Trauma-Informed Care
Certification Training Course

PARTICIPANT GUIDE

Modules 1-4

OFFICE of
Wellness
& Resilience
Ke Ke‘ena Kūpa‘a Mauli Ola
Our resilience is rooted in our wellness

Office of Wellness and Resilience (OWR) - State of Hawai‘i
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Contents

Introduction

With the support of both policymakers and the trauma-informed care movement in the state, Hawai‘i has established a statewide commitment to promoting trauma-informed care through the creation of the Office of Wellness and Resilience (OWR). The kuleana of the Office of Wellness and Resilience is to strengthen our state service systems, using hope-centered principles as strategies to make Hawai‘i a trauma-informed state. We break down the barriers that impact the well-being of Hawai’i’s people – from keiki to kūpuna. The Office is also tasked with implementing recommendations from the Trauma-Informed Care Task Force, ensuring a coordinated and comprehensive approach to addressing trauma across various state agencies and community organizations.

By adopting trauma-informed care principles, the State of Hawai‘i will create a more supportive, healing environment and culture that benefits both our communities and our workforce, leading to improved health and well-being outcomes.

Overview

Health data tells us that most individuals in Hawai‘i, including state employees, have experienced significant trauma (Barile et al., 2024; Kuannui, 2018; Mohatta et al., 2014; Okamura, 2008; Swedo et al., 2023). Recognizing this helps us understand that people’s behaviors and responses are often rooted in their traumatic experiences.

Trauma-informed care can lead to better quality of life outcomes. By understanding the psychological and neurobiological effects of trauma, we can engage individuals more effectively, connect them with vital services and programs, and create an environment that supports healing and hope (SAMHSA, 2014). Many common institutional routines, processes, and policies may unintentionally re-traumatize individuals. Training in trauma-informed care helps staff avoid and/or mitigate these effects by reframing our thoughts about certain behaviors, and by implementing more compassionate and understanding approaches to care.

Objectives

This group-facilitated training course is designed for Hawai‘i state employees to:

- Increase understanding of trauma,
- Create an awareness of the impact of trauma on behavior,
- Understand the importance of and formulate appropriate and effective self-care strategies, and
- Practice trauma-informed responses.

Trauma affects not only the people in the community, but also the staff. Training in trauma-informed care includes strategies for dealing with secondary traumatic stress, burnout, and vicarious trauma, which can help protect the mental health and well-being of leadership and staff.

Program Length

This facilitated, guided discussion is meant to be completed in approximately three (4) hours.

Program Participants

This group facilitated training event is specifically tailored to Hawai‘i state employees at all levels - from senior leadership to new hire staff.

Learning Objectives

Module 1 – Introduction to Trauma

This module opens the training and sets the learning expectations. Upon completion of this module, participants will be able to:

- Define trauma and differentiate between various types (e.g., acute, chronic, complex).
- Identify at least five potential causes of trauma across the lifespan.
- Describe the neurobiological, psychological, and social effects of trauma.
- Analyze trauma prevalence data specific to Hawai'i's people.
- Recognize how trauma manifests in different service contexts (e.g., healthcare, education, social services, etc.).
- Explain how trauma impacts can vary across cultural contexts and populations.
- Articulate the rationale for trauma-informed approaches in state government.

Module 2 – Trauma-Informed Care

Upon completion of this module, participants will be able to:

- Explain the key principles of trauma-informed care and their importance in the workplace.
- Identify ways to apply the principles of safety, trustworthiness, peer support, collaboration, empowerment, and cultural awareness in their workplace.
- Develop an action plan to begin implementing trauma-informed practices in their organization.
- Recognize the benefits of a trauma-informed workplace and the strategies to overcome common challenges.

Module 3 – Impact on the Brain and Behaviors

Upon completion of this module, participants will be able to:

- Explain the key brain structures and how they are impacted by trauma.
- Describe the effects of trauma on the stress response system and emotional regulation.
- Identify common trauma-related behaviors and reframe them through a trauma-informed lens.
- Apply trauma-sensitive classroom and/or workplace strategies to create supportive environments.
- Recognize the long-term impacts of trauma and the importance of a trauma-informed approach.

Module 4 - Adverse Childhood Experiences (ACEs), Epigenetics, and Historical and Generational Trauma

- Gain a deeper understanding of Adverse Childhood Experiences (ACEs) and epigenetics
- Understand the interplay between Adverse Childhood Experiences (ACEs), epigenetics , and trauma-informed care.
- Review other types of trauma widely experienced in Hawai‘i, and
- Develop effective strategies for addressing ACEs within trauma-informed care contexts.

Module 1

Module 1:

Introduction to Trauma

Trauma Defined

How do you define trauma?

Definition of Trauma

Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), within the U.S. Department of Health and Human Services, defines trauma as, *"Trauma results from an event, series of events, or set of circumstances experienced as physically or emotionally harmful or life-threatening with lasting adverse effects on functioning and well-being."*

Hawai‘i Trauma-Informed Care Task Force

The State of Hawai‘i's Trauma-Informed Care Task Force (Hawai‘i Session Laws, 2021) further defines trauma as, *"The result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being."*

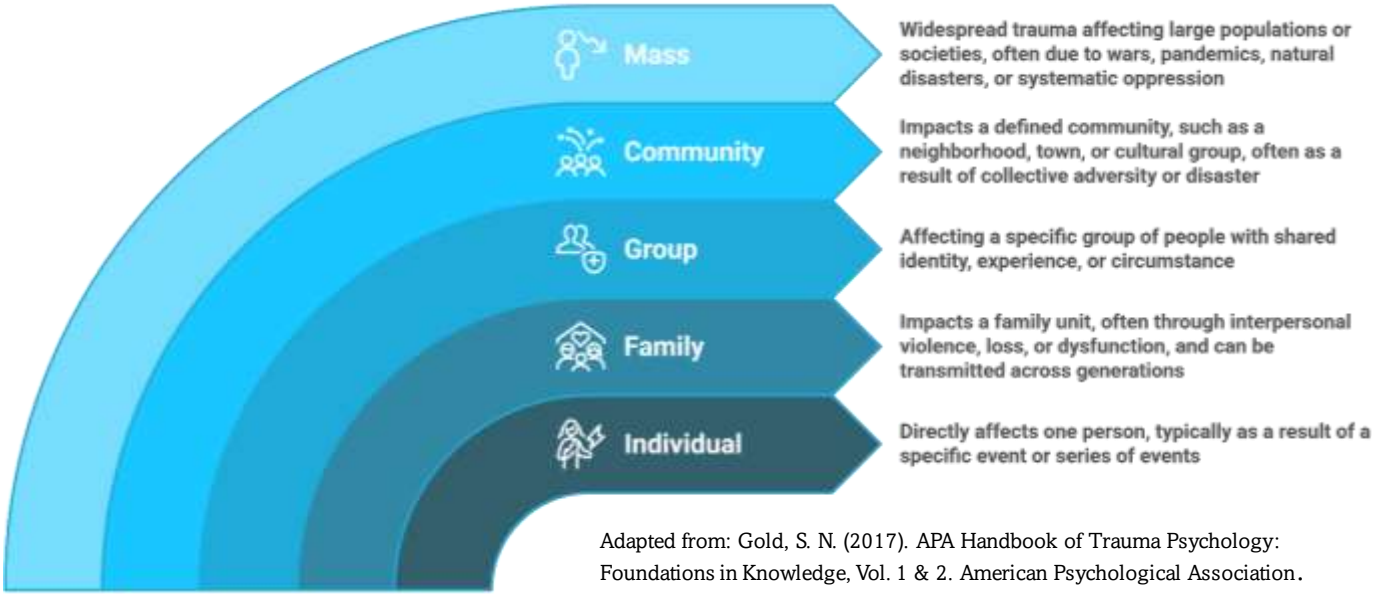
Learning Objectives

- ✓ Define trauma and differentiate between various types (acute, chronic, complex).
- ✓ Identify at least five potential causes of trauma across the lifespan.
- ✓ Describe the neurobiological, psychological, and social effects of trauma.
- ✓ Analyze trauma prevalence data specific to Hawai'i populations.
- ✓ Recognize how trauma manifests in different service contexts (healthcare, education, social services, etc.).
- ✓ Explain how trauma impacts can vary across cultural contexts and populations.
- ✓ Articulate the rationale for trauma-informed approaches in state government service.

Events, Experiences, Effects Examples

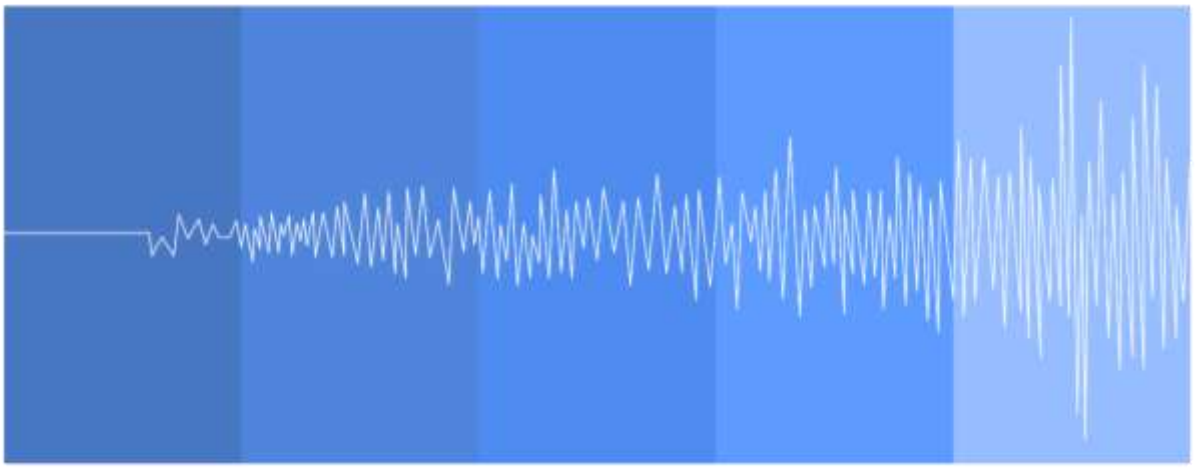
Events	**Experiences**	**Effects**
These are specific occurrences that have the potential to be traumatic	*This refers to how the individual perceives and makes sense of the event*	*These are the lasting impacts the event and experience have on the person's life*
• Physical abuse, sexual abuse, emotional abuse, or neglect. • Domestic violence, witnessing violence, or experiencing a violent crime. • Sudden loss of a loved one, serious accidents, natural disasters, or war. • Institutional betrayal, discrimination, or systemic oppression.	• Feeling unsafe, powerless, or threatened during the event (e.g., a child who feels alone and scared during parental neglect). • Experiencing betrayal or loss of trust, such as being let down by someone who was supposed to protect. • The event is experienced as an overwhelming situation that exceeds the person's ability to cope (e.g., repeated bullying or abuse).	• Chronic anxiety, depression, or post-traumatic stress symptoms. • Difficulty with relationships, trust, or emotional regulation. • Physical health problems, like headaches, sleep disturbances, and immune issues. • Negative changes in belief systems, a sense of self, or outlook on life. • Problems functioning at home, work, or school, such as absenteeism, withdrawal, substance use, or poor performance

Trauma Experience Layers



Adapted from: Gold, S. N. (2017). APA Handbook of Trauma Psychology: Foundations in Knowledge, Vol. 1 & 2. American Psychological Association.

Examples of Trauma Experience Layers



Individual	Family	Group	Community	Mass
Physical abuse, sexual assault, neglect, a car accident, sudden loss of a loved one	Domestic violence affecting parents and children, intergenerational substance abuse, separation due to child welfare or incarceration	Bullying or violence directed at specific groups (e.g., LGBTQ students in a school), hate crimes targeted at a racial/ethnic group	A natural disaster impacting a town, violence in a neighborhood, community-wide discrimination or environmental injustice	War or refugee crises, pandemics, colonial oppression, historical traumas affecting entire populations or cultures (such as Native Hawaiians, Holocaust Survivors)

Adapted from: Gold, S. N. (2017). APA Handbook of Trauma Psychology: Foundations in Knowledge, Vol. 1 & 2. American Psychological Association.

Life Examples Activity

Jason

- 45-year-old construction worker
- Witnessed work accident
  - First to reach his injured colleague
- Experiences nightmares
  - Trouble concentrating at work
- Comes to the state office to file paperwork for temporary disability:
  - Appears agitated and has trouble completing forms
  - Startled by loud noises
  - Displays defensiveness

Questions

1. What experiences meets the definition of trauma?
2. How is trauma affecting different areas of Jason's life?
3. How could his behaviors be misunderstood as?

Long Family

- Lost their home during a house fire
  - House and everything in it were destroyed
- Applying for housing assistance with a state agency
  - Parents appear exhausted and overwhelmed
  - Children are withdrawn and cling to their parents
  - Emotional outbursts and reactions

Questions

1. What experiences meets the definition of trauma?
2. How is trauma affecting different areas of their life?
3. How could his behaviors be misunderstood as?

