

Trauma Informed, Anti- Oppressive Practices in the delivery of Youth Services

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SHARED AGREEMENTS

01

Expect and Lean Into Discomfort

02

Allow yourself to assess what you already know and what you need to unlearn and relearn

03

Engage in self-reflection to evaluate your own power, privilege and positionality

04

Actively listen

05

Own your intentions and impacts

06

Take care of yourself



AN INVITATION TO A BRAVE SPACE

Together we will create brave space
Because there is no such thing as a “safe space” –
We exist in the real world
We all carry scars and we have all caused wounds.
In this space
We seek to turn down the volume of the outside world.
We amplify voices that fight to be heard elsewhere,
We call each other to more truth and love
We have the right to start somewhere and continue to grow.
We have the responsibility to examine what we think we know.
We will not be perfect.
It will not always be what we wish it to be
But It will be our brave space together,
And We will work on it side by side.

By Micky Scottbey Jones



THE RIVER STORY

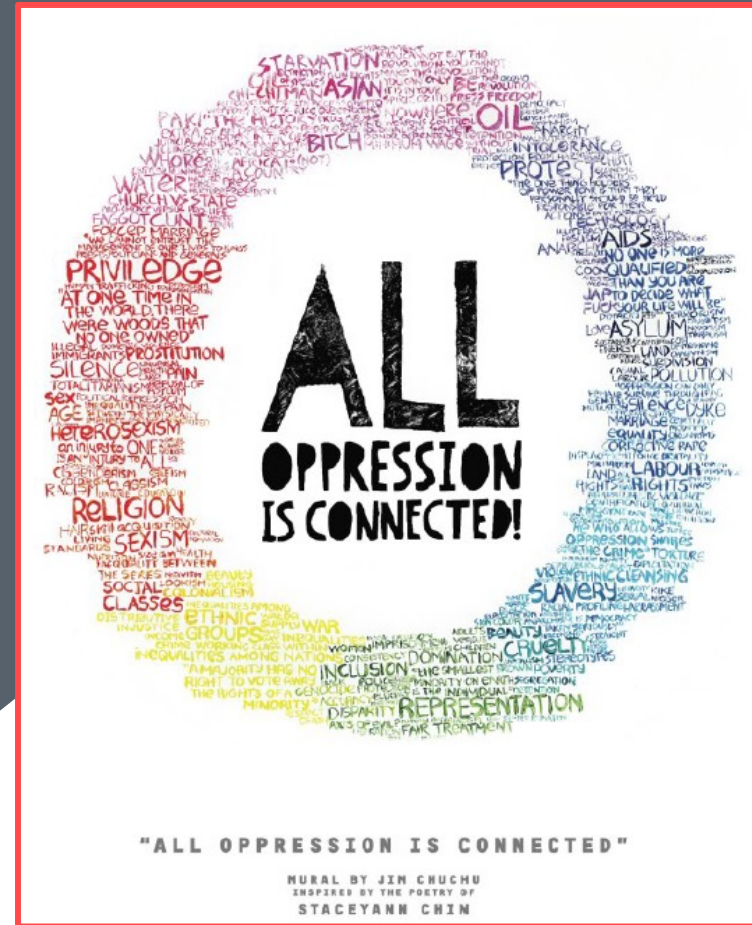


Story adapted from <https://givetogrant.org/wp-content/uploads/2019/08/The-River-Story.pdf>
(original parable credited to medical sociologist, Irving Zola)

WHO ARE THE PEOPLE MORE LIKELY TO FALL INTO THE RIVER?

“...certain groups of people are more likely to fall in the river than others. However, they do not fall in because of individual weakness or intrinsic flaws.

Rather, we know that some people are privileged to live in communities with strong bridges.”



INEQUITIES SEEN IN HOUSING WORK

8

- Each year, an estimated 4,200,000 unaccompanied youth ages 13 to 25 experience homelessness in the United States
- LGBTQ+ youth are 120% more likely to experience homelessness than their non-LGBTQ peers
- Up to 40% of youth experiencing homelessness identify as LGBTQ+
- 97% of women experiencing homelessness with a mental illness are a victims of trauma while they are experiencing homelessness
- African Americans make up 40 percent of the homeless population despite only representing 13 percent of the general population.
- Latina/o/e/x people make up 22 percent of people experiencing homelessness
- Homelessness among American Indian/Alaskan Native people is 3 – 8 times their representation of the general population

(PEW, 2019)



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WHY?



