Developing a Community Approach to Trauma

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Session Description

Traditional treatment in the field of traumatic stress has focused on individual care from a pathology-based perspective. Over time, this model has become less tenable and has failed to account for the wider range of the impact of traumatic stress on individuals, families, and communities. The need for community-based support for traumatized persons has become more apparent in spite of political, financial, social, and organizational challenges that can impede such programs. By implementing strategies outlined in the field of community psychology, many of these challenges can be addressed effectively and successfully. By making a commitment for planned social change based on citizen participation, networking, education and information dissemination, and alterations to public policy, a true trauma-informed community can be established to support community-based care for traumatized persons. This workshop was a primarily interactive effort to identify and clarify the process of developing a community response to trauma.

Note: What follows is an edited transcript of the session.

Community approach

Envision a community where all members are safe, healthy, cared for, and educated – including people who are documented, undocumented, visible, and invisible.

The mission in this approach is to provide everyone in the community with information on the causes and consequences of trauma, public and provider education, resource assistance, and advocacy for appropriate prevention and intervention services. It is also to effect long-term community improvement by increasing awareness of issues facing traumatized communities in order to promote healing.

Other goals in developing trauma informed-communities:
- Every citizen can give a compassionate response to a traumatized person.
- Everyone views trauma through the same lens: schools, faith communities, treatment centers, community centers, law enforcement
- The initial response to problematic behavior is: “What happened to you?” instead of “What’s wrong with you?”
People in Tarpon Springs, Florida, have been working to build this community. To recruit stakeholders, they provided short presentations on the Adverse Childhood Experiences (ACE) study to the city council and other groups in the community. By talking about ACEs, you’re not talking about the population nobody wants to discuss; you’re not talking about abuse. You’re talking about something they can understand and they can see in their lives and the lives in their loved ones. It doesn’t have a stigma; it’s data.

In developing a community approach to trauma, be prepared to talk about desired outcomes, needs, and barriers; to investigate stakeholders; to take stakeholders where you can find them; and to handle curveballs and things you didn’t know.

The question for me is: Is what we know enough? Is it up to it? I think it is, especially when we start with something as wonderfully packaged as the ACE studies. You’ve got your pitch, basically. That’s a tool to use.

Trauma-informed communities are committed to this, express it, put it out there and use a strength-based approach. Then ask: What are we good at, what can we do? How do we stop approaching care from a deprivation mentality? We’re not deprived. We’ve deprived if we say we are, if we approach life that way. So we don’t have enough money for services we need. Who said we need "services?"

A lot of us would be in services, but we had friends and family. The goal is that every citizen can give a compassionate response to everyone who is hurting. What might that be like if people gave compassionate responses instead of, Well you built your house in the hurricane zone, what did you think would happen? You built your house in the fire, burn/mud zone. What did you think would happen?

We can practice psychological universal precautions. Assume that everybody has been exposed to trauma and take a proactive stance to promote prevention and healing. We all have been. We’re not going to assume to know what the trauma is, but everybody I encounter in the community has probably been traumatized. Why not approach it that way?

What does that mean? It doesn’t mean you approach them about services, Hi, I’m sure you’ve been traumatized, let me take you down to the clinic and assess your ACEs.

But we might not make negative assumptions about the person cutting us off on highway. He might be cutting us off because having medical emergency. We want to build that awareness of trauma in the community as a whole. How’s that affecting our faith communities, how is it affecting law enforcement and how police respond to things? Who has talked to the police about any of this stuff? Who has given them a chance to think about how they are affected?

The skill set for community intervention includes:
  • political advocacy
Developing a Community Approach to Trauma (Vermilyea, Elizabeth; April 2012)

- assessment of conditions
- capacity for networking
- collaboration
- communication - verbal and written
- diversity awareness and competency
- knowledge of group dynamics
- ability to apply scientific knowledge
- ability to organize and supervise
- ability to increase and maintain a positive environment
- research skills

World Café Exercise

Note on instructions for the world café exercise:
- The room was set up with multiple tables, with 4-8 people at each table.
- Each table was given large sheets of paper and one question about developing trauma-informed communities. Each table had a different question, for a total of 6 questions.
- Each table group was invited to discuss the question for a short length of time, and write and draw their answers on the large paper.
- The speaker announced when time was up, and as a group, people moved to the next table, until everybody had gone to each table and answered each question.
- One person from each original table stayed behind as the “host,” to highlight the key points of the discussion up to that point, so each new group did not have to start over on each discussion.
- After the end of the rounds, someone from each table highlighted the answers.

What follows are the questions, instructions and organized answers from the world café exercise.

Introducing World Café Exercise

This is an interesting exercise because everybody’s got a different response, and that’s what a community does. First steps have to do with figuring out what the first steps are. You can’t just sit down and write what the first steps are. How would you know? You may not even know the community you’re working with. One goal might be that a liquor store owner wants to stop getting robbed. That’s valid. It’s not about treatment, not about care, not about identifying who needs treatment and who doesn’t, but that is certainly a by-product of what is needed in a trauma-informed community.

Question 1:
What are essential first steps to developing a trauma-informed community?
- Stakeholders (including speaker):
• Identify who really has a passion about it, what do we know, what do we know that we don’t know. What don’t we know that we don’t know?
• Reaching out to whomever else is doing this, who has expertise, perspective, experience with this? Who can support the process?
• Set small achievable goals; experience success.
• Consolidate resources; avoid overlap.
• Foster a milieu of collaboration.
• Assessment:
  • How do we capture data, how do we tell the community that this will pay for itself, that this is a better investment than what we’ve got going on?
  • Ask in the community questions about what their needs are, what are their visions for a healthy community, how they see us getting there.
  • Identify barriers.
  • Listen, listen, listen.
• Define and educate:
  • Define trauma-informed community.
  • Educate about trauma-informed care.
  • Get information out to community.
  • Raise awareness.
  • Inspire others.

