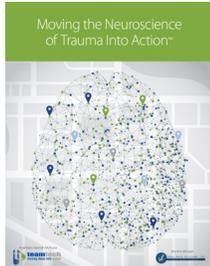


By Building Healthy Brains, We Build Healthy Communities: What Commissioners Can Do



Integrated Healthcare Systems

(i.e. county hospitals, public health departments and community mental health centers)

The insights of 29 individuals we assembled for an August 22, 2018 focus group informed this summary of how to move the neuroscience of trauma into action for those systems that are either under the leadership of county government or over which county government may have influence.

- 1) Recognize trauma and toxic stress as the public health crisis that it is given the impact on physical health, mental health, risky behaviors and life potential.
- 2) Adopt a leadership role in educating parents, teachers, child care providers, policymakers, civic leaders and the general public on the long-term effects of toxic stress and trauma as well as be vocal advocates for evidenced-based interventions for reduction of the sources of toxic stress and to mitigate their adverse effects on children.
- 3) After thoughtful planning and developing processes that align with the principles of safety, trustworthiness, choice, collaboration, and empowerment while embracing equity; universally screen clients/patients for ACEs and suicide risk then collaborate closely with other agencies to assure identified issues are addressed.
- 4) Advocate for reimbursement for implementing this work.
- 5) Build providers' skills to listen and actively reflect patients' concerns through a lens of safety and control; identify personal stress; build capacity to self-calm to assure best healthcare practices.

Juvenile Justice Systems

(i.e. juvenile detention centers, juvenile intake and assessment centers, community supervision, house arrest and courts)

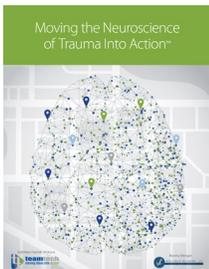
- 1) There are many evidence-based, trauma-informed practices for the juvenile justice system. It should be an expectation of all juvenile justice systems to utilize one of these practices for how the agency does business on a day-to-day basis.
- 2) Begin evidence-based trauma-focused treatment for youth in juvenile justice. Data tells us these children have experienced trauma.
- 3) Collaborate with school districts and child welfare agencies to focus on keeping youth in schools and their homes rather than in out-of-school suspensions and out-of-home placements as primary options unless child safety is the primary concern.
- 4) Assure juvenile justice staff are well trained in de-escalation techniques and self-calming to avoid re-traumatizing juveniles and to help staff with their own self-care.
- 5) Encourage use of the "NCTSN BENCH CARD" which contains guidelines to help judges make decisions based on scientific findings in the traumatic stress field. See National Child Trauma Stress Network at www.ksccourts.org

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Adult Correctional Systems

(i.e. county jails, adult detention center, community supervision/probation, house arrest, and Sheriff's Office)

- 1) Increase awareness of the high incidence of staff and inmate trauma. If trauma-informed principles are introduced, all staff can play a role in minimizing triggers, reducing critical incidents, de-escalating situations, and avoiding restraints, or other measures that may repeat aspects of past abuse. In addition to general trauma-informed principles, clinical staff can provide trauma-specific therapies and curricula that are designed to promote trauma recovery.
- 2) Prevent episodes of re-traumatization. Staff may inadvertently re-enact the traumatic dynamics of someone's past, triggering a negative behavioral response. Correctional staff also have much higher incidences of traumatic stress that can be re-triggered.
- 3) Treatment and rehabilitation are more successful in reducing recidivism than surveillance and enforcement. The use of trauma-informed principles can provide a foundation that strengthens the prison setting to provide effective help in increasing pro-social coping skills, creating a calm and safe prison environment, reducing adverse events, and aiding staff morale, all of which can lead to better offender rehabilitation outcomes.



In addition to the “system specific recommendations”, following are five recommendations for all organizations and communities to consider implementing given the neuroscience of trauma.

#1 Teach self-calming techniques

What We Know: When a person's stress-response system (fight, flight, freeze) is over-active, this is toxic to the brain and the body (too much cortisol gets released) leading to increases in chronic disease, mental illness, risky behaviors, lower life potential and earlier death.

Moving Into Action: There are lots of self-calming techniques to choose from – creative and natural ways to enhance what we already do naturally to self-calm (repetitive motions, humming, mindful breathing, and swaying to name a few) all based on the rhythmic and repetitive patterns that resonate with neural patterns. Think of the birthmother's heartbeat and breathing that the developing fetus experiences.

#2 Test cortisol levels and intervene with one-on-one coaching and parenting skills

What We Know: Early trauma and toxic stress increase cortisol levels. Cortisol is a hormone that is released into your body when you are under stress. Too much cortisol damages your long-term health.

Moving Into Action: Attachment Bio-Behavioral Check-up (ABC) is an evidence-based practice that tests cortisol levels and then follows-up with one-on-one coaching and parenting skills. Five sites in Kansas are piloting ABC intervention and seeing reduced cortisol levels.

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#3 Provide safe relational experiences for everyone in our communities

What We Know: One strong meaningful relationship with a supportive parent, coach, teacher, caregiver or other adult can make a difference in a child's neural development even in the face of sustained trauma.

Moving Into Action: Oftentimes the youth who most need safe relational experiences don't have them at home and also find themselves isolated in "normal" social situations. This is a lose, lose, lose situation (loss for the child, the family and our community.) As a community, let's create multiple pathways to low or no-cost safe relational experiences for our most vulnerable citizens. Our brains and long-term health depend on it.

#4 Strengthen resilience (the ability to "bounce back") in individuals

What We Know: Strengthening resilience in individuals can help minimize the impacts of toxic stress and sustained trauma. Resilience is a trait that everyone possesses that can be strengthened.

Moving Into Action: Research on resilience (the ability to "bounce back") indicates that there are multiple pieces to resilience including having a supportive community, feeling valued, having a sense of belonging and being able to engage with others as well as having access to basic necessities such as food, housing, education, employment and transportation.

#5 Create awareness of the neuroscience of trauma

What We Know: Supporting healthy and resilient people requires trauma informed and resilient practices throughout families, communities and organizations. Look to and learn from communities that have already implemented trauma-informed practices including Wall Walla, WA; Peace4Tarpon, Tarpon Springs, FL; and Cowlitz County, WA.

Moving Into Action: Review and improve existing policies and practices so they incorporate the neuroscience of trauma – policies and practices that promote safety, trustworthiness, choice, collaboration, empowerment and equity. This can be easily integrated into your existing continuous quality improvement efforts.

Together we can build healthy brains, which builds healthy communities!

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