

Building Solutions Toolkit

Tools and Resources to Respond to the Impact of
Violence and Trauma in our Communities
Using a Trauma-Informed Approach

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We would also like to acknowledge the Conference participants from Southern California and beyond who arrived ready to learn from and contribute to a professional learning community. They brought with them successful strategies, challenges and solutions in their efforts to respond to domestic violence, bullying and gangs, and new implementation of trauma informed care. Throughout the day participants contributed their thoughts and experiences in focus groups and the conversation café where they gave artistic expression to the values, beliefs, and conceptual foundations guiding our shared work.

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Introduction

The Continuum of Violence and Trauma in our Communities

Violence around the world has reached epidemic proportions, yet the commitment to healing and wellness holds promise for reducing its devastating effects. The impact violence and trauma has on our nation is evident in the unacceptably high rates of violent crimes and victims of trauma within our communities. In any given moment one can turn on the news hearing multiple reports of individuals and communities that have become the latest victims of violence. Professionals and community members are striving to find new ways to address these issues with a heightened sense of urgency.

Presidential / Federal Efforts

The epidemic of violence and trauma in our communities has sparked local, state, and national leaders (including the President of the United States) to support innovative efforts to reduce its impact. The current Federal Administration recognizes that the interrelated challenges in high-poverty neighborhoods require interconnected solutions. Struggling schools, little access to capital, high unemployment, poor housing, persistent crime, violence, trauma, and other challenges that feed into and perpetuate each other call for an integrated approach so residents can reach their full potential. One part of the Administration's strategy for catalyzing change in these communities is the Neighborhood Revitalization Initiative (NRI) —a bold new place-based approach to help neighborhoods in distress transform themselves into neighborhoods of opportunity (White House Office of Urban Affairs, 2010). A place-based approach is one that focuses on a particular "place" or neighborhood.

Efforts such as the NRI are designed to work across sectors to build partnerships focusing on addressing issues of gangs, bullying and domestic violence in areas of concentrated poverty. The goal is to transform communities defined by violence into thriving communities that foster the health and well-being of all residents, especially youth and families. These efforts look at communities and individuals from an ecological perspective, understanding that the neighborhood, community, or "place" where an individual lives matters. (An "ecological" approach assumes that individuals are shaped by many environmental subsystems, including family, community, workplace, cultural beliefs and traditions, economics, the physical world, and one's web of social relationships.) (Alcalay & Bell, 2000.) Efforts to address violence and trauma in our communities must be comprehensive, addressing those systems that adversely affect an individual's capacity for health and wellness.

Community issues such as domestic violence, gangs and bullying similarly need to be addressed using a holistic approach by focusing on health and wellness and by addressing the root causes of violence and trauma. San Diego County provides an example of one such successful initiative in Southern California. *"A County that is Healthy, Safe and Thriving"* is the vision that guides the County of San Diego and led to the adoption of the



County's *"Health Strategy Agenda: Building Better Health"* one component of which is *Live Well, San Diego!*. This initiative is the blueprint for improving community health and quality of life of San Diego residents over the next decade. It follows that the pressing need to engage in dialogue across sectors to promote prevention and intervention strategies to respond to the impact of violence and trauma was recognized by the County of San Diego Behavioral Health Services, thus sparking the successful *"Impact of Violence and Trauma in Our Community: Building Effective Community Solutions"* Conference.

San Diego County and Southern Region Conference

The County of San Diego Behavioral Health Services in partnership with Riverside County Department of Mental Health, San Bernardino County Department of Behavioral Health, and other Southern California counties identified the need to increase awareness of the impact of violence and trauma in our communities. They determined to follow through with the goal of enhanced awareness through the lenses of prevention and early intervention efforts, cultural proficiency, and cross-sector partnerships. The County of San Diego utilized the Mental Health Service Act (MHSA) Prevention Early Intervention (PEI) Training Technical Assistance Capacity Building (TTACB) resources to host a one and half day conference offering participants the opportunity to engage in peer sharing of successes and challenges within the southern region and throughout California. Together participants examined the benefit of responding to issues of gangs, bullying in schools and domestic violence with a trauma-informed approach.

Community professionals expressed a high level of interest in discussions of new ways to address the issue of reducing and preventing violence. A common theme that emerged from these conversations was to begin to view these issues using a trauma-informed approach, providing professionals and community partners with a more comprehensive strategy to use in reducing the impact of gangs, bullying, and domestic violence and the resulting trauma that they cause to individuals and communities.

Trauma-Informed Care and Implementation Statewide

Through cross-sector collaboration, professionals and community partners can better communicate throughout and within agencies incorporating a trauma-informed approach into programs that better serve the needs of our communities. We can also use ecological and place-based practices to develop programs specific to individuals and the communities they live in.

Every individual should have the right to live in a community that provides ample resources, quality education, nurturing homes, and safe, secure neighborhood space to gather and play. By collaborating across sectors to address the impact of violence and trauma in our communities we can work together to build change and a brighter future for us all.



Background

Mental Health Services Act (MHSA)

In January 2005 the Mental Health Services Act (MHSA), originally Proposition 63, was implemented. The Act combines prevention strategies with treatment strategies as an innovative approach to improve the public mental health system and thus enhances the quality of life for individuals living with serious mental illness. The voter-approved MHSA initiative provides for developing, through an extensive stakeholder process, a comprehensive approach to providing community based behavioral health services and supports for California residents.

Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI), a component of MHSA, focuses on programs and interventions for all individuals before a serious emotional or behavioral disorder or mental illness occurs. It emphasizes the need for prevention efforts, giving special attention to children and youth, as well as multicultural and multilingual communities where it is evident there is health inequity. This inequality can be seen through the availability of mental health services, quality of received care, and outcomes of their mental health support and services.

Training, Technical Assistance and Capacity-Building (TTACB)

In 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved five PEI Statewide Projects including the Training, Technical Assistance and Capacity Building (TTACB) Project. The primary goal of the TTACB is to enhance the knowledge and skill set of local partners such as educators, law enforcement, and primary health care providers, who provide services outside the behavioral health system.

The Conference That Inspired this Building Solutions Toolkit

The Impact of Violence and Trauma in our Community: Building Effective Community Solutions conference that took place in August 2011 in San Diego, California was instrumental in laying a foundation for this toolkit. The unacceptably high levels of violence and trauma significantly impacting communities throughout California created a high demand for participants to seek innovative approaches at this conference. Although over 500 individuals from the Southern Regions and beyond expressed interest in attending the conference, attendance was limited to 300 individuals in order to keep the conference intimate enough for participants to engage in deep dialogue.

The 300 attendees represented a wide range of different sectors and counties throughout the state of California. Representatives from Law Enforcement, City Attorney, Probation, Behavioral Health Services, Community and Faith-Based Organizations, Gangs, Bullying, and Domestic Violence Prevention and Intervention, Schools and School Districts, Post-Secondary Education, Alcohol and Drug Services, and Child Welfare participated in activities that inspired meaningful dialogue throughout this day and a half conference. Many of the insights gained through those conversations are captured in the pages of this toolkit.

Conference Philosophy and Guiding Values

Recognizing that the impact of violence and the trauma experienced across communities and demographics alike is at epidemic proportions, the conference planning team was committed to clearly defining and integrating the importance of wellness throughout the conference. Their desire from the beginning was to create opportunities for participants to “connect the dots” by recognizing that wellness is a critical element that must be integrated into our daily schedule. Conference participants were encouraged to examine the importance of health and well-being in one’s own daily life and the lives of those with whom they work. Likewise, it is anticipated that this toolkit will assist readers to do the same.

The planning committee designed the Conference to:

- Nurture professionals and community partners who provide care and support
- Honor the relevance of cultural proficiency
- Make it clear that “place matters”- in terms of community and social connections
- Incorporate an ecological perspective of violence and trauma prevention

Focus of the Conference

As previously mentioned, the Conference focused on the following key topical areas:

- Trauma-Informed Care
- Gang Violence
- Bullying in the schools
- Domestic/Intimate Partner Violence

It is acknowledged that violence is pervasive and other forms of it not identified in the list above can also be trauma-inducing. Many of the themes and key messages from the Conference are applicable throughout the full spectrum of violence, including those forms of it not specifically called out here.

Conference Goals

The goals of the conference were carefully designed to begin with a strengths-based perspective, and to feature the theme of health and wellness for oneself and for those we serve. By the end of the Conference, participants:

- **Learned** about culturally proficient strategies as they relate to the prevention of violence and trauma across the lifespan;
- **Renewed** their commitment to cross-sector collaboration;
- **Energized** their focus on their own health and wellness;
- **Explored** and learned about prevention strategies and tools that consider the unique needs of every community; and
- **Gained** new information on meaningful ways to integrate evidence informed practices beyond the conference into their communities.



Building Solutions Toolkit

The *Building Solutions Toolkit* is intended to provide the reader with the same powerful key messages that facilitated learning for conference participants, and also to make available similar experiences, through the foundational material and tools provided. The toolkit is based on information that was presented at the Conference by subject matter experts and gathered from participant's insight and experience.

The intent is for toolkit users to similarly learn about culturally proficient strategies to prevent and reduce the impact of violence and trauma across the lifespan. Readers will also be able to explore strategies and tools that consider the unique needs of every community; gain new information on meaningful ways to integrate evidence-informed practices beyond the conference into their communities; renew their commitment to collaboration and partnership; and re-energize as they are encouraged to focus on their own health and wellness.

How to Use This Toolkit

The *Building Solutions Toolkit* was uniquely designed to support a variety of different professionals and community partners working with individuals, families and whole communities exposed to traumatic experiences. The goal is to reduce and prevent violence and to support peaceful communities. The toolkit is intended to serve as a guide for dissemination of key information and offer support in engaging others in building skill related to applying a trauma-informed approach in their work.

The toolkit is not prescriptive, but rather invites the user to adapt the materials for their own needs and purposes. It is amendable and flexible. Since there are numerous quality publications on trauma-informed care, and several on specific individualized types of violence currently in circulation, the intent of the toolkit is not to replicate or incorporate them. Rather the *Building Solutions Toolkit* was designed to complement, or work with other materials already available in the field. (A listing of specific resources for further review is provided in Section V, beginning on page 121.)

Like the conference that inspired it, the **primary purpose** of the *Building Solutions Toolkit* is to:

- Increase knowledge of strategies to aid in the prevention and intervention of violence within the community;
- Provide information to help professionals, paraprofessionals and the community to bridge the gap and connect issues of community violence to trauma;
- Provide participants with increased awareness of Trauma-Informed Care;
- Increase knowledge and understanding of Trauma-Informed Care;
- Identify different types of trauma and their impact; and
- Increase participant's ability to apply a trauma-informed approach in their work.

The *Building Solutions Toolkit* was developed for experienced supervisors, managers, trainers, community advocates, educators and others to be able to "pick up and go". It is highly encouraged that anyone using this toolkit to facilitate learning in others or themselves, becomes thoroughly familiar with the foundational information found in Section I before attempting to implement the tools.



Key Definitions

The *Building Solutions Toolkit* distinguishes a “trauma-informed approach” from a “trauma-specific approach”. In general, a trauma-informed approach may be applied by any staff or community partner as a lens through which to view the work they are already doing with individuals with traumatic histories. A trauma-specific approach is only intended to be applied by qualified professionals with appropriate training (Hodas, G., 2006). (See section I, part 3 for more detail.)

Due to the broad applicability of the toolkit, we refer to individuals who provide a trauma-informed approach as “professionals/community partners”. “Professionals” in this context are those who use a trauma-informed approach in their paid work as part of their job. “Community partners” is all encompassing of any member of the community who might view the impact of violence through a trauma-informed lens and support others in need accordingly. We refer to those who are receiving or benefitting from a trauma-informed approach as “individuals who have experienced trauma”, or “individuals with trauma histories”. This is done in the recognition that a person or individual is not defined by their experiences (traumatic or otherwise) and thus is able to pursue their highest potential for health and wellness.

There are **five sections of the toolkit**:

Section I: Foundations--Information and Resources to Build Knowledge and Awareness

This section of the toolkit contains information and key messages that are essential to understanding the impact of violence and trauma-informed care (TIC). **Section I is comprised of five parts, each one taking approximately 30 minutes to read through (self-study) or to walk through with a team or group.** Each part of Section I contains information that addresses topics such as gangs, bullying, domestic violence and trauma-informed care that can be read or discussed in the suggested progression or modified to allow a leader to choose specific passages of the text that are focused on areas related to the participant population. To maximize effectiveness, the foundations of trauma-informed care should be used in conjunction with the tools and activities in sections II – V of the toolkit.

Section II: Fact Sheets

The Fact Sheets were designed as “At-a-Glance” summaries of the key content found in Section I. They are intended to aide retention of the foundational material, and it is not recommended they be used as an alternative or “short-cut” to spending time learning and understanding the foundations. They can also serve as a “pocket guide”, encouraging the person implementing learning activities to review and discuss the Fact Sheets (section II) prior to using available tools.



The Fact Sheets provided are:

- | | |
|--------------------------|---------------------------|
| 1-1. Promoting Peace | 2. New Lens |
| 1-2. Gang Involvement | 3. Keys to Responding |
| 1-3. Bullying in Schools | 4. Systems Response |
| 1-4. Domestic Violence | 5. Commitment to Wellness |

Section III: Working Tools--Activities, Vignettes, Discussion Guides

This section of the toolkit is home to the actual tools and activities that are designed to support teams and individuals in learning how to apply a trauma-informed approach to reducing the impact of violence in our communities. These working tools can also be used to increase awareness, knowledge and skills related to the promotion of peace and wellness even in the face of violence and trauma.

Section IV: Integrated Learning Modules

The learning modules provided in this section maximize flexibility of the toolkit by providing a clear map of how to integrate the previous three sections into a coherent training session, or “lesson plan”. Although tools from the previous three sections can effectively be used independently at the discretion of the implementing supervisor, manager, or community partner, the integrated learning modules provided here lay out a crosswalk of which foundations, Fact Sheets, working tools and activities go well together in a single, 60-minute timeframe.

Section V: References and Resources

All of the research, presentations, and publications referred to in previous sections will be listed in references by topical area. Note that many of the publications are available online.

Following the references, additional quality resources will also be provided and organized by topical area. Here you will find the name of the resource, a brief description of it, and the link to where it can be located and downloaded for easy use.

Section I: Foundations

Foundational Information and Resources to Build Knowledge and Awareness

This section contains information and key messages that are essential to understanding the impact of violence and trauma-informed care (TIC). It is comprised of five parts, with each one taking approximately 30 minutes to read through (self-study) or to walk through with a team or group. Each part of Section I contains information that addresses topics such as gangs, bullying, domestic violence and trauma-informed care that can be read or discussed in the suggested progression or modified to allow a leader to choose specific parts that are focused on areas related to the participant population. To maximize effectiveness, the foundations of TIC should be used together with the tools and activities found in Sections III and IV. An overview of the five parts of Section I follows.





Section I Overview

Part 1: Promoting Peace across the Continuum of Violence

Part 1 sets the context for responding to violence and trauma in our communities using a trauma-informed approach. It focuses the reader/participant from the outset on the goal of health, wellness and self-care in the context of supporting others. It goes on to briefly detail the scope of the problem in local, statewide and national terms. This section is where we define what we mean by trauma, and presents a few faces of violence that contribute to traumatic experiences including domestic violence, bullying in schools and gangs.

Part 2: A New Lens for Viewing the Impact of Violence and Trauma

The second part of this section will help the reader/participant to understand the impact violence and trauma has on the brain and lifespan development. In this section, the impact of violence and trauma is also traced through generational cycles and the role of substance abuse and addictions, is briefly touched upon.

Part 3: Keys to Responding to Violence Using a Trauma-Informed Approach

Whereas trauma-specific care is generally provided by a licensed mental health professional, staff from a broad range of disciplines, as well as community partners can make use of and apply a trauma-informed approach to respond to violence in the community. In this part, the definitions of “trauma-informed” and “trauma-specific” care are distinguished. The “how-tos” of providing a trauma-informed approach are provided as well.

Part 4: An Integrated Response Through Trauma-Informed Systems

This part of Section I lays out what is required to have an integrated, holistic response to violence and trauma. Treating each form of violence in an unrelated silo does not effectively address the needs of families with complex issues who are accessing and moving within multiple service systems. A multi-system approach is primarily implemented through organizations and collaborative systems, but also calls for individual action. An overview of what systems need to do to effect change, along with systemic competencies are presented. An individual practice approach with corresponding competencies is also touched upon briefly in this section.



Part 5: Commitment to Wellness for the Trauma Informed Care Provider

The foundations of knowledge and understanding regarding a trauma-informed approach are brought full circle in this part of section I. In addition to the goal of focusing on health, wellness and peace for the community, those who provide trauma-informed care must make a commitment to their own personal wellness. What it means to use one's self—insight, intuition and experience to support others will be explored. How to create a compassionate presence and be fully present and mindful when working with others will also be described in detail.

Part 1

Promoting Peace Across The Continuum of Violence

Part 1 sets the context for responding to violence and trauma in our communities using a trauma-informed approach. It focuses the reader/participant from the outset on the goal of health, wellness and self-care in the context of supporting others. It goes on to briefly detail the scope of the problem in local, statewide and national terms. This section is where we define what we mean by trauma, and will present a few faces of violence that contribute to traumatic experiences including domestic violence, bullying in schools and gangs.



Promoting Peace across the Continuum of Violence

No discussion regarding the impact of violence and trauma in our communities is complete without first being grounded in the desired outcome: peace. In this context, “peace” is being used to represent health and wellness for professionals, community partners, and for every individual and family who is directly or indirectly impacted by trauma. Peace is what gives us confidence and hope that individuals and families can become resilient and thus overcome the devastating effects of violence and trauma. The Khamisa family chose peace in spite of devastating tragedy and loss, and thereby has shown that peace is more than an ideal—it is an attainable reality.

The Tariq Khamisa Story

Committing his life to halting the continuing cycle of violence among youth, Azim Khamisa became a social activist after his 20-year-old son, Tariq, was senselessly murdered while delivering pizzas in January 1995 by Tony Hicks, a 14-year-old gang member. Out of unspeakable grief and despair, Khamisa was inspired to transform his loss through the miraculous power of forgiveness.

Believing that there were “victims at both ends of the gun,” Azim forgave Tony and founded the Tariq Khamisa Foundation (TKF) to break the cycle of youth violence by saving lives, teaching peace and planting seeds of hope in their future. A month after establishing the foundation, Azim invited Ples Felix, Tony’s grandfather and guardian, to join him. Together, since November 1995, the two have brought their story and message through TKF’s *Violence Impact Forums*. The duo has reached a half a million elementary and middle school children live and over 20 million via video programs, guiding the youth to choose a peacemaker’s life of non-violence, forgiveness and peace.

A Few Faces of Violence: Unique Contributors to Trauma

It is widely recognized that there are common underlying dynamics that link multiple forms of violence including child maltreatment, animal abuse, elder abuse, suicide and homicide. The *Building Solutions Toolkit* focuses on three forms of violence that are similarly linked: gangs, bullying in schools and domestic violence. Each form of violence contributes to trauma at the individual, family, and community levels in unique ways.

Gangs

In many California communities, membership in a gang is considered a rite of passage for both males and females. The majority of active gang members have family members who are or were also involved with gangs, and thus parents and youth alike are exposed to violence and trauma associated with gang involvement, creating an intergenerational theme. Joining a gang can align with adolescent developmental milestones around identity formation. Youth who join gangs are reported to be seeking safety, connectivity, and at times a sense of a second family to buffer them from unsafe situations. The structure of a gang can provide a sense of “normalcy” around crisis and chaos, although the youth involved must learn to navigate not only the gang culture, but family, school, and larger societal cultures as well (Melde, C. & Esbensen, F., 2011).

Joining a gang, however, can prove to be a “double edged sword” for a youth seeking safety, as it typically will open the young person to even more dangerous situations. Activities that accompany gang membership are associated with, and can lead to, other types of violence including, assault, domestic violence, homicide, etc. Youth who commit one type of violent offense also tend to commit nonviolent offenses. Violent offenders tend to be persistent or frequent offenders.

Violent youth tend to have co-occurring problems such as victimization, substance abuse, and school failure. Often, they might be described as multiple-problem youth. There is considerable continuity from childhood aggression to juvenile violence. An early age of onset of violence predicts a large number of violent offenses.

“Traumatized individuals living in an unsafe world practice unsafe behaviors in an attempt to feel safe.”

Gabriela Grant

The major long-term risk factors for youth violence are individual (high impulsiveness and low intelligence, possibly linked to the executive functions of the brain), family (poor supervision, harsh discipline, child physical abuse, a violent parent, large family size, poverty, a broken family), peer delinquency, gang membership, urban residence, and living in a high-crime neighborhood (characterized by gangs, guns, and drugs in the United States)

(Melde, C. & Esbensen, F., 2011). More specific research is needed on protective factors against youth violence, for example, by investigating why some aggressive children do not become violent juveniles.

Why do people join gangs?

Many communities in the United States have gangs. Street gangs are no longer just flourishing in the inner cities. Current statistics from the U.S. Department of Justice indicate that every state has violent gangs and that there has been a dramatic increase in gang activity in smaller cities, towns and rural areas. The Department of Justice estimates that there are about 25,000 youth gangs in the United States with over 775,000 teens and young adults as members.

There isn’t just one reason for why people (both male and female) join gangs but many. And the more reasons one person has to deal with, the harder it will be for them to resist joining a gang. It is important to know that having all these issues in one’s life DOES NOT mean youth are absolutely going to join a gang. In fact, many people who deal with some incredibly hard issues in their life do not join a gang. Knowing what to expect from

gangs, individual protective factors, and community intervention programs can all assist in keeping youth out of gangs.

What is being done to address youth gangs?

Research generally agrees on a three pronged approach.

