



TRAUMA-INFORMED ADVOCACY SERIES

Meeting the Moment with a Trauma-Informed Approach



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WHAT YOU CAN EXPECT IN THIS MODULE

shifting the paradigm



identifying elements
of TI policy



creating new
TI policies

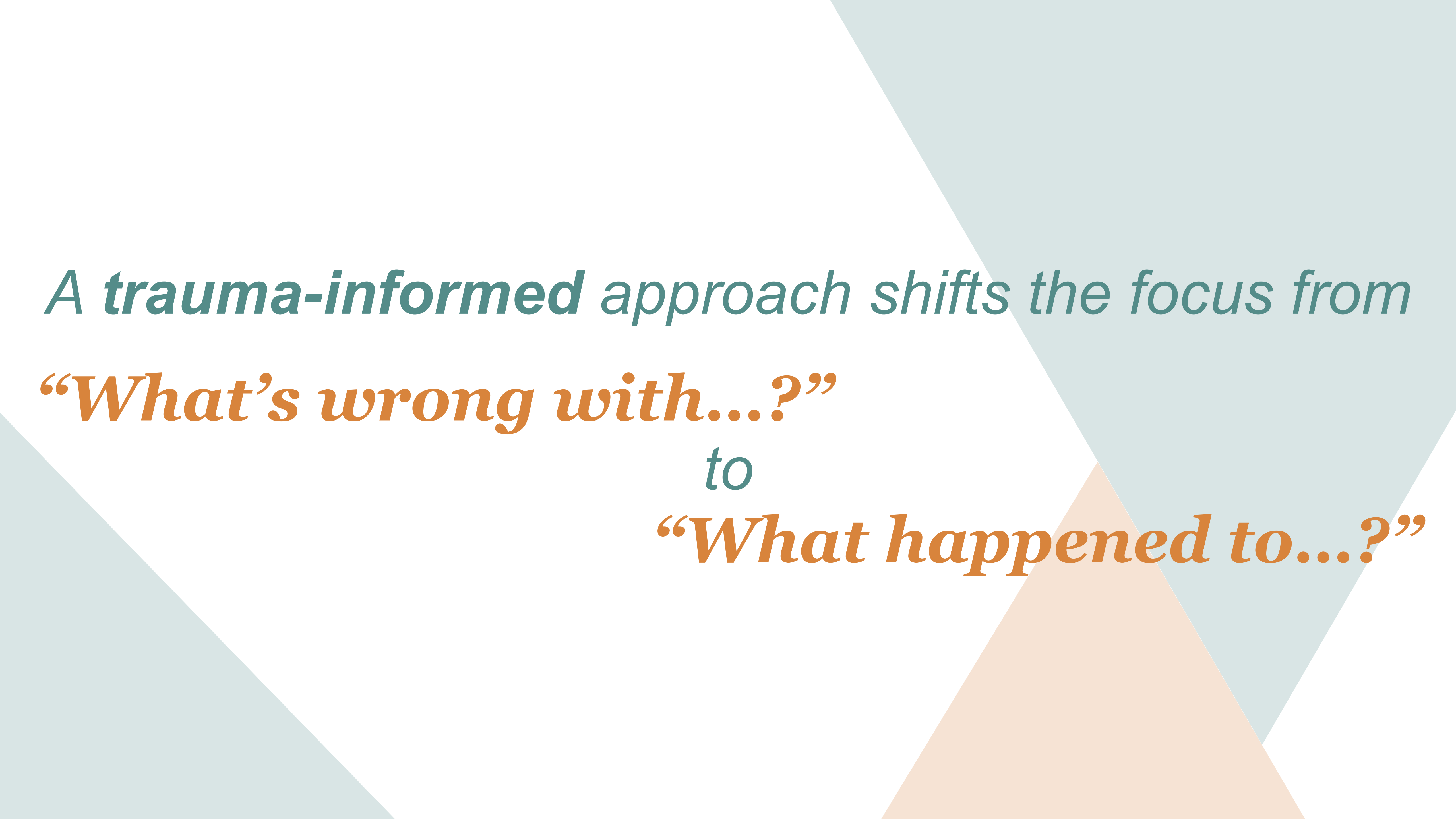


key terms & concepts for thinking
about policy through a TI lens



building capacity
for implementation





A trauma-informed approach shifts the focus from
“What’s wrong with...?”
to
“What happened to...?”