Trauma Types & Examples

Type of Trauma	Definition	Examples
Acute	Trauma resulting from a single, distinct event that is perceived as physically or emotionally harmful and/or life-threatening.	• Car accident • Natural disaster • Sudden loss of a loved one • Violent assault
Chronic	Trauma exposure that occurs repeatedly or over an extended period of time.	• Ongoing domestic violence • Long-term bullying • Living in chronic poverty • Childhood neglect
Complex	Trauma that involves exposure to varied and multiple traumatic events, often of an interpersonal nature, occurring over a significant period (especially early life), typically perpetrated by caregivers or other trusted people.	• Repeated child abuse and neglect • Living with a caregiver who abuses drugs or is violent • Growing up in a chaotic, unsafe home
Historical	Trauma that affects entire communities and/or groups and results from massive group events or injustices; its effects may be passed down from one generation to the next.	• Great Mahele of 1848 • Illegal overthrow of the Hawaiian Kingdom • Colonialism affecting First Nations, Indigenous and/or Aboriginal populations • Slavery • Holocaust • Forced relocation and loss of land, lifestyle, possessions, people and/or culture • Political oppression

(Courtois & Ford, 2013; Gold, 2017; SAMHSA, 2014)

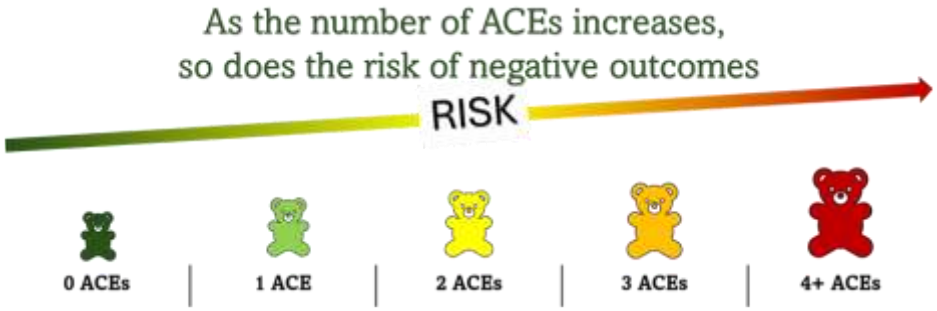
Prevalence of Trauma

Adverse Childhood Experiences (ACEs)

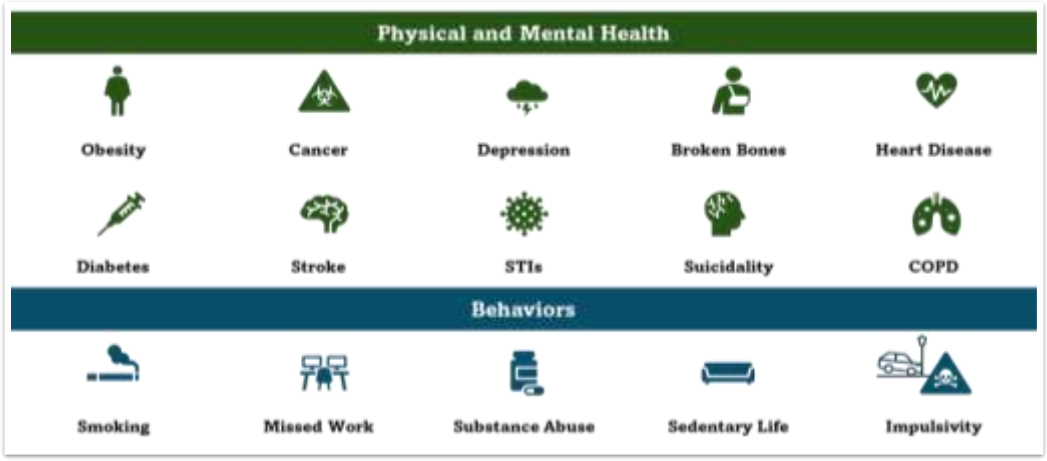
Adverse Childhood Experiences, known as ACEs, are **extremely challenging or traumatic events that occur during childhood** and can **significantly disrupt healthy brain development in children** (CDC, 2025).

These experiences can greatly affect how children manage stress and negatively impact their immune systems, sometimes causing effects that last well into adulthood. Research shows that ACEs are major contributors to many persistent health problems, including chronic diseases like heart disease and asthma, and various mental health conditions such as anxiety and depression. Research into ACEs originated from a 1998 *CDC-Kaiser Adverse Childhood Experiences Study*, uncovering strong connections between early life trauma and the later development of chronic illnesses, mental health struggles, and difficulties with violence and socioeconomic stability.

Types of ACEs



Possible Risk Outcomes from ACEs

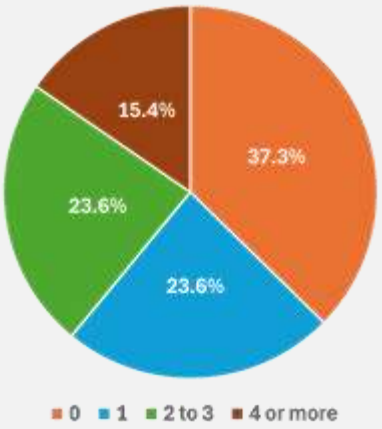


(Adapted from: PACES Connection, 2015)

Rates in Hawai‘i

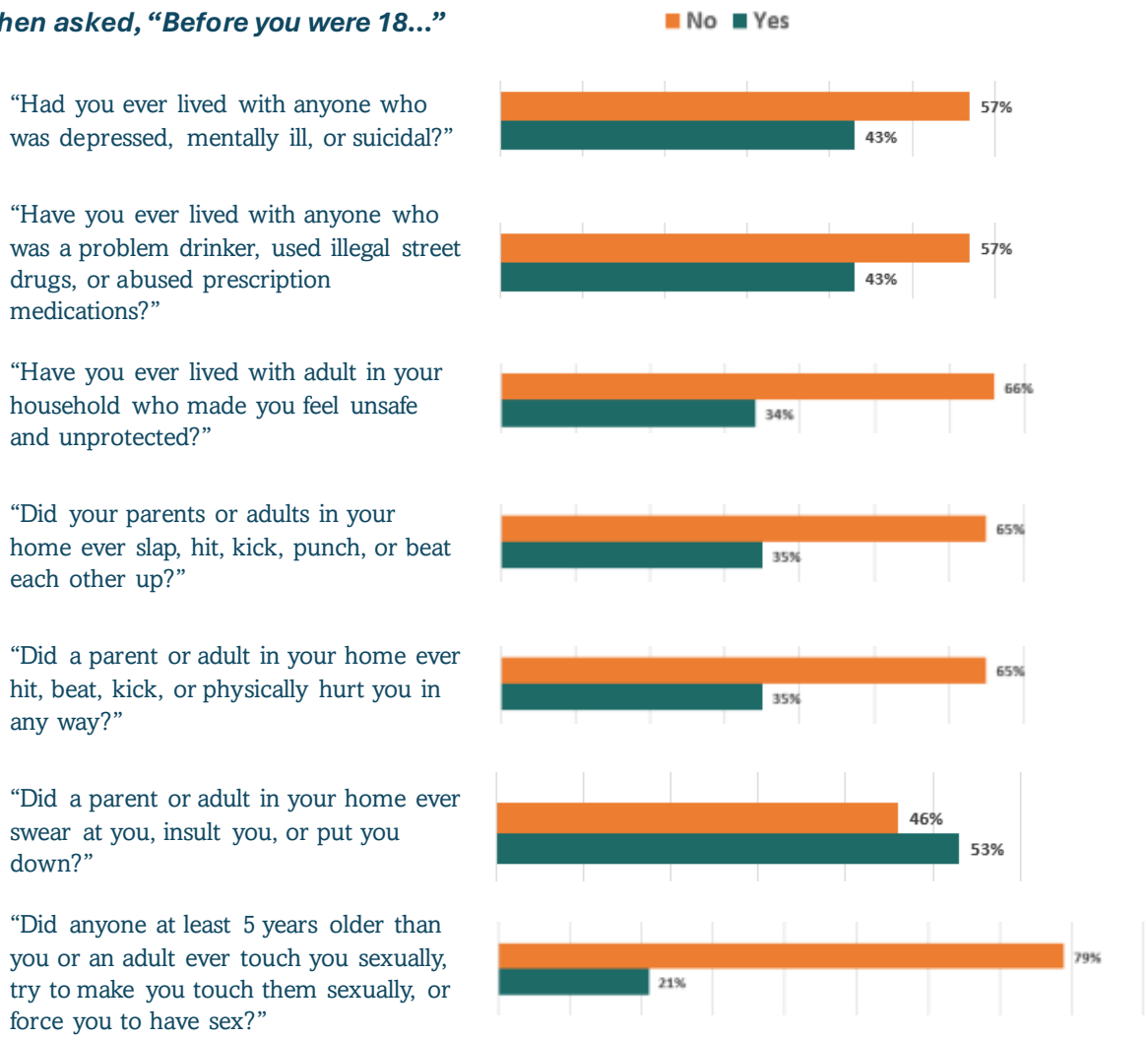
In a 2023 study by Swedo at al., researchers performed estimates on adverse childhood experiences in Hawai‘i. Meaning based on current data from different sources, statistics were calculated to estimate percentages of adults living in Hawai‘i who have experienced specific adverse experiences as a child.

Estimates by Number of ACEs Experienced



Estimates by Number of ACEs Experienced

When asked, “Before you were 18...”



(Barile, et al., 2024)

Impact of Trauma

Trauma can impact our overall well-being and functioning across the many domains of our lives.

Emotional and Mental

Trauma can cause intense emotions and disrupt how we process, manage, and express feelings. It increases the risk for anxiety, depression, intrusive memories, flashbacks, nightmares, difficulty concentrating, and self-esteem challenges.

Examples include:

- Persistent feelings of fear, anger, sadness, guilt, or shame
- Mood swings, irritability, or emotional numbness
- Panic attacks, flashbacks, or intrusive thoughts
- Dissociation—feeling detached or as if the world isn't real
- Trouble sleeping or frequent nightmares
- Self-harming behaviors or suicidal feelings

Physical

Trauma's effect on the body may be limited to a short-term stress response, but it can also contribute to lasting health issues because trauma can keep the body's stress response activated for too long.

Examples include:

- Headaches, stomachaches, or muscle tension
- Trouble sleeping and chronic fatigue
- Fast heartbeat and breathing
- Digestive problems and/or loss of appetite
- Somatic complaints with no clear medical cause
- Long-term risks: cardiovascular disease, suppressed immune system, or hormonal imbalances

Social

Trauma can disrupt relationships and how a person interacts with others and their community.

Examples include:

- Withdrawal from friends, family, or social activities
- Difficulty trusting others or forming close relationships
- Problems at work or school, such as absenteeism, poor performance, and/or conflicts
- Social isolation and/or avoiding group settings
- Risky behaviors and/or substance use as coping strategies
- Trouble maintaining boundaries, leading to unhealthy and/or dangerous relationships

Module 2

Module 2:

Impact on the Brain and Behavior

Why discuss this?

1. Understanding the "brain science" behind trauma helps us respond with empathy rather than judgment.
2. When we know why people behave the way they do after experiencing trauma, we can provide more effective support and services.

Learning Objectives

- ✓ Explain the key brain structures and how they are impacted by trauma.
- ✓ Describe the effects of trauma on the stress response system and emotional regulation.
- ✓ Identify common trauma-related behaviors and reframe them through a trauma-informed lens.
- ✓ Apply trauma-sensitive classroom or workplace strategies to create supportive environments.
- ✓ Recognize the long-term impacts of trauma and the importance of a trauma-informed approach.

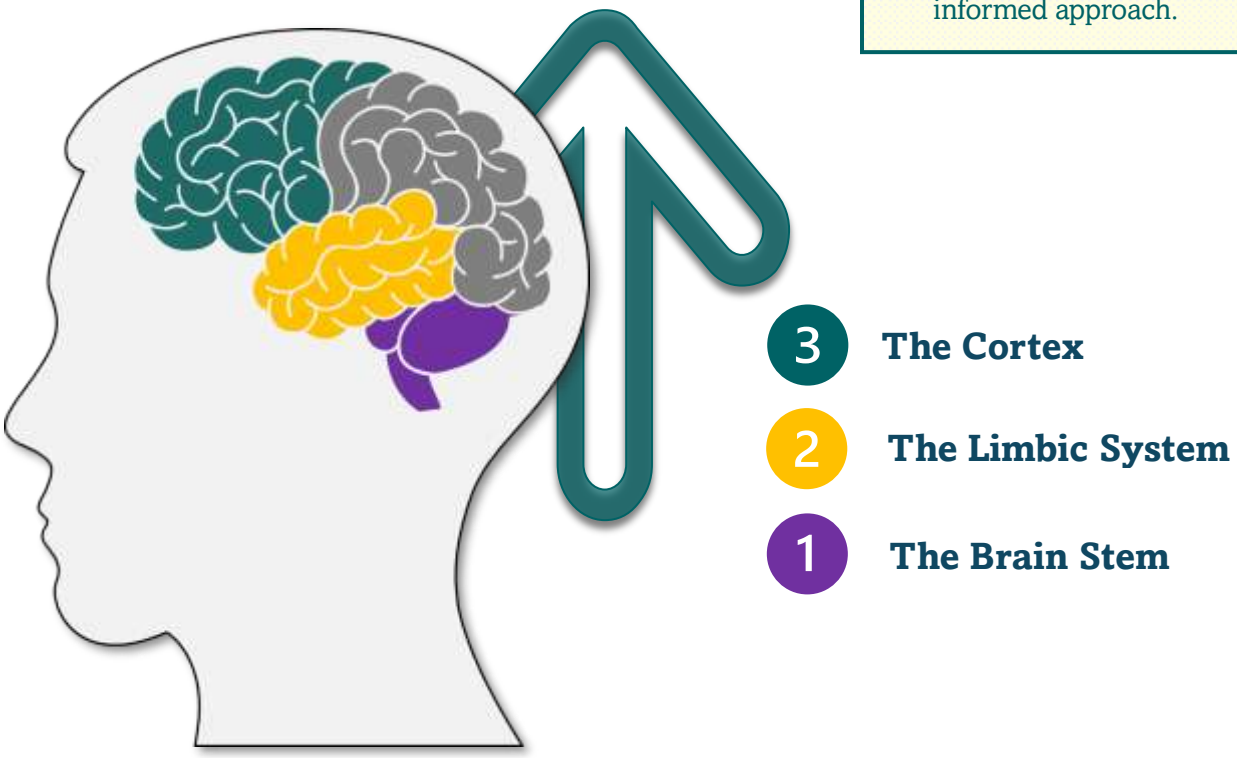
Introduction to the Brain

When it comes to trauma and the brain, many portions of the brain are impacted, both in development and functioning. For the purpose of this training, we will discuss three overarching portions of the brain – their general function and purpose, developmental milestones, and effects to those areas when trauma occurs.

