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Trauma Informed Practices for Oakland Unite Service Providers

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Abstract

Oakland, California - a home to almost 400,000 residents - is the top five most violent cities of the nation. There are lots of factors that greatly contribute to violence including: Poverty, housing/homelessness, unemployment, food insecurity, educational attainment, substance abuse. These factors feed to greater healthy disparities and increased trauma in low-income communities – specifically in east and west Oakland. Measure Y, now called Oakland Unite, is the current violence prevention effort that is set for reauthorization in November 2014. In order for these efforts to continue, Oakland Unite has started looking at comprehensive violence prevention initiatives that includes mental health and trauma informed practices as the primary focus. Recommendations for Oakland Unite include: technical assistances, training, staff support and leveraged funding for agencies to become a trauma informed organizations and continue this work for many years to come.

Keywords: violence, trauma, trauma informed practices, mental health

Trauma Informed Practices for Oakland Unite Service Providers

Alameda County, formed in 1853, is home to twenty cities west of San Francisco. In early 2000's, violent crime rates in the county reflected the state's rate of violent crimes. However, the county has become increasingly more violent in comparison to the state and nationwide (see Figure 1). According to Alameda County Violent Crime Fact Sheet, over the past decade, 2003-2012, Alameda County has become increasingly violent while violent crime rates have decreased statewide.

Oakland home to 406,253 residents is one of the top 5 most violent cities of the nation. Oakland's homicide rate is 2.1 times that of the Alameda County rate (8.9 per 100,000) (see Figure 2). The disproportionate level of violence experienced by Oakland residents was reflected in the fact that they made up 52% of all assault emergency department visitors, while they comprised only 26% of the Alameda County population. Reflected through 131 homicides for 2012, 92 homicides for 2013 and 55 to-date, it is obvious that community violence does not affect Oakland's citizens uniformly. Fifty-three percent of homicides occur in East Oakland but the remaining is concentrated in West and Central Oakland (Gilbert et. al 2014). Oakland's domestic violence rate is the highest in Alameda County at 9.8 per 1000 with children present at over half of such incidences. At least 3,000 incidences of domestic violence are reported to the Oakland police each year.

Eighty four percent of homicide victims and 94% of suspects are male. While only 28% of Oakland's population, approximately 80% of victims and suspects are black (see Figure 3). Although homicide rates decreased in 2013, there was a rise of crimes against young children between the ages of 0-10. The trauma and psychological distress caused in Oakland's

neighborhoods are affecting the youth and community in numerous ways, one being continuous cycle of violence.

Violence and poverty became a critical issue for Oakland after World War II, when the closure of shipping yards left many local residents jobless. Concurrently, blue-collar and affluent white residents began to move to nearby emerging communities. As a result of urban flight, newly constructed highways, built to connect these developing suburbs, broke up many of Oakland's traditional communities and inhibited resident's ability to exert control over the community.

Today, we witness an influx of residents fleeing from costly cities, such as San Francisco, to Oakland, further increasing poverty and gentrifying Oakland. Despite the rise of technology boom and prosperity, the economic crash of 2008 is still palpable in Oakland. People are still searching for a stable job, fighting to keep their house they have had for many years, and are experiencing racism and classism at a higher rate.

Risk Assessment

Oakland has many challenges that greatly contribute to violence in Oakland. Predictably, increased risk for higher rates of homicide and assault has been associated with high rates of poverty, unemployment, food inaccessibility and lack of educational attainment (Hsieh, 1993). According to American Community Survey (ACS) 17.2 percent and residents of Oakland live under the federal poverty levels (2009) which stems down to one in four kids in Oakland living in poverty (Moore, 2011).