WHAT IS TRAUMA

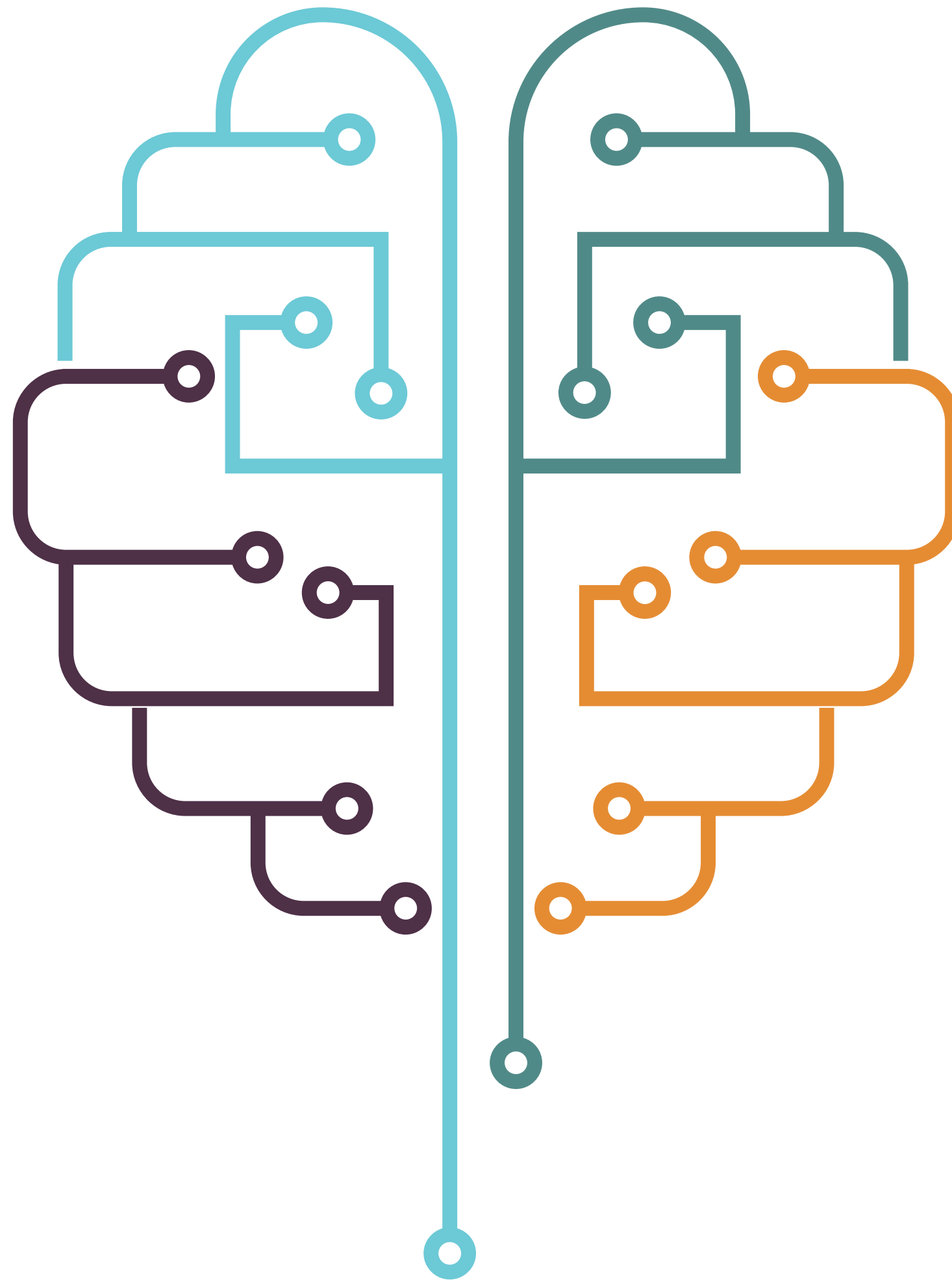
an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being

