Using Trauma Theory to Design Responsive Systems for Youth and Families

BRIANNE MASSELLI
DIRECTOR TECHNICAL ASSISTANCE & EVALUATION
YOUTH MOVE NATIONAL
Brainstorming

- What is trauma?
- When you think about trauma what comes to mind?
  - Feelings associated with trauma?
  - What behaviors are associated with trauma?
  - What are some traumatic events?
Defining Trauma

**Individual trauma** results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

SAMHSA definition 2014
What is Trauma?

Community Trauma occurs when a community has been subjected to a community-threatening event, has a shared experience of the event, and has an adverse, prolonged effect. Whether the result of a natural disaster or an event or circumstances inflicted by one group on another (e.g., usurping homelands, forced relocation, servitude, or mass incarceration), the resulting trauma is often transmitted from one generation to the next in a pattern often referred to as historical, community, or intergenerational trauma.

SAMHSA working definition
Types of trauma

- Acute Trauma
- Chronic Trauma
- Complex Trauma
- Stigma Trauma
- System Induced
- Historical
- Intergenerational
Why it Matters?

- Understanding Adverse Childhood Experiences
- Understanding Resiliency
- Implications for why trauma informed Care
Adverse Childhood Experiences

1. Recurrent emotional abuse
2. Recurrent physical abuse
3. Sexual abuse
4. Witnessed domestic violence
5. Household alcohol or drug abuse
6. Household mental illness
7. Parents separated/divorced
8. Incarcerated household member
9. Emotional neglect
10. Physical neglect
ACEs Predict Negative Outcomes

The wheel depicts the percentage of each outcome that is attributable to adverse childhood experiences in a study of 17,000 individuals from Washington State.

Understanding Trauma: A Youth Perspective

Misunderstood/Confused

Blaming and Shaming Phase

Anger & Frustration

Making sense of what has happened

Hope & Resiliency

Making sense of it all

Masselli, B (2014)
Definition

**Resilience**, understood as a set of beliefs, feelings, and behaviors that emerges at a time of adversity, refers to the ability of the child to ‘spring back’ from adversity. According to researchers it is “a process of, capacity for, or the outcome of successful adaptation despite challenging and threatening circumstances.”
The 7 Cs: The Essential Building Blocks of Resilience

**Competence:** When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.

**Confidence:** Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.

**Connection:** Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.

**Character:** Young people need a clear sense of right and wrong and a commitment to integrity.
The 7 Cs: The Essential Building Blocks of Resilience

**Contribution:** Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good, and may therefore more easily turn to others, and do so without shame.

**Coping:** Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick-fixes when stressed.

**Control:** Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.
Rewriting your story: Empowerment & Growth

Posttraumatic growth does NOT mean that the pain or fear from trauma go away. It means that individuals are able to **find meaning** in the trauma, **learn more about themselves** in the process, and find **opportunities to apply self-knowledge** to making **healthy life choices**
Why Be Trauma Informed?

When one seeks out mental health and or substance abuse services, it is rarely because they want treatment for past traumas.

The presenting “problems” are often more immediate and often tied to the state mission of the agency.

(Harris, M & Fallot, R. 2001)
Why Be Trauma Informed?

- Systems serve trauma survivors without treating them for the consequences of that trauma.
- Systems serve individuals without even being aware of the trauma that has occurred.
- This lack of awareness can result in failure to connect to appropriate services and supports resulting in poor outcomes.
- This disconnect can result in service systems inadvertently re-traumatizing those seeking services.

(Harris, M & Fallot, R. 2001)
Trauma Theory

Instead of asking “what is wrong with you?” a trauma informed approach asks “what has happened to you “

(Harris, M & Fallot, R. 2001)
Trauma Informed Care is a Journey

- It is a human service paradigm shift that understands
  - Trauma as a complex organizing model and impact on life domains
  - Survivor perspective and integrates a whole person approach
  - Services as a means of growth and empowerment and build resiliency and service priorities are prevention driven
  - Relationships are mutual and all perspectives are valuable

(Harris, M & Fallot, R. 2001)
What it takes to make it HAPPEN?

SHIFT YOUR THINKING

THEORY PRACTICE
Trauma Informed Principles

- **Safety**: Physical and Emotional
- **Trustworthiness & Transparency**
- **Empowerment, Voice & Choice**
- **Collaboration and Mutuality**
- **Cultural, Historical, and Gender Issues**
- **Peer Support**
How do we design service settings for all who are involved?

