetts, community members worked with the Massachusetts State Department of Mental Health to create a venue with peer-to-peer support to better engage individuals dealing with trauma or extreme emotional distress.
(9) In Walla Walla, Washington, the city and community members launched the Children’s Resilience Initiative to mobilize neighborhoods and Washington State agencies to tackle ACEs.
(10) The State of Oregon passed the first law to promote trauma-informed approaches to decrease rates of school absenteeism and understanding and promoting best practices to leverage community resources to support youth.
(11) The State of Massachusetts passed a law to promote whole-school efforts to implement trauma-informed care approaches to support the social, emotional, and academic well-being of all students, including both preventive and intensive services and supports depending on students’ needs.
12) The State of Washington implemented the ACEs Public-Private Initiative, a collaboration among private, public, and community organizations to research and inform policies to prevent childhood trauma and reduce its negative emotional, social, and health effects;

Whereas the Substance Abuse and Mental Health Services Administration provides substantial resources to better engage individuals and communities across the United States to implement trauma-informed care; and

Whereas numerous Federal agencies have integrated trauma-informed approaches into their programs and grants and could benefit from closer collaboration: Now, therefore, be it

Resolved,
That the House of Representatives—
(1) recognizes the importance, effectiveness, and need for trauma-informed care among existing programs and agencies at the Federal level; and

(2) encourages the use and practice of trauma-informed care within the Federal Government, its agencies, and the United States Congress.
Only in the presence of compassion will people allow themselves to see the truth.

~

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SAMHSA’s National Center for Trauma Informed Care