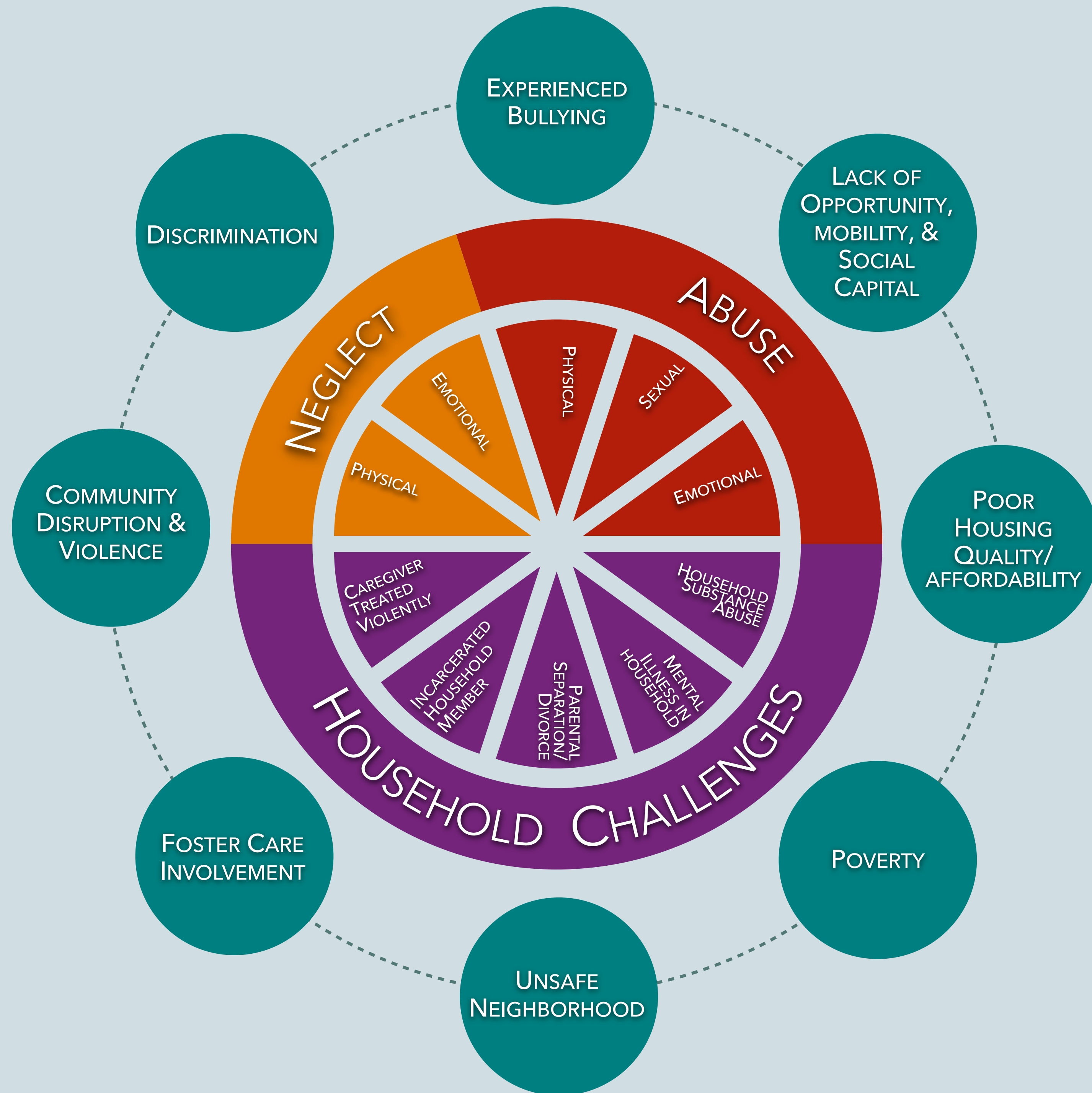
MORE KEY TERMS THAT MAY BE USEFUL TO KNOW

- **Adverse childhood experiences:** potentially traumatic exposure to abuse, neglect, and/or family dysfunction that occur before a person reaches the age of 18
- **Adverse community experiences:** aspects of the socio-cultural, physical/built, and economic environments that contribute to trauma and toxic stress
- **Allostatic load:** the cumulative burden of chronic stress and life events
- **Collective trauma:** psychological reactions to a traumatic event or series of events impacting an entire society carried as part of collective memory and shared sense of identity
- **Cultural trauma:** indelible marks impacting—and possibly changing the identity of—a collectivity following being subjected to a severe event or series of events
- **Developmental adversity:** negative early life experiences associated with higher population-risk of poorer developmental or health-related outcomes
- **Historical trauma:** the cumulative emotional harm of an individual or generation caused by a traumatic experience or event
- **Racial trauma/race-bases traumatic stress:** the stressful mental impact and/or emotional injury related to encounters with racial bias and ethnic discrimination, racism, oppression, and hate crimes
- **Secondary trauma:** impact of exposure to people who have experienced trauma themselves, descriptions of traumatic events by a survivor, or others inflicting violence/cruelty on others
- **Systemic trauma:** the practices, contextual features, and procedures implemented by institutions/environments or their leaders that directly or indirectly give rise to and/or maintain psychological, emotional, economic, spiritual, physical, and/or sexual harm to particular individuals or specific groups of people
- **Toxic stress:** prolonged, severe, or chronic activation of a person's stress response that can contribute to challenges with development, health, and/or functioning
- **Transgenerational/intergenerational trauma:** the transmission of trauma and related effects to subsequent generations

