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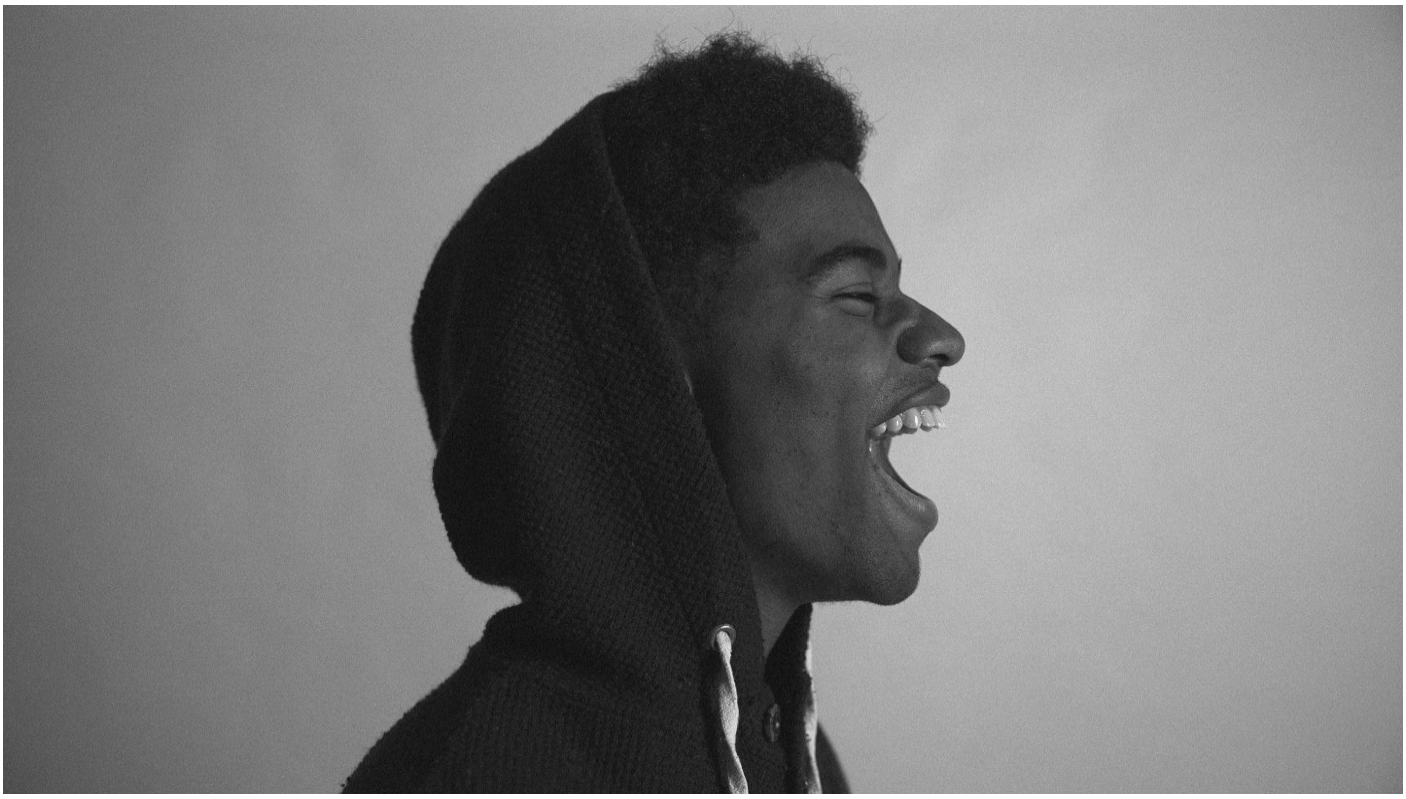

The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement

Shawn Ginwright Ph.D.

From time to time, researchers, policy makers, philanthropy and practitioners all join together in a coordinated response to address the most pressing issues facing America's youth. I've been involved with this process for long enough to have participated in each of these roles. I recall during the early 1990s experts promoted the term "resiliency," which is the capacity to adapt, navigate and bounce back from adverse and challenging life experiences. Researchers and practitioners alike clamored over strategies to build more resilient youth.

In the early 2000's the term "youth development" gained currency and had a significant influence on youth development programs, and probably more importantly how we viewed young people. Youth development offered an important shift in focus from viewing youth as problems to be solved to community assets who simply required supports and opportunities for healthy development. Since that time, a range of approaches have influenced how we think about young people, and consequently our programmatic strategies. I have, for the most part, attempted to nudge and cajole each of these approaches to consider the unique ways in which race, identity and social marginalization influence the development of youth of color.

