Implementing a Trauma-Informed Approach for Youth across Service Sectors

This brief is based on a webinar, *Implementing a Trauma-Informed Approach for Youth Across Service Sectors*, held Tuesday, May 21, 2013, 2:00 p.m. to 3:30 p.m. EDT. The webinar was sponsored by the Interagency Working Group on Youth Programs (IWGYP), a collaboration of 18 Federal departments and agencies that support programs and services focusing on youth and promote the goal of positive, healthy outcomes for youth. The webinar was planned jointly by the IWGYP and the Substance Abuse and Mental Health Services Administration (SAMHSA). The webinar slides are housed on the IWGYP website, FindYouthInfo.gov, under the Mental Health Youth Topic. The webinar featured three content experts nationally known in their field: Eugene Griffin, J.D., Ph.D., Northwestern University, Feinberg School of Medicine; Julian Ford, Ph.D., University of Connecticut, School of Medicine; and Charles Wilson, MSSW, Chadwick Center for Children and Families Rady Children's Hospital - San Diego, California; all of whom have been supported by SAMHSA trauma-focused grants. Additionally, the webinar included two youth presenters, NC and LS, who spoke about their own lived experience and the importance of trauma-informed care. Both youth are referred to only by initials to protect their privacy. NC is a peer specialist and LS is a law student.

Introduction

Trauma affects youth in all communities, and responses to those experiences by child-serving systems are critical. It is important for providers serving youth to understand how best to respond and support healing.

Service providers and policymakers in the youth-serving field are continually learning more from research[i] about trauma, traumatic experiences, and the various responses to traumatic events. It is important for youth serving systems to develop a greater understanding of the association between trauma and mental health and substance use disorders, and how it can derail the healthy development of youth. The field recognizes the importance of addressing trauma and using a trauma-informed approach in prevention, treatment, and recovery efforts.

This brief discusses the concept and prevalence of trauma; techniques for coping with, and recovering from trauma at an individual and systems level; the core principles for building a framework for understanding trauma; and implementation of elements essential for a trauma-informed system as presented by the featured experts.

What Do We Mean by Trauma?

After an introduction by Dr. Larke Huang from the Substance Abuse and Mental Health Services Administration (SAMHSA), Dr. Eugene Griffin provided a framework for understanding trauma.

Trauma is a complex experience that affects youth and the systems that serve them in a variety of ways. The experience of trauma can be described through some common elements: event, experience, and effects, also known as "Three E's."[ii] These elements address the uniqueness of an individual's response to an event and how an event affects one's future behavior and well-being.

Recognizing the effects of trauma and understanding how to address trauma are fundamental to the Trauma and Justice Strategic Initiative at the Substance Abuse and Mental Health Services Administration (SAMHSA), a division of the U.S. Department of Health and Human Services (HHS). The focus of SAMHSA's Trauma and Justice Strategic Initiative is on integrating a trauma-informed approach throughout health, behavioral health, and related systems to reduce the harmful effects of trauma and violence on individuals, families, and communities and using innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

As part of this Initiative, with the help of experts, SAMHSA will be releasing a concept paper outlining a framework for trauma and guidance for developing and implementing a trauma-informed approach.

An **Event** is objective and measurable. Traumatic events include abuse (physical, emotional, sexual); domestic or community violence; an accident or natural disaster; and war or terrorism.

1. An **Experience** is subjective and difficult to measure because it relates to how someone reacts to an event. It is often thought to be life threatening or physically or emotionally overwhelming, and intensity can vary among people and over time. The way one person experiences an event might differ from the way another person does; culture, gender, and age all influence one's experience of the event. Additionally, people experience events in different ways. Resilience, risk and protective factors, and supports may contribute to this experience.

2. **Effects** are the reactions a person has to an event and the ways an experience changes or alters that person's ongoing and future behavior. Classic symptoms include experiencing hyperarousal, such as overreacting or being hypervigilant; re-experiencing an event as nightmares or flashbacks; and avoiding a situation by having a fight, flight, or freeze reaction. The effects of a traumatic event can have a long-term impact on neurobiological development and contribute to negative physical, hormonal, and chemical changes due to stress responses.

