

## Webinar Learning Review



### **Training for Change: Transforming systems to be trauma informed, culturally responsive & neuroscientifically focused**

**Webinar hosted by Epione Training**

**Keynote speaker:** Dr Alisha Moreland Capuia

#### **Introduction**

SCSN has had a keen interest in trauma and trauma informed practice and how this can help to make communities safer. In 2018 we screened the documentary 'Resilience: the biology of stress and the science of hope' for our members at the Citadel Youth Centre in Edinburgh, we have sought to change perceptions of anti-social behaviour and have begun to work more closely with the Violence Reduction Unit and Community Justice Scotland to promote trauma informed practice and smart justice that focuses on rehabilitation and reduces re-offending. We are currently working closely with PHD researcher Steph Crisp on research into trauma informed practice in community safety in Scotland.

We believe that being trauma informed and trauma informed practice within community safety can help us to understand how to create lived environments and communities where people experience less trauma and that are supportive in building resilience to trauma and it's negative outcomes – e.g. crime, isolation and loneliness, suicide and problematic substance use.

#### **Opening comments from the Minister for Mental Health, Clare Haughey MSP**

The Minister for Mental Health opened the event with some comments and updates on how Scotland is addressing mental health and taking a trauma informed approach across policy areas, including:

- Scotland has incorporated UN Convention on the Rights of the Child into domestic law
- Covid illustrating the importance of self-care and the power of positive relationships and connectedness
- [Transition and Recovery Plan for Mental health](#) by Scottish Government on Covid 19
- A need to think about people already vulnerable who were already feeling marginalised and disconnected before the pandemic.
- [National Trauma training programme run by NHS Education for Scotland](#) to develop a trauma informed workforce.

The Minister affirmed that the Scottish Government is committed to a trauma informed approach to recovery (from Covid).

## Epione Training Introduction

Epione provided a short introduction around their work and what the event would be looking at – we don't want to just go back to how things were before the pandemic. Notably:

- Epione is working closely with Community Justice Scotland.
- Epione is focussed on raising awareness of psychological and social trauma. Being trauma informed, aware and responsive is the beginning of a journey and not the end.
- Pandemic has brought an opportunity for systemic change
- Relationships key to change and empowerment

Epione hosts a blog on their website called '[See me. Hear me](#)' the purpose of which is to create a safe space to amplify authentic voices of lived experience and share stories of healing & recovery. It may even create a platform to explore, challenge & guide trauma-informed practice and leadership.



## Dr Alisha Moreland Capuia (AMC)

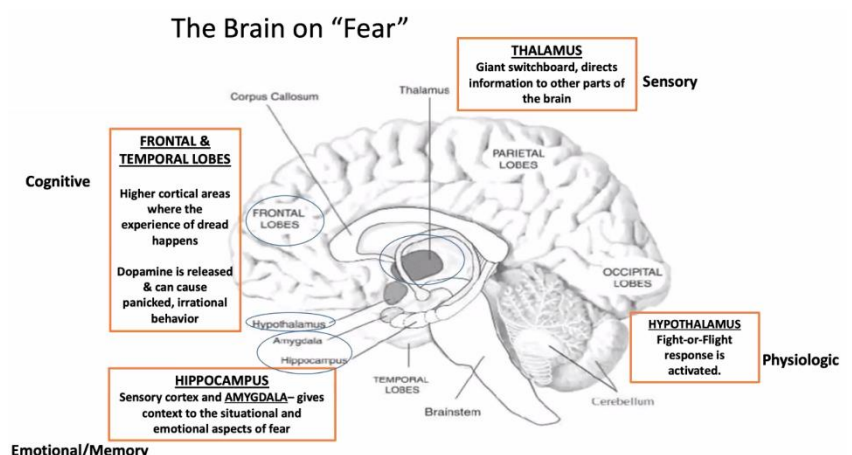
Dr AMC is author of '**Training for Change: Transforming systems to be trauma informed, culturally responsive & neuroscientifically focused**'.

She began by covering in detail the neurobiology of fear and trauma and how they affect the healthy development of the human brain and its' ability to function or respond to what's happening.

Environment plays a big part in the healthy development of the human brain, so if the environment around a person (particularly a child) creates a sense of fear, or lack of safety, a person is more likely to be respond from fear. The fear response in the brain is supposed to be time and threat limited. Trauma can result in the fear response being quasi-permanent.