N.E.A.R. SCIENCE

NEUROSCIENCE • EPIGENETICS • ACES • RESILIENCE





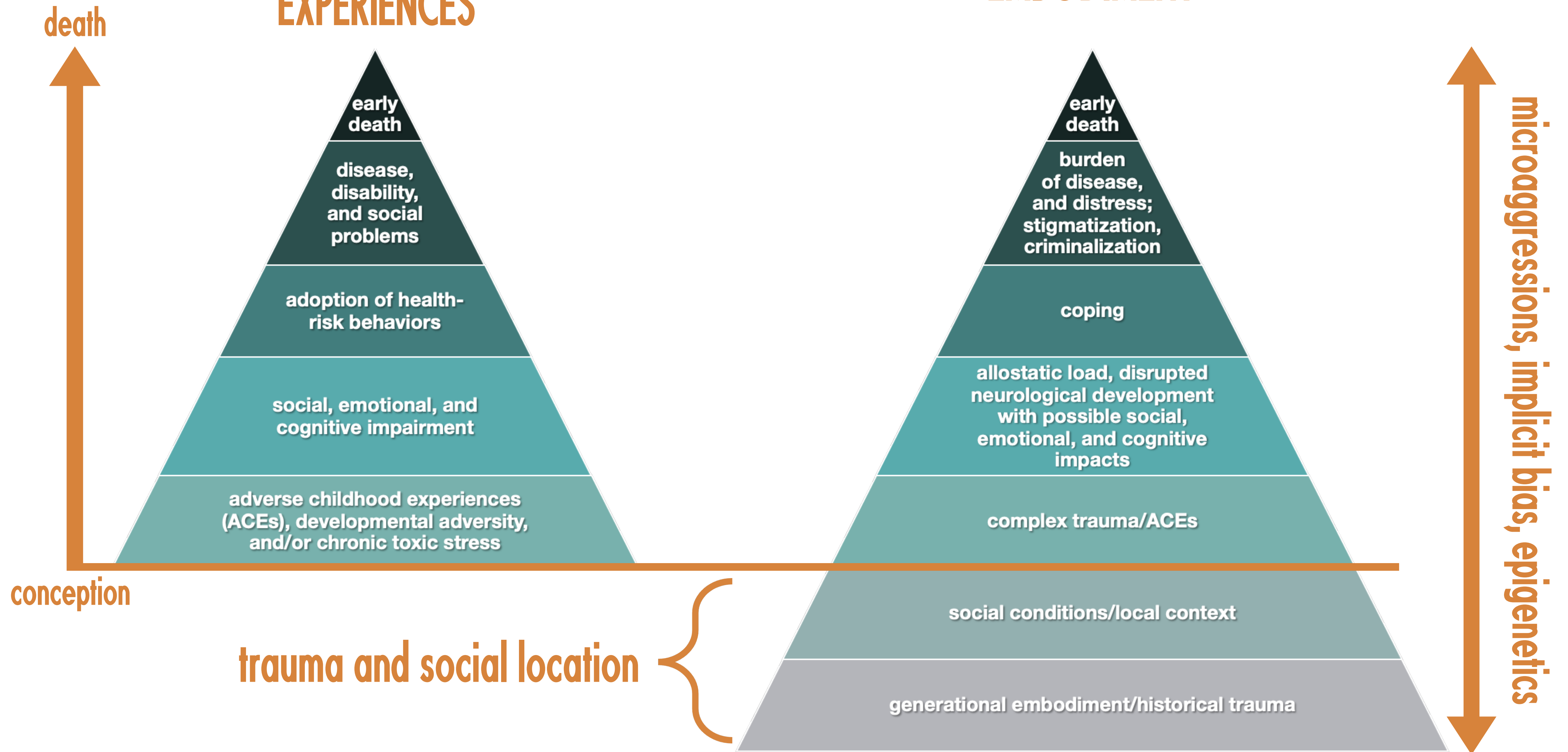
ACEs: ADVERSE CHILDHOOD EXPERIENCES -AND- ADVERSE COMMUNITY ENVIRONMENTS

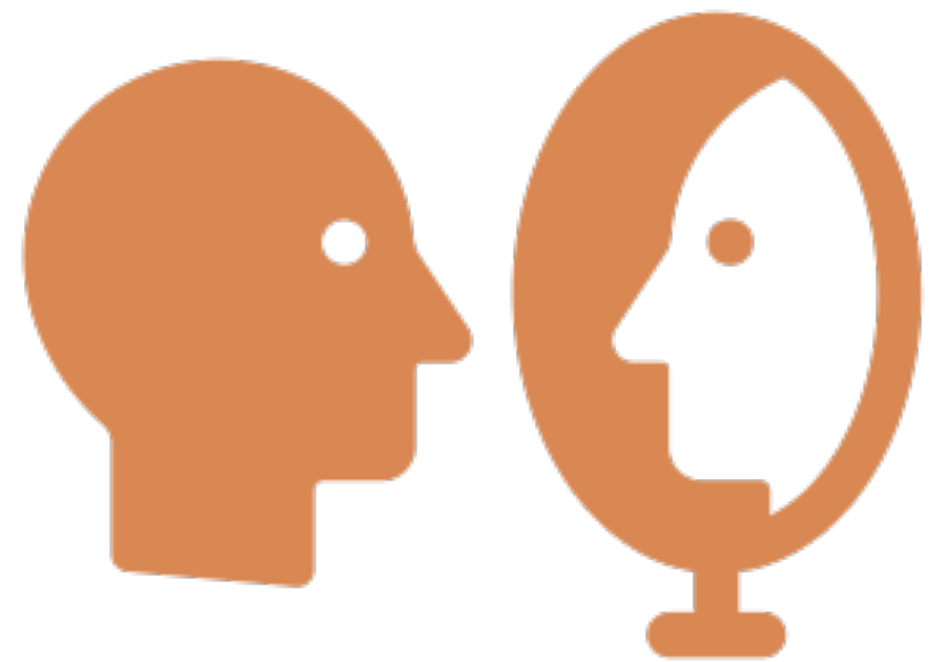
*Historical trauma is not just about what happened in the past.
It's about what's still happening.*

(University of Minnesota, 2020)