Building on this "Three E's" concept of trauma, SAMHSA frames its concept of trauma as: 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.[iii] Researchers[iv] report that traumatic stress occurs when an extreme experience overwhelms and alters an individual's stress-related physiological systems and compromises the functioning of stress-response systems (e.g., neuroimmune, neuroendocrine, autonomic, and central nervous system networks).

> **"What I found worked best is when I was surrounded by people who really got it, who really understood trauma." — LS**

Prevalence of Trauma

Many youth are exposed to traumatic events, including those in the juvenile justice and child welfare systems, as well as those who experience homelessness. Building on the three E's concept, we know that the experience of trauma is complex and particular to each individual's life circumstances, which can make quantifying the extent difficult. Some people experience multiple traumas; for example, a youth who has been separated from his or her family and then experiences assault or abuse in a foster home. As many as half of all children that have been involved with the mental health, child welfare, and juvenile justice systems have experienced multiple traumas.[v] LS and NC, two young people formerly involved with the foster care system, comment in the box above on their experiences with multiple traumas.

> **"When I was seven years old…my brothers and I were placed in foster care…We were immediately separated, and so I felt like that was probably the first traumatic event that I experienced." — LS**
>
> **"While I was at my foster home, I had gotten into altercations with my foster brother and before he hit me, I felt scared…" — NC**

Coping with and Reactions to Trauma

Dr. Julian Ford provided an overview of strategies for youth, families, and communities to recover from trauma. Recovery from the adverse effects of trauma begins with the recognition that the experience of survival threat caused by traumatic events has caused some major changes in the way a person now copes with stress. These ways of coping are necessary and effective in emergencies such as traumatic events, but they interfere with ordinary day-to-day life. Youth who have experienced trauma may develop coping strategies to help them survive.

Chronic Survival Coping

Trauma affects a youth's relationships, sense of survival, and sense of trust and security with people. The reaction to terrible shock, stressors, challenges, and loss is chronic survival coping. An individual trying to cope or recover from serious challenges and stressors will learn techniques to survive, such as staying on edge; being vigilant, watchful, or even distrustful (hypervigilance); or using indifference to mask hopelessness.

Posttraumatic Survival Coping

Physically, posttraumatic survival coping reflects a change in the body, not just a mental and psychological change. It changes how a person's brain works. The brain helps a person learn, explore, try activities, and experience different ways of living. However, a person cannot experience life freely when trying to survive trauma. Instead, that person must put everything else aside and concentrate only on basic survival needs. Some common survival modes or hypervigilance practices are scanning the environment and being on guard for danger; attempting to block out or not think about upsetting things; being ready to fight or flee; experiencing elevated heart rate and adrenalin rush; and being unable to regulate aggression or use anger management techniques.

> **"I wish that the people who I was working with in my school were more trauma informed and that they were focused - instead of on the disruptive behavior - on what was causing the disruptive behavior." — LS**

Hypervigilance can make it difficult to set and accomplish goals even for the most persistent and high achieving person; all goals are trumped by the larger objective of staying safe. This type of coping can lead to difficulties trusting, including parents, caregivers, friends, teachers, and other adults.

Neurobiological Brain Research

Neuroscience indicates that a person's response to stress and use of coping techniques have three components. Dr. Ford provided a metaphor for understanding these complex brain processes:

- The *"alarm"* in the brain tells a person to wake up and pay attention. It also tells the body when there is a crisis and to be ready to react and survive.

- The *"librarian"* and *"search engine"* file and retrieve memories. When the alarm goes off, the memory filing center pulls information from all parts of the brain to figure out what is going on.

- The *"computer hard drive"* is the thinking center where all the information is put together and decisions are made.

