

Introduction to HCRE

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What is HCRE?



- **Healing Centered Restorative Engagement**

- Combination of Trauma-Informed Care (TIC) and Restorative Practice (RP) Approaches
- Is not prescriptive- we don't believe in a one-path approach to human service agencies or practice.
- Does not support just a single model of TIC or RP- if it is evidence-based it works.
- Believe in connecting human serving agencies to further the role they have in supporting community.
- Conduct research, provide training, and create support for creating cultures and communities that are trauma-aware and restorative.





Introduction to Trauma and Disconnection

Why we need to talk about trauma...

Youth Disconnection in Detroit

19.4 %
of Detroit youth
experience
disconnection

3x
Disability

2x
Poverty

9x
Drop Out of High
School

22x
Juvenile Justice,
Jail, or Institution

Trauma and Disconnection





Youth who experience trauma are more likely to become disconnected.

Youth who become disconnected are more likely to experience trauma.





What is Trauma?

- *“An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.” SAMHSA, 2016*
 - Individuals who experience trauma become more sensitive to future threats.
 - Threats can be actual experiences of harm or perceived threats of harm, ie. triggering of past trauma is perceived but the individual is still experiencing the event as an active experience of harm.
 - Trauma rewires and restructures the brain for children and adults. Healing can occur at any point but the faster the intervention, the better.
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SAMHSA's Areas of Trauma



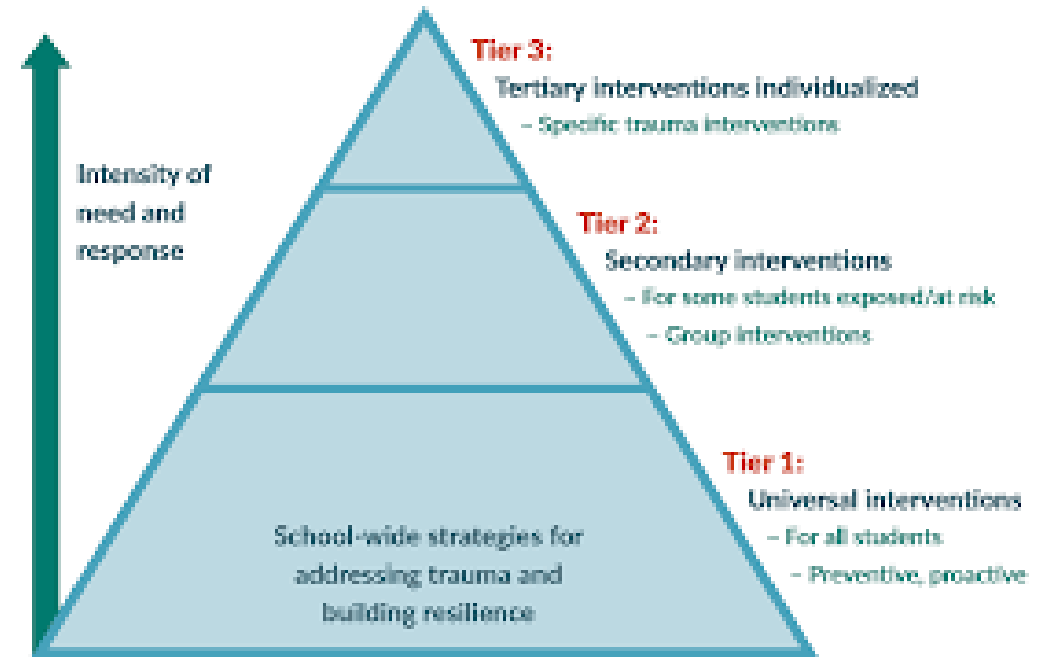
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- Sexual Abuse
 - Physical Abuse
 - Emotional Abuse
 - Neglect
 - Victim/ Witness of Domestic Violence
 - Traumatic Grief/ Separation
 - Bullying
 - Serious accident/ Illness
 - Victim/ Witness to Personal or Interpersonal Violence
 - School Violence
 - Natural/ Manmade Disaster
 - Forced Displacement
 - Military Trauma
 - Victim/ Witness to Community Violence
 - System-Induced Trauma
 - War, Terrorism, Political Violence
 - Military Trauma
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Degree of Trauma Exposure