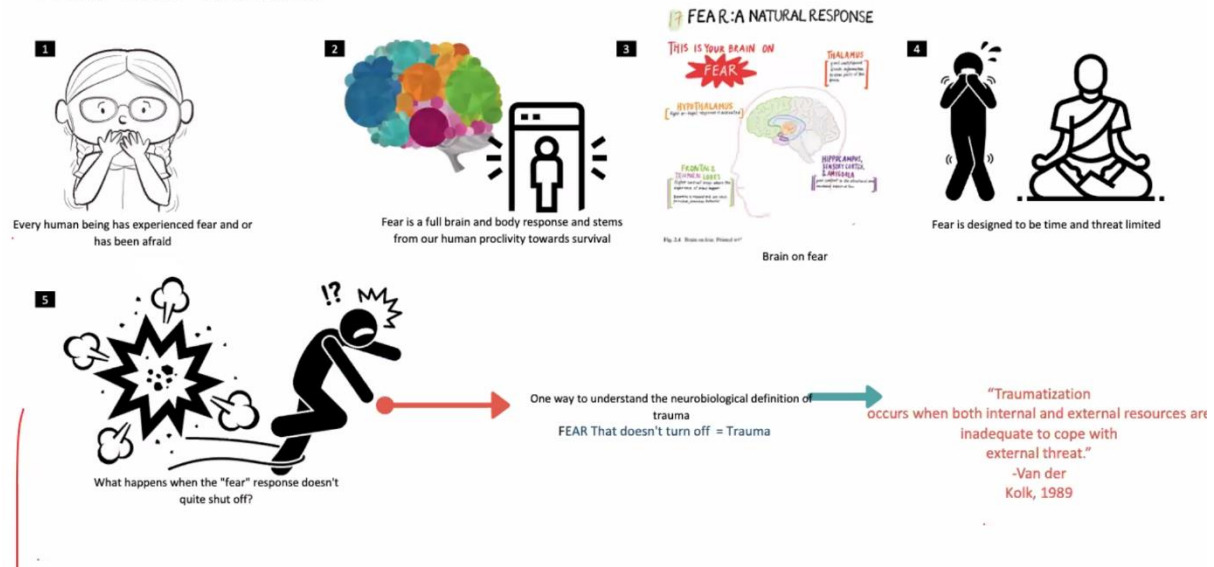
*'I hold the conviction that each of us has the right to feel safe. The antithesis of safety is fear. Our natural human proclivity is to seek safety.'*

Dr AMC



This means that rather than being governed by the neo-cortex – the rational decision making part of the brain, the ‘top brain’ – they are more likely to be operating from the ‘bottom brain’ (limbic system/basal ganglia) – sometimes known as the animal or reptilian brain.

## Fear and Trauma



## What does this mean for systems change?

This has crucial implications for how systems interact with people, as Dr AMC said:

*'There are specific things that systems assume about the people they serve, including that they have a 'top brain' mandate (to behave/act/respond), but they serve individuals who are 'bottom brain' survival functioning.'*

Looking at the example of racism, Dr AMC noted that *'systems change when people change, and people change when they feel something'*.

She discussed the importance of how narratives and underlying assumptions influence thoughts and thus actions, including within systems, looking at the example of systemic racism in US police forces. The example could easily be applied also to areas such as criminal justice and addictions.

### Tedtalk recommendation

#### How racism makes us sick

Why does race matter so profoundly for health? David R. Williams developed a scale to measure the impact of discrimination on well-being, going beyond traditional measures like income and education to reveal how factors like implicit bias, residential segregation and negative stereotypes create and sustain inequality. In this eye-opening talk, Williams presents evidence for how racism is producing a rigged system – and offers hopeful examples of programs across the US that are working to dismantle discrimination.

View [here](#).

## Racism is one form of trauma in a system AND...

this work has implications for “trauma” in and of any form in a system.

- ✓ Trauma-informed approaches should be considered “universal operating standards”

If we work within a system that is racist, does that make us racist?

ANSWER IS NO. However, means that we have to be aware of the system we work in and do everything in our power to change that system.

