



# Providing Individualized and Developmentally Appropriate Services: Neuroscience and Trauma- Informed Care

## Module 6 Script

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### **Slide 1: Module 6: Promoting Positive Pathways to Adulthood Training Series**

Welcome to the sixth module of the Promoting Positive Pathways to Adulthood Training Series which is being brought to you by the Research and Training Center on Pathways to Positive Futures at Portland State University.

The goal of the training program is to prepare service providers working with young people aged 14-29 with mental health difficulties to more effectively promote their positive transition to adulthood.

We have created ten hour-long modules based on a set of core competencies developed by the Pathways Transition Training Collaborative, which is an advisory committee of young adults, family members, practitioners and researchers. The sixth module is focused on providing individualized and developmentally appropriate services, and is based on neuroscience research and trauma-informed care.

At the conclusion of each slide or video segment, please click on the marker “onward” to advance to the next slide.

### **Slide 2: Training Series Modules**

This series of training modules is based on 10 core competencies. At the conclusion of the modules, participants will be better prepared to engage in activities designed to assist young adults with mental health difficulties to meet their personal goals as they become adults.

Although the modules are designed to be completed in this sequence, each can stand alone as an in-service training experience.

After you work through a module, you will be given a short quiz, and if you complete it successfully, you will receive a certificate of completion that you can use as a record of this continuing education experience.

We have designed these modules to be interactive, so please work through the questions and exercises that you will encounter throughout each module.

### **Slide 3: Module 6: Providing Individualized and Developmentally Appropriate Services: Neuroscience and Trauma-Informed Care**

This module, Providing Individualized and Developmentally Appropriate Services, features scientifically-informed findings about brain development specific to adolescents and transition-age youth. Through this neurodevelopmental lens, the brain's response to traumatically stressful experiences will be discussed. The complex matrix of brain development, traumatic stress, and mental health disorders will inform your exploration of implications for effective interventions. Contextual factors, such as ethnicity and culture, are considered. The module also addresses matching individual preferences, interests, and needs to developmentally-appropriate supports and services. The sixth module is based on the fifth core competency for service providers.

### **Slide 4: Competency 5: Providing Individualized Services**

Service providers with the fifth competency know about youth and young adult brain development and the social and emotional development of young people. They match individualized preferences, interests, and needs to developmentally-appropriate supports and services.

They also consider the prior experiences of the young person which may have led to trauma, and work with this knowledge to provide trauma-informed care.

### **Slide 5: Module 6: Four Sections**

In this module on providing individualized and developmentally appropriate services to young people with mental health difficulties, you will learn to:

1. Use scientifically-based information regarding brain development and functioning in your work with emerging adults.
2. Apply information on the neurobiology of traumatic stress as you work with young people.
3. Base the services you offer on individual needs and trauma-informed care.
4. Engage young people in services, leadership, and systems change who have had experiences of trauma.

### **Slide 6: 6.1: Brain development and functioning during emerging adulthood**

As a result of recent research and advances in technology, neuroscientists now know more about how the brain develops during late adolescence and emerging adulthood. The brain has

evolved to take up challenges as a way to get youth ready to take on the tasks and responsibilities of emerging adulthood. Ironically the brain is also very vulnerable during this time. And as we come to understand more about brain development and functioning, research has also shed more light on the impact of traumatic experiences on brain functioning.

### **Slide 7: Development during emerging adulthood**

Before we discuss the specifics of brain development and traumatic stress, let's consider human development during emerging adulthood. One way to view that process is that during times of transition, say between adolescence and adulthood *the integration of past experiences with the current circumstances of the young person's life is key*. Researcher and service provider Dr. Julie Rosenzweig conceptualizes emerging adulthood as a time during which individuals create a more coherent life narrative, one that can take them forward into their adult lives. The time of transition into adulthood is an opportunity for individuals to reconcile or make meaning of earlier experiences and connect these with their current experiences and then go on to make choices that increase their readiness for an anticipated future. This is what transition age is all about, and this is what brains are ready to do. This more coherent narrative weaves together many subplots or story lines, to find a more solid sense of self. Integration is also what the brain is designed to do from a biological standpoint. The developmental trajectory of the brain is to bring together discrete parts into a more integrated, efficient mind-body system. The brain works toward a coherent view of self in relationship to other people, in the environments of family, community and culture, and in the young person's achievements in the areas of independence, education, work, and intimacy. The developmental trajectory of the brain is to bring together discrete parts into a more integrated, efficient mind-body system.

### **Slide 8: Bio-developmental framework**

As a service provider, you may meet emerging adults who have great personal strengths and assets, but are struggling with mental health difficulties rooted at least in part in their past life experiences. We begin with a bio-developmental framework constructed by the Center on the Developing Child at Harvard University. The developmental processes depicted in this model are based on research showing that the foundations of human development may be affected by difficult life experiences, shown in blue on the left side of the model, and over time develop into short term, or even life long term outcomes shown in orange on the right side. [\[National Research Council, 2012; reprinted with permission from the Center on the Developing Child at Harvard University\]](#).

