The Murder Capital of the U.S.A.

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This year, 2007, the City of Brotherly Love, Philadelphia – city of my birth and the place where I have lived for most of my life – achieved the dubious status of becoming the "murder capital" of the U.S. and it's difficult to know what to do about that. During this same year, the Department of Human Services had firings at the top, for a number of children who died in care and is currently being investigated by a panel of experts. Mental health services are available, but spread out across dozens of providers and the standards of care, beyond the normative expectations that are required to fill out paperwork, say little about how clinicians should address trauma.

Philadelphia is a typical northeastern U.S. city. Once a thriving industrial center, the city now struggles to maintain a tax base that can support its citizens, over 60% of whom come from minority families. In the 2000 census the per capita income was a little over $16,000 and almost a quarter of the population lived below the poverty line. As I am writing this today, a local news report announces that an antiviolence vigil – a memorial to a young shooting victim – has been punctuated by an eruption of gang warfare that resulted in an 18 year old girl being shot in the back.

Since the turn of this new century, I have been spending most of my professional career trying to answer the question, "What does it take to create and sustain a trauma-informed culture?". I consult to mental health and social service organizations of all types and in 2005, in partnership with a non-profit children's residential treatment center, have created a "Sanctuary Leadership Development Institute" to train leadership teams over a three-year period in our model of trauma-informed, organizational development (the Sanctuary Model) which is based on twenty years of clinical experience working with adult survivors of childhood maltreatment. We now have a network of twenty programs

and together we are trying to determine how to fundamentally change whole systems of care.

Last Summer, a group of us in Philadelphia began meeting regularly as a Trauma Task Force appointed by the Department of Behavioral Health. I am co-chairing the Task Force with a group selected because of their orientation toward the issue of trauma in the vulnerable populations that seek services within the City. My co-chairs include the Executive Director of the only Children's Crisis Treatment Center in the City and a mental health professional who describes herself as a "person with lived experience" recovering from many years of traumatic experience. In addition, our committee includes people representing various aspects of the social service system including the Department of Mental Health and Substance Abuse, child protective services, residential and outpatient substance abuse treatment, foster care, public interest legal services, low-income housing and shelters, domestic violence, public health services, inpatient and outpatient mental health providers, and city government.

Recently we held a retreat to begin addressing some of the core issues that have been outlined as our tasks:

- *If we had a trauma-informed system, what would it look like and how would it be different from what we have now?*
- *What would its core values be?*
- *What would we have to have in place*
    - *For workforce development*
    - *For training?*
    - *For treatment?*
- *How would we prioritize training and treatment needs?*
- *What are the emerging critical needs to which we could apply reinvestment dollars as a demonstration model? (And how would we get the "biggest bang for the buck" – what kind of program could give us the best leverage for change?)*
    - *Trauma-informed*
    - *Evidence-based*
    - *Culturally-competent*
    - *Recovery-oriented*

These are not easy questions to answer when the definitions of "trauma" and "trauma-informed" are still not clear and we have really only begun to address these issues. But when Jack Saul asked me to write up something I wanted to focus on for our two-day conversation, I thought it might be of interest to share with the participants of this conversations some highlights of what the Trauma Task Force has been discussing and trying to "get our heads around" so that in addressing the issue of "system change" we are truly addressing the core issues that must change, not just scratching the surface.

What has become very evident to us is that we are in the middle of a slowly moving, transgenerational disaster that is a result of exposure to childhood adversity, chronic racism and discrimination, chronic poverty, the loss of a social will directed at progress, and the absence of a shared vision of a positive future. The systems of care allegedly designed to address the problems associated with this disaster are themselves disasters, frequently further traumatizing the very people they are supposed to be serving.

We began the retreat by asking Jacki McKinney to speak about her experience in integrating the personal and the professional in discussing what trauma-informed treatment really means. During her life Jacki has been an abused child, a neglectful

mother and a successfully care-giving grandmother; a homeless person and a psychiatric patient many times over; a consultant to SAMHSA, and a master's level social worker.