The three portions of the brain discussed in this module include:

- The brain stem
- The limbic system
- The cortex

These three areas develop and mature in sequence, from bottom to top.



The Brain Stem

- It's also known as the "survival brain" or "reptilian brain."
- This portion of the brain is the first to develop, which occurs before birth.
- More importantly, this part of the brain controls basic survival functions like:
    - Breathing,
    - Heart rate, and
    - Body temperature.
- It also manages our "Fight, Flight, or Freeze" responses to threats or danger.

The Limbic System

- Sometimes called the "emotional brain," this is the next area to develop, occurring primarily in early childhood.
- The limbic system processes emotions and creates emotional memories.
- It includes areas such as:
    - The amygdala, which is our internal alarm system.
    - The hippocampus, which is responsible for processing memories.
- The limbic system also helps us form attachments to others and is responsible for creating strong emotional responses based on past experiences.

The Cortex

- This part of the brain is sometimes called the "thinking brain" or "adult brain," and is the last portion to develop.
- The cortex continues to mature into early adulthood, sometimes until age 26.
- This part of the brain is responsible for:
    - Thinking and planning,
    - Reasoning and problem-solving
- It also plays an essential role in regulating our emotions and controlling our impulses.

(Gold, 2017; van der Kolk, 2014)

Stress Responses

During and after experiencing a traumatic or stressful event, it's common to have certain responses or stress reactions.

These are a few common stress responses and how they are exhibited.

FIGHT

The fight response **prepares the body to confront a threat directly** and defend itself through aggression or resistance. Common signs include increased heart rate, muscle tension, clenched fists and/or jaw, and feelings of anger or frustration.

FLIGHT

The flight response **urges a person to escape or avoid the threat**, leading to fleeing or distancing oneself from danger. Signs include restlessness, fidgeting, rapid breathing, sweating, a strong impulse to leave, and hypervigilance of the environment. (Hypervigilance refers to a heightened alertness and increased awareness of potential threats and dangers.)

FREEZE

The freeze response **results in immobility or "shutting down,"** where the person feels unable to react or move. Often felt as numbness, dissociation, and/or feeling "stuck" or paralyzed in the face of danger.

Why We Have Stress Responses

These automatic responses are deeply rooted, evolutionary, adaptations designed to maximize survival in the presence of real or perceived threats.

Fight	Flight	Freeze
Why? • Useful if the threat can be overpowered. • Direct confrontation can eliminate the danger and protect oneself or others. • Fighting may deter predators or aggressors.	**Why?** • When a threat is overwhelming or can't be beaten. • Escaping increases survival chances. • Running away prevents harm and preserves life when fighting is too risky or impossible.	**Why?** • Freezing can reduce detection or aggression from a threat (like a predator losing interest or not noticing movement). • May help conserve energy for future action. • Can manifest when overwhelmed or unable to decide on the best action. • It's a form of self-protection when action seems futile or dangerous.

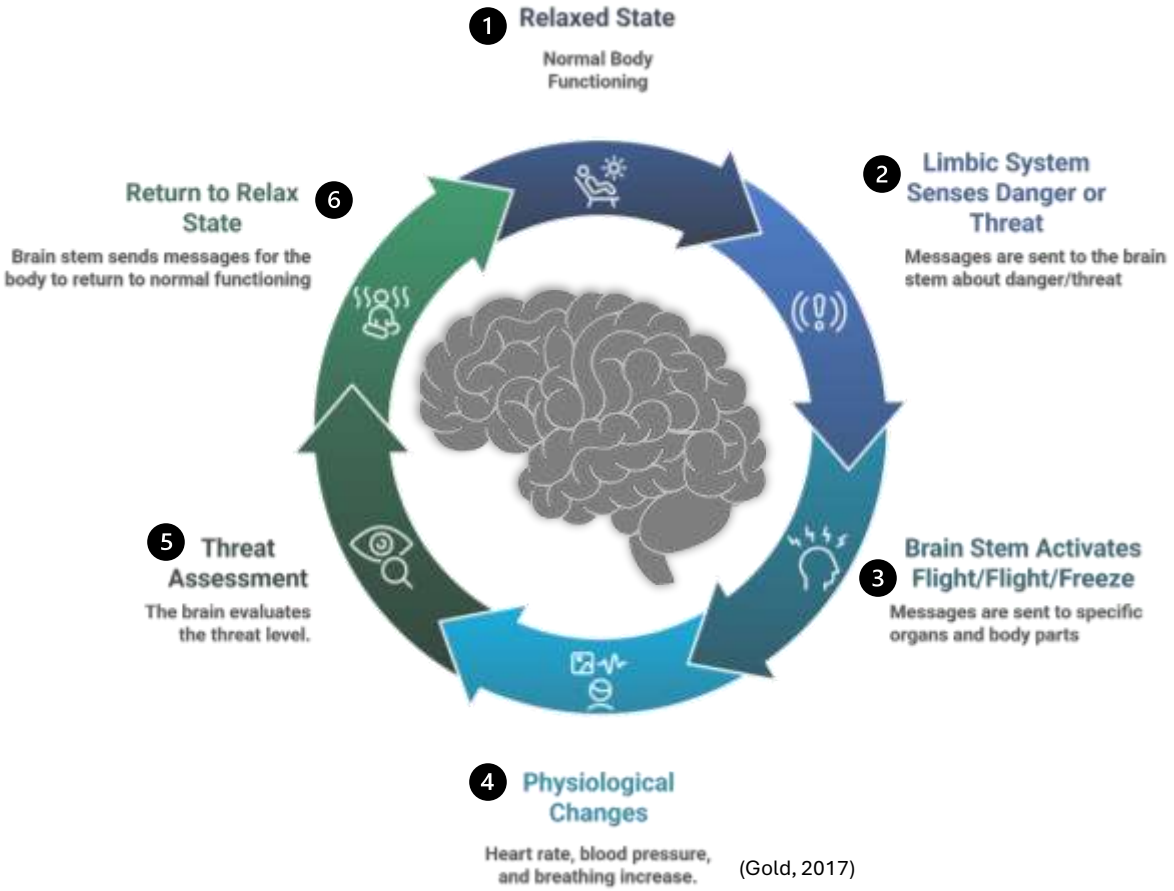
Emotions and Behaviors Linked to Stress Responses

	Fight	Flight	Freeze
Associated Emotions	• Angry/Upset • Offended • Stressed Out • Irritated/Tense	• Anxious • Panicked • Scared • Distracted/Zoned Out	• Numb • Empty • Bored • Scared • Shame
Associated Behaviors	• Bullying • Controlling • Narcissistic • Aggressive/Explosive • Defensiveness	• Overthinking • Antsy • Avoiding Conflict • Workaholic • Hypervigilance	• Dissociated • Depressed • Avoids Interaction/Relations • Indecisiveness • Seeks Solitude

(Adapted from U.S. Department of Health and Human Services, 2014)

Stress Responses and the Brain

What happens in the brain and body during stress responses?



(Gold, 2017)

When someone experiences a traumatic event — especially recurring trauma, when the events were experienced, how long the event (or series of events) were endured, and/or highly intense traumatic events — this can cause a disruption in normal development and functioning of the brain.

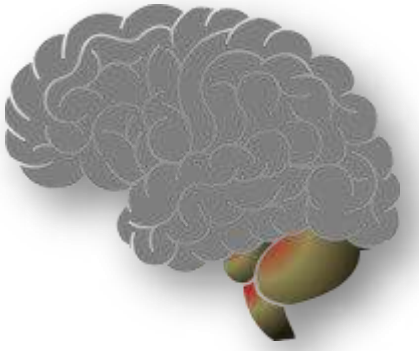
This often results in:

- Stress response system becoming highly sensitive
    - This internal alarm rings more easily and more often, even when there might not be any real danger around
- The brain constantly scanning for danger, which can lead to:
    - Being easily startled by sudden movements or sounds.
    - Having difficulty concentrating or paying attention.
    - Appear to be 'on edge,' or what is known as “hypervigilant”
    - Intense/strong reactions to, what seems like, minor frustrations
    - Having trouble transitioning between activities or navigating through daily routines

This means trauma survivors often have brains that are constantly on high alert, quick to perceive occurrences as threats. They may sometimes be less able to use reasoning to calm their emotional responses.

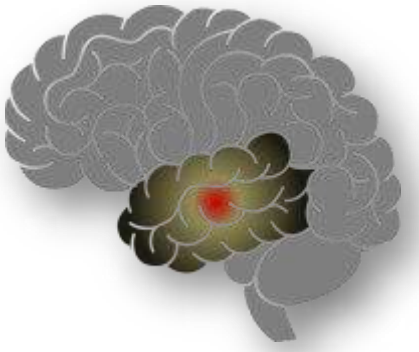
Trauma's Impact on Brain Development

The Brain Stem



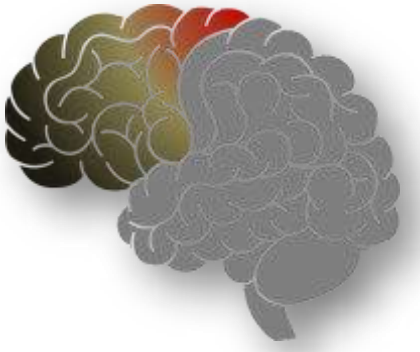
- For those who've experienced trauma, the brain stem often becomes sensitized and reactive.
- Always on high alert, constantly scanning for danger — even in environments like an office or a classroom.
- In this dysregulated state:
  - Learning becomes incredibly difficult
  - The brain is too busy, prioritizing survival, to focus on things like reading a report or fixing a spreadsheet.
- Like trying to study while a fire alarm is blaring.

The Limbic System



- In trauma-affected individuals, this emotional center of the brain becomes easily over- OR under-aroused.
- A person might be OK one moment,
  - Then something within the environment causes a trauma memory to surface resulting in their limbic system going into overdrive.
- When this occurs, the brain is flooded with stress hormones, causing barriers to:
  - Focusing
  - Retaining information
  - Higher-level thinking
  - Completing complex tasks

The Cortex



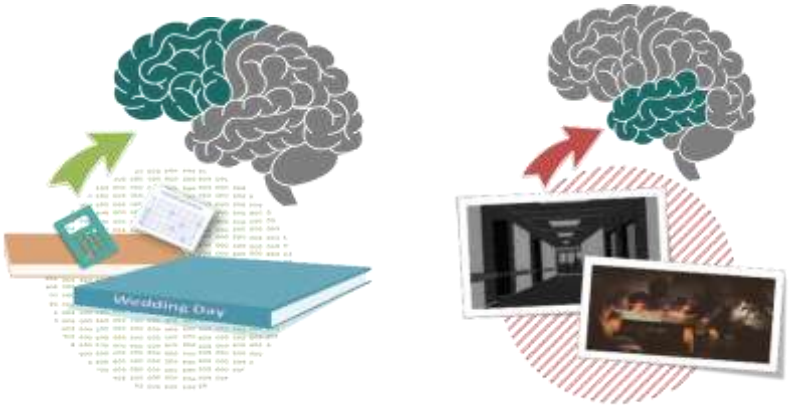
- In trauma-affected children, the cortex is often underdeveloped.
  - This is partly because when in survival mode, our brain prioritizes using the more primitive areas of the brain, over higher-level thinking portions of the brain.
- The result of having an underdeveloped cortex leads to problems with higher-level cognitive functions.
- We might see:
  - Difficulties with language processing
  - Abstract thinking
  - Planning
  - Impulse control

(Gold, 2017; van der Kolk, 2014)

- For those affected by trauma, many haven't had the cognitive stimulation needed for optimal brain development.
  - Meaning, they might have grown up in environments where survival was the priority, leaving little opportunity for play, exploration, or learning.
- In the workplace, this might look like an employee who:
  - Struggles to follow multi-step instructions
  - Has difficulty with abstract concepts
  - Seems to act without thinking

Impact on Memories

- Normal memories are stored in the cortex.
    - We can usually (1) control when we think about these memories, and (2) we can talk about them using words.
- Trauma memories get stored in the limbic system.
- These memories are more like experiences.
    - Full of sensations, emotions, and physical feelings
    - They usually don't have a clear storyline or words attached to them
- Trauma memories can surface by sensory input.
    - Commonly referred to as “triggers”
- For example, a smell, a sound, or a sight that reminds the person of the traumatic event.
- When this happens, it's like the person is reliving the experience as if it’s happening in the present, instead of just remembering it as a past event.



(Gold, 2017; van der Kolk, 2014)

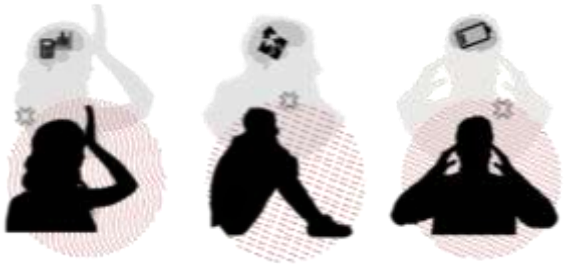
Impact on Behavior Regulation

- Behavior regulation is your brain’s ability to control and manage your actions, emotions, and responses to fit different situations.
- Behavior regulation primarily occurs in the cortex.
    - Think of it as the brain's "brake pedal,” allowing us to:
        - Stop and think before we act.
        - Consider consequences.
        - Regulate our emotional responses.
- In individuals affected by trauma, due to their underdeveloped cortex, the "brake pedal" often doesn't work very well.
- Many struggle to curb and regulate. behaviors effectively, which results in:
    - Impulsive behaviors.
    - Emotional outbursts.
    - Difficulty following rules.