The blue part of this model shows development building on the foundations of social relationships and culture, natural and built environments, nutrition, and the genetic endowment of individuals as they interact with their environment. These processes can go well,

or the growing child or adolescent can meet with poverty, abuse, neglect, or other traumatic experiences.

Outcomes are shown in orange. These outcomes include the physiological changes that young adults have based on their experiences, and the developmental disruptions they may encounter. The outcomes of this developmental process include their health-related behavior, their productivity and their physical and mental health.

### **Slide 9: Adverse Childhood Experiences**

Using a bio-developmental lens, we next consider the Adverse Childhood Experiences (or ACE) study. The ACE Study is tracking health outcomes for more than 17,000 people enrolled in Kaiser Permanente Health services. The people participating in the study filled out a questionnaire regarding adversity and traumatic events they had experienced as children. The study has found that experiences in childhood have resulted in adverse outcomes in adulthood including:

- Poorer physical health
- More frequent mental health problems
- Premature mortality. (CDC, 2010).

### **Slide 10: The mind-brain-body connection**

How do negative health outcomes result from early experiences? Experiences, including early relationships, cause nerve cells, called neurons to fire, and both positive occurrences and negative experiences, such as trauma, can literally shape the brain. Following the lead of scientist Donald Hebb, neurobiologist Carla Shatz has stated that “neurons that fire together wire together.” (See Piochon et al., 2013). In fact we know that traumatic experiences actually change the way the genes look and re-write our genetic profile. The field of epigenetics uncovers changes in the expression of our genetic endowment that are produced by our environment. From epigenetics we learn that environment and experience can alter the expression of our genes, and even affect the way our brains develop. (Center on the Developing Child, 2019b).

We next hear from Julie Rosenzweig who describes the changes in the brain during adolescent development and discusses why it is important for service providers to know about them.

### **Slide 11: Changes in the Adolescent Brain [Video Clip]**

Fourteen to 29 are what we refer to as transition years. It also coincides with puberty, adolescence, and emerging adulthood. It’s a pretty big time span. What they really have in common is the pretty extensive changes in the brain that happen during these years. You might

call it remodeling. If you think of it in terms of remodeling a home, the brain of the youth is remodeling. Really big changes are taking place in different sections of the brain; the amygdala, which is kind of the emotional center of the brain, the hippocampus, which is the memory center, and the prefrontal cortex which is where we have a sense of ourselves and have decision making and all of that. So those are three areas that are really extensively being remodeled.

What do we really mean by being remodeled? There is a process that's called **pruning** that takes place. Before something can be pruned in a garden for example, it has to grow. The brain literally goes through a growth spurt; what are growing are the connections between the neurons, the synaptic connections. There is a lot of potential there and they grow a lot but then there is a process called pruning that takes place. Anywhere upwards to 40% of any one area of the brain can lose up to 40% of its synaptic connections. That's pretty extensive remodeling. The impact that has is that there are changes in mood, attachments, motivation, and evaluation. There are significant changes in how adolescents think, how they feel, and ultimately how they behave.

It is very important for service providers to understand those neurobiological changes. What happens is that service providers often mistake what is typical adolescent emerging adult behavior as something that is not normal or is negatively intentional, or the worst is that it is something that has to be gotten through. So when service providers understand about the neurobiology of brain development, they can actually better partner with the youth, really support them in their development, and really serve as what could be considered a protective factor in helping the youth understand their own development and heading them in the right direction. All of the brain development is purposeful, it's intentional and it helps the youth get ready for responsibilities and relationships during adulthood.

### **Slide 12: The mind-brain-body connection**

The brain is what science calls plastic. Of course, that brings up all sorts of images but the concept of plasticity simply means that the brain can, and does change across the life span both in response to unfolding genetics and to experience. One way we have seen the brain being plastic is through two processes called **proliferation** and **pruning**. Each person's brain is made up of about 1 billion nerve cells, called neurons. Proliferation or blooming or exuberance is the multiplying of connections between these cells which is very much part of the development of the adolescent brain. And then there is the pruning away of unused synaptic connections. This is what is referred to as the "use it or lose it" principle. Pruning and proliferation are the processes that shape the architecture of individual brains (Johnson & Stevens, 2018).

A second key process is **myelination**, the development of a protective coating for neurons, which results in faster and more efficient communication between brain cells. Myelination continues well into the late 20s and even early 30s making it a significant process to understand, when we consider emerging adulthood. Myelination makes it possible for young people to learn more quickly and efficiently, and to develop the ability to think and problem-solve more effectively. (Dumontheil, 2016)

And finally and maybe the most important is **adaptation**. The brain is very adaptive, constantly reading and responding to its surroundings. Adaptive capacity is central to the adolescent and the emerging adult brain (Spear, 2013).