Jacki describes herself as a "person-with-lived-experience" who is active in the recovery movement and participated in a major federal study looking at services for traumatized women. Jacki vividly described for us what it is like to live as a child with abject fear – with terrorism and its effects, *"I've always been extreme because my experiences have been extreme. I came out of the hospital with a sister named Rage and she ruled my life for forty years*". As Jacki's life illustrates, There is a journey from trauma to recovery and healing that traverses the road from childhood adversity to adult survival – and thriving. As Jacki described her own childhood experience of feeling that, *"I was the only person in the world who was going through this"*.

One of the critical things a trauma-informed system must do is reduce this sense of the loneliness and isolation that is such a common accompaniment of trauma. Jacki described growing up in a black community that really was a community, but where there was also a cultural rejection of the issue of child abuse because it was a scar on the "family name" a "mark against ability to make something of yourself", or a "mark on the church". As Jacki put it, *"I grew up being silenced based on the notion of 'we don't tell anybody our business. This silence lasted for fifty years. The result has been a lack of accountability of the perpetrator in many tragic situations"*.

Jacki emphasized that the victims of child abuse are actually silent heroes and heroines – they decide to go on living, but as a result of their profoundly wounding experiences there is a profoundly deep wound in our society. These kinds of exposure to childhood adversity have an impact on the ability to parent –As Jacki succinctly put it *"when you are fractured you raise fractured children"*. She talked to us about children feeling the discrimination of being separated out and labeled, of being caught in a web of lies, a web that grows tighter and tighter and tighter. She pointed out that one of the assets of chronic trauma, however, is having extremely good perception of others because it is one of the only ways that is available to a child to protect herself. Jacki noted that to change things in this city we need culturally sensitive trauma treatment and the burden of change must be borne by leadership. As Jacki put it,*"Trauma is the great equalizer."*

After hearing Jacki's profoundly rich and empowering story of survival and triumph, the other members of the Task Force shared their own personal stories of coming to terms with this issue of trauma and what it means to have a trauma-informed system and were asked to answer the following questions:

- ***For every person on the committee – what was the key moment of change that propelled you into a shift in attitude to a "trauma-informed" approach to what you do?***
- ***As best you can, describe that shift in attitude and what it means – to you personally & professionally, in your language, attitude, feelings and behavior***

For the rest of the day, we went around the table and every member of the Task Force shared their own personal story, their own perspective on the two presenting questions. I then derived some key ideas from this very rich discussion rather than recounting private experiences. In doing so I tried to captured the heart of our deliberations and divided the main points into six main themes: the importance of respect and what it means; the

importance of the trauma story itself; the relationship between those stories and the society within which we live; the ways in which stories change be changed; and the difference between what comprises good listening and bad listening.

RESPECT

"We have to respect the struggle that people endure and realize that they have choices. We need to be able to hear people's stories and be sympathetic to their pain and their struggles"
Kathy

"The victims of child abuse are actually silent heroes and heroines".
Jacki

- Respect is *in* what we do but it is not what we do: it is an attitude toward ourselves and each other.
- Every person has a story of struggle and survival, failure and triumph, gain and loss.
- Respect means not making assumptions about another person's story that we have not heard and then acting on those assumptions.
- Everybody has a story that is shared with the world through both words and action.
- When there is a contradiction between the stories someone tells in words and the stories they tell in action, we tend to misinterpret this contradiction and only take seriously the words and reject or are confused by the stories being told to us through action.
- Symptoms and diagnoses are not stories – they are methods for attempting to organize and quickly communicate complex parts of a person's story, but unfortunately they may be heard as the only story there is.
- In order to feel safe with another person, we need to know their story. As a result, if someone does not tell us their story on their own, we will make up a story for them that we think fits. Sometimes the story fits very well. Sometimes it does not fit at all. The poorer the fit between the person's actual story and the story we make up for them, the less productive and helpful the relationship is likely to be.

THE STORY OF TRAUMA

"Trauma is the great equalizer"
Jacki
"We started to have this conscious awareness that every single client had trauma in their backgrounds, that they had experienced horrible lives"
Tony
Trauma-informed should be people-informed"
Paulette

"When it comes down to it, this is about being people-informed. It's not just what the news media says trauma is. It's all the ways that people are dehumanized. As long as the person defines something as traumatic, it is."
Sandy V.

