

The Fourth Annual
Social Determinants of Health Symposium

Healing Together: Community-Level Trauma
Its Causes, Consequences and Solutions

Lessons Learned and the Path Forward



The Fourth Annual Social Determinants of Health Symposium: “Healing Together: Community-Level Trauma— Its Causes, Consequences and Solutions”

On April 20, 2015, the Johns Hopkins University Office of the Provost and the Urban Health Institute presented its fourth annual Social Determinants of Health Symposium. As had been the practice for the first three symposia, the focus of this year’s symposium was determined following a series of conversations with people and organizations throughout Baltimore and at Johns Hopkins University.

Nearly 800 people from Baltimore, across Maryland and beyond registered to attend the symposium, a record number. Participants included faculty, staff and students (from Johns Hopkins University as well as other local colleges and universities), leaders from city and state government, community residents, clinicians, service providers and representatives of community organizations. There were teachers and students from Baltimore city schools, as well as health care providers and members of the faith community. All were united in their desire to heal Baltimore’s wounds—its traumatized children, families and neighborhoods.

It was a remarkable day, in which descriptions of research and evidence-based programs were woven together with personal stories to offer a vision of Baltimore in which people live—year after year, generation after generation—in what many described as a war zone created by persistent, intergenerational poverty and relentless violence. This is a world in which children are traumatized by the fear of violence present even in walking to school, a world where teenagers reflect a hopelessness and lack of trust in any institution—home, school, police or government.

Even against this backdrop, the overarching take-away message from the symposium was one of *hope*: Systems can change. Trauma can be addressed. Children and families can learn resilience. Communities can heal. This message, shared in the wake of Freddie Gray’s death, offered both encouragement and a challenge.

Speakers ranged from National Book Award-winning author Jonathan Kozol, who has devoted a lifetime to observing and improving our nation’s educational system, to Sam Abed, Secretary of the Maryland Department of Juvenile Services, who talked about the challenge to create “accountability without criminalization.” They included Harvard analyst and policy expert Susan Cole, who emphasized the importance of advocating for trauma-sensitive schools in education reform, and communications expert Ivan Juzang, who spoke eloquently about the importance of taking community perceptions and culture into consideration when building trust.

Baltimore’s youth were the focus of many of the day’s discussions and recommendations, but they also were powerfully present on the agenda. Three spoken word performers, including the new Baltimore Poet Laureate, Derek Ebert, shared their visions of living with trauma. “I’ve learned you can’t break the rock,” said poet Khadijah Butler. “You have to get strong enough to lift the rock.”

What follows is a summary of lessons learned, challenges shared and recommendations for transformation in three areas: Baltimore schools, city-wide systems (including police and the courts), and health care. Speakers at the symposium also shared success stories from Baltimore and other cities, as possible models for local communities to consider.

What is Trauma?

There are many definitions of trauma. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma refers to experiences that cause intense physical and psychological stress reactions. One way of thinking about trauma is to consider adverse childhood experiences, or ACEs. Clinicians use a 10-question test about childhood experiences of abuse, neglect, loss, violence and mental illness to evaluate trauma. The greater the number of ACEs in a person's history, the greater the potential trauma. Another way to view trauma is to say that people experience trauma when they come face-to-face with the capacity for evil and must adjust their worldview to include this new reality.

Dr. James Garbarino described three types of trauma. Type 1 is caused by a single disruptive event, such as the attacks that occurred on 9/11. Type 2 trauma is the experience of repeated, multiple incidents of trauma. Type 3 trauma is pervasive, severe trauma in which the victim experiences violence throughout early childhood, brought

about by living in an abusive home or violent neighborhood. Garbarino noted that Type 3 trauma characterizes the experiences of the murderers he has interviewed:

"It is rare that I interview somebody who has been involved with a murder who has an ACE score less than 8 or 9 or 10 [10 is the maximum]. In fact, one of the things I've come to see is that the best first hypothesis in thinking about killers is ... to think that what you are looking at is an untreated traumatized child who inhabits and controls a scary man."