Preventative measures	Include intervention for youth at risk, education of the public, persistence of youth social workers with youth gang members or those at risk, and specific school policies and procedures.
Intervention	Involves employment and skills training and recreational activities for individuals involved in gang activities.
Suppression	Consists of law enforcement, legislative action, punishment and removal of members from community, specialized gang units, and the development of systems to track gang info and activities, such as the <i>Integrated Gang Task Force</i> .

Critically, cooperation of all members of the community is required to create an effective solution. Effectively addressing youth gangs requires attention to the specific risk factors that lead to gang involvement and which take gender, ethno-cultural, economic, and social considerations into account at their core.

How can youth be protected from joining a gang?

Protective factors are positive influences that decrease the likelihood of problem behavior. The more risks a youth face, the more likely their attraction to anti-social behaviors. A parent's or guardian's role in prevention is crucial. Key protective elements include creating positive social environments through modeling positive relationships, assisting children in building positive relationships with mentors and pro-social peers, and monitoring and being attentive to youth, in particular for the warning signs for gang involvement (see below). For schools and communities, providing opportunities and resources so that all youth can have positive social experiences (educational, civic, recreational, cultural) is a foundational prevention strategy. Still, developing mechanisms for early identification of youth at risk is critical. For youth who already belong to a gang, providing comprehensive and competent services (drug treatment, employment, and educational opportunities) are needed to support what is often the complex process of trying to leave a gang.

See Fact Sheet #2: Gang Involvement

Bullying

A second form of trauma addressed in the *Building Solutions Toolkit*, bullying, is a problem that likewise affects many youth, and is a problem that has left scars on many adults. Over 90% of teens that get bullied say it affects them greatly emotionally, mentally, and physically. The trauma that a single or repeated incident of bullying can cause on an individual can be long lasting and have adverse effects on their overall health and well-being. As technology continues to develop at a rapid pace, there are new and equally concerning venues for this kind of violence, including cyber bullying. Suicide rates, already staggeringly high in adolescents, is on the rise, particularly among youth who are victims of bullying, with rates of suicide among lesbian, gay, bisexual, transgender and queer (LGBTQ) youth who are bullied at the highest rates of all. (Toomey, R., Ryan, C., Diaz, R. & Russell, S., 2011).

Every seven seconds a teen is being bullied by another teen in America and every year there are 250,000 reports of teens being bullied every month.

Josephson Institute, 2012

Bullying is a form of youth violence that includes:

- Attack or intimidation with the intention to cause fear, distress, or harm that is either physical (hitting, punching), verbal (name calling, teasing), or psychological/relational (rumors, social exclusion);
- A real or perceived imbalance of power between the bully and the victim; and
- Repeated attacks or intimidation between the same children over time.

Bullying can occur in-person or through technology (electronic aggression, or cyberbullying). Electronic aggression is bullying that occurs through e-mail, a chat room, instant messaging, a website, text messaging, videos or pictures posted on websites or sent through cell phones. A young person can be a bully, a victim, or both (bully/victim).

How does bullying affect health?

Bullying can result in physical injury, social and emotional distress, and even death. Youth who are victimized are at increased risk for mental health problems such as depression and anxiety, psychosomatic complaints such as headaches, and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood. Compared to youth who only bully, or who are only victims, bully/victims suffer the most serious consequences and are at greater risk for both mental health and behavior problems (Brunstein, K., Marrocco, F., Klienman, M., Schonfeld, I. & Gould, M., 2007).

Who is at risk for bullying?

A number of factors can increase the risk of a youth engaging in or experiencing bullying. However, the presence of these factors does not always mean that a young person will become a bully or a victim.

Some of the factors associated with a higher likelihood of engaging in bullying behavior include:

- **Impulsivity (poor self-control)**
- **Harsh parenting by caregivers**
- **Attitudes accepting of violence**

Some of the factors associated with a higher likelihood of victimization include:

- **Friendship difficulties**
- **Poor self-esteem**
- **Quiet, passive manner with lack of assertiveness**

In bullying, there is often a link to family (intergenerational) violence. The young person who bullies another may have been a victim of physical child abuse, and/or a witness to domestic violence involving their parents, who may in turn have been victims of child abuse in their younger years. The home is the classroom for learning that violence can be instrumental—a way to get what you need or want, a way to “solve” problems.

See Fact Sheet 1-3: Bullying in Schools

Domestic Violence

As devastating as the previous two forms of violence leading to trauma can be (gangs and bullying), both forms of trauma-inducing violence often have roots in domestic violence. Research on patterns of violence within families has revealed gender-specific developmental patterns. Boys who are exposed to violence in the home are far more likely to externalize and act out violently on their own impulses, whereas girls tend to internalize, withdraw and are more likely to become victims of violence themselves in situations such as date rape, sexual assault, and interpersonal violence in their ongoing relationships. The mechanism behind this is thought to be “control mastery”, or reenactment of the trauma one has experienced. Adult interpersonal violence often communicates confusing messages to children who observe it. Such messages include “He hits her because he loves her”, and “I’d rather be hit than ignored...”

Domestic violence is... the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another. It is an epidemic affecting individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. Violence against women is often



This model was developed by the [Domestic Abuse Intervention Project](#)



accompanied by emotionally abusive and controlling behavior, and thus is part of a systematic pattern of dominance and control. Domestic violence results in physical injury, psychological trauma, and sometimes death. The consequences of domestic violence can cross generations and truly last a lifetime.

Who does Domestic Violence Impact?

Children Who Witness: Witnessing violence between one's parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next. Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults. Between 30% and 60% of perpetrators of intimate partner violence also abuse children in the household.

The Economic Impact: The cost of intimate partner violence exceeds \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health services. Victims of intimate partner violence lost almost 8 million days of paid work because of the violence perpetrated against them by current or former husbands, boyfriends and dates. This loss is the equivalent of more than 32,000 full-time jobs and almost 5.6 million days of household productivity as a result of violence. There are 16,800 homicides and \$2.2 million (medically treated) injuries due to intimate partner violence annually, which costs \$37 billion.

The Scope of the Problem

While disconcerting to be confronted with the magnitude of violence that is pervasive throughout our communities, it is necessary and beneficial to understand how much and what types of violence we are confronted with. Awareness of the statistics also helps to focus our attention on contributing factors to violence and trauma. When we compare two neighborhoods that are similar in many ways, except for relative violent incidences, we can begin to look at what the one community is doing successfully to reduce its impact. As lessons learned are shared, we have a baseline from which to measure our progress towards a peaceful society.

Gangs

In 2008 there were approximately 774,000 gang member's reported nationwide (National Gang Center, 2008). Los Angeles County alone has an estimated 80,000 gang members with over 1,200 gangs; this means that LA County has over 10% of the nation's gang members (LAPD, 2012).

Bullying

Bullying is widespread in the United States.

- In a 2009 nationwide survey, about 20% of high school students reported being bullied on school property in the 12 months preceding the survey.
- During the 2007-2008 school year, 25% of public schools reported that bullying occurred among students on a daily or weekly basis. A higher percentage of middle schools reported daily or weekly occurrences of bullying compared to primary and high schools.



- In 2007, about 4% of 12- to 18-year-old students reported having been cyberbullied during the school year (Brunstein et al, 2007).

Some youth report that they fear facing a bully daily at school far more than they fear failing a test or class.

These statistics are startling and addressing bullying has become more important now than ever before. With horrifying statistics like this, bullying needs to be at the forefront of our efforts within and outside schools (Stop Bullying, 2012).

Domestic Violence

According to the San Diego Association of Governments (SANDAG), domestic violence incidents increased by 5% from 2008 (16,759) to 2009 (17,622), with domestic violence related fatalities doubling in San Diego. **In California, one forcible rape occurs every 56 minutes.**

Additionally, 1 in 3 domestic violence situations are witnessed by a child; 1 in 4 teens will experience violence in a relationship; and 1 in 4 women will be victims of sexual assault.

Children exposed to domestic violence, specifically children ages 0-5, are at a much greater risk for developing behavioral, emotional and physical problems throughout their lives as well as at greater risk for adversity and own acts of violence (Widom, C., 2000).

- California law enforcement received 176,299 domestic violence-related calls in 2006. 80,946 of the calls involved weapons, including firearms and knives.
- 43,911 people were arrested for domestic violence offenses in 2006. Of the 43,911 offenders, 80% were men and 20% were women.
- 134 homicides resulted from intimate partner violence in 2006. 110 of the victims were women and 24 were men.
- 9,213 forcible rapes were reported in California in 2006.

The Problem Reframed

The “divide and conquer” approach to viewing the complexity of issues families present when in crisis and seeking services and support is no longer viable. The field is rapidly shifting to a culturally proficient, cross-sector collaborative team approach that views “issues” as normative and integrated, rather than isolated. The trauma-informed approach provides a lens that affords the opportunity to see individuals, families and communities as active resources in their own healing and in the promotion of peace.

See Fact Sheet 1-1: Promoting Peace

Part 2

A New Lens for Viewing the Impact of Violence and Trauma

Part 2 helps the reader/participant to understand the impact violence and trauma has on the brain and lifespan development. In this section, the impact of violence and trauma is also traced through generational cycles and the role of substance abuse and addictions, is briefly touched upon.



A New Lens for Viewing the Impact of Violence and Trauma

The longer we look at a familiar problem, the more we think we “know it” and the greater our tendency to give up on being solution-focused. Once identified, it is also tempting to isolate “problems” or “issues” into separate silos to make them “manageable.” We need a new lens through which to view the impact of violence and trauma so that new perspectives and emerging evidence-based practices may be integrated and incorporated into our work. This section invites the reader/participant to understand the impact violence and trauma has on the brain and lifespan development, particularly when coupled with early adverse childhood experiences. It will also trace the impact of violence and trauma through generational cycles and the role of substance abuse and addictions.

Adverse Childhood Experiences

In 1998, Dr. Vincent Felitti conducted a large-scale study that determined both the prevalence of adverse childhood experiences in the first 18 years of life and the impacts on later well-being, social function, health risks, disease burden, health care costs, and life expectancy. The primary findings suggested that these kinds of adverse childhood experiences are common and powerfully influence health and well-being outcomes as adults (Felitti, V., & Anda, R., 2009).

Ten categories of adverse childhood experiences (ACEs) were examined that included five categories of child maltreatment and five categories of family dysfunction: physical, emotional and sexual abuse, emotional and physical neglect, and a variety of traumas in the household such as alcohol and drug use, depression, suicidal household member, domestic violence, loss of parent, and imprisoned family member.

“The ACE Study reveals a powerful relationship between our emotional experiences as children and our physical and mental health as adults, as well as the major causes of adult mortality in the United States. It documents the conversion of traumatic emotional experiences in childhood into organic disease later in life.”

Vincent J. Felitti, MD.

The study found that adverse childhood experiences (ACEs) can influence an individual’s health and well-being throughout their lifespan leading to disruption of neurodevelopment, social, emotional, and cognitive impairment, adoption of health risk behaviors, disease, disability and social problems, and even early death.

ACE’s increase the risk of injuries, substance abuse, HIV and sexually transmitted diseases, heart disease, chronic lung disease, liver disease and suicide. Individuals with an ACE score of 4 or more are almost 10 times

as likely to attempt suicide as those with an ACE score of 0. According to Dr. Bruce Perry when trauma is experienced by a very young child, there are significant and lasting changes in their brain development (Perry, B. D., 1994).

Research demonstrates that children and families seeking support from community partners and behavioral health professionals are likely to have experienced a multiplicity of adverse childhood experiences that hold the potential for inducing trauma. A trauma-informed approach will help to buffer the effects of ACEs and thus open the way forward to building resilience.



Generational cycles

It has long been acknowledged that risk for disease and other ailments can be “passed down”, often genetically from one generation to the next. In human services and behavioral health, behavior patterns and risk can also be “passed down” from parent to child. One known mechanism involves **powerful and intense role modeling**. Behaviors can be transmitted across generations as the child learns to adapt within the family unit. When a child is terrified, or in a heightened state of arousal during an adverse event, “learning” how to stay safe and what is expected comes quickly. For example, a child may view his or her parent “self-medicating” with alcohol or other drugs, and learn that this is an important way to “numb out”.

Another mechanism for the generational cycle of violence has to do with a concept called, “**locus of control**”. It refers to a person's perception of control or responsibility for what happens to them and for what actions they choose. Individuals who believe forces outside of themselves are responsible for the violence, abuse, or trauma they are experiencing or even their success have an external locus of control. Those who view their life and destiny as a result of their own doing subscribe to an internal locus of control.

Internal locus of control tends to develop slowly throughout the life span. Young children tend to blame others for their own mistakes and see the world as a controlling force that dictates their lives and happiness. As they become less dependent on their parents a vague understanding of their own power begins to form in the early elementary years, but diminishes quickly during adolescence. Teenagers are known for attributing control of their own lives to the outside world and often perceive themselves as powerless victims of their circumstances. By the time they are in their twenties, healthy individuals begin to hold to an internal locus of control as their primary focus and reach a better understanding of how they control the world around them (Miller, C.A., Fitch, T. & Marshall, J.L. 2003).

Children and adults who are continually immersed in violence seem to view forces outside of themselves as controlling. This may come from repeatedly attempting to change their situation, with never any change

resulting. What is learned is that “nothing I do or try makes a difference, so why bother? I can’t control what is happening to me...” This phenomenon is also known as “learned helplessness”. Even for the perpetrator of violence, refusal to accept responsibility for their own actions, making excuses for their own behavior and blaming other people and circumstances for their failures or difficulties reflects their primary view of an external locus of control.

Responsible adults adopt an internal locus of control and make the necessary changes to alter life circumstances and to reach personal goals. Those with an internal locus of control achieve more in less time because they view their efforts as vital to achieving goals and assume the responsibility of their own lives. The transition from external locus of control to internal locus of control poses difficulties for some individuals who have learned to see the world as the primary contributor to their future. Lack of confidence or poorly developed life skills may interfere with their ability to view the world or themselves from another point of view (Farrington, D.P. & Loeber, R., 2000).

Responsible adults adopt an internal locus of control and make the necessary changes to alter life circumstances and to reach personal goals.

At the same time it is true that for many individuals with trauma histories, the issue at hand is not simply their locus of control. It is literally that control has been stripped from them and as part of their survival, they have accepted a reality in which they do not have control because when they try to exert control, it makes things worse (sometimes), which can feed into learned helplessness.

Trauma and Brain Development

Brain development plays a crucial role in a child’s behavior, development, and ability to form and maintain lasting relationships. There is an increasing body of literature affirming that trauma, including neglect, has a significant impact on brain development, particularly during sensitive periods, such as infancy or adolescence. Recent brain research has established a foundation for many of the physical, cognitive, social, and emotional difficulties exhibited by children who experienced maltreatment in their early years. Maltreatment (child abuse or neglect) during infancy and early childhood has been shown to negatively affect early brain development and can have a lasting impact into adolescence and adulthood (Child Welfare Information Gateway, 2011). This section will provide a brief description of the impact of trauma on the brain.

Trauma interferes with the interpretation and communication functions of the brain, leading to non-verbal communication and misinterpretation of non-verbal signals. For example, children who have been physically abused tend to interpret words and gestures as being hostile or aggressive, even when the comment or action was neutral, or even positive. Understanding brain development and functioning helps one understand how a person may be interpreting the world around him/her.

A child's limbic system (source of "fight or flight" response) is not formed until age 2, therefore traumatic experiences that occurred prior to are not remembered sequentially. Adults who are violent are reacting to their brain chemistry—helping them to stay safe involves allowing them to shift from limbic system to be more thoughtful and use long term decision making. Creating a sense of safety actually improves comprehension biochemically (Perry, B.D., Pollard, R.A., Blakely, W.L. & Vigilante, D. 1995).

Trauma and the Brain

- Trauma can have serious consequences for the normal development of children's brains, brain chemistry, and their nervous system.
- Trauma-induced alterations in biological stress systems can adversely affect brain development, cognitive and academic skills, and language acquisition.
- Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans.

These changes may affect the way traumatized children and adolescents respond to future stress in their lives, and may also influence their long-term health. (Pynoos, et al 1997)

Over the years, neuroscientists studying the brain have learned how fear and trauma influence the mature brain, and more recently, the developing brain. It is increasingly clear that experiences in childhood have relatively more impact on the developing child than experiences later in life. This is due to the simple principles of neurodevelopment. According to Dr. Bruce Perry traumatic events in childhood change the biology of the brain.

Simply stated, children reflect the world in which they are raised. If that world is characterized by threat, chaos, unpredictability, fear and trauma, the brain will reflect that by altering the development of the neural systems involved in the stress and fear response.

The earlier we intervene, the more likely we will be to preserve and express a child's potential.

All experiences change the brain – yet not all experiences have equal 'impact' on the brain. Because the brain is organizing at such an explosive rate in the first years of life, experiences during this period have more potential to influence the brain – in positive and negative ways. Traumatic experiences and therapeutic experiences impact the same brain and are limited by the same principles of neurophysiology. Traumatic events impact the multiple areas of the brain that respond to the threat.

In order to heal (i.e., alter or modify trauma), therapeutic interventions must activate those portions of the brain that have been altered by the trauma. Understanding the persistence of fear-related emotional, behavioral, cognitive and physiological patterns can lead to focused therapeutic experiences that modify those parts of the brain impacted by trauma.



Fortunately, biology is not destiny. Despite adverse childhood experiences, generational cycles, and changes in brain development brought on by trauma, wholeness, health, and peace are still very much possible. Part III lays out the keys for responding to violence and trauma that can lead to resilience.

See Fact Sheet 2: New Lens

Part 3

Keys to Responding to Violence and Trauma Using a Trauma-Informed Approach

Whereas trauma-specific care is generally provided by a qualified professional with appropriate training, staff from a broad range of disciplines, as well as community partners can make use of and apply a trauma-informed approach to respond to violence in the community. In this part, the definitions of “trauma-informed” and “trauma-specific” care are distinguished. The “how-tos” of providing a trauma-informed approach are provided as well.



Keys to Responding to Violence and Trauma Using a Trauma-Informed Approach

As mentioned in the previous section, the effects of adverse childhood experiences are detrimental to the brain development and cognitive processes of a child and the effects are felt throughout adulthood. The majority of individuals seeking public behavioral health services and many other public services, such as homeless and domestic violence services, have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system. In essence, all helping professionals are seeing the same people; yesterday they may have knocked on the door of a mental health clinic and today they are coming to your door seeking safety and support.

This section of the toolkit is geared primarily towards community partners and others who may be applying a trauma-informed approach, but do not have specific clinical training to offer trauma-specific interventions. However, reference will be made throughout the *Building Solutions Toolkit* providing a clear distinction between qualified professionals with appropriate training, and community partners whose primary role is not clinical treatment.

To be trauma-informed is to incorporate a universal assumption that everyone is affected by trauma to one degree or another. It is important to keep in mind that each individual will respond to the traumatic experience in different ways. When first assessing an individual with a trauma history, a trauma-informed service provider will be sensitive to possible “triggers”. A “trigger” is anything that reminds an individual of the trauma they have experienced and can take the form of sights, sounds, smells, specific places or words. Community partners must express the same sensitivity. The form of or onset of triggers cannot be predicted by the individual experiencing them, or the partner providing support. Also to be noted is that not all individuals who have experienced a traumatic event will experience triggers, and may not even experience traumatic stress or a predictable negative impact.

Although an assumption is to be made that everyone is affected by trauma we need to keep in mind that how a person responds to traumatic stress varies greatly. The potential for resilience is great. For example, it should not be assumed that a person who grew up witnessing domestic violence will be aggressive on a daily basis; however they may become aggressive if triggered. The question to ask is not, “What is **wrong** with you?” The

“What is wrong with you?” The question should truly be “What happened to you?”

question should truly be “What **happened** to you?” It is imperative for community partners to explore these questions, while clinicians are to be assessing for underlying causes of symptoms clients present in the moment.

In order to best meet the needs of trauma survivors, programs need to become “trauma-informed”. This means looking at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences impact individuals. Trauma-informed care (TIC) is meant to be utilized as an overall philosophy of treatment, not as a specific model. Programs that are informed by an understanding of trauma respond best to consumer needs and avoid engaging in re-traumatizing practices.

To be trauma informed is to be aware that trauma in society is a reality, not a rare exception.

It is important to differentiate between Trauma-Informed Care and Trauma-Specific Care (Hodas, G., 2006).

Trauma-Specific Care	Provided by a trained clinician who treats the actual trauma and trauma symptoms. Examples of trauma-specific treatment modalities include, Trauma Focused Cognitive-Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP; Lieberman & Van Horn, 2005) and Seeking Safety etc.
Trauma-Informed Care	Making services available to all people across systems and agencies. To be trauma-informed is to be aware that trauma in society is a reality, not a rare exception.

Regardless of the community partner’s role or the clinical providers’ scope of practice, every individual is to be assessed and accommodated for trauma. Trauma-informed care is present focused, collaborative and above all promotes both physical and psychological safety.

This concept is comparable to the American’s with Disabilities Act (ADA). In 1990 the ADA was passed to ensure that all disabled individuals are accommodated in public places including, movie theaters and restaurants. Just as a person would not expect a Denny’s restaurant to “cure” their inability to walk, it is expected that a Denny’s would accommodate their disability, for example by providing a ramp in addition to stairs or make tables accessible for wheelchairs (Harris & Fallot, 2001).



Similarly, to truly accomplish implementing a universal trauma-informed approach with all individuals/clients, across systems, agencies and populations, a change in our thinking, or paradigm shift needs to take place. To begin this shift, the fundamentals of trauma-informed care need to be explicitly clear. Individuals who have experienced trauma are to be assessed through a trauma-informed lens with close attention paid to their

trauma history. A clear understanding of this history would then allow trauma-informed services to be delivered, thus facilitating participation in treatment and fostering a sense of safety.

To illustrate this in more detail, seven *Principles of Trauma-Informed Care* are listed below. We will first give a brief overview of the principles and then work with each principle in various contexts, including domestic violence, gang violence and bullying. Please keep in mind there are multiple types of complex trauma. These three will be explored in more detail for the purposes of this toolkit, and others will be woven through the following principles to illustrate the concept more broadly.

