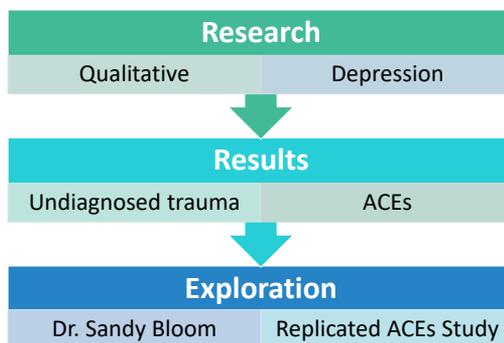


Started our journey with understanding trauma, ACEs its impact on health
Sanctuary and the healing process



Why is it relevant to address trauma and ACEs?



Trauma

Occurs when a person experiences an event, series of events, or set of circumstances that is overwhelming, usually life-threatening, terrifying, or horrifying in the face of helplessness (Center for Healthcare Strategies, 2017)

It is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(Substance Abuse and Mental Health Services Administration (SAMSHA), 2014)

Trauma

Acute trauma: a single event that is time-limited (e.g., job loss, injury accident, pregnancy loss, sudden death of a loved one, assault, divorce).

Complex trauma: exposure to multiple traumas that are often invasive or interpersonal and have wide-ranging, long-term impact.

Intergenerational: happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next.

Historical: occurs in history to a specific group of people causing emotional and mental wounding both during their lives and to the generations that follow.

System-induced trauma: when systems designed to help trauma victims inflict trauma or re-traumatize people (e.g., unjust policies, racial/cultural bias, invasive procedures, harmful practices)

Trauma Affects All Aspects of Life

- Trauma changes the actual structure of the brain (especially in very young children).
- It also changes the way the brain works.
- It results in problems with an individual's social life, ability to think clearly, and with emotional control.
- Following trauma, people often adopt health risk behaviors to cope, like eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, and violence.
- People with trauma also die at a younger age.

Trauma can occur at any age.

Trauma can effect any:

- race
- gender
- ethnicity
- socio-economic group
- community
- workforce



The Relationship of Adverse Childhood Experiences to Adult Health Status

Childhood exposure to abuse, neglect and toxic stress impact adult health and well-being

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.

Study method

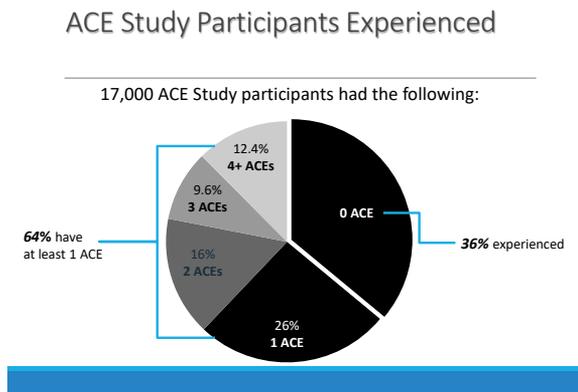
17,421 members of the Kaiser Health Plan in San Diego County from 1995-1997

Confidential survey asking questions about childhood trauma and current health status and behaviors combined with physical examination

Demographics:

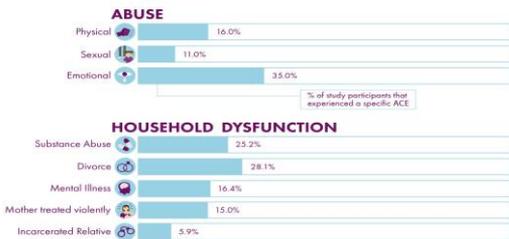
- primary care setting
- educated
- middle class
- predominantly white

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	



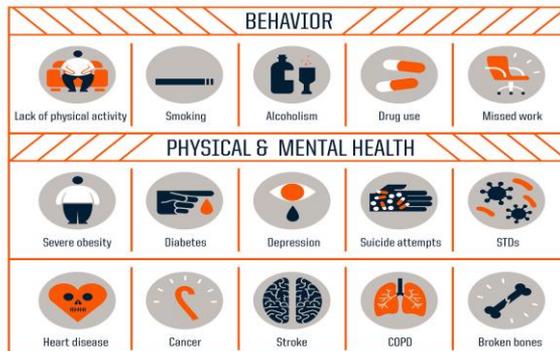
How Prevalent are ACEs?

