Healing is the Revolution:
Why Trauma Work is Equity Work

July 17, 2019
Hello There!
Glad that you made it!
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.
Purpose: The purpose of the LCRC is to analyze Community Action outcomes and identify effective, promising, and innovative practice models that alleviate the causes and conditions of poverty.

Build CAA Capacity To Fight Poverty!
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HITR

Why Trauma Work Is Racial Equity Work

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Therefore, as it relates to communities of color, trauma cannot be addressed solely at the individual level. A social ecological framework to address the compounding and catalytic impact of historical trauma, and ongoing structural violence with the resultant community trauma must be adopted. Indeed, as it specifically relates to youth of color, the National Child Traumatic Stress Network stated [2016 position paper]:

- “It is clear that interventions to serve children and families in the United States in the 21st century must incorporate the current historical context in which they live. In spite of progress, the legacy of slavery has been carried forward in many areas of American society, including the racially related injustices that persist, such as mass incarceration, and the lethal violence directed disproportionately towards African Americans. As such, the impact of the unresolved historical trauma of slavery on intergenerational trauma and community trauma should be addressed within a child services framework.”
Trauma ‘wound’ - an external event that overwhelms a person’s coping and activates neurobiological stress response

Stress – threat to an individual’s physiologic and psychological integrity – results in biologic and behavioral responses necessary for survival
Exposure to actual or threatened death, serious injury or sexual violence by:

- Direct trauma exposure
- Witnessing trauma
- Learning that trauma happened to close friend or relative
- Experiencing repeated or extreme exposure to aversive details of the event – e.g. first responder, case worker exposure to details of child abuse
Sources of Trauma

1) Single (discrete) traumatic event(s):
   • Rape
   • Car accidents
   • Natural disasters
   • Combat

2) Ongoing pattern of traumatic experiences:
   • ACE – interpersonal / household
   • Domestic violence
   • Homelessness
   • Severe chronic illness
   • Community violence
   • War
• Acute mobilization of energy for immediate use in ‘fight or flight’ response and suppression of non-essential systems by limbic system (Thalamus, Hypothalamus, Hippocampus)
• Sympathetic-adrenal-medullary (SAM) – the norepinephrine center of brain (locus coeruleus - brainstem) and adrenal medullary region of adrenals activate sympathetic nervous system – NE, Epi
• HPA – activate cortisol secretion from adrenal cortex – release energy to support ‘fight or flight’ response
Stress Response

• If threat goes away – parasympathetic nervous system releases acetylcholine (ACH) – diminish arousal and relax the body – increase need for sleep, food

• If threat is perceived to not diminish--- with chronic exposure
  • Dysregulation of the Hypothalamic-Pituitary Axis
    • Amygdala – increase in fear response
    • Hippocampus – increase in memory deficits, learning disorders
    • Prefrontal Cortex – impaired emotional regulation, impaired executive functioning – ‘react before thinking’

• Chronic Effects:
  – Hypertension
  – Diabetes
  – Immune Disorders
  – GI Disorders
Adverse Childhood Experiences (ACE)

Interpersonal Trauma

Abuse
- Physical
- Sexual
- Emotional

Neglect
- Emotional
- Physical

Household Dysfunction
- Drug abuse
- Mental illness
- Suicide attempt
- Intimate Partner Violence – Domestic violence
- Parental imprisonment / incarceration
ACEs harm children’s developing brains and contribute to changing how they respond to stress; and damages their immune systems so profoundly that the effects show up decades later.

https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean
Expanded ACE’s – Community Trauma

• The impact of chronic adversity across a community from factors related to structural and community violence:
  – Inequitable economic opportunities:
  – disinvestment and unemployment
  – Deteriorated Physical Environments - crumbling built environment, dangerous public spaces
  – Inequitable Policing - under and over
  – Inequitable access to quality:
    • Education
    • Healthcare
    • Transportation
    • Recreation
Adverse Community Experiences  
– The Impact

• Damaged / broken social networks, relations and support  
  – Harms individuals - ends friendships, communality and collective purpose

•Disconnected People
  – Destructive social norms that encourage violence
  – Low political efficacy and social agency
  – Loss of trust