Type 1 – Single exposure


Type 2 – One type of exposure that is repeated OR exposure to one or two different events

Type 3 – Complex Cumulative Trauma/Developmental Trauma Disorder

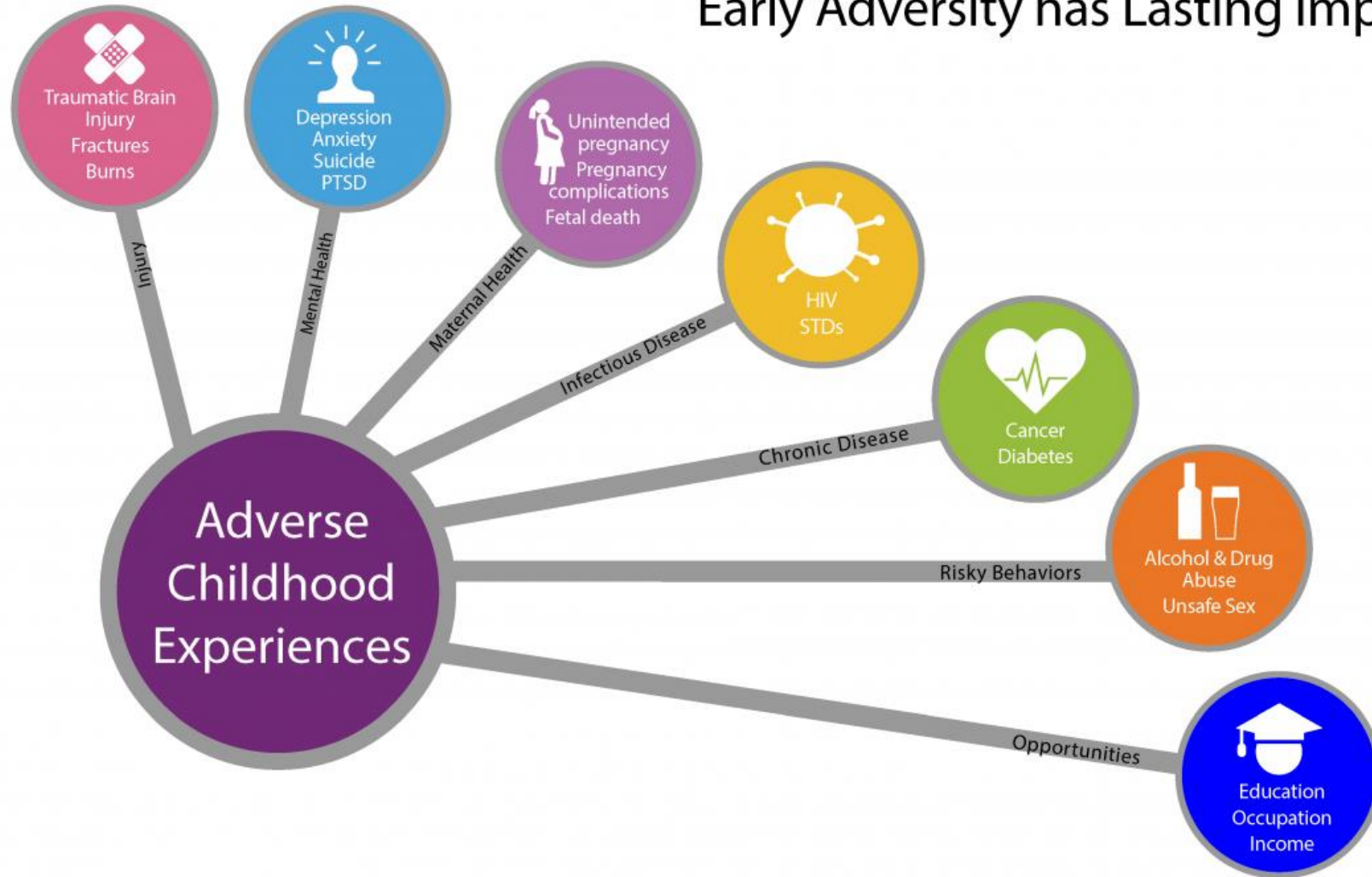


Why We Need To Think About Trauma and Disconnection



- Even one trauma during childhood can be associated with greater chances of addiction, mental health issues, poor financial well-being in adulthood, and higher mortality rates. (CDC- Kaiser ACE Study).
 - Children who experience trauma are more likely to be absent from school and, later in life, work. Recent data has shown that 57% of Detroit Public School students are chronically absent (missing more than 15 days per year). (Office for Civil Rights 2013-2014).
 - Adults who report having 6 or more adverse childhood experiences (ACEs) die an average of 20 years younger than adults who have no ACEs (CDC-Kaiser ACE Study). Grosse Point residents live 11 years longer on average than Detroit residents (Poverty Solutions, 2017)
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Early Adversity has Lasting Impacts



