Webinar: ***Boosting Community Resilience and Organizational Capacity to Prevent/Address Trauma-Related Violence***

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Hosts:
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Welcome

Callie Murray: Good afternoon, everyone. Thank you for joining today's Webinar, *Boosting Community Resilience and Organizational Capacity to Prevent and Address Trauma-Related Violence* . My name is Callie Murray and I am with OJJDP's National Training and Technical Assistance Center. And I would now like to turn it over to Bass Zanjani with the Development Services Group, Inc. Bass?

Bass Zanjani: Thank you, Callie. Thank you very much for introducing me. And before I get into my comments, what I thought I would do is, we have the distinct pleasure of having Carmen Santiago with us. And so I thought maybe, Carmen, is there something that you would like to share before I begin my presentation?

Carmen Santiago-Roberts: Sure. Thank you, Bass. Good afternoon, everyone. On behalf of the Department of Justice Office of Juvenile Justice and Delinquency Prevention, I would like to welcome you to today's Webinar entitled: *A Focus on Trauma: Integrating Trauma-Informed Approaches in Moving Toward Trauma Prevention.* My name is Carmen Santiago. I am a program manager for OJJDP, and we are delighted that you have joined us for today's Webinar. This Webinar features three subject matter experts on issues related to trauma and its impact on communities.

Carmen Santiago-Roberts: Our moderator, Annie Lyles, is a Program Manager at Prevention Institute. Annie provides training and technical assistance on issues impacting rural and urban communities, including mental health, trauma, and multiple forms of violence.

Carmen Santiago-Roberts: Our presenters, Dr. Howard Pinderhughes, Associate Professor at UC San Francisco, and Dr. Jane Halladay Goldman, Director of the Service Systems Program at the National Center for Child Traumatic Stress, will highlight several frameworks and models for trauma-informed approaches and provide an introduction to understanding community-level trauma and the implications

for successful violence-prevention efforts. It is our goal that the information shared today will resonate and assist you to continue the important work that you do to support comprehensive efforts to prevention, to prevent violence and trauma.

Carmen Santiago-Roberts: We will begin our Webinar in just a few minutes. At this time I would like to introduce Bass Zanjani, Project Director for OJJDP Youth Violence Prevention Technical Assistance Program at Development Services Group, to discuss some quick housekeeping items. Thanks again for joining us.

Bass Zanjani: Thank you very much, Carmen. And I want to thank everyone that is on the Webinar for signing up to share the next 90 minutes with us. We are very excited to be able to bring you this Webinar. I will let our distinguished moderator, Annie Lyles, give you backgrounds and a little bit about our two distinguished speakers. Before I forget, I always want to make sure that I give a quick note of thanks to Callie Murray and many of the folks at OJJDP's National Training and Technical Assistance Center. They have been very helpful in working with us to provide and present you this Webinar.

OJJDP Youth Violence Prevention (YVP) Unified Technical Assistance Program

Bass Zanjani: One of the things that we hope you will find informative about today's discussion is really a candid attempt and dialogue around the evolution of our understanding of trauma and its impact on communities. I know I am going to date myself by sharing the next anecdote, but it was not too long ago growing up when I remember one of the most effective strategies to look to begin to address trauma or youth violence prevention as a whole was a strategy of Scared Straight, where you would scare youth, scare young people into – and fear them into doing the right thing. And, thankfully, we have come a long way since them.

Bass Zanjani: And one of today's objectives will really be a discussion around the need to understand community – the impact of community-level trauma and the importance and the implications of prevention in communities. And why this is important is because, even though we are experiencing a 30-year decline in youth violence and youth violence continues to be both a public policy issue, a public safety issue, and a public health concern, the National Survey of Children's Exposure to Violence talks about that 60 percent of American children continue to be exposed to violence, crime, or abuse in their home or community, with 11 percent experiencing five or more different kinds of victimization exposure within a single year.

Bass Zanjani: So, with this context in mind, OJJDP last year issued a solicitation that really tried to look at a comprehensive approach to prevent and reduce youth violence, to enhance public safety, and promote well-being of youth, families, and communities. And one of the salient areas that we wanted to focus on, and that the grant focuses on, is the mitigation of trauma to children and youth through the provision of evidence-based and promising practices and strategies.

Bass Zanjani: So, the three areas and the three programs that DSG works with is with the National Forum on Youth Violence Prevention, the Defending Childhood Initiative, and the Community-Based Violence. Together, those three programs are in 34 cities and in 39 grantee sites.

DSG's Work With the YVP Program

Bass Zanjani: Our work really is not just – is not so much as to provide a discussion on evidence-based research, but really what we want to do is have a thoughtful and a strong discussion on how can we provide improvements and quality of life, how can we work with our experts to really have an impact in the community, but also to take what is happening in communities and have a national dialogue on the importance of this kind of work.

YVP TA Program Mandate

Bass Zanjani: One of the things that DSG does is provide training and technical assistance across the three initiatives, and to the 39 sites. And in this area we work with all the sites to try to align their efforts, to try and share cross-cutting experiences, cross-cutting strategies, leverage what they have done in one area to see if it could benefit other grantee sites, engage a wide range of stakeholders across all the sites, and really look at different modalities and different ways that we can provide technical assistance in this area.

Today's Webinar

Bass Zanjani: This Webinar is an example of some of the work that we are planning to do and have done. And we are working with two of our premier partners, the Prevention Institute and the National Center for Child Traumatic Stress, and that coordinates the work for the National Child Traumatic Stress Network.

About the Moderator

Bass Zanjani: And so, without further ado, what I want to do is at least introduce our distinguished moderator. She is – if I were to try to give a full credit to what Annie has done it would probably take half the amount of time that we have for the Webinar. But just a very quick overview, and I do not think this is going to do you justice, Annie, but I hope you will forgive me for the abridged version, but Annie…

Annie Lyles: Shorter is better, Bass.

Bass Zanjani: Annie is a Program Manager at the Prevention Institute. She has done training and technical assistance on a wide range of issues. Her work is focused on preventing multiple forms of violence, including violence against women, sexual assault, children maltreatment, community and youth violence. She has also hosted more than 30 web conferences for something called Prevent Connect, it is a CDC (Centers for Disease Control) funded national web conference focusing on preventing sexual assault and domestic violence in a variety of different areas. So, with that, I will turn this over to our distinguished moderator. And thank you all again for tuning in.

Annie Lyles: Thank you. Thank you for the warm welcome, Bass and Carmen and Callie, for all the work you have done to set this up. Welcome, everyone. This is such a treat to be here. We have had over a thousand folks register, and so we are officially a topic today that has relevance across the Nation. We have folks from all 50 states. We even, I checked this morning, and I have got one person from Wyoming. So if you are on, that is great. All 50 states. We have folks from Canada with us, and even Armed Forces Europe. So, as you have seen everyone kind of joining together. Our style at Prevention Institute is to really have a candid, casual conversation, so we do want to know who is there, and we are going to go through some technology today just to make sure that we can hear from you.

Agenda

Annie Lyles: So let us do, without too much further ado, let me advance these slides. Again, I work at Prevention Institute. We are going to do a little tech overview so that we can make sure that you will be able to participate to the furthest. We will do a little bit – a couple of polls to see who is here today. And then we are going to turn it over to Howard to talk about a new study that Kaiser Northern California has funded on community trauma. And then, with Jane, over at the National Child Traumatic Stress Network. Throughout, we will be taking your comments, we will be taking your questions, and so we look forward to a really interactive morning today.

Annie Lyles: Callie, can you take us through the tech, and then we will go ahead and get started?