Principles of Trauma Informed Care

1. Recognize the impact of violence and victimization on coping skills.
2. Establish recovery from trauma (or trauma-specific referral) as a primary goal.
3. Employ an empowerment model to elicit and build on strengths.
4. Partner with the individual/client (relational collaboration).
5. Design the meeting environment to ensure safety, respect and acceptance.
6. Highlight strengths and resiliency.
7. Be culturally competent by understanding the individual/client from the context of his or her life experience(s)

- 1. Recognize impact of violence and victimization on coping skills-** Learn about traumatic stress and how it impacts people. Recognize that particular behaviors and responses that appear to be ineffective and unhealthy in the present, may represent adaptive responses to past traumatic experiences. For example, in the Montiel family (see activity 2-1 in Part III), 17 year old Gabi has joined a gang and frequently participates in gang related illegal activity. In an attempt to feel safe and create a sense of family in the gang lifestyle, she has also made herself more vulnerable to increased violence, substance use, illegal activity and early motherhood.
- 2. Establish recovery from trauma as a primary goal-** Approach the individual or client from a mindset that recovery is possible for everyone, regardless of how vulnerable they may appear. Instill hope by providing opportunities for participant involvement at all levels of the system. Employ peer support services, highlight strengths and resiliency, and establish future oriented goals. In both the Montiel and Carson-Williams family vignettes (see Part 3), viewing each family member through a trauma-informed lens breaks through the tendency to view gang violence, domestic violence and bullying as separate issues. The trauma-informed lens illustrates a holistic picture of the present problems and highlights the underlying traumatic experiences precipitating each, therefore, establishing recovery from trauma as the primary goal. If your role in working with an individual with a traumatic history requires therapeutic interventions, or referral to a trauma-specific treatment program (if you are a community partner applying a trauma informed approach) goes beyond the isolated domestic violence, gang violence and bullying issues, to uncover a true understanding of the impact of the various traumatic experiences on each family member.

- 3. Employ an empowerment model-** Maximizing individual/client choice and control over treatment creates a partnership dynamic between the helping professional and the individual. Asking for participant's input and feedback in designing and evaluating services promotes a sense of value and self-importance rarely experienced. Helping individuals to regain a sense of control in their daily lives will strengthen their hope for recovery. True transparency and genuine respect for basic human rights and freedom is key to ensure an individual's sense of empowerment and autonomy. For individuals involved in abusive relationships, independence, autonomy and respect are paramount for fostering trust and safety within a system of care.
- 4. Based on relational collaboration-** Healing happens in relationships. Through establishing safe, authentic and positive interactions a trauma survivor is able to share feelings and thoughts in a protected environment, promoting healing and a sense of connection. This experience can be corrective and restorative for survivors of trauma. Many trauma survivors have grown up with unhealthy, abusive, unsafe relationships. The relationship between the individual/client and the helping professional may be the first safe, healthy relationship they have ever experienced. Allowing the client to have a voice in a safe environment builds hope, self-esteem and security.
- 5. Environment designed to ensure safety, respect and acceptance-** Promote safety by establishing a safe physical and emotional environment where basic needs are met, safety measures are in place and provider responses are consistent, predictable and respectful. Trauma survivors suffer from increased arousal and hyper-vigilance. If an environment is cold, unwelcoming and loud, the chances of a trauma survivor staying to seek help are slim to none. In contrast, an environment designed to ensure safety fosters a warm, welcoming atmosphere that minimizes the possibility of re-traumatization.
- 6. Highlight strengths and resiliency-** Each trauma survivor is equipped with strengths and the potential for resiliency. Highlighting an individual's strengths begins to form a roadmap for hope. Empowering an individual to identify their own strengths and resiliencies promotes a more positive sense of self.
- 7. Culturally competent understanding of the client from the context of their life experience-** Understand how cultural context influences one's perception of and response to traumatic events and the recovery process. Respect diversity within a program, encourage cultural expression and rituals, and utilize interventions respectful and specific to cultural backgrounds. When working with an individual/client from a different cultural background than yourself, it is helpful to ask the client to educate you on their cultural rituals, beliefs and background. This empowers the client to own their cultural identity as well as uncover possible culturally acceptable rituals that may be considered traumatic, dangerous or foreign upon first glance. Conceptualizing the behavior within a client's culture will foster mutual understanding and respect between the client and the helping professional.

Overview of tools for responding with a trauma-informed approach

There are many tools available to community partners or trained professionals that can be used with an individual with a trauma history in the moment when the effects of their trauma are visible (in other words they are “symptomatic”). The specific tools offered in this toolkit are formatted for easy use in section III. Here, we will provide a general overview of the different types of tools and the benefits of each.

Grounding techniques are easily used in the moment, in any given situation. A grounding technique is an intervention that can be used with an individual who has experienced trauma to bring focus back to the present. For example if a person is triggered by a loud noise in a waiting room, a quick grounding technique can be used by the individual to focus on their five senses. The provider will take a directive stance and encourage the person to focus on the environment around them, while controlling their breathing. A common reaction when triggered is anxiety, panic and difficulty breathing. A grounding technique is used to deescalate a person’s anxiety, lower the adrenalin and regain executive functioning in the brain. Grounding techniques can take a person out of the “fight or flight mode” and into rational thinking to better manage their symptoms.

Distraction techniques are also effective in de-escalating a person’s symptoms after being triggered. When a person is triggered and possibly fixated on an unsafe or overwhelming feeling, using simple distraction exercises are effective in redirecting their attention. For example, encouraging a client to count by two’s when triggered by an unexpected scent or a song playing on the radio, will distract the person’s attention from the triggering scent or sound and in turn decrease distressing feelings.

Evidence-based safe coping skills techniques and other valuable interventions that can be utilized to de-escalate a person’s symptoms and promote safety are visualization techniques, guided imagery and deep breathing. Lisa Najavits’s provides guidance on safe coping skills from the evidence-based practice *Seeking Safety* (see “resources” in section V).

An important theme to remember when working with all traumatized individuals is to treat the developmental stage, rather than the developmental age.

Some of these techniques are offered in more specific detail in Section V. Most of the tools can be adapted to the age and developmental level of the individual who has experienced trauma.

Trauma-Informed Care for Children

An important theme to remember when working with individuals who have experienced trauma is to treat the **developmental stage**, rather than the **developmental age**. This is illustrated by a case example given in *The Boy Raised as a Dog And Other Stories From a Child Psychiatrists Notebook: What Traumatized Children Can Teach Us About Loss, Love and Healing*, by Bruce D. Perry, M.D., Ph.D and Maia Szalavitz. This book is a compilation of case studies examining, among other things, the effects of childhood trauma on the brain. In

the chapter entitled “Skin Hungry” Dr. Bruce Perry outlines a case in which a 4 year old girl lacks the growth hormone as a result of severe neglect from her mother. In an attempt to help, he links the child and mother with a foster mother from another state. Dr. Perry explains that upon first meeting “Mama P.” he was taught a valuable lesson. In this chapter he reflects back to earlier on in his career when he had been called in on a case regarding a troubled foster youth boy, age 7. Below is an excerpt from the book (Page 95):

And then I surrendered, “Mama P. how do you help him?” I asked, curious about why she didn’t have the problems with his “rages” that had gotten him expelled from prior foster homes and schools.

“I hold him and rock him, I just love him. At night when he wakes up scared and wanders the house, I just put him in bed next to me, rub his back and sing a little and he falls asleep.” As she said this I recalled a recurring pattern in Robert’s records. In every one of them, including the latest referral from the school, angry staff reported frustration with the boy’s non-compliance and immaturity. I asked Mama P., “So when he acts like that, don’t you ever get frustrated and angry?”

“Do you get angry with a baby when a baby fusses?” she asked. “No. That is what babies do. Babies do the best they can and we always forgive them if they mess, if they cry, if the spit up on us.”

“And Robert is your baby?”

“They are all my babies. It’s just that Robert has been a baby for seven years.”

As we now know, many children have been exposed to trauma in various ways. Most children who enter the child welfare system have been exposed to a wide range of traumatic, painful and stressful experiences. How can we use our knowledge of trauma and its effects on the brain to be better equipped to provide trauma-informed care, as a community partner, helping professional, caregiver, or mentor?

Regardless of a child’s age or the types of trauma experienced, healing is possible.

According to Rady Children’s Hospital, Chadwick Center and The National Child Traumatic Stress Network “the ability to recover from traumatic events is referred to as resilience.” Recovery from traumatic events is possible and is mitigated by a child’s resilience. There are many influences in a child’s life that can promote resilience and help a child see the world is meaningful, predictable and manageable. For the helping professional it is important to remember that regardless of a child’s age or the types of trauma experienced, healing is possible. Here are some examples of influences that can increase childhood resilience. To be mindful of these protective factors and implement them with a child who has been traumatized is a great example of utilizing trauma-informed services.

Protective Factors for Children

1. Strong supportive relationship with a caring, committed adult
2. Connection with a positive role model or mentor
3. Recognition and nurturance of their strengths and abilities
4. Some sense of control and choice over their own lives
5. A sense of membership in a community larger than themselves, such as their neighborhood or cultural group.

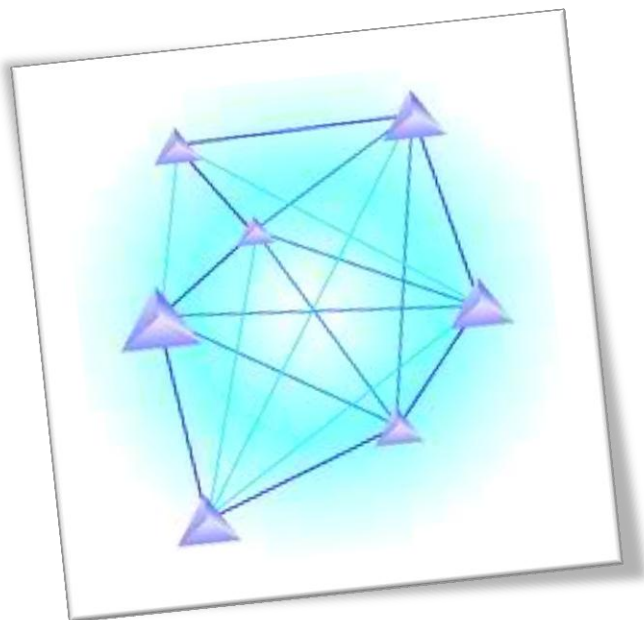
As illustrated in the accompanying Juggling Exercise (section III, tool 2-3), for every risk factor a child is exposed to, there is an opportunity to buffer that risk factor with protective factors like the examples given above. Whether a person experiences gang violence, bullying and/or domestic violence, a true trauma-informed approach recognizes the importance of individualizing their treatment (or referral to treatment), accommodating for possible triggers and most important fostering a safe, supportive environment in which they can receive care.

See Fact Sheet 3: Keys for Responding

Part 4

Systems Response to Violence and Trauma in our Communities

Part 4 lays out what is required to have an integrated, holistic response to violence and trauma. Treating each form of violence in an unrelated silo does not effectively address the needs of families with complex issues who are accessing and moving within multiple service systems. A multi-system approach is primarily implemented through organizations and collaborative systems, but also calls for individual action. An overview of what systems need to do to effect change, along with systemic competencies are presented. An individual practice approach with corresponding competencies is also touched upon briefly in this section.



Systems Response to Violence and Trauma in Our Communities

Most communities, families and individuals are dealing with not just one, but a multitude of integrated dynamics that include both challenges and strengths. Viewing a family or individual through a trauma informed lens is one of the best practices that can be used by community organizations, schools, and governmental agencies to better serve the needs of these individuals. Adopting a trauma-informed approach may provide additional creative, holistic strategies by identifying and communicating strengths rather than weaknesses of a family or individual.

Any organization that provides services to clients or the community will see benefits at both staff and client perspective as a result of adopting trauma-informed care practices. Systems that are comprised of multiple agencies which create an atmosphere “from the front door to the back door” of awareness of a trauma survivor’s need for safety, respect and acceptance can foster improved client interactions, and improved collaboration that can lead to improved outcomes.

“This training really helps us to take a moment and reflect on how we interact with our clients. By understanding that there are outside influences that may be impacting their behavior, it helps us to separate that from the issue at hand and allows us to move forward and assist the client in the best way possible.”
-a staff member at an agency who completed a TIC training

Benefits of Trauma-Informed Services:

- Evidence-informed and effective
- Cost-effective
- Humane and responsive to real needs
- Aligned with over-arching goals
- Highlights glitches in the systems and offers solutions
- Works with other best practices

Trauma-Informed Agency Practices

Why become a trauma-informed organization? A trauma-informed approach has been shown to improve engagement with individuals being served, improves family outcomes, creates a better workflow, and better employee engagement in work and purpose. Programs, agencies, or systems can begin to adopt trauma-

informed practices using existing funding and staffing that can have a significant impact on individuals served

“Understanding that trauma may be the reason why a client acts a certain way, makes it easier to deal with them on a daily basis. It has made me more understanding and patient.”

and promote positive interactions with staff. While trauma-informed organizations do use existing funding and staffing, re-allocation of money and resources is also needed. It’s not “business as usual” but it’s also not a completely new initiative that requires more work. It’s just different, hence the lens.

Some examples of trauma-informed practices include universal trauma screening, trauma-informed agency assessment of competencies, workforce trainings, and adopting an agency-wide trauma policy that accurately assesses for appropriate services, creates collaborative relationships, and avoids re-traumatization.

Universal Trauma Screening

One of the ways to create a foundation for a trauma-informed approach is to implement a Universal Trauma Screening in all programs. It will be important to create a network of referrals to programs that can address issues that arise which may be outside the scope of one’s current program. However, once this becomes standard practice, all staff and community partners will begin to see and interact with individuals who have experienced trauma in a different way.

A universal trauma screening should include the components of both traumatic exposure and traumatic stress symptoms. Attention must be paid to who is conducting the screening. Can Bachelor’s level staff do it? Or does it need to be Master’s level? What kind of training do they need to do it? Programs should note that the more staff conducting trauma screenings, the higher the levels of vicarious trauma for staff because they then hear about more traumatic events. Programs need to ensure that staff does SOMETHING with the results of the screening – it’s not just put in the file then follow case planning as usual.

Attention must be paid to how the universal trauma screening is administered. Will it be in the form of an interview? A form completed at intake? Most assessments are easier with adults when you can do an interview or give them a form to complete. They are NOT so easy with kids in child welfare who are young and you don’t have a reliable informant to tell you what has happened to them.

Asking all clients about trauma, as part of the initial intake or assessment process can assist in:

- Determining appropriate follow-up and referral
- Understanding any imminent danger requiring an urgent response
- Identifying the need for trauma-specific services or outside referrals
- Communicating to the individual with a trauma history that the agency believes abuse and violence are significant events
- Demonstrating that the agency staff recognizes and is open to hearing about past trauma
- Facilitating later disclosure if the person receiving services initially decides not to talk about traumatic experiences

Trauma-Informed Agency Assessment

Some agencies may ask, “Aren’t we already doing this?” while others may say, “This is too much to take on.” Some agencies may already be implementing some components of a trauma-informed system at the program or agency-wide level to areas where they can strengthen their approach. Other agencies may be struggling with funding mandates or outside constraints that limit their ability to implement broad policy changes. Organizations on both ends of this continuum as well as agencies somewhere in the middle can use tools such as a **Trauma-Informed Agency Self-Assessment** to help identify additional goals or core competencies that align with their programs mandates and still move towards expanding best practices agency-wide. These *Trauma-Informed Core Competencies* adapted from The National Council for Community Behavioral Healthcare (http://www.thenationalcouncil.org/cs/traumainformed_care_a_call_to_arms) drive practice from an agency perspective, improve organizational climate, and provide guidance for staff at the program level. The core competencies that follow are mostly directed to organizations that hire staff that provide trauma-informed or trauma-specific care. Some of the principles may apply to community partners as well, but not all will be applicable.

Trauma-Informed Core Competencies

- Engage leadership at the top
 - Make trauma recovery consumer-driven
 - Develop your workforce
 - Institute practice guidelines
- **Engage leadership at the top.** You must have top-down recognition of the importance of trauma for it to become embedded in the system. Staff can make addressing emotional safety a regular part of staff meetings, clinical supervision, and informal interactions with co-workers. Some agencies may want to institute a “Trauma Champion” award, similar to a Customer Service Hero award program.
 - **Make trauma recovery consumer-driven.** The voice and participation of consumer/survivors should be at the core of all activities, from service development and delivery to evaluation. Even when negative interactions occur, this is an opportunity to dialogue with consumers about their expectation and what they would have liked to see changed or improved. Even if accommodations or policy changes cannot be made right away, the opportunity to share their perspective may help rebuild relationships.
 - **Develop your workforce.** Create workforce orientation, training, support, competencies, and job standards related to trauma. Don’t just train clinical staff — train and educate everyone who comes into contact with consumers, from the receptionist to the maintenance staff. Some agencies modify performance reviews to include how well staff has incorporated trauma-informed concepts into their daily practices, so staff has goals and outcomes to work towards.

Institute practice guidelines. Centralize clinical practice guidelines for working with people with trauma histories. Develop policies, practices, and standards to support access to evidence-based and emerging best practices in trauma treatment. Some organizations have reduced 12-15 pages of rules into a 2-3 page set of Consumer Bill of Rights and/or Guidelines for Success. Another example is changing the program language, referring to “program partners” instead of “clients” or referring to youth who are “leaders” or “at promise” instead of “at risk”.

Even in a climate of reduced funding and limited staffing, according to Gabriella Grant, agencies that have adopted trauma-informed care practices have experienced dramatic results, such as improved staff morale and better client outcomes without incurring additional costs. Staff members often report that practicing a trauma-informed approach is consistent with how they were trained to practice and have felt more of a connection to their purpose to make a meaningful difference in the lives of those they are serving. Children, youth and families who participate in a trauma-informed approach report feeling respected and “validated.”

Workforce Training in Trauma-Informed Care

Finally, it is important to communicate to management and staff that “Trauma-Informed Services” is not a “new program” that requires fidelity to a specific set of processes and outcomes, but about integrating a philosophy into existing programs with opportunities for flexibility and modification.

Trauma-Informed Policies

Implementation of a trauma-informed approach can be supported through clear policies and procedures. An organization’s trauma policy should include a specific definition of trauma to clarify what it constitutes; how the organization intends to operate or implement; and what the organization is committed to doing to train and support staff in implementation. *Please refer to the sample trauma policy below.*

SAMPLE TRAUMA POLICY

Name of Organization is committed to being a trauma-informed organization. We assume that everyone may have experienced traumatic events. This includes people we serve, all staff, and anyone else we encounter while conducting our business. Trauma affects people in a variety of ways.

Definition of trauma: An event or ongoing situation that results in extreme stress that overwhelms a person’s ability to cope. Trauma impacts people in a variety of ways and may have short or long term effects.

Therefore, it is our intention to:

- Provide relationships that are a vehicle for healing.
- Maintain self-awareness of our behavior, attitudes and emotions and their impact on the people around us.
- Listen and observe for individual differences and adjust our responses in a way that acknowledges and appreciates the other person's perspective.
- Maintain an environment that feels physically and emotionally safe and welcoming for everyone.
- Promote and respect individuals' choice and control to the best of our ability.
- Recognize, respect and build upon individuals' strengths, abilities, and potentials.
- Provide opportunities and resources that promote and support self-care.

To facilitate this policy we will provide trauma-informed training for staff at orientation and reinforce as needed.

Summary: Recommendations for implementing a trauma-informed approach

1. Design programs based on trauma theory (safety, mourning, connection)

Trauma theory informs us that maintaining a sense of safety, mourning significant losses, and connection to others are key factors a trauma-informed program must be built around.

2. Focus on safety always.

Staff and client safety must be addressed proactively and at all points during program implementation.

3. Screen for lethality.

Part of establishing and maintaining safety involves gaining a formal understanding of the potential for deadly or lethal outcomes if not managed. An excellent tool that can be used for this purpose is the Danger Assessment by J. Campbell.

4. Reduce rules, make client policies positive.

A strengths-based perspective requires us to be proactive in setting the stage for what is expected, in other words, what to do, rather than what not to do.

5. Train staff.

A key aspect of implementing a trauma-informed approach is staff training. In particular, staff can benefit from training on trauma theory and motivational interviewing. Training must be ongoing and reviewed frequently to reinforce learning.



6. Listen to the clients' comments and complaints!

All client comments and input should be taken seriously and reflected upon, even so called “isolated comments”.

7. Use the No Services Available form.

(See tool 2-4.) If you can't find a program or services that meet your client/participant's needs, analyze the trends of what is needed. This will assist your program to be open to developing a more targeted response, and will also prepare you to advocate for client's needs being met throughout the community.

8. Cross-train

And develop tools to keep informed about local programs, eligibility requirements and referral processes. This will allow you to make appropriate referrals and to assist clients/participants to link to them and access the full benefit they may offer.

See Fact Sheet 4: Systems Response

Part 5

Commitment to Wellness for the Trauma-Informed Care Provider

The foundations of knowledge and understanding regarding a trauma-informed approach are brought full circle in this part of section I. In addition to the goal of focusing on health, wellness and peace for the community, those who provide trauma-informed care must make a commitment to their own personal wellness. What it means to use one's self—insight, intuition and experience to support others will be explored. How to create a compassionate presence and be fully present and mindful when working with others will also be described in detail.



