

HEALING SYSTEMS

Reflections on the first four years of Trauma Transformed



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Prepared for:



Prepared by:



LEARNING *for* ACTION

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About Trauma Transformed

Trauma Transformed, the result of seven counties'—Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Santa Cruz—collective mission to work together to change the way they understand, respond to and heal trauma, was seeded by a four-year federal systems change grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The Trauma Transformed Center is run by the East Bay Agency for Children.

About Learning for Action

Established in 2000, Learning for Action is headquartered in San Francisco, California. LFA's mission is to partner with social sector organizations to advance knowledge, capacity, and a culture of learning in the service of equity and justice. LFA's technical expertise and community-based experience ensure that the insights and information we deliver to nonprofits, foundations, and public agencies can be put directly into action. We aim to support structural change that addresses the underlying root causes of inequities so that all members of our communities have access to the opportunities that everyone deserves.

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Introduction



The San Francisco Bay Area's Trauma Transformed—an ambitious, regional, multi-sector, complex systems change initiative—is far from simple. But the underlying concept is: it is about healing.

More specifically, it is about infusing healing into the DNA of our systems so that the people who make up the systems can bring their whole, human selves to the important work they do to care for others. And when these people, from system leaders to providers and caregivers, are able to show up whole and human—it changes everything.

The story of Trauma Transformed is the story of courage. It is about the courage to invest deeply in something that is difficult to describe, let alone measure, and occurs very gradually through a persistent and arduous labor of love. It is about the courage of system leaders across seven counties to take a leap of faith and try something not just new but disruptive to the status quo. Trauma Transformed is not new in its attention to trauma informed care. What is innovative is the focus on healing at the individual, organizational, and system levels in order to achieve a regional system that goes beyond a collection of trauma-informed practices to become truly healing. It is an approach to systems change that works at a personal, individual level on a large scale. It is the bold idea that by humanizing and healing the people that make up the systems, we can transform how people work with one another, how people function within organizations, and how parts of a system work together. By focusing on healing the systems, organizations, and providers, we are better able to provide healing environments and services to youth and their families. It is an innovative approach to systems change in that it deeply involves—and changes—*individuals* from the ground up. And it is this embracing of individuals as change agents—while investing in their capacity, relationships, empowerment, and healing—that give it the potential to be both *successful and sustainable* in ways that other systems change efforts have failed.

Though systems change is inherently slow moving and difficult to measure, Trauma Transformed has embedded evaluation throughout the initiative with the goal of capturing lessons to inform ongoing efforts and to document and measure progress. Organizational assessments, workforce commitment to change measures, and training evaluations have produced findings that highlight promising ways in which the initiative is impacting the levers of system change, garnering the attention and recognition of the Substance Abuse and Mental Health Services Administration (SAMHSA) through a Spotlight and Promising Practice Award. These measures have fueled reflection on areas of individual and organizational strength and growth, as well as providing validation of the beliefs that underlie the Trauma Transformed model. Looking beyond the numbers, this reflection on the first four years of Trauma Transformed's journey to disrupt business as usual across seven counties' public systems that touch the lives of children and families tells the story of this innovative effort that is not just an initiative, and not just a new way of doing things, but a new way of *being*.

It Begins and Ends with Healing

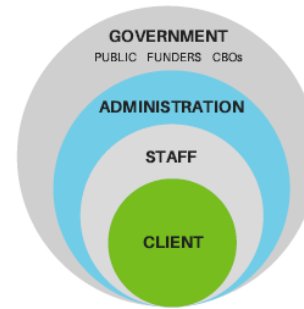
Trauma Transformed offers an approach to systems change that begins and ends with healing—that is, it creates the conditions for individual healing through healing the system itself. The idea for this regional effort to change the way young people and their families experience these systems was rooted in the realization that “programs, systems and the people within them can themselves be traumatized and as a result can help or hurt. As in individuals, trauma in organizations can result in reactivity, dysregulation, numbing, and reflexive decisions and behaviors with significant consequences for our interactions, performance, quality of services and client outcomes. Many in the workforce live in the same communities as their clients and help them cope with the very traumas that they themselves have experienced.”¹

When amplified at the organizational or system level, the symptoms and consequences of trauma that an individual might experience result in a system that creates barriers to care, burden on consumers, and stress for caregivers and the workforce. The result is that the very system intended to care for trauma-impacted youth can actually be trauma inducing rather than healing. The framework to the right, developed by Trauma Transformed, illustrates the characteristics of **trauma-organized agencies** that induce trauma and harm, **trauma-informed agencies** that consciously center the client but do not go far enough in their structure and practices to be truly healing, and **healing organizations** that are able to reduce trauma as intended.



TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership



TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression



HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING



¹SFDPH Narrative Proposal to SAMHSA for a systems change grant to fund a Bay Area Trauma-Informed System of Care

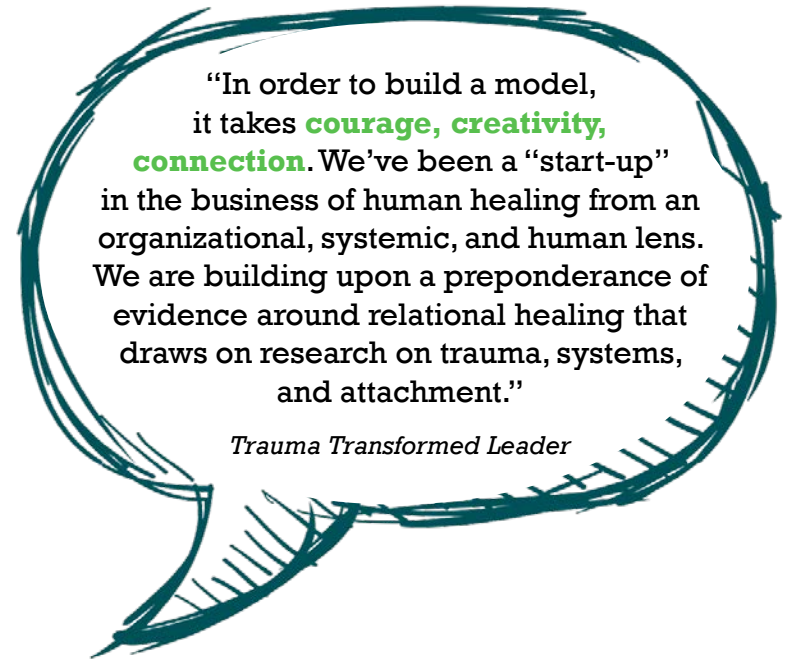
INTRODUCTION

One of the most profound and damaging effects of trauma on an individual is its tendency toward isolation: to a trauma-impacted person, the trusting relationships that are central to healing can actually feel threatening. As one Trauma Transformed leader put it, “at its core, trauma destroys relationships.” In a trauma-organized system, this effect manifests as the dreaded “siloes,” which deliver fragmented care to consumers and overwhelm families with confusing and redundant billing and data requirements. For youth and families who are impacted by multiple systems, the lack of care coordination and information sharing can be crippling and trauma-inducing. Some of the symptoms of organizational and systemic trauma that Trauma Transformed was created to resolve include:

- Lack of coordination across counties and agencies;
- Complex requirements for billing, subjecting consumers to multiple assessments or documentation requirements;
- The need for consumers to repeatedly provide the same information to different providers and agencies; and
- Adversarial and competitive relationships between neighboring agencies, sectors, and system partners who serve the same populations and individuals, as a result of having limited or no understanding of what other partners do and how their systems work.

In addition to addressing the structural ways the system can be traumatizing, Trauma Transformed also attends to the personal healing of all the adults in the system—the workforce, parents, and other caregivers—with the intention of supporting a network of adults who are able to better facilitate the healing of the children and youth touched by the system.

If a clinical understanding of trauma can be extended to organizations, then the antidote to trauma can be as well. And if trauma destroys relationships, then perhaps the most important antidote is to build and sustain relationships at both the human and organizational levels. With the goal of addressing the trauma embedded in the existing system and transforming every part of the system into healing organizations, the leaders of Trauma Transformed draw inspiration and theory from relational healing models in advancing a coordinated healing system that is relationship-focused.



“In order to build a model, it takes **courage, creativity, connection**. We’ve been a “start-up” in the business of human healing from an organizational, systemic, and human lens. We are building upon a preponderance of evidence around relational healing that draws on research on trauma, systems, and attachment.”

Trauma Transformed Leader



Trauma Transformed: A Regional Model for Systems Change

Launching a Regional Initiative

Recognizing the impact of trauma not just at the individual level, but at the systems level as well, seven Bay Area counties — Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Santa Cruz — convened to create a shared and trauma-informed regional infrastructure for serving children and their families. In 2014, the seven counties formalized their partnership and launched the trauma-informed, youth-guided and family driven, evidence-based system of care that became known as Trauma Transformed, or T². Through a competitive process, the regional collaborative engaged the East Bay Agency for Children who, in partnership with Youth in Mind, Center for Youth Wellness, UCSF Benioff Children’s Hospital Oakland, and the seven counties, established the Trauma Transformed Center to support and sustain a regional system of care by serving as a clearinghouse, systems change coordinator, and training and communication hub for the region. The initiative is grounded in the six guiding principles shown to the right.

Guiding Principles of Trauma Transformed

- Understanding Trauma and Stress
- Compassion and Dependability
- Safety and Stability
- Collaboration and Empowerment
- Cultural Humility and Responsiveness
- Resilience and Recovery

The Trauma Transformed Center serves in various capacities to promote, advance, and sustain trauma-informed systems change efforts. One role the Center plays is as a regional clearinghouse. The Trauma Transformed website is a resource for trauma-informed practices, as well as a hub allowing partners using the same trauma-informed practices to connect and collaborate. The Center develops and shares its own resources, and serves as a platform to disseminate practices developed by other local partners. In its role as a technical assistance provider, Trauma Transformed works closely with each county and partners with community based organizations (CBOs), school districts, and other community partners to assess, plan, and implement trauma-informed system efforts. Trauma Transformed also plays a role as convener to create spaces to discuss and reflect on the role of trauma and the importance of a trauma-informed lens for healing individuals, organizations and systems. Finally, Trauma Transformed has gained visibility as a field and thought leader, hosting speakers, participating in conferences, and organizing events focused on healing, reflection, and growth.



Core Elements of the Trauma Transformed Model: Keys for Innovation and Success

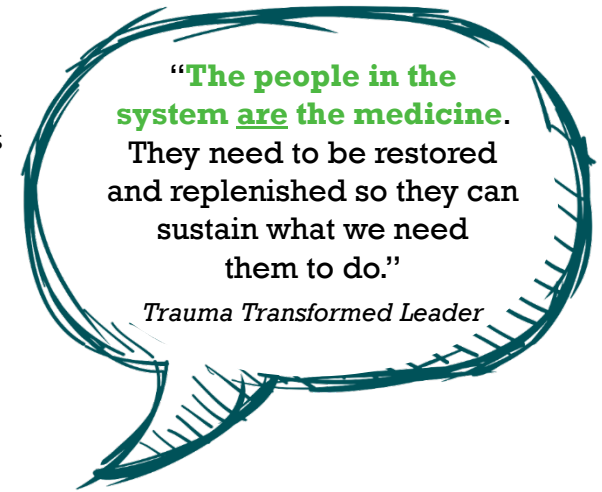
The Trauma Transformed Model includes several core characteristics that make the initiative unique among systems change models and are critical to its success. These core model characteristics are listed below and are discussed further throughout this reflection report.

1 Being focused on healing for all: A foundational belief underlying the Trauma Transformed model is that individual healing is bound up in the healing of others. As caregivers and care providers, individuals cannot support and promote healing for youth if they do not attend to their own healing, and the healing of the communities and organizations they are a part of. Trauma Transformed recognizes the healing of the adults who touch the lives of youth impacted by trauma as a critical pathway to healing youth.

2 Being relationship-focused: A key ingredient to what makes the Trauma Transformed model work is shared experience. The real-time, face-to-face interactions that take place as partners do the hard work of Trauma Transformed is a part of the “healing treatment” itself. This work can be painful, challenging, unifying, inspiring, and moving. Sitting together in communities of practice and reflective spaces fosters connection and relationship building. Those connections and relationships are the necessary preconditions and infrastructure for profound healing and transformation.

3 Embracing a more expansive understanding of trauma: A cornerstone of the Trauma Transformed model is a definition of trauma that extends beyond individual trauma. Trauma Transformed creates shared language about trauma that recognizes secondary trauma, community trauma, socio-cultural trauma, and historical trauma, including racism and oppression, as traumas that impact members of our communities and workforce. Additionally, Trauma Transformed spreads awareness and language about organizational trauma, and how it can manifest in patterns similar to individual response to traumas: fragmentation, dysregulation, reactivity. By adopting a broader definition of trauma and the role it plays in individuals, communities, and systems, Trauma Transformed has laid the groundwork for multi-level healing that needs to take place in order to optimize the opportunity for individual healing.