Dr. Philip Leaf, UHI senior associate director and professor in the Department of Mental Health, suggested that there is a fourth level of trauma: trauma that has been so pervasive, for so long, that it is handed down through several generations, causing social structures to break down under its weight.

"In Baltimore, we have a lot of really hurt people. They are not necessarily going to be crying in public, but they are really hurting and they are people's nephews, nieces, sons, grandchildren. They are the people you work with. They are in our churches."

"African Americans in Baltimore are not disordered. It is that the illusion of safety is not an illusion that they can afford to have."

- James Garbarino, MD, Loyola University, Chicago

Trauma-Sensitive Schools

Dr. Christopher Blodgett of the Child and Family Research Center at Washington State University said that a recent study conducted by the center found that 60 percent of children reported experiencing at least one form of violence. However, less than half of the incidents were reported to a professional. Of those children who told someone, 75 percent told a teacher or someone else in the child's school.

Educators have an opportunity every day to heal children, changing the trajectory of their lives. But in order to do so, experts said, they and their schools must become informed about trauma and committed to creating trauma-sensitive environments.

“Students will come to you with trauma or adults will come to you with trauma, and there are many times where teachers say ‘What do we do next?’ One of the things that will really help is opening your door as a school or an organization – seek help.”

– Godwin Higa, principal of Cherokee Point Elementary School

Lessons Learned

- Trauma affects the ability to learn as well as to form healthy relationships and to function in society.
- Early education programs are critically important in preventing and treating traumatic stress; their support should not be dependent on fluctuating school and state budgets.
- Teachers and all adults in a school can play critical roles in helping students heal from trauma, if they—and their schools—are sensitive and trained to recognize trauma and respond appropriately.
- In order to heal, traumatized children need an environment that offers compassion, respect, safety and predictability. Positive routines and rituals are key to creating a safe environment.
- School-based mindfulness programs build resilience and strengthen a child's ability to cope with negative experiences and emotions.



Challenges

- The poorest children in our country—and their parents—are under chronic stress due to persistent poverty, exposure to violence, discrimination and the lack of resources available to their communities.
- Parents are often unable to meet the needs of their children, despite a willingness and desire to do so. Schools can play a critical role in supporting and educating them.
- Half of all children do not attend preschool and receive no early education, leaving them unprepared for the demands of school, and in particular, for the testing environment of today's schools.
- Trauma is common, but manifests differently in each child. It is equally likely for a student to use perfectionism to cope with trauma as it is for them to be disruptive. Many children who desperately need treatment for trauma will not receive it, because their teachers are not trained to recognize it.
- Unidentified, untreated trauma has lifelong consequences for physical and mental health, as well as for the ability of students to achieve their full potential.
- Children are re-traumatized in environments that punish them for behaviors that stem from traumatic experiences.
- Obsessive testing models lead to stress for students and teachers and eliminates opportunities to strengthen the teacher-student bond and to allow students to share their stories.

“The teacher is a precious resource in uncovering the secret grief that students hold within their hearts.”