Adobe Platform Information

Callie Murray: Yes, absolutely. Thank you, Annie. This is Callie Murray with OJJDP's National Training and Technical Assistance Center. As your technical host, I would like to take a few minutes to discuss some features of Adobe Connect which will help you maximize your opportunity to participate in today's Webinar. To download a copy of the PowerPoint slides, and other pertinent handouts, locate the handouts pod which is located at the top of your screen, just right above the chat pod. Click on the name of the file you would like to download, and then click the download button. You will then be able to save these handouts directly to your computer. To send a chat message, type your message into the chat box, hit enter or click the message bubble icon to send.

Help Us Count!

Callie Murray: For those of you participating in today's Webinar as a group, please take a minute and help us count. Go to the chat window and type in the number of additional people in the room with you today. This will help us with our final count. Again, if you are viewing with a larger group, please type in the number of additional people joining you today. If you are viewing by yourself, there is no need to type anything at this time.

Callie Murray: At the conclusion of today's Webinar, you will be provided with a link to take a 5-minute online survey about today's presentation. We really appreciate your feedback regarding this Webinar. This information is used to assist in future planning and training. You will be able to access the evaluation link on the last slide of the PowerPoint.

Webinars on OJJDP's Online University

Callie Murray: Finally, this event will be archived on OJJDP's Online University in approximately 15 business days. Again, thank you for joining us today. I will now turn it back over to Annie.

Learning Objectives

Annie Lyles: Thanks, Callie. All right. Well, let us get to it. So, we have some real formal learning objectives here for you. But mostly, we really want to talk about community trauma today, and really taking the conversation that folks have really been thinking about at the individual level up to a community level and a systems level. This is real talk, this is supposed to be casual, we should be able to exchange ideas. This is not something where we have the five answers and we are just going to hand them to you. It is really designed today to be a discussion to take us all a little bit deeper and further in

our understanding of the issue and the implications from it. So we will get to hear some findings. We are going to be able to look at, you know, possible strategies for on-the-ground implementation, and also tools and resources to support it. We wanted to kind of create all three, and so the findings, strategies, and tools that is. So if there is anything that you want to learn more about, hopefully this slide has what you need to go deeper. But you can also contact us at Prevention Institute in order to do that, and the slide at the end has our contact information.

The Prevention Continuum

Annie Lyles: When we approach this work, one thing we always like to do is couch it in the idea of a continuum. So up front strategies that take place before violence has occurred, in-the-thick strategies that are immediate responses, and aftermath, the long-term responses. This might sound familiar to those of you in public health. Primary, secondary, tertiary prevention. But the young people in Philadelphia helped us rename this into something that was much more translatable to community. And, you know, even for me throwing around primary, secondary, tertiary, sometimes I would get confused. So we like to use these terms: up front, in the thick, and in the aftermath. We will be using strategies and examples for all three, but we will focus today on up front strategies as a really important technique to actually getting to preventing trauma before it occurs.

Public Health and Criminal Justice

Annie Lyles: The other thing we wanted to kind of make sure we were clear on today is that, you know, criminal justice is a part of the solution, but it is not the only sector involved. We use a multi-sector approach, and this is an example with public health, and you can see how, you know, in different levels of the spectrum, different folks have different roles and different leadership places. But you can remove public health and insert youth development or health or community agency. The idea here is that we do have different roles, and while criminal justice is a part of our work, and justice in general, they are not always the leads on this work. And so you will see a lot of examples today where health is leading, education is leading, and different sectors kind of have a very specific role for all of them.

Polling Question

Annie Lyles: So, with that, we wanted to know what sector are you in? And, you know, this is not perfect. There should be a poll that pops up there right in the middle of your screen, and if you could click there in the middle, it is really helpful. I was looking at kind of who threw the biggest viewing party, and it looks like Laurel maybe had the biggest web conference viewing party, which is my mom's name. Not a lot of Laurels out there. Great to have you. But let us use that center poll. If you are an "other" you can use the text chat. Let us go ahead and see. You know, I do not know if you are seeing the results live. Yes, you are. Broadcasting results. That is awesome.

Annie Lyles: You can see we have a nice split here today. So we have got about a quarter of you from health, a quarter of you from community groups, and then about, you know, 15-ish percent in justice and local government. We have got education represented. We have got academia represented. Fantastic. And another 11 percent of you in "other," and it looks like there are some family courts, human services, academia and justice, rape crisis. Oh, you know, that brings it up. Charlotte, thanks for texting in Native American social services. We have quite a few folks that are tribal representation from Indian Health Services in South Dakota to some of these other folks in Denver. So we do have a great

representation there. So thank you for that. A good sense of sectors. We will definitely be asking for you to kind of represent your thinking from your sector today. I think that is a really important piece.

Text Chat Question

Annie Lyles: One more question to get us started. As I mentioned, today's web conference is a brand new topic. These are findings and thinking that have not been shared nationally before. Again, this is from funding from Kaiser Community Benefits in Northern California, and we have not even published them yet. So we are really interested in what got you connected to this topic so that we can make sure, as we publish things, it is going to be really relevant and important to our audience. We are so pleased that we sold out. So pleased we have had, you know, representation from all 50 states and Europe and Canada. And we are wondering, what got you interested? So we will be minding the text chat here today for your examples, your strategies, your thoughts. And we would love to start today with this idea of, you know, how are you connected to this topic, what made you decide to join us today?

Annie Lyles: I am seeing some examples coming in here. Looks like Tracy is mentioning community-based services. Alicia is talking about the ACEs (Adverse Childhood Experiences) connection, if ACE is too high, you know, the work in ACEs has really changed the discussion here. And I saw some folks from San Diego County, where I am from, are there. And San Diego County, Kaiser was actually the one that got ACEs started with Dr. Felitti. So lots of connections here today.

Annie Lyles: Looking to apply what we have learned in the U.S. in international settings. Thinking about strategic planning. Oh, you already know the words I love – strategic plan. Trauma-informed practices in school. Again, we are kind of looking at systems and practices. It is a special technique to be able to read this text chat this fast. [laughter] So I see preventive plans again. And, again, keep coming them in because it is really important for us to think. I see state-level examples as well. So we will have examples at the grassroots level, kind of systems level, local government, and some state examples as well for you today. All right. Keep your answers coming in though, because, again, we will be saving that text chat.

Annie Lyles: I said there were three things I wanted you to know about: the prevention continuum, that this is multi-sector, and the last thing is this, and this is from our good friends at Casa de Esperanza, and it is a quote from Lupe Serrano. And it says, "When you start with needs, you get programs. And when you start with strengths, you get possibilities." And today's discussion is a discussion of strengths and possibilities. Again, we do not have the five things you need to do in order to make this happen. This is new territory. This is responding to what we have seen in the streets, what we have heard from families, what practitioners are kind of sitting with and struggling with, and today we will be able to think through it together and hopefully come out of this a little bit stronger with very concrete next steps and opportunities to work together.

About the Speakers

Annie Lyles: All right. So, with that, no further ado, let me turn it over to Howard Pinderhughes and Jane. We are actually going to start – one second, I do not know why… There we go. We are actually going to start with Howard here today, and he is going to share the findings that I have been mentioning. And Jane will talk about systems responses and opportunities to link in her community. I will be jumping in with some local examples. As Bass mentioned, we have been providing technical assistance on strategic planning and strategies for cities across the U.S., and some shout-outs to our friends we have been working with strategies on in New Orleans. I saw you were on. And our friends in Hillsborough County

are here. So I will be jumping in with some examples here and there. But I think, with that, we will turn it over to Howard for a little while. And if, folks in the audience, if you have questions, please go ahead and put them in. You do not need to wait until the end. Howard will be more than happy to kind of answer it as we go. If you have comments, if you have experience you want to add, please add that into the chat. Again, we are really interested in learning more about your experience with this topic.