4 Centering those closest to the work: The Trauma Transformed initiative itself was CBO-led, not housed within academia or a single public agency. This flips a traditional model of such partnerships on its head. Public health departments typically contract work out to CBOs, creating a power structure with counties in the lead role. The Trauma Transformed model has a CBO as the lead entity, employing members of the workforce with close proximity to the systems, structures, practices, and clients in guiding roles. The principle of centering those with close proximity to the work is maintained throughout Trauma Transformed activities as well. Trauma Transformed values and elevates the voices of people with lived experience, for instance training trainers from various sectors to deliver a curriculum to their peers, and convening a planning workgroup of front line staff to strategize about the implementation of a new policy that would directly impact their work. Harnessing lived experience and centering those most impacted is a value that Trauma Transformed applies not only in direct service but in its work at a system level as well.



TRAUMA TRANSFORMED: A REGIONAL MODEL FOR SYSTEMS CHANGE

5 Doing things with and not for people: Trauma Transformed is not a one-size fits all model that can be overlaid onto existing systems to create transformation. It is a process that requires people to metabolize and embody a new way of being. In order for it to be effective, people need to show up, participate fully, engage deeply, and hold a piece of the ownership for the change they hope to see. Trauma Transformed has built capacity among individuals, departments, organizations, and systems, but not simply as an outside technical assistance provider or subject matter expert. They have partnered side by side with communities and organizations to enhance knowledge and capacity, involving key stakeholders at every level in their own transformation processes, which is critical to buy-in and sustainability.

6 Humanizing one another: Trauma Transformed creates space for people to bring their humanity into the work that they do, and invites them to see and value the humanity in others. The act of showing up as human, and humanizing one another, creates profound changes. It makes relationships less adversarial. It allows space to experience genuine reactions to collective and secondary traumas. And by putting people before titles, it removes lines that divide us into “us/them” dichotomies. We can show up not as expert and pupil, as leader and subordinate, as healer and patient, but as our whole, human selves. By humanizing one another, we interpret things with a more compassionate lens, we collaborate better, and we are better able to speak and hear truths and recognize one another’s expertise.

7 Leveraging the regional model: The successes of the Trauma Transformed initiative are not the result of building something completely new. The initiative was born out of the existing commitment and eagerness within the seven counties to develop and strengthen the trauma-informed system of care, and it built upon the foundations that lay within each of the counties. What Trauma Transformed did was provide a framework, dedicated capacity and resources, and infrastructure to support work at a county and regional level that could not have achieved the same degree of success by counties or agencies operating independently. Trauma Transformed created platforms to support regional dissemination of practices developed locally.

It provided a cohesive overarching view to explore solutions to shared challenges. This initiative’s wide reach, reputability, and multi-county buy-in lent credibility to its work. While Trauma Transformed is not the sole driving force for all the trauma-informed work that has taken place regionally, it played a role as a catalyst, unifying and amplifying complementary efforts, and integrating them into a more cohesive transformation effort.

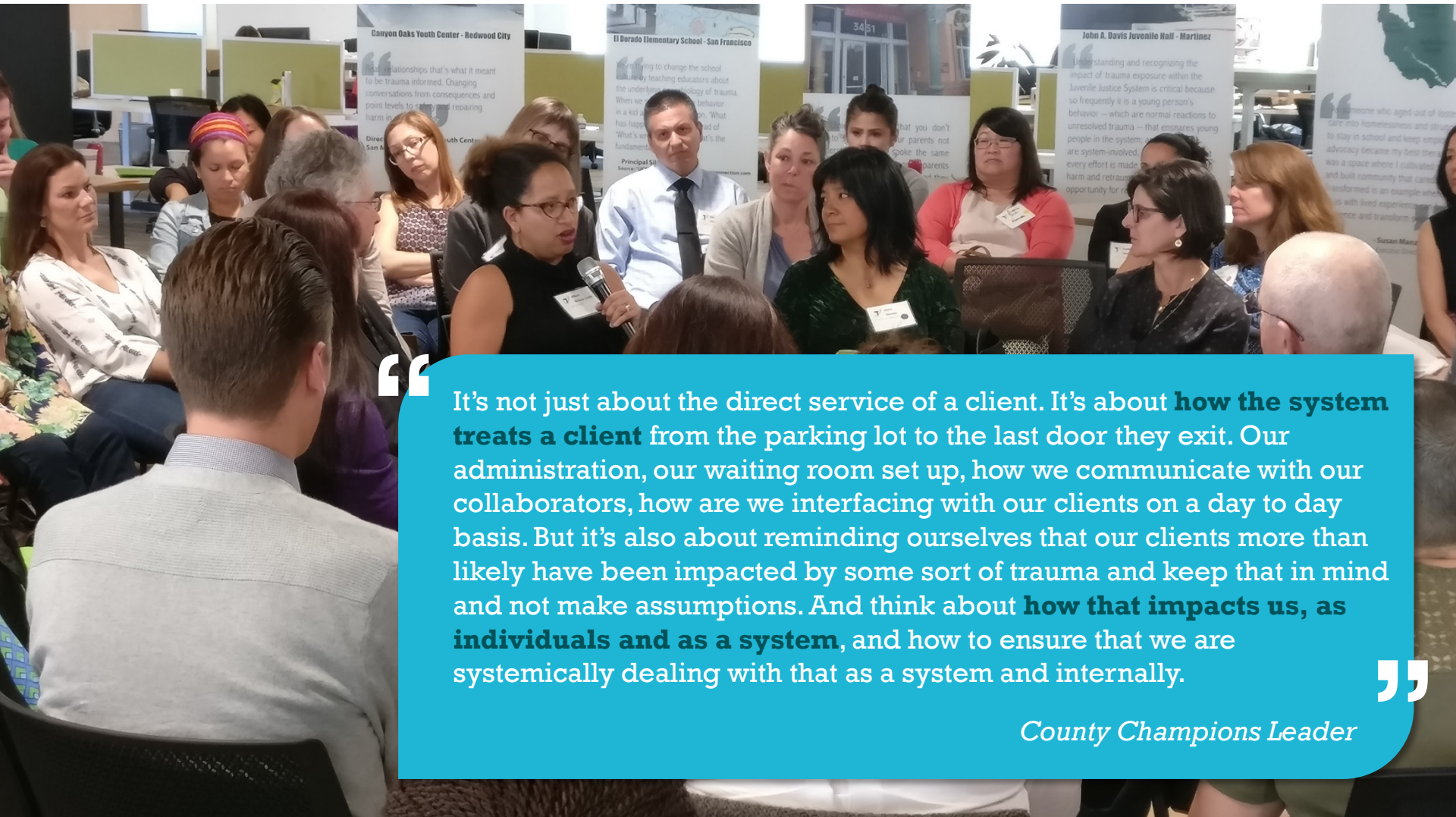




Shared Understanding

SHARED UNDERSTANDING

Based on the six guiding principles of the initiative, Trauma Transformed created opportunities to create and embed knowledge, language, and values central to the practice of trauma-informed systems and trauma-informed care throughout the region.



“

It's not just about the direct service of a client. It's about **how the system treats a client** from the parking lot to the last door they exit. Our administration, our waiting room set up, how we communicate with our collaborators, how are we interfacing with our clients on a day to day basis. But it's also about reminding ourselves that our clients more than likely have been impacted by some sort of trauma and keep that in mind and not make assumptions. And think about **how that impacts us, as individuals and as a system**, and how to ensure that we are systemically dealing with that as a system and internally.

”

County Champions Leader

Establishing Common Language

Trauma Transformed helped establish and disseminate a common language for talking about trauma and trauma-informed systems. This common language was largely rooted in the six guiding principles of Trauma Transformed. The Center developed and spread practices that helped promote the use of these principles in conversation, reflection, and practice. For instance, Trauma Transformed initiated the practice of beginning each meeting with a discussion of the principle of the month, rotating monthly through the six foundational concepts of trauma-informed systems. Over time, this practice spread and was adopted widely by other initiative partners. The Trauma-Informed Systems (TIS) 101 training, discussed further below, is also a primary way in which the language of trauma transformed was widely disseminated.

Trauma Transformed enhanced awareness of trauma and its impact on behavior. Training participants, people who attended a viewing of the impactful documentary film *Paper Tigers*, and others who engaged with Trauma Transformed and its core principles expanded their knowledge of the impact of trauma on the brain. A basic understanding of the neurobiology of trauma and chronic stress can be transformational in its ability to shift the interpretation of disruptive behaviors of trauma-impacted youth; rather than looking at youth and asking the question “what is wrong with you?” we instead ask the more empathetic “what has happened to you?” The language of TIS shapes not only understanding of clients, but also individuals’ own experiences and interactions with colleagues. This awareness provides validation and reassurance to members of the workforce who are dealing with high levels of workplace stress and secondary trauma. “I find myself using the language a lot,” shared one TIS 101 trainer: “Rider’s off my horse! I’m in that survival brain,” referring to being in a reactive mode. Trauma Transformed provides language for people to recognize and name this type of reaction, as well as strategies to cope with it. The trainer continued, “It normalizes it. Knowing that is how we’re biologically built to handle stress and trauma. I love being able to pass that on to the folks that do the really hard jobs that they do in my county.”



Trauma Transformed introduced language that helped expand the understanding of trauma. The language that Trauma Transformed brought into the discourse extends beyond individual trauma. The initiative made a deliberate move to locate racism and oppression as traumas, and disseminated that language broadly. The explicit articulation of these systematic, chronic, devaluing experiences as traumas allowed organizations to connect and integrate trauma-informed care efforts with their diversity, equity, and inclusion efforts that were previously operating in siloes. Additionally, the language of organizational trauma was not something that people were familiar with at the inception of Trauma Transformed, and now is part of regular discourse. Having a way to name and discuss trauma and healing at the organizational level is a key part of a building a trauma-informed system for serving youth. Trauma Transformed has promoted the use of language that puts people first, which has implications both with clients as well as within organizations and the workforce. For instance, changing the language within probation for case review meetings, not calling kids “602s” and not using the language of people’s diagnoses or status to define them (e.g. using terms like “people with mental illness”, rather than “the mentally ill”). Internally, Trauma Transformed contributed to culture shifts within organizations by placing people before titles. Using humanizing language begins to erode the “us versus them” dynamic that creates barriers to effectively engaging collaboratively, whether with clients, family members, or professional colleagues.



Examples of the culture of TIS taking root

- Organizations are using the principle of the month to begin meetings with reflection
- The principles of TIS have become everyday language for staff, remaining top of mind and beginning to shift perspectives
- It has raised the consciousness of clinicians to now begin to overlay the lens of trauma on all the work they do with children and families
- Having increased understanding about the complexities of trauma and chronic stress changes the landscape on how staff view people's circumstances and the reasons they are involved in the different systems that touch their lives.

There are number of key factors that gave traction to Trauma Transformed's efforts to establish and spread a common language and values.

One of these is its tremendously widespread reach. The TIS 101 training disseminated the language, principles and values of TIS to a vast and diverse audience. Part of what enabled the training to receive such enthusiastic support and participation was the reputation of Trauma Transformed. Over time, awareness of Trauma Transformed and the work it was doing grew to a large scale. Organizational leaders took notice of their peers in other counties and agencies engaging with Trauma Transformed, contributing to a sense of being part of a broader movement. The fact that there was such demand and interest within the region for doing TIS work meant that the initiative was able to focus where there was already a high level of energy and buy-in rather than needing to market it and try to convince organizations to become involved. Another factor that contributed to success is the initiative having roots in the county behavioral health departments. This brought some partners to the table that might not otherwise have engaged in the same way were it located solely within a CBO. One organization leader from the CBO Leadership Learning Community shared that the initiative's affiliation with the Department of Children Youth and Families and the Department of Public Health "heightened the commitment. As an organizational leader, you can never put aside the politics. Those people with this level of influence in the city, if they want us to be there, we're going to be there." Additionally, the work of the initiative was very relationship focused. This was based on early lessons that emerged, and proved critical for developing momentum and broad reach. Trauma Transformed partners initially envisioned that there would be much more appetite for access to practice-based resources (e.g. a robust clearinghouse of evidence based-practices and tools). While Trauma Transformed did provide these things, it learned that there was a much greater energy for word of mouth communication, face-to-face encounters, and visual learning aids that could be adopted and embedded within organizations. Trauma Transformed heard this message and responded to the call. Trauma Transformed staff spent considerable time in the various counties, talking with partners, leaders, and collaborators. Trauma Transformed developed and disseminated resources that organizations could access and display to support their work. Examples of these are the Organizational Healing Tree, a poster on talking about race based on a presentation by Dr. Kenneth Hardy, and a resource illustrating how organizations can be trauma-organized, trauma-informed, or healing organizations. These materials are all available for download on Trauma Transformed's website and have been widely used throughout the region.

Foundational Training in Trauma-Informed Systems

Its focus on trauma-informed practices is not what makes Trauma Transformed innovative. What makes Trauma Transformed unique is a deliberate focus on transforming systems themselves and addressing ways in which those systems can be traumatized and traumatizing.

Why focus on organizational healing?