- People commonly lose the thread of their own story so that the patterns connecting past, present and future become lost and confused.
- The more trauma a person has been exposed to – particularly when there has been childhood adversity – the more likely it is that these life patterns will be lost and must be found again.
- People are more likely to lose the thread of their own story when they feel deeply ashamed about what has happened to them or about what they have done or not done in the past.
- When people lose the thread of their own story, they are more likely to allow other people to tell them what their story is – even when it isn't accurate.
- For in truth, no one can tell their story fully and accurately except themselves.
- Now we realize that most people will experience at least one traumatic event in their lives that will become woven into their story. A substantial minority of people – of all races, classes, ethnic backgrounds, and educational backgrounds – will experience not one, but many traumatic events.
- We also know now that traumatic events change the course of people's stories, frequently resulting in a mixture of both positive and negative changes.
- Negative changes in people's stories are especially likely to occur when the adversity is experienced in childhood because the earlier and more dramatic an event is in a story, the more it tends to determine much of the story that follows.

STORIES AND SOCIETY

"When you are fractured you raise fractured children"
Jacki
"As men we carry around tons of armor… men are victims too but they do not have people they can turn to, talk to"
Bert
"The law has historically permitted violence – slavery, violence against women and children – and when those institutions end it doesn't mean that the behavior changes – on either side of the equation. Just because the law changes doesn't mean that men stop beating women or that women stop allowing themselves to be beaten"
Carol

- As a society, we decide which stories are "normal" and which stories are "abnormal"- either stories of sickness or stories of badness (or stories of both sickness and badness).
- Our decisions about which stories are normal and which are abnormal may have nothing to do with the storyteller and everything to do with the kinds of stories that the society is ready to hear.

- The stories that a society is ready to hear tend to be the stories that approve of the norms, basic assumptions, and conditions of the people who hold the power in any situation.
- A hundred years ago, and less, the stories of women, of people of color, of LBGT people, of combat veterans - or of any minorities in any situation - could not be heard because none of these people had any say in determining which stories in the culture would be heard by everyone.
- Fifty years ago, stories about domestic violence and child maltreatment simply could not be heard, even if they were spoken, except by a very few people whose ears were attuned to different kinds of stories.
- Change in a society comes about when people start telling different stories and the society is ready to listen to those stories.
- Technology – telephones, movies, television, and the Internet - have significantly increased the number and types of stories that can be told and can be heard.
- The stories that need to be heard now are the stories that tell what it is like to live life in a war zone, regardless of whether that war zone is in people's homes, schools, workplaces, communities, or countries. These are stories largely of neither sickness nor badness, but of injury and the infinite ways in which human beings can be injured – physically, emotionally, socially, morally and spiritually.
- But the stories that need to be told must be complete stories that help to make sense of the person's story and help us make sense of our own.
- Therefore these stories must embrace the full experience of an actual human being – what they do and what they say; what they remember and what is unclear; how they have succeeded and how they have failed; how they have been cowardly and how they have been courageous; what they feel guilt about and what they are proud of; their good choices and their bad choices; what they have learned and where they remain ignorant.

CHANGING THE STORY

"My mother was compassionate and patient and I watched her help a child who had been abused. We need that same kind of patience to help our clients. We need to help change attitudes and introduce love, compassion and kindness instead of impatience and anger. Healing can take a long time and the system doesn't understand that"

Kate

"That's my hope – that we can change systems. There are too many people who have kept the secret too long. Adults go through hell because they were never able to share their secret."

Sally

- As long as people are alive their story line is running and therefore that story continues to be influenced by other people and events, the past, and their own imaginations.
- As long as a person is alive, their stories can be revised. Even stories from the past can be reinterpreted, the gaps can be filled-in, and the story reformulated.