CDC Kaiser Adverse Childhood Experiences (ACEs) Study

Trauma goes Unrecognized



- Trauma often goes unrecognized, despite its serious health consequences.
- PTSD is the only trauma diagnoses in the DSM-5
- Childhood trauma is mistaken as ADHD, ODD, and occasionally early onset Bipolar Depression
- Adult trauma is mistaken as adult ADHD, Psychopathology, Borderline Personality Disorder, and Bipolar Depression

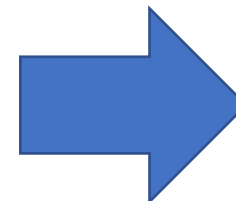
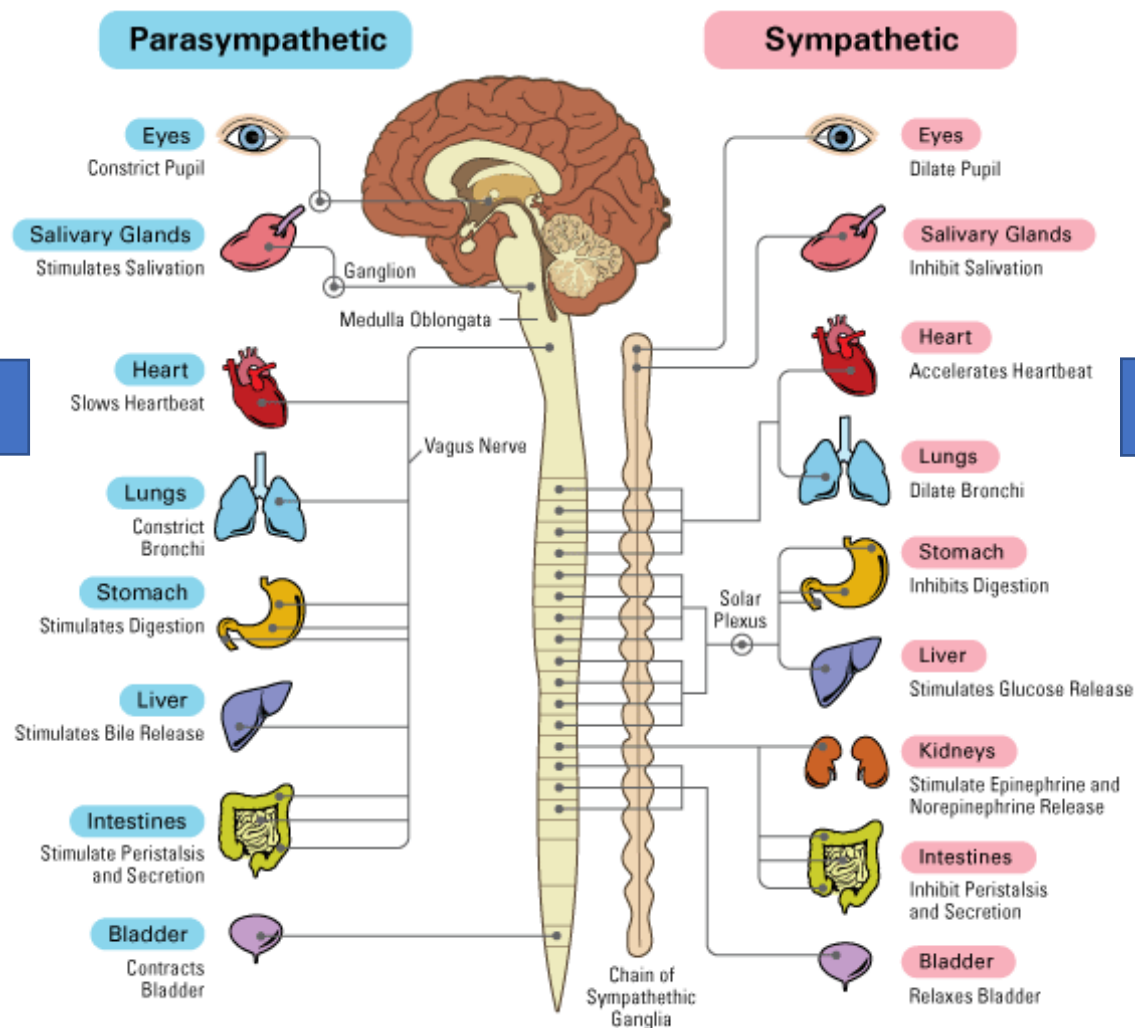
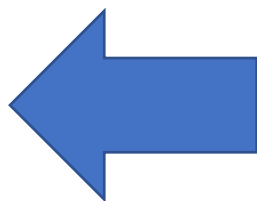
| Re-experiencing | Avoidance | Negative Cognitions/ Moods | Arousal |
|--|---|---|--|
| <ul style="list-style-type: none">FlashbacksIntrusive ThoughtsFrequent DistractionTraumatic DreamsSleep ProblemsPhysical Complaints | <ul style="list-style-type: none">DissociatingDepressedDiminished EngagementNumbingSubstance useSelf harmEating Disorders | <ul style="list-style-type: none">Distorted sense of selfEstrangement to othersDiminished InterestDepressionBlames Self or Others | <ul style="list-style-type: none">Cognitive DysfunctionAggression/ ViolenceHyperactivity |