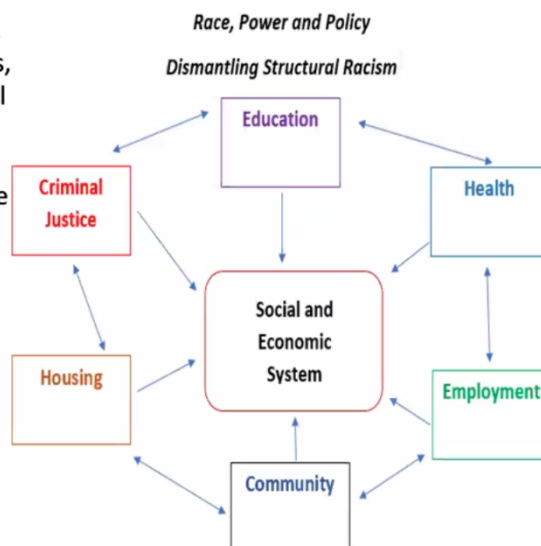
### Helping systems move towards a trauma-informed approach involves helping it (the system) appreciate the following:

- The connection between fear and trauma – identifying it within a system
- Prioritizing “safety” – creating safety and belonging in the environment (for its members and those it seeks to serve)
- Considering the power of narrative and how it shapes culture
- Underlying assumptions held by the system (checking underlying assumptions is a profound exercise in working to secure genuine equity)
- Acknowledge and address unmet need
- The importance of placing humanity at the center

## Structural Racism

The system’s metaphorical knee on the neck

**Structural Racism/Trauma:** A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.



Dr. Alisha Moreland-Carroll, MD

Dr AMC noted the work of Simon Sinek and the Golden Circle on how change happens from the inside out.

She said that 'with the power and influence you have, you can harness that for change'.

If those of us who have power and influence within systems are trauma aware and trauma informed, we can change these systems from the inside out.

She said that trauma informed system change is intimately attached to two things:

- 1) Creating safety for and meeting basic needs of members in the system
- 2) Creating safety for and meeting basic needs of those the system seeks to serve

Those of us working in systems have a responsibility to examine our own unconscious bias.

### Tedtalk recommendation

#### How great leaders inspire action

Simon Sinek has a simple but powerful model for inspirational leadership -- starting with a golden circle and the question: "Why?" His examples include Apple, Martin Luther King Jr. and the Wright brothers...

View [here](#).

Change happens from the inside – out

Talking Dr. AMC

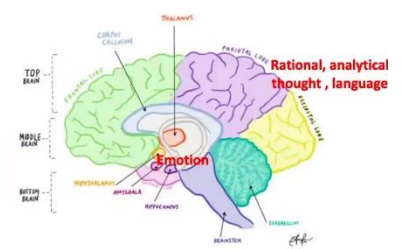
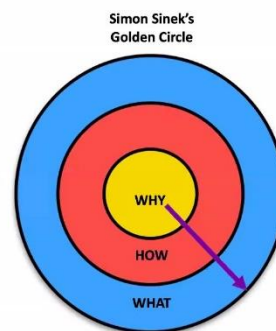


Fig 1.1 The brain develops from the bottom-up and the inside-out. Printed with permission. Copyright Audrey A. Tran

Dr. Alisha Moreland-Capula, MD

# Have systems considered?

Questions that all systems might benefit from considering:

- ☐ Has your organization identified the fear and trauma within the system?
- ☐ What assumptions are made by and within the “system”?
- ☐ Is the narrative that shapes policies and practices trauma-informed?
- ☐ Is the need for safety prioritized in the system?
- ☐ Are we reconciling the system that was shaped by racism? If not, why?

## Facilitating System Change

	Brain Development/Human Behavior	Trauma-Informed Lens	Culturally Responsive Lens
<b>Policies</b>	Are policies reflective of an understanding of human behavior? (Can better understand human behavior by understanding how the brain develops and potential threats to normal development.)	Do policies account for trauma? Do policies avoid further perpetuation of trauma?	Do policies account (or adjust) for various cultural and subcultural experiences?
<b>Practices</b> (normally reflective of a systems core beliefs)	Do practices reflect an understanding of the range of the human experience (suffering, poverty, lack of privilege, chronic marginalization)?	Are practices developed with the goal of creating safety, reducing fear, and minimizing trauma?	Are practices culturally responsive?
<b>System Narrative</b> (Does the system's narrative match the kind of change it seeks to facilitate?)	Does the narrative in and of the system demonstrate an understanding of human behavior?	Is narrative trauma-informed?	Is narrative culturally responsive?
<b>Other</b> (partnerships, training)	If the system lacks in its understanding of brain development/human behavior, are there strategic partnership to fill the “lack-gap”?		

Dr. Alisha Moreland-Capua (2019), “Training for Change: Transforming Systems to be Trauma-Informed, Culturally Responsive, and Neuroscientifically Focused”