



# Supporting Resiliency and Wellbeing To Overcome Stress and Trauma in Vulnerable Communities: The Role of Team Science

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# Presentation Overview

- ReCAST Overview
- Trauma and Trauma-Informed Approaches
- Frameworks and Interventions
- The Team
- Participatory Approaches
- Research Activities
- Progress and Outcomes

The banner features a grayscale image of a building with the word 'FLINT' on its facade, flanked by two American flags. The title 'Flint ReCAST Overview' is centered in a large, bold, black sans-serif font.

# Flint ReCAST Overview

- ReCAST: **R**esiliency In **C**ommunities **A**fter **S**tress & **T**rauma
- Build resiliency for individuals and community using trauma-informed approaches (TIA) across community, institutional, and clinical systems
- Support resilience to community wide traumatic experiences
  - Flint Water Crisis emphasized the historical disinvestment and disadvantage in the greater Flint area
  - 1+ new/worse behavioral health concerns since October 2015:
    - 2/3 Flint household adults
    - 50%+ households children
  - ~50% household adults reported physical health concerns

## Big "T" Trauma

Natural Disasters  
Man-Made Disasters  
War Zone Experiences  
Acts of Terrorism  
Sexual Assaults  
Child Abuse  
Acts of Violence  
Death of Loved One(s)  
Car Accidents  
Catastrophic Illness  
Vicarious Trauma (Witnessing)  
Overdose  
Restraints/Take Downs  
5150  
Psychosis/Psychotic break  
Manic Episodes  
Suicide Attempt

## Recognizing Trauma

### Little "t" Trauma

Dog Bites  
Routine Surgeries  
Falls  
Invasive Dental or  
Medical Procedures  
Minor Car Accidents  
Medication Side Effects  
Multiple Med Regimens

## "C" Trauma

Racism  
Poverty  
Homophobia  
Bullying  
Oversaturation in Media  
Domestic Violence  
Child Abuse  
Multiple Deployments  
Vicarious Trauma (Witnessing)  
Multiple Hospitalizations  
Sexism  
Overdoses  
Homelessness  
Stigmatization  
Multiple Diagnoses  
Micro Aggressions  
Incarceration  
Gravely Disabled  
Immigration Challenges  
Historical Trauma

**When the nervous system becomes overwhelmed, people can lose the capacity to stabilize and regulate themselves**



# Trauma-Informed Approaches

“A program, organization, or system that is trauma-informed (according to SAMHSA):

- **Realizes** the widespread trauma impact and potential recovery;
- **Recognizes** trauma signs and symptoms;
- **Responds** by integrating trauma into policies, procedures, and practices; and
- Seeks to actively **resist re-traumatization.**”

“What Is Right  
With You?”



“What  
Happened To  
You?”



“What’s Wrong  
With You?”

## 6 Key Principles (SAMHSA):

1. Safety
2. Trustworthiness & Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice & choice
6. Cultural, Historical, and Gender Issues



# ReCAST Is Building The Trauma Informed (Evidence-Based) Flint Community

## We Promote:

1. Partnerships
2. Resilience
3. Evidence-based & evidence-informed programs

## Activities:

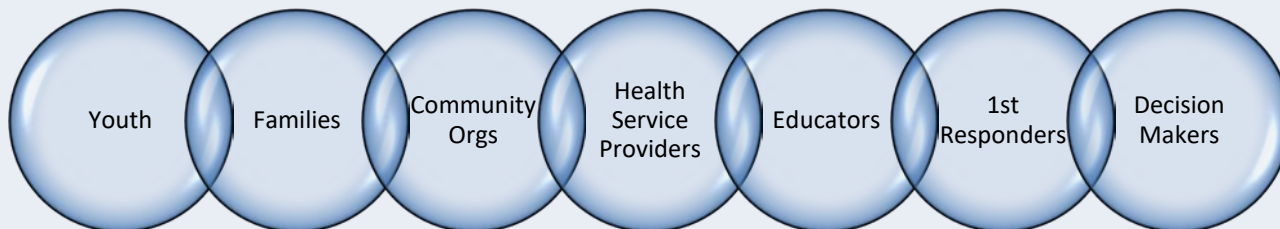
1. Mini-grants
2. Technical assistance
3. Collaboration
4. Training



## Trauma-Informed Skills Training

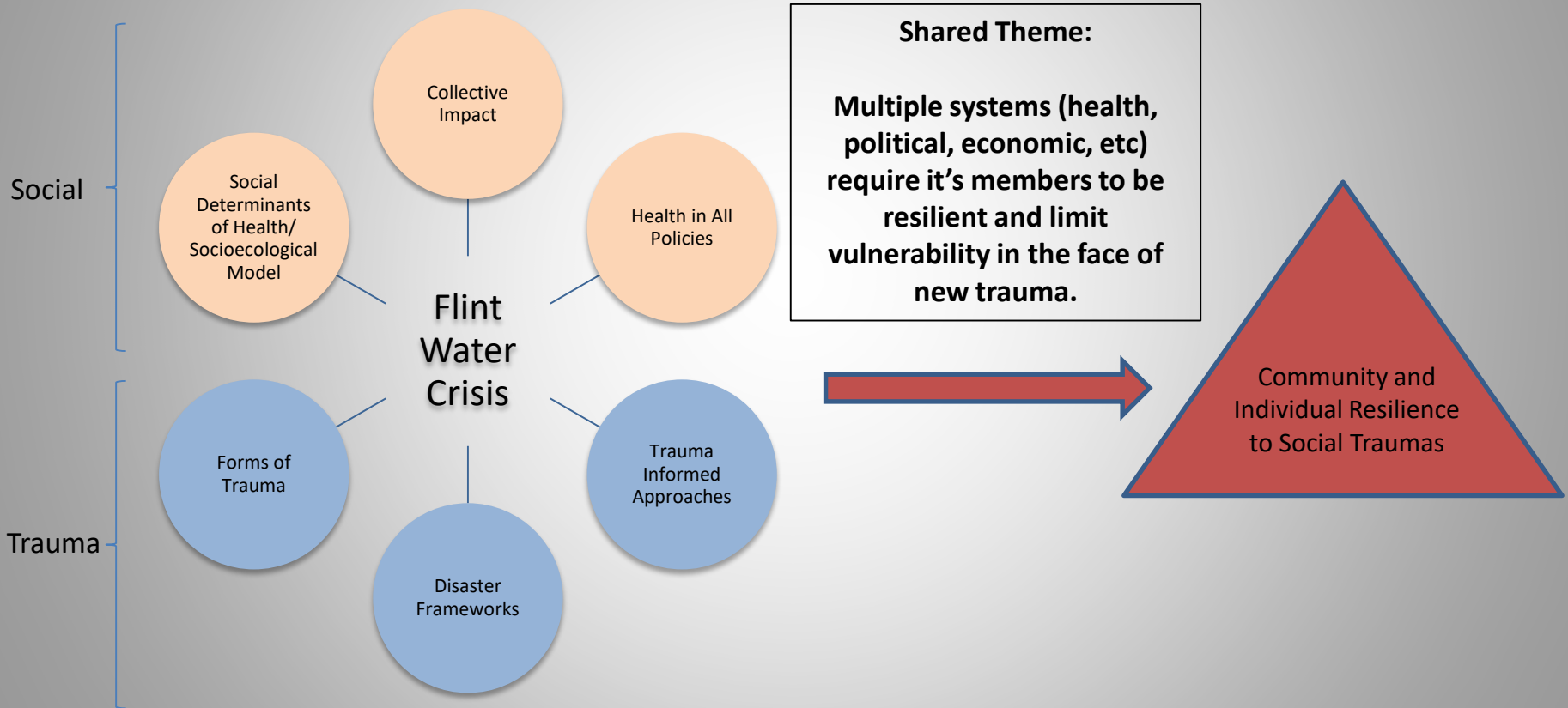
## Evidence Informed Programming:

1. Resilience
2. Empowerment
3. Academic achievement
4. Communication
5. Violence prevention
6. Stress management





# We Use Connected Frameworks





# The Interventions

## **1: Increased Reach and Awareness of TIA**

- Community Resiliency Model skills training
- Increased community access to TIA training
- CRM facilitators trained

## **2: Community Serving CBOs Use of TIA**

- CBO adoption of trauma-informed practices (mini-grants)- training, policies/practices
- Network of TIA adopters, collaborations
- Technical assistance

## **3: Improving Mental Health**

- ↓ Secondary traumatic stress risk
- ↓ Anxiety and depression symptoms
- ↑ Use of self-care strategies
- Improved behavioral outcomes
- ↑ communication
- ↑ self-efficacy

## **4: System Use of TIA**

- Systems use EBP to reduce risk of re-traumatization
- Policy language modifications