How do we support the workforce?

Is what we offer meeting the needs of the whole family?
Application of Trauma Informed

Better outcomes & avoid re-traumatizing

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;

(SAMHSA, 2014)
Where Are You?

<table>
<thead>
<tr>
<th>Trauma Aware</th>
<th>Trauma Focused Services</th>
<th>Trauma Sensitive</th>
<th>Trauma Informed</th>
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</thead>
<tbody>
<tr>
<td>• Didactic, individual</td>
<td>• Provision of Evidence Based Trauma Focused Interventions</td>
<td>• Focused “awareness” at the system or agency level</td>
<td>• Organizational Change</td>
</tr>
<tr>
<td>• Cross Systems</td>
<td>• Dependent Upon System</td>
<td>• Across system</td>
<td>• Full commitment from organization</td>
</tr>
<tr>
<td>• Brain Impact</td>
<td></td>
<td>• System specific</td>
<td>• Across Systems</td>
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<tr>
<td>• Functioning and Symptoms</td>
<td></td>
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<tr>
<td>• Risk Factors</td>
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Traditional vs. Trauma Informed

Your response is key:

Trigger + Non-Trauma Informed Response = Greater chance for a Negative Outcome

Trigger + Trauma Informed Response = Greater chance for a Positive Outcome
Trauma Informed vs. Trauma Specific

- Environment & Setting Matter
- Policies & practices matter
- Supports & interventions matter
- Flexibility matters
- Training matters
- Wellness & self care matters
- Feedback matters
NCTSN Essential Elements

- **Essential Element 1** – Maximize Physical and Psychological Safety for Children and Families
- **Essential Element 2** – Identify Trauma-Related Needs of Children and Families
- **Essential Element 3** – Enhance Child Well-Being and Resilience
- **Essential Element 4** – Enhance Family Well-Being and Resilience
- **Essential Element 5** – Enhance the Well-Being and Resilience of Those Working in the System
- **Essential Element 6** – Partner with Youth and Families
- **Essential Element 7** – Support and promote positive and stable relationships in the life of the child.
Trauma-Informed Tips

- Determine if child/adult is still living in a dangerous environment. This must be addressed and stress-related symptoms in the face of real danger may be appropriate and life saving.

- Provide child/adult a genuinely safe setting and inform him/her about the nature, and limitations, of confidentiality.

- Seek multiple perspectives about trauma (e.g. child, parents, legal guardians, family members).

- Use combination of self-report and assessor-directed questions.

- Recognize potential impact of both culture and developmental level while obtaining trauma information.

Wolpow & Ford, 2004
Because trauma comes in many different forms for children/adults of varying ages, gender, and cultures, there is no simple, universal, highly accurate screening measure.

Screening approaches should identify risk factors such as poverty, homelessness, multiple births during adolescence, and other environmental vulnerabilities of trauma-related symptoms and behavior problems associated with trauma histories.

- PTSD symptoms (which vary with age)
- Behavioral symptoms associated with trauma

Hodas 2004
Questions to Ask Therapists and Agencies that Provide Services (or yourself!)

- Do you provide trauma-specific or trauma-informed therapy? If so, how do you determine whether the child/adult needs trauma-specific therapy?

- How familiar are you with evidence-based treatment models designed and tested for treatment of child or adult trauma-related symptoms?

- How do you approach therapy with children and their families who have been impacted by trauma (regardless of whether they indicate or request trauma-informed treatment)?

- Describe a typical course of therapy (e.g., can you describe the core components of your treatment approach?).
Creating Trauma Informed Change

- Provide feedback on service experience including accessibility, quality, effectiveness and administrative process
- Provides understanding of the cross systems challenges when involved with multiple providers and identifies way to improve collaboration
- TIC provides a common language across all service sectors.
Trauma Informed Organizations

Step 1: Change Team

Step 2: Commitment to Trauma Informed Care

Step 3: Education

Step 4: Collect Data

Step 5: Policy & Practice Change
Step 1: Change Team

- Program and agency identifies a group of people who have the desire to assist their organization in becoming trauma informed. This team is known as a change team.
  - Members are identified as “champions for change.”
  - Membership should represent a variety of roles/disciplines in your agency and include youth/family voice.
  - Membership should be a manageable number of participants.
  - Members keep the organizational plan moving forward, reviewing data and making recommendations to leadership for policy and/or practice changes.
Step 2: Commitment