As mentioned as above, the recession disproportionately affected Oakland residents, leaving many without a job. The highest rate of unemployment is concentrated in Oakland, Hayward and Fremont – exceeding the county's rate by couple of percentages (Labor Market

Information Division, 2013). The rising number of unemployment and cost of living forces many to not have stable and safe housing. Sadly, 1 in 4 mortgages in Oakland were forced to foreclose their homes and move to areas with increased crimes and violence (Phillips & Clark, 2010). Food insecurity goes hand-in-hand with poverty and unemployment. It impacts a proper development and educational attainment, especially for children. Alarmingly, Oakland Food Policy Council reports that there is one grocery store per 93,126 residents in the Flatlands compared to 1 per 13,778 residents living in the Oakland Hills (2010). This illustrates how communities are disproportionately affected. In turn, rising health disparities affect the city at higher rates.

Additionally, education is an important bridge to greater knowledge and a step towards higher income, and stability. Rogers Foundation initiative focusing on Oakland Schools stated that Oakland Unified School District has increased its academic performance within the past six years. However, only 40% of third grades in OUSD are reading and writing on grade level. Alarmingly, about 4,582 students were chronically absent and has seen higher drop-out rates in 2011 alone (2011).

All of these further contribute to the rise of violent crimes and war zones -- increasing the need for comprehensive violence prevention, adding the importance of mental health services, in the community.

Violence Prevention

Violence prevention is an effort that looks deeply in the multifaceted root factors, such as poverty, substance abuse, discriminations, unemployment and more. Distinct from containment and/or suppression, prevention seeks to empower, educate and foster healthy communities. It also responds to the communities' need (Adapted from SB2097, State of California, 2000).

Current Violence Prevention Efforts in Oakland

In response to an unacceptable level of violence, Oakland voters passed Measure Y, the Violence Prevention and Public Safety Act, in 2004. Measure Y (MY) imposes a parcel tax and parking surcharge on commercial lots and generates about \$24 million annually. Besides providing steady funding to fire safety and police recruitment, MY provides approximately \$6 million in grants to violence prevention programs that serve at risk Oakland youth.

City staff at the Human Services Department (HSD) allocates funds to community-based organizations and other public agencies in a three-year cycle. The goal of MY, now called Oakland Unite, is to support programs for high-risk children, young adults, and reentry population who require more intensive services.

Oakland Unite strategies fall into the following clusters:

Family Violence cluster attempts to reduce family violence and mitigate the consequences of family violence on children and youth. It also focuses on sexually exploited minors by providing case management and intensive outreach to exploited minors.

Youth comprehensive service cluster include school-based services, case management for students involved in gangs and/or the criminal justice system, and youth employment programs.

Youth adult reentry service cluster also include case management, employment services, cognitive behavior therapy, and supportive services.

Violent incident cluster focuses on crisis response, which includes support services for the family and friends of young homicide victim. The intervention also focuses on street outreach workers that intervene during/after violent incident and build relationships with hard-to-reach youth.

Measure Y is expected for reauthorization by Oakland residents in November 2014. There is an effort to include a comprehensive violence prevention initiatives for the next ten years. The importance of mental health services and treatment is part of the comprehensive initiative that is included in each of the four Oakland Unite strategies.

What is Trauma?

Trauma is caused when a person “experience, witnessed, confronted with an event that involved actual or threatened death or serious injury, or a threat to the integrity of self or others” (DSM IV, 1994). Referring trauma from a psychological perspective, it can arise from many sources, including but not limited to, physical abuse, community violence, school violence, traumatic loss, sexual abuse, natural disasters, war, terrorism and psychological abuse (National Child Traumatic Stress Network, 2005). Trauma itself does not cause the damage, but it is how an individual’s mind and body reacts to the traumatic experience in combination with the unique response of the individual’s social group that disrupts the normal function of an individual (Bloom et. al, 2000).

Trauma causes various responses to the minds and bodies of those involved. Negative health outcomes across multiple diagnoses, from psychiatric (depression, anxiety, substance abuse) to physical (diabetes, heart disease, and cancer) were correlated with trauma exposure in childhood or adulthood. Learned helplessness, in which an individual is unable to recognize danger and self-motivate out of dangerous situations; dissociation, in which an individual splits the experience from feelings; behavioral regulation, in which an individual develops aggressive behavior and oppositional defiant disorder; and biological, in which individuals are unable to have the gradual shift from right hemisphere (feeling and sensing) to the left hemisphere

(language, abstract reasoning, and long-range planning), have all been correlated with multiple traumatic exposures.

Poor mental health is associated with violence exposure and perpetrating violence (Singer et. al, 1995). Severely impacting those that witness violence and lost family members, trauma can be associated with aggressive behavior, depression, lower self-esteem, higher anxiety and lack of attentiveness in schools and more (JG et al., 2000). It can disable, overwhelm and eventually causes the inability to cope with emotional distress to an individual, especially if a traumatic event occurred at a young age (Van der Kolk, 2005). Besides hiking rates of community and individual violence, at risk youth, especially Latino and African American males, experience insidious forms of trauma due to discrimination, poverty, racism, and institutionalized oppression. Most concernedly, there is a lack of trauma as a diagnostic reference point as prevention for violence, psychiatric disorders and behaviors that can further contribute to the cycle of violence.

What is Trauma Informed Care?

Trauma informed care understands the closely interrelated causes of trauma, especially affecting high risk of youth of Oakland. It is a holistic and therapeutic approach that can be implemented in various systems and programs. It includes recognition of high prevalence and impact of trauma, including historical trauma, culture and practices that re-traumatizing, and vicarious trauma and having continuous support for staff. Trauma informed care can be part of comprehensive and effective violence prevention in Oakland and Oakland Unite service providers.

Fieldwork Method and Results

I decided to also work on my fieldwork with Oakland Unite with a goal of understanding the needs of agencies in incorporating trauma informed practices in their services and recommend on ways Oakland Unite can support agencies in becoming a trauma informed organization. I decided to focus on trauma and trauma informed practices, because I believe addressing the underlying causes of violence is pivotal in breaking the cycle of violence.

During my fieldwork, I organized a professional development training on Restorative Trauma-Informed Practices to all Oakland Unite service providers. The training was led by Catholic Charities of the East Bay in collaboration with Oakland Unite. Training modules included: Intro to Restorative Trauma-Informed Practices (RTIPS), an introductory session that provides a mix of experience-based skills building and theoretical background to restorative trauma-informed practices, and RTIPS and Traumatic Grief Work, a session that focuses on restorative trauma informed practices that can be used with youth and adults experiencing traumatic grief. The author was able to use this training as my introduction to trauma informed practices.

The second half of the training focused on vignettes from different facilitators. This session included a victim of gun and gang violence, who shared his experience as “the kid who was lost” and his transition to the person he is now. As a peer mentor to many high risk youth, he created an exercise called the “volcano”, which symbolizes emotional and expressed anger for front-line staff to use with clients that have anger issues due to trauma. We also had an exercise call “The Triangle Approach” where our trainer synthesizes thoughts, feelings, and behavior of a person who is traumatized and how to support that person in changing their ways through these steps.

Surveys and evaluations were administered to attendees in hopes of learning more about agencies' needs and obstacles in incorporating trauma informed practices in their services. Out of sixteen survey feedbacks received, about eight stated that they needed more support in becoming trauma informed organization. Although the question of how was not part of the survey, during the first portion of the training, I was able to observe the needs of agencies around incorporating trauma informed practices into their program design. Agencies were really also interested in starting the process of being trauma informed but don't have the capacity or support needed.

Based on feedbacks received and literature reviewed, I conducted insightful informational interviews with Mrs. Gena Castro Rodriguez, MFT and Ms. Jen Leland from East Bay Agency for Children, which supported in the formulation of practical recommendations for Oakland Unite and its service providers. I created another set of survey that focused on a list of specific support Oakland Unite can provide to agencies. The survey asked in depth questions around barriers in providing and/or referring to mental health services and changes, if any, experienced after trauma informed training (see Appendix B).

To further expand my knowledge on trauma and trauma informed practices, I attended "Insidious Trauma: An Examination of Race, Trauma, and Resiliency" training held at the California Endowment and led by Mrs. Gina Castro Rodriguez, MFT. Mainly addressing systematic oppression and racism, the training was designed to challenge service providers' worldview and attitude toward cultural differences. There is trauma experienced not only by what is systematically set in place but also in ways we, as service providers, approach treatments. People of color, especially African American, are disproportionately affected by traumatic events more than any other group in America. Ranging from systematic oppression to historical trauma,

it is important for us to understand these nuances in being powerful change agents for the youths we serve.

Recommendations Proposed

Currently, some grantees of Oakland Unite have started integrating trauma informed practices into their violence prevention model. One major theme that was observed amongst agencies and informational interviews with mental health providers is the lack of funding to hire and sustain mental health service providers, especially those that serve Medi-Cal and VOC eligible clients. To strengthen the model that is already set in place in these different organizations, the first recommendation for Oakland Unite is to provide leveraged funding for mental health services (Medi-Cal, Victim of Crime (VOC) etc...) as part of the comprehensive initiative. This includes agencies requesting funding on behalf of Medi-Cal and VOC eligible clients who are in need of mental health services. This includes also hiring mental health providers that are reimbursed by Medi-Cal and VOC and supporting clients that are not eligible for state support.

The second recommendation focuses on training, technical assistance and retention of staff and mental health providers. Oakland Unite can support partnering agencies in hiring and retaining culturally competent clinician with expertise in trauma and trauma-related interventions (on staff or available for regular consultation). According to informational interviews conducted with two mental health providers, hiring and retention of mental health clinician is a challenge many agencies face due to lack of funding and technical assistance from funders. To eliminate this gap, Oakland Unite can create networks of mental health providers that serve partnering agencies. This support also includes providing professional development training for front-line staff, clinicians, administrators and authorities (police and probation

officer) on trauma and trauma informed practices. It is also very important to include training that incorporates a deep understanding of masculinity and the meaning of respect into violence prevention efforts at all levels. Men and boys of color, between the ages of 16 and 25, who perceive themselves as powerless are more likely to try supplementing those feelings by engaging in risky behaviors (Courtenary & Keeling, 2000). The societal view of what it means to be a man causes men, especially men of color, to be unexpressive or unemotional (Mejia, 2005). By suppressing their feelings, men and boys who have experienced trauma at a higher rate tend to have a harder time seeking help and openly discussing their thoughts/feelings but exhibit aggressive behaviors.

Other specific support Oakland Unite can provide to partnering agencies is to make mental health services available to front-line staff, especially to those that deal with impacted youth and adult. Secondary traumatic stress - also called compassion fatigue, vicarious traumatization (McCann & Pearlman 1990) and co-victimization (Hartsough & Myers 1985) - is the stress resulting from helping or wanting to help a suffering person (Figley 1995a, b). If vicarious trauma is not treated in agencies, outcome of services will be affected negatively. Staff turnover not only affects the agencies but also clients being served. If there are a lack of consistent services, it will cause re-traumatization, ultimately adding to the cycle of violence.

Integrating culturally and ethnically informed care in Oakland Unified School District (OUSD) is also an effective way to support youth that considered being high risk -- especially for youth who are in the Restorative Justice Programs as parolees. To make trauma informed care available for all youths, enhancing violence prevention curricula with trauma-informed awareness and values in schools would be important as well. Funding should also support training peer health navigators and mentors in trauma-informed methods. Peers and mentors will

then work on directing youth to emotional healing, supporting them as they navigate difficult systems and reconnecting them to school, work, family and community.

Conclusion

It is vital to understand that shootings and homicides cannot be entirely separated from child abuse, domestic violence, and sexual exploitation because different types of violence reinforce each other and share many root causes or vice versa. This calls for a great innovative violence prevention that focuses on the use of holistic approach while serving individuals that have been traumatized.

Trauma informed care highlights the importance of multilevel intervention points against violence and very essential for at-risk youth of Oakland. Oakland has many challenges ranging from poverty to health disparities that feed into rising numbers of violence in low-income communities. Measure Y was passed in 2004 in hopes of decreasing homicide and recidivism rates in Oakland and has had many milestones. However, there is a lack of support mental health needs, more specifically trauma informed care, for these youths and community at large. Therefore, Measure Y could be a great asset in implementing and sustaining mental health treatments, specifically trauma informed care, which can further support the prevention efforts for many more years to come.