Indicators of Trauma

Activation and Deactivation

Schema Explaining How Parasympathetic and Sympathetic Nervous Systems Regulate Functioning Organs

Relax
Focus
Digest
Learn
Interact
Speak
Function



Fight
Flight
Freeze
Survive

Triggers

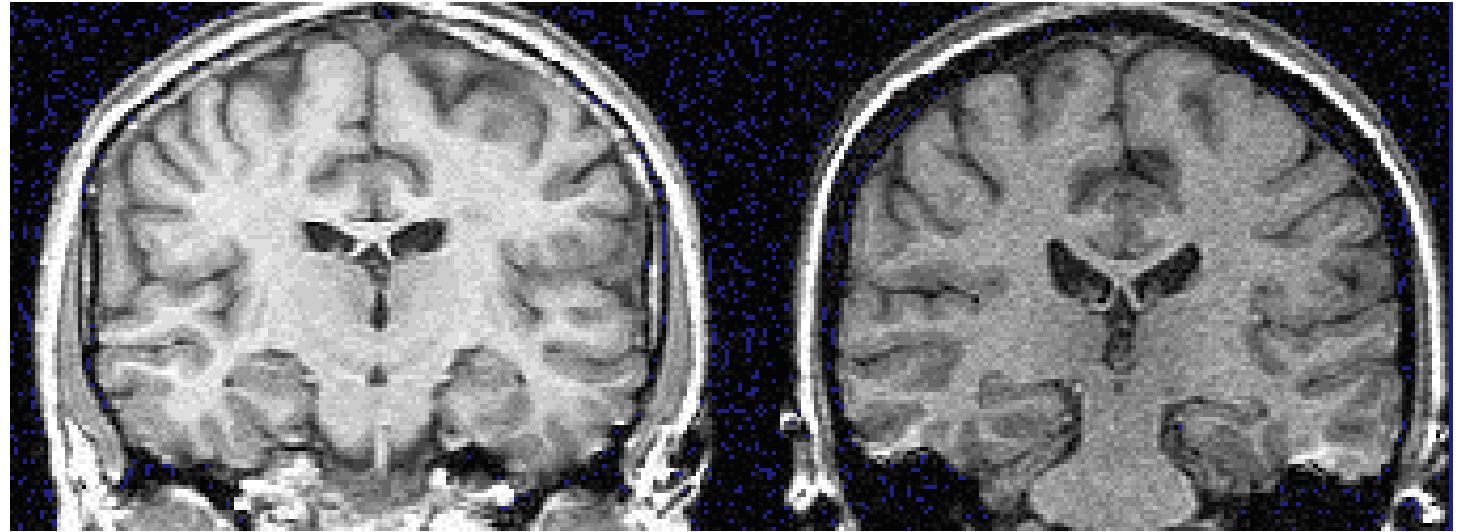


- Sights, smells, textures, tastes, touch can trigger the reexperiencing of a trauma.
- While triggered the youth often cannot control their emotional, physical, or psychological reactions. It is as if the event is occurring NOW, even if it happened in the past.
- May have an emotional reaction that far outweighs what would be expected for what is occurring.
- A youth will often be unable to identify why they are acting or responding in the way they are.
- May oscillate between being “checked out”, without affect, and outbursts, anger, or hyperactivity.
- Clearly wants to connect and build relationship but struggles with trust and healthy boundary setting.
- Difficulty with peer relationships, socializing at age appropriate levels, maintaining friendships.