Annie Lyles: Howard, let me introduce you more fully. Howard is an Associate Professor at the Department of Social Behavior Sciences, as you have heard, at the University of California. He is also the author of "Race in the Hood: Conflict and Violence Among Urban Youth," which examines the dynamics of racial violence in New York City. And his new book, "Dealing With Danger: How Inner City Youth Cope With the Violence That Surrounds Them," examines the social production of youth violence and trauma, and the effects on urban adolescents and urban communities – our focus today. I know Howard very well, he is a dear friend. He is also lead partner for UNITY, Urban Networks to Increase Thriving Youth. Howard, welcome.

Dr. Howard Pinderhughes: Thank you, Annie. It is a pleasure to be with everybody today. You can advance the…There we go.

Boosting Community Resilience and Organizational Capacity to Prevent/Address Trauma-Related Violence

Dr. Howard Pinderhughes: That is me on the right. And just to give you a little bit of background about where this work comes from. I have been doing this work, in terms of doing work in communities in the Bay Area as well as around the country, working predominantly with young people around issues of how they experience, think about, and how they are affected by violence in their community and in their lives. And I also grew up in Roxbury in Boston, and so I came up with a lot of experiences around some of these issues, and it helped to shape some of the questions that I brought to my research and the work that I have been doing with UNITY and with the Prevention Institute over the past 10 to 15 years.

Thank You

Dr. Howard Pinderhughes: And I would like to thank initially Kaiser Permanente Community Benefits, Northern California for supporting this particular work. It has been, for me, a really important piece of the – and extension of the work that I do, and I think Kaiser should be commended for being very forward-thinking in terms of trying to figure out how we engage the question of trauma at a community level. And so within that context, I have been working with the Prevention Institute to conduct this study to explore trauma at the population level and how it impacts community health and improvement efforts, including violence prevention and emerging strategies.

Overarching Findings

Dr. Howard Pinderhughes: And, as a part of that, what I am going to be reporting on now is the findings from that study, which we produced through doing a literature review initially of how community trauma has been designed and examined and analyzed in the literature. And then we combined that with findings that were built on previous interviews with members of the UNITY City Network from around the country, as well as interviews through the Kaiser study of practitioners in high-violence communities in Northern California.

Dr. Howard Pinderhughes: And the overarching findings that we found, and pretty much all of you will probably find some of these findings very, very familiar and will not be surprised by them. There is a growing understanding about trauma, particularly its prevalence and impact. And the predominant approach to dealing with trauma is screening and treatment. It is consistent with a medical model.

Dr. Howard Pinderhughes: And I think the important piece about that is that we have come a long way within the context of dealing with the impacts of violence and understanding that we need to address trauma through trauma-informed care, and that trauma-informed care has become a standard of care and a standard of practice for dealing with the impacts of violence.

Findings

Dr. Howard Pinderhughes: So we understand that trauma is pervasive. We understand that trauma has a significant impact on the development, health, and well-being of children, of young people, and of adults. Trauma-informed care, as I have mentioned, is becoming the standard of care in a growing number of places, in most urban areas and large cities, and some middle-level cities around the country, and certainly in some suburban and rural areas.

Dr. Howard Pinderhughes: And the concept of polyvictimization and complex trauma is now transforming the literature surrounding multiple exposures to violence and trauma. And what we mean by that is that we know that young people in our communities are subject to and exposed to multiple events and incidents and victimizations of violent incidents. And, from that, the question of what is the impact of repeated and chronic exposure to violence has come up. But yet, specializations in trauma are still predominantly focused at the individual level. And so, our strategies for dealing with trauma are focusing on the individual level through trauma-informed care, trauma-informed practice, and trauma-informed pedagogy.

Trauma Specific Approach Poll

Annie Lyles: Howard, you know, thank you for starting us off with some definitions and kind of the evolution of the field. We wanted to launch a quick poll for folks and ask them a little bit about how their agency is thinking about this, where they kind of are in their evolution. And, I apologize, my lack of skills in epidemiology are apparent here because my third option is not very good here. So the top button is, “Yes, some changes have already been made in our organization.” “Yes, we are talking about it,” is number two. Number three could be better worded, “No, we talked about it but have not done anything yet, not planning to do anything.” And number four is, “We have not really discussed this in our organization.” So, Howard, are you able to see these results?

Dr. Howard Pinderhughes: Yes, I can see them.

Annie Lyles: Yeah, so this is great. So a big portion of you are already thinking about changes or already working through changes that your organization has done. And then a nice portion of you, too, are still at the beginning stage. So for those of you who have been thinking through this, you know, feel free to jump in in the chat section with your lessons learned. And for those of you that are at the initial stages, feel free to put some questions in there. We are okay with hard questions.

Annie Lyles: So far we got a shout-out, Howard, from Noelle who says, “It was great to hear you again.” And Eddie asked about evidence-based programs for educators. Our focus today probably will not be

evidence-based programs for educators. If other folks have examples, we can put that in. But we will get to some more examples soon. We are mostly looking at kind of systems-level strategies for transforming communities. So let me turn it back to Howard and he is going to give us some really strong shared definitions of trauma and complex trauma that we can all use and work with.

What is Trauma?

Dr. Howard Pinderhughes: Yes, and I just want to mention that the results of this poll are pretty – are very consistent with what we found around the country, and certainly in the Northern California Kaiser study, that trauma is on – not just on the radar, but that people are really moving to try to address the individual impacts of violence through trauma and through trauma-informed care and practice and treatment.

Dr. Howard Pinderhughes: In terms of trauma, what are we talking about? Trauma are experiences or situations that are emotionally painful, and come from chronic adversity as well – discrimination, racism, sexism, poverty, oppression. We need to advance that slide.

Annie Lyles: Yes, I am trying to get those polls closed. There they go. All right.

PTSD Symptoms

Dr. Howard Pinderhughes: And one of the most important types of trauma that we have identified is obviously PTSD, which stands for post-traumatic stress disorder. Now, the symptoms of post-traumatic stress disorder are re-experiencing the trauma, emotional numbing, avoidance, increased arousal. There are a number of others that we can talk about at the individual level. And, obviously, one of the things that we have to deal with is the understanding that to look at PTSD, that "P" has to be replaced with "persistent" rather than "post." There is no post for the young people, the children, the families, the communities that we are dealing with. And it is really a persistent traumatic stress that folks are dealing with.

Dr. Howard Pinderhughes: And what we end up seeing is a range of different ways in which this manifests itself. We see our young people who are carrying very, very heavy burdens through repeated attendance of different types of funerals and memorial services for friends, for family members, and the impact is profound. And then we see it when we move through our communities with the ever-present altars, which I know a number of you have probably seen on a regular basis in the communities where you live and work.

Synergistic Trauma, AKA Complex Post-Traumatic Stress Disorder

Dr. Howard Pinderhughes: And what I want to talk about is how to understand this, what has come to be understood or called complex post-traumatic stress disorder. I have come up with a term, synergistic trauma. I believe that I understand how it functions. Complex post-traumatic stress disorder is a psychological injury that results both from the exposure to multiple forms of violence, and the combination of individual trauma from exposures to violence and the trauma from exposure to structural violence. And why it is synergistic is that it combines in a very, very particular way. It is not additive or cumulative. It combines to produce the types of things that we are going to be talking about in terms of the symptoms of trauma at the community level. We talked a bit about the symptoms on the individual level of trauma.

Root Causes = Structural Violence

Dr. Howard Pinderhughes: Now, this synergistic trauma that comes from structural violence, I want to say a little bit about structural violence. Structural violence comes from some of the root causes that are rooted and located in the processes and the systems that we have and how our society is organized. And so we are talking about inequality, racism, sexism, poverty, oppression, power dynamics, heterosexism. All of which help to produce trauma, both at an individual level, at a group level, and at a community and institutional level. We know about some of these impacts through, actually, the ACE studies at the individual level, understanding that different types of senses of depravation, of inequality, of oppression can result in both traumatic symptoms on the psychological and emotional level, but also physiological conditions and impacts that have a problematic and negative impact on the health and physical health of individuals.