Reference

- Alameda County Public Health Department and Causa Justa Just Cause (CJJC). (2010). *Rebuilding neighborhoods, restoring health: a report on the impact of foreclosures on public health*. Retrieved from <http://www.acphd.org/media/53643/foreclose2.pdf>
- Aldrich H. & Kallivayalil D. (2013). The impact of homicide on survivors and clinicians. *Journal of Loss and Trauma, 18* (4), 362
- Bloom, S. (2000). Treating the traumatized patient and victims of violence. *Psychiatric Aspects of Violence: Issues in Prevention and Treatment. New Directions in Mental Health Services, 86*, 79-102.
- Corbin T., et. al. (2013). The prevalence of trauma and childhood adversity in an urban, hospital-based violence intervention program. *Journal of Health Care for the Poor and Underserved: 24* (3), 1021-1030
- Courtenay, W. H., & R. P. Keeling. (2000). "Men, gender, and health: toward an interdisciplinary approach. *Journal of American College Health, 48*(6): 243-6
- Harvey M. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress, 9* (1), 3-21.
- Johnson J.G., Cohen P., Smailes E., Kasen S., Oldham J.M., Skodol A.E., and Brook J.S. (2000) Adolescent personality disorders associated with violence and criminal behavior during adolescence and early adulthood. *The American journal of psychiatry, 157*(9): 1406-1412
- Labor Market Information Division, Employment Development Department, and State of California. (2013) *Labor market information: oakland-fremont- hayward*. Retrieved from [http://www.calmis.ca.gov/file/lfmonth/oak\\$pds.pdf](http://www.calmis.ca.gov/file/lfmonth/oak$pds.pdf)
- InforAlameda. (2011). *Alameda county violence fact sheet*. Retrieved from <http://www.infoalamedacounty.org/index.php/research/crimesafety/violenceprevention/a factsheet.html>
- More, M. (2011, December 1). The school-age california children are living in poverty. The Oakland Tribune. Retrieved from http://www.mercurynews.com/census/ci_19443439
- Oakland Food Policy Council. (2010). *Transforming the oakland food system: a plan for action*.

- Retrieved from <https://docs.google.com/file/d/0B-7qYKlCGHyLSV9iMV9uVjhrbkE/edit>
- Rich J., et al. (2009). Healing the hurt: trauma-informed approached to the health of boys and young men of color. *The Center for Nonviolence and Social Justice: Drexel University School of Public Health*.
- Singer M.I. & Anglin T.M. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *JAMA: 273* (6), 477-82
- Saltzman, W.R., et al. (2001). Trauma- and grief-focused intervention for adolescents exposed to community violence: results of a school-based screening and group treatment protocol. *Group Dynamic: Theory, Research, and Practice: 5* (4), 291
- Van der Kolk, B. (2005). Developmental trauma disorder. *Psychiatric Annals, 35*(5): 401.

Appendix A

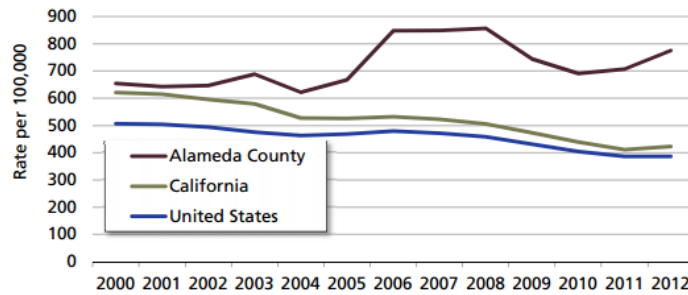


Figure 1: Violent Crimes rates in Alameda County, California, and United States. (2013, February 25).

