

RESEARCH BRIEF

SONOMA COUNTY PROBATION

April 2014

Trauma and Resilience

*Trauma and Resilience: An Adolescent Provider Toolkit*¹, a new handbook by the Adolescent Health Working Group, presents research findings on trauma and resilience within the context of brain science, and offers practical ways to apply the research in caring for youth exposed to trauma. A few highlights from the Toolkit:

Adverse Childhood Experiences (ACEs) including abuse, neglect and troubled household environments are associated with neurobiological effects such as disrupted neuro-development, depression, anxiety and many others, as well as health risk behaviors including substance use, suicide attempts, and interpersonal violence. Long term effects of unaddressed ACEs include serious diseases and disability, as well as serious social issues including homelessness, commercial sex work, delinquency/criminal activity, violence, inability to maintain employment, domestic violence, rape, bullying, long-term use of multiple human service systems, compromised ability to parent, and intergenerational trauma.

Resilience Trumps ACEs. ACEs are not a life sentence and they are not set in stone. There are always ways to lessen the effects of ACEs. Responsive caregiving provided to youth from trusted adults can moderate the effects of early stress and neglect associated with ACEs. Building resilience can counter the effects of ACEs and help lead youth to more effective, productive and healthy adulthoods.

Trauma-informed Care asks “What happened to you?” instead of “What’s wrong with you?” Example: Youth is verbally aggressive toward a provider. Punishment orientation (What’s wrong with you?) concludes youth is being disrespectful and doesn’t appreciate the services/learning being offered; a firm example needs to be set. Provider responds by threatening to exit the youth if behavior continues. A Trauma-informed Consequences orientation (What happened to you?) asks what is going on in the environment that is setting the youth off – while the youth needs to know it’s inappropriate to verbally abuse providers, the youth also needs help developing more constructive self-regulation skills. Provider asks the youth to cool off in a safe place, and when appropriate, shares with youth their observations regarding the interaction and asks the youth for feedback. Together they explore alternative pro-social ways of communicating feelings.

Download the Trauma & Resilience Toolkit

ADOLESCENT HEALTH WORKING GROUP

The AHWG was formed in 1996 by a group of adolescent health providers and advocates concerned about the lack of age-appropriate health services for young people in the city of San Francisco.

The Adolescent Health Working Group (AHWG) is a coalition of committed youth, adults, and representatives of public and private agencies whose mission is to significantly advance the health and well being of youth and young adults in San Francisco and beyond.

Visit the AHWG website:
<http://www.ahwg.net/>

¹ St. Andrews, Alicia (2013). Trauma & Resilience: An Adolescent Provider Toolkit. San Francisco, CA: Adolescent Health Working Group, San Francisco.