ADVERSE CHILDHOOD EXPERIENCES

HISTORICAL TRAUMA/ EMBODIMENT





REFLECTION POINT:

How would you identify whether a policy is trauma-informed?

What would you consider to be trauma-informed policy priorities?

TRAUMA-INFORMED

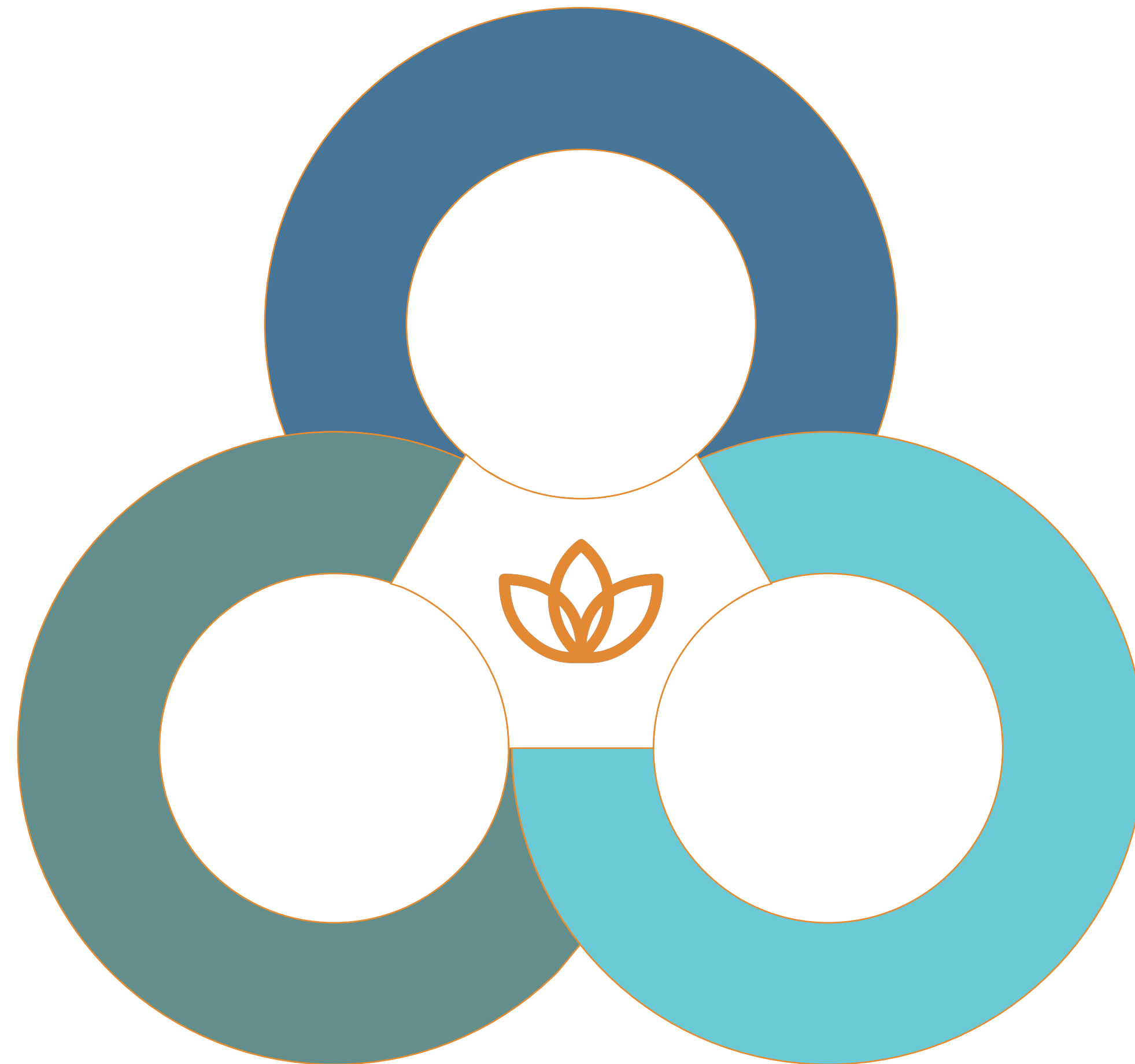
- Raise awareness about trauma - universal precaution
- Promote trauma-informed practice