Root Causes Shape…

Dr. Howard Pinderhughes: But, at a community level, we can look at the ways in which synergistic trauma impacts communities as well. Some of the structural elements are the built environment, the way in which the environments themselves inflict injury and different types of impacts on individuals as well as families and communities. And so, you have issues around housing quality, the ways in which housing is built and located and experienced that has an impact on how individuals see themselves, experience themselves, fence themselves through their lives, and how communities indeed are structured.

Dr. Howard Pinderhughes: And so, when we think about not just the built environment, we also have the social environment that is an important part of this. And so, these root causes help to shape the systems, the neighborhoods, the schools, the families, and peers into institutions and factors that rather than be sources of resilience for an individual, children, youth, and families, they are factors that increase the feeling of trauma, the feeling of isolation, and the impacts of trauma on individuals and families.

Annie Lyles: So, Howard, as you talk about this, what is coming up for me is that you are not talking about how an individual experiences trauma. You are talking about how structural violence and these root systems actually impact whole communities and the way the community – the folks in the community interact together, and also the systems in the community and how it interacts with communities. So, we have kind of left behind the individual as a unit of analysis, but are looking at kind of community functioning and systems functioning as a unit of analysis. Is that about right?

Dr. Howard Pinderhughes: I would not say we have left behind the individual. What I am going to say is…

Annie Lyles: Oh, you are right.

Dr. Howard Pinderhughes: …we are taking the individual and we are placing the individual in the context of their community. And because we understand that communities are important sources for resiliency of individuals, of families, and of adults, and if communities have been affected by trauma, they do not function as resilient – factors or sources of resiliency, but rather as sources of trauma. And so that is what we are going to be looking at today.

Annie Lyles: Yeah, and so I think some of the questions that have come up have really focused on individuals and who maybe as an individual has experienced trauma. But your expertise is really about how trauma manifests in the community level. So let me get you to kind of those kind of findings.

Dr. Howard Pinderhughes: So…

Annie Lyles: And we are about halfway through. Sorry to interrupt you. Go ahead.

Findings

Dr. Howard Pinderhughes: Right. So the first thing is that trauma clearly does manifest itself at a community level. And we found that across the country, and we found that in the interviews that we did in the Northern California study. In high-violence neighborhoods, the idea that whole communities are traumatized is a widespread belief. I am willing to bet that pretty much everybody who is on this Webinar, if I asked you if you have a concept or an understanding of community trauma, you would say yes.

Dr. Howard Pinderhughes: There is an understanding that this trauma serves as a barrier to effective solutions for safety, health, and well-being. For many, many folks who are trying to institute and implement healing practices, prevention practices, health-related policies, whether they be around things ranging from obesity to physical activity to chronic disease, trauma and violence impacts your ability to be able to implement those types of policies.

Dr. Howard Pinderhughes: One interviewee said, “In the African American communities, there is a high level of trauma from gun violence. In other areas of the city, not so much. Where I live, I hear gunshots from blocks away. That neighborhood is traumatized clearly by the amount of violence that takes place there.”

Dr. Howard Pinderhughes: This is how, certainly, we felt in Roxbury as I was growing up. And what I think the important part – and this is where we are reaching I think the crux of what we are trying to talk about today – despite the understanding of the widespread nature of trauma and an epidemic at the population level, the predominant focus at addressing trauma remains at the individual level. And what does that mean? It means that we are missing a crucial part of the puzzle that we need to deal with in terms of solving this issue of violence from a prevention standpoint. Because, “No epidemic has ever been resolved by paying attention to the treatment of the affected individual.”

Dr. Howard Pinderhughes: So while we desperately need to treat individuals who are affected by trauma, we also need to help the communities that they live in heal from the community trauma. And what do we mean by community trauma? Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence, which is what most people think about when they talk about community trauma. And it is true, we have got communities where there are large numbers of people who are traumatized. But there are also manifestations or symptoms, if you will, of community trauma on the communities themselves. And that is what we are going to be talking about now.

Community Environment

Dr. Howard Pinderhughes: In terms of the community environment, we can look at the physical/built environment, or what we are seeing here is equitable opportunity, the economic/educational environment, or the social-cultural environment.

Physical/Built Environment

Dr. Howard Pinderhughes: Let us start with the physical/built environment, or what we call place. What we see now is deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment.

Economic/Educational Environment

Dr. Howard Pinderhughes: In terms of economic and educational environment, you have got intergenerational poverty, long-term unemployment, relocation of businesses, corporations, and jobs, limited employment opportunities, government and private disinvestment.

Social-Cultural Environment

Dr. Howard Pinderhughes: And on the social-cultural environment, the damaged, fragmented, or disrupted social relations, damaged social networks, and infrastructures for social support. You have a low sense of collective political and social efficacy. And you have an elevation of destructive social norms promoting violence and unhealthy behaviors over affirming community-oriented positive social norms.

Dr. Howard Pinderhughes: These are what we are calling symptoms of community trauma, where the systems, the structures, the networks, and the relations in a community have been impacted and traumatized in a way which, rather than having them function as factors for resilience, they now help to reinforce and, in some cases, inflict trauma on the individuals who live in the community.

Findings

Dr. Howard Pinderhughes: So the important thing about this is such a framework allows for an analysis of the full impact of community trauma and informs a more comprehensive strategy instead of strategies to address and prevent it.

Toward a Resilience Framework to Address and Prevent Community-Level Trauma

Dr. Howard Pinderhughes: So by community trauma, I want to get back to that, and the definition that we are using for community trauma is cumulative and synergistic impact of regular incidents of interpersonal violence, of historical and intergenerational violence, and, very, very importantly, and continual exposure to structural violence. It is the combination of those factors on a community that produce those traumatic symptoms.

Annie Lyles: You know, Howard, I am going to jump in. I think, for me, this was a real a-ha moment in kind of talking with you about this. Community trauma not only really hurts folks that maybe have not experienced firsthand being a victim of violence, like they still have a lot of the same impacts. But, in addition, it really hampers the impact of our prevention efforts. And if we are going to do quality

prevention and if we are going to do quality intervention, and we are only working at the individual level, not only have we missed an opportunity, but we really have done a disservice. You know, if we are not getting to some of these community-level impacts, we are probably not going to be able to get results. And, for me, this was such an a-ha moment in terms of your work and kind of its influence and how I can help cities with it. I know the other side of this is resilience, so I will let you keep going, but I just want us to sit here for a second because this seems to be the crux of kind of the new next step.

Dr. Howard Pinderhughes: Right, and what we are actually working toward is a resilience framework to address and prevent community-level trauma. And by community resilience, we are talking about the ability of a community to recover from and thrive, despite the prevalence of adverse conditions. And, in the context of community-level trauma, this means putting the conditions in place in which the community can heal from trauma and/or be protected against the impact of trauma. So that means having a very, very real understanding of the history as well as the dynamics that individual communities have undergone, and to be able to deal with the impacts of those histories of both oppression, of structural violence, of disinvestment.

Dr. Howard Pinderhughes: And the critical part of this is to be able to do this as a mechanism so that people can heal, but also people can stay in place. Because what we see over and over again is, as we start to deal with some of these issues around built environment, some of these issues around the impacts of trauma on the community level, you start to get dislocation and gentrification. And then, what we are now finding is, for example, here in the Bay Area we have got situations where the violence and many of the impacted communities and a lot of the trauma is getting dislodged, dislocated, and moved out of the central cities into the suburbs and exurbs. So that we have got places like Vallejo and Fresno and Stockton that are highly impacted by the populations of people who are being forced out of the inner city.

Annie Lyles: Yeah. So…

Dr. Howard Pinderhughes: So, what does that mean? How do we create resilience? What were you going to say, Annie?

Annie Lyles: No, I was just going to say let us get to it. How are we creating resilience?