• Low sense of collective political and social agency – collective traumatization
  – Less social cohesion and sense of collective efficacy

•Contributes to poly-victimization and development of complex trauma in individuals
  – Exposure to multiple forms of violence simultaneously and throughout the life course
• Expanded ACEs questions:
  – Witnessing violence
  – Experiencing racism / discrimination
  – Living in unsafe neighborhood
  – Experiencing bullying
  – Lived in foster care
# ACEs Increase Health Risks

## Behavior

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

## Physical & Mental Health

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs

- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
## ACEs’ Overall Impact on Adult Health

<table>
<thead>
<tr>
<th>Trauma / ACES</th>
<th>Impact</th>
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| Trauma (general) | Smoke cigarettes  
Engage in risky sexual behaviors  
Use illicit drugs |
| 4> ACES | 2x ischemic heart disease  
2x stroke  
3x STD  
5x depression  
7x alcoholism  
10x IV drug use  
12x suicide attempt |
| 6> ACES | Die 20 years earlier than those with no ACES |
ACE Pyramid over the Life Course

Death

Conception

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
ACEs Disparities

- National sample 2016 - % children experiencing at least 1 ACE
  - 61% of black non-Latinx
  - 51% of Latinx
  - 40% of white non-Latinx
  - 23% of Asian non-Latinx
- Black children and children of mothers with a high school education or lower were the most likely to have been exposed to multiple ACEs
- White children were less likely to be exposed to high levels of adversity compared to Black and Hispanic children - however highly exposed White children were at particular risk for problem behaviors.
- Black children more likely to have an ADHD diagnosis compared to Latinx and White children after exposure to 2 or more ACEs
PTSD - Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- Directly experiencing the trauma
- Witnessing in person the trauma as it occurred to others
- Learning that the traumatic event (must be violent or accidental) occurred to close family member or friend
- Experiencing repeated or extreme exposure to aversive details of the trauma (e.g. 1st responders)
B. Presence of **Intrusion** symptoms
   - Reliving the experience – flashback, nightmares

C. Persistent **Avoidance** of stimuli associated with traumatic event
   - Memories, places

D. Negative **Alterations in Cognition and Mood**
   - Mood - Feelings of shame, guilt, fear – unable to feel positive emotions
   - Thoughts – ‘The world is unsafe, I am bad’

E. Marked alteration in **Arousal and Reactivity**
   - Irritable behavior and angry outbursts
   - Reckless or self-destructive behaviors
   - Hyper vigilance
   - Exaggerated startle response
   - Problems with concentration
   - Sleep disturbance (difficulty falling or staying asleep, restless sleep)

F. Dissociative feelings – depersonalization, derealization
• Five or more of the following symptoms present during the same 2 week period; at least one of the symptoms must be 1 or 2:
  1. Depressed mood most of the day
  2. Diminished interest or pleasure in activities
  3. Significant weight changes (loss or gain)
  4. Insomnia or hypersomnia
  5. Psychomotor agitation or retardation
  6. Fatigue of loss of energy
  7. Feelings of worthlessness or inappropriate guilt / excessive worry
  8. Diminished ability to think or concentrate
  9. Recurrent thought of death, suicidal ideation or plan
 10. Diminished ability to think or concentrate
 11. Recurrent thought of death, suicidal ideation or plan
• Trauma-informed Cognitive Behavioral Therapy – exposure, cognitive restructuring
• Prolonged Exposure Psychotherapy – CBT that teaches clients to gradually approach and re-experience trauma symptoms they have been avoiding
• EMDR - Eye movement desensitization and reprocessing
• Attachment-focused play/creative therapy (children)
Medications

- Use sparingly – when trauma-focused therapy is not available or if patient refuses / resists / prefers
  - Sertraline – Zoloft
  - Paroxetine – Paxil
  - Fluoxetine – Prozac
  - Venlafaxine - Effexor
Trauma-Informed Systems