The ACE Study revealed the following estimates:



National 2010 Behavioral Risk Factor Surveillance System (BRFSS)

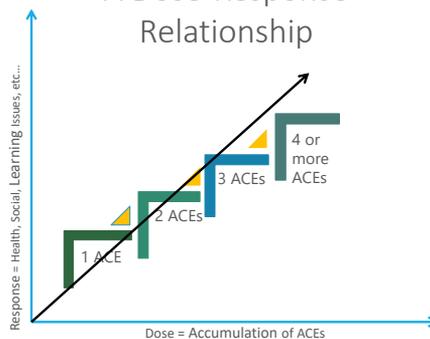
The Impact of ACEs



Outcomes Associated with Adverse Childhood Experiences: A Life Course Perspective



A Dose-Response Relationship



ACE score of 4 or more may result in multiple risk factors for these diseases or the disease themselves

ACE score of 6 or more may result in a **20 year decrease** in life expectancy (The Burke Foundation, 2019).



Original Study vs 11th St Results

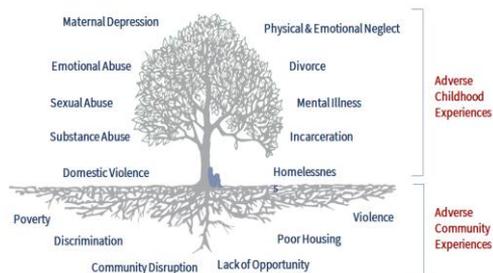
Number of Adverse Childhood Experiences (ACE Score)	Women		Men		Total	
	11 th Street Patients	Original Study	11 th Street Patients	Original Study	11 th Street Patients	Original Study
0	6.8%	34.5%	3.9%	38.0%	6.3%	36.1%
1	12.5%	24.5%	9.9%	27.9%	12.0%	26.0%
2	18.5%	15.5%	14.5%	16.4%	17.8%	15.9%
3	14.6%	10.3%	16.4%	8.6%	14.9%	9.5%
4 or more	47.5%	15.2%	55.3%	9.2%	49.0%	12.5%

Philadelphia ACE Study Questions

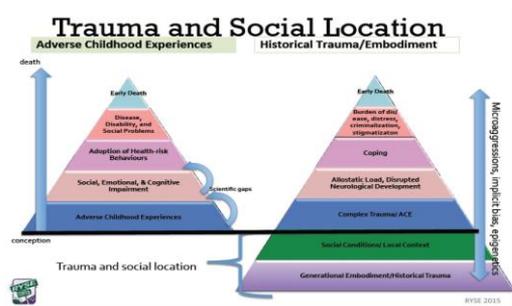
CONVENTIONAL ACES	EXPANDED ACES
Physical Abuse	Witnessing Violence
Emotional Abuse	Living in Unsafe Neighborhoods
Sexual Abuse	Experiencing Racism
Emotional Neglect	Living in Foster Care
Physical Neglect	Experiencing Bullying
Domestic Violence	
Household Substance Abuse	
Incarcerated Care Provider	
Mental Illness in the Home	

Many Types of ACEs

The are many types of trauma other than abuse, neglect, and household dysfunction.



Lifetime Influence of ACEs



ACE STUDY PROVIDES A PARADIGM SHIFT



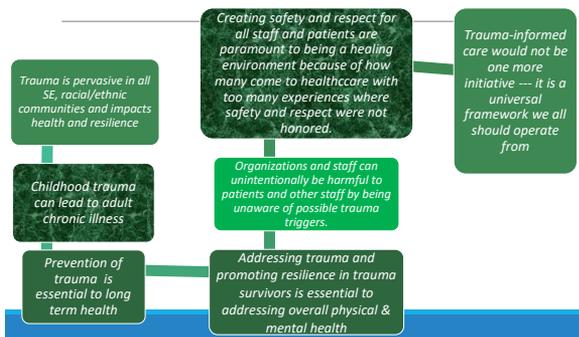
EDUCATING PEOPLE ABOUT ACES SCIENCE....