Info Alameda County. Retrieved from http://www.luminpdf.com/files/3424141/acphd_cha_2014.pdf

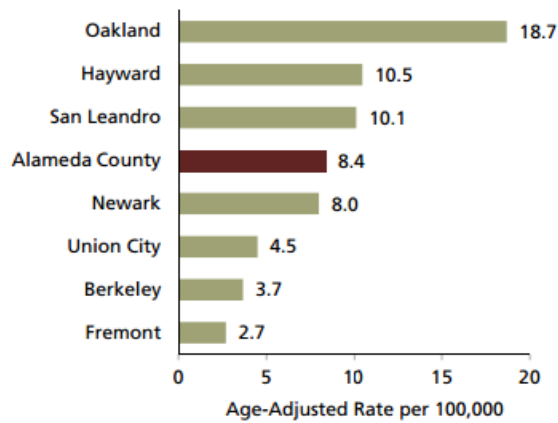


Figure 2: Homicide rate by City/Place. (2014). Alameda County Health Data Profile, 2014. Retrieved

from http://www.luminpdf.com/files/3424141/acphd_cha_2014.pdf

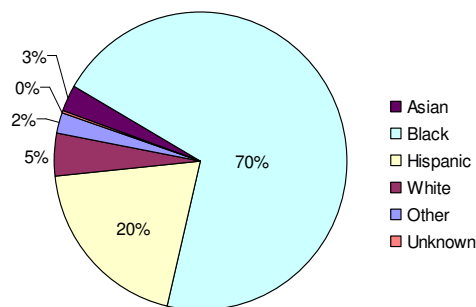


Figure 3: Homicide victims by race. Adopted from “Analysis of Oakland homicides and shootings.” (2009, July). City of Oakland – DHS. Clark, Mika

Appendix B

Survey Administered - Background

My name is Maereg "Mimo" Haile and I am currently finishing my Masters in Public Health at the University of San Francisco. I am doing my fieldwork with Oakland Unite due to my strong connection to the violence prevention issues that are being addressed by your agencies. My focus is on understanding trauma and trauma informed practices because I believe addressing the underlying causes of violence is pivotal in breaking the cycle of violence. My goal is to understand the needs of agencies in incorporating trauma informed practices in your services, and recommend on ways Oakland Unite can support this.

Based on my literature reviews and informational interviews, I have created a list of survey questions. Your responses will help provide feedback on how Oakland Unite can support our partnering agencies in becoming trauma informed organizations. The survey is also designed to get a sense of what gaps exist and what training or technical assistance needs organizations may have.

Thank you for taking the time to fill out this brief survey.

Approximately, what percentage of your clients with identified mental health needs are receiving support services?

- A. 25% or less
- B. 25-50%
- C. 50-75%
- D. 75-100%

What are some barriers that your agency experiences in providing or referring for mental health services to your client? How about to staff?

- A. Please specify

What percentage of people working and/or volunteering across departments at your organization have received any training on what traumatic stress and trauma-sensitive practices?

- A. 25% or less
- B. 25 – 50 %
- C. 50 – 75%
- D. 75 – 100%

Agency identifies as:

- A. Already incorporates trauma-informed practices
- B. Working towards incorporating trauma-informed practices (trainings, support to staff, etc...)
- C. Have not begun an agency wide trauma-informed assessment
- D. Not interested in trauma informed practices

If your organization has received trauma-related training, what changes in programs or practice have you seen as a result?

- A. There have not been any changes
- B. Our organization has seen some minor changes
 - a. Comment Box

- C. Our organization has changed significantly
 - a. Comment box
- D. Our organization has not received any trauma related trainings

Do you use any type of assessment tools to gather information about client exposure to trauma?

- A. Yes – If yes, what types of tools do you use?
 - a. Comment Box
- B. No

What specific support does your organization need to incorporate trauma informed practices into your organization (Check all that apply):

- A. Leveraged funding for mental health services (eg. Medi-Cal, VOC etc..)
- B. Training and education on trauma and trauma informed practices for staff and/or volunteers across departments
- C. Hiring and retaining culturally competent clinician with expertise in trauma and trauma-related interventions (on staff or available for regular consultation)
- D. Trauma specific intake assessment tools
- E. Provide mental health services for staff
- F. Incorporating trauma informed practices into your program design
- G. Other, please specify:_____

Other than what is listed above, what types of support can Oakland Unite provide?

Comment Box