In order to understand the significance of the work Trauma Transformed does, it's important to understand how working to create culture shifts within organizations and individuals impacts youth and families, and why the workforce focus is a critical part of healing systems that serve trauma-impacted youth and families. Dr. Sandra Bloom, a psychiatrist and Associate Professor at Drexel University, has contributed to the understanding of trauma-organized systems. The basis for this concept is that organizations, like individuals, are living systems that are vulnerable to chronic stress. Bloom and fellow researcher Brian Farragher assert that "chronic stress robs an organization of basic interpersonal safety and trust." In the case of social service or caregiving organizations, chronic stress can lead to problems within workplaces that mirror the problems of their clients, such as "organizations that are chronically crisis-driven and hyperaroused, having lost the capacity to manage emotions institutionally." The organization or system itself essentially becomes traumatized, and the impacts can be devastating for the workforce as well as for clients served by the organization. In the words of Bloom and Farragher, "organizational adaptation to chronic stress creates a state of dysfunction that in some cases virtually prohibits the proper delivery of services to the individual clients who are the source of the organization's original mission, while damaging many members of the organization's workforce."² Early in the initiative, Trauma Transformed leaders thought a central role of the initiative would be to help disseminate trauma-informed practices oriented toward client care. However, early lessons highlighted that one of the challenges to sustaining trauma-informed efforts at the practice level was the fact that conditions at the structural level were undermining these efforts. Trauma Transformed recognized the critical importance of addressing trauma at the organizational level, and worked on developing a model with a deliberate focus on organizational healing.



²Bloom, S. L. (2012). Trauma-Organized Systems. Encyclopedia of Trauma. C. R. Figley. Thousand Oaks, CA, Sage: 741-743. Accessed from http://sanctuaryweb.com/Portals/0/Bloom%20Pubs/2012%20Bloom%20Trauma-organized%20systems%20Figley_Ency%20of%20Trauma%20p%20%20741-743.pdf

SHARED UNDERSTANDING

Trauma Transformed enabled widespread dissemination of a foundational training on trauma-informed systems. The TIS 101 training was developed by San Francisco Department of Public Health (SFDPH), and has been delivered in San Francisco County since 2014. The goal of the training is to bring a cross-section of the workforce together to develop shared language and understanding of what it means to be trauma-informed as an organization and how to apply shared practices to help communities heal. When Trauma Transformed began as a regional initiative, it adopted the TIS 101 training model with the goal of disseminating the training throughout the broader seven-county region. In order to increase the training capacity for the region, Trauma Transformed implemented a train-the-trainer model. Four master trainers from San Francisco County trained a cohort of ten lead trainers. These lead trainers then trained additional cohorts of trainers in their home counties. In addition to expanding the geographic reach of the training, Trauma Transformed also sought to provide training to diverse partners across sectors as a critical part of developing a common language and understanding that includes not only mental health professionals, but other fields that serve children, youth, and their families who are impacted by trauma. In order to do so, Trauma Transformed trained trainers from a range of sectors including education, juvenile justice, early childhood, primary care, as well as social work and mental health. To date, over 17,000 people across the region have been trained in TIS 101.

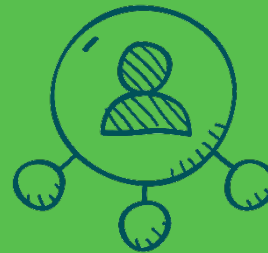
“Maybe somebody has a good reason why they’re behaving this way or why they’re late or whatever. [TIS] helps affirm that it’s okay to consider those things. [...] It’s not a lack of professionalism when you are being **considerate of people’s human experience and needs.**”

TIS Focus Group Participant

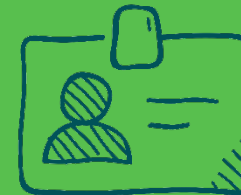
TIS 101 TRAINING



17,057
WORKFORCE TRAINED



106
TIS TRAINERS

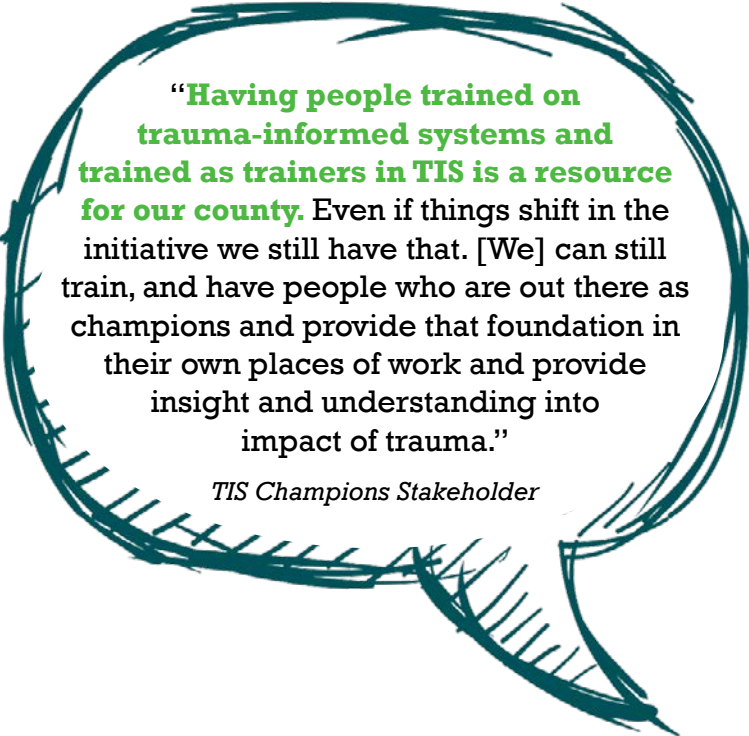


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LEAD TRAINERS



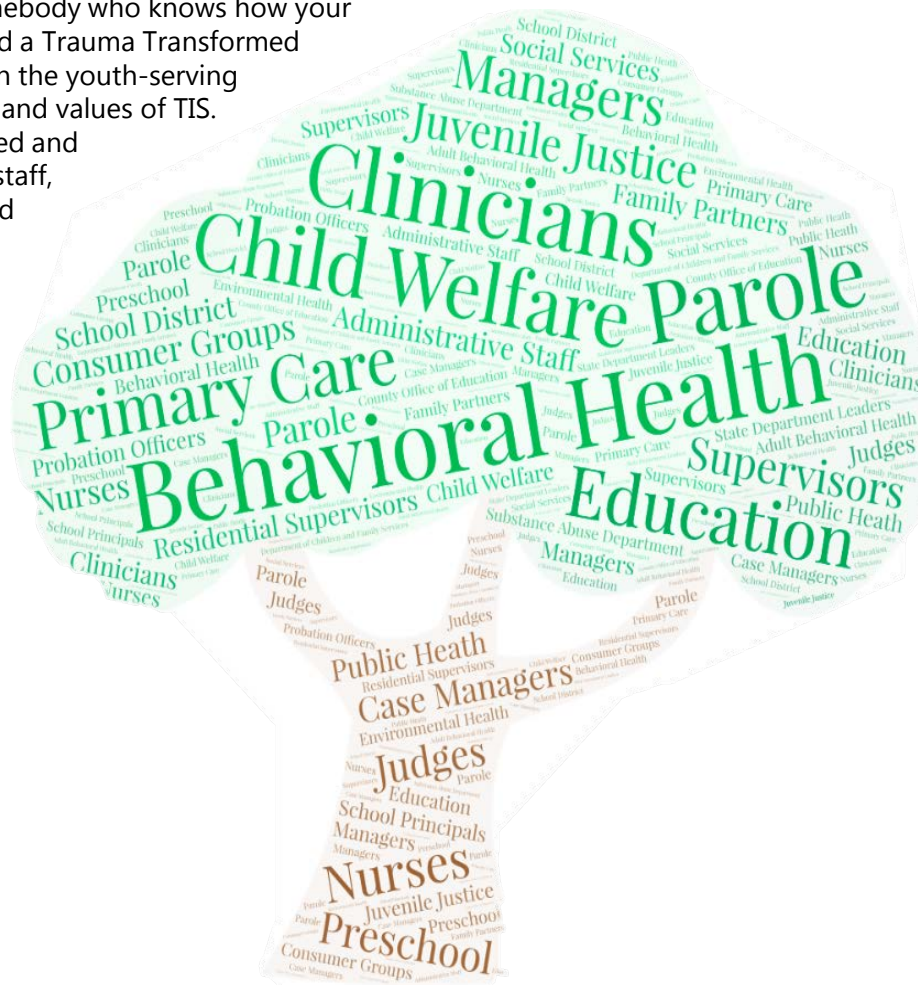
SHARED UNDERSTANDING

The train-the-trainer model for scaling and delivering the TIS 101 training was a crucial part of embedding knowledge and values within broad and diverse segments of the workforce. There are currently a total of 106 certified trainers who deliver the TIS 101 curriculum to people within their own sectors; probation officers train staff from the probation department, early childhood professionals train early childhood peers, school district trainers train staff from the school district. This model is a divergence from the common practice of trauma trainings delivered by academics or therapists. This model of trainers embedded within various sectors doesn't situate the role of "expert" within any one sector, but rather harnesses the knowledge and expertise of professionals from various fields. Training participants are more likely to be bought in and receptive to a training delivered by someone who understands the context of their work. "There is something about having somebody who knows how your day is [in your workplace] stand up and deliver that," commented a Trauma Transformed leader. Additionally, training a cross-section of professions within the youth-serving workforce establishes a broad base of support for the principles and values of TIS. As a result of the train-the-trainer model, there are now dedicated and passionate champions, not only delivering the training to other staff, but also embedded within their workplaces, acting as leaders and change agents.



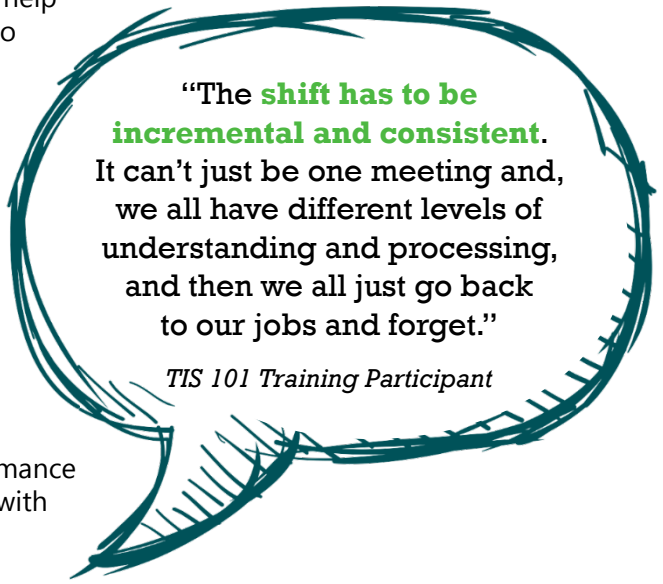
“Having people trained on trauma-informed systems and trained as trainers in TIS is a resource for our county. Even if things shift in the initiative we still have that. [We] can still train, and have people who are out there as champions and provide that foundation in their own places of work and provide insight and understanding into impact of trauma.”

TIS Champions Stakeholder



SHARED UNDERSTANDING

Surveys completed before and after the TIS 101 trainings provide evidence of positive shifts in participants attitudes and beliefs about TIS after training. For instance, participants increased their sense that being trauma-informed is important for everyone in their organization, their belief that trauma-informed principles will improve their work life, and their desire to help their organization become more trauma-informed. Participants also make a commitment to change, formalizing an intention to make an individual-level change that is aligned with what they learned in the training. In a commitment to change follow-up survey completed by 181 training participants, 85% were either partially or completely successful in implementing the change they had committed to making. In addition to highlighting promising impacts the training has on participants, evaluation findings also reveal that some training participants have reservations about the extent to which the initiative will be fully implemented and sustained. Survey results indicated that following the training, participants had less confidence that the initiative would be well implemented and sustained. SFDPH conducted focus groups to explore staff experiences. Focus group participants revealed concerns that the impact of the training may be limited unless all staff are trained, there is some kind of maintenance or refresher training, and there are policy or structural changes in their organizations, such as including measures of trauma-informed practice as a part of performance reviews.³ Training attendees gained valuable knowledge and tools, but are all too familiar with initiative fatigue and how efforts can fade away over time if not deliberately sustained. Structural changes at the organizational level are required to embed and sustain trauma-informed practices. Staff training is a core component of enhancing knowledge, highlighting values, and developing practices related to trauma-informed care and trauma-informed systems, but on its own, it is not sufficient to transform the ways in which organizations can be traumatized and traumatizing.