KNOWING ABOUT ACES CHANGES WHAT PEOPLE BELIEVE ABOUT THEMSELVES

- Engages people and helps them understand their own lives and behavior.
- Empowers people.
- Changes their understanding of others' behavior.
- Opens a channel for them to tell you what they need.
- They weren't born bad.
- They weren't responsible for the things that happened to them when they were children.
- They coped appropriately, given that they were offered no other ways – it kept them alive.
- They can change.



Why implement Trauma-Informed Care



Understanding The Impact of Trauma & Creating Sanctuary

- Staff Training on Trauma
- Impact of Stress on our systems, such as parallel process
- Recognizing traumatic reenactment
- Identifying collective disturbance
- Understanding vicarious trauma

Implementing Sanctuary at 11th Street



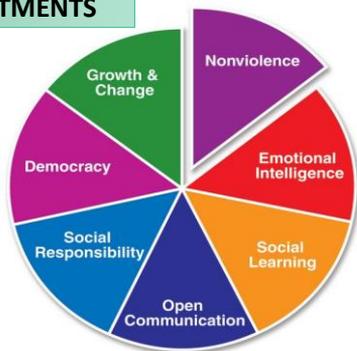
Sanctuary



- Guides the way we provide healing to clients and those who we partner with in care
- Sanctuary is a shared experience of creating physical, psychological, social, and moral safety within a social environment
- Applies to everyone in the organization

Everyone in a Sanctuary community recognizes that "hurt people hurt people" and that therefore, creating and sustaining a just environment is vital to everyone's safety and well-being

SANCTUARY COMMITMENTS



S.E.L.F

- S – Safety (physical, psychological, social,
- E – Emotional management (for everyone)
- L – Loss (abuse, neglect, separation, get
- F – Future (how can things get better?)

**4 steps that guide staff in an organization to work and creates a common language among staff, & individuals to help with communication and creates a mutual understanding.*



Parallel Process and Collective Disturbance

- Organizations are living, growing, changing systems
 - It is as susceptible to stress, strain and trauma as the individuals who live and work in the organization.
 - Parallel process- the level of safety, stress, and trauma at the highest levels of the organization can directly reflect the level of safety, stress, and trauma at the level of the individual programs/clinical departments.

- Collective disturbance: a manifestation of the parallel process.
 - A strong emotion becomes disconnected from its original source; it attaches to unrelated events or interactions.
 - It arises when an individual/group of people have a strong feeling about something, but do not connect the feeling to the original cause.

GOAL- connect feelings to the correct cause, they can then move on and be clear about their work.

Appearance of Parallel Process and Collective Disturbance

Clients	Staff	Organization
Feel unsafe	Feel unsafe	Is unsafe
Angry/aggressive	Angry/aggressive	Punitive
Helpless	Helpless	Stuck
Hopeless	Hopeless	Missionless
Hyperaroused	Hyperaroused	Crisis driven
Fragmented	Fragmented	Fragmented
Overwhelmed	Overwhelmed	Overwhelmed
Confused	Confused	Valueless
Depressed	Demoralized	Directionless

The Sanctuary Tools



The Tool Kit

- Community meetings
- Red Flag Meetings
- Safety Plans
- Self Care Plan

Implementation

- Buy in! –Preliminary work supported foundational learning and support. Steering committee, core team- representation from all levels of the organization
- Organization –wide communication about 11th sts commitment to becoming a trauma-informed healing organization; highlighted operationalization of plan, shifted towards creating the culture we want.
- Training/education for staff in all departments across all levels; monthly workshops, all staff and management meetings to support skill building; educated CAC members, engaged in regional local meetings together.
- Changes in policies and practices with integration of new cultural standards; started Undoing Racism; environmental messaging/posters
- Ongoing assessment and evaluation; ProQol, formal and informal
- Mindfulness to deepen trauma-informed work and now using an antiracist lens to further our efforts.