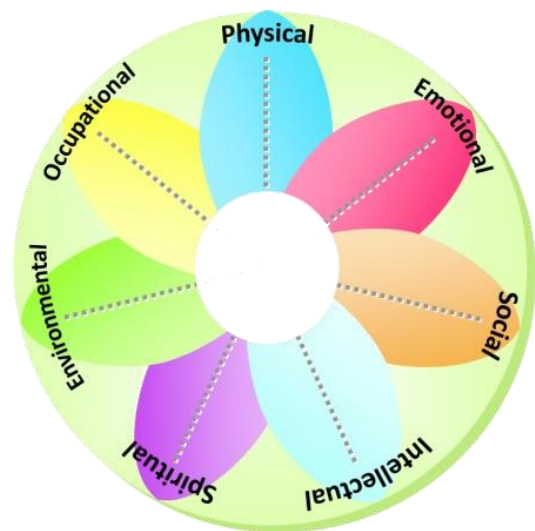
Commitment to Wellness for the Trauma-Informed Care Provider

Is a discussion of health and wellness simply too “touchy feely” to be considered in a serious dialog regarding the impact of violence and trauma in our communities? Or is it the reality that there is a “parallel process” between and among those who provide a trauma-informed approach, and those who benefit from receiving one?

Wellness can be thought of as a multi-dimensional state of being, describing positive health in an individual, family or community that is evident in their quality of life and personal sense of well-being. Wellness is an active process of becoming aware of and making choices toward a more healthy and holistic lifestyle. It is developmental in that improvement is always possible. Individuals can increase their own wellness by engaging in reflection as well as direct actions that increase their sense of well-being.

The Dimensions of Wellness

1. Social Wellness
2. Occupational Wellness
3. Spiritual Wellness
4. Physical Wellness
5. Intellectual Wellness
6. Emotional Wellness
7. Environmental Wellness
8. Financial Wellness
9. Mental Wellness
10. Medical Wellness



Trauma inevitably makes an impact on anyone who experiences it, albeit to varying degrees. The professional challenges of working with individuals who are experiencing trauma can also take a toll on professionals' personal lives. Wellness can be disrupted when one directly or indirectly experiences a traumatic event and is overwhelmed by it (primary and secondary traumatic stress). Another threat to wellness occurs when one is exposed to hearing about and seeing the effect of trauma on others (vicarious trauma). *See definitions below.* In the following pages, the reader will learn how to prevent the onset of compassion fatigue (a personal experience of primary, secondary and vicarious trauma all together) by recognizing the symptoms and utilizing strategies aimed at retaining professional and personal enthusiasm for their job and their future.

Professionals who work with and community partners who are connected to individuals who are experiencing trauma need to understand the definitions and impact of primary, secondary and vicarious traumas. It is also important to be able to recognize the subtle signs of the effect of overload, and assess the impact on their lives.

Additionally, professionals need to recognize the variables that increase their risk for compassion fatigue and burnout. Vicarious trauma often changes basic assumptions about yourself, others, and even the world and can interfere with self-care or the provision of care to others. Fortunately, it is possible to restore wellness by increasing resilience and positive coping.

Primary Traumatic Stress	Direct exposure to, or witnessing of, extreme events and one is overwhelmed by the traumatic experience.
Secondary Traumatic Stress	Direct exposure to extreme events directly experienced by another person, and one is overwhelmed.
Vicarious Traumatization (VT)	The transmission of traumatic stress by bearing witness (hearing about) survivor's stories of traumatic events (McCann & Pearlman, 1990).
Compassion Fatigue	the cumulative effect of: primary, secondary, and vicarious trauma. Compassion fatigue symptoms are normal displays of chronic stress resulting from care giving work. Day in and day out, workers struggle to function in caregiving environments that constantly present heart wrenching, emotional challenges.

Vicarious Trauma is A Natural Response

Vicarious trauma is a natural and inevitable response to spending significant time working with or studying trauma survivors. It is part of the package that goes with any caring relationship where one is committed to deeply engaging with another person who has been traumatized. The only way to avoid it is by maintaining such a distance from the survivor that a trauma-informed approach is not possible. There are many ways vicarious trauma expresses itself. For some it is a vague awareness, while for others it is intrusive and invasive.

Vicarious Traumatization
 “...is the transformation that occurs within the trauma counselor as a result of empathetic engagement with clients’ trauma experiences and their sequels.”

Pearlman and Saakvitne (1995)

The signs and symptoms of vicarious trauma include:

Preoccupation with the other person’s traumatic events.	Avoiding thinking about certain things and “numbing” out when certain topics come up.	Not functioning as well in life as one used to.
Decreased ability to handle everyday frustrations.	Intrusive thoughts related to the trauma survivor’s “story”.	Dread of being around or working with survivors.
Feeling subjectively that you are not personally safe.	Feeling that you are not helping at all.	Less able to focus on the purpose or meaning of what you are doing.

A professional or community partner may not even be aware that they are experiencing difficulties or problems related to or caused by vicarious trauma or compassion fatigue. This is because the general tendency for most people is to minimize the psychological and physical dangers of the job in order to be able to do it. This tendency is also known as adaptive denial. The way it works is that each time you encounter danger, your worldview changes, in varying amounts. It can be in response to physical danger and/or your feelings about what happened that day.

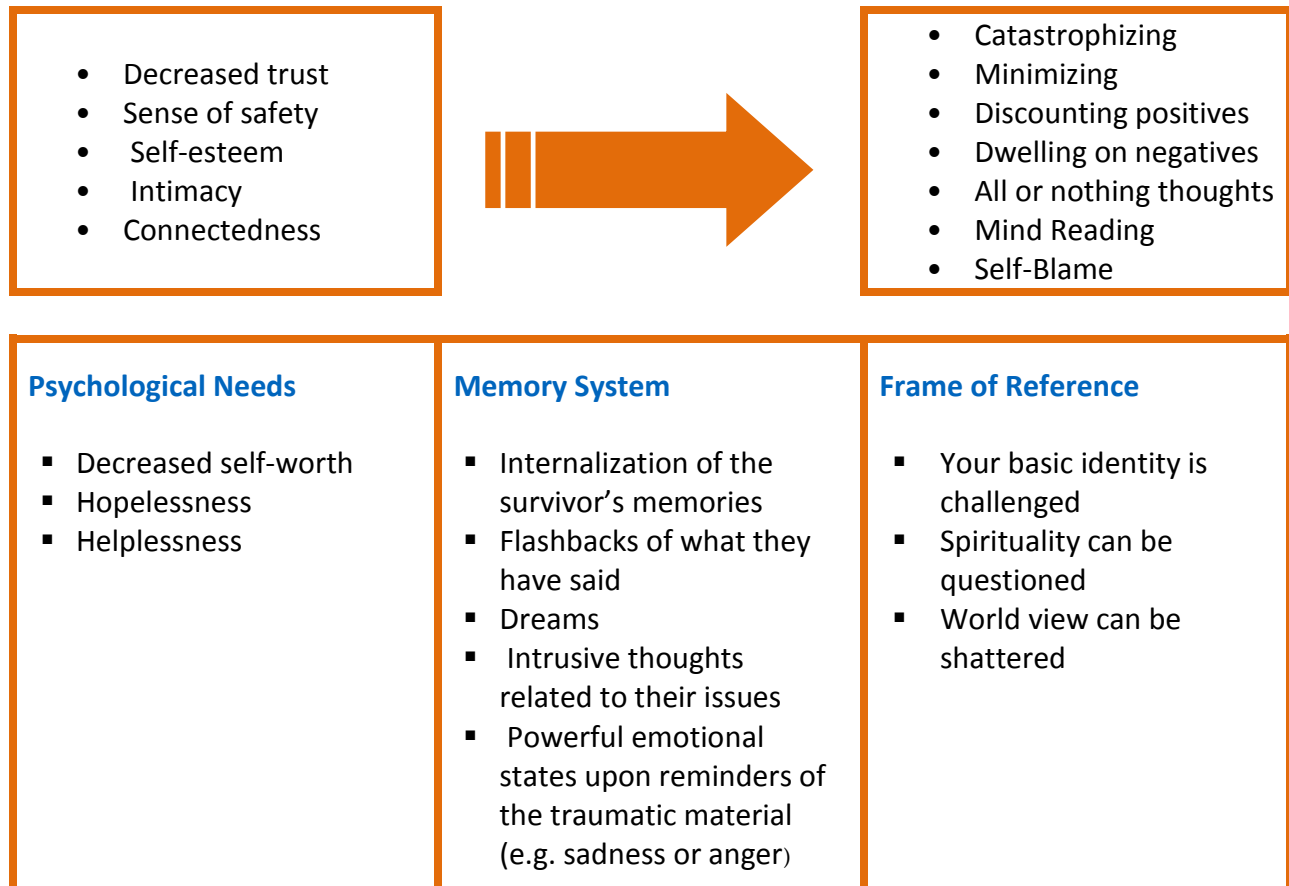
The Contributing Factors to Adaptive Denial Include:

- How close one is to the situation
- The relationship a helper has with those involved
- Level of surprise or shock
- Presence of interpersonal violence

- Your own history of witnessing violence
- Unresolved personal issues
- Lack of skills/knowledge
- Understanding of ethical issues involved
- Awareness of the effect of trauma on others
- Level of self-awareness
- Professional/personal identity
- Administrative and/or other support available
- Whether one is receiving competent supervision

Vicarious trauma intrudes on and can disrupt cognitive processes; psychological needs; memory system; and world view, or “frame of reference”. Here’s what it looks like:

Cognitive Processes



In short, the “red flags” you should be paying attention to as a trauma-informed care provider are:

- A sense of being overwhelmed, feeling like you can’t cope
- Feeling agitated, irritable, nervous, or “up tight”
- Isolating yourself
- Depression
- Lack of interest in things
- General negative attitude
- Problems staying/falling asleep
- Low energy
- Lying awake at night worrying
- Work intruding on home life

How to Work Through Vicarious Trauma

Most of the time, your team members or those around you will notice the signs of compassion fatigue long before you do. A team approach is critical to success in the work while maintaining personal and professional wellness. Try to remind yourself that “trauma is in the eye of the beholder”. This means that you exercise your ability to “step back” from the situation to remind yourself that the primary trauma “belongs” to the person you are assisting, and that you are experiencing an understandable, common reaction. You can also remind yourself that your reaction is a normal response to an abnormal situation. It is a psychobiological event. If you try to resist it, it will likely persist. As the parent flying on an airline with their child is advised, you must take care of yourself first. Pay attention to your early warning signals.

Along the way you will need...

- **The ability to self-soothe.** This means that you can take the step back referred to above. It means centering yourself by engaging in self-talk that is encouraging and supportive.
- **The ability to separate yourself.** This means that you can hit the “reset” key, or take a “time-out” when you need one.
- **The ability to find meaning.** This means that you have established a personal vision for your work; you know why you do what you do and understand the benefits and risks of helping others in their journey towards wellness.

Hope Restored

The goal of using a trauma-informed approach is to restore hope through personal resilience. This means that one has the capacity to overcome challenges and adversity and can achieve positive outcomes, along with a sense of wellness.

“Human beings have an innate capacity to overcome trauma and the effects of chronic stress. As we explore our emotional, physical and spiritual pain we begin to rediscover our essential wholes and interconnectedness with all of life. We then meet life’s challenges from a grounded place centered in wisdom, acceptance and compassion.”

*-Laura Esienburg
(Holistic Wellness Specialist)*

In summary, the best way to care for oneself when providing trauma-informed care is to:

1. **Be aware** of your limits, emotions you are experiencing and resources you have available. Awareness and reliance on one’s intuition are important tools for recognizing symptoms of compassion fatigue.
2. **Maintain balance** personally and professionally.
3. **Stay connected** to your inner self, others and your faith.
4. **Stay connected to others**, which breaks the silence of unacknowledged pain.

Organizational Support

Organizations that offer trauma-informed services need to provide for the care of their staff and partners. One way to do this is by providing adequate funding, space, and supplies so as to minimize controllable on the job stress. Organizations should provide their staff and partners with access to referrals to assist them in managing vicarious trauma and compassion fatigue.

It is the responsibility of the organization to balance and manage their staff’s caseloads. When in-service and other training opportunities are provided, staff and partners have the opportunity to learn and practice self-care skills. If an organization is in the business of working with individuals who have experienced trauma, their organizational structure needs to fully incorporate discussions regarding trauma and secondary trauma into their work. Organizations need to be committed to:

1. Creating a space where employees can openly talk about any vicarious trauma they are feeling without repercussions or judgment.
2. Build into their practice mechanisms to support employees through leadership, supervision and peer consultation strategies.
3. Potentially partner with mental health agencies who can come in and support them following a specific traumatic incident (i.e., child death, murder of a former DV shelter inhabitant by her assailant, etc.).



4. Work within their existing systems (EAP, etc.) to provide ongoing support.
5. Bringing in avenues of self-care – such as yoga, massage, etc.

Supervisors and administrators need to acknowledge and respect the work being done. It reduces isolation among staff and provides a sense of validation. Perhaps the most important organizational support is an atmosphere of growth and encouragement in the workplace. When staff feels safe, cared for and supported, they are better able to provide quality care to the children, youth and families with whom they work, an example of the parallel process.

See Fact Sheet 5: Commitment to Wellness

Fact Sheet 1-1 (Part 1): Promoting Peace



In working to offset the impact of violence and trauma in our communities the desired outcome is peace. In this context, “peace” is being used to represent health and wellness for staff, providers, community partners, and for any individual or family who is directly or indirectly impacted by trauma. Peace is what gives us confidence and hope that individuals and families can become resilient and thus overcome the devastating effects of violence and trauma.

A Few Faces of Violence: Unique Contributors to Trauma

It is widely recognized that there are common underlying dynamics that link multiple forms of violence including child maltreatment, animal abuse, elder abuse, suicide and homicide. This Toolkit focuses on three forms of violence that are similarly linked: gangs, bullying in schools and domestic violence. Each form of violence contributes to trauma at the individual, family, and community levels in unique ways.

The Scope of the Problem

It is necessary and beneficial to understand how much and what types of violence we are confronted with. Knowing the statistics helps to focus our attention on contributing factors to violence and trauma. When we compare two neighborhoods that are similar in many ways, except for relative violent incidences, we can begin to look at what the one community is doing successfully to reduce its impact. As lessons learned are shared, we have a baseline from which to measure our progress towards a peaceful future.

The Problem Reframed

The “divide and conquer” approach to viewing the complexity of issues families present when in crisis and seeking services and support is no longer viable. The field is rapidly shifting to a culturally proficient, cross-sector collaborative team approach that views “issues” as normative and integrated, rather than isolated. Trauma Informed Care is a lens that affords the opportunity to see individuals, families and communities as resources.

Fact Sheet 1-2 (Part 1): Gang Involvement



Why do people join gangs?

Cultural, societal, and economic factors play a major role in creating a climate of risk for youth involvement in gangs. Failures in the educational, welfare, and immigration systems, including social upheaval, poverty, income inequality, and racism are examples of how inequality and social disadvantage may occur. In addition, the effects from gang culture, early substance use, antisocial/hostile/aggressive behavior, limited attachment to community, family history of gang involvement, parental neglect, low academic achievement or school dropout, and unemployment are contributing factors. Those who join gangs may desire a sense of power, respect, belonging, money, or social status, turning to gangs that initially appear to be able to meet these needs.

What is being done to address youth gangs?

Research generally agrees on a three pronged approach. **Preventative measures** include intervention for youth at risk, education of the public, persistence of youth social workers with youth gang members or those at risk, and specific school policies and procedures i.e. dress code, zero tolerance, etc. **Intervention** involves employment and skills training and recreational activities for individuals involved in gang activities. **Suppression** consists of “law enforcement, legislative action, punishment and removal of members from community, specialized gang units, and the development of systems to track gang information and activities, such as the Integrated *Gang Task Force*. Critically, cooperation of all members of the community is required to create an effective solution. Effectively addressing youth gangs requires attention to the specific risk factors that lead to gang involvement and which take gender, ethno-cultural, economic, and social considerations into account at their core.

Warning Signs for Gang Involvement

- Experimenting with drugs; Rebelling at school and home
- Dropping school grades, particularly if it is rather sudden
- Cutting classes regularly or just not going to school at all
- Avoiding family gatherings or share regular meals
- Changing friends, especially if the new friends don't hang around at your home
- Poor family bonding; Violating family curfew standards
- Having large sums of money or new expensive items of which you were unaware

Fact Sheet 1-3 (Part 1): Bullying in Schools



Bullying is a problem that affects many youth, and is a problem that has also left scars on adults. Over 90% of teens that get bullied say it affects them greatly emotionally, mentally, and physically. The trauma that a single or repeated incident of bullying can cause on an individual can be long lasting and have adverse effects on an individual's overall health and well-being. As technology continues to develop at a rapid pace, there are new and equally concerning venues for this kind of violence, including cyber bullying. Suicide rates, already staggeringly high in adolescents, is on the rise, particularly among youth who are victims of bullying, with rates of suicide among lesbian, gay, bisexual, transgender and queer (LGBTQ) youth who are bullied at the highest rates of all.

Bullying can occur in person or through technology (electronic aggression, or cyberbullying). A young person can be a bully, a victim, or both (bully-victim).

Who is at risk for bullying?

Some of the factors associated with engaging in bullying behavior include:

- **Impulsivity (poor self-control)**
- **Harsh parenting by caregivers**
- **Attitudes accepting of violence**

Some of the factors associated with victimization include:

- **Friendship difficulties**
- **Poor self-esteem**
- **Quiet, passive manner with lack of assertiveness**

How can we prevent bullying?

The ultimate goal is to stop bullying before it starts. Research on preventing and addressing bullying is still developing. School-based bullying prevention programs are widely implemented, but infrequently evaluated. Based on a review of the limited research on school-based bullying prevention, the following program elements are promising:

- Improving supervision of students
- Using school rules and behavior management techniques in the classroom and throughout the school to detect and address bullying, providing consequences for bullying
- Having a whole school anti-bullying policy, and enforcing that policy consistently
- Promoting cooperation among different professionals and between school staff and parents

Fact Sheet 1-4 (Part 1): Domestic Violence



Domestic violence is... the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another. It is an epidemic affecting individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. Violence against women is often accompanied by emotionally abusive and controlling behavior, and thus is part of a systematic pattern of dominance and control. Domestic violence results in physical injury, psychological trauma, and sometimes death. The consequences of domestic violence can cross generations and truly last a lifetime.



(image from www.deaf-hope.org)



This model was developed by the [Domestic Abuse Intervention Project](http://www.domesticabuseinterventionproject.org).

Children who witness: Witnessing violence between one's parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next. Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults. 30% to 60% of perpetrators of intimate partner violence also abuse children in the household.

The Economic Impact: The cost of intimate partner violence exceeds \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health services. Victims of intimate partner violence lost almost 8 million days of paid work because of the violence perpetrated against them by current or former husbands, boyfriends and dates. This loss is the equivalent of more than 32,000 full-time jobs and almost 5.6 million days of household productivity as a result of violence. There are 16,800 homicides and \$2.2 million (medically treated) injuries due to intimate partner violence annually, which costs \$37 billion.

Fact Sheet 2 (Part 2): New LENS



We need a new lens through which to view the impact of violence and



trauma so that new perspectives and

emerging evidence-based or evidence-informed practices may be integrated and incorporated into our work. It is important for those implementing trauma-informed care to understand the impact violence and trauma has on the brain and lifespan development, particularly when coupled with early adverse childhood experiences.

Adverse Childhood Experiences (ACEs)

Traumatic life experiences in the first 18 years of life can lead to serious impacts on later well-being, social function, health risks, disease burden, health care costs, and life expectancy. Adverse childhood experiences are common and powerfully influence health and well-being outcomes as adults.

Generational Cycles

Behavior patterns and risk for violence and trauma can be “passed down” from parent to child through **powerful and intense role modeling**. When a child is terrified, or in a heightened state of arousal during an adverse event, “learning” how to stay safe and what is expected comes quickly.

Trauma and Brain Development

According to Dr. Bruce Perry when trauma occurs in a very young child, there are significant and lasting changes in their brain development. As a result, the child’s understanding of what is normal becomes distorted. Chronic exposure to violence and trauma can result in the following changes in one’s brain functioning: (1) Frontal lobes shut down or decrease activity leading to instinctive responding; (2) high levels of irritability with increased sensitivity to “triggers”; and (3) ability to perceive new information decreases.

Reducing the impact of Violence and Trauma

Fortunately, biology is not destiny. Despite adverse childhood experiences, generational cycles, and changes in brain development brought on by trauma, wholeness, health, and peace are still very much possible. The impact of violence and trauma may be overcome by applying a trauma informed approach.

Fact Sheet 3 (Part 3): Keys for Responding



To be trauma-informed is to incorporate a universal assumption that everyone is affected by trauma to one degree or another. It is important to keep in mind that each individual will respond to the traumatic experience in different ways. When first assessing an individual with a trauma history, a trauma-informed service provider needs to be sensitive to the possible “triggers” of a person who has been traumatized. (A “trigger” is anything that reminds an individual of the trauma they have experienced and can take the form of sights, sounds, smells, specific places or words.) Community partners must also express the same sensitivity.

Trauma-Specific Care

Provided by a trained clinician who treats the actual trauma and trauma symptoms. Examples of trauma-specific treatment modalities include, Trauma Focused Cognitive-Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (Lieberman & Van Horn, 2005) and Seeking Safety etc.

Trauma- Informed Care

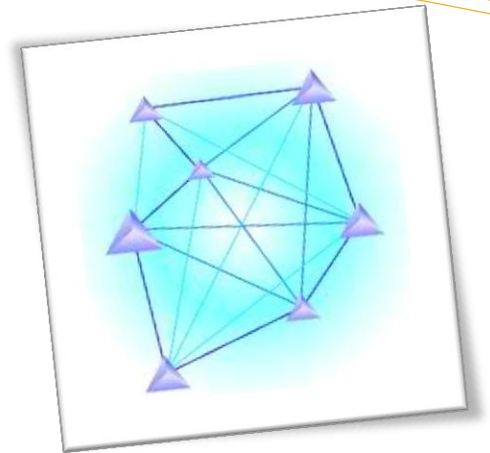
Making services available to all people across systems and agencies. To be trauma-informed is to be aware that trauma in society is a reality, not a rare exception.

