TRAUMA-INFORMED CARE ON THE WEB

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Abstract

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Searching for quality information about trauma on the Internet can be a daunting task. Previous to my education in social work, I found this to be frustratingly true. I noticed this similar challenge while working with local community agencies and community members. Hence, I have created a road map for the construction of a trauma-informed website that focuses on local resources and contains trauma-informed information that is specific to the unique needs of Humboldt County. A website that is trauma-informed in method and delivery, made with the community for the community.

Keywords: trauma, secondary trauma, trauma-informed care, Internet, community, website
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Introduction

As an emerging social worker, I have seen the impact of adverse life experiences on the various communities. Because of this I became interested in the ways in which they impact the lives of people. Working in the social work field for about seven years and attending graduate school, I have discovered information about how trauma impacts the wellbeing of individuals and families. As a mother of two young boys, I often contemplated about how my own past adverse experiences could affect the way I parent and what kind of impact my experiences could have on my children. Understanding how these experiences have effected me and those I have worked with has lead me to think about ways in which I could support my community and bring awareness concerning how adverse experiences can affect peoples lives and wellbeing.

According to the Center for Youth Wellness study published in November of 2014, 75.1% of Humboldt and Mendocino County residents have one or more Adverse Childhood Experiences (ACE) (Center for Youth Wellness, 2014, pg. 8). Adverse Childhood Experiences are defined as “traumatic experiences that have a profound impact on a child’s developing brain and body with lasting impacts on a person’s health and livelihood throughout her lifetime” (CYW, 2014, Executive Summary). This means a significant portion of the population in Humboldt and Mendocino Counties have experienced one or more adverse childhood experiences. These experiences are abuse, neglect, or when a family has experiences situations like divorce, incarceration of a family member, Mental Illness, substance abuse, and a harmful relationship with a
primary caregiver. Humboldt County is known for its beautiful scenery. It is also known for having high levels of social problems. The study from the Center for Youth Wellness indicates this (2014).

Figure 1: CYW California ACE’s
In 1998, the ACE’s study found a correlation between negative health outcomes and the number of adverse childhood experiences. The more Adverse Childhood Experiences or ACE’s a person had, the higher the risk of negative health behaviors and negative health conditions. The ACE’s study shows the relationship our environment (and how we experience it) has on our bodies (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, and Marks, 1998).

In 2010, Dr. Gabor Maté offered a similar perspective regarding the relationship of childhood abuse and addiction later in life. Maté (2010) posits that adults who suffer from addiction have a higher likelihood to have endured abuse and/or neglect in their childhood. Furthermore, Dr. Bruce Perry (2004), a psychiatrist and researcher in children's mental health and the neurosciences, demonstrates support for this argument with his research for the Neurosequential Model in Education and Neurosequential Model in Therapeutics. Perry’s research shows the correlation between traumatic events, prolonged or short in duration, and a significant negative impact on the developing brain of a child (Perry, 2004).

Over the last two years these two pivotal leaders in the studies of trauma and addiction have visited Humboldt County. These visits made an impact on the community. A local collaborative, known as the 0-8 Mental Health Collaborative, set out to further educate the community and agencies of Humboldt County about trauma by offering in service trainings in Dr. Bruce Perry’s Neurosequential Model in Education and the Neurosequential Model in Therapeutics. This collaborative consists of representatives from: Arcata School District, Humboldt State University, Department of Health and
Human Services, South Bay School District, Child Abuse Prevention Coordinating Council, Hospice of Humboldt, First 5 Humboldt, Redwood Community Action Agency, Humboldt County Office of Education, Changing Tides Family Services, Northcoast Children’s Services, Redwood Coast Regional Center, Eureka City Schools, Child Abuse Intervention and Treatment, and Cutten School District. The mission of this collaborative is to develop a skilled workforce capable of meeting the social and emotional needs of expectant parents, young children and their families in Humboldt County.

My project locates itself amidst this growing awareness of trauma and trauma-informed care and offers a virtual space to present this information. Developing technology provides greater opportunities for informing and educating people in rural areas (Herrington and Herrington, 2001). My project sets the foundation for a website that consolidates and facilitates access to trauma-informed educational information catered to the unique needs of the communities of Humboldt County. This website will also provide an active and dynamic list of all trauma-informed programs in Humboldt County with appropriate contact information.