*When we are affected by trauma, it's not that we don't **want** to control our behaviors… our brains literally struggle to do so.*

Cognitive Impact and Learning Challenges

- Trauma also impacts cognitive development and function, leading to challenges in learning and academic performance!
- Some of these challenges include:



(Gold, 2017)

- Difficulties with attention and concentration.
- Some might struggle to focus, or stay focused, or to complete tasks.
- Problems with memory and information processing.
- Some might have trouble retaining new information or connecting ideas and concepts.
- Issues in executive functioning or struggling with things like planning, organizing, or problem-solving.

- HOW MIGHT THESE COGNITIVE IMPACTS AFFECT THEIR DAILY FUNCTIONING OR EVEN CAREER SUCCESS?
- IT COULD MAKE IT HARDER TO SUCCEED IN SCHOOL, COMPLETE HIGHER EDUCATION, OR PERFORM WELL IN CERTAIN JOB ROLES.

Impact on Relationships and Attachment

- Early trauma, especially when it involves caregivers, can interrupt a person's ability to form healthy attachments and relationships.
- This is due to the way trauma impacts the development AND neuropathways of the limbic system.
- This can lead to some serious relationship difficulties down the line, such as:
    - Difficulty trusting others
        - Individuals affected by trauma might always be waiting for the other shoe to drop.
    - Challenges in forming and maintaining relationships.
        - Individuals might push people away or become overly clingy.
    - Many experience fear of intimacy or abandonment.
    - Some struggle to let people get close or they constantly worry about being left behind.

(Gold, 2017; van der Kolk, 2014)

Reframing Behaviors Through a Trauma-Informed Lens

Looking around your office spaces or work environments, you might observe how trauma manifests. For example:

- You may observe a coworker who struggles to focus or retain information.
- There may be someone who experiences frequent emotional outbursts or meltdowns.
- Maybe a colleague is having difficulty in social interactions with colleagues or clients.
- Perhaps one of your staff has been experiencing unexplained physical symptoms like headaches or stomachaches.

(Denhardt et al., 2018)

Remember, these behaviors are not willful disobedience, but rather adaptations to traumatic experiences. It's crucial that we reframe challenging behaviors through a trauma-informed lens! Instead of asking:

"What's wrong with this person?"

We should be asking:

"What happened to this person?" or "What happened in their 'ohana?" or "What happened in their community?"

Someone's "difficult behavior" may be a trauma reaction and their brains' way of making sense of what they experienced. Take a moment and reflect by asking yourself:

How might these behaviors have been adaptive in the context of trauma?

What could be triggering these reactions in what should be a safe environment?

What skills might this person need to develop to respond more appropriately?

Key Reminders to Reframing Behaviors

1. **Behavior is communication!** This means we need to place effort into trying to understand what need and/or emotion the person is expressing through their behavior.
2. **Context matters.** This means we should consider what might be happening in a coworker or client's life that could be influencing their actions.
3. **Prioritize safety.** When we do this, we are making sure that our responses to challenging behaviors don't re-traumatize someone, even if we didn't intend for it.
4. **Collaboration over control.** This is all about working with each other to identify triggers and develop coping strategies.
5. **Focus on skill-building.** We can do this by identifying what skills the person needs to develop, and then incorporating these into our interactions and engagements.
6. **Relationships are key.** A strong, supportive relationship can be a powerful force for healing and growth!

Helping Those Struggling with Dysregulation

The key is to provide structure, consistency, and a calm, empathetic environment.

1. **Create predictable routines and clear expectations.**
   When someone's internal world feels chaotic, external structure can be incredibly comforting.
2. **Stay calm and empathetic.**
   The behavior is often a result of emotional dysregulation (not being able to regulate one's feelings, leading to inappropriate or excessive reactions), not defiance or insubordination.
3. **Practice, mentor, and model positive coping strategies.**
   This might include things like deep breathing techniques, mindfulness exercises, or simple physical activities to help release tension.
4. **Offer opportunities for problem-solving.**
   When the person is calm, engage in discussions about their behavior and brainstorm better ways to handle difficult situations.

(Denhardt et al., 2018)

Changing our perspective doesn't mean excusing problematic behavior.

Instead, it means understanding the behavior, so we can respond more effectively and help each other develop the skills we all need to succeed.

Being Trauma-Informed

When we practice the 6 Principles and the 4 Rs of Trauma-Informed Care, we begin to:

- **Realize** just how widespread the impact of trauma really is!
- Increase our understanding of trauma, including **recognizing** signs and symptoms—and their impacts!
- Emphasize creating **safe**, supportive environments for those impacted by trauma.
- **Promote self-care** and mindfulness practices, for your coworkers or staff and yourself.

Trauma can have severe and long-lasting effects and it's also possible for people to not just recover, but to experience post-traumatic growth.

- As state employees, we can support this by embracing and modeling the 6 Principles and the 4 Rs of Trauma-Informed Care.
- While we can't change someone's past experiences, we can play a crucial role in shaping their future.
- By understanding trauma and its effects, we can create environments that promote hope, healing, resilience, and growth.

Module 3

Module 3:

Trauma-Informed Care

What is Trauma-Informed Care?

Learning Objectives

- ✓ Explain the key principles of trauma-informed care and their importance in the workplace.
- ✓ Identify ways to apply the principles of safety, trustworthiness, peer support, collaboration, empowerment, and cultural awareness in their workplace.
- ✓ Develop an action plan to begin implementing trauma-informed practices in their organization.
- ✓ Recognize the benefits of a trauma-informed workplace and the strategies to overcome common challenges.

SAMHSA Definition

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) defines trauma-informed care as, *"a service delivery approach that recognizes the widespread impact of trauma and understands potential paths for recovery, recognizes signs of trauma in clients, and responds by integrating knowledge about trauma into policies, procedures, and practices, actively working to avoid re-traumatization."*

Hawai'i Trauma-Informed Care Task Force Definition

The Hawai'i Trauma-Informed Care Task Force (Hawai'i Session Laws, 2021) adapted the SAMHSA definition and added trauma-informed care to be, *"An approach to understanding, recognizing, respecting, and responding to the pervasive and widespread impacts of trauma on our ability to connect with ourselves and others, our place and the elements around us, and our ways of being."*

Why the Difference?

- The Hawai'i Trauma-Informed Care Task Force's definition expands on the foundation of SAMHSA's definition by emphasizing understanding, respecting, and responding to how trauma disrupts our connections to self, others, community, and the environment.
- Having a Hawai'i-specific definition recognizes the state's unique history, cultures, and the collective impacts of trauma experienced by many of its residents, especially Native Hawaiians and Pacific Islanders.
- This definition explicitly addresses spiritual and relational dimensions of well-being, which are essential to the diverse communities in Hawai'i.
- As a result, it better aligns trauma-informed practices with local values, acknowledges the unique historical and cultural trauma issues prevalent in our state, and supports approaches that resonate with Hawai'i's strengths and struggles.
- This culturally grounded lens makes sure trauma-informed care is both more relevant and more effective for Hawai'i's people.

The 4 Rs of Trauma-Informed Care

The 4 Rs framework—**Realize, Recognize, Respond, and Resist Re-Traumatization**—was created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to ensure a trauma-informed approach is not just about understanding trauma, but about integrating this approach into every aspect of care and organizational culture to promote true healing and safety for all (SAMHSA, 2014).

Realize

A trauma-informed organization or system understands just how widespread and serious the impact of trauma is in people's lives, recognizing that trauma can influence health, behavior, relationships, and recovery in many ways. It also appreciates that there isn't just one way to heal from trauma—there are many pathways to healing and support.

Recognize

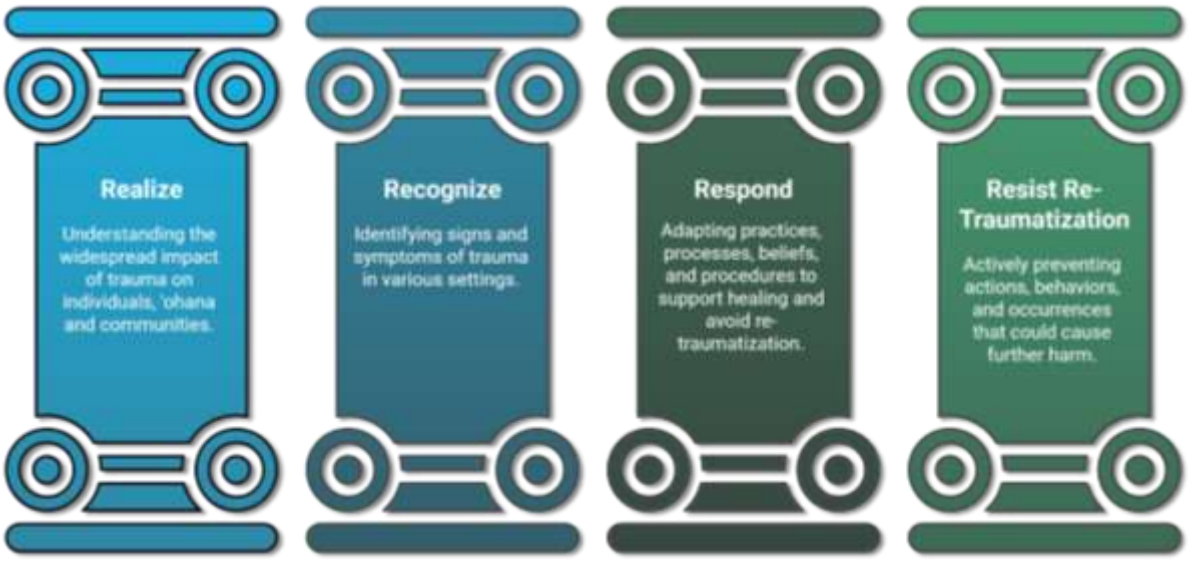
Staff and providers are trained to identify the signs and symptoms of trauma, both obvious and subtle, not only in clients or patients but in families, staff, and others involved with the system. This could show up in behaviors, emotions, or physical symptoms, and require empathy and ongoing awareness.

Respond

Trauma-informed care means actively integrating this knowledge at every level—into departmental and agency policies, procedures, practices, and relationships. The response is organization-wide and shapes everything from how services are delivered to how environments are designed for safety and trust.

Resist Re-Traumatization

Perhaps most importantly, trauma-informed care seeks to prevent re-traumatizing individuals. This means making sure that services, environments, and interactions avoid repeating stressful or harmful situations that could cause someone's trauma to surface again—whether intentionally or unintentionally.



(SAMHSA, 2014)

Examples of the 4 Rs of Trauma-Informed Care

Realize

Understanding the widespread impact of trauma and how it can affect anyone.

- Attend agency-sponsored trainings or workshops on trauma's effects in Hawai'i, including local statistics, cultural factors, and testimonies from trauma survivors.
- Approach interactions with a mindset that anyone—coworkers, clients, 'ohana—may have a trauma history, whether or not it's visible.
- Acknowledging trauma can impact stress responses and behaviors, such as missing appointments, difficulties completing paperwork, or seeming "difficult."

Recognize

Being able to recognize the signs and symptoms of trauma in those you serve, coworkers, staff, 'ohana and even yourself.

- Notice when clients, patrons, coworkers, staff appear overwhelmed, anxious, withdrawn, or react strongly to certain questions or situations (e.g., a veteran startled by loud noises in a waiting area).
- Check in with colleagues and staff showing signs of burnout, irritability, or emotional exhaustion.
- Reflect on your own stress levels and seek supervision or support when trauma-related fatigue is building up.

Respond

Integrating trauma knowledge into policies, procedures, and practices.

- Greet those we serve with warmth, introduce yourself clearly, and explain processes step-by-step to build trust, transparency, and predictability.
- Offer private spaces for sensitive conversations when possible and let people know their information is confidential.
- Adjust procedures, practices, and processes for those who need extra time, offer written instructions for those feeling overwhelmed, or provide materials in multiple languages.
- In meetings, encourage respectful listening, invite input from all participants, and acknowledge differing life experiences.

Resist Re-Traumatization

Actively working to prevent re-traumatization in all interactions and settings.

- Avoid raised voices, dismissive language, or practices that could mirror past traumatic experiences (e.g., making someone feel powerless or judged).
- Be mindful of physical spaces, ensure waiting rooms feel safe, culturally welcoming, and that staff are sensitive to personal boundaries.
- If someone gets upset or refuses to answer certain questions, don't force the issue. Give them options and let them know it's OK to take breaks and/or bring a support person.
- Regularly review forms, procedures, practices, processes, and environments for elements that could unintentionally create trauma responses for those with past trauma and update them with input from staff and community members.

SAMHSA's 6 Principles of Trauma-Informed Care

SAMHSA's 6 Principles of Trauma-Informed Care (2014) are the core values that guide organizations and individuals to provide services that promote healing, safety, and empowerment for people affected by trauma.

Safety

Ensuring that everyone—clients, staff, and visitors—feels physically and emotionally secure in the environment. This could be designing welcoming spaces, minimizing activators of trauma responses (e.g., loud noises or harsh lighting), and always respecting personal boundaries.

Trustworthiness and Transparency

Building trust through honest, clear communication, and making decisions in a way that is open and understandable for all involved. Some examples include explaining procedures, changes, and decisions in simple language, being consistent, and following through on promises.

Peer Support

Valuing and leveraging the lived experiences of individuals, whether clients or staff—who have experienced trauma to promote recovery and hope. For example, offering peer mentorship programs, support groups, or having trauma survivors involved in program planning or delivery.

Collaboration and Mutuality

Fostering genuine teamwork by sharing power and decision-making among staff and with the people being served. This may look like, involving clients and their ʻohana in care planning, and valuing input from everyone—including front-line staff—in organizational meetings.

(SAMHSA, 2014)

Empowerment, Voice, and Choice

Encouraging people to take an active role in their own care by emphasizing strengths, providing options, and supporting their autonomy. Some examples are allowing people to choose from different service options, inviting feedback, and nurturing self-advocacy skills.