So...What Can We Do?

Shift our Lens: The
Racial Equity Institute's
Groundwater Approach





”

*“Talking about power seems simple,
But actually it’s radical.*

*It gets to the roots,
shakes the foundations...”*

Lucie Russell, Core Learning Group

POWER OFTEN LEADS TO GATEKEEPING

12

“I’ve met a number of people that were homeless and wanted an opportunity to thrive, but the door wasn’t cracked for them to get in.”

*~ Jacqueline Waggoner, Commissioner
(Los Angeles Homeless Services Authority)*

Housing First: Five Key Principles

Immediate access to permanent housing with no housing readiness requirements.

Participant choice and self-determination.

Recovery orientation

Individualized and participant-driven support.

Social and community integration.

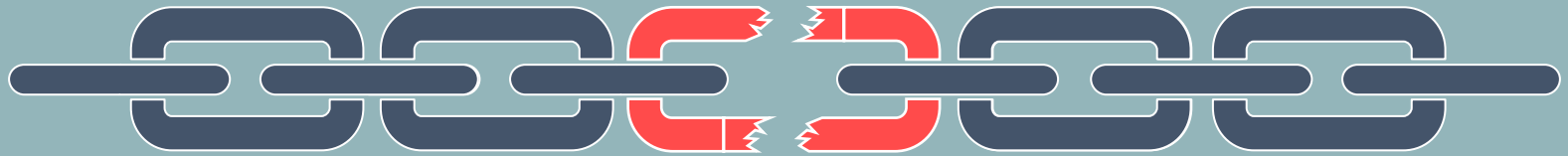
”

*“The master’s tools will never
dismantle the master’s
house.”*

- Audre Lorde



ANTI-OPPRESSIVE PRACTICES



ANTI-OPPRESSIVE PRACTICES

- Commitment to engage in self-reflection and engage in action to improve critical consciousness
- Recognize oppression and mitigate the effects.
- Recognize the interconnections of oppression
- Ask probing questions about our policies and practices and implement actions to change outcomes



BIAS



4

$$2 + 2$$

UNCONSCIOUS BIAS

Unconscious bias, or implicit bias, happens without us even knowing it. Experts believe that approximately ___% of our decisions are made by our unconscious minds.

a) 25%

b) 50%

c) 90%

d) 10%

<http://checkyourblindspots.com/>

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UNCONSCIOUS BIAS

The human brain is overloaded with 11 million pieces of information every second. About how many pieces of information can your brain process in that 1 second window?

- a) 400,000
- b) 40
- c) 400
- d) 40,000

<http://checkyourblindspots.com/>

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**EVERYONE HAS
BIAS, WHAT'S THE
PROBLEM?**



Social Stigma

Distrust of the system

More likely to be hospitalized involuntarily & receive anti-psychotics

Providers think they know best

Less likely to receive beneficial psychiatric meds

BARRIERS TO SEEKING HELP

Limited choices offered

Providers infantilize service recipients

Lack of culturally responsive providers

Limited access to quality care & providers limit time

Lack of insurance



OPPRESSIVE PRACTICES

24

"Naming things, breaking through taboos and denial is the most dangerous, terrifying and crucial work.

This has to happen in spite of political climates or coercions, in spite of careers being won or lost, in spite of the fear of being criticized, outcast or disliked.

I believe freedom begins with naming things.

Humanity is preserved by it."

Eve Ensler



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MICROAGGRESSIONS



MICROAGGRESSIONS

MICROINSULT

Statements/behaviors which unintentionally or unconsciously communicate discriminatory messages

MICRO-INVALIDATION

Statements which deny, negate, or undermine realities

MICROASSAULT

Overt forms of discrimination; deliberative; intended to offend

COMMON MICROAGGRESSIONS IN OUR WORK

27

- “I understand. As a woman, I face discrimination also.”
- Continuously mispronouncing names with no effort to get it right
- Stereotypes of the “Strong Black women”
- “I don’t see color”
- Misgendering; “What are your preferred pronouns?”; Use of dead names
- “I know that Black people are very religious”
- Environmental microaggressions – lack of pictures representing identities other than the dominant norm
- Treating people of color like criminals
- “Maybe if you work harder you can succeed like your peers/everyone else.”
- Stereotypes about African American women (Mammy/Sapphire/Jezebel)
- Blaming those harmed for their economic and social disparities