- The role of helpers in society is to help people change their stories. To do this helpers must widen out our own point of view to include as many of these forces for change as possible. We must consider – and imagine – many different possible scenarios that the story lines could take in the future.
- However, the longer the story has been set, the more rehearsed the characters are in saying their line and performing their actions, the more difficult it becomes to change the story.
- As a result, it may take many new rehearsals, experience with many different helpers and kinds of helpers who offer many different story lines and outcomes before people can change and send their stories off into a different direction.
- Ultimately, however, the story is owned by the storyteller and they must choose how they want their story to go.

BAD LISTENING

"I couldn't quite understand why the people I saw one-on-one manifested a much more human face than the institution-as-a-whole understood them."

John

"What we need is the opportunity to reflect on our practice. We are witnessing the decline of real supervision. Without reflective practice, growth is impossible. Training is lost with that ability to reflect."

David

- The job of the helper is to help people change their story lines. But if helpers are unaware of their own stories – individual and collective stories – or if they fail to see the patterns connecting past, present, and future that are embedded in those stories, it will be difficult for them to be good listeners. In fact, they may turn out to be very bad listeners.
- When a great number of people are telling the same story, it can be very hard to hear the differences among and the individual resources lying fallow within each story.
- When this happens people who could be good listeners end up becoming bad listeners.
- Bad listeners unwittingly tend to create destructive parallel processes within groups and organization so that individual problems are mirrored as collective problems and things seem to get worse instead of better.
- People who have become bad listeners and want to become good listeners can learn how to do that but it means they are going to have to learn to listen to stories that may be very painful for them. That means they may have to also learn how to more effectively manage their own feelings, work through loss, and use their imaginations to help create alternative stories.
- People who lead organizations where listening has become bad listening need to dedicate time, energy and resources to help bad listening become good listening.

GOOD LISTENERS

"I can teach anybody anything- but I can't give someone a heart. It's not the education as much as it is something else"
Charles
"Before you can heal anyone else you have to heal yourself"
Paulette
"It isn't just training; it is how you see the world. You have to first regard people as human, that there are some structural problems that affect them, and that there is still the issue of personal choice"
John
"It's interesting to me how infrequently safety is mentioned when it comes to the helpers. Their need for safety is so deep and pervasive that it isn't even spoken about in a major way"
Carol
"I was being trained that in order for me to do my work I had to accept people where they were, even when they didn't understand where they were, and still be with them".
Sandy V.

- There have always been people around who are attuned to the seemingly unusual stories that people have always been around to tell. These people tend to become artists who find all kinds of ways to tell stories, or helping professionals whose job it is to help people change their stories.
- When you tell your story to another person, the listener often hear things you didn't hear at first, makes connections that are not initially obvious to the teller. The listener may see the patterns connecting the story line to the past, the present and the future in a way that is at first hard to see when you are the one telling the story.
- We think of these kinds of listeners as good listeners. When telling complicated stories, it can be a real asset to tell your story to a good listener because the story is so complicated. Sometimes it is hard to see the forest because of all the trees that are in the way.
- Good listeners hear stories widely and deeply. People who are able to hear stories widely and deeply listen with their head and their heart, their body and their mind – and then they do the even harder job of synthesizing all the information they are hearing.
- When you have told your story to a good listener, you feel good about telling your story and you still feel safe even after you have told your story.
- The longer, deeper and wider the listener's life experience, the more a good listener knows what to listen to and for.
- In this regard, education can be both a help and a hindrance. Education teaches us to listen to some stories and pay little attention to others. It teaches us to hear stories in specific ways which may add to the story significantly or may keep us from hearing other parts of the story.

    - In a similar way, our own story can get in the way – intrude itself into – another person's story so much that it becomes difficult to hear their story and keep it separate from our own. Experience and education may help is learn how to keep our stories separate from theirs so that we can become better listeners.
    - Sometimes, however, being a good listener means telling enough of a story yourself to stimulate the storyteller to go on with their story so that you can listen well again.
- We can name some common characteristics of good listeners
    - They have a deep understanding of and compassion for the human condition
    - They do not judge people but have a firm grasp on the ways in which life holds us accountable for the choices we make.
    - They listen patiently as the story gradually unfolds.
    - They realize that good listening requires the expenditure of a significant amount of energy and therefore they must be constantly restoring the sources of their energy which derive from physical, emotional, social and spiritual sources.
- It is impossible to listen fully, widely and deeply to another person's story if you as the listener do not feel safe – physically, psychologically, socially and morally safe.
- Experts in business say that to effectively address a problem there must be 80% action and 20% thinking – if you are a mental health professional, when was the last time you had 20% of you time to think about what you are doing?