**Project Approaches**

In dialogue, with the Clinical Director of Humboldt State University’s Community Counseling Clinic Sheri Whitt and Humboldt State University’s Department of Social Work Professor Emeritus John Gai, we examined this pathologizing system of service delivery in our county. I brought this conversation to them because I was noticing a trend in topic discussion among the 0 to 8 Collaborative representatives about how
better they can equip themselves for working with our communities here in Humboldt County. I attend these monthly meetings of the 0-8 Mental Health Collaborative on behalf of my internship with the HSU Community Counseling Clinic. Many members stated a need to have accessible trauma-informed educational materials/information in one place on the Internet that could be easily accessible for community and agency members alike. This project is in response to this need. Laying the foundation for the construction of a website that makes trauma-informed information readily available, accessible, and understandable to the community is a way that I could offer my support. In addition, by laying down this foundation for a trauma-informed website, I am doing the groundwork for the next student that continues this project.

This website is to be constructed with educational material about trauma, trauma-informed care, and secondary trauma. It is designed to maintain an up-to-date and dynamic list of all trauma-informed programs of Humboldt County and the appropriate contact information for them. The site will also utilize print and web-based resources for the content of the website.

**Anticipated Outcomes**

My project and its element, the website, hope to increase professional education, awareness of trauma-informed programs, use of trauma-informed community resources, overall awareness of mental health issues, awareness of trauma, and the impact of trauma. It also hopes to decrease the affects of trauma in the lives of community members.
Definitively, the website will be used as a conversation tool that brings about awareness of trauma, the effects of trauma and elicit preventative strategies for coping with trauma.

**Project Assumptions**

This project is making the following assumptions:

- There continues to be a need for information for those affected by adverse life experiences and those who experience secondary trauma.
- The up-to-date and dynamic program list will promote awareness of trauma-informed services available in the community.
- Sustainable funding sources will be identified so the website can continue to thrive and grow.
- Other social work students will contribute to the project and the full scope of the project will be fulfilled.
- The content of the website will be used to generate informed discussions among community members and between professionals and those they work with.

**Significance**

The significance of the project is to support local community and agencies in furthering efforts to increase the wellbeing of its community by bring awareness of the impact of trauma and trauma-informed services in the area. There has been a local drive to promote healing and increase the wellness of Humboldt County residents.
through the delivery of trauma-informed practices. In sum, this project seeks to support those efforts by being an online resource for trauma-informed information and education for the community. It should stimulate trauma-informed practices among community agencies and providers that seek to support those who have been impacted by trauma, those who work with others who have been impacted by trauma, and utilize preventative approaches to reduce and prevent the impact of trauma in the community.
Review of Literature

Purpose and Rational

For Humboldt County, the implications from the “Data Report, A Hidden Crisis” (CYW, 2014) are foreboding, but useful. This study examines how adverse childhood experiences affect health outcomes for individuals. The California Behavioral Risk Factor Surveillance System (BRFSS) garnered the information for the study. BRFSS used a random-digit dialing telephone survey of households with landlines and cellular phones that was conducted each year by the California Department of Public Health. The survey asked questions about the eight types of ACE’s such as: “physical, emotional and sexual abuse; parental incarceration; substance abuse by a household member; mental illness in a household member; domestic violence; and parental separation or divorce (CYW, 2014, p 4).” The survey did not ask questions about protective factors nor did it look into resiliency. The study was conducted strictly to find out if there is a correlation between the amount of adverse childhood experiences an individual has and health outcomes in later adulthood. The study found that there is a significant positive correlation between the amount of ACE’s and poor health outcomes. The more ACE’s an individual has increases the risk for poor health outcomes in adulthood. This study allows us to see, through a magnifying glass, how specific harmful situations can impact the overall health of individuals later in life.
The implications are foreboding if you look at the future of Humboldt County with the purpose of maintaining the status quo. According to the Data Report (2014) the more ACE’s a child experiences, the more likely it is the child will experience depression, attempt suicide, use injection drugs, be diagnosis with Alzheimer’s or dementia, have ischemic heart disease, stroke, cancer and/or diabetes in their adult life (CYW, 2014). In addition, experiencing one or more of these adverse childhood experiences increases the likelihood of negative behavior outcomes due to the cognitive effects of toxic stress on brain development (National Scientific Council on the Developing Child, 2015).