Cultural, Historical, and Gender Issues

Recognizing and actively honoring each person's cultural background, history, and unique identity—inclusive of experiences with racism, colonialism, and oppression. Options can be providing materials in various languages, celebrating diverse traditions in the workplace, and offering culturally tailored services.

How the 4 Rs and 6 Principles of Trauma-Informed Care Work Together

Now we've learned about the 4 Rs and 6 Principles of Trauma-Informed Care, how can we use these together? Think of the 4 Rs as the action steps a department, agency, or individual takes. The 6 Principles shows us how to implement that particular action concretely! Below is chart with examples of how to use 4 Rs and 6 Principles of Trauma-Informed Care together.

	Safety	Trustworthiness & Transparency	Peer Support
Realize	Recognize hidden safety needs	Build trust with open communication	Acknowledge healing power of peers
Recognize	Notice agitation as safety response	Spot distrust as trauma response	Identify peer encouragement
Respond	Prioritize physical/emotional safety	Clearly explain procedures, set limits	Provide access to peer support
Resist Re-Traumatization	Create safe, welcoming space	Follow through, be consistent	Avoid isolation, encourage peer connection

	Collaboration & Mutuality	Empowerment, Voice, & Choice	Cultural, Historical, & Gender Issues
Realize	See value in shared decision-making	Notice importance of agency	Understand unique historical/cultural trauma impacts
Recognize	Recognize collaboration in healing	See withdrawal as lost agency	Notice response patterns shaped by history, gender, and culture
Respond	Use team-based care and family input	Offer choices and support self-advocacy	Adapt approaches for cultural/gender needs
Resist Re-Traumatization	Share power, avoid top-down approaches	Respect decisions, avoid coercion	Seek feedback from community and cultural leaders about existing policies and processes

Overcoming Common Implementation Challenges

1. *Assessment*

Understanding your current environment, beliefs, and practices.

2. *Awareness*

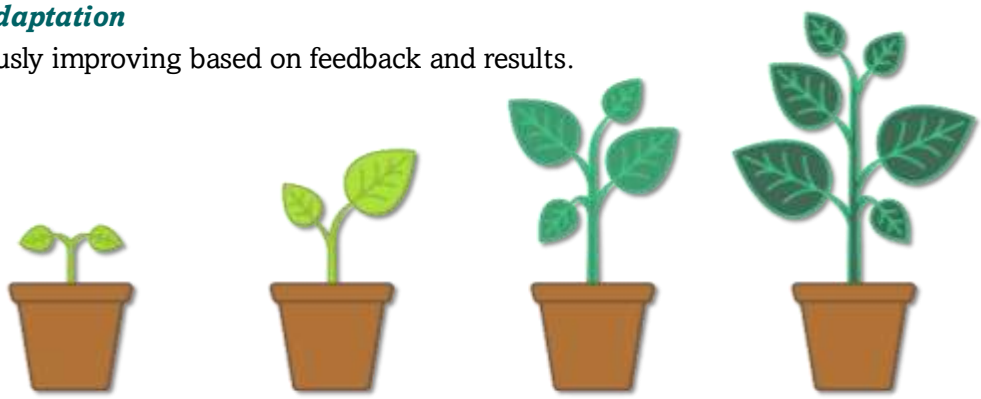
Building knowledge about trauma throughout your organization.

3. *Action*

Making specific changes to behaviors, policies, procedures, and practices.

4. *Adaptation*

Continuously improving based on feedback and results.



Assessment **Awareness** **Action** **Adaption** (Denhardt et al., 2018)

Common Challenge: *Many state employees already feel overworked and worry that implementing trauma-informed practices will add more to their already full to-do lists. Finding time for new approaches can seem impossible.*

Some solutions to this may be:

- Start small by choosing just one trauma-informed practice to implement each month.
- Integrate a trauma-informed approach into existing processes rather than creating new ones.
- Focus on simple changes in communication that don't take extra time but make interactions more effective.
- Remember that trauma-informed approaches often save time in the long run by reducing conflicts and repeated visits
- Identify processes in your current workflow that might be improved with a trauma-informed approach

Common Challenge*: Many state offices have limited space, open cubicles, or older facilities that don't seem ideal for creating trauma-informed environments. With budget constraints, major renovations may not be possible.*

Solutions to this may be:

- Make small changes like arranging furniture to create more privacy.
- Use plants, room dividers, and/or artwork to create more welcoming spaces.
- Reduce harsh lighting by using lamps instead of overhead lighting when possible.
- Create a small "calm space" that staff and clients can use when needed.
- Post clear way-finding signage (and test it with people who aren't familiar with your building/space) so people can easily find their way around.
- Keep noise levels down in waiting and service areas.
- Make sure there are private spaces available for sensitive conversations.

Common Challenge: *Not everyone in your workplace may understand the impact of trauma and/or sees the value in trauma-informed approaches. Some colleagues may be resistant to change and/or think trauma-informed care is only relevant for certain departments.*

Consider the following:

- Share brief, relevant articles or success stories with colleagues.
- Invite interested colleagues to form a learning circle about trauma-informed care.
- Focus on the practical benefits: better outcomes, fewer conflicts, more efficient services.
- Start with your own practice and let the positive results speak for themselves.
- Find at least one "ally" who also values this approach.
- Share specific examples of how trauma-informed approaches benefit everyone, not just trauma survivors.
- Connect trauma-informed principles to values your colleagues may already hold, such as your organizational mission, vision and/or values.

Common Challenge*: State agencies often have strict policies and procedures that seem to leave little room for flexibility. Changing official policies can be a lengthy process requiring approvals from multiple levels of management.*

Some solutions to these challenges may be:

- Look for elements to adapt within existing policies and procedures – there may be more room for trauma-informed approaches than you think.
- Start by changing how you implement policies rather than the policies themselves.
- Document positive outcomes from trauma-informed approaches to build a case for policy changes.
- Identify small policy adjustments that could have big impacts.
- Form a working group to review policies through a trauma-informed lens.
- Look for examples of trauma-informed policies from other similar agencies.

Common Challenge: *Some may feel that certain clients or members of the public are too angry, uncooperative, or demanding to work with using trauma-informed approaches. They may feel these methods won't work with "difficult" people.*

Some things to consider**:**

- Remember that "difficult" behaviors are often trauma responses.
- Practice seeing challenging behaviors as communication about their needs.
- Consider using de-escalation techniques that acknowledge emotions.
- Take a step back to regulate your own emotions and reactions before responding.
- Create scripts for responding to common challenging situations and role-play different scenarios with your team so you feel more confident with your trauma-informed responses.
- Recognize that trauma-informed approaches may be most valuable with the people we find most challenging.
- Sharing success stories of positive outcomes with people previously labeled as "difficult."

Common Challenge: *Some employees worry that if they use trauma-informed approaches, people might disclose traumatic experiences that they don't feel equipped to handle. Because of this, there's a fear of saying "the wrong thing" or making the situation worse.*

Things to keep in mind:

- To remember that being trauma-informed doesn't mean you need to discuss trauma details.
- Learn and practice simple supportive responses: "Thank you for sharing that with me."
- Know your referral resources for appropriate support services.
- Focus on creating safety in the current interaction rather than addressing past trauma.
- Recognize that listening respectfully is valuable even if you can't "fix" the trauma.
- Take care of your own emotional health through supervision and self-care.
- Remember your role boundaries – you don't need to be a therapist.

Common Challenge: *Limited budgets and resources make it difficult to implement significant changes like staff training, physical space renovations, or new programs. These perceived barriers can make trauma-informed care seem like an unaffordable luxury.*

Solutions to this kind of challenge, might be:

- To focus on no-cost changes first, like your communication approach and meeting structure, and administrative policies.
- Research free or low-cost training resources and webinars.
- Implement changes gradually rather than all at once.
- Consider partnering with other agencies and/or community organizations to share resources.
- Document cost savings from trauma-informed approaches (e.g., reduced turnover, fewer repeated visits).
- Identify one high-impact change that could be affordable.
- Applying for grants and/or special funding for specific trauma-informed initiatives.

Common Challenge: *Staff may worry that becoming more trauma-informed will expose them to more traumatic stories and increase their risk of secondary traumatic stress or burnout. Some may fear they'll become emotionally depleted.*

Things to remember:

- Trauma-informed workplaces support staff well-being too.
- Practice good boundaries while still being compassionate.
- Develop a personal self-care plan and follow it consistently.
- Use team approaches to share the emotional load.
- Advocate for supportive supervision and staff check-ins.
- Recognize signs of secondary trauma and take them seriously.
- Access employee assistance programs or other support resources.
- Remember that trauma-informed approaches may reduce staff stress by making interactions more effective.

Common Challenge: *Some agencies provide mandated services where clients are required to participate. Therefore, staff may believe that trauma-informed approaches focusing on choice and collaboration don't apply in these settings.*

Think about:

- Identifying areas where choice is possible, even within mandated services.
- Being transparent about which aspects are required, and which offer flexibility for user "voice and choice."
- Explaining the reasons behind requirements to better understanding, increasing trust and transparency.
- Using a collaborative approach to meet mandated requirements.
- Focusing on how requirements are communicated and enforced.
- Creating opportunities for feedback about the process.
- Remember that trauma-informed approaches are even more important in mandated services to avoid re-traumatization.

Common Challenge: *Hawai'i's unique cultural context, including severe historical and cultural trauma for Kānaka Maoli and other diverse cultural backgrounds, requires additional consideration when implementing trauma-informed approaches developed on the continental United States.*

Consider:

- Engaging cultural practitioners and community leaders in planning.
- Consider how historical and cultural trauma affects different communities' trust in government agencies.
- Consider incorporating cultural values like 'ohana and lōkahi into your approach.
- Offer services in multiple languages with culturally competent translations.
- Recognize cultural differences in how trauma is understood and discussed.
- Create spaces for traditional healing practices alongside Western approaches.
- Take time to learn about specific cultural protocols that show respect.
- Acknowledge historical harms while focusing on present strengths.

Trauma-Informed Language Through Person-First Language

What Does This Look Like?

Trauma-informed language recognizes that words matter. It's a communication approach that prioritizes safety, avoids re-traumatization, and creates an environment where healing becomes possible. The language we choose can either open doors to recovery or inadvertently close them.

Why Do This?

Using Trauma-Informed Language:

- Creates safety and trust
- Avoids blame and shame
- Respects dignity and choice
- Recognizes past shapes present
- Focuses on strengths

How Do I Use Trauma-Informed Language?

One way to create trauma-informed language is through Person-First Language. In the context of trauma-informed workplaces, the use of people-first language is a vital component of creating an environment that promotes healing and recovery.

What is Person-First Language?

Person-First Language is, "a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person" (NIH, 2025). This means placing the individual before their trauma, condition, disability, or diagnosis, and emphasizing their inherent worth and dignity as human beings.

See the Person, Not the Label

✗ Instead of...	✓ Say...
The addict	Person with substance use disorder
A schizophrenic	Person with schizophrenia
The homeless	Person experiencing homelessness
An offender	Person involved in justice system
The victim	Person who experienced trauma

Shift Your Language from Blame to Curiosity

✗ Blaming Language	✓ Curious Language
What's wrong with you?	Can you help me understand?
Why did you do that?	What led to that decision?
Why can't you just...?	What makes that hard for you?
You should know better	That must have been challenging
You're being difficult	Something seems to be bothering you
That's ridiculous	That makes sense given what happened

Offer Choices

✗ Directive Language	✓ Choice-Giving Language
You need to...	You can... / You could...
You have to...	Would you be willing to...?
You should...	One option is...
Sit here	Would you prefer to sit here or there?
Fill this out now	Would you like to fill this out now or take it home?
You don't have a choice	Here are your options...

Validate Feelings

✗ Invalidating	✓ Validating
You're overreacting	That sounds really difficult
It's not that bad	I can see why that would be upsetting
Just get over it	That must have been hard
You're too sensitive	Your feelings are understandable
Don't feel that way	It's okay to feel that way
Other people have it worse	I hear you / I believe you

Avoid Violent Language and Mindful of Tiggering Words

✗ Violent Metaphors	✓ Alternatives
Killed it / Crushed it	Did it well / Succeeded
Dodged a bullet	Avoided a problem
Roll with the punches	Be flexible / Adapt
Shoot me an email	Send me an email
Pick your battles	Choose priorities
Fighting fires	Handling urgent issues
Straight shooter	Honest person
Kick around ideas	Discuss ideas

Trauma-Informed Language can be used in all workplace settings, with every individual you interact with. For example:

Working with Public:

- ✗ "What do you want?" → ✓ "How can I help you?"
- ✗ "That's not my job" → ✓ "Let me connect you with someone who can help"

Supervising:

- ✗ "What's your problem?" → ✓ "Would you like to talk about what's going on?"
- ✗ "You're not meeting expectations" → ✓ "What's getting in the way?"