*– Jonathan Kozol,
National Book Award-winning author*

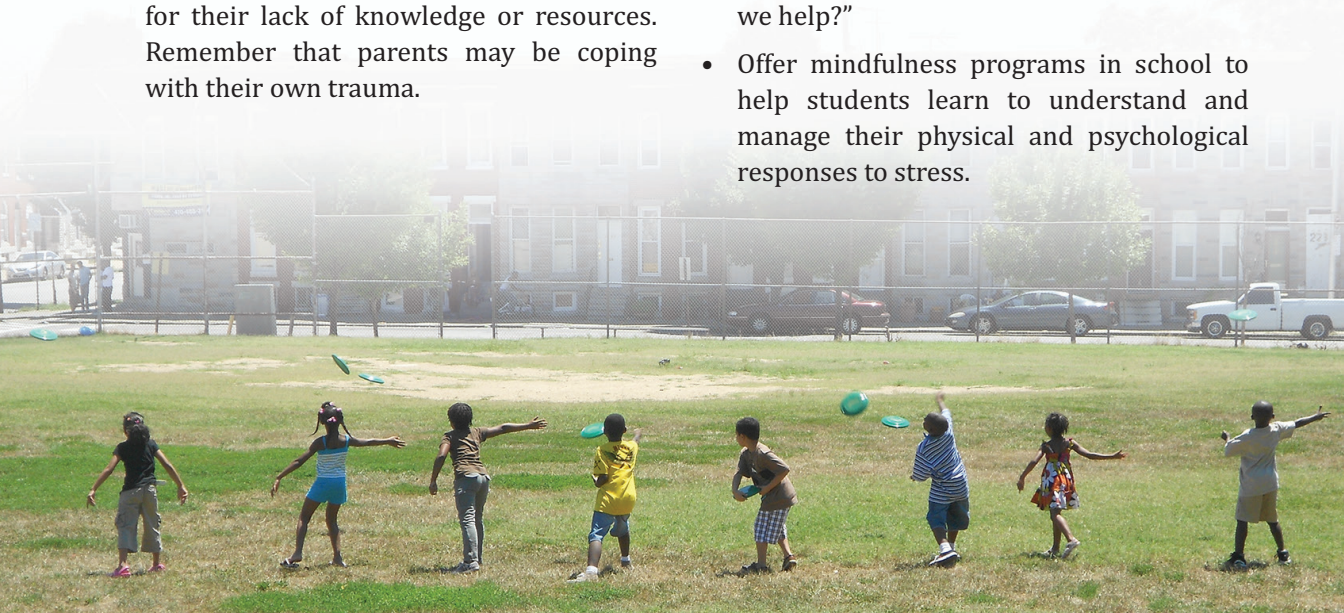


“No two children, not even from the same family, respond to trauma in the same way.”

– Susan Cole, Trauma and Learning Policy Initiative, Harvard Law School

Recommendations

- Provide preschool and early education opportunities for all children.
- Reconsider the testing model for education in favor of one that offers teachers more time for listening and exploring with students.
- Include wraparound services (physical health, mental health, social and legal services) in pre-K education and provide parenting skills training and counseling for parents, rather than castigating them for their lack of knowledge or resources. Remember that parents may be coping with their own trauma.
- Train teachers to recognize the full spectrum of responses to trauma, in order to support students adequately.
- Provide a school environment that is safe, predictable, compassionate and respectful. Remember that children, in particular, thrive in response to routines and rituals that are positive.
- Avoid being punitive and shift the dialogue from “What is wrong with this child” to “What happened to this child, and how can we help?”
- Offer mindfulness programs in school to help students learn to understand and manage their physical and psychological responses to stress.



Success Stories

CHEROKEE POINT ELEMENTARY SCHOOL, SAN DIEGO

Principal Godwin Higa described the transformation of Cherokee Point, a Title I school that serves children beginning at three years of age and continuing through the fifth grade. The majority of students live below the poverty line, many in households where domestic violence occurs. For the majority, English is their second language. Higa's goal was to instill hope in these children by creating a safe space for them in a trauma-sensitive school. He worked to shift the climate of Cherokee Point to one of mutual respect between teachers and students. For two years in a row, Cherokee Point has had no suspensions.

www.Sandi.net/CherokeePoint

STRUCTURED PSYCHOTHERAPY FOR ADOLESCENTS RESPONDING TO CHRONIC STRESS (SPARCS), MULTIPLE SITES

SPARCS is a national program for adolescents that involves 12 guided meetings during the school day in which students are taught mindfulness strategies by a mental health professional and a young adult from their community. A SPARCS pilot study found that after the program, students were better able to regulate their emotions, more successful in their coursework, more socially competent and less disruptive in class.

www.SparcsTraining.com

HOLISTIC LIFE FOUNDATION (HLF), BALTIMORE

HLF promotes mindfulness by teaching yoga and meditation to Baltimore youth, with a focus on reducing stress. HLF aims to equip young people with skills that they can access in high-stress situations to alleviate anxiety in a healthy and rational way. A study of HLF's impact at Patterson High School showed a reduction in suspensions and increased academic performance.

www.HLFinc.org



Trauma-Informed Systems: Police, the Community and the Courts

Systems that fail to acknowledge and heal trauma can create further trauma, destroying trust between communities and the institutions charged with serving them. Youth, for example, often have experienced severe trauma before committing a crime that brings them into contact with the criminal justice system. If the system doesn't have the means to address this reality, the result often will be further traumatization.