Having such a high concentration of the population at a higher risk for developing poor mental and physical health outcomes leads us down a path of planning for costly treatment strategies. This approach robs the community of opportunities that could be used for planning and development of community resources that support a thriving community with a bustling local economy. Conversely, the information garnered from the “Data Report: A Hidden Crisis” (2014) from the Center of Youth Wellness offers tools to help counteract the impact of adverse childhood experiences. The “Data Report” (2014) supports a movement to bring in more preventative methods to help increase protective factors such as: positive parental bonds, access to health care, and community agencies that are better able to support struggling families.

Locally in Humboldt County there are agencies that are starting to take an active and invested interest in turning things around for the youth and adults of Humboldt County. First Five Humboldt and the Humboldt County Office of Education are the lead
agencies of the 0-8 Mental Health Collaborative. They have taken the fundamental steps toward supporting a more trauma-informed delivery of services by offering in service trainings to professionals, students and community members in trauma-informed treatment and preventative strategies through this collaborative effort. In addition, conversations have begun within the Social Work department, Psychology department, and the department of Early Childhood Education at Humboldt State University about how to support and join the community effort begun by the 0-8 Mental Health Collaborative.

**Trauma/ Toxic Stress**

In order to understand the importance of why this movement needs to occur, a deeper level of understanding about trauma and *toxic stress* is needed. The term *toxic stress* was coined by the Center on the Developing Child at Harvard University. Their website explains the three types of stress: “Positive, Tolerable and Toxic” (Center on the Developing Child at Harvard University, 2014). “Positive stress” encompasses the effects of moderate outside forces that lead the body to react in a short-lived stress-response that is part of normal everyday life. These normal and everyday life stressors create situations that can provide a child with the opportunity to learn, when in the care of healthy caregiver relationships. “Tolerable Stress” comprises the body’s response to those events that could have a potentially negative effect on the developing brain. However due to the fact that the occurrence is infrequent, coupled with the child’s involvement in a healthy supportive relationship with its caregiver, the negative impact is essentially reversed.
“Toxic stress” encompasses the body’s response to negative events that occur frequently, or for prolonged durations over time. The body’s stress response is then to stay in a heightened state, because it is unable to return to a healthy baseline for any sufficient amount of time (National Scientific Council on the Developing Child, 2005/2014). It is this toxic stress that alters the biochemistry and function of the brain. The effects of this change behavior and cause negative mental and physical health outcomes (Shonkoff et al., 2012).

Trauma, defined by the online Merriam-Webster dictionary (2015), is “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury” (Online Merriam-Webster Dictionary, 2015). Simply put, trauma is the result of toxic stress, since toxic stress is the biological response to external negative stimuli. Trauma, early in life, alters how the brain develops. Perry posits that brain develops in a use dependent fashion. If the dominant environmental state elicits the toxic stress response, in order to survive, the body adapts to this by maintaining this unhealthy state. The adaptive response could be laid out on a continuum from hyperarousal response to dissociative response (Perry, 2004).

Perry further discusses how the brain reacts to toxic stress and alters the function of the brain, thus altering behavior. Perry asserts that when the brain undergoes prolonged exposure to the stress hormones adrenaline and cortisol, neuro pathways are altered. When neuro pathways are changed, the bodies response is changed, thus behavior is changed. Because of the brain’s adaptation to frequent and prolonged toxic stress, the brains’ baseline functioning is recalibrated to a more elevated state. This means that
typically a non-stressful situation, like a teacher questioning a child about missing
assignments would be processed by the child’s brain in the same manner as it would
respond to a situation that would demand a life threatening response (Perry, 2007). These
heightened responses may take the form of anxiety, feelings of being overwhelmed,
feeling stunned or numb, angry, confused, and behaviors that could be received as angry,
resistive, or defiant. These patterns of behavior are then carried on into adulthood and
taught to the next generation of children. Thus a cycle of trauma ensues (Perry, personal
communication, March 2013).

Maté supports this claim that adverse childhood experiences affect adult behavior
with his research and work with older populations and addiction, in Canada’s Downtown
Eastside Vancouver clinic (Maté, 2010). He also informs us that almost all of the patients
he serves in the Downtown Eastside Clinic have disclosed growing up in abusive
relationships. Maté (2010) delves further into this issue by noting how his patient’s brains
have adapted to crate these addictive behaviors. Through in depth discussions with his
patients and qualitative research he distills a common component- the lack of healthy
attachments during childhood.

