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Conducting An Assessment to Become A Trauma Informed Organization

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**Purpose**: To analyze Community Action outcomes and identify effective, promising and innovative practice models that alleviate the causes and conditions of poverty.

**BUILD OUR CAPACITY TO FIGHT POVERTY!**
Anti-Poverty Work

The “Heart” of Who We Are
The Promise of Community Action

Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community and we are dedicated to helping people help themselves and each other.
The National Webinar Series

Focuses on themes related to the specific anti-poverty approaches and is a way to showcase innovative strategies to the broader CSBG network.
Subject Matter Expert

Elena Cohen
Becoming a Trauma-Informed Organization

A First Step: Agency-Wide Assessment

1. Build trauma-informed knowledge and skills
2. Establish trusting relationships
3. Respect service users
4. Foster trauma-informed service delivery
5. Promote trauma-informed procedures and policies

How trauma-informed is your organization?

What’s next?
Learn more at www.air.org/TICtool

Photo Credit: American Institutes for Research
Polling Questions

How would you describe your level of understanding about the following: (High, Medium, Low)

- What is trauma/adverse childhood experiences/toxic stress
- Prevalence
- Impact on adults, adolescents, children, families and communities
- Impact on staff, services, outcomes
- How can programs, agencies systems move to becoming more trauma informed
What is trauma?

- Results from an **event** or set of circumstances that is **experienced** as physically or emotionally harmful (or life threatening) and that usually has lasting adverse **effects** on the individual’s functioning and well-being.
How Stress Becomes Trauma

STRESS IN CHILDHOOD
Three Types
Stress is a mental, physical, or biochemical response to a perceived threat or demand. Stress is a natural and inevitable part of childhood. But the type of stress can make a difference in the impact on a child's brain and body, as well as potential effects that can last a lifetime.

POSITIVE STRESS
Normal, typical childhood experiences

TOLERABLE STRESS
More complicated, scary, challenging, and long-lasting

TOXIC STRESS
Severe, long-lasting, uncontrollable, and/or frequent stress

Sources:
http://developingchild.harvard.edu/resources/importt_and_workong_papers/working_papers/wp1.htm

Types of Trauma

- **Acute Trauma**: A single traumatic event that is limited in time.
- **Chronic Trauma**: The experience of multiple traumatic events.
- **Vicarious Trauma**: Both exposure to chronic trauma, and the impact such exposure has on an individual.
- **System Induced Trauma**: The traumatic removal from home, admission to a detention or residential facility or multiple placements within a short time.
An Event May be Traumatic for One Person and not for Another...

- How
- When
- Where
- How often
Adverse Childhood Experiences Survey

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- Over a ten year study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma) over the lifespan
- Largest study ever done on this subject
Adverse Childhood Experiences (ACEs) are negative life events or experiences which occur during childhood and have the potential to impede healthy child development.

Adverse experiences frequently lead to impaired mental and physical health, poorer school and work success, and lower socioeconomic status in adulthood.

https://www.cdc.gov/violenceprevention/acestudy/about_ace.html

Photo Credit: Robert Wood Johnson Foundation
Economic hardship is the most common adverse childhood experience (ACE) reported nationally and in almost all states, followed by divorce or separation of a parent or guardian.

The prevalence of ACEs increases with a child’s age except for economic hardship, reported about equally for children of all ages, reflecting high levels of poverty among young families.
Abuse of alcohol or drugs, exposure to neighborhood violence, and the occurrence of mental illness are among the most commonly-reported adverse childhood experiences in every state.
ACE Survey

- 67% of all suicide attempts
- 64% of adult suicide attempts
- 80% of child/adolescent suicide attempts

Poverty and Trauma

- The stress of poverty may result in difficulties faced by couples who have experienced trauma, such as problems with communication, difficulty expressing emotion, struggles with sexual intimacy, and high rates of hostility, aggression and interpersonal violence.

- The overlap of poverty and adversity has mutually reinforcing effects on the mental health of adults, affecting their capacity to provide adequate parenting.
Poverty and minority status are associated with increased cumulative exposure to violence within the family and in the community, with the result being significant mental health disparities between poor and minority children and the rest of the population.