“The **shift has to be incremental and consistent. It can’t just be one meeting and, we all have different levels of understanding and processing, and then we all just go back to our jobs and forget.”**

TIS 101 Training Participant

How TIS 101 is Changing Organizations and Relationships

- I use it with this job daily, [for instance] to deal with applicants that are frustrated. And if you think about it, every job in this department has to use the principles from this training. You have to put yourself in other people’s shoes and stay calm. – *TIS 101 Training Participant*
- If we are able to reduce the amount of trauma that our coworkers feel on a daily basis, it’s going to be easier to reach out and serve the communities that we are trying to reach. – *TIS 101 Training Participant*
- TIS 101 has created a sense of hopefulness and optimism in the staff, a sense that we can help, that every interaction matters. A sense that we are all connected and that providers don’t need to compete with each other for funding, that we can and should work together on behalf of clients. – *County Leader*

³SFDPH 2018 Focus Group with TIS 101 training participants

Beyond training: Changing the DNA of organizations

Trauma Transformed has adopted and disseminated a TIS organizational approach, developed by SFDPH, that goes beyond training to embed TIS practices into organizations. To date, a number of cohorts have participated in the TIS organizational change model including departments across multiple city agencies and CBOs. One core component of this model is formalized commitment from organizational leadership. An orientation overview ensures that executive leaders understand what participation entails and the level of commitment that will be required. Executive leaders participate in a Leadership Learning Community – a yearlong program as part of a cohort with leaders from other organizations – focused on building skills and capacity to actively apply TIS principles and to lead from a trauma-informed lens. A companion group for organization Champions also meets, designed for line staff and their mid-level managers who are interested and committed to helping their organization make the cultural shift to becoming a healing organization. Champions have written, signed support from the executive leadership at their organizations, formalizing the commitment to the time involved in being part of the Champions cohort, and voicing support and buy-in for the work Champions will be contributing to. Champions establish a workgroup at their organization, administer an organizational assessment using the Tool for a Trauma-Informed Worklife (TTIW), and meet monthly with Champions from peer organizations. The formalized commitment, embedded multi-level leadership, peer learning communities, and tools that Trauma Transformed provides are key to supporting sustainable organizational transformation. Evidence from these early adopters highlight the impact the model is having on organizations, staff, and the ability to serve clients.



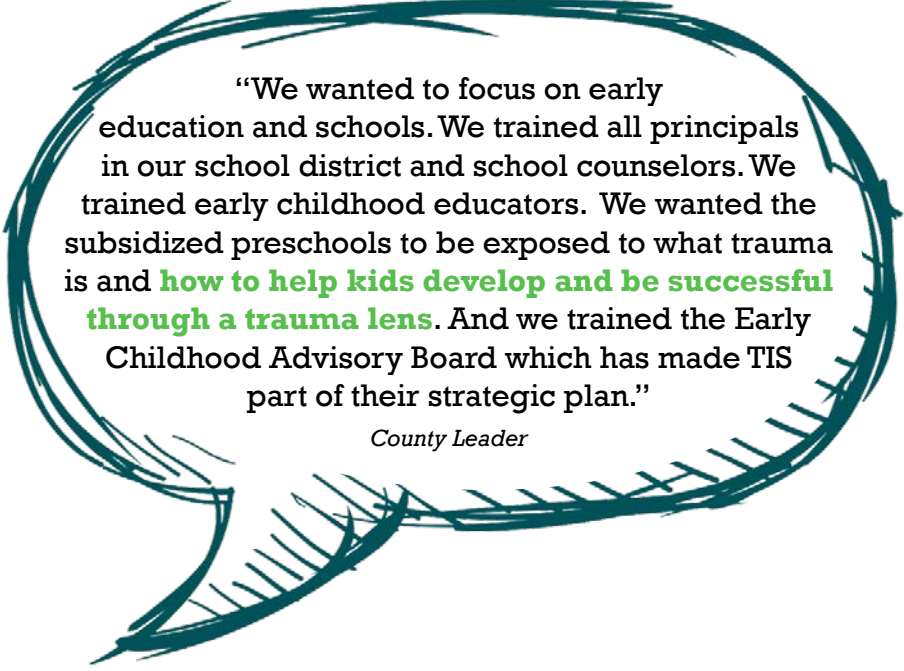
“Services increasingly come from a **caring and compassionate** place with the paradigm shift of asking “what has happened” instead of “what is wrong?”

County Leader

SHARED UNDERSTANDING

The organizational culture shift is apparent through new activities, shifts in discourse, and incorporating a trauma lens into clinical service delivery as well as engagement with system partners. Staff is using new common language. Agencies display the Trauma Transformed visual aid illustrating the pathway from trauma-organized to healing organizations. Staff begins meetings with a reflection on the principle of the month, (one of the six guiding Trauma Transformed principles). Stakeholders report having conversations that they wouldn't otherwise be having, such as difficult discussions about race and equity. And members of the workforce are providing services in a different way. "It has raised the consciousness of clinicians to overlay the lens of trauma on all the work they do with children and families," reported one of the Trauma Transformed county leaders. Another county leader shared that "TIS 101 has created a sense of hopefulness and optimism in the staff, a sense that we can help, that every interaction matters. A sense that we are all connected [as providers] and that we can and should work together on behalf of clients".

Policy and practice changes are taking place to ensure that the language, values and principles of TIS are incorporated into the fabric of the organization. One county has developed written policies that take into consideration the impact of trauma. Trauma-informed systems and services are being included in another county's strategic plan. One county practices trauma screening that uses an expanded understanding of trauma to include exposure to community violence and immigration-related trauma. Counties are carving out dedicated time to focus on trauma-informed systems. One county has established a workgroup to improve service delivery and care coordination through a trauma lens. The workgroup is currently doing a review of the intake process and paperwork to explore opportunities for improvement. These examples highlight how Trauma Transformed is permeating the DNA of organizations in lasting ways.



"We wanted to focus on early education and schools. We trained all principals in our school district and school counselors. We trained early childhood educators. We wanted the subsidized preschools to be exposed to what trauma is and **how to help kids develop and be successful through a trauma lens**. And we trained the Early Childhood Advisory Board which has made TIS part of their strategic plan."

County Leader

Shifts in knowledge, values, and practices are not only taking place within behavioral health departments; trauma-informed systems change is taking root and becoming embedded in diverse organizations. Below are a few examples from Bay Area partners. Our Children, Our Families, a San Francisco CBO, is integrating the TIS curriculum into their training curriculum. HOPE SF, a San Francisco public housing revitalization project, is adopting a TIS implementation plan, with support and consultation from SFDPH. The Santa Cruz County Early Childhood Advisory Board has made TIS part of their strategic plan. With the support of Santa Clara Behavioral Health and Trauma Transformed, the City of San Jose Gang Intervention Taskforce is using the Trauma-Informed Agency Assessment (TIAA) to promote progress in trauma-informed practices.

SHARED UNDERSTANDING


Trauma Transformed as a regional initiative offers expanded access to practices and modalities for treating trauma.

Evidence-based practices can be very costly to adopt, and the cost impact is even more burdensome on smaller organizations. Trauma Transformed was able to help remove barriers by organizing a training and providing free childcare; 60 people were trained and certified in Child Parent Psychotherapy (CPP). T² has also helped disseminate practices and tools developed locally, such as the Child and Adolescent Needs and Strengths assessment (CANS) tool developed by the Praed Foundation and adapted by Alameda County, which is being adopted as a universal tool across the region. Trauma Transformed provided training and shared best practices, such as the “CANS cards” to support implementation, available for download on its website. Additionally, being part of a regional initiative has encouraged county partners to create dedicated time and spaces for work related to trauma-informed practices. In Santa Cruz, there is a workgroup that focuses on models and best practices for treating complex trauma. Santa Cruz leadership credits Trauma Transformed with reinforcing and encouraging the local investments being made in the county’s trauma related work.

Trauma-Informed Language and Values as Tools for Families

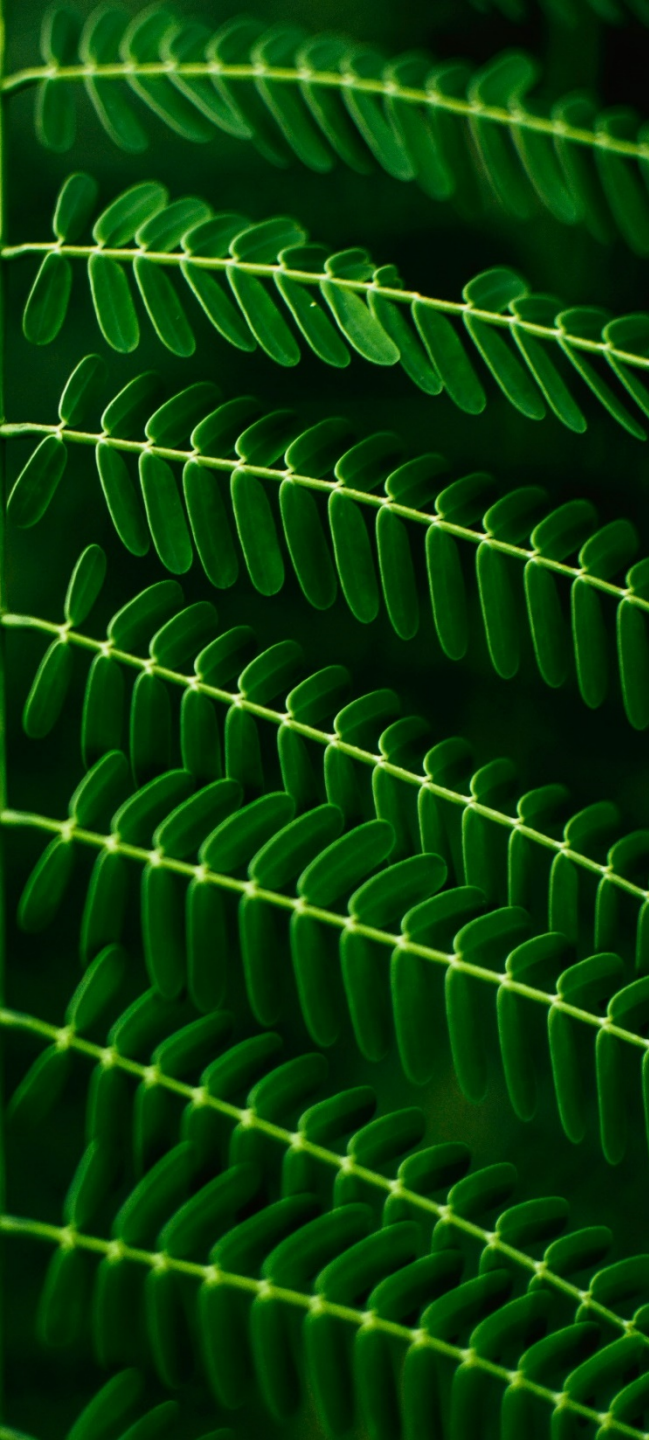
Trauma Transformed has created opportunities for sharing the language and values of trauma-informed care with caregivers.

The paradigm shift of understanding behaviors through a lens of “what has happened to you” in lieu of “what is wrong with you” has impacted how clinical staff works with families. One county leader noted the impact on work with foster and adoptive families. “Clinicians are helping caregivers look at challenging behaviors in a different way. Not thinking of the children as ‘bad or defiant kids’ but helping families identify what these behaviors are and why they might be happening [as well as] how families can support these children with attachment and permanency.” Additionally, Trauma Transformed parent leaders developed a pilot workshop called Crianza con Amor (Parenting with Love), designed in Spanish, and provided the training at a school in San Mateo County. The training was in response to the observation that within the school setting, teachers may receive training on behavioral issues that come up in the classroom and on brain development, but parents do not. There was a large turnout for the training and there has been continued interest in providing additional trainings.



“The **paradigm shift** to ‘what has happened to you’ has **made a big impact** on how clinical staff works with families through that lens.”

County Leader



Radical Collaboration

RADICAL COLLABORATION

One of the most transformative contributions of Trauma Transformed is fostering diverse multilevel, multisector, and multi-area collaborations and leadership in the service of healing the youth-serving system of care.

“When we connect and relate and hear each other’s stories, **we have less bias**. It’s also a pathway to healing. My healing is tied up in yours. The impact is **we humanize each other more in a dehumanizing system**. It’s much easier to deny services to people who are flat, and to silo or talk bad about people who aren’t sitting next to you in a circle and without you knowing their story.

Trauma Transformed Leader”



County-Level Collaboration in a Regional Effort

From its inception, a core component of the Trauma Transformed model was deep collaboration and engagement at the county level in order to create a stronger and more seamless regional system. At every level, Trauma Transformed operates by doing things with and not for people. In the context of county-level partnership, this entailed supporting county leaders to develop and implement individualized and tailored visions of a trauma-informed system, specific to the needs and existing structures in their county. Building upon the strong foundations and enthusiasm that already existed within the counties, Trauma Transformed provided a roadmap for implementing trauma informed systems, and strengthened and aligned the counties' work as a regional effort. One county director shared that in the initiative's early stages, it was challenging to arrive at a clear direction and implementation plan. Trauma Transformed maintained that determining what steps to take was not something the initiative could do for the counties. The role that Trauma Transformed played was to patiently support and usher the county leaders through the process of developing their implementation plans. According to one county director, the message was "This is your initiative. This is



"We didn't have a road map for what we were going to do. That's what Trauma Transformed provided us with. We would send staff to trainings but we didn't have any cohesive idea of why it was important or what we wanted as outcomes. **Being part of the regional effort [made a huge difference]**, and having Trauma Transformed leading the way and modeling for us what we were doing."