If the three above components are working well, the thinking center is activated and a person can handle the stressful situation, not worry about survival, and come up with good ideas and plans for handling the situation, thus the alarm is turned off. However, if the alarm is so strong because of extreme stress (e.g., a threat to survival), it can crash the memory filing center and the hard drive in the brain. At that point, survival coping tactics take over. These activities take place in the part of the brain that helps a person survive and be safe. Operating in survival mode is not the ideal way to live because it leads to difficulty relaxing, trusting, focusing, and handling things appropriately.

Recovery from Trauma

A trauma-informed approach is a framework for providing services that should be integrated into everything that a program and system does. Dr. Ford noted that the goal of recovery from trauma is to tap into an existing strength to reset the brain's alarm to not be in persistent survival mode. Resetting the alarm requires strategies to resume thinking clearly. Evidence-based trauma-informed and trauma-specific therapy programs provide youth and their caregivers with strategies to focus their minds and deal with not feeling safe. Learning the strategies for regulating emotions and controlling anxiety is vital to everyday functioning in society. A trauma-informed approach includes youth and caretakers

in future planning. Trauma takes away control of a person's body or life. Reintroducing some control can tap into resiliency, and planning for the future provides hope.[vi]

Strategies for recovery from trauma include recognizing one's own and others' alarm reactions, sweeping one's mind clear before judging and acting, focusing on what is most important and positive, and being aware of stress and personal control levels. These strategies activate the thinking center and reset the alarm.

The webinar presenters acknowledged that there are many paths to recovery and recommended common therapeutic approaches implemented by mental health professionals that can assist individuals who have experienced trauma. It is important to understand that trauma-informed care principles can be implemented by people who are not mental health professionals and work in various systems that provide services for individuals who have experienced trauma.

Trauma at the Systems Level

Mr. Charles Wilson provided a discussion of the child welfare system, and its role in addressing youth and families who have experienced trauma. The experience of trauma is complex and personal, and youth and families who have experienced trauma receive services within a variety of community systems. Providers and systems have the ability to help or potentially re-traumatize. A trauma-informed system aligns interactions among youth-serving agencies, such as the child protection systems, lawyers, juvenile judges, law enforcement, schools, and mental health providers so that they better understand how youth, families, and adults respond to trauma.

A trauma-informed system is not just about raising awareness, but changing behavior, actions, and responses. The approach requires doing things differently so as not to re-traumatize or introduce additional trauma. Systems need to support the natural resiliency of children and youth and assist them in identifying their unique strengths.

In a trauma-informed system, caregivers play a central role in recovery, help promote youth's natural resiliency, and give youth tools for managing stress. A strengths-based approach considers and includes the assistance given to caregivers within the system. This approach considers how the system helps caregivers deal with both current and past traumatic stress. The trauma-informed system assists caregivers understand the significant trauma histories of the children and youth that are in their care. Child welfare workers, mental health therapists, foster parents, juvenile judges, and all those working with children who have experienced significant traumatic events are influenced and touched by the trauma and can experience secondary or vicarious traumatic reactions. Therefore, the trauma-informed system responds to the varying impacts of traumatic stress on children, caregivers, and all those who are in contact with the system. Practitioners take this thinking and awareness about trauma and use it in everyday practice.

> "The aftercare team also took a lot of time to do safety planning and future planning with me, and that is important because a lot of young people who experience trauma, they express feelings of hopelessness and they are in a constant state of anxiety, and so their ability to project into the future and plan for the future can be seriously impaired." — LS

Core Principles of a Trauma-Informed Approach

Given the presence of trauma in the lives of many youth and the need for systems and providers to support healing, a trauma-informed approach to providing services is critical. According to SAMHSA's concept of trauma[vii], a program, an organization, or a system that is trauma informed is based on four key assumptions:

- *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, practices, and settings.

- *Resists re-traumatization* of clients as well as staff.

The Chadwick Trauma-Informed Systems Project (CTISP)[viii] National Advisory Committee says that in a trauma-informed child welfare system, all parties recognize and respond to the varying impact of traumatic stress on children, caregivers, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skill into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.