EMERALD
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COMMON MICROAGGRESSIONS IN OUR WORK

28

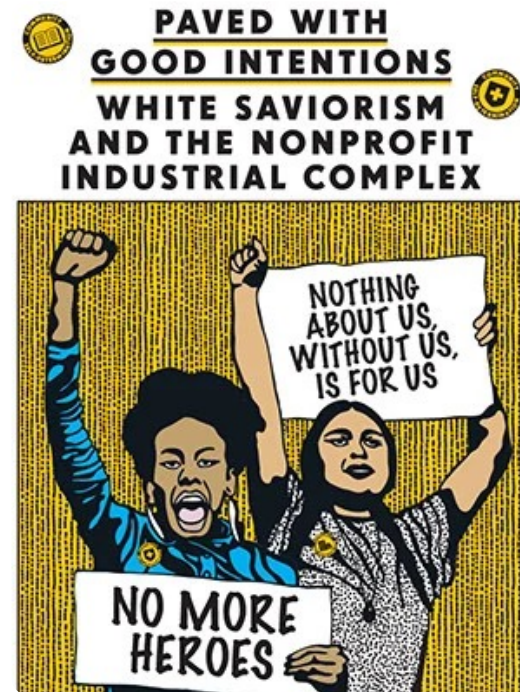
- A Black client is loud, emotional, and confrontational in a counseling session. The therapist diagnoses them with borderline personality disorder
- Assuming one's nationality or belittling someone's ability to speak English
- Using words such as "normal" and "regular" as synonyms for heterosexuality
- Assuming someone whose experience differs from yours would prefer to see a counselor "like them".
- Thinking/communicating that people with disabilities are diseased, broken, or need fixing (ableism)
- Lack of culturally specific products or foods
- Failure to address microaggressions or blatant harm perpetrated by other participants
- Believing you are the "voice for the voiceless"



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WHITE SAVIORISM IN PRACTICE

- Assuming you know best, when you come from a completely different community or way of life
- Using those with lived experience as “props” in social media posts
- Seeing something done differently in a culture and wanting to “fix it” to make it more like your own culture
- Feeling the urge to step in and speak on behalf of
- Use of trauma “Porn” and Unethical Storytelling
- The desire to be the hero of a story



OPPRESSION IN PRACTICE

30

1. Curfew is at 8pm. Breaking curfew will not be tolerated unless it is related to work, treatment, or a school activity, where written documentation shall be provided and must be approved at least 48 hours in advance.
2. Staff will conduct room inspections to make sure your room is clean and poses no safety hazards. Staff reserve the right to perform unannounced inspections when necessary.
3. There will be zero tolerance towards aggression or disrespect towards staff or other participants. This will result in automatic exit.
4. Visitors are only allowed during visiting hours and must be pre-approved by program staff.



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OPPRESSION IN PRACTICE

32

“You could say that a white man controlling Black men’s bodies, property, and access to resources — and a power structure that legitimizes this control — is slavery by another name, Black Code Laws by another name, Jim Crow laws by another name, “red-lining” by another name, mass incarceration by another name, and “stop-and-frisk” by another name. You could say it is institutionalized racism by another name. You could say it is the story of America by another name. You could say it is the story of the Western world by another name.”

<https://generocity.org/philly/2019/09/04/working-toward-racial-justice-in-emergency-shelter/>



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BIAS IN SYSTEM RESPONSE

VICTIM
BLAMING

DISMISSIVE

PUNITIVE

REDUCING BIAS

34

- Education & awareness
- Reducing cognitive load
- Reduce “gut instincts” and employ high effort processing
- Mindfulness
- Increase exposure
- Environmental influences
- Use checklists & objective frameworks
- Assume bias will occur and implement mechanisms for ongoing monitoring of data
- Be willing to be called out



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REFLECTION

35

- What does success look like for someone you are providing services to?
- How might our definitions of success create harm for the person with lived experience?
- In what ways have you created opportunities for clients to define success for themselves?
- How can you begin to mitigate bias within yourself and within your organization?