Young children growing up in poverty face chronic risk factors, including abuse and neglect, severe maternal depression, parental substance abuse, harsh parenting, and family and community violence as well as greater exposure to physical risks, including substandard housing, lack of access to resources, and environmental toxins.
Poverty and Trauma

- Infants, toddlers, and preschoolers in the birth-to-5 year old age range have the highest incidence of maltreatment-related morbidity and mortality but the lowest access to mental health services because of the widespread perception that young children are not affected by trauma and Individual distress can range from transient symptoms to Posttraumatic Stress Disorder (PTSD) to more complex trauma-related disorders, with the potential to disrupt functioning across multiple domains.

Prevalence

Trauma is common among adults and children in social service systems.

- 98% of female offenders have experienced trauma, often interpersonal trauma and domestic violence.
- 96% of adolescent psychiatric inpatients have histories of exposure to trauma.
- 93% of homeless mothers have a lifetime history of interpersonal trauma.
- 90% of juvenile justice-involved youth have experienced trauma, often multiple traumas from an early age.
- 75% of adults in substance abuse treatment report histories of trauma.
- 70% of children in foster care have experienced multiple traumas.
Prevalence in Children

- 7/10 children are exposed to violence every year
- 3 million children maltreated every year
- 3.5 to 10 million children witness DV against their mother
- 1 in 4 girls and 1 in 6 boys sexually abused before adulthood
- 94% of children in juvenile justice settings have experienced trauma
Impact of Trauma

Activation of Response
- Fight
- Flight
- Freeze

Shutting down of non-essential tasks.

Rational thought is less possible at this time.
Traumatic Stress Reactions

- Traumatic reactions can include a variety of responses, including:
  - intense and ongoing emotional upset, depressive symptoms,
  - anxiety,
  - behavioral changes, difficulties with attention, academic and/or employment difficulties
  - nightmares,
  - physical symptoms such as difficulty sleeping and eating, and aches and pains, among others.

- Persons who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event.
Factors Increasing Impact

- Early occurrence
- Being silenced or not believed
- Blaming or shaming
- Perpetrator is trusted caregiver
Response is What Makes the Difference

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 Approach

Trauma-Informed Care (TIC) provides a new model under which the basic premise for organizing services is transformed from: “What’s wrong with you?” to: “What has happened to you?”
Promoting Trauma-Informed Agency

- Who benefits?
- Where do you start?
  - Multi-level team within system “buy in”
  - Needs and strengths assessment
  - Analysis of data
  - Plan for implementation of changes (including financing)
- Ongoing evaluation of progress
Implementation/Practice Guides

Trauma-Informed Practice Tools
http://calswec.berkeley.edu/toolkits/child-welfare-mental-health-learning-collaborative-katie/trauma-informed-practice-tools

Creating Trauma-Informed Systems (NCTSN)
http://www.nctsn.org/resources/topics/creating-trauma-informed-systems

Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol
Assessment/Planning Tools

Trauma-Informed Practice Guide - British Columbia 2013
bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf


Trauma Informed Organization

The Four R’s

- Realizes
- Recognizes
- Responds
- Resists
Becoming Trauma-Informed

- Create a safe environment
- Support staff development/support
- Screen, assess and plan for services
- Adapt policies and procedures
- Ensure consumers and staff input
Safe Environment

- Throughout the organization, staff and participants (children or adults) feel psychologically safe (i.e. maximizing control over one’s own life).
- For staff, safety generally means maximizing control over the service environment (minimizing risk).
- Provides space to practice self-care.
Staff Development and Support

- Agency addresses emotional stress that can arise when working with individuals who have had traumatic experiences.
- Agency ensures that all staff receive training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions.
- Agency supports workforce development for staff to understand trauma knowledge and intervention.
Warning Signs of Compassion Fatigue in Staff

- Exhaustion
- Reduced ability to feel sympathy and empathy
- Anger and irritability
- Increased use of alcohol and drugs
- Dread of working with certain clients
- Diminished sense of enjoyment of career
- Disruption to world view

- Heightened anxiety or irrational fears
- Intrusive imagery or dissociation
- Hypersensitivity or insensitivity to emotional material
- Difficulty separating work life from personal life
- Absenteeism
- Impaired ability to make decisions and care for clients
- Problems with intimacy and in personal relationships