> **"I was 13 years old in my first foster home, and I must admit I did not want to be there at first because I was at home with people who I was unfamiliar with…" — NC**

SAMHSA's six principles[ix] support a framework for understanding trauma and developing a trauma-informed approach:

- *Safety:* Throughout the organization, the staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

- *Trustworthiness and transparency:* Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

- *Collaboration and mutuality:* There is true partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators; they recognize that healing happens in relationships and in the meaningful sharing of power and decision making.

- *Empowerment:* Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills are developed as needed.

- *Voice and choice:* The organization aims to strengthen the experience of choice for clients, family members, and staff and recognizes that every person's experience is unique and requires an individualized approach.

- *Culture, historical and gender issues:* The organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; are gender-responsive; and incorporate a focus on historical trauma.

These principles underlie the values, beliefs, and attitudes of individuals and organizations offering a trauma-informed approach. Using this approach, organizations foster a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. Trauma-informed organizations build on strengths and assets of clients, staff, and communities instead of responding only to their perceived deficits. They recognize that everyone has a role to play. They address cultural, historical, and gender issues; actively move past cultural stereotypes and biases; offer gender-responsive services; promote the value of cultural connections; and recognize and address historical trauma. In the words of Dr. Ford, "A person does not have to be a therapist to be therapeutic."

Implementation

In his presentation, Mr. Charles Wilson shared the following central elements of providing trauma-informed care within programs, policies, services, and systems as outlined by the child welfare committee of the National Child Traumatic Stress Network. Sources with additional information are provided in the resources section of this brief.

Element 1: Maximize Physical and Psychological Safety for Children and Families

- Safety is a priority. Children and families who have experienced trauma may still feel unsafe even when they are no longer in danger. In addition to ensuring physical safety, it is important to help children and families feel psychologically safe.

- Sometimes even a noise or smell can trigger the feeling of being unsafe and elicit a reaction that a caretaker might not expect or understand. Being aware of and understanding these triggers and changing something seemingly small or insignificant in a daily routine can change behavior from negative to positive.

Element 2: Identify the Trauma-Related Needs of Children

- One of the first steps in helping trauma-exposed children and families is to understand how they have been impacted by trauma.

- Trauma-related needs can be identified through trauma screening and assessment.

- It is important to consider the type(s) of trauma children have experienced when making service referrals and developing service plans. All children need individualized services that are based on their unique circumstances, strengths, and challenges.

> **"I had reported a child abuse and neglect incident with social services and they did not come and take us out of our home. It was a form of betrayal of trust because you are expecting someone to help you and when that help does not come, then your relationship with the institutions that you need to rely on in order to get out of a bad situation, the relationship is broken." — LS**

Element 3: Enhance Child Well-Being and Resilience

- Many children are naturally resilient.

- Systems must recognize and build on children's existing strengths.

- Both individual caseworkers and overall agency policies should support the continuity of children's relationships.

- Staff and agencies should also ensure that children who have been traumatized have access to evidence-based treatments and services.

Element 4: Enhance Family Well-Being and Resilience

- Families are a critical part of both protecting children from harm and enhancing their natural resilience.

- Providing trauma-informed education and services to parents and other caregivers enhances protective capacities.

- Agencies should recognize and assist caregivers to understand the significant trauma histories of the children and youth that are in their care.

- Agencies should assist caregivers to understand their own trauma histories.

> **"We need to do some self-esteem building and work with young people to acknowledge their strengths. I think when you have experienced trauma, you have a lot of thoughts, beliefs, or feelings of being unworthy or ashamed and you feel a lot of guilt and sometimes that leads to hopelessness. You are not going to work hard to achieve goals if you do not believe you can achieve them, if you do not believe you are worthy of achieving them..." — LS**

Element 5: Enhance the Well-Being and Resilience of Those Working in the System

- Staff play important roles in supporting children, but working with people who have experienced abuse, neglect, violence, and other trauma can cause staff to develop secondary traumatic stress reactions.