Sometimes the first step in building a trauma-informed system is addressing the trauma experienced by its members. Like all of us, police enter their profession with a personal biography that often includes exposure to trauma in childhood. Compounding that, police often experience trauma due to the violence and stress encountered in their jobs. They cannot be expected to approach their jobs, or community members, with any degree of sensitivity until they understand the role of trauma in their own lives.

Speakers emphasized the importance of listening and approaching the community with relationship building in mind.

Lessons Learned

- Institutions that interact with the community must address the trauma experienced by their own employees before they can effectively address trauma in the people they serve.
- When children and youth are held accountable for their behavior in alternative disciplinary settings that avoid courts and incarceration, it is possible to protect public safety and address issues of trauma in both the child and the crime victim.
- Building trust between police and community residents (or between any institution and the community) takes time and respect and requires long-term, authentic relationship building.



Challenges

- Stress is a major problem for police officers. Police burnout, traumatization and failure to respond appropriately to community trauma are all related to stress.
- One of the frequent ways traumatized children “manage” their distress is by acting out, sometimes violently. Children — and especially poor children — end up in the criminal justice system when they (and society) would be better served by receiving treatment for trauma from the social service and mental health systems.
- When organizations serve themselves, rather than the community, trust is broken. Pastor Dittman noted that local organizations, institutions and researchers often approach the community with their own needs and agendas, rather than focusing on the community’s needs.
- Communities in which trauma is widespread, constant and sustained over generations find it difficult to accept help or believe that anyone cares about them.



*“When will I be given my rights instead of having them read to me?
When will we be part of the movement and not the moment?”*

– Derick Ebert, Baltimore Poet Laureate

Recommendations

- Provide psychological counseling and a peer-review process for police officers.
- Educate police officers about mental health issues and how they contribute to community-level trauma.
- Increase police officers' accountability to the community through honest dialogue and positive interactions.
- Reduce the number of referrals to the court system, diverting children instead to social services.
- Develop objective tools to combat racial and ethnic bias in the system that currently disproportionately diverts poor ethnic minority children to the criminal justice system and higher income white youth to mental health services.
- Engage families in the criminal justice system and help them to become better advocates for their children.
- Approach the community with a “listening heart” when seeking partners and be willing to spend the necessary time to build real relationships.

“Building trust takes time. It takes building relationships.”

*– Pastor Gary Dittman,
Amazing Grace Lutheran Church*



“You can have 14-year-old kids being charged as adults and being treated as adults in the criminal justice system—with brains that can’t comprehend what is going on.”

– Sam Abed, Secretary of the Maryland Department of Juvenile Services

Success Stories

COMMUNITY CONFERENCING, MARYLAND

Community Conferencing is an alternative to court for young offenders, created by the Maryland Department of Juvenile Services. It brings together the child, their family, and the crime victim to discuss the incident and identify a list of action items for the child. Secretary Sam Abed reported that when children are given the opportunity to apologize to the victim, more than 90 percent of the children comply with the proposed action items, and the crime victim is often satisfied without court involvement.