Question 2: What are potential outcomes of a trauma-informed community?

• For people:
  • Longer healthier lives
  • More synergy
  • More playful
  • More laughing, more listening
  • Increased resilience, cohesion
  • Personal satisfaction
  • Increases in trust, compassion, and support of others as needed
  • Meaningful work
  • Acceptance
  • Less shame
  • Reduced stigma
  • Contagious mad love

• For the community:
  • Increase in happy, active children
  • No more bullies
  • Less fractured families
  • Less violence
  • Decrease high school dropouts, homelessness, involvement in child welfare system
  • Decreases in poverty and less income disparity
  • Reductions in issues such as alcohol and drug use
  • More access to child care
  • Increased sense of community, belonging
Reduced domestic violence/sexual assault/mental health incidences, diagnoses, victims, survivors
- Increase diversity
- Pay it forward attitude
- Equal does not necessarily mean the same
- Access to health care
- Trauma-informed news, not sensationalist
- Stronger neighborhood connections

For service systems:
- Cooperation among systems
- Reduced recidivism
- Prevention rather than reactionary measures
- Open discussions about trauma
- Decreased use of emergency room
- Less incarceration or justice system
- Increased funding
- Replication
- Changes in the legal system
- Integral and holistic service providers

Education:
- Increased standardized testing scores
- Educational success increasing

Lower dependency on foreign oil
No more war on the face of the earth
The Diagnostic and Statistical Manual of Mental Disorders (DSM) (which is used to diagnose mental illness) will turn more into pamphlet

Question 3:
What essential needs/populations must be served in a trauma-informed community?

Populations:
- All populations; want to be as inclusive as possible
- Everyone is welcome, everyone is accepted and loved
- Whole village, gather everyone together
- We’ve all experienced many different things, we have things in common
- Focus on vulnerable
- Going to people seen as invisible, oppressed
- Even the people who are so marginalized that they are potentially a victim group as well; trauma knows no boundaries
- Gay, lesbian, bisexual, transgender
- Military
- Elderly
- Minorities
- People with disabilities
- Divorced family
• Physicians and clinicians
• Those who hurt
• Those who are hurt
• Red and blue and everyone along the political spectrum

Needs:
• Safe, affordable, or subsidized healthcare
• Spiritual
• Culturally inclusive, competent community
• Resources
• Policy and laws
• Coordination and communication across systems
• (First provide) food, sleep and talk (to victims)
• Maslow’s hierarchy, the pyramid – with basic needs, etc., on the bottom, relationships on top
• Flowers
• Belonging needs
• Love
• Kindness
• Compassion
• Kumbaya
• World peace
• Understanding and education
• Watch out for unintended consequences
• Everyone’s needs are important, don’t make assumptions, ask.

Question 4:  
Who are essential stakeholders? How would they be recruited?
• Every single community member
• Medical
• Law enforcement
• Mental health
• Funders
• Nonprofit
• Local business owners
• Insurance companies
• Tax payers
• Elected officials
• Housing authorities
• Recovery community
• Pets and animals
• Musicians
• Artists
• Landlords
• Juvenile probation system
• Criminal court system
• Media
• Schools
• Recruit with: Food, money

Question 5:
What are potential barriers to developing a trauma-informed community?
• Resistance, denial, and avoidance
• No one likes to talk about trauma
• Nobody likes changes
• Fear
• Too overwhelmed by own trauma
• (Lack of) common vocabulary of trauma and how impacts everyone
• Size of the infrastructure, funding
• Agencies have different disciplines
• Getting people to the table
• Overcoming political agendas
• Capitalism
• Realism
• Politics
• Apathy
• U.S. culture of reaction: Waits until disaster to react
• Ignorance
• Institutional ignorance
• Lack of commitment
• Lack of open minds
• Lack of follow through
• Fear of taking funds from protection and spending it on prevention
• Enormity of problem itself
• Innate ability to focus on self-interest
• Training that substance abuse is separate from mental health is separate from services
• Money is tied to sickness and badness instead of strengths, health, and goodness
• Scarcity mentality
• White privilege
• Male privilege
• Some people may not recognize they were victimized, so lack of awareness, lack of trust

Question 6:
What other questions should we be asking about trauma-informed communities?
• Bring in: poverty, healthcare, homelessness, employment, transportation, caregiver support
• How to decrease trauma and burnout
• How to build social change
• How to build community investments
• Increase kindness, compassion
• How to measure change. The shift can take a long time.
• How to organizing perspective and flexibility
• Open hearts: how to show what’s in it for the people
• How does work reflect survivors’ need of support?
• How to get out of deficit mindset and be strength based
• Services for perpetrators
• Are those who traumatize others capable of healing change?
• Keeping culture in mind; are we judging others’ traditional cultural practices?
• How do we avoid labels?
• Who pays for this? How much does it cost? How do we get funding?
• How do we get the word out?
• What do we do with and how do we deal with the people how don’t care?
• How prioritize?
• What are community values?
• What are unintended consequences?
• What is long-term impact?
• How does anti-oppression work and fit into trauma-informed communities?

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