- Announce agency's commitment to become a trauma-informed to all staff.
  - Identify why this is important to the organization
  - Identify what the process will look like
  - Identify who is on your change team
  - Identify interest of other staff and how they can provide input to the change team or join
  - Be transparent about the process and have this be an ongoing conversation, not a “one time” conversation
  - Be ready to address staff who may express doubts or in a pre-contemplation stage of change
Stage 3: Education to staff, families and Youth

- Change team and leadership makes available training available to staff and stakeholders within the organization. Trainings could be but not limited to:
  - General Trauma Theory
  - Impact of trauma on families and youth, including behavior and relationships
  - Overview of trauma informed principles and domains and how these look at the individual level as well as organization
  - How To training that can move the work forward or provide strategies on how to be inclusive of youth guided care, family driven and cultural competency in daily practice
Stage 4: Data Collection

- Gather formal and informal data you may have as an organization, review and discuss with a trauma informed lens.
  - Staff retention, satisfaction survey’s, no-show rates, community perception and staff feedback
- Perhaps review trauma informed agency assessment tools and see what one may meet your agencies needs.
  - Develop a implementation plan on how you will assess your agency will introduce the tool and begin to gather data
Step 5: Policy and Practice Change

- Review and analyze your data, agency feedback and consider what policies and or practice changes could be shifted to be more trauma informed.
- Consider policies and practices that impact staff as well as those receiving services at your agency
  - Safety, self-care, professional development and practices that will improve treatment outcomes
Family & Youth Voice

- Be intentional and thoughtful on how and when you engage youth and family voice.

- Clear understanding of:
  - Family Driven Care
  - Youth Guided & Driven Care
Continuum of Participation

1. Participates in satisfaction surveys or focus groups
2. Serves on program advisory board or committees
3. Monitors program outcomes and effectiveness
4. Seen as an “expert” at the tribal, state, and national level
5. Involved in own treatment planning
6. Involved in designing and implementing programs
7. Partners to develop and deliver training and educational materials
Program Design

- Value added to include families and youth in the process of creating change?
- Provide education and support
- Conveners, facilitators and champions
- Bring lived experience
- Bring a non-traditional approach to services
- Committed at all levels of partnership exploration, planning, implementation and sustainability
- Think bigger than just clinical implications of trauma informed care
Creating Change

- Partners in selection process of screening & assessment protocols
- Partners in development of responsive services and supports
  - Clinical Supports
  - Peer to Peer: Coaching & Partner Models
- Partners in defining what TI-principles means to them and how that applies to quality of care
- Ability to identifying unmet needs in system
  - Impact of caregiver trauma
Developing a Responsive system

- Listen to the story
  - Shift your approach from asking what is wrong with you to what has happened.
- Understanding one’s world view & perceptions maybe different for each family member
  - Understand your bias as a provider
- Provide trauma specific interventions
- Provide education to youth and family around what has happened and what that means for them
  - How they can heal and better understand self
  - Understand triggers and the lasting impact
Developing a Responsive System

- Shift from a reactive and punitive structure to a proactive prevention structure.
- Understand risk factors
- Develop effective programs to overcome risk factors
- Enhance protective factors that promote resiliency
  - Work with Youth & Family Advocates
- Build resiliency in all domains
  - Individual
  - Family
  - School
  - Community
LINKS TO THE TOOL:
http://gucchdtacenter.georgetown.edu/TraumaInformedCare/
or http://trauma.jbsinternational.com/traumatool

Partnership with JBS International

8 Modules

9 Introductory Videos
5 Issue Briefs

7 Sets of Annotated Resources

25 Content Videos

Other Summary Documents

Issue Brief

One Year Later - Trauma-Informed Efforts in Eight States

Impact on the Brain. Children experience the impacts of traumatic stress not only emotionally but also through physical changes in the brain architecture. These changes significantly influence child development. This video provides information on the impacts of trauma on the developing brain, why these impacts matter, and how to use the information to develop programs to help children who have experienced trauma.

Example of video from Module 1: Understanding the Impact of Trauma
Questions?