An inability to form healthy attachment bonds in early childhood disrupts the
healthy development of the human brain. The human body is not programed to
continually operate in a heightened state of awareness. The brain will seek other ways to
sooth discomfort that would ordinarily be soothed by healthy attachment bonds. This
often leads to unhealthy behaviors and self-medicating with potentially harmful
substances. With the continued use of external substances, addiction is formed. This
addiction can cause the brain to be hardwired and to require the use of these substances in
order to function in the manner the adult has grown accustomed to (Maté, 2010). Both
Perry and Maté assert that the neuro plasticity of the brain does not halt, altogether, after
the brain has fully developed; it slows.

Furthermore, research in neuroplasticity and cognitive aging supports these
claims. Goh and Park’s (2009) research references the growing body of research that
points to the plasticity of the aging brain. In a study called Aging Gracefully:
Compensatory Brain Activity in High-Performing Older Adults (Cabeza, Anderson,
Locantore, and McIntosh, 2002), it was found that “low-performing” older adults used
similar neural networks as young adults, however they used these networks inefficiently.
Conversely, “high-performing” older adults used reorganized neuro-cognitive networks.
These new or reorganized neural networks were in the same region of the prefrontal
cortex in both hemispheres of the “high-performing” older adults.

The “low-performing” older adults and the young adults used the same region of
the prefrontal cortex in only one hemisphere. This suggests that the aging brain
restructures or reorganizes itself to compensate for age related neural damage of the
white mater of the brain (Cabeza et al., 2002). Moreover, Kolb and Whishaw (1998),
posit that even in the aging brain there is a strong case for plasticity and that this
plasticity can influence behavior. Kolb and Whishaw (1998) posit that experience alters
the synaptic organization of the brain and behavior is dependent upon networks of
neurons. Dudai asserts, “the expression of genes in the mature brain is influenced by
environmental and behavioral events” (Kolb, 1998, p. 60). This supports Kolb and
Whishaw’s claim that environmental changes can influence behavior even in the older brain by way of gene expression (1998).

The growing body of research in neuroscience and brain plasticity by researchers like Kolb, Cabeza, and Whishaw coupled with the research and insights from Perry and Maté give strong support to trauma-informed treatment and preventative care for people in all ranges of the age spectrum. The research also points to the ability of the brain to heal itself as well as change or modify negative behaviors. In some instances, the brain may be able to recover to a more normal or near normal level of operation. However, much is still not known about exactly how much the brain can heal itself or how drastically behavior can be modified with age.

**Trauma-Informed Care**

Trauma-informed care practices and treatments are part of the preventative solution to decreasing the amount of adverse childhood experiences a person is exposed to. Perry formed the Child Trauma Academy, in 1990 to research treatment methods to counteract the impact of trauma that children experience. The culmination of that research is his Neurosequential Model in Education and the Neurosequential Model in Therapeutics. Perry’s work with these models has recently become best practice standards for working with children impacted by trauma.

Similarly, Maté uses his work and experiences in Vancouver’s Downtown East Side clinic in conjunction with other research in neurobiology and other health related fields to produce published material that helps shed new light on the impact and treatment
of trauma for adults and children. Using his practical knowledge base as a physician coupled with the knowledge he garnered from his research, Maté is educating the public about how toxic stress can affect the body at every stage of life. He also offers insights as to how to start to repair the damage caused by trauma (Maté, 2003).

Another leader in the field of developing trauma-informed care practices is the Center on the Developing Child at Harvard University. Since its inception in 2006, they have been contributing to the body of research knowledge of trauma and the impacts of trauma on children in efforts to develop new innovative models to reduce these preventable disparities. In addition they seek to create future leaders with this trauma-informed knowledge to help decrease trauma, so that the whole of society can reap the benefits of having their basic social and emotional needs met.

Their concept of “serve and return” describes the importance of healthy attachment bonds for normal and healthy brain development in infancy (CDCHU, 2006). Serve and return is the concept that by responding to an infant in healthy and appropriate ways, it stimulates the forming of neural connections that support the development of communication and social skills. Healthy forming of communication and social skills aids the infant in the ability to form healthy attachment bonds with the caregiver and vise versa. The core concept of the importance of forming healthy attachment bonds in the very beginning of life serves as the common theme in the majority of the trauma-informed bodies of knowledge. How to repair the damage caused by negative and unhealthy attachment or no attachment is at the heart of trauma-informed care service delivery. However, when working with people who have endured much hardship and
trauma the helper often becomes wounded as well. