Race, Trauma, and Resilience: Addressing Trauma to Support Better Mental Health

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Overview

One significant underlying cause of adolescent behavioral and mental health challenges is trauma or adverse childhood events (ACEs) experienced during childhood. By becoming a trauma informed and responsive state, Massachusetts can take active steps to reduce trauma and promote resilience. This effort will have an immediate and long-term impact on the mental and physical health of adolescents, particularly for the disproportionate number of youth of color impacted by trauma.[1] This issue brief explores the impact of trauma on mental and physical health, particularly for youth of color; the significant fiscal and human costs of trauma; the potential that evidence-based treatment and the promotion of resilience have for reducing the negative impact of trauma; and the results of two recent interventions implemented by UMass Medical School to address trauma and promote resilience in Massachusetts.

The Negative Impact of Adverse Childhood Experiences and Trauma

ACEs occur before age 18 and can constitute a form of trauma. There are ten criteria that are used to define ACEs. ACEs include physical, emotional, or sexual abuse; neglect; or household dysfunction such as caregiver mental illness, substance use disorder, or violence. ACEs are a form of trauma that correlate with psychiatric difficulties in children and adults. These correlations have been well-documented in clinical and/or cross-sectional studies and in large community studies.[2] Recent studies have linked ACEs to a range of adverse mental health outcomes and unproductive life choices well into adulthood, including depression, antisocial behavior, and drug use during the early transition to adulthood.[3] These findings are associated with a negative long-term mental health trajectory throughout the lifespan and suggest a critical need for prevention and intervention strategies targeting ACEs and their subsequent negative

1 Bartlett, J. D., Barto, B., Griffin, J. L., Fraser, J. G., Hodgdon, H., & Bodian, R. (2016). Trauma-Informed Care in the Massachusetts Child Trauma Project. Child Maltreatment, 21(2), 101–112. https://doi.org/10.1177/1077559515615700.

2 Anda RF, Felitti VJ, Bremner JD, et al. The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. EurArchPsychiatryClinNeurosci. 2006;256(3):174–186.

3 Schilling, E.A., Aseltine, R.H. & Gore, S. Adverse childhood experiences and mental health in young adults: a longitudinal survey. *BMC Public Health* **7,** 30 (2007). https://doi.org/10.1186/1471-2458-7-30.

mental health consequences.[4] The Centers for Disease Control estimate that across the United States, one in six people have experienced four or more kinds of adverse childhood events.[5]

Impacts on Youth of Color and other Vulnerable Populations

Youth of color are particularly vulnerable to a higher number of adverse childhood events.[6] While trauma trainings are becoming more common, few of these trainings focus on the relationship between race and trauma. This is the case even though children of color are disproportionately likely to enter state systems, tend to stay in the system for longer and enter additional systems (such as being in child welfare at one point in time and later in the juvenile justice system), and are more likely to be placed in more secure settings.[7] The lack of trauma trainings focused on race and culture is of particular concern in Massachusetts. In comparison to other states, Massachusetts has relatively low rates of juvenile incarceration and involvement in the child welfare system. However, trauma is more likely to be experienced by children and families of color. According to data from Child Trends, 61 percent of black (non-Hispanic) children and 51 percent of Hispanic children experience at least one ACE, while 40 percent of white children experience one or more. Some recent studies have even argued that being non-white in the United States is itself a form of trauma for children of color due to institutional racism and discrimination.[8]

Scholars have only recently begun to focus on the role racism and discrimination play in producing negative outcomes. While more work remains to be done in this area, the link between racial discrimination and increased psychological disorders is clear, and the mental health symptoms a person experiences as a result of racism has been compared to post-traumatic stress disorder (PTSD). Although PTSD is normally linked to one precipitating event, vicarious

[4] Schilling, E.A., Aseltine, R.H. & Gore, S. Adverse childhood experiences and mental health in young adults: a longitudinal survey. *BMC Public Health* **7,** 30 (2007). https://doi.org/10.1186/1471-2458-7-30.
[5] BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.
[6] https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity. Downloaded, January 2020.
[7] Multistate analysis from NCSL. Downloaded from: https://www.ncsl.org/research/civil-and-criminal-justice/racial-and-ethnic-disparities-in-the-juvenile-justice-system.aspx
[8] https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity. Downloaded, January 2020.

experiences and racial micro- and macroaggressions can contribute to a cumulative effect that can cause or magnify PTSD symptoms.[9]