Writing/Email:

- ✗ "Failure to comply..." → ✓ "To continue receiving services..."
- ✗ ALL CAPS → ✓ Clear, respectful language

Module 4

Module 4:

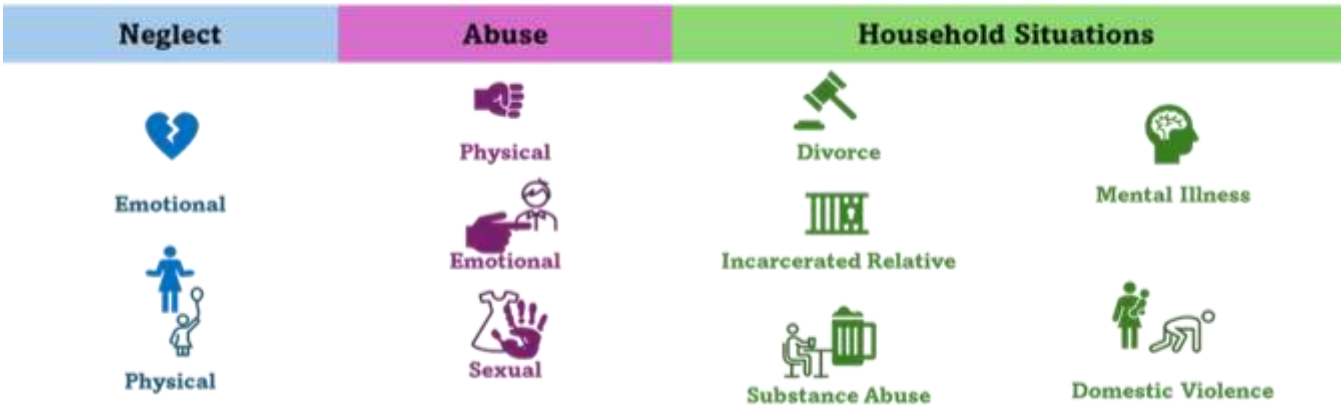
Adverse Childhood Experiences (ACEs), Cultural, Historical and Generational Trauma and Epigenetics

Adverse Childhood Experiences (ACEs)

- Potentially traumatic events that occur during childhood (ages 0-17_.
- ACEs tend to be the highest reason for some of the more common, serious, and costly challenges facing our people and community.
- ACEs are **strongly linked to 9 of the 10** leading causes of death in the United States.

Learning Objectives

- ✓ Broaden awareness of ACEs.
- ✓ Define and understand:
  - Historical Trauma
  - Cultural Trauma
  - Generational Trauma
- ✓ Understand links between ACEs and Historical, Cultural, and Generational traumas.
- ✓ Recognize the relationship with Epigenetics and trauma.

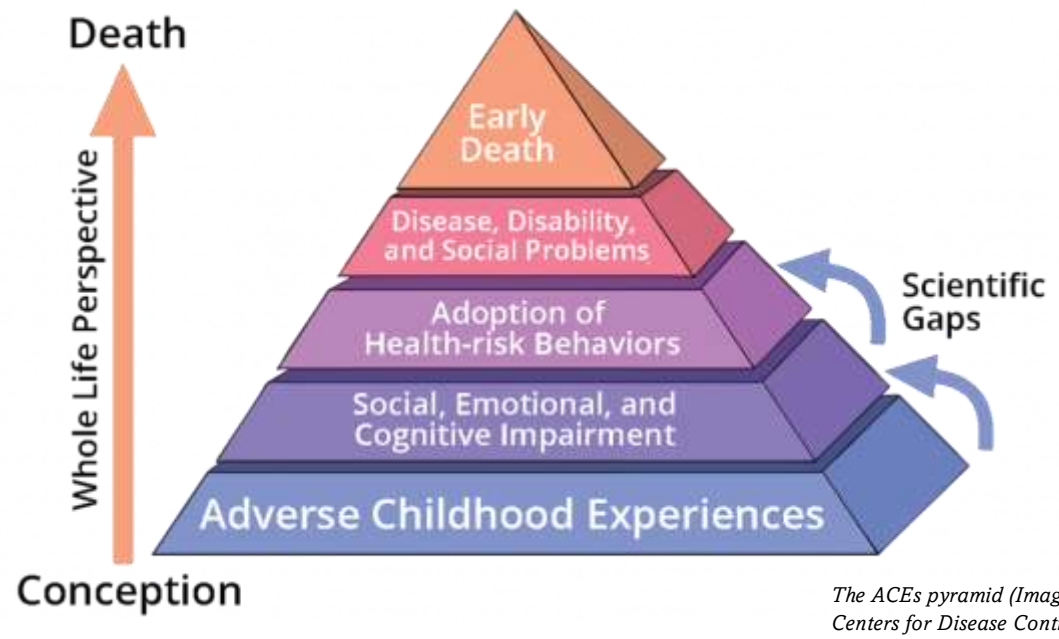


(CDC, 2025)

ACES: Did You Know…?

- Over 60% of Hawai'i's adults have experienced at least one ACE.
- The more ACEs a person has, during childhood, the higher risk they have of developing long-term health issues like:
  - Depression,
  - Anxiety,
  - Heart disease.
  - Or high-risk behaviors like
  - Adolescent pregnancy and sexually transmitted diseases,
  - Intimate partner violence
  - Alcohol and drug misuse
  - And death by suicide.

ACEs Pyramid



The ACEs pyramid (Image Source: Charles Whitfield, Centers for Disease Control and Prevention, 2012,)

Whole Life Perspective:

- The ACE Pyramid illustrates how negative experiences in childhood can shape health and wellbeing across the lifespan, starting at conception and influencing outcomes all the way to early death.

Base Layer—Adverse Childhood Experiences:

- At the foundation are adverse experiences such as abuse, neglect, and household dysfunction. These events disrupt childhood and can have lasting effects.

Social, Emotional, and Cognitive Impairment:

- Exposure to ACEs often leads to challenges in emotional regulation, social relationships, and cognitive development. These impairments affect school, work, and daily life.

Adoption of Health-Risk Behaviors:

- Children with ACEs are at greater risk for adopting unhealthy behaviors later in life, such as substance use, overeating, or risky relationships. These behaviors may be coping strategies but increase the risk for health problems.

Disease, Disability, and Social Problems:

- Over time, health-risk behaviors and chronic stress can lead to physical and mental health problems, disability, and social challenges such as difficulty maintaining employment or relationships.

Early Death:

- The cumulative effect of chronic adversity and health challenges increases the risk of early mortality.

ACEs and Six Principles of Trauma-Informed Care

Now that we know more about ACEs, let's talk about how we can incorporate Trauma-Informed Care Principles to help address and support those who may have ACEs.

Safety

- This is about creating physically and emotionally safe places helps rebuild sense of security.
- For example, clear signage, predictable procedures, calm environments, advance notice of changes

Trustworthiness and Transparency

- This is about providing clear communication and following through on commitments builds and reinforces trust.
- For example, explaining why information is needed, maintaining confidentiality, and demonstrating reliability

Peer Support

- This is about connecting with others who have similar experiences reduces shame.
- For example, support groups, mentoring programs, sharing recovery stories

Collaboration and Mutuality

- This is about sharing decision-making helps to repair a person's sense of agency and partnership.
- For example, asking, "What would work best for you?" rather than dictating the solutions

Empowerment, Voice and Choice

- This is about providing options and respecting preferences restores sense of control.
- For example, offering choices whenever possible, recognizing strengths, encouraging self-advocacy

Cultural, Historical, and Gender Considerations

- This is about providing responsive services that honor diverse backgrounds and experiences.
- For example, recognizing historical trauma in communities, offering culturally relevant resources

Key Points on ACEs

- ✓ ACEs are potentially traumatic events that occur in childhood that can have negative, lasting effects on health, wellbeing, and opportunity.

- ✓ These include growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household.

- ✓ Factors such as: the nature, frequency and seriousness of the traumatic event, prior history of trauma, and available family and community support can shape a child's response to trauma.

- ✓ ACEs can:
    - Disrupt healthy brain development,
    - Affect social development,
    - Compromise immune systems, and
    - Can lead to substance misuse and other unhealthy coping behaviors.

- ✓ These exposures increase the risks of
    - Injury,
    - Sexually transmitted infections, including HIV,
    - Mental health problems, m
    - Maternal and child health problems,
    - Teen pregnancy,
    - Involvement in sex trafficking, and
    - A wide range of chronic diseases and the leading causes of death such as cancer, diabetes, heart disease, and suicide.

Historical Trauma

The impacts of historical trauma can be passed down through generations, affecting people today, even if they didn't directly experience the original events

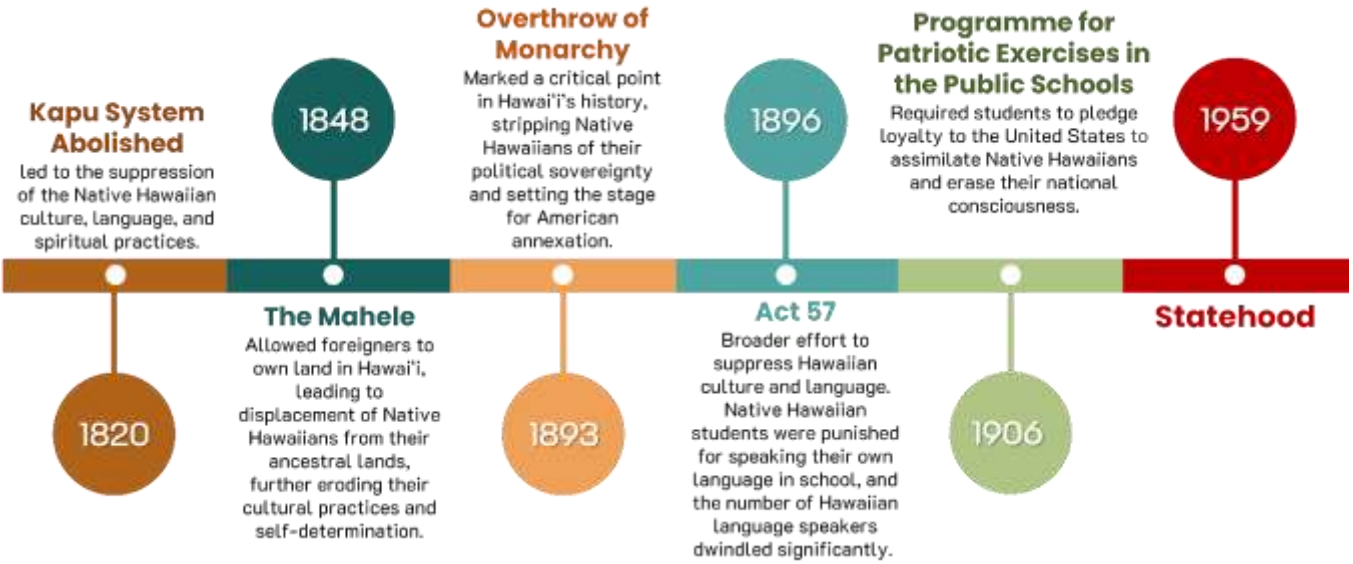
> ***The collective emotional and psychological harm experienced by a group of people caused by major historical events like colonization, forced migration, or cultural destruction.***
>
> (Adapted from Brave Heart, 1998)

Key Differences of Historical Trauma with Other Types

- Historical trauma impacts entire communities, not just individuals
- It is passed down from one generation to the next
- It continues through ongoing systems and policies by means of:
    - Institutional discrimination
    - Systemic racism
    - Socioeconomic disparities
    - Cultural suppression
    - Intergenerational transmission
- It involves loss of cultural identity and practices

ACEs and Historical Trauma

- Individual ACEs have historical roots.
    - Historical trauma **impacts protective factors** like culture, language, community, and traditional parenting.
    - It can also **create poverty and economic marginalization**.
    - Historical trauma can also **disrupt family systems** and can lead to substance use and mental health issues as coping.



Understanding Historical Trauma Builds Cultural Competence, Addresses Inequities, and Prevents Retraumatization.

Understanding and acknowledging historical trauma is essential for Hawai‘i state employees to improve their effectiveness, build trust with communities they serve, and work towards a more equitable society.

- Hawai‘i is a culturally diverse state with a rich history
- Understanding and acknowledging historical trauma:
    - Allows us to interact more sensitively and effectively with different cultural groups, promoting cultural competence and inclusiveness.
    - Is a key step in addressing present-day inequities and systemic injustices that stem from past events
    - Helps us minimize actions or policies that may inadvertently retraumatize individuals or communities

Cultural Trauma

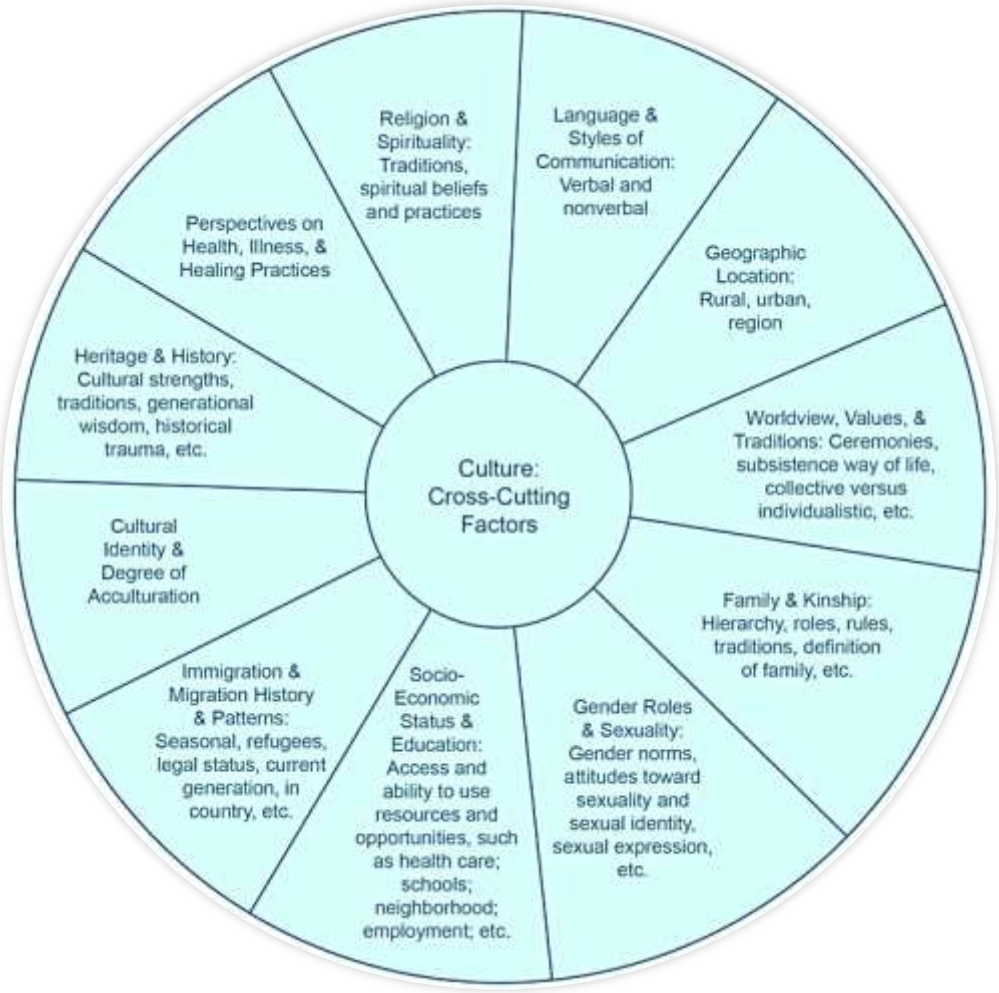
Definition

Impact of physical or psychological assault/stressor by an oppressive dominant group towards another group who share a specific shared identity/affiliation. (Subica & Link, 2022)

- Cultural trauma specifically refers to the harm caused when a group's cultural identity, practices, or values are attacked, devalued, or erased
- Cultural trauma affects how people view themselves, their communities, and their place in the world
- It can shape relationships with institutions like government, education, and healthcare systems

Cross Cutting Factors of Culture

- Culture is multidimensional, encompassing far more than racial, ethnic, or national identities.
- It shapes every aspect of our experience—including how we understand, express, and heal from trauma.