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OUR COMMITMENT TO ANTI-OPPRESSION

TRAUMA
INFORMED

PERSON
CENTERED

EQUITY
FOCUSED

TRAUMA-INFORMED



What is Trauma?

38

Trauma results from an event, series of events, or a set of circumstances that an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Traumatic events may be experienced by an individual, a generation, or an entire community or culture.

Substance Abuse and Mental Health Services Administration (SAMHSA), 2023.



The 3 E's in TRAUMA

A diagram illustrating the three components of trauma. It consists of a dark teal rectangular background. Inside this background, three white-outlined circles are arranged horizontally. Each circle contains one of the 'E's: 'EVENTS', 'EXPERIENCE', and 'EFFECTS'. The circles are evenly spaced and centered within the teal area.

EVENTS

EXPERIENCE

EFFECTS

WHAT ARE THE EFFECTS OF TRAUMA?



Emotional

- Difficulty regulating emotions
- Emotional numbness
- Depression and anxiety
- Post traumatic stress disorder

Behavioral

- Substance use
- Self-destructive behaviors
- Avoidance of situations, people, and places

Physical

- Physical symptoms resulting from emotional distress, including headaches, high blood pressure, and fatigue
- Hyperarousal resulting in muscle tension and insomnia

Developmental

- Impact varies by age group
- Children and elderly at greatest risk
- Changes occur in brain development

Cognitive

- Impaired short-term memory
- Decreased focus or concentration
- Feeling alienated or ashamed
- Dissociation, depersonalization, and derealization
- Flashbacks or re-experiences of the event

Interpersonal

- Withdrawal from family, friends, community
- Difficulty trusting others

Spiritual

- Depression and loneliness can lead to feelings of abandonment and loss of faith
- Over time can experience increased appreciation of life or enhanced spiritual well-being

Substance Abuse and Mental Health Services Administration, 2023.

Trauma Informed Care

REALIZES

Realizes the widespread impact of trauma and understands potential paths for recovery

RECOGNIZES

Recognizes signs and symptoms of trauma in individuals, families, staff, and others

RESPONDS

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

RESISTS RETRAUMATIZATION

Seeks to actively resist re-traumatization

Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf



A TRAUMA-INFORMED APPROACH

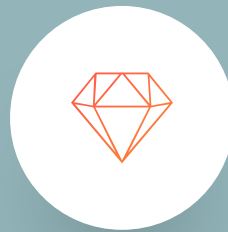


Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SAFETY



Staff support clients in sharing about the circumstances/ location in which they are most comfortable meeting



Staff offer empathy, and work to create space for clients to feel heard and respected

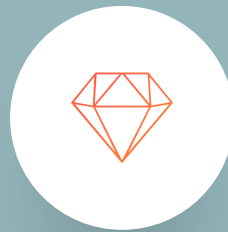


Program regularly discusses vicarious trauma and burnout with staff and has practices in place to support staff wellbeing

TRUSTWORTHINESS & TRANSPARENCY



Staff are consistent in how they respond and follow through with clients



Staff listen to clients self-identified needs and respond accordingly

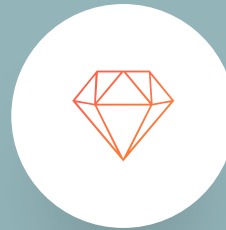


Staff is provided flexibility to do their work

PEER SUPPORT



There are people available who have shared experience and can “speak the same language”



Someone serves as a liaison between the individual and the professionals to better convey their experience and needs

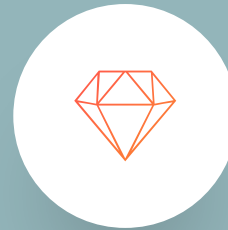


Team members check in with each other to provide non-clinical support

COLLABORATION & MUTUALITY



Staff work in partnership with clients to meet their needs



Staff work with other partner agencies, as relevant, to coordinate support for clients

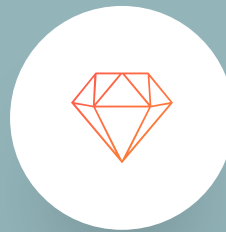


Programs elicit feedback from staff to inform how the organization does its work

EMPOWERMENT, VOICE, & CHOICE



Clients are never pushed to pursue one option or another; they are provided with information about options and are encouraged regardless of what they decide