More recently, practitioners and policy stakeholders have recognized the impact of trauma on learning, and healthy development. In efforts to support young people who experience trauma, the term "trauma-informed care" has gained traction among schools, juvenile justice departments, mental health programs and youth development agencies around the country. Trauma informed care broadly refers to a set of

principles that guide and direct how we view the impact of severe harm on young people's mental, physical, and emotional health. Trauma informed care encourages support and treatment to the whole person, rather than focusing on only treating individual symptoms or specific behaviors.

Trauma-informed care has become an important approach in schools and agencies that serve young people who have been exposed to trauma, and here's why. Some school leaders believe that the best way to address disruptive classroom behavior is through harsh discipline. These schools believe that discipline alone is sufficient to modify undesired classroom behavior, but research shows that school suspensions may further harm students who have been exposed to a traumatic event or experience (Bottiani et al., 2017). Rather than using discipline, a school that uses a trauma informed approach might offer therapy, or counseling to support the restoration of that student's well-being. The assumption is that the disruptive behavior is the symptom of a deeper harm, rather than willful defiance, or disrespect.

While trauma-informed care offers an important lens to support young people who have been harmed and emotionally injured, it also has its limitations. I first became aware of the limitations of the term "trauma-informed care" during a healing circle I was leading with a group of African American young men. All of them had experienced some form of trauma ranging from sexual abuse, violence, homelessness, abandonment or all of the above. During one of our sessions, I explained the impact of stress and trauma on brain development and

how trauma can influence emotional health. As I was explaining, one of the young men in the group named Marcus abruptly stopped me and said, “I am more than what happened to me, I’m not just my trauma”. I was puzzled at first, but it didn’t take me long to really contemplate what he was saying.

The term “trauma informed care” didn’t encompass the totality of his experience and focused only on his harm, injury and trauma. For Marcus, the term “trauma informed care” was akin to saying, you are the worst thing that ever happened to you. For me, I realized the term slipped into the murky water of deficit based, rather than asset driven strategies to support young people who have been harmed. Without careful consideration of the terms we use, we can create blind spots in our efforts to support young people.

While the term trauma informed care is important, it is incomplete. First, trauma informed care correctly highlights the specific needs for individual young people who have exposure to trauma. However, current formulations of trauma informed care presumes that the trauma is an individual experience, rather than a collective one. To illustrate this point, researchers have shown that children in high violence neighborhoods all display behavioral and psychological elements of trauma (Sinha & Rosenberg 2013). Similarly, populations that disproportionately suffer from disasters like Hurricane Katrina share a common experience that if viewed individually simply fails to capture how collective harm requires a different approach than an individual one.

Second, trauma-informed care requires that we treat trauma in people but provides very little insight into how we might address the root causes of trauma in neighborhoods, families, and schools. If trauma is collectively experienced, this means that we also have to consider the environmental context that caused the harm in the first place. By only treating the individual we only address part of the equation leaving the toxic systems, policies and practices neatly intact.

Third, the term trauma-informed care runs the risk of focusing on the treatment of pathology (trauma), rather than fostering the possibility (well-being). This is not an indictment on well-meaning therapists and social workers many of whom may have been trained in theories and techniques designed to simply reduce negative emotions and behavior (Seligman 2011). However, just like the absence of disease doesn't constitute health, nor the absence of violence constitute peace, the reduction pathology (anxiety, anger, fear, sadness, distrust, triggers) doesn't constitute well-being (hope, happiness, imagination, aspirations, trust). Everyone wants to be happy, not just have less misery. The emerging field of positive psychology offers insight into the limits of only "treating" symptoms and focuses on enhancing the conditions that contribute to well-being. Without more careful consideration, trauma informed approaches sometimes slip into rigid medical models of care that are steeped in treating the symptoms, rather than strengthening the roots of well-being.

What is needed is an approach that allows practitioners to approach trauma with a fresh lens that promotes a holistic view of healing from

traumatic experiences and environments. One approach is called *healing-centered*, as opposed to *trauma-informed*. A healing centered approach is holistic involving culture, spirituality, civic action and collective healing. A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively. The term *healing-centered engagement* expands how we think about responses to trauma and offers more holistic approach to fostering well-being.

The Promise of Healing Centered Engagement

A shift from trauma informed care to healing centered engagement (HCE) is more than a semantic play with words, but rather a tectonic shift in how we view trauma, its causes and its intervention. HCE is strength based, advances a collective view of healing, and re-centers culture as a central feature in well-being. Researchers have pointed out the ways in which patients have redefined the terms used to describe their illnesses in ways that affirmed, humanized and dignified their condition. For example, in the early 1990s AIDS activists challenged the term "gay-related immune deficiency" because the term stigmatized gay men and failed to adequately capture the medical accuracy of the condition. In a similar way, the young men I worked with offered me a way to reframe trauma with language that humanized them, and holistically captured their life experiences.

A healing centered approach to addressing trauma requires a different question that moves beyond "what happened to you" to "what's right with you" and views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events. Healing centered engagement is akin to the South African term "Ubuntu" meaning that humanness is found through our interdependence, collective engagement and service to others. Additionally, healing centered engagement offers an asset driven approach aimed at the holistic restoration of young peoples' well-being. The healing centered approach comes from the idea that people are not harmed in a vacuum, and well-being comes from participating in transforming the root causes of the harm within institutions. Healing centered engagement also advances the move to "strengths-

based' care and away from the deficit based mental health models that drives therapeutic interventions. There are four key elements of healing centered engagement that may at times overlap with current trauma informed practices but offers several key distinctions.

· Healing centered engagement is explicitly political, rather than clinical.

Communities, and individuals who experience trauma are agents in restoring their own well-being. This subtle shift suggests that healing from trauma is found in an awareness and actions that address the conditions that created the trauma in the first place. Researchers have found that well-being is a function of the control and power young people have in their schools and communities (Morsillo & Prilleltensky 2007; Prilleltensky & Prilleltensky 2006). These studies focus on concepts such as such as liberation, emancipation, oppression, and social justice among activist groups and suggests that building an awareness of justice and inequality, combined with social action such as protests, community organizing, and/or school walk-outs contribute to overall wellbeing, hopefulness, and optimism (Potts 2003; Prilleltensky 2003, 2008). This means that healing centered engagement views trauma and well-being as function of the environments where people live, work and play. When people advocate for policies and opportunities that address causes of trauma, such as lack of access to mental health, these activities contribute to a sense of purpose, power and control over life situations. All of these are ingredients necessary to restore well-being and healing.

· Healing centered engagement is culturally grounded and views healing as the restoration of identity.

The pathway to restoring well-being among young people who experience trauma can be found in culture and identity. Healing centered engagement uses culture as a way to ground young people in a solid sense of meaning, self-perception, and purpose. This process highlights the intersectional nature of identity and highlights the ways in which culture offers a shared experience, community and sense of belonging. Healing is experienced *collectively*, and is shaped by shared identity such as race, gender, or sexual orientation. Healing centered engagement is the result of building a healthy identity, and a sense of belonging. For youth of color, these forms of healing can be rooted in culture and serves as an anchor to connect young people to a shared racial and ethnic identity that is both historical grounded and contemporarily relevant. Healing centered engagement embraces a holistic view of well-being that includes spiritual domains of health. This goes beyond viewing healing only from the lens of mental health, and incorporates culturally grounded rituals, and activities to restore well-being (Martinez 2001). Some examples of healing centered engagement can be found in healing circles rooted in indigenous culture where young people share their stories about healing and learn about their connection to their ancestors and traditions, or drumming circles rooted in African cultural principles.

· Healing centered engagement is asset driven and focuses well-being we want, rather than symptoms we want to suppress.

Healing centered engagement offers an important departure from solely viewing young people through the lens of harm and focuses on asset driven strategies that highlight possibilities for well-being. An asset driven strategy acknowledges that young people are much more than the worst thing that happened to them, and builds upon their experiences, knowledge, skills and curiosity as positive traits to be enhanced. While it is important to acknowledge trauma and its influence on young people's mental health, healing centered strategies move one step beyond by focusing on what we want to achieve, rather than merely treating emotional and behavioral symptoms of trauma. This is a *salutogenic* approach focusing on how to foster and sustain well-being. Based in positive psychology, healing centered engagement is based in collective strengths and possibility which offers a departure from conventional psychopathology which focuses on clinical treatment of illness.

· Healing centered engagement supports adult providers with their own healing.

Adult providers need healing too! Healing centered engagement requires that we consider how to support adult providers in sustaining their own healing and well-being. We cannot presume that adulthood is a final, "trauma-free" destination. Much of our training and practice is directed at young peoples' healing but rarely focuses on the healing

that is required of adults to be an effective youth practitioner. Healing is an ongoing process that we all need, not just young people who experience trauma. The well-being of the adult youth worker is also a critical factor in supporting young peoples' well-being. While we are learning more about the causes and effects of secondary on adults, we know very little about the systems of support required to restore and sustain well-being for adults. Healing centered engagement has an explicit focus on restoring, and sustaining the adults who attempt to heal youth- a healing the healers approach. Policy stakeholders should consider how to build a systems that support adult youth worker's well-being. I have supported organizations in creating structures like sabbaticals for employees or creating incentives like continuing education units for deeper learning about well-being and healing.