Physical/Built Environment

Dr. Howard Pinderhughes: In terms of physical and built environment, that means creating safer public spaces through the improvements in the built environment by addressing parks, housing quality, and transportation. And that means reclaiming and improving public spaces. And this process needs to be both through a government process, but also through a process of community organizing and community action and activity. So that it is the community itself that is engaging in the process of rebuilding its built environment.

A Family Place Library

Annie Lyles: Yeah. We have some examples. This is a national program, but this is some beautiful librarians from Chester, Pennsylvania, called the Family Place Library, where they have actually transformed the library to be a community hub for families. And we know that parenting is a big struggle, so they have actually changed the built environment to make it a welcome, a calm, and an

educational place for families to come through. It is a great model that changes the built environment using some of the systems that can be traumatizing, and making them welcoming.

Stronghold Society

Annie Lyles: Another one is – and this is a fantastic one in South Dakota at the Pine Ridge Reservation, where they have actually added a community hub by building a skate park. And the Stronghold Society is based in Denver but they work in rural communities, they hold Run for Life, Skate for Life, and they have beautiful images and art that represent tribal leaders as part of their skating. They always ask me to make sure that girls are skating too. I just – one of the pictures I have are just of boys. But they have actually changed the built environment as a suicide prevention and a healing opportunity.

Taking Back Public Spaces

Annie Lyles: And the last one I want to give you, it is from New Orleans. I know that one of the federal projects is the National Forum on Youth Violence, and NOLA (New Orleans, Louisiana) for Life is their strategic plan. I should mention South Dakota also has a Defending Childhood grant. But, in NOLA for Life, they have been taking back park corners and public spaces. And as you were talking about some of these models, Howard, it really sounded a lot like when I was in New Orleans talking to folks, working on their strategic plan. And they said, you know, it was not Katrina that really destroyed our community fabric and our social network, it was the drug epidemic beforehand where we could not trust our neighbors anymore. When they knew we were gone, someone would actually rob our house, and so we stopped connecting with our neighbors, and Katrina kind of sealed the deal. But what they have been doing in NOLA for Life, through the Forum work, is really taking back public spaces and creating and healing through that process.

Annie Lyles: So there are a lot of great models. Folks are not necessarily saying they are doing community resilience building. Some of them are. Some of them are saying this is about community trauma. But there are some great examples of things that are already working and getting outcomes on the ground.

Annie Lyles: And, Howard, we have about 3 minutes, so we will move through these.

Economic/Educational Environment

Dr. Howard Pinderhughes: Okay. So, in terms of economic and educational environment, it is important to develop strategies that provide equitable opportunity. Restorative justice, healing circles, economic empowerment and opportunity and workforce development, and then strategies that increase community wealth and resources that can resist the economic pressures that result in dislocation and gentrification.

Dr. Howard Pinderhughes: And so, part of what we are trying to do here is to have each of you think about the work you do, perhaps at an individual level, and place it within a framework where it is – where more comprehensive strategies for healing communities can help form the foundation of resilience for the work that you are doing.

Annie Lyles: Yeah. Go ahead.

Social-Cultural Environment

Dr. Howard Pinderhughes: In terms of the social-cultural environment, we need to rebuild and revitalize social relationships, particularly intergenerational relationships. We need to rebuild social networks, and help to build infrastructure for social support at a community level. That means strengthening and elevating social norms that promote healthy behaviors and community connections, and community orientations. And establishing collaborations promoting these community-level strategies while rebuilding community social networks.

Dr. Howard Pinderhughes: And these are all parts of what it means to formulate a collaborative, not just to have singular outcomes, but to have a whole community outcome that we are very, very clear about how it fits into the process of community trauma and healing. And then…

Annie Lyles: Yeah. Let me just, really quickly, Howard, you know, I see in the text chat a lot of questions about schools and curriculums and training school counselors. I think, and you can correct me on this, but I feel like one of the things that we can do with this analysis is say it is not just social-emotional learning and being sensitive to trauma, but changing school practices to promote community resilience. Things like the Re-thinkers in New Orleans that are instituting restorative justice. Things like the Oakland Unified Schools that are using healing circles and restorative justice. And things like Humboldt and Los Angeles that are doing – working with the Kumeyaay and really offering healing ceremonies for that 18- to 25-year-old group. And so, when you think about what to do with schools, it is broader than a curriculum or a training. It is thinking about changing the environment through practices, through school connections. So, I just – I kind of wanted to acknowledge that happening in the text chat. Does that sound about right, Howard?

Dr. Howard Pinderhughes: Yes. I mean, this work is really about not just changing the things we do, but how we do them. And so, within that context, doing the work in schools that is trauma-informed pedagogy and practice is critically important, but integrating practices of restorative justice and healing circles that are connected to community processes, community individuals, and community structures helps to rebuild these social networks, helps to rebuild these intergenerational relationships, and helps to start rebuilding the healthy aspects of community that can then function as factors of resilience for each and every child that comes up in those communities.

Annie Lyles: What we have seen with the Defending Childhood initiative, they have had an amazing opportunity to engage their communities around these questions through the real innovative kind of funding through OJJDP. And a lot of them are actually going back to indigenous values and really creating opportunities for cultural pride and for family engagement, and some of the intergenerational work that you have talked about, Howard.

Teens in Action

Annie Lyles: And I wanted to give a shout-out to our friends in Louisville. You may recognize the back of Anthony's head. The Louisville Forum work, also part of the OJJDP portfolio, they have had young people called Teens in Action and they have been asked to analyze their built environment, and they have made the case linking it to violence. And so, you can see a young woman there in Louisville – this is the map there on the screen behind her. And the a-ha for me was though this work, they did the analysis, they also were planning this kind of code enforcement [unclear] activism. And the folks that were there from the Forum said, "You know, you do not have to have a protest, like we will just set up a meeting with code enforcement and we will set up a meeting with the city folks. This will be great. We would love to

have this information and start making these changes." And so, when you think about that and all the different pieces that relate to what you are saying about efficacy and social efficacy and built environment, there are great models happening out there.

Community Connections

Annie Lyles: In Los Angeles, giving young men a chance to talk through and process some of the things. This is an example. In Oakland, where they have had a 40 percent reduction in violent crime in the neighborhood where they have done community strengthening efforts around efficacy, they have started neighborhoods and neighborhood bartering, and a youth economic development program. You get outcomes, and I think that is one of the things that folks struggle with is, "How do we measure things like this?" There are some great models out there where people are getting really strong results.

Social-Cultural Environment

Dr. Howard Pinderhughes: And so, you know, the last thing I wanted to just talk about was the social-cultural environment, and changing the narrative about communities and the people in it. And this is about shifting community social norms, and that happens through organizing and promoting regular positive community activity, as well as responses to issues and problems in structural violence that communities are subjected to. This includes providing a voice and an element of power for community folks surrounding shifting and changing environmental factors, as well as the structural factors.

Dr. Howard Pinderhughes: So, ultimately, what we are trying to do is to think about what does a healthy community look like and how does it function, and that is what we are going to be trying to build through helping communities to heal from community trauma, as well as helping communities build community resiliency as a way, not just to prevent trauma, but to promote healthy communities, families, children and youth, and institutions.

Annie Lyles: Yeah, we always say a good solution solves multiple problems. And some of the questions that have come up, you know, what about this population, or what about that population? Or, where should you start if you are going to do a community focus? I think the good news is you can start anywhere. I mean, this builds and you can go with the assets of your community. Who is already excited? Who are your local champions? There is no one way to do this work, and I think that also can be the challenge as folks are looking for the evidence-based curriculum, and that is not really how you transform communities and social norms and the built environment. There is a broader discussion.

Annie Lyles: Howard, thank you for your time, and I know you will be on here and we have some time to kind of think through things with you at the end. But I want to get over to Jane Halladay, and turn it over to her to talk about their experience at the National Center for Child Traumatic Stress.

The National Child Traumatic Stress Network (NCTSN)

Annie Lyles: Jane is the Director of the Service Systems Program there, and they are the coordinating site for the National Traumatic Stress Network. So in this role she is coordinating projects related to this, trauma-informed child and family services, and all these sectors we talked about, juvenile justice, child welfare, education, medical, mental health. And she also consults, presents and trains and writes about this topic, including trauma-informed service systems and programs and practices, and cross-system collaboration. So you can see why I was so pleased to have her join us today.

Annie Lyles: The text chat has been fantastic so far. Please keep, please keep it up. And to the extent that it is helpful, use it, and if it is distracting, you know, you do not need to use it. There will be a copy that is left over. We are not doing a transcript per se, but there is a recording available. So, with that, Jane, I am going to turn it over to you.

Dr. Jane Halladay Goldman: Thank you so much, Annie. I am so excited about the degree of interest in this topic, and I really enjoyed hearing about Howard's really compelling work, and all of the work of some of those OJJDP grantee sites that you mentioned. So thank you to DSG and OJJDP and the Prevention Institute for inviting me to participate in the discussion today. And we are really excited that there, I think, will be a lot of opportunities for us to do continued work together, and with so many of the participants that are on today's call as well.

Dr. Jane Halladay Goldman: So, what I hope to do with my time is introduce you to the National Child Traumatic Stress Network, if you are not already familiar with us. And I have seen from the chat box, I see some familiar names and I see some people bringing some of our resources up already. But I want to introduce you to us, give you a sense of what we have found to be some of the most important areas to address when building a trauma-informed community, and talk to you about some of the resources that are available through the NCTSN to help you do the work.

Dr. Jane Halladay Goldman: So, I will start by giving you a brief background on the NCTSN, really as a way to help you understand the breadth and the depth of the knowledge and expertise that goes into some of the resources that I am going to mention. I hope that you will, if you are interested, you will explore our website or reach out directly to me about any specific needs that you might have, because I am only going to be mentioning probably less than 1 percent of the resources we have available. And I will be able to say even less about what we have learned about effectively implementing these approaches or products or curricula. But I am hoping to at least introduce you to the work that we do.

Dr. Jane Halladay Goldman: And I really appreciate, Annie, the way that you kind of described, you know, there is not a cookie-cutter approach, there is not, you know, every community is so different and has different strengths, you know. Some places, this means maybe the school is a perfect place to start and, you know, kind of branch that work out. But in other communities, it is going to be, you know, a completely different system or a different community-based organization. So, you know, what we are hoping is to just provide you some ideas that are going to help stimulate your thinking about what might work in your community.

Dr. Jane Halladay Goldman: So, the NCTSN was created by Congress in 2000, as part of the Children's Health Act, with the mission to raise the standard of care and improve access to services for children, families, and communities that have experienced trauma throughout the United States.

NCTSN: Changing the Course of Children's Lives by Changing the Course of Their Care

Dr. Jane Halladay Goldman: You know, at least two-thirds of all the children in the U.S., as I think Howard mentioned as well, are exposed to a traumatic event before they are 16. Many of those kids develop symptoms of child traumatic stress as a result. Not all of them do, but many do. And, you know, child traumatic stress can really derail a child's healthy development and have really serious short- and long-term consequences. But, I just think it is so important to stress that child traumatic stress is also one of the most treatable mental health problems of childhood. And, of course, not every childhood

challenge is related to trauma, but so many are. So that is what we do at the NCTSN is kind of bring a singular and comprehensive focus to child traumatic stress, and we work really hard to bring a trauma perspective to the systems and the organizations that serve children within our communities.

National Child Traumatic Stress Network Centers

Dr. Jane Halladay Goldman: For those of you who might be less familiar with the NCTSN, this is a little bit about how we are organized. We are a group of organizations that are administered by the Substance Abuse and Mental Health Services Administration, better known as SAMHSA, and coordinated by the UCLA Duke National Center for Child Traumatic Stress, and that is where I am from. We are made up of 79 currently funded centers, and over 100 affiliate centers and individuals. So those are sites that have been previously funded but they are still really active in our network. So now we have active NCTSN centers in over 43 states. So if you are curious if there is somebody or some resource nearby, you can go to the website and we have sites listed by states.

The National Child Traumatic Stress Network

Dr. Jane Halladay Goldman: Okay, so, you know, our centers work to accomplish the mission of the NCTSN by doing these things. Providing clinical services, developing and disseminating new interventions and resources, providing training, collaborating with our communities and service systems, and collecting data, evaluating, and informing public policy and awareness efforts.

The Structure of the NCTSN

Dr. Jane Halladay Goldman: I mentioned I am from the National Center for Child Traumatic Stress, so we are their coordinating site for the Network. The other centers that make up the NCTSN include sites like hospitals or universities, they mainly develop or adapt and train in interventions for addressing child trauma. And I want to emphasize that I do not just mean, you know, individual treatment things like trauma-focused cognitive behavioral therapy. That is definitely part of it, but I also mean community-based interventions and systems and organizational-level interventions. And then, our sites are also made up of community-based programs that are really most engaged in using those interventions to treat children and families, and organizations and communities. And I mention this because I think it is why this makes us unique is that we are all able to work together to incorporate the latest and best research into tools and resources that can be used in practice.

What is a Trauma-Informed Child and Family Service System?

Dr. Jane Halladay Goldman: So the Network really brings together diverse groups of stakeholders to work collaboratively in this endeavor. One example is we work in what we call collaborative groups that are all kind of based on different topic areas. So if you were on our Justice Consortium call, for example, and I know a couple of our members are on this call right now, that call would likely include judges, mental health clinicians, mental health administrators, probation officers, parents of youth involved in JJ (juvenile justice), young adults who were in the JJ system themselves, researchers, intervention developers, attorneys, and partner organizations like the American Bar Association, the National Council of Juvenile and Family Court Judges, Rights for Girls, the National Juvenile Defenders League. So, you know, and there is probably a lot of other categories I am missing.

Dr. Jane Halladay Goldman: But I just – I say that to just point out that it is a combination of people who create the resources that I am going to be talking more about, using the best available research,

combined with real indepth field and family and lived expertise to create these resources to do this work.

Dr. Jane Halladay Goldman: So that collaboration also allows us to respond thoughtfully, I think, to current issues. For example, in response to the events that are happening all over the country, particularly Ferguson, New York City, Baltimore, our Schools Committee is working together with our Community Violence Group and our Culture Consortium to create a resource for how to have conversations about race and trauma and violence within our schools. So, you know, we try to kind of take some of those current things and use this great group of people and expertise that we have to be responsive to what is happening in real life right now.

A Service System With a Trauma-Informed Perspective is one in Which Programs, Agencies, and Service Providers Would:

Dr. Jane Halladay Goldman: So, I think Annie mentioned that my role is I am the Director of the Service Systems Program. So my Program is devoted specifically to systems-level work. So we created this definition of a trauma-informed system, and I am definitely not in favor of reading these kinds of things out loud, but I really do want to emphasize some of the points. And you can, you know, download this from the slides or our website if you want.

Dr. Jane Halladay Goldman: The way that we think of a trauma-informed child and family system, service system, is one in which everyone involved – so all parties – recognize and respond to the impact of traumatic stress on those that have contact with the system. And that includes children and caregivers and service providers. So, programs and agencies within a trauma-informed system would infuse that and sustain it in all of their organizational cultures and practices and policies. And they really act in collaboration with everyone involved with the child, using the best available science to facilitate and support the recovery and resiliency of the child and family.