example: policy requiring all mandated reporters receive training on trauma, ACEs, and resilience

TRAUMA-PREVENTIVE

- Create conditions for safe, stable, nurturing relationships and environments
- Reduce exposure to trauma

example: policy outlining a livable minimum wage, paid leave, and other family-friendly supports



TRAUMA-SPECIFIC

- Increase access to interventions and services that mitigate the impacts of trauma
- Promote healing

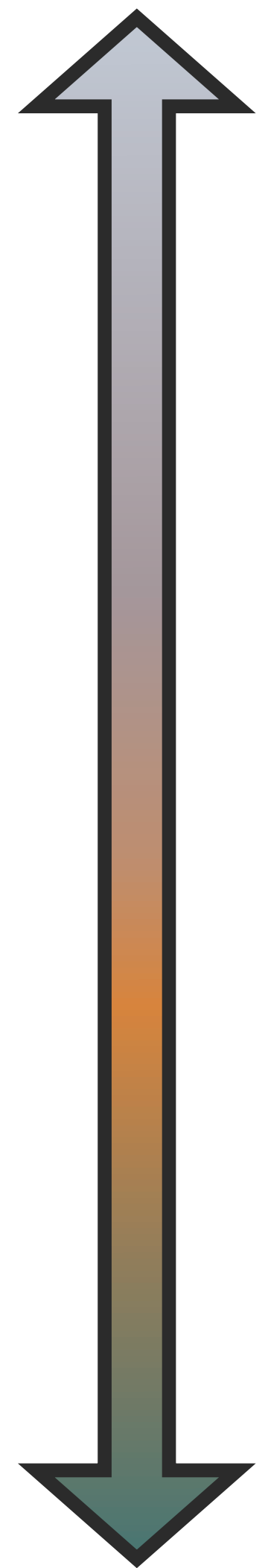
example: Medicaid reimbursement of evidence-informed and promising trauma-focused treatment

CONSIDER: WHAT IS TRAUMA-INFORMED POLICY?