Source: (SAMHSA, 2014)

The wheel of 'Culture: Cross-Cutting Factors,' includes our spiritual beliefs, family connections, language, communication styles, gender roles, socioeconomic status, how we view health and healing, and even our migration stories and community history.

When thinking about culture, outside of race and ethnicity, you can see how trauma can impact these other groups. For example:

LGBTQ+ Community and Cultural Trauma

- Navigating traditional cultural expectations vs. personal identity,
- Heterocentric Norms (assuming everyone is straight)
- Potential rejection from family and cultural communities
- Intersectionality of LGBTQ+ identity with racial/ethnic identity

Military/ Veterans and Cultural Trauma

- Frequent relocations disrupting cultural connections
- Challenges in integrating with local Hawaiian culture
- Potential conflicts between military presence and indigenous lands
- Balancing military duties with respect for local traditions

Recent Immigrants and Cultural Trauma

- Challenges of adapting to a new cultural environment
- Language barriers and communication difficulties
- Discrimination and stereotyping
- Loss of connection to home culture and support systems

People with Disability

- Often experience higher rates of physical and sexual trauma
- Trust issues with service providers and care givers
- Barriers to accessing care
- General lack of public awareness on ways to support this population

ACES and Cultural Trauma

One argument about ACES is that **the Standard ACEs screening only asks** about individual household experiences and **doesn't ask about** things like discrimination or racism, community violence, cultural suppression, loss of identity or language, or systemic oppression.

- However, cultural trauma causes the same toxic stress as individual ACEs as well as increases ACEs!
    - For example, cultural trauma places stress on families.
    - That stress has the potential to cause dysfunction in the family.
    - Family dysfunction increases the children's experience to ACEs.
- Cultural trauma removes protective factors, including things like loss of cultural identity, loss of community support, and loss traditional practices.
    - All of which aid in healing, mitigating and preventing the impact of trauma.
- As we work toward trauma-informed care, recognizing these many dimensions of culture helps us better support resilience and healing in diverse contexts
- By understanding and honoring the full spectrum of cultural influences especially those rooted in historical and intergenerational trauma, We avoid one-size-fits-all approaches and instead build truly responsive systems that prioritize community strengths, inclusivity, and trust.

Generational Trauma

Definition

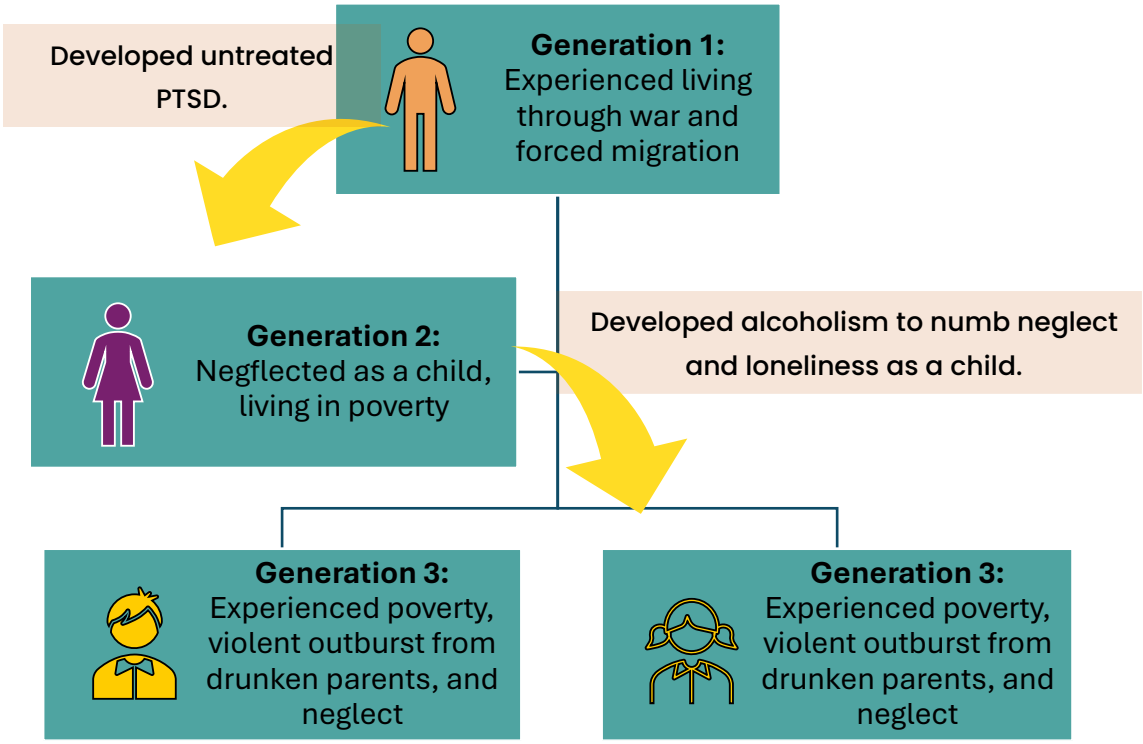
When negative experiences are passed down in the family and the lasting pain is transferred from one generation to the next.

- Also known as intergenerational trauma or transgenerational trauma.
- Affects entire communities, generational trauma looks at how trauma moves through family lines.

How Generational Trauma Can Be Passed Down

- Through family stories and messages
- Parenting patterns and attachment styles
- Genetic changes through epigenetics
- Unaddressed grief and trauma responses
- Family silence around painful experiences

Example of Generational Trauma



Epigenetics

What is it?

- Epigenetics is the study of how our behaviors and environment influence how our genes can be expressed.

Example: Heart Disease as an Epigenetic Concern

- Everyone is at risk for heart disease.
- However, not everyone is at the same level of risk for heart disease
    - For some, heart disease runs in their families, increasing their risk
    - For some, their lifestyle choices and environment increase their risk
    - For those who have a family history of heart disease, the poorer choices they make (e.g., diet, lack of exercise, smoking, etc.), the more likely they can develop heart disease.

Epigenetics and Trauma

- Examples of behaviors and environmental factors include generational trauma.
- Trauma can lead to changes in how our genes are read and expressed, potentially impacting our psychological and physical health.
- Emerging research provides evidence that trauma has the ability to change gene expression in which children inherit a more sensitive stress response system.

What this means is as people—especially children—witness trauma, they also become more vulnerable to the impacts of trauma. One of those impacts results in being more susceptible to stress and having your stress response alarm go off at stimuli that may not impact most people.

Impact of Historical, Cultural, and Generational Trauma

Impact on Mental Health

- Higher rates of depression, anxiety and PTSD can occur
- Substance abuse can happen as a coping mechanism
- Internalized negative beliefs about one's cultural identity
- Challenges with identity development, especially for youth can occur

Impact on Families and Communities

- Disrupted parenting patterns and family structures
- Loss of traditional knowledge and practices
- Community division over cultural preservation versus assimilation
- Challenges with trust and relationship-building

What Employees Might See

- Community members seeming reluctant to access services
- Misunderstandings about program requirements or processes
- Cultural practices conflict with institutional policies
- Services may not meet cultural needs

Epigenetics and Healing

- Epigenetics does not mean suffering must persist!
- Although some of us are at higher risk of trauma or issues related to trauma.
    - This doesn't mean you will have them nor, does it mean suffering is permanent.
- While unresolved trauma can and often does impact gene expression,
    - Epigenetics also sets a realistic foundation for hope, revealing changes can be reversible.
- Making lifestyle, relational, and environmental changes connected to social connections, strengths, skills, and the capacity to heal and grow can help "flip the switch", ensuring resilience is also passed on from one generation to the next (Posakony, 2020).
- Adopting a trauma-informed mindset, communities and systems can also support future generations with cultivating resilience and resisting re-traumatization through social competency, reflective awareness and empathy, reducing the likelihood of future generations' genes expressing trauma (Ungar, 2021).

What this means is, our stories are not hard-coded.
We have the ability to overcome trauma.
We also have the ability to support others in their healing!

Resources

Creating Your Personalized Wellness Plan

1. Assess Current Practices:

What do you currently do to fill each dimension of wellness?

Emotional Self-Care	
Financial Self-Care	
Social Self-Care	
Spiritual Self-Care	
Occupational Self-Care	
Physical Self-Care	
Mental Self-Care	

2. Identify Areas for Improvement

Rate each dimension of wellness based on your satisfaction in each area (1-10). When rating dimensions, kindly ask yourself, could I improve in this area?

Emotional Self-Care	1	2	3	4	5	6	7	8	9	10
Financial Self-Care	1	2	3	4	5	6	7	8	9	10
Social Self-Care	1	2	3	4	5	6	7	8	9	10
Spiritual Self-Care	1	2	3	4	5	6	7	8	9	10
Occupational Self-Care	1	2	3	4	5	6	7	8	9	10
Physical Self-Care	1	2	3	4	5	6	7	8	9	10
Mental Self-Care	1	2	3	4	5	6	7	8	9	10

3. Set SMART Goals

For each dimension you would like to explore improving on, think of different self-care activities that resonate with you and your lifestyle. Here are some examples:

Emotional Self-Care	• Regular self-reflection and mindfulness practices • Journaling and emotional expression through writing or art • Seeking support from colleagues, friends, or mental health professionals • Practicing gratitude and positive thinking
Financial Self-Care	• Creating and following a budget • Setting financial goals and working towards them • Attending financial wellness workshops or seeking advice from financial advisors • Saving for retirement or emergencies
Social Self-Care	• Participating in community events and volunteering opportunities • Engaging in team-building activities with colleagues • Nurturing positive relationships with friends, family, and coworkers • Joining hobby and/or interest-based groups or clubs
Spiritual Self-Care	• Connecting with nature through outdoor activities • Practicing meditation, yoga, or tai chi • Engaging in self-exploration and personal growth activities • Participating in cultural or religious practices that provide a sense of purpose and connection
Occupational Self-Care	• Seeking professional development opportunities • Setting boundaries between work and personal life • Establishing a healthy work-life balance • Pursuing a career path that aligns with personal values and interests
Physical Self-Care	• Engaging in regular physical activity, such as hiking, surfing, or swimming • Eating a balanced diet rich in nutrient-dense foods • Prioritizing adequate sleep and rest • Scheduling regular medical check-ups and screenings
Mental Self-Care	• Participating in cognitively stimulating activities, like puzzles or reading • Practicing mindfulness and relaxation techniques • Engaging in continuing education or learning new skills • Seeking support from mental health professionals when needed

- When actualizing your activity, use the **SMART** goals method to ensure each activity is:
    - **S**pecific: Clear and well-defined
    - **M**easurable: Quantifiable progress
    - **A**chievable: Realistic and attainable
    - **R**elevant: Aligns with overall wellness
    - **T**ime-bound: Has a deadline

(Doran, 1981)

For example: "I will practice progressing muscle relaxation for 5 minutes every workday, before the beginning of each shift, for the next month."

4. Create Action Steps

- Review each goal and if necessary, break down goal and/or activities into smaller, manageable tasks.
    - *For example, instead of setting an activity as "daily," set the actual time when the activity will be completed (e.g., "before/after my shift," "first thing after I wake up").*
- Identify potential obstacles and strategies to overcome them.
    - Even our best intentions don't always work out the way we wanted, so it's wise to strategize options for times when our plans need adjusting.
    - *For example, if your planned activity was, "Go for a walk around my neighborhood for 30 minutes after each shift." Make sure "after each shift" is the best time. Maybe you have conflicting schedules with family obligations, which will require you to rethink this (i.e., shuttling your keiki to their soccer games).*

5. Schedule Regular Check-ins

- As you continue to invest in your Personal Self-Care Plan, make sure to do weekly self-reflection. How are you doing and feeling?
- You may want to also consider doing monthly or quarterly progress reviews to see how your chosen activities and each dimension of wellness is doing.
    - This is a good time to evaluate if you need to adjust or change any of the activities.

Remember, this plan isn't set in stone. As your life changes, your wellness needs might change too. Adjust your plan as needed.

PERSONAL WELLNESS PLAN

1. Assess Current Practices:

What do you currently do to take care of yourself in each dimension of wellness?

Emotional Self-Care	
Financial Self-Care	
Social Self-Care	
Spiritual Self-Care	
Occupational Self-Care	
Physical Self-Care	
Mental Self-Care	

2. Identify Areas for Improvement

Rate each dimension of wellness based on you're feeling about your life in each area (1-10).

- When rating dimensions, ask yourself, could I improve on this area?