### **Slide 13: Brain architecture changes**

Proliferation of brain cells is notable just before puberty, and pruning of connections increases during the years from 12-20, resulting in rapid changes in the connections throughout the brain (Váša et al., 2017). The most pronounced pruning happens around age 16. While some of this is from the genetic blueprint much of it is influenced by the experiences any one individual is having, with activity and practice directing the architecture of the brain. While this is happening myelination is increasing efficiency, regulatory capacity, and response flexibility of the emerging adult brain. As we grow, our brains become more focused and more specialized—young people become athletes in a particular sport, writers, musicians, artists, construction workers, humorists—with practice.

### **Slide 14: Brain architecture changes**

So, as you grow from infancy through childhood and adulthood, your brain gets shaped and develops into an incredibly complex and wondrous part of the whole you. It also has developed specialized locations that neurobiologists have investigated that control our perceptions, emotions, and thought. The left illustration on this slide is a side view of the alert brain under relaxed conditions. The alert, non-stressed brain is able to guide your attention and thought, inhibit inappropriate actions and regulate your emotions. The right illustration is of the brain under stress, which activates emotional associations and reflexes and sets you up to react from emotional habit, rather than well-thought through plans. In the next section we will consider the brain under stress.

### **Slide 15: 6.1: Question**

Before we go on to the next section please read the following question, and select the answer you think is correct. Which of the following is true of adolescent brain development? (Correct answer is B.)

- Myelination is complete

- Pruning is accelerated
- Practicing a skill has little effect
- Early experiences are not important
- Adaption is not common

### **Slide 16: 6.2: The Neurobiology of Traumatic Stress**

Understanding brain development and functioning during transition years, together with traumatic stress, allows us to improve service design and delivery. This is particularly important because as we all know the majority of youth in service systems such as child welfare, mental health, or juvenile justice have experienced multiple traumatic events (Garcia et al, 2017).

We will begin this section with a video segment in which Lacy Kendrick Burk, a young person who experienced many difficult situations while she was in foster care discusses her experiences. Lacy talks about what providers need to do to assist young people who have had traumatic experiences, before or sometimes during their time in the service system

### **Slide 17: Avoiding Re-Traumatization [Video Clip]**

What can happen is that the system can actually be traumatizing. For example, in foster care having to be moved from place to place to place, that can be traumatizing over and over and over again. One of the most important things that providers and systems can and need to do is be able to engage that young person when that happens. They can provide support to help the young people identify what they want and what works for them and that they will have supportive people around that young person and give them the opportunity to process that in a way that is trauma-informed and in an environment that is safe for them and that the young person wants to engage in.

If a young person is not ready to process that trauma, no amount of therapy or services is going to help them. They need to be able to be ready for that and to have it in a safe place and at the time when they are able to process that.

One of the other biggest things that providers and systems can do when young people are traumatized is to engage them in *informing* that process; informing the system and the program in how should this be addressed. Hearing young people *in their voice* on how to manage that within the system and how to address that young person and how not to have that happen again is one of the key critical pieces of being able to make sure that the systems don't traumatize young people.

### **Slide 18: Left and right: Different and connected**

Lacy talked about young people having difficulty processing traumatic events in their lives and needing to have a safe environment, and an understanding person who is open to listening to them talk about trauma at the time when the young person is ready. We will next discuss the ways that our brain deals with emotionally powerful information.

As we encounter situations in our lives that evoke emotions, the right half and left half of our brain serve different functions.

For example when something very emotional happens we experience those feelings in the right hemisphere of our brains and then go to the left to find words and symbols to describe and make meaning of those emotions.

We will next consider the specialized functions of the right brain and the left brain.

### **Slide 19: Two halves of the whole**

The right hemisphere of the brain comes on-line at birth, and is dominant. It is highly involved in such powerful processes as attachment, learning to regulate our emotions and have empathy for others, and developing social connections. It operates in a non-linear way, and provides us with a sense of our own bodies. It serves up images, themes, and patterns which are key to our functioning as humans.

The left hemisphere develops as the center of logic, cause-effect reasoning, and language. The left brain harbors our sequential thinking, allowing us to plan and to recognize structures. This part of our brain serves as the interpreter of the experiences we encounter (Ocklenburg & Güntürkün, 2017).

Finally, there is a connective body of tissue, the corpus callosum, which transfers information between left and right hemispheres.

We will next consider key parts of the brain which are critical to our emotional functioning.

### **Slide 20: Amygdala**

The size of a part of the brain is not what is most important, rather its function is key.

Some small structures in the center of the brain are the power players, and serve as control centers. If we don't feel safe in our environment it is hard to think, so they take over when we are threatened.



The amygdala is a small almond shaped structure of which there are two—one in each hemisphere within the temporal lobes that are located by your temples. They hold the keys to our survival. This is our feeling center; this is the place where we register when we feel fear, and is responded to by our body in the terms of fight, flight or freeze. This is where we register trauma. Trauma is registered first as a threat to our survival. The amygdala reacts differently to threats experienced by men and women, and has been linked to aggression and such mental health difficulties as depression and posttraumatic stress disorder (Herringa, 2017).

### **Slide 21: Hippocampus**

A second key brain structure is the hippocampus.

The hippocampus which is the Latin word for seahorse is located next to the amygdala and is key to our learning and memory. It is the brain structure that converts our short-term memories to permanent memories. The structure is particularly vulnerable to stress. When it is exposed to toxic stress for long periods of time a chemical called **cortisol** is continually present and it is shown to shrink the volume of the hippocampus damaging the typical growth of the neurons (Romeo, 2017). For young people, this structure is significantly affected by the use of alcohol, and is also affected by the estrogen that is present in the bodies of young women.

### **Slide 22: Memory systems**

We'll just pause for a minute and look at the memory system. It is very important to understand both how we manage our everyday experiences and the role of trauma in memory.

We actually have two memory systems, one implicit and one explicit (Schneider & Ornstein, 2019). Your explicit memory is the one you are aware of right now as you try to remember everything that we have covered so far and you are also aware of wanting to remember. The conscious effort to remember is what makes it explicit. Explicit memory is evident by the middle of the second year of life. The explicit memory creates narratives and includes your sense of self and time.

In contrast, your implicit memory system is quite different. It is the only one online from birth for almost the first two years and continues to function and record without your awareness throughout your life. This is your trauma recorder. It records sensory information, storing it to keep you safe. This is one of the primary reasons why individuals with traumatic stress experiences have what we call flashbacks. That's what happens when we talk about triggers and activation cues. It is your implicit memory system trying to keep you safe.

### **Slide 23: Prefrontal cortex**

The final part of the brain included in this introductory section is the prefrontal cortex or the PFC shown here as the blue exterior part of the brain that is located just below the skull and above the eyes. The PFC covers the interior area including the hippocampus and amygdala. The PFC is the part of the brain which is the center of executive functioning and emotional regulation. This is the area that is last to receive full myelination, a process that improves brain processing and goes on well into the 20s and perhaps even early 30s. What does this really mean?

When we are functioning well and not under stress, our amygdala, hippocampus and PFC are well integrated and speaking to each other. These are the important pathways of integration of brain functioning. So just like there is integration across hemispheres, there is also important integration from the center part of the brain that is the seat of our emotions to the outer part particularly the prefrontal cortex where learning and problem solving take place (Dumontheil, 2016).

### **Slide 24: Emotional processing**

We now have the components to understand emotional processing of information. Have you ever reacted to a stick on a path through the woods as though it were a snake? You were reacting from information from your brain that warned of a threat based on your experience.

So following the diagram,

1. Sensory data is fed to the interior of your brain. [you see the object in your path]
2. The sensory information gets sent to the amygdala.
3. Then the cortex, your center of conscious thought, receives the sensory data.
4. The amygdala assesses the information [it could be a snake]
5. The amygdala blocks the prefrontal cortex's thinking process.
6. You produce an unthinking response. [You recoil from the stick as though it were a snake]

This is also known as bottom up processing. Awareness is from our thinking processes.

### **Slide 25: 6.2: Question**

Why do you think that it may be difficult for young people to talk about traumatic or threatening experiences?

Please type your answer in the text box.

### **Slide 26: 6.3: Basing Services on Individual Needs and Trauma-informed Care**

In the next segment, we will discuss the basis for delivering services focused on meeting individual needs and providing trauma informed care. In the following video segment Julie Rosenzweig discusses the experience of toxic stress that strongly affects the lives of some emerging adults.

### **Slide 27: Toxic Stress [Video Clip]**

We know that toxic stress is very dangerous in the first few years, but it really has negative effects throughout the life span. What is toxic stress? It's chemicals that get stuck in our bodies, like cortisol. What happens with that, is that our brains are in a constant state of fight or flight. So when a threat happens in our environment, whether a small threat or a big threat, our brain knows immediately to go on high alert.

The brain scans for threats and takes in information; it creates a database about what's threatening in an environment. When threats don't go away, then our body stays on high alert, and we always are scanning for threat. What does that look like? We want to flee, we want to fight, or sometimes we just freeze. Those are the three ways we try to maintain our survival.

Threat puts us into survival mode; stress stays in our body and keeps us in survival mode. That's what we see so much in youth that enter service organizations. They have a history of stress: toxic stress, traumatic events, and traumatic stress in their lives. They are always scanning for threat in their environments and that can be very much misunderstood by service providers.