To truly accomplish implementing a universal trauma informed approach a change in our thinking, or paradigm shift needs to take place. Individuals/clients are to be assessed through a trauma informed lens with close attention paid to their trauma history, understanding of this history, and then allow services to be delivered, facilitating consumer participation in treatment and fostering a sense of safety.

Principles of Trauma Informed Care

1. Recognize the impact of violence and victimization on coping skills.
2. Establish recovery from trauma (or trauma-specific referral) as primary goal.
3. Employ an empowerment model to elicit and build on strengths.
4. Partner with the individual/client (relational collaboration).
5. Design the meeting environment to ensure safety, respect and acceptance.
6. Highlight strengths and resiliency.
7. Be culturally competent by understanding the individual/client from the context of his or her life experience(s).

Fact Sheet 4 (Part 4): Systems Response



Most communities, families and individuals are dealing with not just one, but a multitude of integrated dynamics that include both challenges and strengths. Viewing a family or individual from a trauma informed lens is one of the best practices that can be used by community organizations, schools, and governmental agencies.

Any organization that provides services to clients or the community will see benefits at both staff and client perspective as a result of adopting trauma-informed care practices. Systems that are comprised of multiple agencies which create an atmosphere “from the front door to the back door” of awareness of a trauma survivor’s need for safety, respect and acceptance can foster improved client interactions, collaboration and can lead to improved outcomes.

Benefits of Trauma-Informed Services:

- Evidence-informed and effective
- Cost-effective
- Humane and responsive to real needs
- Aligned with over-arching goals
- Highlights glitches in the systems and offers solutions
- Works with other best practices

Recommendations for implementing a trauma-informed approach

1. **Design** programs based on trauma theory (safety, mourning, connection).
2. Focus on **client safety always**.
3. Screen for **lethality** (*Danger Assessment* by J. Campbell).
4. **Reduce** rules, make client policies positive.
5. **Train staff** on trauma theory and motivational interviewing plus ongoing training and review!
6. **Listen** to comments and complaints from the person you are working with.
7. Use the **No Services Available Form**. If you can’t find a services/program, analyze trends.
8. **Cross-train** and develop tools to keep informed about local programs, eligibility requirements and referral processes.

Fact Sheet 5 (Part 5): Commitment to Wellness



Wellness is... an active process of becoming aware of and making choices toward a more healthy and holistic lifestyle. It is developmental in that improvement is always possible. Individuals can increase their own wellness by engaging in reflection as well as direct actions that increase their sense of well-being.

Vicarious trauma is a natural response to hearing about violence, trauma and adversity experienced by others. Additionally, professionals need to recognize the variables that increase their risk for compassion fatigue and burnout. Vicarious trauma often changes basic assumptions about yourself, others, and even the world. Further it can interfere with self-care or the provision of care to others. Fortunately it is possible to restore wellness by increasing resilience and positive coping.

The signs and symptoms of vicarious trauma include:

Preoccupation with the other person's traumatic events.

Avoiding thinking about certain things and "numbing" out when certain topics come up.

Not functioning as well in life as one used to.

Decreased ability to handle everyday frustrations.

Intrusive thoughts related to the trauma survivor's "story".

Dread of being around or working with survivors.

Feeling subjectively that you are not personally safe.

Feeling that you are not helping at all.

Less able to focus on the purpose or meaning of what you are doing.

Among the best ways to care for yourself when you are providing trauma informed care are:

1. **Be aware** of your limits, emotions you are experiencing, and resources you have available. Awareness and reliance on one's intuition are important tools for recognizing symptoms of compassion fatigue.
2. **Maintain balance** personally and professionally.
3. **Stay connected** to your inner self, others and your faith.
4. **Stay connected to others**, which breaks the silence of unacknowledged pain.

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How to Use the Tools

The tools in this section of the toolkit consist of learning activities that are designed to:

- Reinforce knowledge of foundational concepts (foundations)
- Facilitate understanding of how to use foundational knowledge in daily work (application)
- Inspire reflection and peer sharing (integration)
- Provide an implementation checklist (implementation)

In this section, the tools (learning activities) are organized according to which of the objectives they primarily address—foundations, application, integration, or implementation. The tools are intended to be flexible and may be used in a wide variety of ways. Readers are encouraged to use and adapt the tools as needed for the best fit for those with whom they are being used.

The organization of these tools does not reflect a 1:1 correspondence with the Section I narrative, the Fact Sheets found in Section II, nor the learning modules in Section IV. The tools found here may be used stand-alone activities, or together with materials from any or all of the other sections of the toolkit. (If used independently, facilitator may need to set the context first before conducting the activity.)

One effective way to use all sections of the toolkit together would be:

1. Facilitator selects a learning module from Section IV.
2. Facilitator reads corresponding background material in Section I for an in-depth understanding.
3. Facilitator copies and distributes Fact Sheet (Section II) to participants, then summarizes the main points.
4. Facilitator conducts compatible activity (Section III) and closes as indicated.

The tools contained here are directed at learners who provide services or support to individuals who have a trauma history, through a trauma-informed lens. Some of the tools included here may be adapted for direct use with individuals receiving a trauma-informed approach. They are presented here to provide the learner with an “inside-out” view so they will understand the effectiveness of the tools first hand. Note that there are many other tools and learning activities not contained in this toolkit that may also be woven in to a meaningful learning experience.

Foundational Tools

What do we know?

- 1-1 What do you think?**
- 1-2 Path to Peace Discussion Guide**
- 1-3 Healing Neen Discussion Guide**
- 1-4 Learning from Other Systems
(Cross-Systems Panel)**

1-1 What Do You Think?

Purpose of Activity:

Get participants thinking about what their current definition of trauma informed is; and to provide them with examples of community/common responses to the following question: ***“What does Trauma Informed mean to you?”***

Media/Materials:

- Colored ½ sheets of paper
- Markers

Set Up / Conducting the Activity:

1. Facilitator will choose one of the following options depending on training group size and time allotted:
 - Engage in small group brainstorm on what “trauma-informed” means to you.
 - Have participants write down their answers to the question being asked and share a few responses from each table.
2. Ask the group: *“What does trauma-informed mean to you?”*

Debrief / Wrap-Up:

1. Share community/common responses to the question asked. (The following responses were provided by participants at the *“Impact of Violence and Trauma in Our Community: Building Effective Community Solutions”* Conference.)

Client/Individual Focused

- *“It means meeting the client where they are, screening, looking for indicators of triggers using grounding techniques to calm client if triggered. Making the person feel safe, comfortable and respected.”*
- *“Understanding how trauma impacts one’s life from all avenues.”*
- *“How to best meet the needs of trauma survivors.”*

Knowledge, Awareness and Education

- *“Knowledge of different types of trauma, understanding there are various types of trauma.”*

- *“Practitioners who are aware of the impact trauma has on mental health and are sensitive to providing services to address this facet which impacts so many people.”*
- *“Staying abreast about the latest researched based programs, strategies, and organizations that can assist individuals in a myriad of capacities who have suffered traumatic events.”*

Resources

- *“Having the necessary tools and resources to help individuals who have been exposed to a traumatic event.”*

Community Based

- *“Being trauma informed means being privy on all aspects of trauma and how it affects our community, state, country etc. As well as prevention methods to help create change.”*
- *“An understanding that many community members have experienced traumas and this effects actions and belief.”*

Self-Care Focused

- *“Services that take the time to engage in self-care practices that help to manage stress linked to their own past traumas and possible compassion fatigue.”*

Programs That Understand Trauma

- *“Programs/agencies that are working with clients must understand the role that traumas may have had on an individual’s life and being able to include this information when providing services to these very individuals.”*

2. Wrap-Up

- Refer participants to **Fact Sheet #3: Keys to Responding**
- Discuss how participant’s definition is similar or different to the definition provided.
 - *“What do you notice about the definition of trauma-informed provided on the Fact Sheet?”*
 - *“How do the elements in all of the definitions we have discussed influence your work?”*
 - *“What might you think about or do differently based on these definitions?”*

1-2 Path to Peace Discussion Guide

Purpose of Activity:

To invite participants to reflect on the path to peace (healing and wellness) that is possible, despite experiencing the impact of violence and trauma. To inspire staff and community partners with hope and optimism regarding the work of providing a trauma-informed approach.

Media/Materials:

- The Path to Peace Handout (next page)

Set Up / Conducting the Activity:

1. Remind participants that violence and trauma is pervasive in our communities.
Ask, "What do you know about the problem of gangs in your community?"
2. Refer participants to Section 1, Part 1 for statistics on gangs or provide statistics from your own reading, research or local community.
3. Distribute the handout, "Path to Peace" found on next page and ask participants to read it to themselves. Allow 5 minutes.

Debrief / Wrap-Up:

1. Ask participants:
 - a. *"What was your general reaction as you read through this real-life story?"*
 - b. *"What do you think motivated Azim Khamisa to reach out to Ples Felix and Tony Hicks?"*
 - c. *"How can a trauma-informed approach be useful in working with or supporting youth and/or families who have experienced violence and trauma?"*
2. Refer participants to **Fact Sheet #1-2: Gang Involvement**
3. Wrap up the discussion with a reminder that peace and wellness are possible despite the most challenging circumstances or loss.

1-2 Handout

The Path of Peace

In 1995 Azim Khamisa's only son, Tariq – a 20-year-old student – was shot and killed while delivering pizzas in San Diego. His killer, Tony Hicks, became the first 14-year-old to stand trial as an adult in the state of California. He received a 25-year prison sentence. Azim, alongside Tony's grandfather and guardian, Ples Felix, now devotes much of his time to promoting the vision of the Tariq Khamisa Foundation – an organization committed to “stopping children from killing children.”

Azim Khamisa

When I got the phone call saying that Tariq was dead I kind of left my body, because the pain was too much to bear. It was like a nuclear bomb going off inside my heart. There was no solace to be found in my mind and so, as a Sufi Muslim, I turned to my faith. For the next few weeks I survived through prayer and was quickly given the blessing of forgiveness, reaching the conclusion there were victims at both ends of the gun.

Tariq's killer had the face of a child. He was 14 years old and belonged to a street gang called the Black Mob. His gang name was Bone.

In my faith, on the fortieth day after a death you are encouraged to channel your grief into good compassionate deeds: deeds which provide high octane fuel for the soul's forward journey. Forty days is not a long time to grieve for a child, but one of my motivations for starting the Tariq Khamisa Foundation was to create spiritual currency for my son, as well as to give myself a sense of purpose.

Simultaneously, I reached out to Ples Felix, the grandfather and guardian of Tony Hicks. The first time I met Ples I told him that I felt no animosity towards his grandson. Ples was quick to take the offered hand of forgiveness. We're very different: I wear a pin-striped suit, and he has hair down to his waist. But from the moment we met we have been like brothers.

We share a common purpose. We believe that in every crime there is an opportunity to improve society by learning how to prevent that crime from happening again. Tariq was a victim of Tony, but Tony was a victim of American society – and society is a mirror image of each and every one of us. What gives me hope is the fact that when Ples and I give talks in school, you can see the metamorphosis as the kids are moved by our story.

Five years after the tragedy I met Tony. It was a very healing time. I found him very likeable – well mannered and remorseful. I told him that when he got out of prison there would be a job waiting for him at the Tariq Khamisa Foundation. You do forgiveness for yourself, because it moves you on. The fact that it can also heal the perpetrator is the icing on the cake. Tony is studying in prison now, and I know we will save him. In return, Tony will go on to save thousands of other children. I have I have recently written a letter to our Governor to commute Tony's sentence.



Photography by Bryan Moody

Ples Felix

Tony is my daughter's only child. He grew up on the violent streets of south LA, and at eight years old witnessed the murder of his cousin. Seeing that he was becoming increasingly exposed to gang life, my daughter proposed that he come and live with me. I welcomed the opportunity to bring up Tony in San Diego as my own son. He had been living with me for five years before the tragedy occurred. Things had started off okay, but by seventh grade Tony was hanging out with much older kids who were leading him astray. The night before the shooting I told him he wouldn't be able to go out that weekend if he didn't do his homework. The next day I found a note saying, “I've run away, love Tony.” My shotgun was also missing. Having reported Tony a runaway, I sat and watched a news report about a pizza delivery man who'd been shot and killed in North Park.

Two days later I traced Tony and alerted the Police. That afternoon I got a call from a homicide detective saying, “Mr. Felix, your grandson is no longer considered a runaway. He is now the prime suspect in a murder inquiry.” All the emotions hit me. I felt anger, shame and tremendous loss. I also felt guilty because I was Tony's guardian and responsible for his behavior. Tony was angry: angry about abuse and abandonment, about living with a strict grandfather. He had tried to medicate this anger with drugs and drink. Later he told me that on that fateful night he'd been hanging around with older gang members. When a pizza delivery man turned up and refused to hand over a pizza without payment, one of the older kids shouted, “Bust him, Bone,” and Tony pulled the trigger.

From the moment he was taken into custody to the day before he appeared for sentencing, Tony maintained a false bravado. But when he met with his attorney he was warned that, in light of the evidence, there'd be serious consequences if he pleaded ‘not guilty.’ It was then that I urged Tony to take responsibility for his actions; to minimize the pain and harm he'd done to the Khamisa family. He broke down and cried. “I'm so sorry, Daddy,” he sobbed. I held him and tried to console him. The next day everyone was expecting a plea of ‘not guilty,’ but Tony gave a very remorseful and emotional speech in which he pleaded guilty and asked for Mr. Khamisa's forgiveness.

When the three of us met in prison it was probably hardest for Azim. At the end, after Azim had left, Tony said, “That is a very special man. I shot and killed his one and only son and yet he can sit with me, encourage me, and then offer me a job.”

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1-3 Healing Neen Discussion Guide

Purpose of Activity:

To encourage participants to see that resilience and recovery are possible with trauma-informed care, while also raising awareness of the biases, stigma and judgment attached to those who find themselves repeatedly in the legal system. This activity will challenge staff and participants with preconceived notions regarding addiction, crime and the possibility for healing.

Media/Materials:

Prior to conducting the activity, copy the Healing Neen Handout (next page) or plan to show the Healing Neen video trailer that may be accessed from: <http://healingneen.com> .

Set Up / Conducting the Activity:

1. Remind participants of the risk factors associated with childhood complex trauma; including drug addiction and mental illness.
2. Ask participants to think of a difficult person they are working with or have worked with in the past.
3. Encourage participants to identify biases and judgments made upon first meeting the difficult person they are working with.
4. Distribute the hand out (next page) to read aloud or to themselves. Allow for 5 to 7 minutes.

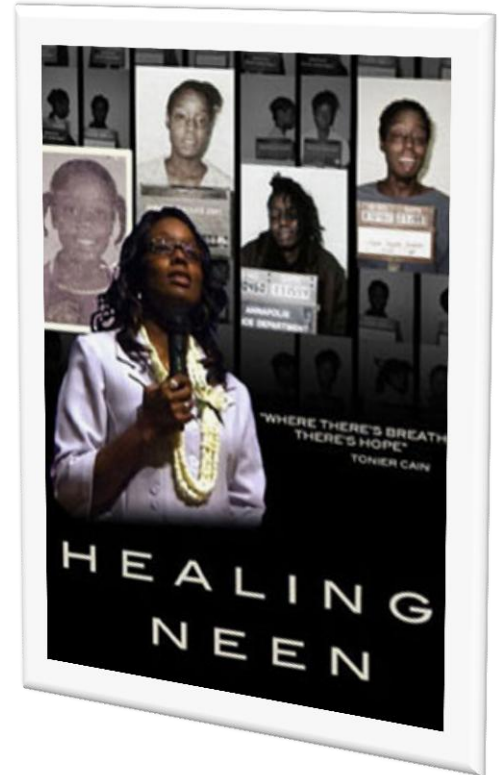
Debrief / Wrap-Up:

1. Ask participants:
 - a. *"What were some of the labels that Neen was given throughout treatment?"*
 - b. *"What would be your initial reaction to a client with a history such as Neen's, with 66 criminal convictions and 83 arrests?"*
 - c. *"How will this change your perspective on future clients that have similar trauma histories?"*
 - d. *"How will you use this story of Neen to foster hope with those that you work with and interact with?"*
 - e. *"What is your take away message from this story of resilience and recovery?"*
2. Wrap up the discussion with asking the participants to name new strengths-based "labels" for Neen.

1-3 Handout

***“83 arrests and 66 convictions,
they told me I was going to spend
the rest of my life in prison or die
on the streets. And I had
become... comfortable...
with that.”***

-Tonier



The Story of Neen

As the oldest of nine brothers and sisters in Annapolis' Clay Street community, from the age of 9 Tonier “Neen” Cain lived as the “protector”, while her alcoholic and abusive mother was absent, passed out, or otherwise occupied. Sexual assaults at the hands of her mother's male friends were frequent. Even after social services placed Cain and her siblings with relatives, Cain herself turned to alcohol and drugs, eventually leading to 83 arrests and 66 convictions—for prostitution, possession, a life of addiction, 19 years of homelessness, and a

stint in the Maryland Correctional Institute for Women in Jessup.

Neen has been given many labels over the years including, “criminal, crazy, whore, slut, worthless, homeless, junkie, dirty and a dangerous...” Not anymore.

Incarcerated and pregnant in 2004, treatment for her lifetime of trauma offered her a way out and up. Her story illustrates the consequences that untreated trauma has on individuals and society at-large, including mental health problems, addiction, homelessness and incarceration. Today, she is a nationally renowned speaker and educator on the devastation of trauma and the hope of recovery.

1-4 Learning from Other Systems

(Cross Systems Panel)

Purpose of Activity:

The purpose of this activity is to (1) increase participant's awareness of what systems other than their own have to offer in terms of partnering in responding to the impact of violence and trauma; and (2) facilitate networking with cross systems partners.

Set Up / Conducting the Activity

Planning (NOTE: At least 2 - 4 weeks prior planning required)

1. Select 3-5 individuals from different sectors who have experience in applying a trauma-informed approach. (For example, choose from the following: Behavioral Health, Family Resource Centers; K-16 Education; Law Enforcement; Other.)
2. Designate a day and time to conduct a panel presentation.
3. Invite panelists. Provide date, time, location, and questions (below). Follow up.

Conducting the Panel:

Moderator Questions for Panelists:

1. In your view, how are gang involvement, bullying, domestic violence and trauma-informed care related to one another?
2. In your experience, is there a "logical" or developmental progression in the appearance of these issues in the life cycle of a family? (Does one "lead to" another)?
3. Have you ever seen a family with all of these issues and dynamics present at once?
Code for reference to vignettes in binder.
4. In a family where you see all 4, which would you address first and why?
5. What strategies do you use to restore hope and arrive at "destination peace"?
6. What is one thing you wish you knew when you first started this work?
(What advice would you give to someone new to the field?)

7. Where do you find space for integrating peace and wellness in your own life?

Debrief / Wrap-Up:

1. Thank the panelists.
2. Allow questions and answers.
3. Ask participants:
 - a. *"What did you hear that surprised you?"*
 - b. *"What did you hear that affirms what you are already doing?"*

Application Tools

How do we use what we know?

- 2-1 How do you apply a trauma informed approach?
- 2-2 Family Scenario--Montiel
- 2-3 Family Scenario—Carson-Williams
- 2-4 Juggling
- 2-5 What to do When No Services are Available

2-1 How Do You Apply A Trauma-Informed Approach?

Purpose of Activity:

Get participants thinking about how they could apply a trauma informed approach in their work; and to provide them with examples of community/common responses to the following question: ***“How do you apply a trauma informed approach in your work and/or community?”***

Set Up / Conducting the Activity:

1. Trainer choose one of the following activity lay-outs depending on class size and time allotted:
 - Engage in small group brainstorm on how to apply a trauma-informed approach in your work and/or community.
 - Have participants write down their answers to the question being asked and share a few responses from each table.
2. Ask the group: *“How do you apply a trauma informed approach in your work and/or community?”*
3. Share common responses to the question asked. Refer participants to **Fact Sheet 3: Keys to Responding**

Debrief / Wrap-Up:

During this activity you may receive comments and discover themes similar to those shown below:

Education and Awareness

- *“Being knowledgeable of possible traumas prior to treatment; being sensitive to every client.”*
- *“One can be aware of services in your community that are specific to victim’s needs and being able to give them in the appropriate direction.”*

Sensitive to Clients Needs

- *“By being client sensitive, no judgment and using activities listening, being empathetic.”*
- *“Consider where the person came from and what they have gone through.”*

Client Focused Treatment

- *“Use a Trauma Informed approach to provide grief counseling programs and suicide prevention work.”*

- *“Alcohol and drug treatment programs funded by the county of San Diego mandated contractually to provide service in a trauma informed manner, training staff and implementation Trauma Informed policies and procedures are a protocol.”*

Response and Action

- *“Know the procedures in case of a trauma in my workplace, and respond in an appropriate and professional way.”*

Health and Wellbeing

- *“Try to address issues in a holistic manner considering the impact in family and community; and understanding interconnectedness of issues.”*

2-2 Meet the Montiel Family

Purpose of Activity:

To provide participants the opportunity to (1) recognize multiple dynamics (risks and strengths) within a family and address them in an integrated manner; and (2) surface new, additional strategies for addressing the complexity a family may present. Participants will identify strengths and contributing risk factors present in the Montiel family.

Media/Materials:

- Handout 2-1: Montiel Family Vignette with focus questions (*Advance preparation is required*)
- Handout 2-2: Focus on Trauma-Informed Care

Set Up / Conducting the Activity:

1. Prior to beginning this activity, trainer briefly discusses the intersection between gangs, bullying and domestic violence and how these issues can affect the family.
2. Facilitator asks participants to get into small discussion groups.
3. Introduce (or handout) participants to the Montiel family they will be discussing.
4. Prior to beginning each round of group discussion, facilitator briefly discusses topic being addressed (see section I, Part 1 for background information).
5. Ask participants to review the vignette segments by topical issues and answer the questions that follow.
6. Following the discussion call the larger group together and have participants briefly share their ideas, themes, or questions, calling upon the facilitator as needed.
7. Refer participants to handout 2- 2 and ask them to reflect on 4 – 6 of the questions found there. Each group will have a few minutes to discover patterns or categories of ideas to reflect on or share.