• **Realize** the prevalence of trauma in the population
• **Recognize** the signs / symptoms of trauma
• **Respond**
  – Individualized treatment
  – Advocacy / policy to eliminate trauma conditions (social determinants)
• **Avoid** re-traumatization
  – of client
  – and providers (avoid VR, STS)
6 Principles of Trauma Informed Approach*

- Safety
- Trustworthiness & Transparency
- Peer Support
- Cultural, Historical & Gender Issues
- Empowerment, Voice & Choice
- Collaboration & Mutuality
• Are safe - people feel physically and psychologically safe
• Are trustworthy and transparent - decisions are conducted with transparency and everyone can see and understand what’s going on, so as to build and maintain trust
• Provide peer support and mutual self-help so as to build trust and safety
• Engage in collaboration and mutuality – power and decision-making should be shared and the organization recognizes that everyone has a role to play
• Allow for empowerment, voice and choice – people’s strengths are recognized and encouraged and they are given opportunities to grow and increase their skills. It’s also recognized that everyone has unique skills to contribute and people should be approached according to their individual circumstances; and
• Respect cultural, historical and gender issues – the organization is not biased and doesn’t rely on cultural stereotypes. It recognizes historical issues and sees the value of cultural connections. It respects culture and gender.
Building Trauma-informed and Resiliency-promoting Organizations

• An ongoing process to strengthen an organization’s impact by integrating into its programs, structures, and culture; a comprehensive commitment to address trauma and promote resiliency

• It is more than a list of tasks—it is a paradigm shift deliberately infused into everything, every day

• It is an on-going process rather than a destination
TI- Community Building

• It starts with realizing and recognizing the impact of trauma on community members’ lives:
  1) Do no harm by being aware of past and on-going trauma and avoid re-traumatizing
  2) Accept and meet community members where they are and set expectations accordingly
  3) Empower community by recognizing the importance of self-determination to encourage long-term community stewardship, and,
  4) Engage in on-going reflective processes by responding to new developments and knowledge and constantly adjust
Support / Advocate Trauma Eradication at the Community Level

- Short-term and long-term policies / strategies / actions of public servants and businesses in collaboration / partnership with emboldened community members to improve:
  - Built environment – transportation, recreation, blight
  - Economic environment – education, healthy foods, jobs
  - Repair socio-cultural norms that contribute to: violence, substance abuse, disconnection: e.g. homophobia, gender power inequities, intergenerational rupture
- Access to:
  - low-cost / high quality trauma-informed mental health services
  - complementary healing experiences: e.g. nature trails, recreation, purposive mind-body movement such as yoga, tai-chi, drumming, dance, healing and transformative justice circles
“A trauma-informed approach is more than a list of tasks— it is a paradigm shift deliberately infused into everything, every day. In other words, being trauma-informed is an on-going process rather than a destination.”
References

• Burke NJ, Hellman JL, Scott BG, et al. The impact of adverse childhood experiences on an urban pediatric population. Child Abuse Negl. 2011 June; 35(6);408-413
• De Bellis MD, Zisk AB. The Biological Effects of Childhood Trauma. Child Adolesc Psychiatr Clin N AM. 2014 April; 23(2);185-222


Discussion and Q & A Session
Summer 2019


July 24th: Solar Energy Partnerships
July 31st: Basics of Sustainability and Resource Development
August 7th: Creative Approaches to Rural Transportation

https://communityactionpartnership.com/events/category/webinars/
Training & Technical Assistance

The Community Action Partnership offers a variety of Training & Technical Assistance (T/TA) to meet the needs of the national network. Topics include, but are not limited to:

**Management & Operations**
- Organizational Standards
- Community Needs Assessment
- Strategic Planning
- Data Analysis
- Board Governance Succession
- Planning
- Customer Satisfaction
- Systems
- Strategic Financing
- Risk Assessment

**Innovative Practices**
- Two-Generation Approaches
- Bundling Services
- Financial Empowerment
- Racial Equity
- Trauma Informed Approaches
- Health Intersections
- Homelessness
- Poverty Trends
- Developing a Learning Community

We design and deliver trainings tailored to the needs of our Network:
- Webinars
- Workshops
- 1-2 day In-Person Trainings
Save the Date!

https://communityactionpartnership.com/ac2019/
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