

TRAUMA-INFORMED PUBLIC POLICY

Why do we need it and how can it be created?

Introduction

We began this process by investigating some of the causes of and issues faced by the chronic street homeless community in Philadelphia. What we found through countless hours of research, a dozen expert interviews and two focus groups was that many of the root causes of homelessness and poverty necessitate public policy solutions. Our goal is to see a city that is committed to the implementation of policies that recognize the complex stressors Philadelphians face everyday.

From behavioral health agencies to charter schools to homeless shelters, organizations are using trauma-informed principles to inform their organizational policies and procedures. These principles have been proven to be very important to health and human services groups and using these principles on a daily basis with consumers and students can help to alleviate much of the trauma faced by vulnerable populations. However, we believe that these principles can have a broader impact if they are instituted in policies that have not yet been touched by this perspective. In doing so, we hope to build a trauma-informed city in full.

What is Trauma?

Trauma occurs when a person's internal and external resources are inadequate to cope with an external threat. This imbalance occurs during the experiencing, witnessing, or anticipating of said threat and proceeds to cause damaging biological effects that can express themselves in negative ways throughout the life course (Kluft, Bloom & Kinzie, 2000). Effects typically vary based on the person, but the compounding of traumatic stress can lead to abnormal brain development and harmful alterations in a person's physical, social, emotional, and spiritual well-being.

Experiencing a traumatic event critically impacts the body and brain by altering an individual's stress response mechanisms. Research has shown that exposure to trauma can affect brain development and the autoimmune system. The Adverse Childhood Experience (ACE) study conducted from 1995-1997 found that individuals with high levels of trauma in their childhoods are significantly more likely to have poor mental and physical health outcomes in adulthood (Felitti et al., 1998).

What is resilience?

Resilience is a person's capacity to rise above difficult situations while moving forward with courage and optimism. Research has shown that resilience can be fostered through strong, positive relationships, which can help to both heal from past traumatic experiences and to protect against future ones. Further, having access to resources cultivates one's level of resilience (DBHIDS, 2013). Public policy can increase an individual's resilience using these tools of positive relationships and increased access.

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What does it mean to be “trauma-informed”?

To be “trauma-informed” involves a number of key elements that focus on connection, communication, and healing. At its core, the trauma-informed approach asks, “what happened to you?” rather than “what is wrong with you?” It connects a person’s behavior to their trauma response rather than isolating their actions to the current circumstances and assuming a personality flaw.

Ten Key Trauma-Informed Principles:

1. **Safety:** staff and the consumers feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety
2. **Trustworthiness and transparency:** organizational operations/decisions are conducted with transparency building and maintaining trust among staff, consumers and family members of consumers
3. **Collaboration and mutuality:** true partnering and leveling of power differences between staff and consumers and among organizational staff from direct care staff to administrators; health happens in relationships and the sharing of power and decision-making
4. **Empowerment:** throughout the organization and among consumers, strengths are recognized, built on, and validated and new skills developed as necessary
5. **Voice and choice:** the organization aims to strengthen the staff’s, consumers’, and family members’ experience of choice
6. **Peer support and mutual self-help:** are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment
7. **Resilience and strengths based:** a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma
8. **Inclusiveness and shared purpose:** the organization recognizes that everyone has a role to play in a trauma-informed approach
9. **Cultural, historical and gender issues:** the organization addresses cultural, historical, and gender issues; the organization actively moves past cultural stereotypes and biases offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma
10. **Change process:** is conscious, intentional and ongoing; the organization strives to become a learning community, constantly responding to new knowledge and developments

(SAMHSA, 2014)

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How does this apply to public policy?

The destructive effects that trauma has on both physical and mental health are pervasive in our communities. To address this serious public health issue, broad-based solutions are necessary to both prevent and alleviate the trauma that so many people face. Public policy is integral in shaping how health and human services are provided to a population. It determines allocation of funds and direction of regulation, making it a necessary piece in building an equitable and cost efficient structure. As behavioral health organizations move to incorporate trauma-informed practices into their systems and procedures, public policy could serve as the motivating force in promoting more widespread resiliency and healing.

Currently, many of the City of Philadelphia's policies are out-of-sync with a trauma-informed approach, as many services provided through city government do not address the problem of trauma in our communities. Nationally, the estimated cost to the healthcare system that can be attributed to interpersonal violence and abuses ranges from \$333 to \$750 billion every year. This accounts from anywhere from 17 percent to 37.5 percent of total healthcare expenditures (Dolezl, McCollum and Callahan, 2009). In a city where nearly 40 percent of residents report four or more adverse childhood experiences (ACEs), enacting trauma-informed policies on an institutional level is essential to building strong communities (Institute for Safe Families, 2013). A trauma-informed approach could help to utilize funds more efficiently to minimize trauma and to help individuals develop healthy coping mechanisms, thus reducing their need for physical and behavioral healthcare.

Though Philadelphia may struggle to meet the needs of its citizens, there is a strong infrastructure here to build out these principles to become among the first trauma-informed cities. With individuals like Dr. Sandra Bloom, Steve Berkowitz and Joel Fein building a strong network of ACE advocates, and organizations like the Children's Crisis Treatment Center, Multiplying Connections and the Center for Nonviolence and Social Justice, Philadelphia is uniquely positioned to develop citywide policies that can positively impact our community.

Public policy is typically written to be broad, without clear trauma-inducing implications. However, the implementation of these policies can, and often do, fall short of the initial intent of the law, creating a disconnect in the way citizens experience government services.

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How do you create a system to implement trauma-informed policies?

Maxine Harris, PhD and Roger Fallot, PhD developed the following areas that organizations should focus on in their journeys to becoming trauma-informed:

1. **Administrative Commitment:** Leadership must support a lasting commitment to trauma-informed services and approaches, which should be reflected in a policy statement and/or an revision of the organization's mission statement. Further, staff and participants should be encouraged to establish a "change team," whose work will be specifically devoted to helping the organization become trauma-informed.
2. **Training:** All staff should be trained in how to deliver trauma-informed services. Such training should include consumers who are willing to discuss their own trauma histories in order to give staff context.
3. **Hiring and Human Resource Practices:** New hires should have an awareness of how trauma impacts individuals, if they have not experienced trauma themselves. Human resources should also be careful to acknowledge the existence of secondary trauma on staff members and incorporate policies that alleviate its burden.
4. **Policies and Service Delivery Practices:** All organizational policies must be reviewed and revised to reflect the new trauma-informed approach. Systems must be set in place for future policies to be reviewed utilizing a trauma-informed lens. Policies should be widely implemented as to positively impact the largest amount of consumers.

(Harris & Fallot, 2001)

Similar tactics should be applied to developing public policies and supporting the implementation of said policies. The Anna Institute has also set forth guidelines for implementing trauma-informed care in an organization. The following issues must be addressed in the implementation of a policy:

1. Ensuring physical and emotional safety.
2. Maximizing trustworthiness through task clarity, consistency and interpersonal boundaries.
3. Maximizing consumer choice and control.
4. Maximizing communication and sharing power.
5. Prioritizing empowerment and skill-building.

(The Anna Institute)

Conclusion

In striving to look at all public policies through a trauma-informed lens, governments at all levels can work to minimize the emotional and physical trauma experienced by citizens and help to develop resilient communities.

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