[www.CommunityConferencing.org/
index.php/programs/juvenile_justice/](http://www.CommunityConferencing.org/index.php/programs/juvenile_justice/)

AMAZING GRACE LUTHERAN CHURCH AND CENTER FOR GRACEFUL LIVING, BALTIMORE

Amazing Grace Lutheran Church strives to be a listening presence in the community and a place where everyone is welcome. Its Center for Graceful Living offers courses in group acupuncture, mindfulness meditation, creative writing, martial arts and storytelling. The church also strives to meet the community's basic needs through their food pantry and community garden.

www.AmazingGraceLutheran.org



Trauma-Informed Clinical and Support Services

Life in urban poor communities is characterized by instability, immense burdens of daily stressors and multiple forms of trauma. Surrounded by threats that are unpredictable, uncontrollable, and dangerous, many families and communities experience trauma that is continuous and incessant. Evidence clearly shows that adverse childhood events (ACEs) impair health and development, but research also demonstrates that children have a remarkable ability to develop resiliency. Although providers and systems often buy into the pervasive notion that trauma is inevitable, speakers suggested that family interventions can build the resiliency children need to thrive after ACEs. A web of services, operating in multiple settings and at multiple levels, can best address this complex community-level trauma.

Lessons Learned

- Trauma, whether caused by poverty, abuse, neglect, or violence, has lifelong consequences for children, in terms of both physical and mental health.
- Family interventions that establish routines and rituals in the home build a sense of predictability and safety, which in turn helps families develop resilience.
- Grief support services for families can help them heal from traumatic experiences.

Challenges

- When families experience continuous trauma, the family itself becomes traumatized and family members respond to the world—and one another—in dysfunctional ways.
- Unaddressed trauma is associated with domestic violence, poor parenting, family conflicts and unplanned pregnancy—ultimately, with the destruction of the family itself.

“One in two youth in Baltimore have post-traumatic stress disorder.”

– Leana Wen, Baltimore City Health Commissioner

“There is nothing post-traumatic about living in urban poverty. It is continuous.”

– Laurel Kiser, Family-Informed Trauma Treatment Center, University of Maryland School of Medicine

Recommendations

- Offer universal screening for mental illness and trauma, provided without stigma.
- Develop family interventions that treat trauma, build family skills and strengthen family coping resources.
- Increase the availability of community-based mental health approaches.
- Provide children and families with safe places they trust to grieve their losses.



Success Stories

BUILDING HEALTHY COMMUNITIES, CALIFORNIA ENDOWMENT, CALIFORNIA

Dr. Tony Iton, senior vice president, talked about the goal of his work with the California Endowment: to reduce risk and increase resiliency in 14 low-income communities in California. The idea is to improve health without directly providing health care; they do this by focusing on youth empowerment. “Young people are the rocket fuel that makes advocacy work,” he said.

www.Calendow.org/building-healthy-communities/

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES (DBHIDS), PHILADELPHIA

Dr. Steve Berkowitz, director of the Penn Center for Youth and Family Trauma Response and Recovery, described the systems-level change that took place within Philadelphia’s behavioral health care system. DBHIDS transformed itself by committing to becoming trauma-informed and trauma-sensitive, by adopting trauma-specific approaches as its core values, and by healing itself before attempting to heal others. DBHIDS established a Trauma Advisory Group, consisting of health care providers, trauma experts, and families from the community. The group hired and trained peer specialists to counsel members of their communities about how to cope with trauma.

www.DBHIDS.org



Success Stories

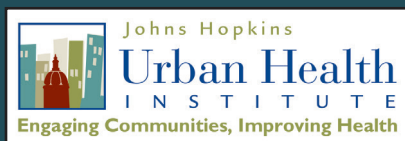
ROBERTA'S HOUSE, BALTIMORE

Roberta's House provides children a safe, private space to experience grief and recovery following the death of a loved one. Many of the children at Roberta's Place have lost someone through violence, and they are able to connect with other children who have had the same experience. Parents who bring their children to the center learn the vocabulary and skills to talk to their children about violence and murder in their neighborhoods. Grief services at Roberta's Place include spiritual guidance, professional services and group discussions.

www.RobertasHouse.org



If you are interested in watching the full program from the symposium or any of the panel discussions, please visit UHI's YouTube page and navigate to the SDH2015 Playlist:
www.youtube.com/UrbanHealthInst



JOHNS HOPKINS
UNIVERSITY