Staff work to help clients regain a sense of their own power

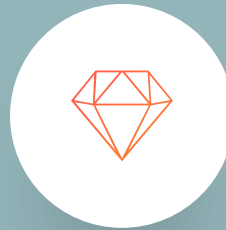


Programs support staff in making decisions about how they do their work

CULTURAL, HISTORICAL, & GENDER ISSUES



Staff support culturally rooted healing practices



Staff are supported in bringing their whole selves to work (all identities, experience, and wisdom)



Services are tailored to meet each person's unique needs

PERSON-CENTERED



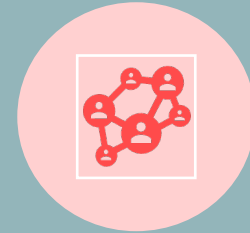
REFLECTION QUESTIONS



Are we experts or do we interact in a way that shows genuine curiosity and allows the space for storytelling?



How do we consider culture in our approach and strategies?



How do we demonstrate value to holistic care, collective healing, communication strategies, relationship building, and authenticity that is so essential for many Black and brown communities?

An abstract, vibrant background composed of thick, wavy, and layered strokes of various colors including red, orange, yellow, green, blue, and purple. The colors are blended and layered, creating a sense of depth and movement. The overall effect is a rich, textured, and somewhat chaotic visual field.

WHAT IS CULTURE?

Culturally responsive

Cultural competence

+

Cultural humility



CULTURAL COMPETENCE

Self awareness



Knowledge



Skills



CULTURAL HUMILITY

Lifelong learning & self reflection



Client is expert



Social justice & advocacy



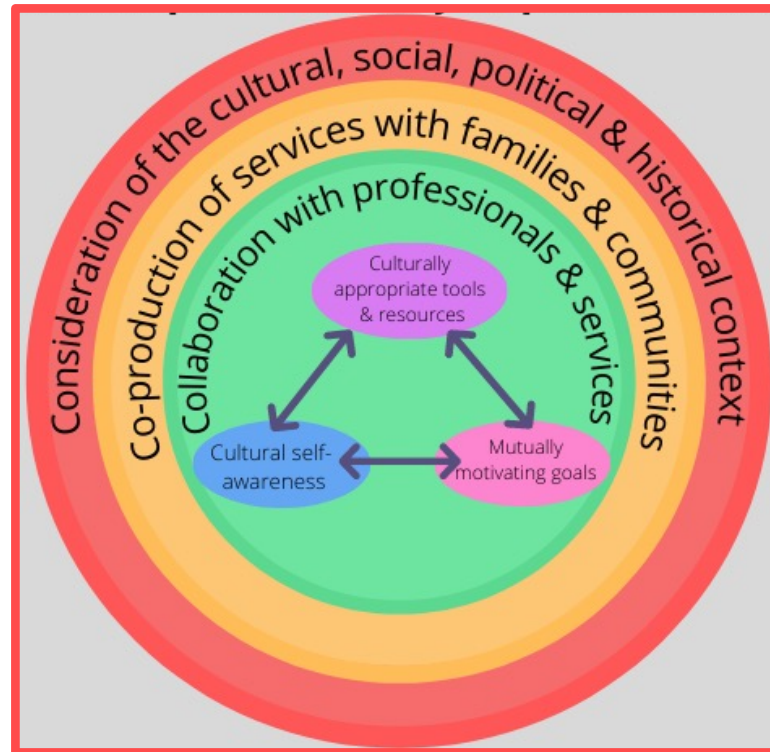
CULTURAL RESPONSIVENESS

55

Being respectful of beliefs and practices, sexual orientations, disability status, age, gender identity, cultural preferences, and linguistic needs; being aware of one's own bias and awareness of cultural inequities and disparities in order to tailor one's approach accordingly.



THE PRINCIPLES OF CULTURALLY RESPONSIVE PRACTICE



Always Be Willing to LEARN

L

LISTEN

E

EXPLAIN

A

ACKNOWLEDGE

R

RECOMMEND

N

NEGOTIATE

Always Be Willing to LEARN

L

Listening involves bringing an attitude of curiosity and humility to promote trust and understanding with those you are working with. When you are listening, you should gain a better understanding of your client's expectations, their needs, and their desired outcomes.

E

Explaining allows you the opportunity to communicate your perceptions of what might be occurring and explain terminology, processes, and why you might need the information you are asking for.