Trauma and Brain Development - Child



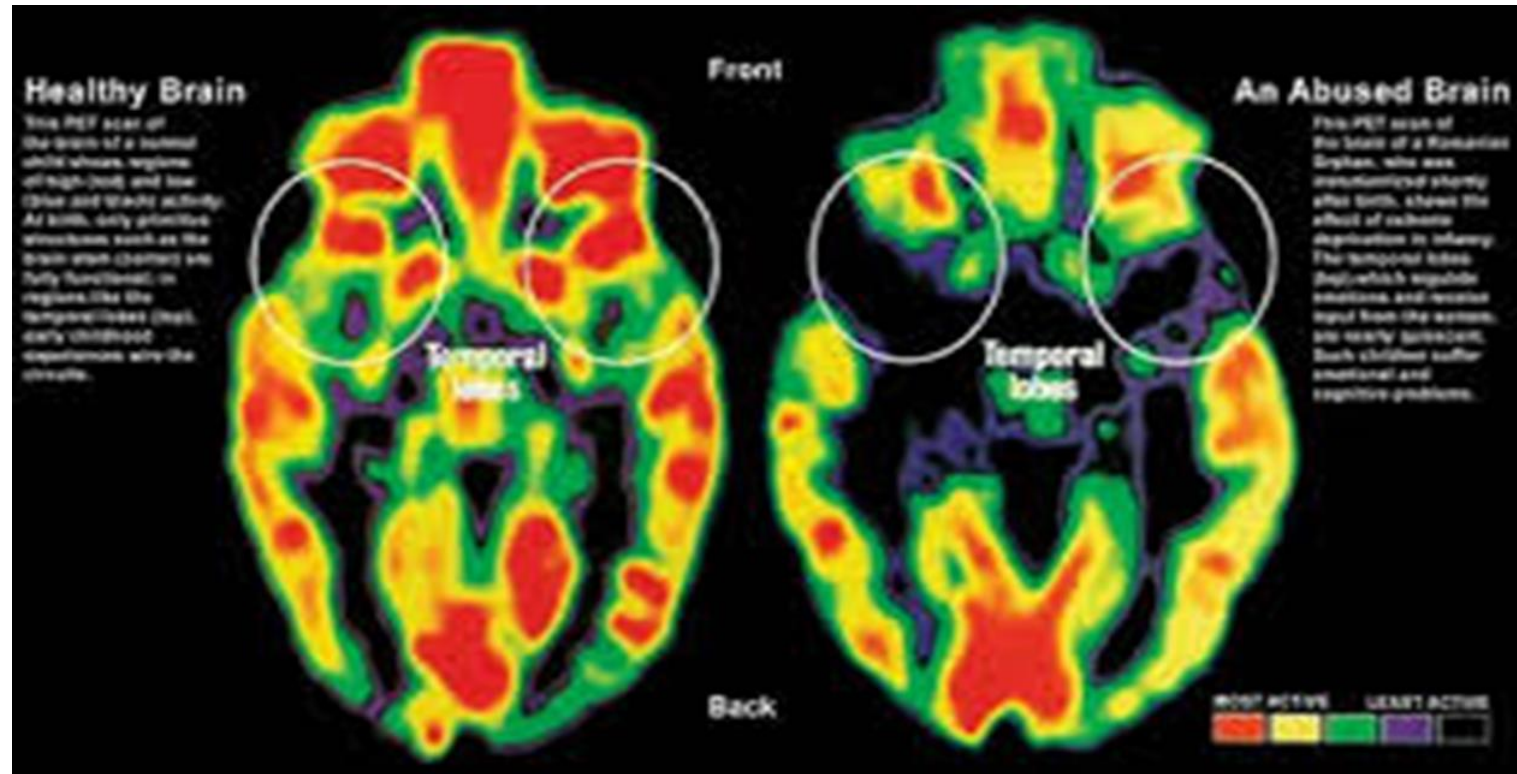
Trauma and Brain Activity- Adult



NORMAL


PTSD

Complex Trauma Throughout the Life Course



Trauma Reactions



- Difficulty identifying, regulating, or understanding emotion.
 - Avoid emotions, detached, flattened affect.
 - Distracted, anxious, inattentive.
 - Difficulty making decisions and choices, can't decide between a good or bad choice.
 - Impulsiveness, restlessness, outbursts.
 - Engaging in “numbing” behavior: drinking, smoking, drug use, over eating, under eating, repetitive and obsessive behaviors.
 - Disassociation from physical sensation, catatonia, lack of body-brain connection, development of a dissociative disorder.
- 


The Good News



- Exposure to a traumatic event does not necessarily create trauma.
- The sooner trauma is recognized and addressed the better.
- Trauma aware institutions and individuals can positively impact recovery even when professional or specialist services are unavailable.
- Recovery can occur at any time throughout the life course.
- Healing is possible and probable.



SAMHSA's 4 R's of a Healing Informed Approaches

- **Realizes** the widespread impact of trauma and understands the potential paths for recovery.
 - **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
 - **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
 - Seeks to actively **resist re-traumatization**.
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Reflection