# Who's Involved?

## Steering:

Michigan Dept of Health and Human Services  
Genesee Health System  
CHM-Flint, Michigan State University  
City of Flint

Steering

## Evaluation:

University of Michigan-Flint  
CHM-Flint, Michigan State  
University

Evaluation

Staff/  
Directors

Community  
Partner  
Network

## Community Partner Network:

Genesee County Health Department Board of  
Health  
Michigan State University  
Genesee County Commissioner  
El Ballet Folklorico Estudiantil  
Hurley Hospital  
Genesee Health System

Working  
Group

## Working Group:

City of Flint  
University of Michigan-Flint  
United Methodist Church  
Student, Mott Community  
College  
CHM-Flint, Michigan State  
University



# Team Science Thinking → Participatory Approaches

## Steering Committee:

- How do we disseminate this language?
- How effective are our awareness interventions-both upstream and downstream?
- What is the best approach to shifting the culture to be more trauma-informed in community spaces?
- How has historical traumas negatively impacted Flint resident health over the life course?



# Team Science Thinking → Participatory Approaches

- Community Agencies/Organizations:
  - How does trauma-informed practice serve our residents? Our agency? Is this new?
  - How do I know if my organization is trauma-informed?
  - We work with traumatized people every day- how do I take care of myself while supporting our clients?
- Community Members:
  - This is overdue!
  - This is so practical- how can we share it?
  - What does it require to teach it? Can I learn and teach it?
  - How will you serve those most vulnerable and least connected community members?
  - How can we ensure our government officials, systems, and services providers are not traumatizing or retraumatizing us?
  - Is there a community understanding of historical trauma effects?

**HOW WILL WE KNOW ANY OF THIS IS WORKING?**



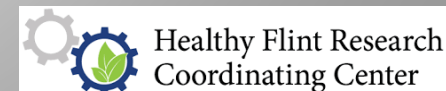
# Gaps in Programming = Participatory Research Opportunities

## Gaps In Literature vs Practice:

- What is resiliency?
- What translation strategies improve TIP adoption?
- How can community systems support dissemination of EBPs and evidence-informed innovations (EII)?
- Is our community-disseminated EII- effective for reducing secondary traumatic stress? For human services providers?

# Multidisciplinary Community Based Successes

1. Collaborations
2. Leveraging Funds
3. Mental Health Care
4. Policy Changes
5. Trauma Informed Staff
6. Resiliency Summits
7. Citywide Recreational Activities







# Thank You!

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*Flint ReCAST: ReConnecting Partners & ReNewing Relationships to Support Resilience in Flint*



# What Is Resilience?

“Adaptive characteristics of an individual to cope with and recover from adversity” (Iacoviello & Charney, 2016)

## A new normal that's not abnormal

### Psychological Factors In Resilience

- Optimism, cognitive reappraisal, active coping, social support, humor, exercise, altruism, trait mindfulness, moral compass (Wu et al, 2013)



Image: clipartkid.com

# *Perspective Shift*

## **Traditional**

- People are bad.
- People need to be punished.
- People just don't care.
- We need to stop making excuses for people.
- What is wrong with you?

## **Trauma-Informed**

- People are suffering.
- People need an effective intervention.
- Many people care, but lack understanding and skills.
- We need to learn how trauma impacts a child's and adult's development.
- What happened to you?

## **Resiliency-Informed**

- People are resilient.
- People need our compassion as they learn new skills.
- Any person can learn self-regulation skills based on science
- We need to learn how skills of well-being can reduce suffering.
- What is right with you?



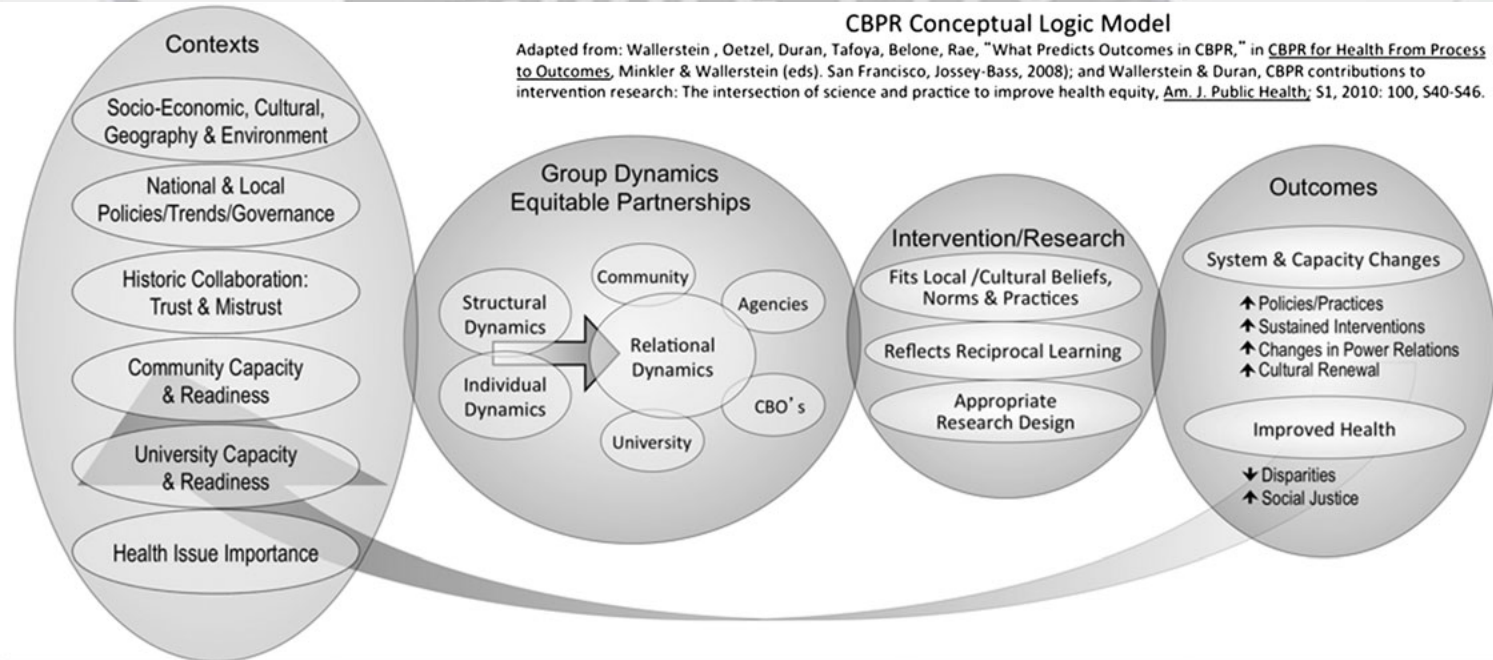
# Other Research Questions

- Does the provision of training about TIA improve community knowledge of trauma?
- Does the provision of TIA and self-care training in government staff increase attention to self-care?
- Does technical assistance for adoption of evidence-based and evidence-informed programs aid CBOs in adopting, identifying their own, and sustaining use with their staff and consumers?
- Does the provision of training about TIA improve receptivity of community members about seeking care for mental health?
- Are medical and public health professionals in training knowledgeable about trauma and TIA?
- Does service provider knowledge about ACEs increase empathy for interacting with consumers?
- Do CBOs represent a practice-based network that could benefit from research?

# FLINT

## CBPR Conceptual Logic Model

Adapted from: Wallerstein, Oetzel, Duran, Tafoya, Belone, Rae, "What Predicts Outcomes in CBPR," in *CBPR for Health From Process to Outcomes*, Minkler & Wallerstein (eds). San Francisco, Jossey-Bass, 2008); and Wallerstein & Duran, CBPR contributions to intervention research: The intersection of science and practice to improve health equity, *Am. J. Public Health*, S1, 2010: 100, S40-S46.