Dr. Jane Halladay Goldman: So, as I said, there is definitely no cookie-cutter approach, and when you look at it at a specific system or community, there is probably things that this misses. But these are the areas that we think it is really, really vital for a system or a program or agency or a service provider to look at and consider when – if they want to become more trauma-informed. So, and I think three of these I am going to go into a little bit more detail about and share some of the resources that we have available. And what I want to emphasize, because I really like how Howard said that, you know, this is not just about screening and assessment and treatment. So those are important parts particularly for some agencies or some systems, but it is just one part, that is just the individual treatment part and there are a lot more things that we need to be doing to really create communities that are more trauma-informed.

Dr. Jane Halladay Goldman: So the first one is routinely screening for trauma exposure and related symptoms, so that we are identifying those most in need. I have seen some questions relating to screening measures, so one tool that might be useful is that we do on our website have a Measures Review database. So it lists a lot of the kind of more common trauma screening tools and has some criteria, some more indepth information about them.

Dr. Jane Halladay Goldman: And then, also, using culturally-appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms. Again, another quick tool that we have is we have really I guess a database with kind of fact sheets about a lot of different evidence-

based treatments. And then, most of those also have a cultural-specific fact sheet associated with it, so you can look and see where it has been used and where it has been evaluated, in what communities, and, you know, what the results of that are.

Dr. Jane Halladay Goldman: I am going to talk a lot more about the need to make resources available to children, families, and providers about trauma exposure, its impact, and treatment. And that, I think, is key. The key is that every person involved, everyone who comes in contact with a child and, you know, if you think about who that is, that might only be a clinical person 1 hour a week, if you are lucky enough to get someone who needs it into treatment. So we really need to think more broadly about who that should include.

Dr. Jane Halladay Goldman: And then, we need to look at strengthening the resilience and protective factors of children and families impacted by trauma and vulnerable to trauma. And I think that is where a lot of that really important community work comes in, because, you know, it is the community that is going to be there 24 hours to support a child, and strengthening the resilience of a community is going to be key to preventing, but also to treating kids who have been exposed to violence.

Dr. Jane Halladay Goldman: Addressing parent and caregiver trauma and its impact on the family system. I am going to talk more about that.

Dr. Jane Halladay Goldman: And then, emphasizing the continuity of care and collaboration across child-serving systems. So communities need to come together and come up with a common approach so that kids do not just bounce from one place to the next and, you know, they need to kind of – we need to do a lot better about talking between systems.

Dr. Jane Halladay Goldman: And, finally, I am also going to talk more in just a minute about creating an environment of care for staff that addresses and minimizes and treats secondary trauma, and makes your staff more resilient.

Resources for Children, Families, and Providers on Impact of Trauma

Dr. Jane Halladay Goldman: So, I know I mentioned this, but we really believe that to have a trauma-informed community, all the people who are involved in a child's life must have an awareness of trauma and its impact, and have some skills for addressing it. So, you know, of course trauma treatment is vital, but we need to create understanding and skills in a child's entire community. And this is where I think the NCTSN has created many, many resources. This slide shows some that are aimed at law enforcement, pediatricians, educators, school staff, parents, and some that are specific to topics like child sexual abuse, domestic violence. I am going to go into a little bit more detail about a few different ones.

Think Trauma: A Training for Staff in Juvenile Justice Residential Settings

Dr. Jane Halladay Goldman: This is our Think Trauma curriculum. It is for as a training for staff in a juvenile justice residential setting, and it is a really, I think, interactive and engaging training that is aimed at increasing awareness, providing practical skills and plans for working with youth, and addressing how trauma impacts staff. And what we know from research involving this, or an earlier version of this, is that if you combine a staff training like this with a trauma-informed treatment for the youth, then you can – then that can actually reduce the use of seclusion and restraint, it can decrease

incident reports in JJ settings. So what I like is I think that that could probably be translated to all other places. You know, it is important to treat the child, but it does not work unless you create a community around that child that really understands the impact of trauma.

Child Welfare Trauma Training Toolkit (Revised 2013)

Dr. Jane Halladay Goldman: This is our Child Welfare Trauma Training Toolkit. It is a training for case workers, and it really emphasizes – it creates a lot of opportunities for applying the knowledge to a current case load. So there are little sections about what a case worker can do. And, again, we do not believe that one tool in one domain will make an organization or system trauma-informed or trauma-responsive. And that it really takes work at all levels with everyone involved in the child's life to make that community. So I think it is important to think about everyone who interacts with the child, thinking about teachers and bus drivers and case workers and residential staff and cafeteria workers and afterschool programs and mentors, and all of those folks.

Community Violence – Resources for Youth

Dr. Jane Halladay Goldman: When I first saw the slides, I actually added this when I learned a little bit more about Dr. Pinderhughes' work, because I think this kind of complements some of what he was talking about. This is a fact sheet that is aimed at youth and it provides information about different ways that they might be impacted by community violence and ways that they, you know, know on one level but may not have identified on another level. And this, there is an addendum to it that is kind of a method of engagement, that has questions that might help a youth identify whether they have been experiencing traumatic stress symptoms as a result of the violence in their community.

Caring for Children who Have Experienced Trauma: A Workshop for Resource Parents

Dr. Jane Halladay Goldman: A really important audience are resource parents, so foster parents, kinship parents, adoptive parents. And this is, I think, kind of a special curricula that helps parents – resource parents – understand the impact of trauma on the children that they are caring for, and to apply that knowledge to those kids. We are doing an official evaluation of it right now, but there is some evidence to support, again, that this combined with other things in the child welfare system helps parents keep children in their care longer and increase their satisfaction with being a foster parent.

The Essential Elements of Trauma-Informed Parenting

Dr. Jane Halladay Goldman: This is our "Elements of Trauma-Informed Parenting." It is part of that curricula I just mentioned. Also, we have incorporated it into some of our other work. And, of course, parents are probably the most important audience to engage in helping children deal with the impact of trauma, or whoever is caring for the child.

Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency

Dr. Jane Halladay Goldman: We have a number of tools for judges. This one is "Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency." We worked on this together with the National Council of Juvenile and Family Court Judges.

NCTSN Benchcards for the Trauma-Informed Judge

Dr. Jane Halladay Goldman: And they also worked with us on this tool. This is one of my favorites. It is our "Benchcards for the Trauma-Informed Judge." We really try to create tools that are useful for the people that we want to use them, and this is a format that seems to work well. So, the first benchcard kind of provides suggestions or information that a judge should look for to make an informed decision. And then the second can really just be copied and given to a psychologist if a judge orders a trauma assessment. It can tell them specifically the kind of information that they need to know to make an informed decision about a child's case.

Dr. Jane Halladay Goldman: And there are many, many other tools for professionals and family members and youth. As I mentioned, I just kind of wanted to give you a quick taste. Oh, and a quick word about accessing our resources. All of them are free, you know, we are funded by the government for, you know, everybody. So everything is free. Most can be found at www.nctsn.org. All of our Webinars, and we have some online courses, and more indepth information about how to implement some of these tools and curricula. They can be found on our Learning Center, and there is a link to that from our main website. The Learning Center does require that you sign up for an account, but it is easy and it is free. You or your staff can earn free CEU credits for our courses and Webinars. So, you know, and if you have any trouble finding something, you can always e-mail our help desk or you will have my contact information.

Addressing Parent and Caregiver Trauma

Dr. Jane Halladay Goldman: So, addressing parent and caregiver trauma. I decided to highlight this element really because when we have gone into communities and done assessments or organizations in relationship to being trauma-informed, this is the area that we have found to be most lacking most often. But we truly think it is essential for really helping our youth. You know, again, Howard pointed out the intergenerational nature of trauma and, you know, it is just absolutely vital that this piece is also looked at – the impact of a caregiver's trauma on their own parenting.