County Director

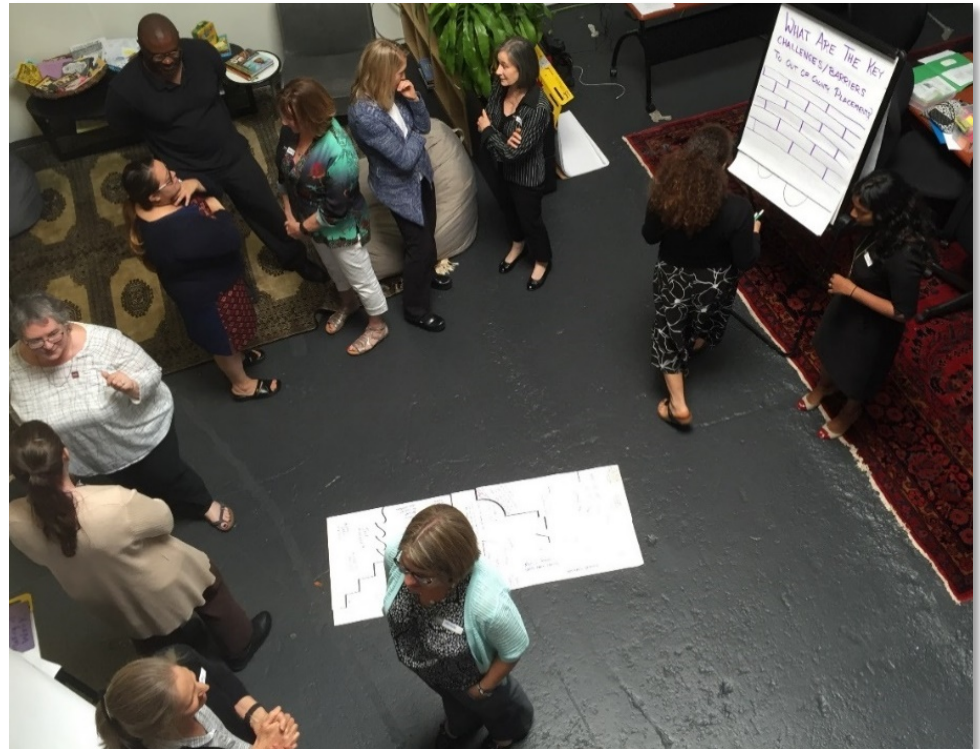
how you want to transform your system. And no, there isn't a recipe for how you do that." Having leadership driving the efforts within their own counties was critical for a number of reasons. First, each county is quite different. The work needs to be tailored to and integrated with the existing structures, efforts, and context within each county. For instance, San Mateo County had a Trauma Learning Collaborative that had a long-standing history of thinking about the impact of trauma on clients. What Trauma Transformed did was build upon that existing structure and leverage that forum to further innovate and promote change in San Mateo County systems. Additionally, having the initiative deeply rooted within the counties themselves is crucial for sustainability. Creating systems change takes considerable investment, in time, resources, and commitment. It needs to be a stated priority and have sustained attention over time. The likelihood of sustained impact is amplified exponentially when the onus and leadership for the effort is embedded locally. Trauma Transformed also fostered collaboration among county behavioral health leaders. At the county leadership level, Trauma Transformed provided a cross-county forum for sharing ideas, testing new approaches, drawing lessons from challenges and failures, and amplifying the reach of practices that are working well.

Relationship-Based Approaches to Collaboration and Care Coordination

Breaking down silos and building relationships is a key way that Trauma Transformed strengthened the regional system of care. The initiative created opportunities for peers, colleagues, and communities from across organizations and sectors to come together and work towards shared goals. For example, in the context of TIS 101, Trauma Transformed intentionally created cross-sector learning communities. Embedded trainers from different sectors would co-train members of the workforce in their sectors. In Santa Clara County, Probation and Child Welfare trainers were paired as co-trainers. In Santa Cruz, Behavioral Health trained alongside Probation, and in San Mateo County, Behavioral Health and Child Welfare trainers trained side by side. No one sector is singled out as the subject matter expert, but diverse partners are invited to come together to nurture everyone’s collective expertise. The trainer onboarding process addresses the silos that typically exist between sectors. Through that process, participants humanize each other. It breaks down assumptions or stereotypes about other sectors as uncaring or uncollaborative. People have a human and personal face and name to associate, and an actual contact to reach out to when needed. Those people then go back to their organizations and break down siloes among their peers.

“What happens is **we humanize each other again.** The next time somebody says ‘probation doesn’t care,’ we have embedded people who say ‘actually I know Guadalupe and Alex. They were in my cohort. And they care a lot. And I trained them. And you can call them if you’re having trouble.’”

Trauma Transformed Leader

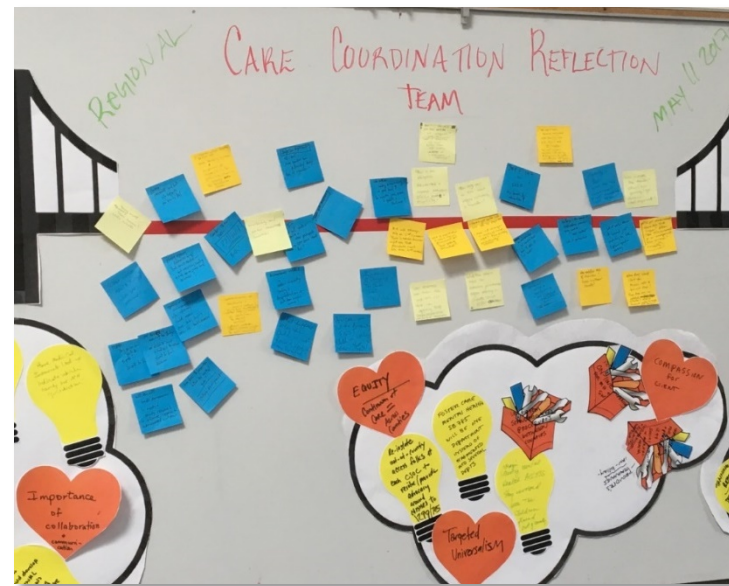


RADICAL COLLABORATION

Cross-county and cross-agency partners collaborated to generate regional solutions to challenges of care coordination as youth move between agencies and across county lines for services. Cross-agency peers met face to face to plan implementation of AB 1299, a California state policy with new requirements to help ensure uninterrupted services for youth placed outside their previous county of residence. A frequent challenge experienced by systems are policies that are handed down and implemented with little or no input and involvement from those most directly impacted at the organizational level. Trauma Transformed broke away from that norm by convening stakeholders from the seven counties who work directly with billing and coding, the members of the workforce with the perspective needed to develop a regional approach to implementing the policy and the ones who will ultimately play a key role in effectively implementing new practices. Not only did this cross-county forum allow collaborative problem solving and a regional approach, but it also provided an opportunity for face-to-face interaction for staff members doing the same type of work at different organizations, who do not typically get to work in community with one another. In addition to valuing the experiences and developing leadership of staff who are not typically in leadership roles within their organizations, the relationship building is also a way of strengthening the regional system of care and helping agencies work better together. In 2018, the state of California issued a mandate for the use of new evidence-based functional assessment and outcomes tools by public systems within the departments of Social Services and Behavioral Health Services. Trauma Transformed seized this as an opportunity to develop a unified strategy to communicate, address, and monitor the individual needs of children, youth, and families. One considerable barrier to smooth and efficient cross-agency and cross-county care coordination is that different requirements, data systems and tools lead to an inability to communicate effectively about shared clients. As a result, clients and families endure repeated assessments as they experience transitions in their care. Trauma Transformed convened county behavioral health systems and CBO partners from throughout the Bay Area to collaboratively discuss and address the challenges to regional care coordination. Trauma Transformed supported the region to adopt a universal version of the CANS assessment in order to optimize the clinical and communication value of the assessment. Trauma Transformed engaged diverse stakeholders in planning and also created tools to support widespread adoption of a new unified regional tool: Trauma Transformed put out a report, provided trainings and tipsheets, and developed resources available for download to ensure partners had the necessary support to take part in a change that would yield greater alignment and coordination of care.

For any new reform or policy to succeed, it must be turned into actionable steps. Too often, social workers, service providers, and those charged with translating policies into practice are left out of the design and implementation process.

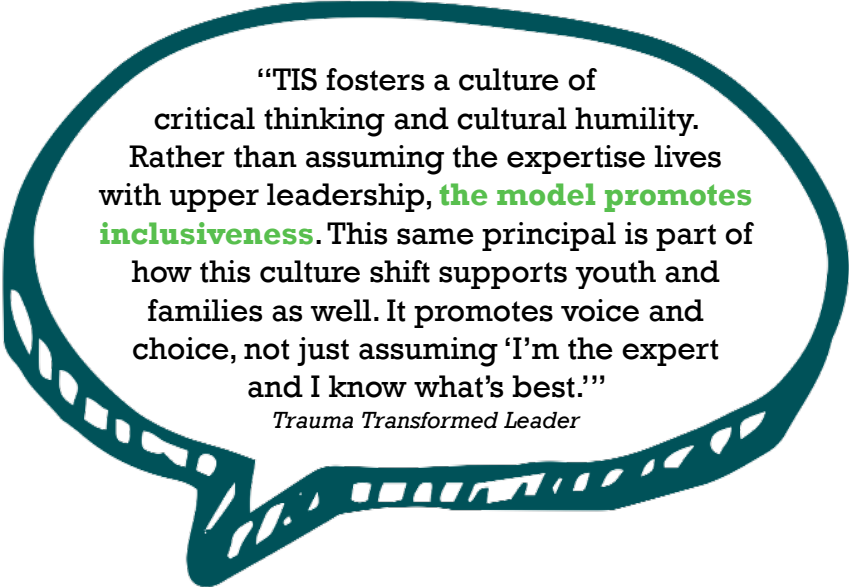
*Trauma Transformed Care Across Counties
Reflection Brief*



Enhancing Diverse, Multi-level Collaboration within Organizations

Trauma Transformed created structures to promote diverse leadership within organizations.

One way Trauma Transformed has elevated the voices and leadership of mid-level and front-line staff is through the Champions role as part of the TIS organizational change model. The year-long Champions program supports staff in a formalized role as change agents within their organizations, through onboarding and training, participation in a learning community, and concrete tools and guidance for embedding trauma-informed values into their organization's practices. By enhancing engagement, leadership, and voice of staff with the greatest direct contact with clients, the program has supported more trauma-informed and equitable leadership. For instance, one staff champion alerted an organizational leader about a traumatic event impacting the community, prompting the leader to send out an email to all staff acknowledging what took place and how it may have affected staff and clients. Champions are also creating change in organizational feedback processes to gather feedback that is genuinely more inclusive. For instance, the Champions program shared participatory decision-making tools. Champions are navigating ways to survey staff and get participation from those who are often silent in full group staff meetings or discussions. This model relies on improved feedback processes—a structural solution, rather than placing the onus on individuals—to harness collective knowledge and input. Having information that comes from the ground up, and getting that information in a way that doesn't unfairly elevate some voices over others, is critical for equitable and inclusive leadership.



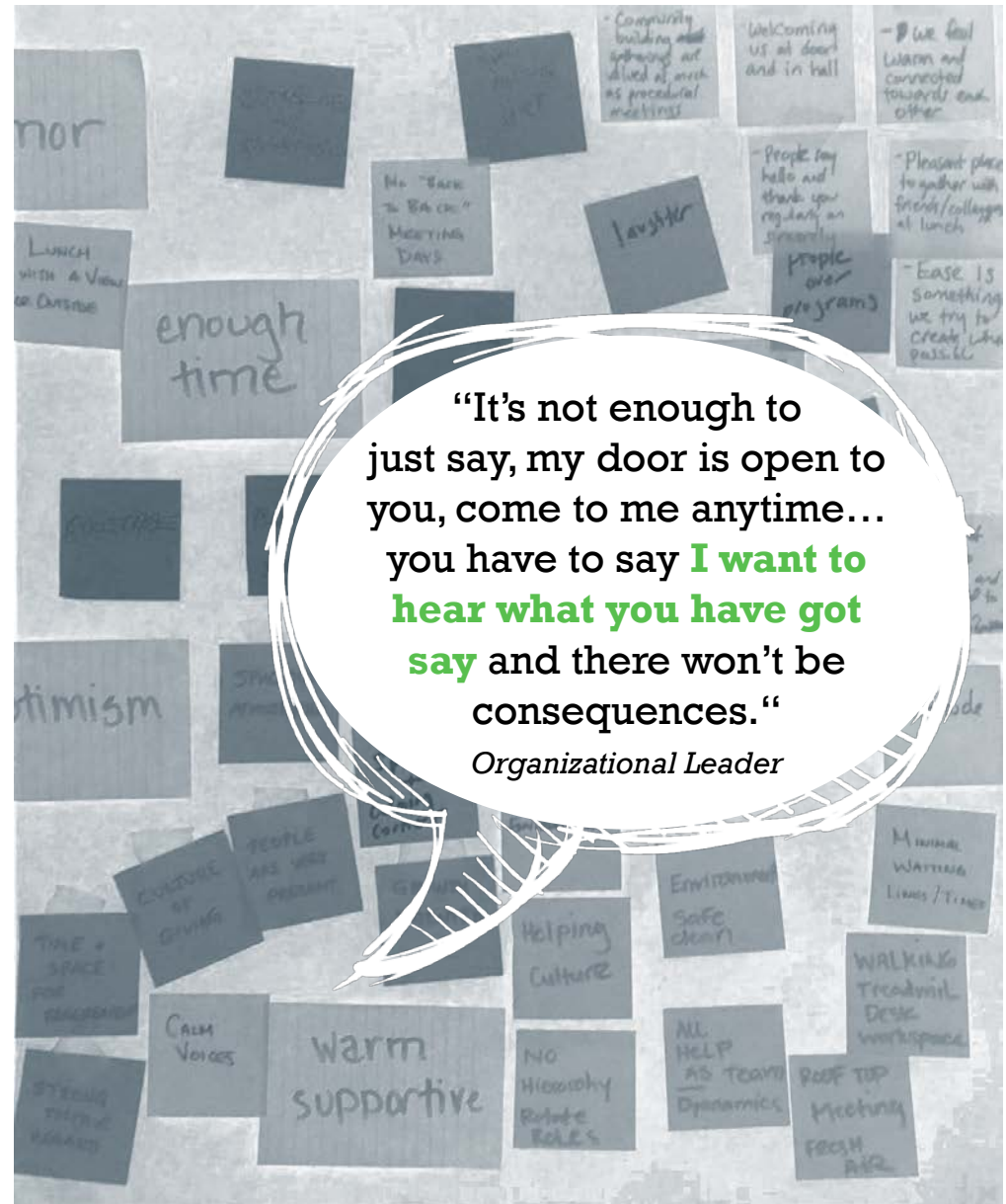
“TIS fosters a culture of critical thinking and cultural humility. Rather than assuming the expertise lives with upper leadership, **the model promotes inclusiveness**. This same principal is part of how this culture shift supports youth and families as well. It promotes voice and choice, not just assuming ‘I’m the expert and I know what’s best.’”