What do our core values need to be in order to bring about such a change?

- Each person interprets the meaning of trauma within their own life experience – overwhelming experience is in the "eyes of the beholder"
- Everybody has the capacity to change, grow and heal.
- People cannot grow unless they are safe – safety is dynamic, interactional and there must be a continual commitment to the achievement of safety for individuals, families, organizations, communities, and systems
- Safety includes physical, psychological, social and moral safety - "If I'm not safe, you're not safe"
- Recovery is complex, painful, and arduous and requires hard, prolonged and often repetitive work on the part of the client, service agencies, and governmental systems.
- Many of the problems secondary to repetitive psychological injury are best viewed as problems requiring a model similar to the chronic care management of problems like diabetes and hypertension.
- Evaluation and processing organizational and clinical experience is a vital and indispensable component of service delivery.
- A thorough understand of the impact of trauma must be integrated into all levels of care, not as a separate problem but as a way of understanding human experience
- Burden of change must be born by leadership

- The system has a capacity to provide adequate resources to deliver trauma-informed services tailored to the individual's needs
- Our service systems and governmental systems must be able to respond to the complex and sometimes cyclical nature of the problems that clients present.
- Everyone must be accountable for their piece of making treatment effective and successful. In this safe environment at any point that someone is not safe – client, staff member, administrator, system-as-a-whole - there has to be a review, with a constructive approach to shared responsibility and accountability.
- Safety in systems requires the continual building of trusting relationships, a sense of shared responsibility and accountability, shared decision-making and participatory problem-solving and transparency throughout the system.
- We must be commitment to best practices and help build on the small but important evidence-base that exists within the trauma field.
- We will probably need to promote the creation of an "ombudsman system" that can work for children and adults.

Some Characteristics of a Trauma-Informed System:

- Exposure to childhood adversity and other traumatic experiences is recognized as a critical public health issue and must be addressed from the perspective of primary, secondary, and tertiary prevention.
- All social service systems must do universal screening for a past and ongoing history of exposure to trauma and all must take universal precautions to protect staff members and the system-as-a-whole against the long-term impact of vicarious trauma and burnout.
- We should address the issue with a primary care model: act at the earliest point combined with chronic disease management model - Open-entry, open-exit.
- The way our systems are comprised not, to stay connected, people have to stay disabled but this defies our understanding of the importance of social support in healing from overwhelming events and a respect for the vital nature of attachment relationships in the healing process.
- Betrayed trust creates distrust, yet the restoration of the ability to trust other human beings is necessary for healthy survival.
- There must be a common language and understanding about how people's problems are defined and addressed among all of our social service and health care providers.
- Must deal with the ways in which safety may be at odds with risk-taking necessary for creative change.
- As it is currently designed, the managed care system, with its emphasize on productivity over quality of services, is breeding dishonesty and corruption. We must reclaim a sense of systemic safety that parallels individual healing.
- Reconnect rights and responsibilities
- Service providers have to spend less time being judgmental and finding someone to blame and more time learning how to listen well.

- In a trauma-informed system, clients have consistent relationships with helpers who have respect for the healing power of attachment relationship and the potentially traumatizing impact of disrupted attachment
- To have healthier systems, there must be more active participation, shared decision making, multi-level problem-solving from all stakeholders - our organizations need to become less hierarchical and more democratic.
- Right now we are looking at treatment as a disposable commodity and may want instead to think about it as a renewable resource.
- It is vital to minimize the negative influence of institutional politics, funding, payor systems.
- If it is true that success involves spending 80% doing and 20% thinking – virtually no one in social services today is allowed the time to think – about their cases, their relationships, or their organizations.
- For clients, for staff, for organizations-as-a-whole we have to think of parallel processes of recovery that aim at the vision of a different future that we are willing to share together.

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