Developed by Christina Clarke, MS, HS-BCP, Coordinator of Continuing Medical Education and faculty, Wake Forest School of Medicine, Northwest AHEC
Promote/Maintain Staff Resilience

- Maintain and environment of care for staff that addresses, minimizes and treats secondary traumatic stress and that increases staff resilience.
Screening, Assessment, Service Planning

- Trauma-informed screening and assessment is available and accessible to participants.
- Relevant questions included on the intake protocol/assessment that discuss current level of danger, history of trauma, children’s trauma exposure.
- Information from the intake followed up in developing goals and plans.
Screen

- Routinely screen for history/current trauma exposure and related symptoms.

- Screening can prevent misdiagnosis and inappropriate treatment planning.

http://www.integration.samhsa.gov/clinical-practice/screening-tools#TRAUMA

- Staff are knowledgeable about range of reactions that may be potential reactions traumatic events or circumstances.
Assessment and Planning

- Use culturally and gender appropriate evidence-based assessments and treatment for traumatic stress and associated mental health symptoms.

Refer for trauma-specific treatment to directly address consequences of trauma.
Provide Resources

- Make resources available to children, families and providers on trauma exposure, its impact and treatment.
Adapt Policies and Procedures

- Written policies and recognize the pervasiveness of trauma in the lives of people using services and staff and express a commitment to reducing re-traumatization and promoting well being and recovery.

- Include focus on issues of safety and confidentiality.

- Staff policies demonstrate a commitment to providing services/supports to staff (including training and supports)
People with lived experiences have opportunities to provide feedback to the organization on quality improvement processes for better engagement and services.

Staff members help participants identify strategies that contribute to feeling comforted and empowered.
Questions

How difficult would it be to implement trauma-informed approach at your organization?

- Very difficult
- Somewhat difficult
- Not difficult
Questions

What would you say is the biggest barrier to your efforts to become a more trauma-informed organization?

- Resources (fiscal, other)
- Agency competing priorities
- Adapting policies and procedures
- Staff training
- Lack of support from leadership
- Not knowing where to start
Q & A

QUESTIONS

COMMENTS

CONCERNS
Learning Community Webinar Event Dates

- **May 24** – Financial Empowerment for Families
- **May 25** – Trauma Informed Approaches to Alleviating Poverty

*Mark your calendars!*
An estimated 70% of variance in health is associated with the social and physical environment in which a person lives. This illustrates the need to address health disparities, poor health outcomes, and high health costs through innovative solutions that target the social determinants of health, such as housing. Please join Krista Egger from Enterprise Community Partners to learn about the pathways through which housing may affect health; a process for integrating health into affordable housing design and development, the Health Action Plan process; and resources available for you to use to put this work into practice. We will also share the story of one community development corporation who utilized the Health Action Plan process in their work.
National Webinar Series

Analyzing Poverty Trends - The Futures Project Session 1: Clarity, Impact and Performance
June 13, 2017 at 2 PM ET

The Futures project is a collaborative initiative, equipping Community Action agencies in Idaho, Oregon, and Washington to tell their collective story of how they are building a new future for people affected by poverty. Community Action agencies everywhere change lives. Futures believes using data and common language to tell our shared story can advance the clarity, impact, and performance of the work to strengthen communities and prepare people to exit poverty. Learn about the issues and process that led to the formation of the Futures partnership. We’ll also discuss the development of the project’s Theory of Change, as the framework to focus and guide the work in terms of stabilizing lives and equipping people to exit poverty.
Please Give Us Your Feedback!

https://www.surveymonkey.com/r/TraumaInformedOrganization
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May is Community Action Month!

Let’s tell the story on how we lend a helping hand to fight poverty
Are You Ready for Community Action Month 2017?

Our 2017 Community Action Month toolkit is now available!

Download it here for activities, events, social media posts and other creative ideas to celebrate Community Action with us this May!

#CommunityAction
#BeCommunityAction
2017 Annual Convention

Community Action:
Transforming Communities, Changing Lives

August 29th – September 1st

Join us in Philadelphia for valuable training, legislative information, timely program updates, and unparalleled networking!

Philadelphia Downtown Marriott - Philadelphia, PA

www.communityactionpartnership.com