Debrief / Wrap-Up:

1. Facilitator discusses the importance of discovering strengths in families like the Montiel family and understanding that families may be dealing with an array of issues that require an integrated approach to violence prevention.

2. As a conclusion for this portion of the activity ask participants for suggestions on how they would prioritize and layer tools for intervention and how they would connect the Montiel family to a variety of resources they may need.

Optional Participant Questions: Are there any gangs in your community and if so are you familiar with them? Do you know the number of gangs and/or gang members?

Note: Sharing local statistics would be informative for participants.

2-1 Handout

The Montiel Family

Issue #1: Gang Involvement

Gabi, age 17, is a junior in High School. She was held back the year she was pregnant, due to the amount of school she had missed. Her son, Saul, is now three years old and attends Early Head Start. Gabi became pregnant with Saul shortly after she was jumped in to the Coast 12 gang, as engaging in sexual intercourse with the leaders was part of the initiation ritual. It is unknown which of them is the father of her child. Gabi (and others) are expected to express their trust and loyalty to the gang by having sex with whom she is told on an ongoing basis. This has helped her to rise through the ranks and become a leader in her own right.

Maria, Gabi's mother, often complains about Saul being left in her care in the evenings when Gabi is in the park hanging out with her "homies." Coast 12 has marked the recreation building and restroom, and will re-tag following "paint outs." Tonight at 1:00 am, Gabi was picked up and detained by the police during a "sweep" of the park. They found out Gabi has a history with juvenile probation and subsequently called the Community Response Team.

Discussion Questions:

1. As a member of the Community Response Team, what strengths do you see in Gabi, her family and/or the community?
2. What are your initial thoughts regarding how to strengthen and support Gabi, her family and/or the community-at-large?

Issue #2: Bullying

A shy and quiet boy, **Victor**, age 10, is a victim of bullying. He tries to "fade into the wall" to avoid being noticed. He has tried to go to school early and late, and has asked to stay after school to avoid the older youth who regularly beat him up, call him names, trip and "mad dog" him, and throw signs in his direction. On this day his teacher noticed that he had a swollen eye, skinned elbow, and bloody nose. He refused to go to the nurse's office when she suggested he go, however he remained after class and walked with his teacher to the nurse's office at that time.

Victor told the nurse he is just stupid and fell. He is terrified that his sister will find out that he has been bullied and will retaliate on his behalf. Every time this thought occurs, he vividly recalls the night his brother, Raul Jr.,

was killed in a drive-by shooting. Only he, Raul Jr., and his mother were home at the time. He doesn't want to have any part of the violence that he has seen and experienced. He also wonders if he is gay, since everyone tells him how "macho" it is to "take care of business".

Discussion Questions:

1. As the school nurse, what additional strengths or needs do you see in Victor, his family and/or the community (Including school)?
2. Knowing about the gang involvement and bullying, what are effective ways to strengthen and support the Montiel Family and/or the community-at-large?

Issue #3: Domestic Violence

With a long history of gang involvement, Gabi and Victor's father, **Raul**, is a "veterano." He learned early that to be a man you must command respect and "take care of business" whenever called upon to do so. Their mother, **Maria**, is quiet and follows her understanding of the church's teaching that wives are to be "submissive" to their husbands.

Maria did not know her father, but her mother's boyfriend beat up her mother each time she became pregnant (causing two miscarriages), and each time she asked for milk to feed Maria, until finally she escaped the violence by moving to the United States, where she worked "under the table" in a strawberry field in Cardiff. She now lives with Raul and Maria.

Raul recently lost his job as a custodian when the business he worked for filed for bankruptcy closed its doors. As the man of the house, he handles all of the finances. Maria must "turn over" any money she is able to earn as a housekeeper. When Maria asked for money for groceries, he viewed it as a sign of disrespect and tried to "teach" her never to do that again. They both thought the children were asleep, but Gabi came into the room and jumped her father in an effort to make him stop.

When Maria dropped Saul off at Early Head Start the following day, the Family Advocate asked if everything was OK. Maria broke down and told her everything.

Discussion Questions:

1. As the Family Advocate, what additional strengths or needs do you see in this family and/or the community?
2. Knowing about the gang involvement, bullying and domestic violence, what are effective ways to strengthen and support the Montiel Family and/or the community-at-large?

2-2 Handout

Focus on Trauma-Informed Care

The following questions are provided to facilitate deeper exploration of family dynamics in a safe, supportive setting. The following are potential considerations for trauma informed care:

1. What was your initial reaction when you heard about this family situation?
2. What strengths do you see individually and in the family as a whole?
3. What role can strengths and resilience play in this family's future?
4. Are there concerns for physical and/or psychological safety?
5. What immediate, concrete needs do you recognize?
6. Are there internalizing or externalizing behaviors that are of concern?
7. What range of emotions (positive and negative) might one or more of these children experience as a result of the events they have experienced?
8. How might you go about partnering with this family to achieve authentic engagement?
9. What have you heard here at the conference that leads you to think differently about this family?
10. What is the risk if we only address one of the dynamics in the family?
11. How might your agency or program adapt its practice to more effectively serve this family?
12. What opportunities does an integrated, ecological approach bring?
13. Does the prospect of partnering with a family with similar issues bring up anything for you that you might want to be aware of?
14. How might you care for yourself when working with families who have experienced intense and prolonged trauma?

2-3 Meet the Carson-Williams Family

Purpose of Activity:

Get participants to discuss approaches to viewing a family with multiple dynamics from a trauma-informed lens and identify the ways in which families can be connected to various resources.

Media/Materials:

- Handout 2-3: Carson-Williams Family Vignette with focus questions (*Advance preparation is required*)
- Handout 2-2: Focus on Trauma-Informed Care

Set Up / Conducting the Activity:

1. Prior to beginning this activity, facilitator briefly discusses the principles and guidelines for trauma-informed care approaches.
2. Introduce (or handout) participants to the Carson-Williams family they will be discussing.
3. Ask participants to review the vignette segment pertaining to bullying, gangs, and domestic violence and answer the questions that follow.
4. Next ask participants to review handout 2-2 and discuss 4 – 6 of the trauma considerations questions.
5. Following this discussion call the larger group together and have participants briefly share their ideas, themes, or questions now that they have viewed the family from a trauma-informed lens.

Debrief / Wrap-Up:

Participants should gain insight gleaned during group discussion on viewing a family from a trauma-informed lens. Have them reflect on their own experiences as well as contribute insight to others.

2-3 Handout

The Carson-Williams Family

Issue #1: Bullying

A trouble-maker and bully, **Jaliah**, age 16, is Julie's son from a previous marriage. Jaliah is 6'2" and overweight, but not obese. He hates his name, feels powerless and bullies younger children on the way to and from school. When Johnny's father, Tom, is not around, he calls Johnny names and uses him as a "punching bag." He claims he is trying to show Johnny how to be tough for his own good.

He is often cruel to animals. He has gotten in trouble for lighting matches in the bedroom he shares with his two brothers. Two months ago, **Lucas**, age 9, came around the corner to see Jaliah torturing a cat. When Lucas screamed, "Stop!" Jaliah told him he would do the same thing to him if he told anyone. Lucas has not told anyone about the incident.

Discussion Questions:

1. What strengths or needs do you see in Jaliah, his family and/or the community (Including school)?
2. What are your initial thoughts regarding how to strengthen and support Jaliah, his family and/or the community-at-large?

Issue #2: Domestic Violence

Jaliah's father controlled his mother financially, emotionally, and physically. More than once he heard his father, Scott, threaten to kill Julie. He also observed numerous injuries that Julie shrugged off as "nothing." Jaliah often heard verbal arguments and observed mutual aggression between his parents. Once when Scott was threatening to kill Julie, Jaliah, having woken up, walked in to the room to find his mother still and crumpled on the floor. He thought she was dead.

Lucas, age 9, started wetting the bed about eight weeks ago. At first he tried to hide the sheets, but his brothers told on him. Tom, Julie's husband, is preoccupied with work and does not seem at all concerned. When she tries to talk with Tom about this issue, he verbally and emotionally attacks her, and then leaves the house for several hours. Julie has heard about a local Family Resource Center that offers low or no cost counseling. Yesterday, she called to make an appointment for Lucas.

Discussion Questions:

1. What additional strengths or needs do you see in this family and/or the community?
2. Knowing about bullying and domestic violence, what are effective ways to strengthen and support the Carson-Williams Family and/or the community-at-large?

Issue #3: Gang Involvement

Johnny, age 13, likes sports and is close to his coach, but is academically challenged. He prefers to avoid home by shooting hoops in the local community park, as afterschool athletic programs have been slashed due to budget cuts. He doesn't get enough attention from his father, and desperately wants to avoid contact with his older brother.

It appears he is being recruited by a gang. Known gang members have been inviting him to parties where they offer him drugs and alcohol. When they see him at the park, they want him to hang out with them and chill, instead of playing basketball. At one party, Johnny smoked pot and got into trouble. The gang is now offering him protection, but also trying to manipulate him. Lately Johnny has felt tempted to join the gang to earn money for the athletic equipment he needs. His coach has observed gang members approaching him. The coach knows Johnny's priest, who has come to some of his games.

Discussion Questions:

1. As Johnny's mentor (coach or priest), what strengths do you see in Johnny, his family and/or the community?
2. Knowing about bullying, domestic violence and gang involvement what are effective ways to strengthen and support the Carson-Williams Family and/or the community-at-large?

2-4 Juggling Exercise

Purpose of Activity:

To illustrate the notion of risk and protective factors and their relation to trauma-informed care with individuals who have experienced violence and trauma.

Media/Materials:

- Two different colors of plastic balls (five of each color).
- One color is to be assigned as “The Protective Factors.”
- Once color is to be assigned as “The Risk Factors.”
- Case Scenario
- Two Audience Volunteers
- Co-Facilitator

Set Up / Conducting the Activity:

1. Ask for two volunteers from the audience.
2. Invite each up to the front of the room.
3. Explain that the co-trainer will be tossing one juggling ball at a time to volunteer A. Volunteer A is then expected to toss that ball back and forth with Volunteer B.
4. The Trainer then reads the case scenario (next page) aloud at a rapid rate, explaining that as each risk factor is explained in the scenario a yellow ball will be tossed to the volunteers to “juggle” -- keep in the air back and forth. (Five balls at most are to be tossed.)
5. The trainer then explains that for each protective factor read in the scenario a volunteer is to drop two risk factors and catch an orange ball in its place.
6. The point is then made that although they are now “juggling” all protective factors, it is still hard to “keep all the balls in the air” without dropping one etc.
7. The trainer then explains that this is the cognitive process that each of our traumatized clients deal with on a daily, hourly, minute by minute basis; illustrating the challenges in following through with support and maintaining a regular lifestyle “while keeping all of their balls in the air.”

Wrap Up/Debrief:

1. Ask participants: “What were your thoughts and feelings as you watched this?”
2. Ask volunteers: “What was this experience like for you?”

Juggling Scenario:

“You are providing support to a 29 year old African American single mother named Mary Jo, who is raising her 12 year old son, John in a low-income neighborhood. Mary Jo has a previous history of **methamphetamine dependence** as well as a current **mental health diagnosis of Bipolar 1 Disorder**. Six months ago Mary Jo lost her job as a hair stylist and has been struggling to pay her bills, working odd jobs at night. As a result of this new lack of supervision, John’s **grades have been slipping** and he has received **several truancies** for skipping class. A concerned counselor at the junior high school makes a Child Protective Services (**CPS**) **report**.

Coming home from work late at night earlier this week, Mary Jo was **sexually assaulted (raped)**. Following this traumatic experience, Mary Jo began using meth again to “numb the pain” of what happened to her.

Mary Jo comes to your program requesting a **Case Manager** for assistance with applying for disability benefits and linkage to a **new psychiatrist** that will take clients without insurance. Mary Jo is greeted warmly by the administrative staff and is linked with a Case Manager. Once open to the program, Mary Jo is **linked with a therapist** to process her recent trauma and to discuss sobriety. The Case Manager then links Mary Jo’s son with a **mentor from a local community center**, to meet John after school for **tutoring** and other **extracurricular activities**. Lastly, Mary Jo decided to attend weekly **NA/AA meetings** to maintain sobriety.”

2-5 What to do When No Services are Available

Purpose of Activity:

The purpose of this activity is to (1) document services that are needed or requested by the community, but are not available; (2) review and analyze pattern of need for services; and (3) to plan for and/or advocate for needed services.

Media/Materials:

“No Services Available Form” (Next Page)

Set Up / Conducting the Activity:

1. Remind participants that the individuals and families we serve can have intensive and complex needs. At times there are no services available to meet their stated needs.
2. Ask participants:
 - “When has this happened to you?”
 - “What did you do in that situation?”
 - “Is there anything you would have preferred to do?”
 - “What are the requested/needed services that were not available?”
-Chart responses on a flip chart page.
3. Duplicate the “No Services Available Form” to participants.
4. Ask each participant to complete a form for a different type of service based on the discussion.
5. Wrap up the discussion with:
 - “What would it be like for you to be able to meet the family’s needs with appropriate services?”
 - “What can we as a team do to begin to address the family’s needs?”
6. Review quarterly. (Pull out the “No services Available Forms” that were completed during the previous quarter.)
7. Ask:
 - “Are there services available now that were not available last quarter?”
 - “Are there additional needs that were not known last quarter?” (If so, complete new form.)



2-3 Handout

No Services Available Form

[insert your company name here]

Instructions: Complete for each consumer who needs services that are not available in the community. Forward to supervisor as appropriate.

The purpose of this form is to work in partnership with consumers trying to access services. If particular service(s) are not available in the community, communicate to the consumer that this may be a long process, but your program has noted the gap in services and will work towards making the service(s) available for the population who needs it.

Date _____

Staff name _____ Program name _____

Consumer name (Optional) _____ Age (Optional) _____

Services needed:

Agencies contacted (name and title of the person spoken to):

Additional notes:

Integration Tools

Personal Reflection/ Peer Sharing

- 3-1 Working Together to Build Change**
- 3-2 Sacred Temple Visualization**
- 3-3 Five Senses Grounding**
- 3-4 Self-Care Assessment**
- 3-5 Adverse Childhood Experiences**

3-1 Working Together to Build Change

Purpose of Activity:

The purpose of this activity is to explore the essential nature of the most important “tools” available to us to reduce the impact of violence and trauma in our communities through a trauma-informed care approach.

Set Up / Conducting the Activity:

1. Set-up chart paper with 3 sheets on each of three walls. *(See Diagram 3-1a for room layout shown below)*
2. Ask participants to aide in writing down questions on each piece of chart paper *(See Diagram 3-1b for questions shown below)*:
 - a. **Wall A** – write questions (on a flip chart page, one page per question) for **Use of Self**
 - b. **Wall B** – write questions (on a flip chart page, one page per question) for **Participants/Client as a Full Partner**
 - c. **Wall C** – write questions (on a flip chart page, one page per question) on **Cross-Sector Collaboration**
3. Ask participants to walk around room clockwise, writing their response to each question asked on the provided chart paper.
4. Call time once everyone has answered every question *(as much as time allows)*.
5. Arrange the group into three different teams, assigning one team as follows: One to Wall A – Use of Self, One to Wall B – Participants Clients as a Full Partner, and One to Wall C – Cross-Sector Collaboration.
6. Allow up to **10 minutes** for discussion of written responses on the chart paper of the assigned questions depending on group size.
7. Next, ask group to summarize the responses and prepare for report back to large group.
8. Allow **5 minutes** for one person from each of the three groups to report their summarized findings back to the larger group.

Debrief / Wrap-Up:

After all report backs are finished, ask the large group questions that reflect on their experience with this activity like:

- *“How might you use these tools moving forward?”* and
- *“Do you have any unanswered questions?”*

Diagram 3-1a Sample Room Layout

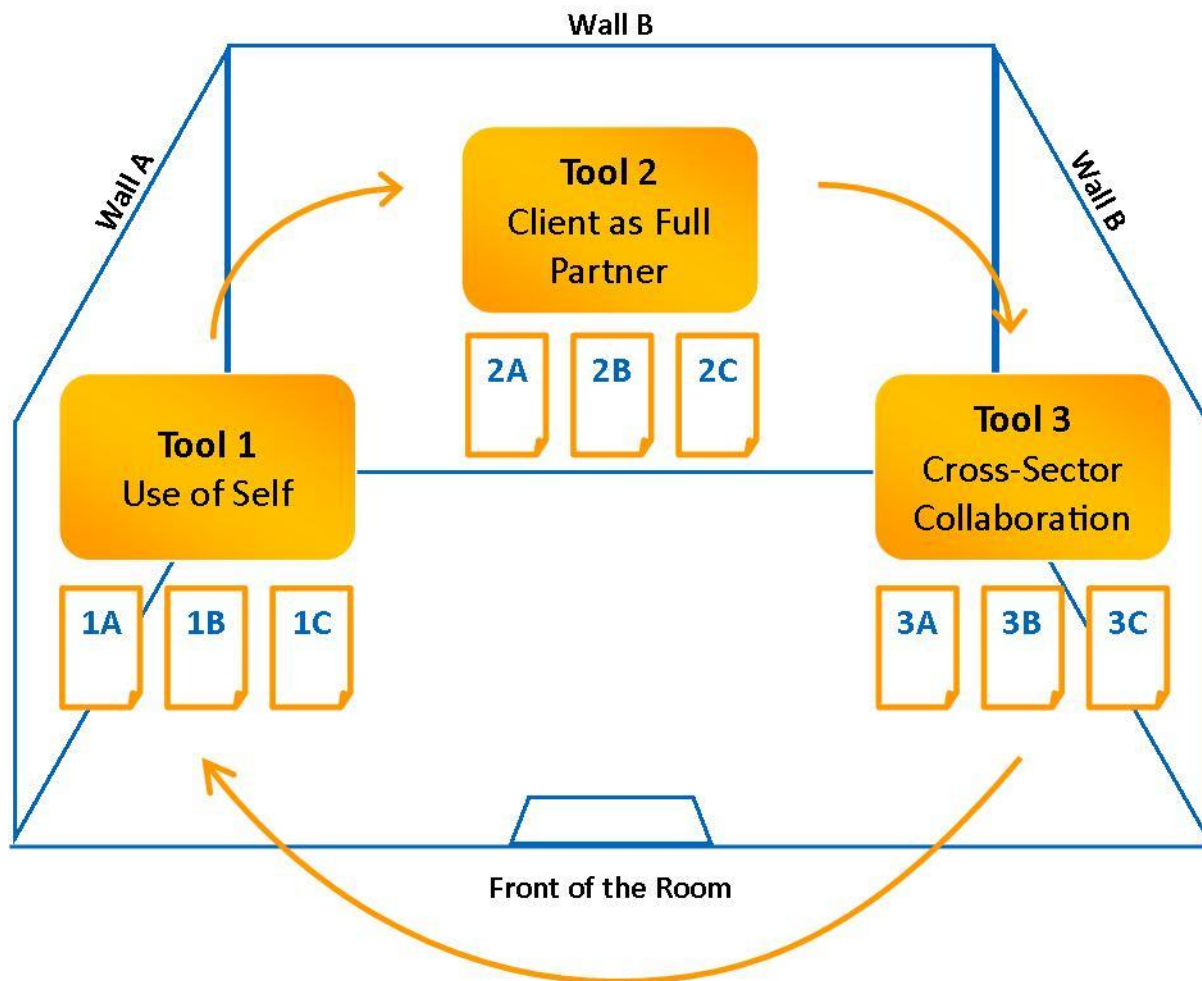


Diagram 3-1b

Conversation Café /Tool Café Questions

Section 1/Tool 1: Use of self—personal experience, commitment to wellness

1. What do I personally bring to the table that allows me to help prevent violence and restore wellness?
2. What gets in the way of my being as effective in my work or community as I possibly can be?
3. What ensures that I bring my full, authentic self to each exchange with a family or community member?

Section 2/Tool 2: Participant/Client as full partner

1. What do program participants/community residents bring to the table that is unique?
2. What does it mean to “partner” with a client in a professional helping role?
3. Despite professional language that refers to clients as “cases to be managed”, what can I do to fully partner with them?

Section 3/ Tool 3: Cross-sector Collaboration

1. Beyond what I and my client bring to the table...what else is needed?
2. How can I shift from using my partners solely for “information and referral” to shared relationship and shared accountability?
3. How can I invite partners to contribute to my wellness, and me to theirs?

3-2 Sacred Temple Visualization

Purpose of Activity:

The purpose of this visualization technique is to de-escalate a person who has been “triggered” and is experiencing a sense of overwhelm, stress, and/or anxiety. This technique can be used on a regular basis to increase an individual’s mindfulness, sense of safety and enhance symptom management.

Set Up / Conducting the Activity:

1. Make copies of “The Sacred Temple” handout (next page) for each of the participants.
2. Introduce the concept of visualization exercise. Explaining its purpose and preparing the audience for what is to come next.
3. Ask participants permission to dim the lights.
4. Ask participants to shut their eyes only if they are comfortable doing so.
5. Begin the exercise by encouraging each participant to sit comfortably in their chair, lead a quick body scan from their feet to their legs up to their shoulder to the top of their head. “Allowing all tension to melt away as breathing is controlled.”
6. Read “The Sacred Temple” visualization exercise aloud to the participants.
Note to facilitator: read slowly and softly to enhance sense of safety and effectiveness of exercise.

Debrief / Wrap-Up:

1. After the visualization exercise comes to an end, encourage participants to slowly open their eyes and bring their attention back to the present.
2. Facilitate a discussion about the participant’s experience.
3. Allow the participant to share details of the visualized sacred temple.
4. Remind the participant they can go back to their sacred temple at any time they feel unsafe or triggered.