A Note for Practice and Policy

Marcus's comments during our healing circle "I am more than what happened to me" led me to question our approach to trauma. What blind spots do we have in our approaches to supporting young people who experience trauma? How might the concepts which are enshrined in our language limit rather than create opportunities for healing? What approaches might offer "disruptive" techniques that saturate young people with opportunities for healing and well-being?

The fields of positive psychology and community psychology offers important insight into how policy makers, and youth development stakeholders can consider a range of healing centered options for

young people. Shifting from trauma informed care or treatment to healing centered engagement requires youth development stakeholders to expand from a treatment-based model, which views trauma and harm as an isolated experience, to an engagement model which supports collective well-being. Here are a few notes to consider in building healing centered engagement.

· Start by building empathy

Healing centered engagement begins by building empathy with young people who experience trauma. This process takes time, is an ongoing process and sometimes may feel like taking two steps forward, and three steps back. However, building empathy is critical to healing centered engagement. To create this empathy, I encourage adult staff to share their story first, and take an emotional risk by being more vulnerable, honest, and open to young people. This process creates an empathy exchange between the adult, and the young people which is the foundation for healing centered engagement (Payne 2013). This process also strengthens emotional literacy which allows youth to discuss the complexity of their feelings. Fostering empathy allows for young people to feel safe sharing their experiences and emotions. The process ultimately restores their sense of well-being because they have the power name and respond to their emotional states.

· Encourage young people to dream and imagine!

An important ingredient in healing centered engagement is the ability to acknowledge the harm and injury, but not be defined by it. Perhaps one of the greatest tools available to us is the ability to see beyond the condition, event or situation that caused the trauma in the first place. Research shows that the ability to dream and imagine is an important factor in fostering hopefulness, and optimism which both of which contributes to overall well-being (Snyder et al. 2003). Daily survival and ongoing crisis management in young people's lives can make it difficult for them to see beyond the present.

The greatest casualty of trauma is not only depression and emotional scares, but also the loss of the ability to dream and imagine another way of living. Howard Thurman pointed this out in his eloquent persistence that dreams matter. He commented, "As long as a man [woman] has a dream, he [she] cannot lose the significance of living" (p. 304). By creating activities and opportunities for young people to play, reimagine, design and envision their lives this process strengthens their future goal orientation (Snyder et al. 2003). These are practices of possibility that encourage young people to envision what they want to become, and who they want to be.

· Build critical reflection and take loving action.

Healing and well-being are fundamentally political not clinical. This means that we have to consider the ways in which the policies and practice and political decisions harm young people. Healing in this context also means that young people develop an analysis of these

practices and policies that facilitated the trauma in the first place. Without an analysis of these issues, young people often internalize, and blame themselves for lack of confidence. Critical reflection provides a lens by which to filter, examine, and consider analytical and spiritual responses to trauma. By spiritual, I mean the ability to draw upon the power of culture, rituals and faith in order to consistently act from a place of humility, and love. These are not cognitive processes, but rather ethical, moral and emotional aspects of healing centered engagement.

The other key component, is taking loving action, by collectively responding to political decisions and practices that can exacerbate trauma. By taking action, (e.g. school walkouts, organizing peace march, or promoting access to healthy foods) it builds a sense of power and control over their lives. Research has demonstrated that building this sense of power and control among traumatized groups is perhaps one of the most significant features in restoring holistic well-being.

Concluding Remarks: The Future of Healing

I ran into Marcus at a street fair in Oakland not long ago. He was excited to see me and wanted to share with me that he was in a new relationship so he introduced me to his girlfriend. “This is my friend Michelle”! He introduced her with a sense of pride, and accomplishment. He also shared with me that he had enrolled in a program that was training him to become a medic. As we chatted for a while in the warm sun, dodging children, and fast walking parents, he

leaned toward me and whispered, “yeah Dr. G, I’m not entirely healed, but I’m hopeful”. I smiled, gave him a “brotha hug” and we departed ways.

I suppose, that if we had more time to chat he would have explained that healing is a process that we navigate for a lifetime. He might have shared with me that the future of his healing journey had just begun. Seeing him again, holding hands, sipping a soda with his new girlfriend was a powerful reminder, that he was so much more than the trauma he had experienced. As practitioners, researchers and policy stakeholders we need to listen and learn from young people who have insights that can advance how we think about trauma and healing. Shifting to healing centered engagement offered new questions, and strategies about how to support young people who experience trauma. Healing centered engagement is just a step toward a more holistic, and humanistic framework to support young people who have been harmed. Such an approach encourages us to think and act more boldly about how to restore young people and create places where they can truly flourish.

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