Trauma-Informed Newsletter



Trauma Does Not Occur in a Vacuum

We know adverse childhood experiences (ACEs) can be prevented, but to know how we need to dive deeper into the risk and protective factors associated.

A risk factor is anything that increases the likelihood of experiencing trauma or ACEs. There can be individual or family risk factors, however, there are community risk factors as well. While this is not an exhaustive list, please check out some examples below:

Individual & Family Risk Factors:

- Families with low income
- Adults with low levels of education
- Caregivers who have a limited understanding of children's needs or development
- Caregivers who were abused or neglected as children

Community Risk Factors:

- High unemployment rates
- Few community activities for young people
- Lack of affordable housing
- High rates of poverty, limited educational and economic opportunities

On the opposite side of that are protective factors. These are things like a positive relationship, skill, resource, or support that help keep an individual or family strong during challenging times. This leads to an individual being resilient, having the ability to thrive even after experiencing adversity. What does it look like to have a protective community? Things like:

- Access to medical care and mental health services
- Safe, stable, affordable housing
- Nurturing and safe childcare
- Access to high-quality preschool
- Safe and engaging after school programs and activities.
- Adults have work opportunities with family-friendly policies
- Strong partnerships between community and business, health care, government, and other sectors
- Residents feel connected to each other and are involved in the community

Having protective factors can help reduce the risk of Adverse Childhood Experiences (ACEs) and other traumas families face. This will in turn help improve everyone's wellbeing leading to healthier communities!



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Reminders:

If you missed the first volumes you can find it on the Centra Wellness Network website under "news" then "articles and information". You can always reach out to me directly and I will happily provide you with a pdf.

As always, if you have any questions or would like more information on anything covered, please feel free to reach out!

My hopes and dreams are that we can work together to create a healthier community, recognizing and addressing the needs within the community and the reasons why those needs exist.

Thanks for reading,

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Looking ahead:

Next months volume of the trauma newsletter will focus on signs of trauma and trauma responses. I will also cover another guiding principle of being trauma informed.

Guiding Principles:



Trust is built among all who interact with the organization. Clarity, consistency, and boundaries are maintained. VALUE: TRUST

The focus this month will be on the trauma informed care principle of **trustworthiness and transparency**. It is important that an organization's operations and decisions are conducted with transparency with a goal of building and maintaining trust. This can be for clients, family members and any other stakeholders within the organization—including staff. **Consistency is key** here, sometimes individuals have experienced trauma around relationships so building that trust can take time.

When thinking about addressing this guiding principle in your own organization ask the questions: How can we promote trust throughout the organization? Do the people we serve trust staff? How do we know? What changes can be made to address concerns surrounding trust?

How does trustworthiness & transparency look in an organization?

- Staff and clients are clear on who does what, how, and when
- Clients, staff, and community are aware of all programs available
- Clients know what to expect from programming
- There is an open sharing with staff and clients about all important information
- Procedures are clear and understood
- Appropriate boundaries are communicated and consistent
- Boundaries are based on respect and professionalism
- Being 100% authentic
- Always address limits to confidentiality first

Reference: Centers for Disease Control and Prevention & Substance Abuse and Mental Health Services Administration