A

You must **acknowledge** any differences between viewpoints, communication styles, and approaches, especially if they are detrimental to your relationship with the person. Pause to acknowledge any concerns and to gain further insight on areas of disagreement to make meaning together.

R

When appropriate, follow with your **recommended** course of care or treatment plan.

N

Lastly, you may need to **negotiate** this plan collaboratively with your client as you consider culturally responsive approaches that meet the needs of the person you are working with.

STRENGTHS-BASED: CULTURAL CAPITAL

Capture the strengths, talents and experiences of people who have been marginalized and excluded



ASPIRATIONAL

Hopes and dreams “in spite of”



LINGUISTIC

Various forms of language and communication



FAMILIAL

Extended family, culture, tradition



SOCIAL

Peers and other social contacts



NAVIGATIONAL

Ability to navigate systems that are unsupportive and hostile



RESISTANCE

Seeking collective freedom

**“For many organizations,
story is currency.”**

<https://ethicalstorytelling.com>

EQUITY FOCUSED



EQUITY FOCUSED

62

- Process: We engage meaningfully with those who are most impacted by policies and practices
- Outcome: When one's identity no longer determines outcomes because everyone gets what they need to thrive



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"DIVERSITY asks, 'Who is in the room?' **EQUITY** responds:

'Who is trying to get in the room but can't? Whose presence in the room is under constant threat of erasure?'

INCLUSION asks, 'Have everyone's ideas been heard?'

JUSTICE responds, 'Whose ideas won't be taken as seriously because they aren't in the majority?'

DIVERSITY asks, 'How many more of [*pick any marginalized identity*] group do we have this year than last?' **EQUITY** responds, 'What conditions have we created that maintain certain groups as the perpetual majority here?'

INCLUSION asks, 'Is this environment safe for everyone to feel like they belong?' **JUSTICE** challenges, 'Whose safety is being sacrificed and minimized to allow others to be comfortable maintaining dehumanizing views?'



@DrDLStewart

radicalinsightsllc.com

OPERATIONALIZING EQUITY FOCUSED, ANTI-OPPRESSIVE PRACTICES

- Including those with lived experience and the communities most directly impacted in the evaluation and creation of policies, practices & programs
- Flexibility – Clients get to self-determine their own needs, and services are not mandated
- Services address not only “physical homelessness” but incorporate the impact of “spiritual and social homelessness”
- Mitigate barriers to access
- Engage in advocacy to mitigate systemic issues



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THINK ABOUT YOUR ENVIRONMENT... 65

- **What messages do the pictures and brochures/pamphlets send?**
 - Who is represented in the images?
 - Do you have resources to meet the needs of various demographics?
- **Are your intake forms inclusive?**
 - Inclusive language?
 - Intrusiveness of questions?
- **In what ways is the space/services accessible to all?**
 - Consider language accessibility
 - Translation & Interpretation
 - Reading/Comprehension Level
- **Location**
- **Ramps/Elevators**