Contexts	Group Dynamics		Intervention/ Research Design	Outcomes
<ul style="list-style-type: none"> <li>•Social-economic, cultural, geographic, political-historical, environmental factors</li> <li>•Policies/Trends: National/local governance &amp; political climate</li> <li>•Historic degree of collaboration and trust between university &amp; community</li> <li>•Community: capacity, readiness &amp; experience</li> <li>•University: capacity, readiness &amp; reputation</li> <li>•Perceived severity of health issues</li> </ul>	<p><u>Structural Dynamics:</u></p> <ul style="list-style-type: none"> <li>• Diversity</li> <li>• Complexity</li> <li>• Formal Agreements</li> <li>• Real power/resource sharing</li> <li>• Alignment with CBPR principles</li> <li>• Length of time in partnership</li> </ul> <p><u>Individual Dynamics:</u></p> <ul style="list-style-type: none"> <li>• Core values</li> <li>• Motivations for participating</li> <li>• Personal relationships</li> <li>• Cultural identities/humility</li> <li>• Bridge people on research team</li> <li>• Individual beliefs, spirituality &amp; meaning</li> <li>• Community reputation of PI</li> </ul>	<p><u>Relational Dynamics:</u></p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Dialogue, listening &amp; mutual learning</li> <li>• Leadership &amp; stewardship</li> <li>• Influence &amp; power dynamics</li> <li>• Flexibility</li> <li>• Self &amp; collective reflection</li> <li>• Participatory decision-making &amp; negotiation</li> <li>• Integration of local beliefs to group process</li> <li>• Task roles and communication</li> </ul>	<ul style="list-style-type: none"> <li>• Intervention adapted or created within local culture</li> <li>• Intervention informed by local settings and organizations</li> <li>• Shared learning between academic and community knowledge</li> <li>• Research and evaluation design reflects partnership input</li> <li>• Bidirectional translation, implementation &amp; dissemination</li> </ul>	<p><u>CBPR System &amp; Capacity Changes:</u></p> <ul style="list-style-type: none"> <li>• Changes in policies /practices                             <ul style="list-style-type: none"> <li>-In universities and communities</li> </ul> </li> <li>• Culturally-based &amp; sustainable interventions</li> <li>• Changes in power relations</li> <li>• Empowerment:                             <ul style="list-style-type: none"> <li>-Community voices heard</li> <li>-Capacities of advisory councils</li> <li>-Critical thinking</li> </ul> </li> <li>• Cultural revitalization &amp; renewal</li> </ul> <p><u>Health Outcomes:</u></p> <ul style="list-style-type: none"> <li>• Transformed social /econ conditions</li> <li>• Reduced health disparities</li> </ul>