- What are ways that you can improve the realization, recognition, response, or resistance to re-traumatization in the way you currently do your job?
- How will this improvement help?

Healing Practices: Six Key Principles



1. Safety



2. Trustworthiness and Transparency



3. Peer Support



4. Collaboration and Mutuality



5. Empowerment, Voice, and Choice



6. Cultural, Historical, and Gender Issues

HCRE Approaches



- Restore safety
- Increase belonging while decreasing fear, isolation, blame, and/ or shame.
- Help students gain a voice. Provide groundwork and model healthy emotional expression.
- Become empowered in relationships. Value relational enrichment. “Connection before content”.
- Develop strong and healthy attachments, nurturing boundaries and choice.
- Adaptive coping, peer and team approaches to problem-solving adversity and barriers.
- Celebrate achievement, foster acceptance, restore identity.

Motivation to Achieve/ Motivational Interviewing



- Focus on strengths, they allow you to know how to overcome barriers.
- Give you a target to work toward, especially on days when there has been a hardship or setback.
- Help develop positive emotions, goal setting, planning, and decision-making skills.
- Work on creating strategies that include, rather than exclude, especially when it comes to punishments and boundary setting.

Creating Systemic and Community Approaches to Healing

New Approaches to Community and Well-being



Innovation in Human Services



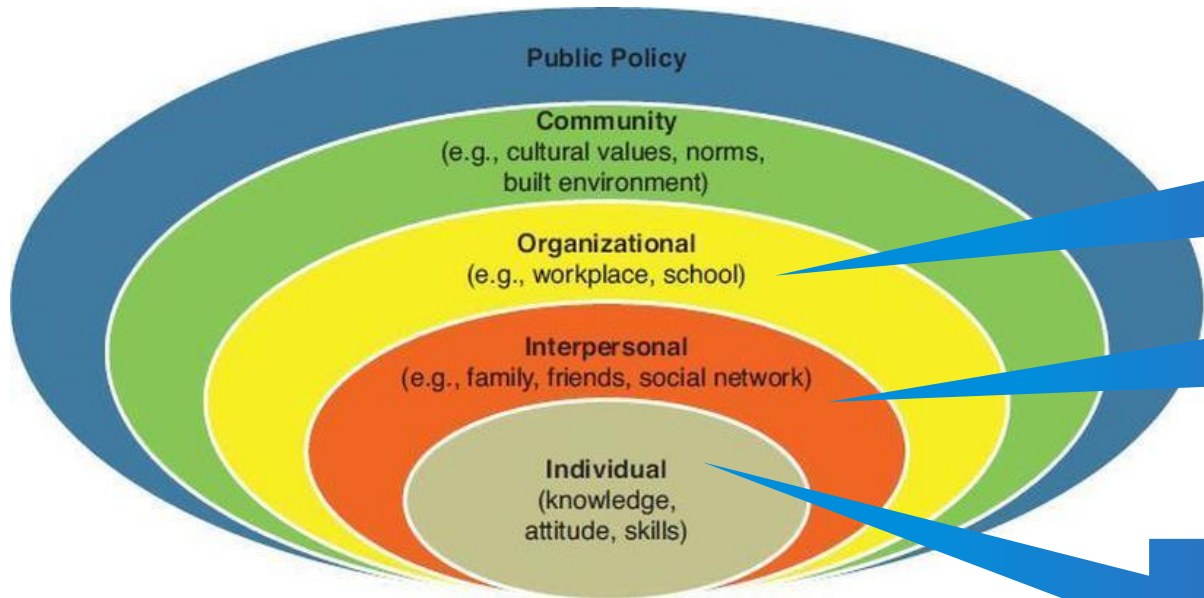
Where we are now...