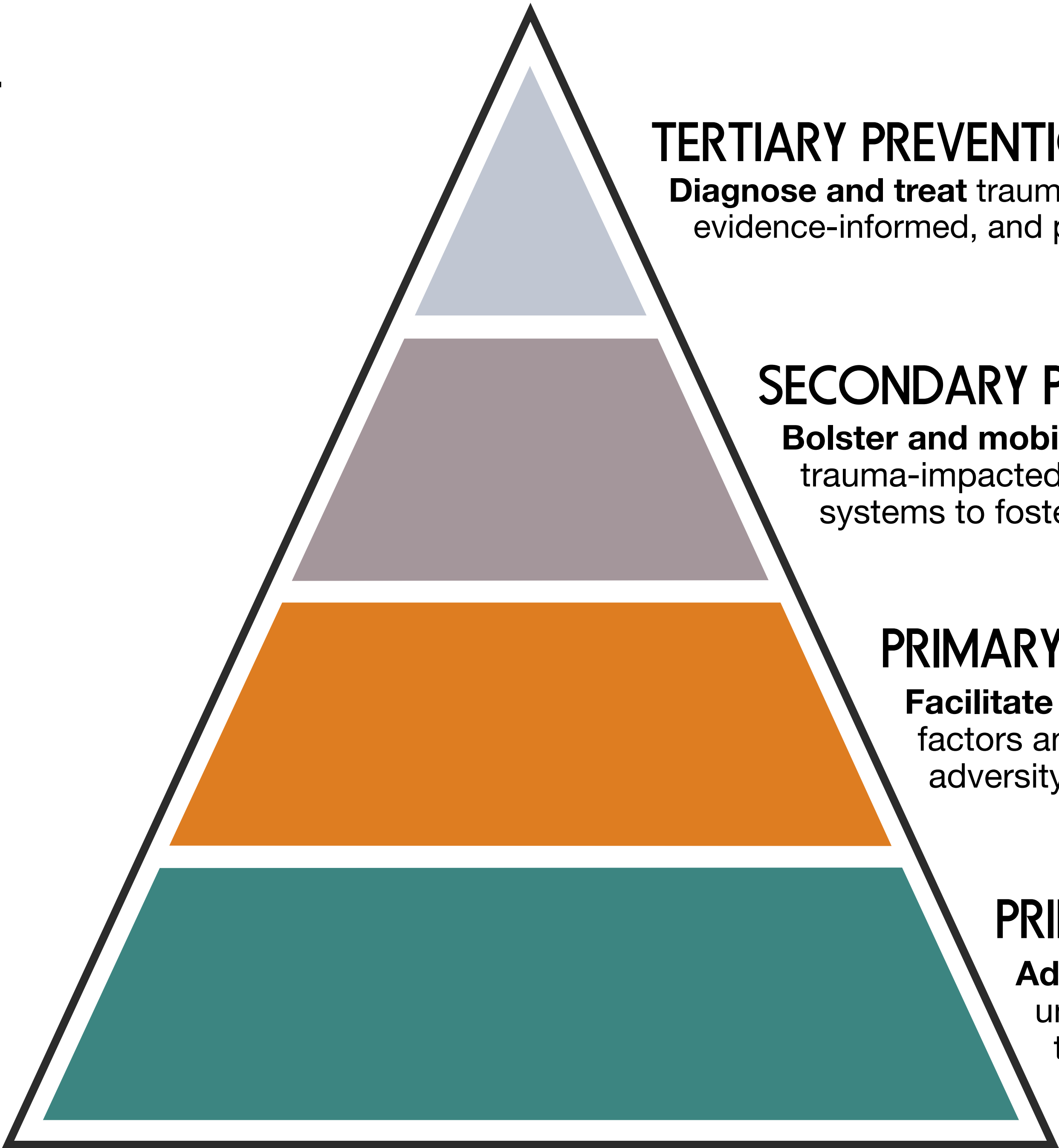
While it is unlikely that any single piece of legislation would fully actualize all of the principles of a trauma-informed approach, some indicators that a policy is aligned with a trauma-informed approach include:

- Refers to the impacts of trauma, ACEs, etc. on development and wellbeing
- Makes resources address trauma more accessible and equitable
- Engages people with lived experience and providers of trauma-informed and trauma-specific services
 - ✦ Target policy efforts that reflect the realities of practice and lived experience
- Supports research and evidence related to best practices and policies grounded in neuroscience, epigenetics, ACEs, and resilience (NEAR)
- Establishes a central locus for national or state trauma-informed policy-/decision-making
- Rolls out educational or training requirements for a sector of the workforce
- Calls for culturally-appropriate training, services, etc.
- Funds a public education or awareness program to deepen understanding of trauma and its impacts
- Includes efforts to strengthen the resilience/protective factors of children, families, and/or communities impacted by trauma
- Emphasize continuity of care and cross-sector collaboration among child- and family-serving systems
- Helps maintain an environment of collective care for the workforce that interfaces with trauma

INDIVIDUAL



SYSTEM



TERTIARY PREVENTION

Diagnose and treat trauma symptoms and related issues using evidence-based, evidence-informed, and promising practices shown to treat and heal trauma.

SECONDARY PREVENTION

Bolster and mobilize strengths and protective factors among trauma-impacted individuals, families, groups, communities, and/or systems to foster resilience while resisting re-traumatization.

PRIMARY PREVENTION

Facilitate conditions that address population-based risk factors and reduce the likelihood of violence, toxic stress, adversity, and trauma before they occur.

PRIMORDIAL PREVENTION

Advance and, ideally, enshrine in law policies that universally increase the equitable implementation of trauma-informed, resilience-building, and healing-centered interventions and approaches.