### **Slide 28: Levels of stressful experiences**

As you have just heard, the young person we see in service environments may have a history of toxic stress. Bruce McEwen has examined different levels of stressful experiences. Stressful events can include experiences that are positive, such as performing a piece of music well in front of a large audience, which can result in apprehension but also in feelings of mastery and control. Next, tolerable stressors, like completing an examination over material you have studied, can be difficult, but with supportive teachers and friends, the young person will be able to cope with the stress and recover to a state of well-being. Both of these types of stressors make for healthy brain architecture, and help build self-esteem, and confidence in one's own judgment and impulse control.

But stress can also be so demanding as to be toxic, and it can vary from acute experiences to chronic, recurring events. Service providers had for a long time only looked at psychological stress in terms of extreme, acute stressors, for example child abuse, or the effects of combat on soldiers, and these are still very important topics of research and services. However the field is

expanding to include a long list of possibly traumatic events such as Lacy's discussion of multiple moves within the foster care system. And we put all of these types of negative stressors under the concept of adversity. When toxic stress is experienced repeatedly, and over long periods of time, there may be compromised brain architecture, and a lifelong risk of physical and mental disorders. All of these can overwhelm an individual's capacity for coping and when they are not buffered by supportive relationships the brain is compromised and the emerging adult may live with high levels of reactivity to stress.

### **Slide 29: Adaptation to threat: Real or perceived**

In other words the biology of the brain actually becomes very sensitive to chronic traumatic stress or what we could call trauma adaptive. The brain has learned to adapt to a persistent threatening environment. The threat may be real or be represented by a past threat remembered in our implicit memory system because the number one job of our brain is indeed our survival so it goes into survival mode.

### **Slide 30: Brain response to trauma**

The effect of prolonged traumatic stress, which is a chemical cascade, is very profound. Think about it this way: The brain is a resource distribution center, resources go where they are needed most. If the brain needs to be on survival alert then those are the structures that will receive the greatest level of resources, with cognitive and social skills less activated. It also means that brain structures are physically altered to adapt to the environment. One of the major shifts because of our increasing knowledge of neuroscience is how we talk about traumatic stress, and that is central to trauma-informed care. We are moving away from pathology and thinking that the brain is pathologically affected, to really understanding it as an adaptation to any specific environment.

### **Slide 31: Traumatic stress in the developing brains of youth**

So what does the intersection of the developing adolescent brain and traumatic stress look like? First of all, this is a very under-researched area. That said, this list of effects of traumatic stress reinforces not only our need for more research but also cannot overlook the occurrence of traumatic stress reactions within the emerging adult population with whom we are interacting.

- They may be hypervigilant and when they perceive a threat may react with aggression and even violence, or withdrawal and avoidance.
- Their traumatic stress may be mistaken for attentional deficits in educational settings, since they may be attending to other parts of their environments rather than their class materials.
- Traumatic experiences may be the tipping-point for mental health disorders.

- In order to avoid trauma they may self-medicate, underperform or miss school, increase risk-taking, engage in eating disorders, or other negative ways of coping.
- They may assume a victim identity that can become central to their emerging consolidated identity.
- The young person may present with chronic physical complaints.
- And they may have impaired attachment skills, making it difficult for them to form lasting relationships.
- Perhaps most worrisome of all these effects is the inability of some young people with histories of trauma to envision themselves in the future.

Unfortunately, services are often designed to only intervene with the consequences of untreated traumatic stress and unrecognized trauma but not with the effects of trauma itself and the maladaptive coping that can result. So a lot of our time our services are directed at the criminal activity or the substance abuse problem.

So what does this mean? It means that we need to screen for, and address, the effects of trauma in conjunction with other behaviors that bring youth into our service systems.

### **Slide 32: Buffers: Personal and contextual**

Of course, there are buffers that can lessen the effects of traumatic stress that we need to be aware of. For example, researchers are continually looking at the effects of resiliency. We know that the quality of earlier and later attachments are of importance and studies are also looking at the buffers provided by social support. Living in an environment that provides a safe haven from traumatic experiences can also decrease young peoples' level of emotional stress. It is also important to be cautious to not overlay a dominant culture interpretation of what is traumatic or what are effective interventions but to learn from culturally diverse groups ways to work with traumatic stress and culturally specific healing practices. In Modules 3 through 5 we have devoted attention to the specific experiences of trauma in the lives of young people from Native American, African American, and Hispanic cultural groups and ways members of these groups have successfully coped with traumatic events.

We next hear from Lucrecia Suarez and Yolanda Gonzalez, two mental health service providers about ways in which Latino youth can be helped to overcome traumatic experiences.

### **Slide 33: Trauma and Gangs [Video Clip]**

**Lucrecia Suarez:** I would like to start with telling a little bit about what we do in Conexiones and how we serve a very diverse Latino population. The youth that come to us, come from different types of families and they come from different kinds of *experiences of trauma*. That is one of

the main components that we think about. They can come with a single episode of trauma, with an intergenerational trauma history of their parents and grandparents, generally sexual abuse and domestic violence. They could also come with the experience of young kids or babies being part of a war, or a political situation in their country of origin, or their parents did. They learn that trauma response that their parents did [when they were younger].

**Yolanda Gonzales:** I think that *bridging that gap* between youth who were born here or first or second generation youth and their families who were born in a different country of origin is important. It begins with the gangs or with anyone who comes to Conexiones or is seeking culturally-responsive services within the Latino community, [bridging the gap] is a lot of the work that we do. With the gangs a lot is of all of those barriers we were talking about earlier: poverty, oppression, the power dynamic, the spirituality, all of that. *Looking for a home* is what I think most boys (I work mostly with boys), the youth are doing; they are looking for a home, and they are not finding that at home or community or other realms of their lives like school. Oftentimes the gangs fill those gaps, but there are usually some mental health components too, such as some back trauma, problems with drugs and alcohol, or all of the above, that don't heal themselves. Working with community workers, and doing mental health work and all the pro-social activities has been helpful to get the youth on the right track.

### **Slide 34: Interventions to address trauma and discrimination**

As we heard from Lucrecia and Yolanda service providers must get to know the types of traumatic experiences that may have affected the young people, and view them always within the context of culture.

Nancy Gonzales and her associates have proposed a set of strategies to promote positive outcomes for Latino youth:

- First, it's important to provide a safe environment for young people to share their concerns.
- Intervention activities are family-centered and compatible with their families' language, goals, and values.
- Opportunities are provided to build positive racial, ethnic and cultural identity, for example, by studying the lives of prominent people from their specific racial, ethnic and cultural origin or successful members of their own community.
- Activities can promote bicultural competence. For example family therapy to restore intergenerational communication and reconstruct traditional hierarchies in the family, and help youth and families develop positive bicultural identities has been shown to increase Latino students' prosocial behavior and reduce substance abuse, as well as improve family relations.

- Support competence building for contexts that place Latino youth at risk, such as skills for resolving differences with parents, coping skills, family-school linkages, and culturally linked family interactions and traditions, as well as connecting youth with settings where they can experience success, such as volunteer and job opportunities, leadership training, and arts activities.

Such an approach comes from a trauma-informed care perspective. In Modules 3 and 4, we have also discussed traumatic events that have shaped the lives of Native American and African American young people. They have grown up in communities affected by historical traumas and present-day discrimination. Many have been directly affected by, or witnessed violence. For additional information on working in a trauma-informed way with Native American and African American young people, please access Modules 3 and 4 of this series.

These culturally informed approaches come from a trauma-informed care perspective.

### **Slide 35: The trauma-informed care perspective**

The new knowledge about traumatic stress, especially looking at the reactions of people as adaptation rather than pathology, has led to the development of a trauma-informed care perspective. First, when you look at behaviors or you see choices youth have made instead of asking, “What is wrong with you” service providers are now asking “What has happened to you?” This is part of the practice we call universal precaution. If we adopt the position of universal precaution, we make the assumption that those we are serving have indeed experienced trauma and we do everything possible to avoid re-traumatization. And this does mean everything from looking at our physical space to change aspects that might be threatening, to creating greater awareness across all levels of an organization about trauma-informed care, to working with staff around their own vicarious traumatization (Cooper et al, 2007).

In the next video segment, Julie Rosenzweig discusses what is necessary to engage young people in services that are truly individualized, developmentally-appropriate, and trauma informed.

### **Slide 36: Engaging Youth in Services [Video Clip]**

Learn as much as you can about the developing brain during the adolescent years. Learn what impact puberty has on the brain, what remodeling takes place from the age fourteen all the way though almost to thirty. I think that is what service providers really need to understand: the brain doesn’t really complete itself until almost thirty years of age, so it doesn’t really work

at its best until that time. There is a lot of remodeling that's going on; I think that is first and foremost.

Understand the basics about the experience of trauma in the brain. Understand about survival, adaptation, the responses that are most likely to be fight-oriented, flight-oriented, or freeze-oriented and learn what those look like in your office. The youths are probably not going to be running out the door, but they might be having a fleeing experience internally. Understand what those look like. Understand how to feel more emotionally regulated yourself before you try to help a youth feel emotionally regulated. That's really a relational partnership that has to happen.

Understand the basic principles of trauma informed care and don't try to rush through them. Safety might take a long time to establish before you can move on to being trustworthy, collaborative, and giving choices. I think those are the three areas: overall brain development, the effects of trauma on the brain, and what trauma informed care is.

### **Slide 37: Practice guidelines**

As Julie Rosenzweig emphasized, service providers need to understand the basics of brain development during the period of emerging adulthood, know about the impact of traumatic experiences on the young people they are working with, and provide trauma informed care. We would like to suggest some practice guidelines for trauma informed care. When we are working with young people it is important to:

- Provide a safe space, physically, socially, and psychologically
- Establish a trusting and caring relationship
- Act from a standpoint of "What has happened to you?" not "What is wrong with you?"
- Provide a variety of means to process experiences that are stuck in the emotional brain, for example, arts, sports, or music.
- Work on increasing awareness of bodily reactions, emotions, and thoughts to increase control and enable individuals to set boundaries
- Provide situations that allow young people to experience that they can be in control and that they are capable.
- Work on tools for emotional regulation, conflict resolution, and communication skills to effectively deal with social interactions.



**Slide 38: 6.3: Question**

How do you ensure that the young person you work with feels safe in your service environment?

Please provide your response in the text box.

**Slide 39: 6.4: Engaging Young People in Leadership and System Change**

The final section of this module examines ways to engage young people who have had experiences of trauma in leadership activities. We'll first hear from Lacy Kendrick Burk about her experiences using this model with young people in leadership activities through a youth-led organization, Youth M.O.V.E.

We'll then discuss a model of trauma-informed engagement developed by Debra Cady and Eric Lulow at Georgetown University. And finally we'll hear from Julie Rosenzweig about the take away message for engaging young people in services

**Slide 40: Youth Leadership [Video Clip]**

The Trauma Informed Method of Engagement or TIME model is a method for adults and young advocates to partner together to make sure that youth advocates have support in the process of advocacy. Young adults utilize their personal stories and their traumatic experiences that they've been through in their lives to help inform systems change. And that, in itself, going back and thinking about the worst thing that's ever happened to you, and then to share that in a public forum, is a very intense process. It can lead to retraumatization to the young person, the audience, and the adult support person.

The TIME model helps to ensure that that process is in place for the young person and for the adult support person. It centers around the relationship between the young person and the adult supporter. There is a three step process.

First, before a youth advocate goes to speak before an event, they need to be able to talk with the adult support about what the event is going to look like, developing a speech, talk about strategic sharing, who is their audience, what are they going to say, what they are prepared to say, all the preparatory activities that need to happen.

Second, talking about a crisis plan and a support plan and what those look like; what supports do they need in place for the young person to be successful at this event? During the event, the adult support person should be there, to be able to support them in the way that the young person identifies that they need. That could be giving a sign when it's time to quit talking or it

could be just a nod to let the young person know that they are doing okay or if certain questions are asked that can trigger a trauma while they are onstage, the adult support person needs to know what to do to help the person onstage.

Third, after the event, most importantly is for the support person to be able to debrief that event. Sometimes memories of traumatic experiences can come up during a speaking engagement or an audience member can ask a question that triggers a trauma. Therefore, it is really important for the young person to have an adult supporter they feel safe with to process that. So the supporter may ask about the memory that came up and where do you need to go to process that. If the young person needs someone else, that's okay, but the adult support needs to be there to help facilitate that.

#### **Slide 41: Trauma Informed Method of Engagement (TIME) Model**

The Trauma Informed Method of Engagement or TIME model is based on the guiding principles that we've discussed for Trauma-Informed Services. It is designed to effectively engage young people in leadership activities that can lead to system reform, and empower those who participate.

When you work within the TIME model, you place relationship at the center of your work with young people. The supportive adults or peer mentors who use this model offer strategies, which prepare and support young people as they share their experiences. They also provide space for reflecting on their experiences, which can add to their own healing. Next we'll talk about the four components of the TIME model: relationship, preparation, support, and reflection.

#### **Slide 42: Relationship**

Relationship building is central in the model. An adult ally or peer mentor establishes a trusting relationship. She builds rapport and partnership with the young person, through exploring common experiences, interests, and goals. In getting to know the young person, the adult ally or peer mentor learns about the culture, family and social networks that are important to her. She also makes sure that she provides a safe environment, which includes setting boundaries in partnership with the young person. For example, not bringing up the violence the young person experienced at home in a public forum. So it is key that the mentor get to know about circumstances that trigger trauma for the emerging adult, and work toward a plan to re-establish safety after they have had a trauma response. This relationship is the bedrock for young people's engaging in leadership activities.

### **Slide 43: Preparation**

The adult ally or peer mentor provides support to the young person throughout the process of providing advocacy or leadership on issues of concern to them. This includes getting the young adult prepared for the meeting, by discussing the people who are likely to be there, the agenda, and environment. Partnering with the young person, the ally works with him to formulate the message he wants to get across, and provides training in strategic sharing, and handling difficult questions that may come up. If trauma is triggered during the event, the ally and young person will have worked out a planned response. And of course the ally or peer mentor attends the event with the young person

### **Slide 44: Support**

The key support elements that the peer mentor or adult ally needs to make sure are in place are:

- Sufficient rehearsal and feedback.
- A contingency plan is in place, should trauma triggers occur.
- Personal encouragement and reassurance.
- Implementing a safety plan, if traumas are triggered. This may require setting up nonverbal cues that the young person gives if they want to withdraw from the event or have the focus taken off themselves.

The mentor also needs to make sure there is a basic debriefing session right after the leadership or advocacy event, so that the young adult can process what they have just experienced in a safe setting.

### **Slide 45: Reflection**

Following the event, time needs to be set aside to meet with the young person, and reflect on the meeting and its outcomes with her. During this time for reflection,

- Acknowledge the contribution of the young person made by her participation and leadership at the event.
- Debrief the event more thoroughly—looking at process, outcomes, and emotional impact.
- Discuss her strengths, and places where she feels she has opportunities for growth.
- Connect her with appropriate resources.
- And finally, plan for other opportunities where she can develop as a person and as an advocate and leader.

We conclude this section of the module with Julie Rosenzweig discussing key aspects of trauma-informed services, followed by a summary of principles of trauma-informed systems of care.

#### **Slide 46: Trauma-Informed Services [Video Clip]**

**Trauma Informed Care** is a concept or construct that has been around for about 10 years or so and it really talks about having an understanding. It's a framework; it's not about having a set of skills or tools necessarily, it really about understanding that number one, experiences of trauma are very pervasive in the general population, but almost 100% of people that come in to receive services, whether it's in the mental health system, social service system, criminal justice or juvenile justice system, high percentages of individuals are in those systems because of trauma experiences that they tried to cope with but that their coping has been unsuccessful.

Service systems are largely designed for circumstances that have gotten out of control. They very rarely address the traumatic experiences that an individual has experienced. There is an African proverb that really captures that. It says, "Do not look where you fell, but where you slipped." What that means is let's take a look at what the trauma experiences are and how they have informed your ways of coping. Many service systems now are taking a trauma-informed approach which means we accept the fact that trauma is very pervasive, first and foremost. We need to inform our practices, our policies, our protocols, just the very way we do business with that first and foremost in mind.

Part of the trauma informed approach is also practicing what is called the **Universal Precaution**, which a lot of people understand from a public health perspective. What that really means is let's assume that every person who walks through our door and is receiving services or is mandated services has a trauma experience and that we have to do our very best to reduce further traumatization or retraumatization.

What is **retraumatization**? It is when things in the environment, perhaps the physical environment, the way we interact with people, the way we respond to people, will activate their trauma. If you understand that people who walk through your door are going to scan for threat and danger in the environment, then we want to do our very best to have it be a safe and welcoming environment; that's first and foremost.

Safety is at the top of the list when we want to do trauma informed care. Things have to be safe. We also have to be trustworthy. We have to collaborate with our youth, we have to empower them, and we have to give them choices. So there are certain principles of trauma informed care that need to permeate the entire culture of an organization, and each and every provider and staff member needs to understand that. We try to minimize any threat that is perceived in the environment.

### **Slide 47: Building trauma-informed systems of care**

Developing a trauma-informed agency is nothing short of taking on major organizational cultural change. It is not just a way of doing services; it is applying a relational lens to all the values and levels of an organization. The Community Connections Mental Health Agency in Washington DC has identified five principles that need to permeate all levels of an organization and with consumers leading the implementation of these principles.

If the process of cultural change is to take hold and an organization is truly to become trauma-informed then it must partner with service users and integrate and lead with their definitions and lived experiences of

- safety,
- trustworthiness,
- choice,
- collaboration and
- empowerment.

As Julie Rosenzweig has explained, trauma informed services begin with insuring the safety of young people, and establishing trustworthiness. Trust is gained when service providers work with young people on clear tasks and set appropriate boundaries. The services also are chosen by the young person, who maintains genuine control over his or her experiences. The service system is collaborative, listening to young people, respecting the strengths that they bring, and sharing power with them. Finally, young people have access to opportunities to enhance their skills, develop confidence, and become empowered within the systems and work for positive systems change.

### **Slide 48: References and resources**

The links in this slide lead to key publicly available resources regarding individualized and developmentally appropriate services, brain development, and trauma informed care. The final link connects to a document that includes references we have used in preparing this module.

Now, we'd like to introduce you to the seventh module.

### **Slide 49: Next module**

We would like to invite you to participate in Module 7, Developing Healthy Relationships. The seventh module focuses on strategies to develop and maintain healthy relationships in key areas of living. It will also consider the specific needs of LGBTQI2-S young adults with mental health difficulties.

**Slide 50: Credits**

We'd like to acknowledge and thank the people who contributed to the development of this module on providing individualized and developmentally appropriate services.

**Slide 51: Acknowledgements / Funders**

The contents of this module were developed through funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and from the Center for Mental Health Services.

**Slide 52: You're Almost Done!**

Please complete each of the following ten questions as part of your training experience. Please check the BEST answer for each question.

Participants who successfully complete this final part of the training will be able to print out a certificate of completion.