Challenges, problem-solving and current status of operationalizing the Sanctuary model





OBSTACLE

- Resistance to change, the status quo is known
- Trust/retribution
- Fear of opening pandora's box
- Productivity /time release for education/training



PROBLEM-SOLVING

- Core group of champions
- Open communication
- Living the commitments
- Education; recognizing our model of care as an asset; a lot of discussion, support, and modelling of behavior
- Organizational commitment; every month each staff member has 2 hrs time

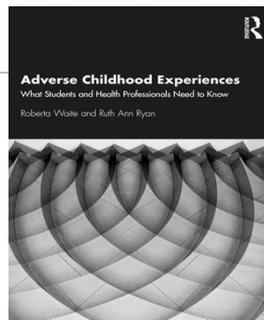


Current Status

September 2017



- Changed names of tools to terms that resonate more with staff
- Co-leading (staff and community member) psychosocial educational groups for community members on trauma, resilience, ACEs and healing practices
- Funded by Center for Healthcare Strategies: Trauma-Informed Care through Antiracist Practices and Collective Healing (2019-2021)



References

Miles, S., Sakuma, M., Park, S., Kim, A. T., & H. Y. (2018). *Sanctuary: A Model for the provision of human care - identification of evidence and associated benefits*. *Sanctuary Report*, 8, 1599. <http://lib.ogp.org/urn:nbn:de:hbz:5:1-53001-p0101-1>

Abulali, D. (2017). *Understanding the Mechanisms Underlying Brain Plasticity in Adult Trauma*. University of Waterloo, Canada. Retrieved from https://wspace.uwaterloo.ca/abulali/wordpress/wp-content/uploads/2017/02/Abulali_Diana.pdf

Ahalla, A., Tesi, A., Prati, F., & Pietro, A. (2017). Social dominance and interpersonal power: Asymmetrical relationships within hierarchy-enhancing and hierarchy-attenuating work environments. *Journal of Applied Social Psychology*, 48(1). <https://doi.org/10.1111/jasp.12448>

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. 5. Washington, DC: American Psychiatric Press.

Anasari, S. (2016). Building resilience during life stages: Current status and strategies. *International Journal of Humanities and Social Science*, 6(3), 1-9.

Becker-Beasas, K. (2017). As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation*, 18(2), 131-138. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/15247330.2017.1324814>

Blainberg, J., Garcia, C., Henley, C., Lin, A., Martinez, B., Weiler, A. (2015). Adverse childhood experiences, trauma informed care and resilience: Findings, policies and assessments. Retrieved from <http://www.welp.org/uchh/wp-content/uploads/2015/08/ACEs-County-Data-Report.pdf>

Bloom, S & Faragher, B. (2013). *Restoring Sanctuary: A new operating system for trauma informed systems of care*, Oxford University Press

Burke Harris, N. (2017) *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*

Center for Healthcare Strategies. (2017). Retrieved from <https://www.chcs.org/media/Fact-Sheet-Understanding-Effects-of-Trauma.pdf>

Klangel, T., Pape, J., Binder, E., & Mehta, D. (2014). The role of DNA methylation in stress-related psychiatric disorders. *Neuropharmacology*, 80, 115-132.

Margulies, K., Kazam-Adams, N., Thomson, S., & Orr, M. (2016). Prevention and public health approaches to trauma and traumatic stress: A rationale and a call to action. *European Journal of Psychotraumatology*, 7, 1-8. Retrieved from <http://www.ejop.psychopen.com/docView/1452102817.201715>

Nixon, L., Somi, A., Meisk, P., Dorfman, L., & Quintero, F. (2015). Talking about trauma. *Brief*. Retrieved from http://www.brief.org/sites/default/files/brmg_talking_about_trauma_news_analysis2015.pdf

SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration

Smith, C. A., Park, A., Ireland, T. O., Elyan, L., & Thornberry, T. (2013). Long-term outcomes of young adults exposed to maltreatment: the role of educational experiences in promoting resilience to crime and violence in early adulthood. *Journal of Interpersonal Violence*, 28(1), 124-136.

The Burke Foundation. (2018). Adverse childhood experiences. Retrieved from <https://burkefoundation.org/what-drives-us/adverse-childhood-experiences-aces/>