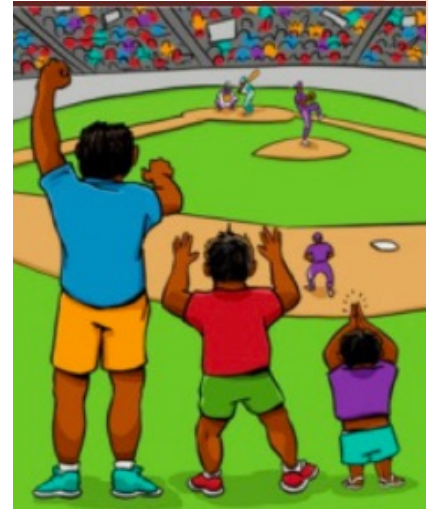
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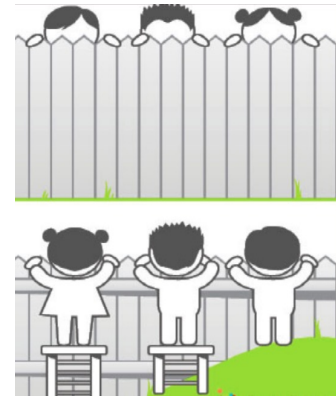
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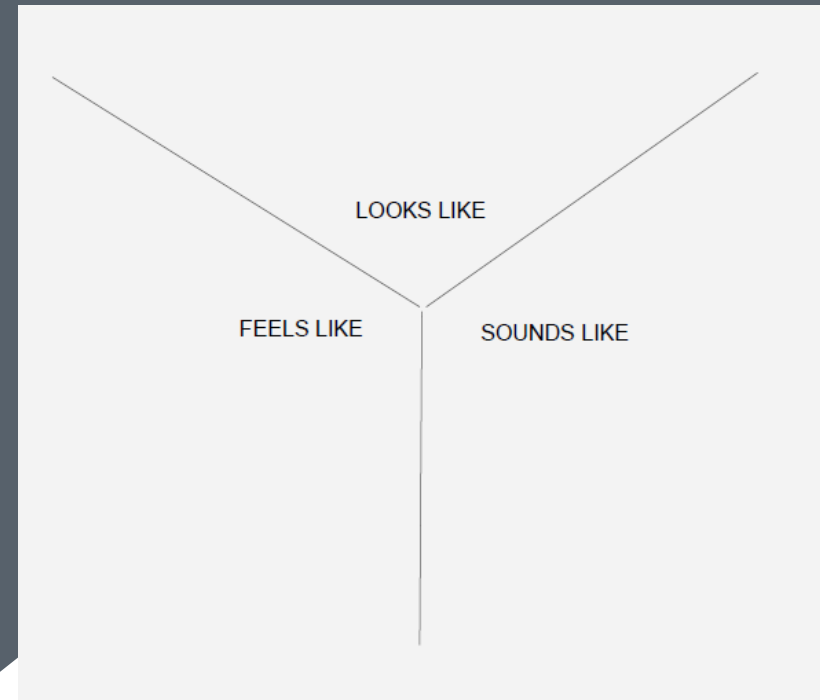
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4



What do you envision an equity focused organization looking like, feeling like, sounding like in the context of your work?



WHO'S READY TO V.I.B.E.?

68

- **V**iews
 - Whose views are centered? Whose are missing?
- **I**nclusion
 - Whose voices have been included? Whose voices are at risk of being overridden? Are those impacted, included and CENTERED?
- **B**enefits and **b**urdens
 - Who will benefit? Who will be further harmed or burdened? What is the plan to mitigate harm?
- **E**quity
 - How will the decision lead to more equity? How will this decision create additional inequities? How will we hold ourselves accountable?

<https://www.facultyfocus.com/articles/equality-inclusion-and-diversity/decision-making-for-equity-applying-the-vibe-framework-for-more-equitable-outcomes/>



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REFLECTION QUESTIONS

SET GOALS: What are the unique needs of the people/communities you serve? What are the equity goals for your organization? Who created them?

ACCOUNTABILITY: How are we being accountable to Native American Tribes, Native American Urban Communities, Black, Latine/x, other marginalized/minoritized communities, and PWLE in this process? What formal partnerships do you have with organizations of color?

IDENTIFY & REMOVE BARRIERS: What are the systemic and institutional barriers in place that act as additional constraints for marginalized and minoritized communities and PWLE? How do we ensure client choice and control and respect cultural values in service provision? What are interventions to remove barriers to ensure engagement in services, decision making and equitable outcomes?

CQI: How are we monitoring our progress to ensure that meet the goals while being accountable to those most impacted? How are your programs evaluated in terms of their impact on communities of color and racial equity goals? Is there a racial disparity in your success outcomes?





"Our lives begin to end the day we become silent **about the things that matter.**"

— Martin Luther King Jr.

ACTION STEPS

Care

Address disparities in healthcare, education, child welfare – change policies & practices

Providers who are culturally responsive & trauma informed, diverse service providers

Best practices: expressive arts therapy, EMDR, DBT

Evaluate bias within yourself and the systems you are part of



Language matters

Keep the conversation going



More resources for black & brown youth, 2slgbtqia+, individuals with disabilities, – create affinity spaces & trauma informed spaces



Legal protections, education for law enforcement, partnerships between providers



Center and uplift the voices of clients and individuals with lived experience to inform and LEAD the work



1. What is 1 anti-racist, anti-oppressive action you will commit to engaging in over the next 30 days?
2. What are 3 – 4 actions you will engage in over the next 6 – 12 months to implement anti-racist, anti-oppressive strategies into your work?