THE FOUR 'R'S OF A TRAUMA-INFORMED APPROACH



Safety



- physical & psychological safety are considered & prioritized
- adaptive skills related to preserving safety are understood as protective and resourceful

Trustworthiness & Transparency



- decisions are made and processes are conducted transparently
- building trust is prioritized & intentional efforts are made

Empowerment, Voice, & Choice



- individuals, family, group, & community strengths are validated & built upon
- capacity-building is prioritized
- belief in individual/collective resiliency, healing, & trauma recovery

PRINCIPLES OF A TRAUMA-INFORMED APPROACH

Collaboration & Mutuality



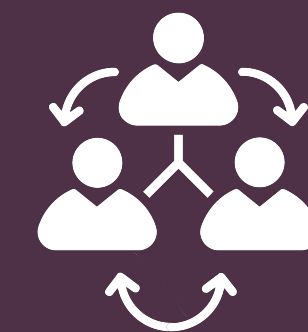
- meaningful opportunities for the sharing of decision-making & power are created
- culture of doing *with* vs. *to* or *for*

Cultural, Historical, & Gender Issues



- cultural stereotypes, oppression, & biases are intentionally addressed
- recognition of cultural, historical, racial, historical, & collective trauma
- factors of cultural resilience are honored & mobilized for healing

Peer Support & Mutual Self-Help



- voices of lived experience are valued & amplified
- mutual self-help/peer support are valued as vital to recovery & growth
- opportunities exist for fellowship, solidarity, & healing

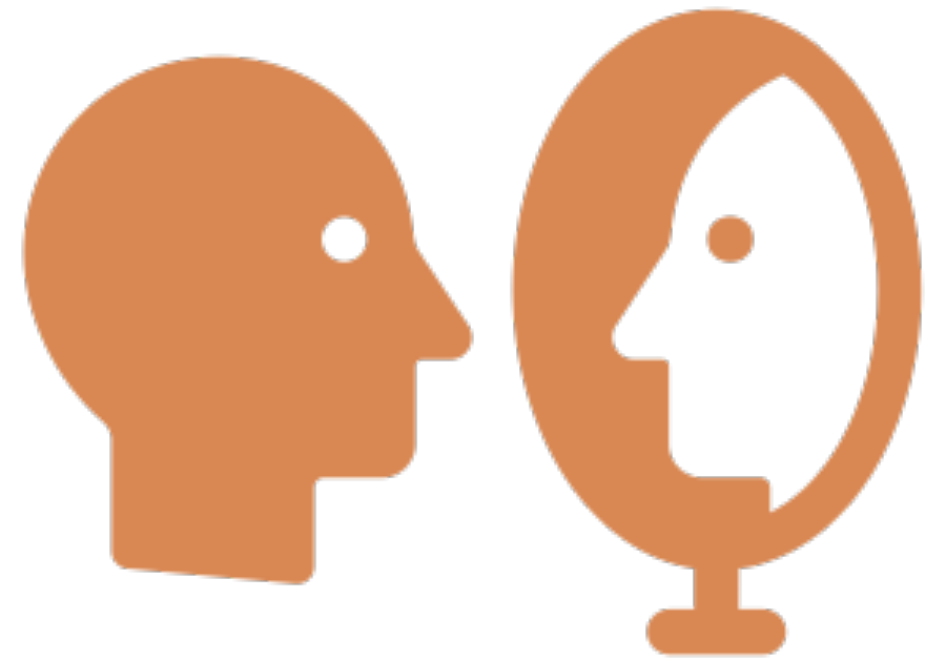
RESILIENCE

Resilience is the ability of an individual, family, community, group, or system to withstand, adapt to, and recover from exposure to adversity/trauma.

Resiliency-Promoting Factors/Adaptive Capacities:

- strong cultural identity
- equitable health, wellness, and support services
- access to resources (e.g., food, safe, stable housing)
- infrastructure, governance, and leadership
- economic investment and stability
- positive relationships and social support
- presence of & participation in community groups
- opportunities for success and achievement
- collective efficacy and empowerment





REFLECTION POINT:

What strategies/approaches have you found useful to convey the importance of using a trauma-informed lens in policy development and implementation?

STRATEGY: ENHANCING COMMUNITY CAPACITY

- Building capacity to forge empowered communities (or some segments thereof) that define, analyze, and intervene to improve quality of life in alignment with a policy change's intent
- What are the resources, capacity, and technical needs related to implementing policy change? Is any training required? How can you help with successful implementation?
- Different constituents may require/request more and/or different kinds of support than others
- Utilize and grow constituent-to-constituent support networks
- Develop and recruit partners and supporters
- Engage local leaders



CRAFTING NEW LEGISLATION

- Find **pre-existing policy language** (if possible)
- Define **who is involved** and **who does what** in implementation
- **Leverage your connections** - Who can help write? Who can review?
 - ✦ Will **stakeholders** have an opportunity to provide input/feedback on the draft?
- Understand the **legal landscape** and history around potential policy proposal
- Identify **barriers or facilitators** to enactment
- What **existing resources** can help with implementation? **What resources are needed** for implementation?
- Consider **sustainability** - what needs to be in place? How can you develop policy language and integrate strong enforcement mechanisms to ensure effective implementation and fidelity?