Trauma Transformed Leader

Trauma Transformed also developed the Emerging Leaders of Color (ELOC) program to attract and engage more people of color as emerging leaders. The program is part of a long-term effort to increase the diversity of leaders and match the diversity of people served within the system of care in the Bay Area region. The six-month ELOC program aims to support leaders of color by helping them to uncover, deepen, and build upon their natural strengths, and prepare them to navigate the pressures and pitfalls of serving in the helping professions. Participants shared that ELOC was a safe place to process things; one participant described ELOC as allowing them to be less reactive in the workplace because it created a space for them to reflect on incidents in their work life or work culture. All of the ELOC participants agreed in a survey that the ELOC helped better prepare or motivate them to take risks in leadership roles. Participants took away ideas and skills to apply in their work, such as how to lead as a person of color and the concepts of situational leadership, post-heroic leadership, reframing feedback, and the subjugated and empowered selves.

RADICAL COLLABORATION

Trauma Transformed has prompted greater multi-level engagement within organizations, contributing to relationship building and enhanced collaboration. Staff across departments and positions are coming together in a non-hierarchical forum to talk about and address trauma-informed practices within organizations. In Santa Cruz, staff from the three departments of behavioral health (Adult Services, Youth Services, and Substance Use Disorders Services) come together on a monthly basis to discuss a common topic. The departments used to be very siloed, shared the Director of Behavioral Health Services for Youth. “Now people have gotten to know each other. The workgroup includes clerical staff, clinicians, and supervisors. Visible changes have taken place within the organization. Before Trauma Transformed, there wasn’t the same level of input to inform how things were messaged or rolled out. Now there is more thoughtfulness in gathering input, messaging, and supporting staff to be successful as the organization implements new practices.”



Bridging Systems and Sectors through Trauma Understanding

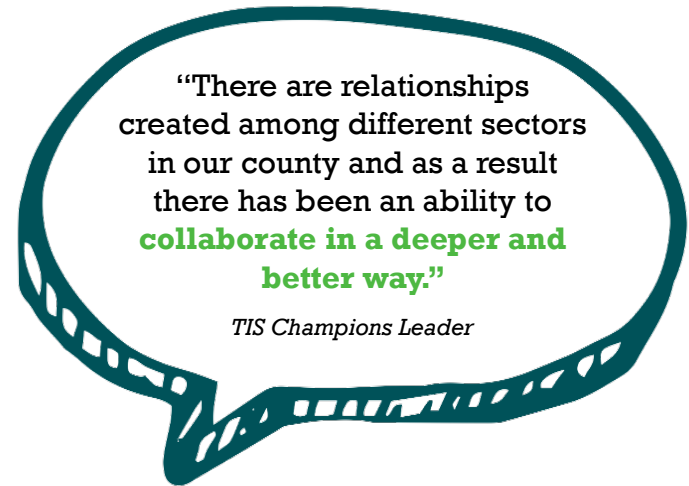
Trauma Transformed has built trauma understanding in sectors outside of behavioral health and has supported cross-sector collaboration among various youth-serving systems. A San Mateo County stakeholder noted that “what Trauma Transformed did was it gave an understanding to differentiate between trauma-informed care and trauma-informed systems. [...] It’s not just about the direct service of a client. It’s about how the system treats a client from the parking lot to the last door they exit. [...] And Trauma Transformed helped] to bring this out of a behavioral health-driven forum and make this a county issue.” Trauma Transformed has strengthened cross-sector relationships and partnerships, some of which have been formalized agreements that change the way the county serves and supports youth and families.

New and strengthened cross-sector partnerships support improved care and coordination for youth:

An MOU between Alameda County Superior Court and Alameda County Behavioral Health Care Services will institute a practice that improves care coordination. The partnership will provide psychiatrist monitoring and oversight of psychotropic medications prescribed to youth within juvenile justice and foster care systems.



Project Thrive in Santa Cruz County has established an MOU between probation and county mental health to provide a mental health worker to ride along with police when responding to mental health calls dealing with youth.



RADICAL COLLABORATION

In addition to promoting the types of formal collaborations listed above, one of the more unique and impactful elements of Trauma Transformed is the degree to which new and enhanced partnership are taking place in instances where there are no signed agreements, no exchange of funding, and no mandate to participate. Jen Leland, the Trauma Transformed Center Director, calls this **radical collaboration**. It is a way of collaborating that is healing. It does not perpetuate typical ways of interacting, such as those that are transactional and hierarchical, which are symptomatic of trauma-organized systems. Radical Collaboration is centered on relationships and shared values.

“ **I call it radical collaboration in that nobody had to show up for this.** Nobody was getting paid. There was no contract at work. None of these county partners were getting any extra financial incentive for giving trainings. And I think what happens when you create these opportunities for people to show up without being mandated, and to work on something collectively and to really nurture everyone’s collective expertise is that those trainers then become radical collaborators inside their own departments and break down silos that typically exist within those sectors.

It’s a relational model. It’s a flatline hierarchical model. The concept that gets lifted up is that **‘my healing is embedded in yours. We have shared fates’**. When you can recognize that, there is something that happens to break down the silos, in the way we show up for each other. The way we gain strength from each other. There is something that happens in the way we experience hopelessness especially in these times. When we recognize that we all have these common stressors. That what I do in my county or department is inextricably wound up with yours. **The idea behind radical collaboration is that it’s actually a relational and healing practice.**

Trauma Transformed Leader

County leaders have observed examples of Radical Collaboration in action. Eight Alameda County CBOs met as part of a workgroup to discuss the results of their Trauma-Informed Agency Assessments (TIAA) and begin a process of transforming their systems to be more trauma-informed. Katie A Coordinators from five Bay Area counties and a representative from Children’s Hospital met at the Trauma Transformed Center to discuss Katie A services for youth placed out of county, and to share facilitation training resources.⁴ Project Thrive in Santa Cruz shared tools and TIAA resources with a project through the Office of Juvenile Justice and Delinquency Prevention in Santa Clara County, connecting two neighboring counties in using the TIAA to promote trauma-informed care with dually-involved youth in Santa Cruz and Santa Clara.

This type of collaboration requires time, resources, and a solid commitment. The most successful examples of diverse and inclusive collaboration and leadership invariably involve engagement of staff at all levels, and buy-in and support at the highest level.

⁴“Katie A” refers to the 2002 landmark youth mental health case, Katie A. v. Bonta, that resulted in access to mental health services for foster youth in California.



Transformative Reflection and Healing

TRANSFORMATIVE REFLECTION AND HEALING

Trauma Transformed is intentional and persistent in generating spaces for healing, reflection, and growth across the workforce and communities served.

The role of Trauma Transformed in bringing about reflection and healing—in individuals, organizations, and systems—may be the least tangible and hardest to measure through conventional metrics, but also the most profound in its impact on individuals and in its centrality to the success of Trauma Transformed as a catalyst for systems change. It is the aspect of Trauma Transformed's work that elicits the most passionate and personal reflections and causes faces to light up and voices to crack when those touched by the work are asked to describe it.



“ If the adults are taking care of ourselves, building community, and taking care of each other, we are better able to take care of and help our children... How does a better regulated adult do better for kids? By regulating ourselves first, we notice how we are feeling and reacting, and through breathing or movements or mindfulness, then we can interact in a more healing way. **If we want to see change, we have to be the change first. We cannot be off balance, we can't be showing up in a way that is working against what we want.** We have to create peace in our hearts first and then express that peace in the world. We have to see the light in each other.

Trauma Transformed Parent Organizer/Youth Leader ”

The Radical Idea of Reflection

Just as trauma-affected individuals find themselves quick to react and stuck in reliving their trauma story, so too does a trauma-organized system become reactive rather than reflective and growth-oriented, thereby perpetuating and inducing further trauma to its workforce and the youth and families it touches. Recognizing the importance of reflection in enabling the actors in a complex system to do things differently, Trauma Transformed provided opportunities for reflection in a wide variety of ways, from community circles after traumatic events to facilitated staff conversations to process Trauma-Informed Agency Assessment scores. As a county leader shared, “Trauma Transformed created a reflective space between the counties in a way that doesn’t exist within the counties. Counties are built to react, and Trauma Transformed became a place that could build, facilitate, and process moments where we could think. If you don’t think and reflect, you can’t advance. If I spend my whole life reacting and not reflecting, I don’t change and I get into trouble. Organizations that are traumatized live in that same space, but we don’t often recognize that. One of the antidotes to that is the reflective space Trauma Transformed has brought between the counties...It’s a radical idea that organizations can reflect, or communities can reflect; it is an idea that is simply not understood as a necessary function in creating change. Organizational change [rhetoric] always talks about action, not reflection. You don’t hear them say ‘we just need to sit and think about this for a while.’ That is a radical space. Trauma Transformed has brought that radical space. Trauma Transformed has become the vehicle for great reflection.”

Trauma Transformed’s holding of reflective space—for leaders, staff, and community members—has been, above all, in service of collective healing. Examples of how Trauma Transformed has created opportunities for reflection include:

Leaders

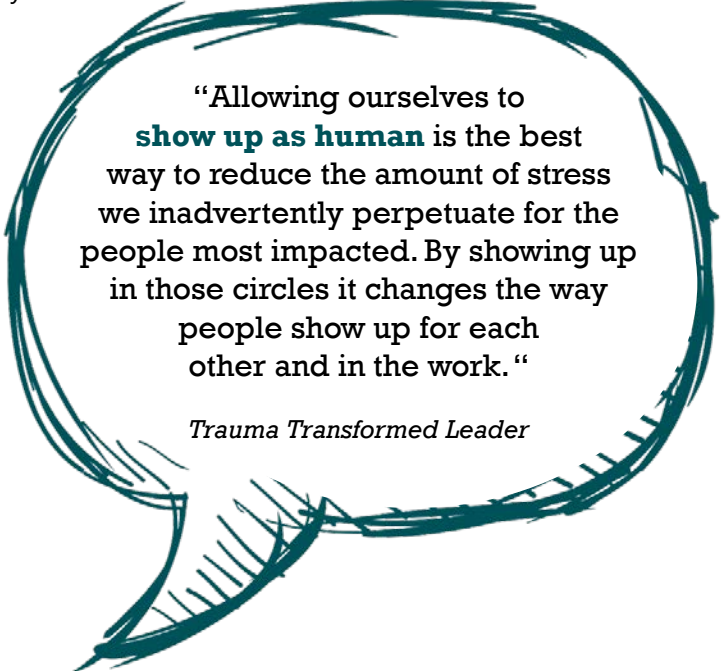
- Leadership Learning Communities
- Racial Justice and Collective Trauma Communities of Practice, anchored by a learning series exploring public health leadership at the crossroads of race, trauma, and system change

Workforce

- Trauma-Informed Agency Assessment and facilitated conversations to reflect on results and next steps
- Rage, Reflection, and Restoration healing circles

Community

- Youth and Family Healing Days
- Rage, Reflection, and Restoration healing circles



“Allowing ourselves to **show up as human** is the best way to reduce the amount of stress we inadvertently perpetuate for the people most impacted. By showing up in those circles it changes the way people show up for each other and in the work.”

Trauma Transformed Leader

Centering Racial Equity in the Quest for Healing

Trauma Transformed unequivocally acknowledges that it is not just impossible but antithetical to advance a truly trauma-informed system without an explicit racial equity lens.