Beyond their immediate experiences in their homes or families, children may also experience what is referred to as "historical trauma." This form of trauma can affect entire communities and encompass cumulative emotional and psychophysiological harm done across locations and generations.[10] For example, certain racial and ethnic groups in the United States have suffered major intergenerational losses or attacks on their lives or their way of living. These losses could include the legacy of enslavement or colonization, the aftereffects of genocide in their country of origin, or other broad attacks on a population due to their skin color, religion, or ethnic group. This community-wide or system-wide traumatic stress may be exacerbated by individual-level racism or discrimination taking place in the present.[11]

Long Term Cost of ACEs

In addition to the cost in lost human potential, negative health outcomes related to ACEs are costly for health and other state systems. Recent research has connected ACEs to five different chronic health conditions (asthma, arthritis, COPD, depression, and cardiovascular disease) and three health risk factors (lifetime smoking, heavy drinking, and obesity). Only 16 percent of the population has four or more ACEs, but this fraction of the public accounts for 36 percent of total ACEs-related healthcare costs.[12] A recent study utilizing 2013 data in California found annual direct healthcare expenditures due to ACEs to be $10.5 billion, with an additional loss in disability and years of productive life due to ACEs equaling $102 billion, for a total *annual* cost to the state of $112.5 billion.[13]

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[9] https://www.mentalhealthdisparities.org/trauma-research.php; Downloaded, January 2020.

10 R Yehuda, J Schmeidler, M Wainberg, K Binder-Brynes, T Duvdevan, Vulnerability to posttraumatic stress disorder in adult offspring of Holocaust survivors. Am J Psychiatry, 155 (1998), pp. 1163-1171.

[11] Evans-Campbell, 2008; https://www.nctsn.org/sites/default/files/resources/addressing_race_and_trauma_in_the_classroom_educators.pdf; downloaded January 2020.

[12] Miller TR, Waehrer GM, Oh DL, Purewal Boparai S, Ohlsson Walker S, Silverio Marques S, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLoS ONE 15(1): e0228019. https://doi.org/10.1371/journal.pone.0228019.

[13] Waehrer GM, Miller TR, Silverio Marques SC, Oh DL, Burke Harris N (2020). Disease burden of adverse childhood experiences across 14 states. PLoS ONE 15(1): e0226134. https://doi.org/10.1371/journal.pone.0226134.

Data indicates that preventing ACEs and promoting resilience can help children thrive by lowering the risk of depression, asthma, and cardiovascular issues; there may also be an impact on the risk of cancer and diabetes. Beyond lowering psychophysiological risks, prevention of trauma (and promotion of resilience) can also reduce the propensity for making risky lifestyle choices such as smoking and heavy drinking. Prevention may also lead to more positive education and employment outcomes.[14] Reducing adverse childhood events and/or promoting resilience would reduce the physiological pathways that promote trauma-related chronic health conditions, leading to a reduction in long-term health care costs and an increase in productive life years. [15]

Interventions

Model 1: Multi-system Provider Trainings

In order to raise awareness of these issues and promote resilience, our team developed and conducted six multi-hour regional Trauma and Resilience trainings for community providers at different locations in Massachusetts from April-June of 2019. The first part of the training focused on the science of trauma, how adverse childhood events caused trauma, and what impacts trauma can have on a population. The training also presented some resiliency tools such as linking children to a caring adult, provision of evidence-based treatment, and supporting their growth in a healthy environment. In the afternoon, our facilitators turned to race and the role that structural racism plays in the creation of trauma. Beyond the learning objectives outlined above, a key goal of the program was to support connections between various types of providers, including teachers, school administrators, child welfare workers, juvenile justice case workers, and others in the field. While they often serve the same populations, communication and collaboration between these providers is often limited. This can constrain the ability of the providers to help the children and families. These trainings were developed in collaboration with several federal, state, and community agencies. Goals from the training included:

- Describing the impact trauma has on development and explaining the potential consequences of untreated trauma and adverse childhood experiences.

[14] BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.
[15] BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

- Defining terms and processes that are key to the perpetuation of racism and institutionalized racial inequities that lead to trauma.
- Summarizing strategies for trauma responsive approaches to working with youth that can also promote resilience.

Approximately five hundred child and family-focused providers attended the trainings and completed pre- and post-evaluation forms developed to measure changes in knowledge and attitudes related to trauma, resilience, and the role racism plays in creation and perpetuation of trauma. A comparison of pre-test and post-test results showed increases in knowledge about trauma and racism, in awareness of strategies to build resilience, and comfort in taking action against racism and toward racial equity in their respective agencies. Participants reported high satisfaction with all sessions.[16]

Model 2: Early Education Provider Training and Coaching Intervention

While the statewide trainings were able to provide information and resources, they did not have in-depth tools and techniques that providers can use with the most vulnerable children. The next intervention, funded through the Office of the Child Advocate, sought to provide in-depth training and coaching on the trauma by targeting early childhood providers in areas with numerous children at risk for adverse childhood events. The effort to allocate funding for this initiative was led by Massachusetts Senator Harriette Chandler and Representative Jim O'Day. They partnered to develop a budget amendment that would fund the Office of the Child Advocate for the pilot Worcester Collaborative on Trauma and Resilience. This effort was supported further by a wide number of legislators.