3-2 Handout

The Sacred Temple Visualization

Imagine yourself walking on a winding trail through a beautiful, lush, tropical jungle. Feel the sunlight streaming through the trees and the gentle crunch of leaves and twigs beneath your feet. Maybe you can hear a stream trickling gently in the distance...maybe a waterfall? Are those birds in the trees? Are they colorful birds? All around you is peace and tranquility as you walk slowly down this lush, green, paradise. Stop for a moment and look ahead at the temple that appears in the distance. The wonderful healing temple hidden in the heart of this calming space... and know that this is your very own place, a place that you have created out of your very own imagination, a secret place that belongs only to you and you alone.

Now walk towards your temple and notice how beautiful and calm it feels. Is it made of stone? Is it made of wood? Is it ancient? Or gleaming and modern? Does it have one floor or two, or many? The choice is entirely up to you because this temple will be whatever you want it to be. Feel and trust that this temple is the place where you will come for healing and meditation. Feel and know that when you are in this beautiful and sacred space you will be untouched my harm.

Now imagine that you are standing in front of the temple door. Is the door open or closed? You notice three steps leading up to the door. Imagine yourself walking slowly up these steps as you enter your sacred, healing temple for the very first time.

The inside of your temple is a wonderful maze of room and corridors. Feel and know that this maze represents those pathways of your mind. Feel and know that each room represents an aspect of yourself that you wish to explore and heal. Now walk into the room that you'll use for meditation and healing. What does it look like? Is it furnished, is it bare? Is there sunlight streaming through the window or is it filled with the soft glow of candles? Feel and know that this is where you will go when you wish to spend time in quiet contemplation with yourself.

In this room, there is no one to judge you, no one to say a single unkind word. This is where you are free to open each emotion like a sacred book and heal whatever needs to be healed within you. And this is also the place where you will celebrate and re-live every single good emotion that you've ever had. Your good emotions, along with your bad, live in this wonderful space...waiting...waiting for you to own and accept them with loving kindness.



Now step into the room that is marked "Emotions". This is the room where you'll come to resolve and heal yourself of all emotions within you that need to be healed. Don't be worried, don't be scared. This room contains all the emotions from the day you were born...absolutely anything and everything that has ever touched you is waiting here to be healed in a kind, loving and honoring way.

Finally, walk into the room that is marked "Soul". The only thing in this room is a single candle...a candle that never goes out-not in this lifetime, not in any others. This is your soul-spark...that eternal aspect of yourself and the part of you that is closest to the Divine. Feel and know that you carry this tiny spark within you. Feel and know that a part of you will never die. Thank this beautiful, glowing flame for making you all that you are. Thank it for all the good and also the bad in your life. Feel and know that the bad things that happen to us are only our soul trying telling us that there is a lesson to be learned. Your soul loves you more than you can ever know. Without you, it cannot experience. It cannot create such wonderful things like your sacred temple. By thanking your soul for both the good and the bad, you forgive yourself. That in itself is a major step towards acceptance and self-healing.

Know that this spark lives within you...this eternal flame...this sacred temple and this wonderful healing space is nested deep within the lush, green, living, breathing energies of your heart.

Now, as you leave this temple, know that there is not a single person in the world who has seen it apart from you. Each and every one of you will have created it in your own, unique ways. As you bring your attention back to the present, tell yourself that you can visit this special, secret and sacred place at any time that you wish. Any time that you wish to heal, any feeling or emotion that you wish to resolve, and any corridor of your mind that you wish to explore...your sacred temple will be there for you always...

3-3 Five Senses Grounding

Purpose of Activity:

This tool can be used to de-escalate feelings of anxiety, panic, overwhelm and stress. By engaging the 5 senses an individual is able to bring their attention back to the present situation and move from the “fight or flight” state of mind to a rational, aware state of mind.

Set Up / Conducting the Activity:

Print copies of the “Five Senses Grounding Technique” handout (next page) and distribute to participants.

1. Instruct participants to pick a partner.
2. Encourage each partner to take turns facilitating and participating in the exercise.
3. Remind participants that once they teach this skill to a client, the client will be able to practice this skill on their own when triggered.

Debrief / Wrap-Up:

After the exercise has been completed, ask each participant to report back to the larger group their experience.

1. Ask participants to share how this technique may be helpful when working with an individual that has been triggered.
2. Ask participants to share any challenges they faced while participating in the exercise and/or the challenges they may face when using this with clients.
3. Wrap up with examples of situations this exercise may be useful in.

For Example:

- *When in the field with an individual with a trauma history in a crowded waiting room*
- *Person you are supporting could use independently on the bus to decrease anxiety*
- *Individual who has experienced trauma is experiencing a flashback*

3-3 Handout

Five Senses Grounding Exercise

Begin by taking a deep breath.

Bring your attention to the present.

See if you can name:

- 5** things you can see
- 4** things you can hear
- 3** things you can touch
- 2** things you can smell
- 1** thing you can taste

3-4 Self-Care Assessment

Purpose of Activity:

To raise awareness of the current self-care practices of helping professionals and consumers alike, while in turn, highlighting gaps in self-care that can be improved to facilitate overall physical and mental wellness.

Set Up / Conducting the Activity:

1. Make copies of the Self-Assessment Tool: Self Care (next page).
2. Hand out one copy to each participant.
3. Explain that this assessment does not have a scoring system or “grade” attached.
4. Ask each participant to complete the assessment tool silently (referencing themselves). *Allow 10 minutes.*
5. Encourage participants to provide direct responses that reflect their actual experience.

Debrief / Wrap-Up:

Ask participants to focus attention back to the group at large.

1. Ask if there are any participants that feel comfortable sharing their experience with the assessment tool.
2. Encourage group at large to identify boxes marked with a 2 or lower. Open discussion up for those that would like to share what boxes were marked 2 or lower.
3. Ask participants to share any common themes noticed while completing this assessment.
4. Wrap-up with a discussion of effective self-care exercises utilized by participants in the group. For Example:

*“I go home and walk my dogs every day after work”
“Cleaning the house”
“Physical exercise”
“Play with my kids”*

3-4 Self-Care Assessment

Self-Assessment Tool: Self Care

(Adapted from Saakvitne & Pearlman & TSI Staff,
Transforming the Pain: A Workbook on Vicarious Traumatization, 1996).

How often do you do the following?

Frequently	Occasionally	Sometimes	Never	It never occurred to me	
					Physical Self Care
☐	☐	☐	☐	☐	Eat regularly (e.g. breakfast & lunch)
☐	☐	☐	☐	☐	Eat healthfully
☐	☐	☐	☐	☐	Exercise, or go to the gym
☐	☐	☐	☐	☐	Lift weights
☐	☐	☐	☐	☐	Practice martial arts
☐	☐	☐	☐	☐	Get regular medical care for prevention
☐	☐	☐	☐	☐	Get medical care when needed
☐	☐	☐	☐	☐	Take time off when you're sick
☐	☐	☐	☐	☐	Get massages or other body work
☐	☐	☐	☐	☐	Do physical activity that is fun for you
☐	☐	☐	☐	☐	Take time to be sexual - with yourself, with a partner
☐	☐	☐	☐	☐	Get enough sleep

☐	☐	☐	☐	☐	Wear clothes you like
☐	☐	☐	☐	☐	Take vacations
☐	☐	☐	☐	☐	Take day trips, or mini-vacations
☐	☐	☐	☐	☐	Get away from stressful technology such as pagers, faxes, telephones, e-mail
☐	☐	☐	☐	☐	Other: _____

					Psychological Self Care
☐	☐	☐	☐	☐	Make time for self-reflection
☐	☐	☐	☐	☐	Go to see a psychotherapist or counselor for yourself
☐	☐	☐	☐	☐	Write in a journal
☐	☐	☐	☐	☐	Read literature unrelated to work
☐	☐	☐	☐	☐	Do something at which you are a beginner
☐	☐	☐	☐	☐	Take a step to decrease stress in your life
☐	☐	☐	☐	☐	Notice your inner experience - your dreams, thoughts, imagery, feelings
☐	☐	☐	☐	☐	Let others know different aspects of you
☐	☐	☐	☐	☐	Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit, or other cultural event
☐	☐	☐	☐	☐	Practice receiving from others
☐	☐	☐	☐	☐	Be curious
☐	☐	☐	☐	☐	Say no to extra responsibilities sometimes
☐	☐	☐	☐	☐	Spend time outdoors
☐	☐	☐	☐	☐	Other: _____

					Emotional Self Care
☐	☐	☐	☐	☐	Spend time with others whose company you enjoy
☐	☐	☐	☐	☐	Stay in contact with important people in your life

☐	☐	☐	☐	☐	Treat yourself kindly (supportive inner dialogue or self-talk)
☐	☐	☐	☐	☐	Feel proud of yourself
☐	☐	☐	☐	☐	Reread favorite books, review favorite movies
☐	☐	☐	☐	☐	Identify comforting activities, objects, people, relationships, places - and seek them out
☐	☐	☐	☐	☐	Allow yourself to cry
☐	☐	☐	☐	☐	Find things that make you laugh
☐	☐	☐	☐	☐	Express your outrage in a constructive way
☐	☐	☐	☐	☐	Play with children
☐	☐	☐	☐	☐	Other: _____

					Spiritual Self Care
☐	☐	☐	☐	☐	Make time for prayer, meditation, reflection
☐	☐	☐	☐	☐	Spend time in nature
☐	☐	☐	☐	☐	Participate in a spiritual gathering, community or group
☐	☐	☐	☐	☐	Be open to inspiration
☐	☐	☐	☐	☐	Cherish your optimism and hope
☐	☐	☐	☐	☐	Be aware of nontangible (nonmaterial) aspects of life
☐	☐	☐	☐	☐	Be open to mystery, not knowing
☐	☐	☐	☐	☐	Identify what is meaningful to you and notice its place in your life
☐	☐	☐	☐	☐	Sing
☐	☐	☐	☐	☐	Express gratitude
☐	☐	☐	☐	☐	Celebrate milestones with rituals that are meaningful to you
☐	☐	☐	☐	☐	Remember and memorialize loved ones who are dead
☐	☐	☐	☐	☐	Nurture others
☐	☐	☐	☐	☐	Have awful experiences

☐	☐	☐	☐	☐	Contribute to or participate in causes you believe in
☐	☐	☐	☐	☐	Read inspirational literature
☐	☐	☐	☐	☐	Listen to inspiring music
☐	☐	☐	☐	☐	Other: _____

Workplace/Professional Self-Care					
☐	☐	☐	☐	☐	Take time to eat lunch
☐	☐	☐	☐	☐	Take time to chat with co-workers
☐	☐	☐	☐	☐	Make time to complete tasks
☐	☐	☐	☐	☐	Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
☐	☐	☐	☐	☐	Set limits with clients and colleagues
☐	☐	☐	☐	☐	Balance your caseload so no one day is "too much!"
☐	☐	☐	☐	☐	Arrange your workspace so it is comfortable and comforting
☐	☐	☐	☐	☐	Get regular supervision or consultation
☐	☐	☐	☐	☐	Negotiate for your needs (benefits, pay raise)
☐	☐	☐	☐	☐	Have a peer support group
☐	☐	☐	☐	☐	Develop a non-trauma area of professional competence
☐	☐	☐	☐	☐	Other: _____

3-5 Adverse Childhood Experiences

Purpose of Activity:

Raise awareness of the personal Adverse Childhood Experiences (ACE) score and the meaning of an ACE score belonging to an individual you are working with to demonstrate the parallel process between helping professional and person with a trauma history in need of support.

Media/Materials:

- The ACE Questionnaire handout (next page).
- Refer to the ACE Study found in section I, part 2 in tool kit.

Set Up / Conducting the Activity:

1. Have participants answer the questions on the ACE Questionnaire on their own based on themselves or based on a person they are working with. Emphasize that the participants are to only do what they are comfortable with. (Allow 5 to 7 minutes.)
2. Encourage participants to pick a partner to either discuss their own ACE scores or discuss the individual with a trauma history's ACE score.
3. Ask participants to discuss with partners: (Allow 15 to 20 minutes)
 - a. "What was your reaction to the thought of answering these questions?"
 - i. "If you did answer them for yourself, what was that experience like?"
 - ii. "If you answered the questions based on an individual with trauma history, what new insights have you gained on the reasons behind their behavior?"
 - b. "What new insights have you gained about yourself or the individual you are work with as a result of this questionnaire?"
 - c. "What is the link between Adverse Childhood Experiences and physical health, mental health and substance use?"

Debrief / Wrap-Up:

After activity has ended, ask participants to share their responses with the group at large.

1. Facilitator highlights any shared feelings of vulnerability reported by participants, bringing this back to the concept of the parallel process between helping professional and client/consumer.



2. Encourage participants to take a copy of the ACE questionnaire and use it with a client to answer the question “What are we missing?”
 - a. Remind participants that it is **not expected** that the helping professional share their ACE score with client/consumer.

3-5 Handout

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often...**
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household often...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you often feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you often feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents ever separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Implementation Tools

Learning to Action

- 4-1 Taking a Mindful Minute
- 4-2 I am Me, You are You, We are We
- 4-3 Gang Involvement Checklist
- 4-4 Commitment to Wellness Checklist
- 4-5 TIC Implementation Checklist

4-1 Taking A Mindful Minute

Purpose of Activity:

Provide participants with some basic techniques that promote stretching and relaxation which can be used anywhere, anytime, and with anyone throughout the day.

Set Up / Conducting the Activity:

1. Ask participants to stand and spread out arm length apart on the sides and in front (*as much as space allows.*)
2. Have them relax closing their eyes with their hands resting by their sides.
3. Ask them to take a few deep breaths clearing their mind of all stressors, worries, and fears.
4. Now stretch your arms to the ceiling and out to the sides.
5. Loosely shake arms out as they hang relaxed by the side of the body.
6. Roll neck around, truing one way and then the next and final to complete a full circle.
7. Have them come back to original stance, closing eyes and taking in a few deep breaths to once again clear their minds.

Debrief / Wrap-Up:

After activity ask participants:

- “How do you feel?”
- “Do you think this could be useful in your daily work and life? How so?”

Challenge participants to take mindful minutes throughout the day to help restore wellness and de-stress.

4-2 I am Me, You are You, We are We

Purpose of Activity:

The purpose of the “I am Me, You are You, We are We” Venn diagram is to display similar and different activities between a person and their partner. It can be utilized to increase awareness of healthy and unhealthy relationships.

Media/Materials:

Writing tools (such as pens or pencils), a hard surface to write on and copies of the *Healthy Relationship* diagram and *Unhealthy Relationship* diagram (see pages that follow.)

Set Up/ Conducting Activity:

The discussion should take place in a room or space where the facilitator is visible to all participants.

1. Distribute Venn diagrams and writing tools to participants.
2. Ask participants to write or draw activities they enjoy doing in the “I am Me” circle.
3. Allow participants a few minutes to fill in the “I am Me” circle.
4. In the “You are You” circle, have participants write or draw activities that their dating partner enjoys doing by themselves.
5. Allow participants a few minutes to fill in the “You are You” circle.
6. After participants are finished filling out the outer circles, ask them to write or draw activities they enjoy doing together with their partner in the middle section “We are We”.
7. Allow participants a few minutes to fill in the “We are We” circle.

Debrief/Wrap-up:

Facilitate a discussion about healthy and unhealthy relationships by referencing some of the activities that were enjoyed individually (by themselves and their partner) as well as activities enjoyed together with their partner.

Possible discussion questions include:

- *“Are there activities that you and your partner both enjoy? Any differences?”*
- *“Do you think partners need to share activities together? When is it appropriate or not?”*

Use the Venn diagram to visually show participants what an unhealthy relationship looks like and facilitate a discussion.

Possible discussion questions include:

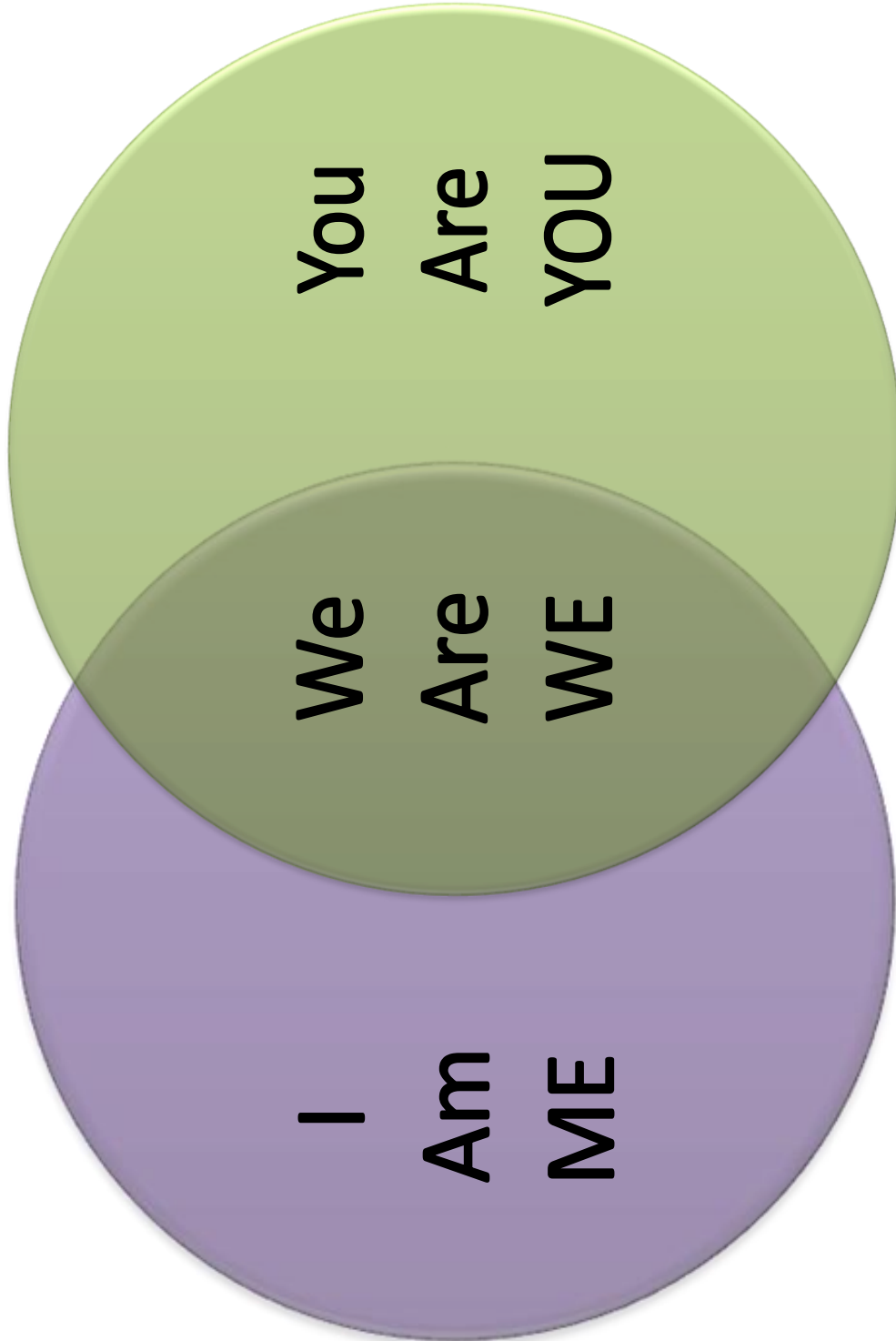
- *“What do you think can happen if there is too much “We” and not enough “Me or You”?*
 - Examples: No personal space, feeling isolated, feeling trapped, jealousy issues, losing friends, etc.
 - *“Has anyone experienced or know someone who has experienced a relationship where there was more “WE”? What happened in that relationship?”*

Use the Venn diagram to visually show participant what a healthy relationship looks like and conclude the discussion with the following question:

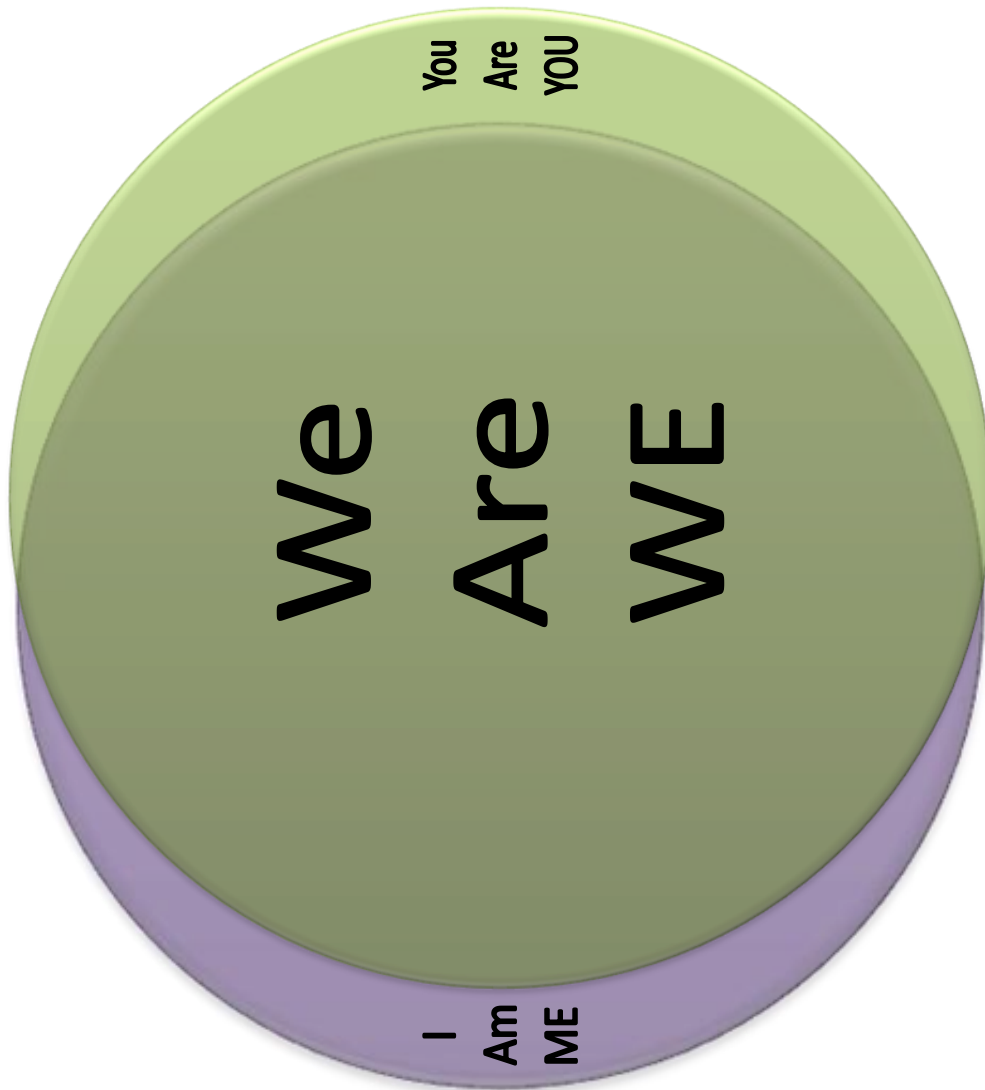
- *“Why is it important for there to be balance between Me, You and We?”*
 - Examples: Having your own time and space, spending time with family and having activities independent of your partner, respecting individuality, etc.