As Dr. Kenneth Hardy explains in “Healing the Hidden Wounds of Racial Trauma,” the difficulty of service systems in meeting the needs of young people of color is rooted in a failure “to appreciate the ways in which race is entangled with their suffering,” causing interventions to focus on goals that do little to address the “insidious, mostly invisible” wounds of racial oppression: “internalized devaluation, assaulted sense of self, internalized voicelessness, and rage.”⁵ These hidden wounds affect both staff and families who receive services. Similarly, RYSE Youth Center’s field-leading “Racing ACEs” work shines a light on the social conditions, historical trauma, and other forms of structural racial bias that have an integral role in a person’s trauma, beyond any individual experiences. RYSE has advanced this new way of looking at ACEs and the ACEs pyramid that the field commonly uses to understand trauma and trauma response.⁶ A Trauma Transformed leader reflected that “the opportunity to partner with RYSE on the 2016 Racing ACEs convening was a pivotal moment for our regional prioritizing of socio-cultural trauma as central to our responses to healing community and organizational trauma.”



Influenced deeply by Dr. Hardy’s work and building on the regional momentum garnered by RYSE’s Trauma and Healing Learning Series and its Racing ACEs convenings, Trauma Transformed has taken care to embed a racial justice analysis in its systems change work, from dissemination of knowledge and clinical practices to leadership development efforts like ELOC to community healing circles like Rage, Reflection and Restoration. Trauma Transformed has also ensured that its work toward racial equity and justice has been explicit about transferring burden from staff of color, who are typically more likely to do the work, formally and informally, of fighting racial inequity. This has meant creating dedicated and safe spaces and supports for staff of color to attend to their healing and professional development, while building the understanding and skills of white allies to step up as agitators and champions for system change. It has also meant taking a critical eye to the question of “how are we decentering whiteness in our institutions?” and attending to organizational policies, processes, and practices that maintain systemic inequities.

⁵ Reclaiming Children and Youth Journal, Spring 2013, volume 22, number 1.

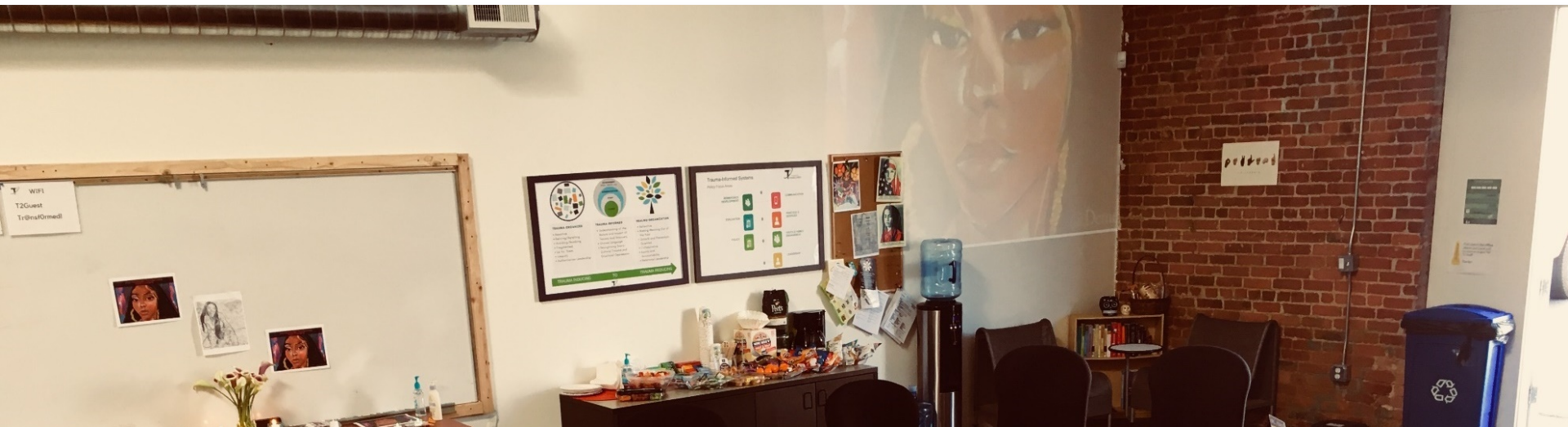
⁶ <https://www.acesconnection.com/blog/adding-layers-to-the-aces-pyramid-what-do-you-think>

TRANSFORMATIVE REFLECTION AND HEALING

Trauma Transformed has served to make racial equity an explicit part of system transformation by:

- Convening learning circles, events, and discussions focused on understanding the intersection of race, trauma, and healing, including those featuring Dr. Hardy
- Providing technical assistance to support discussions, trainings, supervision approaches, and other organizational practices that center racial equity
- Facilitating conversations with Leadership Learning Collaborative participants about racial equity, cultural humility, and how leaders can address racism within their own organizations
- Creating space for people of color to express rage at injustice, connect with each other, and access healing tools and spaces
- Investing in the leadership development of staff of color
- Building the capacity of white providers to talk about race, understand their own privilege and how they might show up in a way that creates harm to people of color, including both their colleagues and clients
- Planting the seeds of critical inquiry about the disparities evident in the system, so that system leaders question the structures that maintain those disparities, such as predominantly white leadership teams

In the fall of 2017, more than 300 Regional County and Organizational Leadership convened for day long sessions with Dr. Kenneth Hardy to explore the legacies and subsequent wounds of oppression, and commitments leaders can make to put practices and policies into place that heal more and harm less.



TRANSFORMATIVE REFLECTION AND HEALING

The racial equity-focused practices and outcomes brought about by Trauma Transformed speak to how the pillars of Trauma Transformed's work mutually reinforce each other. Trauma Transformed's combined efforts in establishing shared language and knowledge about how race intersects with trauma and healing, creating the conditions for deep relationship-building and collaboration, and focusing on a racial equity-centered reflection and healing has resulted in the proliferation of practices at the county and agency level that would not have otherwise taken root. County staff reflect that the relationship- and trust-building that has stemmed from Trauma Transformed efforts such as learning circles was a necessary precursor to staff feeling able and willing to start having brave, inclusive, difficult conversations about race and equity in a way that has not happened before.

Examples of emerging agency- and county-level practices to bring greater focus on racial equity

- Promoting implicit bias test as part of staff development meetings
- Increased focus on cultural humility during interviewing and hiring of new staff to ensure alignment of new staff with equity values
- Creation of racial equity- and cultural humility-focused committees and workgroups to raise more awareness of the importance of race, equity, and cultural humility in both internal and client-focused work
- Sponsorship of mandatory, all-staff anti-racism training
- Producing cultural humility- and equity-themed bulletins and supporting supervisors to discuss them with staff
- Sponsorship of entire management team to attend Dr. Kenneth Hardy's webinar on Cultural Sensitivity in Supervision, and use of Dr. Hardy's supervision materials in a supervisors' peer consultation group
- Holding staff exercises and discussions to build awareness of white privilege
- Comparing data about the demographics of communities served and those holding leadership positions, or examining data about disciplinary actions for white staff and staff of color, and thinking critically about the forces behind those data
- Ensuring timely translation of materials to ensure equitable language access

TRANSFORMATIVE REFLECTION AND HEALING

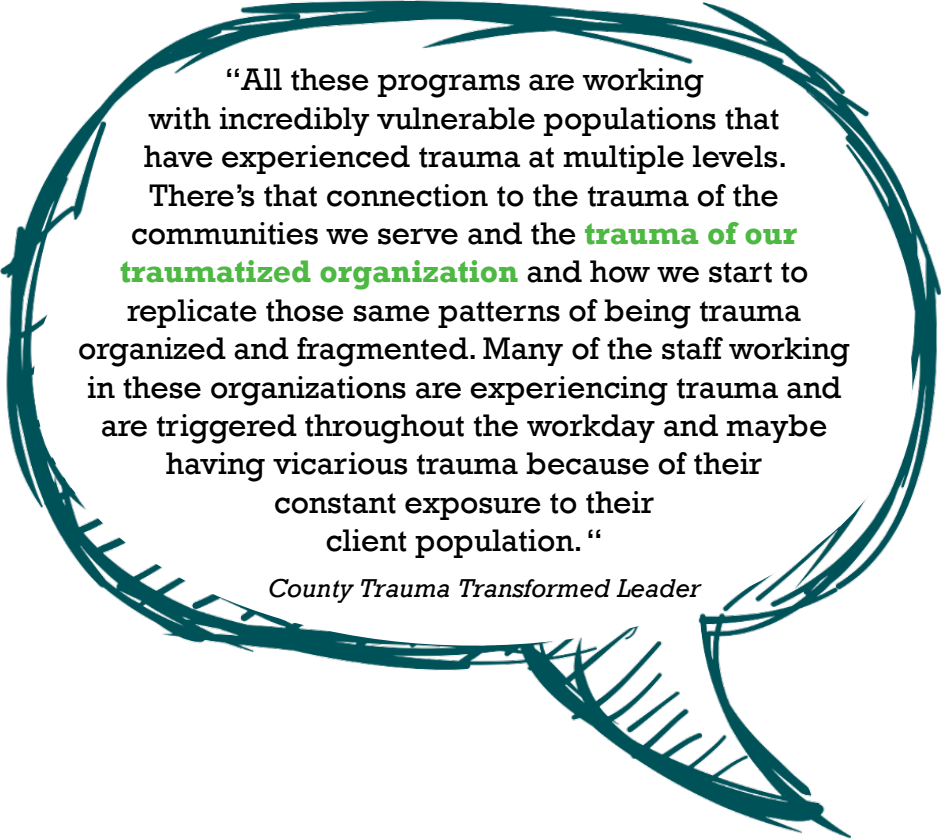
Staff members speak to seeing their colleagues getting more courageous and more skilled at having hard conversations about race and about why it matters, both for supporting staff and for serving clients. They see white staff initiate conversations about race, demonstrating a heightened awareness of how dealing with relentless oppression and discrimination based on race affect community members' mental health for example, or how events such as police murders of Black men or attacks on new immigrant families may be affecting their clients. They see white staff being more comfortable saying when they don't know how to talk about something and asking others how they are talking about it with clients. They also observe a focus on repairing harms and relationships when conversations get difficult, and seeing people stay in those conversations and work through those harms instead of avoiding them. This is important because, as a county Trauma Transformed leader notes, "You can't talk about racial equity if you can't have a conversation about race. And you can't solve a problem if you can't talk about it... And then, we need practice on how to hold the space. Then when conversations don't go how we want them to, [figuring out how to] work to repair so we continue to be in relationship and continue to do the work together."



"After the Ken Hardy days, we were able to understand that we are going to harm one another in these conversations. That's why we call them **brave conversations** because they don't feel good. There is unconscious bias that comes up and we're going to trip on each other and get hurt. So we **pay attention to repairing** as well – it's about the way we change how we attend to bias and sociocultural trauma. So **we have the skills and resources to repair those harms** organizationally and relationally."

Trauma Transformed Leader

Healing Workforce and Caregivers is Central to Supporting Youth



“All these programs are working with incredibly vulnerable populations that have experienced trauma at multiple levels. There’s that connection to the trauma of the communities we serve and the **trauma of our traumatized organization** and how we start to replicate those same patterns of being trauma organized and fragmented. Many of the staff working in these organizations are experiencing trauma and are triggered throughout the workday and maybe having vicarious trauma because of their constant exposure to their client population.”

County Trauma Transformed Leader

A system cannot be transformed to better serve youth and families until it attends to the trauma carried by its workforce and other adults caring for youth. Members of the workforce need to be able to address their own stress, needs, and vicarious or secondary trauma in order to ensure they are not inadvertently passing that stress on to the people they care for. Likewise, parents and caregivers need to have the capacity to center and regulate themselves so that when they attend to behavior in youth that is coming from a place of trauma and dysregulation, they are able to come from a place of calm and compassion.

As a Trauma Transformed leader put it, “It’s not the evidence-based model itself that heals. We know a lot of healing takes place for youth within relationships, but relationships can harm, too. If you have somebody who is really dysregulated, it doesn’t matter what evidence-based practice you use. The person on the other end of that is going to feel dysregulated too. That’s our mirror neurons at work. There is not some mythical land where we don’t have stress or trauma in our workplace. We have profound amounts of pain and suffering. That’s part of the work. Stories seep into our bodies. What we have to do is figure out how to come together and mitigate and metabolize those things. [As a provider, I am] not saying ‘I have the answer for your healing.’ Our healing is bound up with each other’s.”

Research from the San Francisco Department of Public Health affirms the link between a cared-for workforce functioning in a trauma-informed system and their capacity for supporting their clients. The Tool for a Trauma-Informed Worklife, which measures the experience of trauma-informed systems principles in the daily worklife of employees, is positively correlated with self-reported job happiness, the Stress Satisfaction Offset Score, and the Trauma-Informed Agency Assessment, which measures employee perceptions of providing trauma-informed practices to clients.⁷ These correlations are early but important data that are critical to demonstrating the “proof of concept” that addressing and preventing stress and vicarious trauma in providers translates to better and more healing care for the people they attend to—a link that makes intuitive sense but has not had quantitative data to bolster it until now.

⁷ TTIW correlations with job happiness ($r(111)=.686, p<.000$), Stress Satisfaction Offset Score ($r(123)=.577, p<.000$), and TIAA scores ($r(101)=.505, p<.000$) are based on a sample from San Francisco child-, youth-, and family-serving civil service agencies.