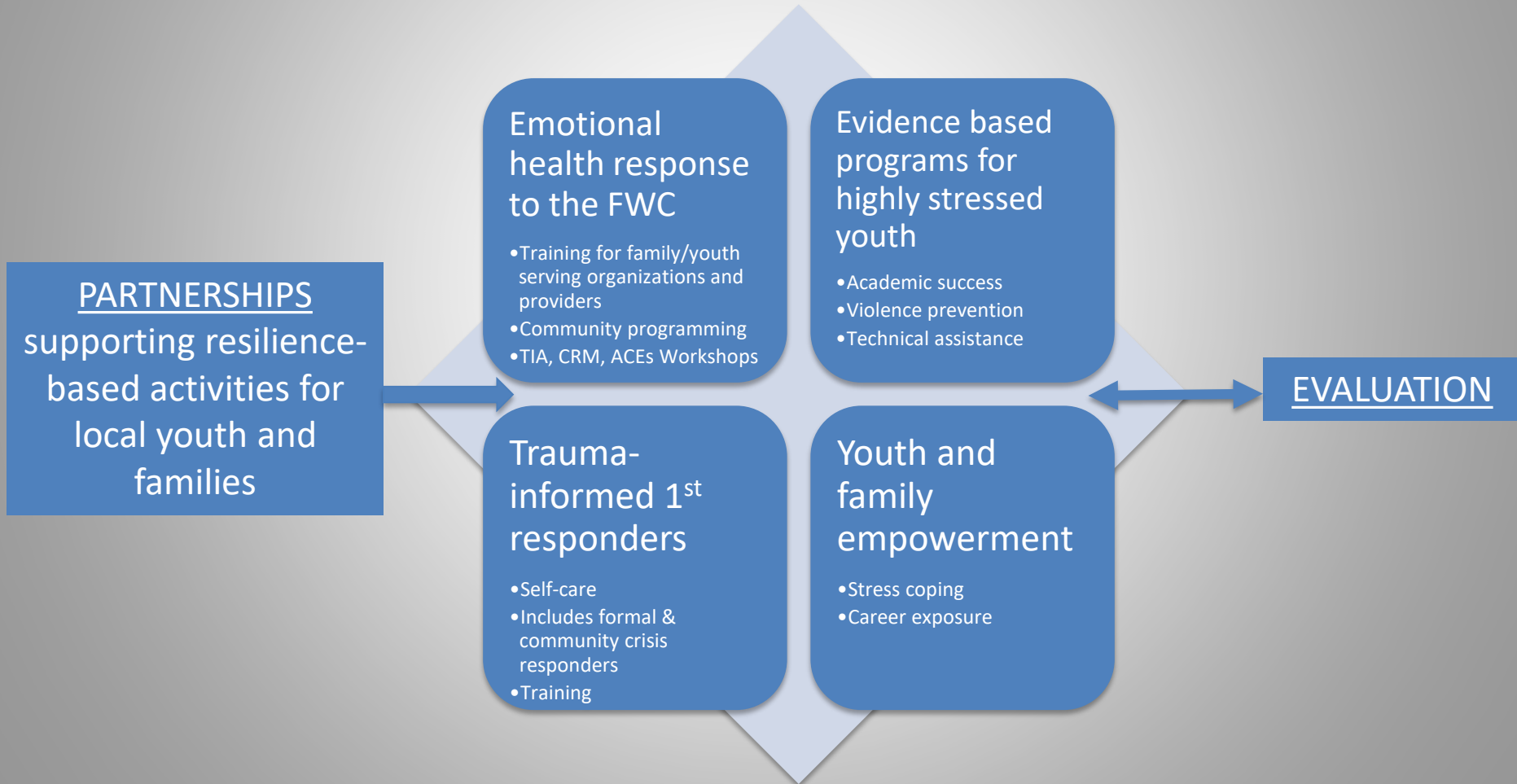




# 2016 Flint CASPER

- 2/3 households with adults 21+ had 1+ new or worsening behavioral health concerns since October 2015.
- 50% + households reported at least one member <21 yrs had 1+ new or worsening behavioral health concerns since October 2015.
- ~50% household respondents reported experiencing some physical health concerns.
  - Skin irritation was most common
  - Other symptoms included fatigue, nausea, forgetfulness, and muscle aches or pains.

# ReCAST Activities





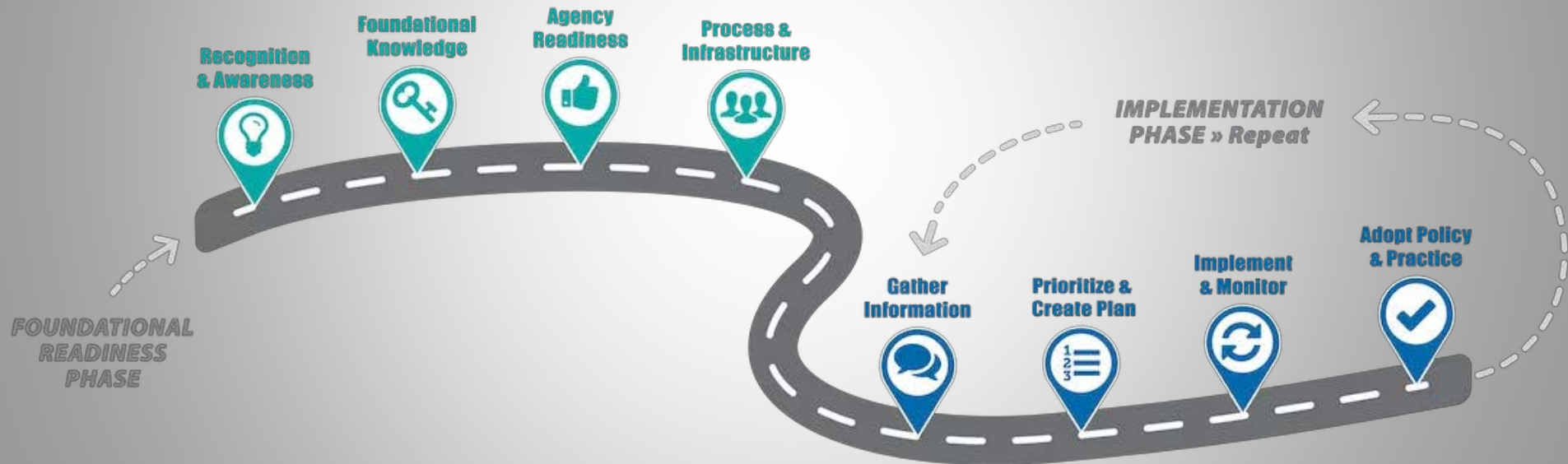


# Community Resiliency Model

- Purpose:
  - Use physiology to control the behavioral response
  - Realize the capacity to make well-informed (future-oriented) decisions
- Approach: Use sensation focus to address physiological (physical nervous system) responses to stressors
- Considerations:
  - Life course and life stage
  - Physical environment
  - Social environment

# Policy Change to Sustain a Trauma-Informed Community

## ROADMAP TO TRAUMA INFORMED CARE



AGENCY WIDE COMMUNICATION | ONGOING EDUCATION & TRAINING

<http://traumainformedoregon.org/roadmap-trauma-informed-care/>

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