- Agencies should collect information about trauma and secondary trauma experienced by staff, implement strategies and practices that build resilience and help staff manage stress, and address the impact of secondary traumatic stress on both individuals and on the system as a whole.

> "The aftercare team was most useful because they worked across the systems…I did not have to do the work that a lot of young people are burdened with, which is finding a way to get our systems to work with one another." — LS

Element 6: Partner with Youth and Families

- Youth and families should have choices and an active voice in decision making on individual, agency, and systemic levels.

- Youth and family members who have been in the system have a unique perspective and can provide valuable feedback.

- Partnerships with youth and families should occur at all levels.

Element 7: Partner with Agencies and Systems That Interact with Children and Families

- Agencies need to establish strong partnerships with other child- and family-serving systems.

- Service providers should develop common protocols and frameworks.

- Cross-system collaboration enables all helping professionals to see the child as a whole person, thus preventing potentially competing priorities and messages.

- Collaboration between systems promotes cohesive care and better outcomes.

Conclusion

This brief provides an overview of the webinar content as presented by experts in the field regarding the concepts and prevalence of trauma, principles for understanding trauma, and practices for addressing trauma and working with youth who have experienced trauma.

LS and NC, two young people formerly involved with the foster care system, provided much insight on their experiences with multiple traumas. Their shared comments provide important information and practice-based evidence and strategies that child and youth serving systems could incorporate into their work with children and youth who have experienced trauma. Some of the practical applications they described as beneficial to them include:

- Staff working in schools need to be aware of, educated and informed on the effects of trauma for children and youth, and trained in the causes of disruptive behaviors and ways to address these behaviors that do not re-traumatize children and youth;

- Aftercare teams need to provide consistent and ongoing planning with youth to address the after effects of trauma, (e.g., anxiety, sadness, depressions, feelings of hopelessness, anger, shame, guilt) and to build upon their strengths to instill good self-esteem and a belief that they are worthy of and can achieve goals in their life;

- Aftercare teams need to provide ongoing assistance for children and youth to learn skills for daily life, safety planning to address potential re-traumatization, and development of goals for the "here and now" and in their future;

- Aftercare teams need to provide quick response for children and youth who have been traumatized when reports or incidents of child abuse and/or neglect occur. Teams need to remember that these children and youth have been placed in unfamiliar surroundings and they do not feel safe or trust the people or environment immediately. They must rely on the aftercare teams to provide a trusting relationship with staff that will provide safety, protection and security in their lives;

- Aftercare teams need to work across systems to advocate for children and youth who have experienced trauma, and to assist them with the work needed for their daily care and consistent planning for life transitions.

Many strategies for coping with trauma have been noted in this brief, as well as the experiences of LS and NC which can inform child and youth serving systems on the successful practices and strategies that could improve the experience of children and youth who are coping with and healing from trauma. The resources noted below offer a starting point for deeper understanding of trauma and trauma-informed approaches.

Resources

Helping Children and Adolescents Cope with Violence and Disasters: What Community Members Can Do, National Institute of Mental Health, 2013 website information
http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-community-members/index.shtml

National Child Traumatic Stress Network, Learning Center for Child and Adolescent Trauma, Resources and Training
http://learn.nctsn.org/index.php

National Council for Behavioral Health; Trauma Informed Care
http://www.thenationalcouncil.org/topics/trauma-informed-care/

National Council for Behavioral Health; How to Manage Trauma
http://www.thenationalcouncil.org/wp-content/uploads/2013/05/Trauma-infographic.pdf

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viii Chadwick Trauma-Informed Systems Project. (2013). Creating trauma-informed child welfare systems: A guide for administrators (2nd ed.). San Diego, CA: Chadwick Center for Children and Families. Retrieved from http://www.chadwickcenter.org/CTISP/images/CTISPTICWAdminGuide2ndEd2013.pdf

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