Transforming workplace culture

The widespread knowledge and skill sharing about trauma, including vicarious trauma, and what it takes to be a healing organization have begun to shift the organizational culture in agencies in a way that supports both staff wellness and trauma-informed care toward clients.

Stakeholders observe agencies taking concrete steps to become safer spaces to help hold their clients' healing. In addition to the increased thought given to racial equity and cultural humility described earlier, agencies are attending to even the physical space that welcomes clients to services. A county leader reflected, "When people come in they say 'wow, this is so nice.' Before it looked like we didn't care. Like we didn't value our clients. Just the physical presence is the message we value you, we want you to have a comfortable safe space to do the work you need to do with us."

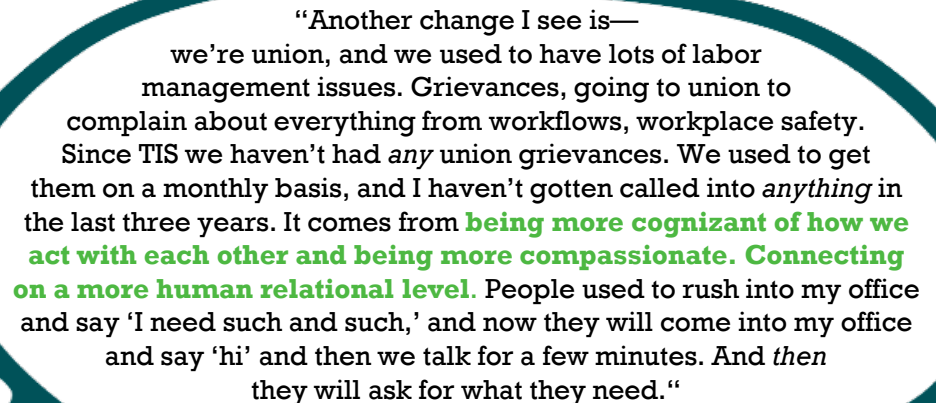
Trauma Transformed's efforts raised awareness at all levels about the kinds of organizational policies and practices that could better support the workforce that cares for youth.

Some organizational changes focused on physical and emotional safety measures for staff, such as:

- Critical incident response policy to provide a trauma-informed coordinated response after a critical incident occurs
- Dedicating time in staff meetings to discuss how political events, community violence, natural disasters and other global events impact clients/youth as well the staff
- Staff-wide emails sent by leadership following the occurrence of traumatic events to express support, increase trauma awareness, and encourage staff to support one another in times of stress

Others focused on encouraging and facilitating self-care and staff wellness:

- Creation of an employee wellness committee charged with taking care of staff so they can in turn take care of clients
- Quarterly breakfasts cooked by management for the rest of the staff, which provide an opportunity for staff to be nourished and cared for by those with greater institutional power, as well as a chance for staff to connect with each other, while being freed from the burden of contributing a potluck dish or money in order to break bread together
- Collective encouragement for wellness activities, like wellness boards, group walks, and wellness zones where staff can go to take breaks, decompress, or engage in movement and exercise
- Self-care "buddy system" so that team members are paired up to support each other and ensure each is practicing self-care techniques



"Another change I see is— we're union, and we used to have lots of labor management issues. Grievances, going to union to complain about everything from workflows, workplace safety. Since TIS we haven't had *any* union grievances. We used to get them on a monthly basis, and I haven't gotten called into *anything* in the last three years. It comes from **being more cognizant of how we act with each other and being more compassionate. Connecting on a more human relational level.** People used to rush into my office and say 'I need such and such,' and now they will come into my office and say 'hi' and then we talk for a few minutes. And *then* they will ask for what they need."

County Leader

Facilitating growth among family and caregivers

Family members and caregivers of youth play a critical role in their children's healing journeys, and yet are often excluded from the resources, knowledge, and skill development available to providers. Because of the nature of community, historical, and racial trauma, family members are often traumatized themselves and unintentionally bring that trauma into their interactions with their children. Caregivers may also be unfamiliar with or intimidated by navigating complex systems that hold such great power over the families' lives. Trauma Transformed has taken a role in addressing these dynamics through outreach and engagement to families and caregivers led by peers with lived experience in the systems. A parent organizer and Trauma Transformed youth leader sees several links between parent empowerment and the ultimate outcomes of their children in the system. This leader argues that building parents' capacity, specifically by increasing their knowledge about trauma, child development and behavior, and how to navigate systems and advocate for their kids, and by supporting their healing enables them to better support their children because:

- They gain more confidence in their own voice, and they can speak up to advocate for their kids and have an active presence in discussions with the other adults involved in their children's care, discipline, and education;
- Their children see them standing up for them and have the healing experience of feeling like they are important enough for the parent and provider to be working together to help them, which can be a profound shift in their self-concept when they rarely get messages that they are important; and
- Caregivers' own healing and wellness gives them greater patience and capacity to respond positively to their kids and to challenging behavior rather than reacting in a way that might exacerbate stress.

Providers also benefit from having an engaged caregiver community involved with their children's care. Being able to get authentic feedback, input and partnership from caregivers builds trust between providers and the community, and gives providers more insight into their young clients' environments, assets, and struggles.



Youth and caregivers healing together

Trauma Transformed prioritized the engagement of youth and families from the start, and convened a Youth and Family Advisory Council that has now evolved into a Youth and Family Healing Network that continues to be active in the region's communities. Trauma Transformed also sponsored Youth Leadership and Healing Summits and Youth and Family Healing Days that were rich opportunities for youth and people with lived experience to develop as leaders, gain knowledge of skills and healing techniques, and build trusting relationships.

The Youth and Family Healing Days were designed, planned, and led by youth and family members with careful attention to accessibility, the centering of community members, and the 8 Dimensions of Wellness: Intellectual, Emotional, Spiritual, Social, Physical, Environmental, Occupational, and Financial.⁸ These community events provide youth and family with empowering information about trauma and healing, skill-building opportunities, and intergenerational connections, while also being, in the words of a caregiver, "healing through joy and fun instead of waiting rooms."



A Trauma Transformed youth and family engagement leader explains the significance of bringing youth and families together instead of providing them with resources and opportunities separately.

“ If you are a family member and your child is put into the system, you all go into different systems: if you are 0-5 you are in a different system from kids under 12, and then at 13 you transition into the transition-age youth (TAY) system of care, and after TAY, you transition into the adult system of care. So there have been all these separate systems and transitions. Then their families, whether they are intact or working toward reunification, they have to navigate the systems too. What I hear from families is that they don't know why they are going through all these systems, and depending on the county and the services they need or don't need, they don't always have access to navigators or advocates, so no one to tell them about resource centers or prepares them for what their child is going through and why. Then if the family is creating harm and has to go down the path of child welfare, incarceration, substance use treatment, etc., **the system is then traumatizing the whole family.** Their care is led by doctors and PhDs, and families don't understand what they are trying to say; these system providers don't slow down enough to tell family members that something as simple as blowing bubbles or flipping a sensory bottle could help calm their child's nerves, for example, instead of using language that is academic, retraumatizing, and stigmatizing.

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⁸ <https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>

TRANSFORMATIVE REFLECTION AND HEALING

The youth and family engagement leader continues:

“ So at the Healing Day, the way they get information itself feels healing to people. But moreover, bringing youth and families together is healing. **We are more powerful if we can come together**, and understand our differences. So we need to help both sides access healing, and help them know each other. When you are so fractured from relationships and family and you are all alone, which we know the research says is very detrimental to our health, you don't have access to the aunts and elders for support and wisdom. It's that type of community that we even didn't think would happen, didn't dare to dream, but we see that happening. I see families who are able to do that in these healing spaces. ”



“They liked that **it brought people together** from across county lines, and that the people putting it on were not the providers involved in their care—they could feel like there wasn't an agenda or ulterior motives in bringing them together. They could just come and engage with people that were community oriented; they could see that people leading the activities had **similar shared experiences**. They felt like they could come into a space that was incredibly inclusive, and saw models of how to take their harms and put it to purpose, how to make money in a job doing things that were healing from a community perspective.”

Youth and Family Engagement Leader



Conclusion

CONCLUSION

Trauma Transformed is a bold and innovative effort that has disrupted norms, siloes, and barriers that perpetuate stress and trauma within the very systems charged with healing and addressing trauma. **In four years, the initiative has broadened awareness and understanding of trauma, it has fostered diverse, multi-sector, and multi-level collaboration, and it has created spaces for healing and reflection.** As a result, systems are working in new ways to promote the wellbeing of youth, families, and communities impacted by trauma.

Radical, system-level transformation is not possible without the willingness to take risks and invest deeply in something new and unproven. County leaders recognized the need for transformation to address long-standing, deeply entrenched fractures within the system. The will for change was there, as well as existing relationships among the county leaders, but the infrastructure was missing to create, test, and deploy new tools and centralized support. Trauma Transformed created that infrastructure. With intensive collaboration among those at the very front lines and those with the greatest level of influence, Trauma Transformed tried things that had not been done before, created space for innovation, failure and learning, and provided a container to help diverse partners hold a shared stake in the region's ability to respond to trauma within its communities.

LESSONS FOR THE FIELD - The first four years of Trauma Transformed have yielded insights about what it takes to do this work well:

DEDICATED TIME. Trauma Transformed owes much of its success to the fact that partners showed up from across the region to meet regularly in person, often with no reimbursement or direct financial incentive, and made this work a priority. This reflects buy-in and investment from the highest levels of leadership. Over time, trauma-informed values are becoming more embedded into the fabric of organizations and systems. One organization leader shared “when you start looking at the world in terms of this trauma-informed lens, it completely changes everything you do. And you understand that it’s not an initiative, it’s a way of doing things.” But early stages of change often require more intensive efforts, in the same way that the greatest pressure must be exerted at the outset to get a boulder to move; eventually momentum will carry it forward with greater ease. In the case of Trauma Transformed, this tremendous force came in the form of frequent trainings, presentations, in-person conversations, and time for reflection. Even as many public and non-profit sector organizations experience pressure to do “more with less” as they seek to fulfill their mission, agencies and partners dedicated time and space to come together for face-to-face interactions; that human relationship-building became the building blocks of systems change.

DEEP TRUST. There is a humility required to honestly and openly reflect inward, whether as an individual, an organization, or a system, and to acknowledge a need for healing and repair. The way in which counties partnered deeply with Trauma Transformed, providing Trauma Transformed access to the inner workings of their organizations, and handing over leadership authority, is radically different from how CBOs and county health departments typically operate together. CBO partners also embraced Trauma Transformed with openness, humility, and willingness to change, which would not likely have been possible were the initiative rooted in a county health department to which CBO partners were directly accountable.

SUPPORT FOR RISK TAKING. Change inherently means embracing new ways of doing things. Innovation does not happen without taking risks. It involves trial and error, allowing room for failure, and creating space for reflection and learning from what doesn’t work on the pathway to finding what does. In order to create system-level solutions that are deep enough to create impact, and individually tailored enough to suit diverse stakeholders, experimentation is critical. Trauma Transformed created an environment in which risk taking, innovation, and experimentation were encouraged, where partners felt safe enough to acknowledge mistakes, and where challenges were not cause for giving up, but instead lessons to channel for improvement.

CONCLUSION

As a CBO-led initiative, accountability to funders is a necessary part of sustaining the resources for the work. In an effort like Trauma Transformed this can sometimes mean documenting and reporting measures that may do little to advance learning. The work of innovative systems change takes time, deep trust, and risk-tolerance. Philanthropic partnerships that also embrace these same elements will be invaluable for enabling continued innovation. One of the ways in which Trauma Transformed has altered systems is through creating space for critical thinking and reflection. Space is typically thought of as the nothingness that exists between things of substance. Slowing down for something like taking time for reflection can be hard to justify under an activity- and deliverable-oriented grant model, and yet it is one of the most important ways in which the work has contributed to healing systems and enhancing their capacity to support the healing of individuals. A challenge will be to develop strategies and tools that effectively measure progress when progress is defined not only by the outcomes achieved, but also by what was learned, the risks taken, and the relationships and connections made while slowing down to co-inhabit those reflective spaces.

A systems change initiative like Trauma Transformed is inherently slow moving, complex, and difficult to measure. Looking back upon the work of the last four years, there is evidence that meaningful progress is taking place, though some of what makes the initiative the most impactful and transformational is the most elusive to conventional metrics. What makes the work profound is not the numbers of trainings that have taken place, the fact that partners are collaborating in new ways, or increasing access to evidence-based modalities for addressing trauma. **The radical transformation taking place is in the capacity of systems to support and sustain efforts and practices that address trauma, by supporting and healing the people within those organizations and systems.** Stakeholders who talk about the impact of Trauma Transformed talk about hope, compassion, understanding, human connection, changes in how people communicate, how decisions are made, how people address conflict—small shifts taking place at a very individual and personal level. But these small shifts, when sustained and widespread, amount to a massive change that will fundamentally shift the systems that affect youth and their families from being trauma-inducing to being sources of healing.



Learn more about Trauma Transformed and download resources at <http://traumatransformed.org/>, and follow the Trauma Transformed blog at <http://traumatransformed.org/blog>.