Although quality childcare can promote resilience, early childhood providers are now seeing high levels of trauma-related outbursts and maladaptive behavior.[17] When provided with training and in classroom coaching, preschool educators are able to learn tools to better address trauma-linked troubling behavior and where necessary support children in getting evidence-based treatment. There is significant evidence that youth at risk of high levels of trauma are

[16] Internal UMMS program evaluation data.
[17] Holmes, C., Levy, M., Smith, A. et al. A Model for Creating a Supportive Trauma-Informed Culture for Children in Preschool Settings. J Child Fam Stud 24, 1650–1659 (2015). https://doi.org/10.1007/s10826-014-9968-6.

subject to more punitive outcomes.[18] It is also known that youth of color are more likely to be observed and subject to punishment than their white peers. One recent study found that black preschoolers are 3.6 times more likely to receive one or more suspensions than comparable white children.[19] In general, there is evidence that preschool teachers more closely observe black boys and expect more negative behavior from them.[20] All training and coaching are done through a racial equity lens toward reducing the disparate punishment based on color.

The Worcester Trauma and Resilience Collaborative has trained nearly 100 providers and is currently partnering with ten childcare centers to offer coaching and real-time solutions in responding to children experiencing trauma. The pilot evaluation will measure the effect of this program on rates of suspension, disruptions, and negative outcomes. We are currently exploring how to sustain the pilot and expand to other areas of the Commonwealth. This intervention is one of several similar efforts taking place across the state; a recent statewide trauma and resilience convening (*Building Resilient Communities, Building Resilient Children*) had over 200 partners and collaborators sharing trainings, models, and interventions that are working throughout the state.

Research has shown that trauma trainings and evidence-based treatments can be effective at reducing the deleterious impacts of adverse childhood events.[21] There is significant further work to be done to coordinate trauma training and intervention efforts, to strengthen the base of evidence from which they draw, and to improve their overall quality. In spite of these challenges, Massachusetts can become a trauma informed and responsive state. The next steps toward becoming a trauma informed and responsive state include:

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[18] Ramirez, Marizen, Wu, Yuan, Kataoka, Sheryl, et al. Youth Violence across Multiple Dimensions: A Study of Violence, Absenteeism, and Suspensions among Middle School Children. Journal of Pediatrics, September 2012.
[19] Do Early Educators' Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions? A Research Study Brief. Walter S. Gilliam, PhD Angela N. Maupin, PhD Chin R. Reyes, PhD Maria Accavitti, BS Frederick Shic, PhD Yale University Child Study Center // September 28, 2016 .
[20] Do Early Educators' Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions? A Research Study Brief. Walter S. Gilliam, PhD Angela N. Maupin, PhD Chin R. Reyes, PhD Maria Accavitti, BS Frederick Shic, PhD Yale University Child Study Center // September 28, 2016 .
[21] Purtle, J. (2018). Systematic Review of Evaluations of Trauma-Informed Organizational Interventions That Include Staff Trainings. Trauma, Violence, & Abuse. https://doi.org/10.1177/1524838018791304

- *Developing systems review*: Assessing state and local systems such as schools, child welfare, juvenile justice, law enforcement, and related child and family programs to assure they are trauma informed and responsive and have policies in place to ensure ongoing training and practices that are trauma sensitive.
- *Funding trainings and coaching for all providers across the state*: Trainings can plant seeds that will grow into fruitful discussions and ultimately change policy, programs, and people. In-depth coaching can assist education, community support, and other child and family providers in supporting traumatized children and assuring they are connected with resources and support.
- *Building an information sharing system*: Creating a resource website that has evidence-based practices on trauma and resiliency for providers and community members.
- *Increasing evidence-based treatment*: Increasing state and private funding and access for evidence-based treatments for trauma, including trauma-focused cognitive behavioral therapy and other treatments that reduce the negative impacts of trauma and promote resilience.

Our most vulnerable citizens are facing adverse childhood events that can have serious long-term impact on their mental and physical health. By moving toward becoming a trauma informed and responsive State, Massachusetts will support these children and families in reaching their full potential.