- Reactive- Specialist created interventions.
- Time-limited and targeted to “at-risk”.
- Problem- identification
- Numb vulnerability, armor up
- Diagnose shame, de-personify through labels

Where we are moving...

- Proactive- Community and systemic approaches.
- Preventative, provided for service duration.
- Strengths- identification
- Encourage vulnerability, de-armor
- Deconstruct shame through creating belonging, re-personalizing by building relationship, story telling.

Social Ecological Model



What are the informal and formal structures?
What behaviors and actions are promoted and which are constrained?

Who is important to you? How do you celebrate the connections and relationships in your life?
How do those in your life create your social identity?

Who are you? What is important in your life?
What are your knowledge, skills, values, traditions, beliefs, personality?

McLeroy, K.R., Bibeau, D., Steckler, A. & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.

Abrams, G.B. (2019) Community health and its determinants. Presented at the IIRP Summer Symposium July 8, 2019

Community Building Exercise



Intake and Retention

- How do youth become a part of the SER Metro-Detroit community?
- How can barriers to inclusion be lowered or made easier to overcome?
- Are there ideas you have of ways we can use HCRE to do a better job retaining youth?

Success Coaches

- How do youth remain a part of the SER Metro-Detroit community?
- Once affiliated, how are youth shaped by the SER Metro community?
- How, in turn do they shape the SER Metro community?

Teachers

- What keeps youth engaged in working towards their educational goals?
- How do youth express voice and choice in your classroom?
- What can you do to remain inclusive and relational even when a situation requiring discipline occurs?

Administrators

- How do employees become a part of the SER Metro- Detroit community? How do they learn the norms, values, expectations of the community?
- What desirable norms, behaviors, and tasks can be supported by an HCRE approach?
- Are there challenges or barriers facing the SER Metro that can be helped with using a HCRE approach?

OMI Community



- How do people become a part of the OMI Community? Are there different pathways? Are there formal and informal ways to be a part of the OMI Community?
- How do individuals in OMI shape the community (ie. Inform work tasks, policies, norms, overall program goals)?
- How does OMI shape individuals (How are norms and expectations set, how are strengths identified and supported) ?

Building a Community of Practice



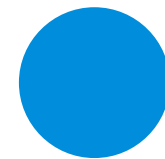
- Identify shared language.
 - Hone the message and find others that align.
- Finding connected connectors.
 - Who has a sphere of influence that differs from yours but helps move the work forward?
- Lowering barriers/ flattening the path.
 - Make it easy to get on board and remain connected.
- Building capacity for participation.
 - Move up the participation scale: Sharing- Affiliating- Shaping- Asset Sharing- Co-creating- Shaping

How Our Work, Works



- Hardwired for connection, relationship, and love.
- We can't do this work without working on connection and relationship. This means with the youth we serve and with ourselves.
- Improving relationships improves health outcomes, mental health, community connection, civic engagement, socio-behavioral-emotional outcomes, retention, resilience, and compassion.
- Requires vulnerability and empathy, thoughtfulness, and a system that allows for discussion and change.

Questions?



Exit Circle

What is one thing that you found interesting?

Or

What is one thing you are thinking about now that you've heard about HCRE?