Dr. Jane Halladay Goldman: So, we really think that it starts with awareness. Professionals who work with kids, particularly kids who have been abused by family members, need to better understand how a parent's trauma history can impact parenting. And organizations have to have a plan in place to help, or communities need a plan in place to help a caregiver deal with his or her own trauma history and symptoms. And there has to be a really strong coordination of care between the adult and the child provider so that everyone involved can better understand how trauma has impacted each member of the family system and the parenting that has taken place, and to make a plan for moving forward in a different way. And, you know, it is often difficult. Families are less likely to followup with resources if they are provided in a different organization, for example. You know, it is difficult for anyone, much less somebody who is living in a community or trying to deal with traumatic events in their life to go from place to place. So, but the good news is that a lot of communities have figured that out.

Birth Parents With Trauma Histories in the CW (Child Welfare) System Fact Sheet Series

Dr. Jane Halladay Goldman: Let us see. I wanted to…We do have some tools. This is one useful set of tools for increasing the awareness about the impact of parent trauma on family systems, and it is a set of fact sheets about birth parents with trauma histories in the child welfare system. There is actually a separate fact sheet for six different audiences: resource parents, parents, mental health professionals,

judges and attorneys, child welfare staff, and we also have one that is not listed here on I think for court appointed special advocates.

Address, Minimize, and Treat Secondary Traumatic Stress and Increase Staff Resilience

Dr. Jane Halladay Goldman: So, finally, the final domain in my last couple of minutes that I wanted to highlight is addressing, minimizing, and treating secondary traumatic stress and increasing staff resilience. And I am sure that many of you on this call have a pretty good understanding of the impact of working with kids and families who have been through the worst that life can offer. And that feeling of hopelessness and uselessness and futility and depression that can creep in. In many places, entire agencies function with an assumption that they cannot make a positive difference in a family's life, and that their policies and practices have eventually shifted to reflect that futility.

Dr. Jane Halladay Goldman: So secondary trauma or compassion fatigue or vicarious trauma, you know, like child traumatic stress, is treatable. But the one thing that I wanted to emphasize strongly is that it needs to go way beyond self-care. So, of course, it is important for individuals to find the right work-life balance and practice strategies that keep them physically and emotionally healthy. But the onus really needs to be on the organization to create an environment of care for staff where the case loads are not impossibly big, and where staff have some tools to really help families that are in great need, where you look at staff heroically if they take a day off after dealing with something that was really difficult instead of working 16 hours the next day. And where there are tools and flexibility for incorporating good self-care into the office and that the use of those is encouraged.

Dr. Jane Halladay Goldman: So, staff cannot help our communities and our families when they are burned out and disconnected and depressed, or incapable of really developing connections, because so much is about relationships and connections. But staff – and staff at every level – can have a tremendous impact on people when they understand the impact of trauma on themselves and the families that they are seeing, when they are capable of connecting and reflecting and projecting, you know, hopeful beliefs, and when they are resilient and they can identify the resilience in other people.

Increasing Staff Resilience: Practice Strategies

Dr. Jane Halladay Goldman: These are some of the suggestions that can be found in some of our materials on these topics. This particular list is really – are things that individuals that are working with children can do if they – so that they can hopefully find more resilience within themselves.

Increasing Staff Resilience: Agency Strategies

Dr. Jane Halladay Goldman: And then, this one suggests agency-level practices and policies that could be considered and integrated into an organizational culture. And I really believe it is absolutely an essential part of building a trauma-informed community. And I think our agencies really have a moral obligation to put certain protections in place for their employees. So, again, these are all suggestions that can be found within our materials. Some of those resources are here. There is many more on our website. The Resilience Alliance outlines approaches for increasing staff resilience within child welfare agencies. That was created by our – one of our NYU (New York University) sites.

Secondary Traumatic Stress (STS) Resources

Dr. Jane Halladay Goldman: This fact sheet on secondary trauma is a nice, really basic overview of how STS impacts people that are engaged in this work, and what can be done.

Dr. Jane Halladay Goldman: And then the last thing here is a flyer, which is probably too small for you to see, but we – it is also on our website, and it is for a Webinar series that is devoted to secondary trauma. So, again, that is something that you or your staff can get CEUs for if you are in the behavioral health field.

Dr. Jane Halladay Goldman: And, we also try to incorporate ways to address secondary trauma in most of our tools for professionals. So, for example, I mentioned Think Trauma and the Child Welfare Toolkit, they both have sections that are devoted to this.

Dr. Jane Halladay Goldman: So, finally, I just want to reiterate there is many, many resources to help you do this work in your community. If you are looking for something specific or you are not sure where to start, please feel free to contact me and I will do my best to lead you in the right direction. Or you can look up your local NCTSN site, or just browse the website and the Learning Center, there is a ton there.

Dr. Jane Halladay Goldman: In addition to these resources, there is some really innovative methods of bringing key community stakeholders together and identifying the right tools and resources for your individual community, and for systems and agencies within that community, and for working together to implement them and measure their impact in really meaningful ways. So we would be happy to do our best to help you learn more about how to do that or to connect you with someone who might be able to help.

Annie Lyles: All right, Jane, thank you so much. What a wealth of information. I know folks are looking for very specific pieces of information, and I have seen some of those come in as questions. So we will let you all kind of followup with Jane on some of those specifics.

Annie Lyles: We need to close out here today, and I think one of the things that captures the conversation is that we have really transformed – trauma has transformed the discussion on violence prevention and violence in general, from reading about bad kids and sometimes even bad parents, to really understanding kind of the impact and where folks are. And this next step based on kind of the findings of both of your works is really understanding how some of this environment really makes violence [unclear audio]. And what can we do to change community environment to make them healthy? There was some discussion about mindfulness and curriculum around mindfulness. And I just challenge all of you to think about what mindfulness looks like at the community level.

Annie Lyles: Rob brought up questions about laws and policies. Samantha about policy and practice at the government level. Carmel talked about community art therapy. I think these are all the next steps.

Annie Lyles: We have a web conference at Prevention Institute coming up on looking at the business sector, and we have some links in that web links area where you can talk to us a little bit and get connected to our work. The business sector I think is a really interesting place to think about how they can help transform communities and community safety.

Annie Lyles: We also have a web conference coming up also by Kaiser Northern California looking specifically at news media and how we use news media to really be an advocate for our work in trauma and violence prevention. Very cool stuff. That is in their web links.

Annie Lyles: And the last example, I am going to close right now, is a good news example. And this is the power of a public health department. They have transformed through Parks After Dark these community parks from being something that gangs ran to something that communities all came out, 430,000 people made visits to their parks, they had a 48 percent decrease in the Parks After Dark – excuse me – decrease in violence in the Parks After Dark. In their comparison parks, they had an 18 percent increase. They made their parks a place for community resilience and community healing. They have outcomes in their health impact assessment on relationships between neighbors, about how much easier it is to get services, how safer people felt. And they showed a return on investment of $460,000 per park. It is just amazing some of the work you can do when you start measuring the outcomes from this work.

Annie Lyles: So we invite you to keep embarking on it, keep asking the hard questions. You are welcome to contact us. And, with that, and a special thanks to our amazing guests today, I am going to turn it over to Callie at OJJDP.

Callie Murray: Thank you, Annie. [overlapping comments] No, no problem at all. Thanks, Annie. And a special thanks to our presentation panel today for a really great Webinar. And thank you to everyone who attended. We hope that it was informative.

Online Evaluation

Callie Murray: We would like to get your feedback on today's Webinar. Please take 5 minutes to complete the evaluation, which will be accessible in just this couple of slides that I pull up.

Webinars on OJJDP's Online University

Callie Murray: Once again, this Webinar will be archived on OJJDP's Online University in approximately 15 business days. The recorded version as well as a transcript and PowerPoint slides, and any pertinent handouts will be posted there.

For More Information, Please Contact:

Callie Murray: For more information, you can contact OJJDP or OJJDP NTTAC. And, once again, please take a minute to complete the online evaluation. The link is there at the bottom. Once again, thank you for attending today's Webinar. Have a good day.

[End.]