4-2 Handout

Healthy Relationship



Unhealthy Relationship



4-3 Gang Involvement Checklist

Warning Signs That a Youth May Be Involved in a Gang

Law enforcement officials who watch gangs carefully advise that there are some early warning signs that a child may be leaning towards or have early involvement in a gang. But they also stress that parents have to watch carefully and be observant of real and noticeable changes in their child's behavior. Some of these early warning signs include:

- ✓ Experimenting with drugs.
- ✓ Dropping school grades, particularly if it is rather sudden
- ✓ Cutting classes regularly or just not going to school at all
- ✓ Avoiding family gatherings or share regular meals
- ✓ Changing friends, especially if the new friends don't hang around at your home
- ✓ Rebelling at school and home
- ✓ Poor family bonding
- ✓ Violating family curfew standards
- ✓ Having large sums of money or new expensive items of which you were unaware

Gang Prevention Activities

If, after observing some or all of these changes in behavior and gang involvement is suspected, there are some important steps to take that include the following:

- ✓ **Talk to the child or teenager and discuss the consequences of being in a gang.** Gang activity is a downward spiral and has major legal and long-term consequences. A criminal record can affect a youth's choices down the road for jobs, education and more. And gang involvement can put all members of a gang member's family at significant personal risk for violence and being victims of crime.
- ✓ **Talk to school officials and counselors.** Many local school districts offer gang intervention programs and counseling. Identifying local educational resources can be an important step.
- ✓ **Contact your local law enforcement agency or juvenile authority.** Many police and sheriff's departments and county or district attorneys have programs for youth involved in gangs.

- ✓ **Look for community youth programs.** Groups like the Boy Scouts, Girl Scouts, Boys and Girls Clubs and after-school programs, as well as athletic and sports programs, can often help youth find ways to avoid feelings of isolation upon which gangs prey.
- ✓ **Talk with your religious leaders.** Churches will generally have youth programs that can provide a more positive bonding experience with other youth.
- ✓ **Take immediate action on graffiti.** If you find graffiti on your property or in your neighborhood, report it right away to police authorities. Take photos and then clean it up as soon as possible. Removing graffiti as soon as it happens is a real key to minimizing the impacts of gang activity; remaining graffiti is a recruiting tool for gangs.

Most importantly, do not ignore the warning signs. The risks of gang involvement for you, your family and your neighborhood are just too great. Get help and then take action.

4-4 Commitment to Wellness Checklist

- ✓ **Acknowledge the trauma.** Within the bounds of confidentiality, speak openly about the violence and trauma you have observed and been told about. It is also important to “process” (share) your feelings and reaction to what you have experienced.
- ✓ **Maintain a normal schedule.** Avoiding work or working a significant number of extra hours could be indicators that work and personal/family life are out of balance.
- ✓ **Create balance and separate work and your personal life.** If you are a professional, what happens at work, should stay at work. For community partners, it can become more complicated when social and helping roles intersect. Keep them separate whenever you can. Professionals are encouraged to **manage their caseload** to include a variety of clients and issues.
- ✓ **Pay attention to basic self-care.** Make sure you give yourself the opportunity to get a good night’s sleep and eat healthy, nutritious foods. Do things you enjoy doing on a regular basis, including regular exercise.
- ✓ **Do not “numb out”** with excesses of alcohol, gambling, eating, shopping, TV, etc.
- ✓ **Minimize your exposure to traumatic stimuli**, including, movies, newscasts, etc.
- ✓ **Play! Nurture yourself.**
- ✓ **Know your red flags and warning signs.**
- ✓ **Debrief (talk) with colleagues. Seek further assistance** after a few weeks. Consider personal counseling.
- ✓ **Know whom you can’t work with.** If working with a particular issue is too uncomfortable, or “pushes” your own discomfort, consider referring them to a colleague or community agency.
- ✓ **Engage in continuing education.**
- ✓ **Confide in colleagues and those you trust**, while maintaining confidentiality. Talk about what you are feeling, thinking and experiencing.
- ✓ **Express emotions.** Don’t “stuff” your feelings. **Take mental health breaks.**
Seek appropriate support. Obtain supervision and consultation. **Instill hope and meaning in your work**

4-5 TIC Implementation Checklist

- ✓ **Design programs based on trauma theory (safety, mourning, connection)**
Trauma theory informs us that maintaining a sense of safety, mourning significant losses, and connection to others are key factors a trauma-informed program must be built around.
- ✓ **Focus on safety always.** Staff and client safety must be addressed proactively and at all points during program implementation.
- ✓ **Screen for lethality.** Part of establishing and maintaining safety involves gaining a formal understanding of the potential for deadly or lethal outcomes if not managed. An excellent tool that can be used for this purpose is the Danger Assessment by J. Campbell.
- ✓ **Reduce rules, make client policies positive.** A strengths-based perspective requires us to be proactive in setting the stage for what is expected, in other words, what to do, rather than what not to do.
- ✓ **Train staff.** A key aspect of implementing a trauma-informed approach is staff training. In particular, staff can benefit from training on trauma theory and motivational interviewing. Training must be ongoing and reviewed frequently to reinforce learning.
- ✓ **Listen to the clients' comments and complaints!** All client comments and input should be taken seriously and reflected upon, even so called "isolated comments".
- ✓ **Use the No Services Available Form.** (See Tool 2-4.) If you can't find a program or services that meet your client/participant's needs, analyze the trends of what is needed. This will assist your program to be open to developing a more targeted response, and will also prepare you to advocate for client's needs being met throughout the community.
- ✓ **Cross-train and develop tools to keep informed about local programs, eligibility requirements and referral processes.** This will allow you to make appropriate referrals and to assist clients/participants to link to them and access the full benefit they may offer.

Section IV: Integrated Learning Modules

The learning modules provided in this section maximize flexibility of the *Building Solutions Toolkit* by providing a clear map of how to integrate the previous three sections into a coherent training session, or “lesson plan”. Although tools from the previous three sections can effectively be used independently at the discretion of the implementing supervisor, manager, or community partner, the integrated learning modules provided here help define a crosswalk of which foundations, Fact Sheets, working tools and activities go well together in a single, 60-minute timeframe.

Be reminded that one effective way to use all sections of the toolkit together would be:

1. Facilitator selects a learning module from Section IV that follows.
2. Facilitator reads corresponding background material in Section I for an in-depth understanding.
3. Facilitator copies and distributes Fact Sheet (Section II) to participants, then summarizes the main points.
4. Facilitator conducts compatible activity (Section III) and closes as indicated.



Learning Module 1:

Promoting Peace Across the Continuum of Violence

Module	Time	Topic / Activity	Media	Handouts
Module 1	60 min			
Background and Introductions	(30 min)	- Trainer Intro - Background - Participant Introductions		Activity 1-1
The Continuum of Violence	(30 min)	- Azim-Ples Video or Healing Neen - Focused Discussion Activity - Introduce issues of gangs, bullying, and DV	<i>Video Links</i>	Activity 1-2

Purpose:

The purpose of this module is to address the growing impact violence and trauma has on our community and to identify the intersection between domestic violence, gangs, and bullying.



Key Concepts:

- Redefining terms and developing common language across disciplines.
- Raise awareness and educate on the effect violence and trauma have on communities, families and the individual.
- Addressing factors that lead to violence should not occur in isolation, as those factors did not develop in isolation.
- Cross-sector collaboration is key in developing partnerships and programs that reduce the impact of domestic violence, gangs, and bullying on our communities, families and individuals.
- Understand an ecological perspective and place-based approach in programs and practice when viewing individual issues.



Materials Needed:

- Chart Paper and Markers
- Activity 1-1 Handouts: Sentence sheets (**Advance preparation is required**)

1. Introduction and Background



Time
10
Min



Trainer Instructions:

- Introduce yourself to group and give background on the Training.
- Ask the group who is here today?
- Review the Agenda for training.



2. ACTIVITY 1-1: “Sentence Game”



Time
10
Min



Trainer Instructions:

Purpose of Activity:

To introduce participants to one another in an interactive and fun way while laying the foundation for topics discussed in this module.

Conducting the Activity:

- Select 6-8 statements from the list on pages 63-64 for Ice Breaker Activity.
- Each statement should be cut in half on the dotted line.
- As participants begin to arrive randomly distribute the half statements and encourage participants to find their “partner” by matching their sentences.
- When time is up have participants share their statements aloud with the group (as much as time allows).

3. The Continuum of Violence



Trainer Instructions:



Time
30
Min



- Begin by opening the following video link showing participants brief video: www.tkf.org or www.healingneen.org.
Provide a brief introduction on gangs, bullying, and domestic violence and the ways in which they collectively impact/effect our communities.
- Introduce Bullying, Gangs, and Domestic Violence separately providing key points for participants.
 - **Suggestions for modification:** if your training is focused on a specific target population you can dedicate more time to a specific area.
- Wrap-up with the connection between violence and trauma.



4. ACTIVITY 1-2: “The Link to Treating Victims of Violence Through Trauma Informed Care”



Time
30
Min

Purpose of Activity:

Help participants explore the link between trauma treatment from incidents of domestic violence, gang violence, and bullying and Trauma Informed Care.

Conducting the Activity:

1. Ask the group if they agree with this statement: ***“Every person in a treatment setting has been exposed to abuse, violence, neglect or other traumatic experiences.”***
2. After allowing the group to briefly respond, inform them that this statement is in fact TRUE and was mentioned by the National Association Mental Health State Program Directors (NASMHPD).
3. Wrap-up.

Learning Module 2:

Introducing Trauma and Trauma Informed Care

Module	Time	Topic / Activity	Media	Handouts
Module 2	60 min			
What is Trauma	(30 min)	- Different types of trauma (PPT) - Ace Study	XX-XX	Activity 1-1
Explaining Trauma Informed Care	(30 min)	- Questions and Community responses - Defining Trauma Informed (PPT) - Cultural Competency	XX-XX XX-XX	Activity 2-1 Activity 2-2

Purpose:

The purpose of this module is to introduce participants to the different types of trauma and the effects of trauma on an individuals, family or community; additionally defining trauma informed care and discussing its importance when working with trauma survivors.



Key Concepts:

- Increase awareness on the effects of trauma has on the children, youth, families, and communities.
- Understanding trauma-related symptoms.
- There are many different types of trauma.
- Trauma can be caused by a single or series of events.
- Cultural consideration is necessary in trauma-informed care.
- Recognizing the trauma is the root of the problem and should be the primary focus of treatment.
- Understand what “Trauma-informed Care” means.

- Understand an ecological perspective and place-based approach in programs and practice when viewing individual issues.



Materials Needed:

- Chart Paper and Markers
- Activity 2-1 Handout
- Activity 2-2 Handout

1. What is Trauma?



Trainer Instructions:



Time
15
Min

- Introduce participants to the different types of trauma and how trauma affects the community, family and individual.
 - *Because people who have experienced multiple traumas do not relate to the world in the same way as those who have not had these experiences, they require services and responses that are sensitive to their experiences and needs.*
- Discuss the ACE study and the outcomes of the findings for victims of trauma.

2. Explaining Trauma Informed Care



Trainer Instructions:

Introduce participants to Trauma Informed Care.



Time
15
Min



3. Activity 2-2: Guiding Values of Trauma Informed Care



Time
10
Min

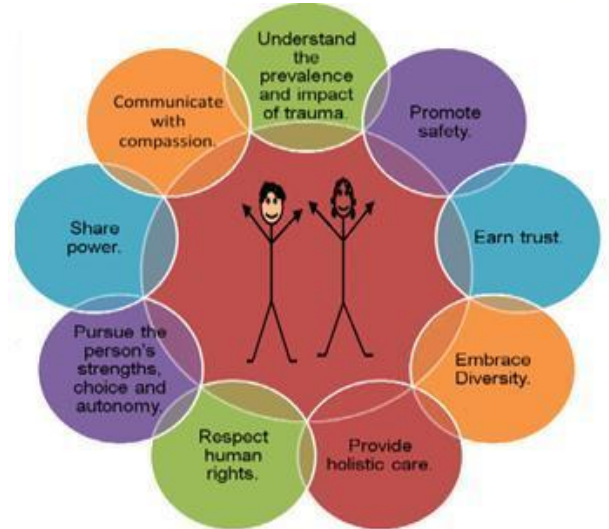
Conducting the Activity:

- Ask the group what they think makes up the guiding values of trauma-informed care.
- Chart the responses.

- Once you have received a variety of responses from the participants show them the diagram to the right that you have copied on to chart paper.

Wrap-Up:

- Discuss similarities and difference between the group's answers and the completed diagram.
- Discuss the importance of the nine values of Trauma Informed Care.



4. Cultural Competency and Trauma Informed Care



Time
10
Min



Trainer Instructions:

- Introduce participants to the concept of cultural competency/humility and its importance in trauma informed care.
 - “Cultural humility means viewing the client from their worldview and cultural perspective. This helps you, the provider, to use best practices to better assist the client in the in their treatment of trauma.”*

Did you know. . .

“Cultural context influences the perception and response to traumatic events, informs the recovery process” – Ann Jennings

What is Cultural Humility

Cultural humility means viewing the client from their worldview and cultural perspective. This helps you, the provider, to use best practices to better assist the client in the in their treatment of trauma.

Listed below are a few key points in practicing cultural humility:

- Accept that it is your responsibility to learn about your client's cultural identity, not the responsibility of your client to teach you.

- Do not assume that our clients perceive their trauma and symptoms related to trauma the same way that we do.
- Be humble and acknowledge that you are not the expert, but the client is the expert of their lives and in partnership with the client you can create a personal plan which the client helped develop.
- Do not be scared to discuss issues of religion, ethnicity, and culture.
- Reflect on your own cultural identity process – identify biases and stereotypes you may have.

Why Practice Cultural Humility?

- Creates a container for safety
- Provides validation of lived experiences
- Facilitates your own growth in cultural identity
- Reduces barriers to accessing services
- Avoids re-traumatization of clients
- Engages the whole person
- Facilitates cultural adaptations to treatment models

Ten Strategies for Effective Cross-Culture Communication

1. Ask questions
2. Think twice
3. Be honest
4. Be flexible
5. Distinguish Perspective
6. Build Self-Awareness
7. Recognize the Complexity
8. Avoid Stereotyping
9. Respect Differences
10. Listen Actively

Section V: References And Resources

REFERENCES

In this section the reader is provided with a detailed listing of the source information for each citation or reference found throughout the Building Solutions Toolkit.

RESOURCES

In the resource section you will find the name of key resources, a brief description of the resource's contribution to our collective knowledge about types of trauma and about trauma-informed care.



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Resources

Trauma-Informed Care

National Child Traumatic Stress Network	The National Child Traumatic Stress Network (NCTSN), funded by the Substance Abuse and Mental Health Services Administration, is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. The NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. www.NCTSN.org or the Learning Center at http://learn.nctsn.org
The Child Trauma Academy (CTA)	The CTA offers a variety of educational videos and materials, many by Dr. Bruce Perry. By creating biologically-informed child and family respectful practice, programs and policy, CTA seeks to help maltreated and traumatized children. http://childtrauma.org/
Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services	This report identifies criteria for building a trauma-informed mental health service system, summarizes the evolution of trauma-informed and trauma-specific services in state mental health systems, and describes a range of trauma-based service models and approaches implemented by increasing numbers of state systems and localities across the country. http://www.nsvrc.org/publications/reports/models-developing-trauma-informed-behavioral-health-systems-and-trauma-specific
Adverse Childhood Experiences Study (Centers for Disease Control)	http://www.cdc.gov/ace/about.htm The World Health Organization has included the ACE Study questionnaires as an addendum to the document <i>Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence</i>. (October 2006 [PDF - 2.44MB]) Additionally, efforts are underway in many municipalities and treatment communities to apply ACE Study findings to improve the health of adult survivors. Notable efforts are included in the “Related links.” In 2010, five states collected ACE information on the Behavioral Risk Factor Surveillance Survey (BRFSS). More detailed scientific information about the study design can be found in “The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction,” published in the <i>American Journal of Preventive Medicine</i> in 1998, Volume 14, pages 245–258.
SAMHSA National Center for Trauma-Informed Care	SAMHSA's National Center for Trauma-Informed Care (NCTIC) is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services. http://www.samhsa.gov/nctic

Gang Involvement

Parents Quick Reference Card

This quick reference guide provides common warning signs of gang involvement, but may not be all-encompassing. Parents should look for multiple signs to indicate possible gang involvement because some of these indicators alone, such as clothes or musical preferences, are also common among youth not involved in gangs.

http://www.cops.usdoj.gov/files/RIC/Publications/GangsCard_FBI.pdf

Fact Sheet: Gang Violence (LA County)

Developed by the Violence Prevention Coalition of Greater Los Angeles. Lays out myths and facts. http://www.ph.ucla.edu/sciprc/pdf/GANG_VIOLENCE.pdf

Tariq Khamisa Foundation

The mission of the Tariq Khamisa Foundation (TKF) is to transform violence prone, at-risk youth into nonviolent achieving individuals and create safe and productive schools. TKF offers education (school assemblies and classroom curriculum), mentoring programs, and community service opportunities. <http://tkf.org/program/>

Bullying in Schools

The Olweus Bullying Prevention Program

The Olweus Program is a comprehensive, school-wide program designed and evaluated for use in elementary, middle, or junior high schools. The program's goals are to reduce and prevent bullying problems among school children and to improve peer relations at school. The program has been found to reduce bullying among children, improve the social climate of classrooms, and reduce related antisocial behaviors, such as vandalism and truancy. Schools are also gathering data about OBPP implementation at the High School level. The Olweus Program has been implemented in more than a dozen countries around the world, and in thousands of schools in the United States. <http://www.clemson.edu/olweus/> At Olweus.org, you will find general information about bullying behavior and its impact on school climate and student health and academic achievement. You will find basic information about the Olweus Program's components, a suggested timeline, information on required program materials, cost of the program, state anti-bullying laws, grant writing support and much more.

www.Olweus.org.

STRYVE, or Striving To Reduce Youth Violence Everywhere

STRYVE, or Striving To Reduce Youth Violence Everywhere, is a national initiative led by the Centers for Disease Control and Prevention (CDC) to prevent youth violence before it starts among young people ages 10 to 24. **STRYVE's** vision is safe and healthy youth who can achieve their full potential as connected and contributing members of thriving, violence-free families, schools, and communities. **STRYVE's** goals are to:

- Increase awareness that youth violence can and should be prevented.
- Promote the use of youth violence prevention approaches that are based upon the best available evidence.
- Provide guidance to communities on how to prevent youth violence.

www.safeyouth.gov



Stop Bullying

StopBullying.gov

Stop Bullying StopBullying.gov provides information from various government agencies on what bullying is, what cyberbullying is, who is at risk, and how you can prevent and respond to bullying.

www.stopbullying.gov

Domestic Violence

National Center for Children Exposed to Violence (NCCEV)

The NCCEV Resource Center at the Yale Child Study Center provides public access to a wide variety of materials on children's exposure to violence within homes, schools, and communities. The collections – both virtual and physical – address research, public awareness, and the application of principles and practices in intervention and prevention.

<http://www.nccev.org/resources/index.html>

The Safe Start Center

The Safe Start Initiative is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice. The goal of the Safe Start Initiative is to broaden the knowledge of and promote community investment in evidence-based strategies for reducing the impact of children's exposure to violence.

www.safestartcenter.org

National Coalition Against Domestic Violence

The Mission of the National Coalition Against Domestic Violence (NCADV) is to organize for collective power by advancing transformative work, thinking and leadership of communities and individuals working to end the violence in our lives. www.ncadv.org

Wellness/Self-Care

WRAP for the Effects of Trauma Mary Ellen Copeland

WRAP is a great tool that you can develop for yourself to do just that. This book is an adaptation of the basic WRAP program for people who recognize trauma as the cause of their mental health difficulties. It includes information specific to the experience of being a trauma survivor, examples of signs of distress that may be trauma-related, and lots of ideas for Wellness Tools and Action Plans that work.

<http://www.mentalhealthrecovery.com/store/product43.html>

Mindfulness

Jon Kabat-Zinn, Ph.D. is internationally known for his work as a scientist, writer, and meditation teacher engaged in bringing mindfulness into the mainstream of medicine and society. He is Professor of Medicine emeritus at the University of Massachusetts Medical School, where he was founding executive director of the Center for Mindfulness in Medicine, Health Care, and Society, and founder (in 1979) and former director of its world-renowned Stress Reduction Clinic. He is the author of two best-selling books: [*Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*](#) (Dell, 1990).

www.youtube.com/watch?v=3nwwKbM_vJc

Developed in partnership with:



Live Well, San Diego!



Building Solutions Toolkit

Prepared by Tracy L. Fried & Associates