	Needs Improvement									Satisfied
Emotional Self-Care	1	2	3	4	5	6	7	8	9	10
Financial Self-Care	1	2	3	4	5	6	7	8	9	10
Social Self-Care	1	2	3	4	5	6	7	8	9	10
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Occupational Self-Care	1	2	3	4	5	6	7	8	9	10
Physical Self-Care	1	2	3	4	5	6	7	8	9	10
Mental Self-Care	1	2	3	4	5	6	7	8	9	10

Based on my rating, dimensions I would like to improve are:

-
-
-
-
-
-
-

3. Set SMART Goals

For each dimension you would like to improve, think of different self-care activities that you've liked in the past or that you've wanted to try. When starting to do your activities, use the SMART goal-setting method to ensure each activity is:

- **S**pecific: Clear and well-defined
- **M**easurable: Quantifiable progress
- **A**chievable: Realistic and attainable
- **R**elevant: Aligns with overall wellness
- **T**ime-bound: Has a due date

Emotional Self-Care	
Financial Self-Care	
Social Self-Care	
Spiritual Self-Care	
Occupational Self-Care	
Physical Self-Care	
Mental Self-Care	

4. Create Action Steps

- Review each goal.
- If necessary, break down goal and/or activities into smaller, manageable tasks.
- Identify potential obstacles and strategies to overcome them.

5. Schedule Regular Check-ins

- As you continue to invest in your Personal Wellness Plan, make sure to do weekly self-reflection. How are you **really** doing and feeling?
- You may want to also consider doing monthly or quarterly progress reviews to see how your chosen activities and each dimension of wellness is doing.

This is a good time to evaluate if you need to adjust and/or change any of the activities.

Trauma-Informed Communication

This guide provides practical communication techniques rooted in trauma-informed care principles. Whether you're interacting with colleagues or serving Hawai'i's diverse communities, these skills will help you create safer, more supportive interactions that recognize the widespread impact of trauma while promoting healing and resilience.

Core Principles of Trauma-Informed Communication

Before exploring specific techniques, remember these foundational principles:

Safety: Physical and emotional safety in all interactions.

Trustworthiness and Transparency: Transparency and consistency build trust.

Peer Support: Building relationships through lived experiences is powerful.

Collaboration and Mutuality: Share power and decision-making when possible.

Empowerment, Voice, and Choice: Offer options and honor individual autonomy.

Cultural, Historical, and Gender Issues: Respect diverse backgrounds and experiences.

Essential Communication Techniques

1. Creating Safe Conversations

Open-Ended Invitations

Purpose: To encourage dialogue without pressure while respecting boundaries.

How to use it: Ask questions that allow people to share as much or as little as they're comfortable with.

Examples:

- "How can I best support you today?"
- "What would be most helpful for you right now?"
- "Can you tell me more about your situation?"
- "What's been your experience with this process?"

Trauma-Informed Consideration: Unlike closed questions that can feel like interrogation, open invitations give people control over their narrative.

Permission-Based Inquiry

Purpose: To respect autonomy and create predictability.

How to use it: Ask permission before delving into potentially sensitive topics or making transitions.

Examples:

- "Would it be OK if I asked you about...?"
- "I'd like to understand more about your situation. Is this a good time to discuss it?"
- "May I share some information that might be helpful?"
- "Would you like to take a break before we continue?"

2. Building Trust Through Active Listening

Reflective Listening

Purpose: To demonstrate understanding and validate experiences without judgment.

How to use it: Mirror back what you've heard using slightly different words, maintaining the person's meaning and emotional tone.

Examples:

- Person: "I've been trying to get help for months, but no one returns my calls."
  Response: "You've been spending a lot of time and effort reaching out, and still haven't gotten the responses you need."
- Person: "Every time I come here, I have to tell my story all over again."
  Response: "Having to repeat your situation each time must be exhausting."

Validation Statements

Purpose: To acknowledge the person's experience and emotions as legitimate.

How to use it: Recognize feelings and experiences without minimizing or dismissing them.

Examples:

- "That sounds really challenging."
- "It makes sense that you'd feel that way after what you've experienced."
- "Your concerns are completely valid."
- "Mahalo for trusting me with this information."

3. Empowering Through Collaboration

Checking for Understanding

Purpose: To ensure clear communication and prevent misunderstandings that can retraumatize.

How to use it: Regularly verify that you're understanding correctly and that the person understands you.

Examples:

- "Let me make sure I understand correctly..."
- "What I'm hearing is... Is that right?"
- "Have I explained that clearly, or would you like me to go over anything again?"
- "Does this process make sense, or do you have questions?"

Offering Choices

Purpose: To restore a sense of control and agency.

How to use it: Provide options whenever possible, even in small matters.

Examples:

- "Would you prefer to meet in person, by phone, or virtually?"

- "We can start with whichever topic feels most comfortable for you."
- "There are a few ways we could approach this. What would work best for you?"
- "You're welcome to bring someone with you if that would help you feel more comfortable."

4. Responding to Distress

Grounding Statements

Purpose: To help someone feel safe and present when they appear overwhelmed.

How to use it: Offer calm, orienting statements that acknowledge the present moment's safety.

Examples:

- "You're safe here. Take all the time you need."
- "We can pause or stop whenever you want to."
- "There's no rush. We will go at your pace."
- "You're doing great. This is tough to talk about."

Strength-Based Observations

Purpose: To highlight resilience and capability rather than focusing solely on problems.

How to use it: Notice and reflect back the person's strengths, efforts, and successes.

Examples:

- "You've shown real perseverance in seeking help."
- "It takes a lot of courage to share what you've shared today."
- "You've clearly put a lot of thought into finding solutions."
- "Despite everything, you've kept moving forward."

5. Managing Challenging Interactions

De-escalation Through Acknowledgment

Purpose: To reduce tension by validating frustration without taking it personally.

How to use it: Acknowledge emotions and redirect toward problem-solving.

Examples:

- "I know this situation is very frustrating. Let's see what we can do."
- "You have every right to be upset about these delays."
- "I understand why this would worry you. Let me see how I can help."
- "Your frustration is 100% understandable given what you've been through."

Transparent Communication

Purpose: To build trust through honesty about processes, limitations, and next steps.

How to use it: Be clear about what you can and cannot do, timelines, and what to expect.

Examples:

- "Here's what I can do for you today..."
- "This process typically takes... and here's why..."
- "I don't have that information right now, but I can find out and get back to you by..."
- "There are some limitations to what we can provide, but let's explore all available options."

Cultural Considerations for Hawai‘i

Working in Hawai‘i requires special attention to both our cultural diversity and historical trauma:

- **Respect for 'Ohana**: Acknowledge the importance of family and community connections.
- **Understanding of Historical Trauma**: Be aware of the intergenerational impacts of colonization and cultural disruption.
- **Language Accessibility**: Offer interpretation services and be patient with language barriers.
- **Cultural Practices**: Respect and accommodate traditional healing and cultural practices.
- **Place-Based Identity**: Understand the deep connection many residents have to the 'āina (land).

Common Scenarios and Responses

Scenario 1: Someone becomes emotional during a meeting

Trauma-Informed Response:

- "It's OK to take a moment. Would you like to pause?"
- Offer facial tissue and water without making a big deal of it.
- Don't rush them or appear uncomfortable with emotions.

Scenario 2: A person shares a traumatic experience unexpectedly

Trauma-Informed Response:

- "Thank you for trusting me with this."
- "How can I best support you right now?"
- Avoid immediately jumping to solutions unless asked.

Scenario 3: Someone appears shut down or disconnected

Trauma-Informed Response:

- "We can take a break if that would be helpful."
- "Is there anything I can do to make this easier for you?"
- Reduce stimulation (softer voice, slower pace).

Scenario 4: A colleague or client becomes angry about systemic issues

Trauma-Informed Response:

- "Your anger about this situation totally makes sense."
- "The system can be frustrating. Together, let's see what options we have."
- Avoid taking anger personally or becoming defensive.

Self-Care for Trauma-Informed Practice

Engaging in trauma-informed communication requires emotional energy. Remember to:

- **Set Boundaries**: You can be compassionate while maintaining professional boundaries.
- **Practice Self-Compassion**: You won't always respond perfectly, and that's OK.
- **Seek Support**: Debrief with supervisors or colleagues when needed.
- **Recognize Vicarious Trauma**: Be aware of how others' stories and experiences affect you.
- **Engage in Regular Self-Care**: Maintain practices that restore your energy.

Quick Reference: Dos and Don'ts

DO:

- Ask permission before proceeding with sensitive topics.
- Offer choices whenever possible.
- Validate emotions and experiences.
- Be transparent about processes and limitations.
- Focus on strengths and resilience.
- Respect and celebrate cultural differences.
- Allow for silence and processing time.
- Follow through on commitments you make.

DON'T:

- Rush and/or pressure someone to share.
- Minimize and/or dismiss experiences.
- Make assumptions about what someone needs.
- Promise what you can't deliver.
- Take emotional responses personally.
- Use stigmatizing language.
- Interrupt and/or finish people's sentences.
- Break confidentiality without permission (except when mandated).

Key Phrases for Everyday Use

For Opening Conversations:

- "What brings you here today?"
- "How can I be most helpful?"
- "What's most important for us to address?"

For Showing Understanding:

- "That must have been difficult."
- "I hear you saying that..."
- "It sounds like..."

For Offering Support:

- "What do you need right now?"
- "What has helped in the past?"
- "What would support look like for you?"

For Closing Interactions:

- "Is there anything else you'd like me to know?"
- "What are your next steps?"
- "How are you feeling about our conversation?"

What Would You Do?

Below are some case stories about people in need. Read through each scenario and think about how you would approach each one.

Kalei

Kalei is a 32-year-old single mom with two young kids who just lost her job as a hotel housekeeper. When she was a child, she was neglected and placed in foster care while her mother was in the hospital for mental health problems. These experiences left her feeling ashamed and afraid of being judged as a bad parent. When Kalei comes to apply for Med-QUEST health coverage, she seems defensive and doesn't share much information. When asked about her children's father and child support, she gets upset and says, "I'm doing the best I can." She leaves parts of the form blank and forgets to bring needed papers. When told she needs to come back with more documents, she looks overwhelmed and says, "Maybe this isn't worth it," even though her children need healthcare.

1. What past experiences or trauma might be influencing Kalei's current behavior and interactions with agency staff?
2. How could feeling ashamed or afraid of judgment be affecting her responses and engagement?
3. In what ways might the application process itself be re-traumatizing for Kalei?
4. How can staff create an environment where Kalei feels safe and empowered to share information?
5. What alternative approaches could help Kalei complete the required steps for her children's health coverage while reducing her sense of overwhelm?

Maka and Kimo

Kama is 15 years old and has recently expressed a desire to be identified by the pronoun, they. Kama's mom is very uncomfortable with this request, but is trying to be supportive. She set up a meeting with Kama's school counselor. However, Kama's dad, Kimo, is taking it harder. He lost a cousin to suicide when they were teenagers after his cousin came out as gay. He's worried about Kama's safety and well-being. Kimo works for the state and has asked his supervisor for support because the situation is impacting his functioning at work.

1. How might Maka's identity influence their father's sudden change in behaviors?
2. What are signs Kama's father, Kimo, could have a history of trauma?
3. What strategies could the supervisor use to provide support to Kimo, while at work?
4. How can the organization as a whole reduce the risk of re-traumatizing Kimo as he navigates through his trauma responses?

Tanaka Family

The Tanaka family is looking for services for their 84-year-old grandmother, who needs more care but wants to stay in her home. During World War II, she and her family were forced to leave their home for an internment camp. This experience left her with deep distrust of government and fear of being removed from her home. When meeting with an aging services specialist, the family seems divided and tense. The grandmother refuses to answer questions directly and tells her adult grandchildren, "Don't tell them too much." When residential options are mentioned as one possibility among many, she becomes visibly upset and says, "I'm not going anywhere." Her grandchildren seem torn between respecting her feelings and addressing her growing care needs. They hesitate to share information about her declining health and memory problems, even when it would help get her the right services.

1. How does the grandmother's history of forced removal and internment during WWII influence her current fears and distrust of government services?
2. What cultural, historical, or family factors might be contributing to the tension and hesitancy within the family during service planning?
3. How can staff honor the grandmother's wishes while still addressing her growing care needs?
4. What trauma-informed care strategies could help build trust with both the grandmother and her family?
5. How might the agency adjust its approach to avoid reactivating past trauma for the family?

Mercado Family

The Mercado family moved to Hawai'i from the Philippines five years ago. Mr. Mercado works in construction while Mrs. Mercado cleans vacation rentals. Their 12-year-old son was recently diagnosed with a health condition that needs ongoing care. In the Philippines, the family lived through a terrible typhoon that destroyed their home and killed some of their relatives. During that disaster, government officials demanded bribes for help. When applying for government assistance, the Mercados bring every document they can think of, including many that aren't needed. They seem very worried about making mistakes and keep asking if they're "doing this right." They hesitate to ask questions even when confused. When told about the waiting period, Mr. Mercado offers to "pay extra" to speed up the application, then looks embarrassed when the worker explains that's not how the system works.

1. How might the Mercado family's experience of disaster, loss, and government corruption in the Philippines shape their behavior and anxieties in seeking services in Hawai'i?
2. What are some signs of anxiety or trauma you see in their behavior during the application process?
3. How can staff recognize and address the family's fear of making mistakes or being rejected by the system?

What approaches would help the Mercado family feel respected, heard, and empowered throughout the application process?

Conclusion

Trauma-informed communication is not only for therapists or counselors—we can all do it. It's about creating interactions that build mutual respect and trust. By implementing these techniques, we can contribute to a culture of healing and resilience throughout our workforce and our communities.

Remember: Small changes in how we communicate can have profound impacts on those we serve and work alongside. Every interaction is an opportunity to either continue or interrupt cycles of trauma. Choose to help provide hope and healing to others, as well as yourself.

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Notes

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Our resilience is rooted in our wellness

The Office of Wellness and Resilience's **Learning & Leadership Collaborative** is here to offer support, training and technical assistance on overcoming implementation challenges!

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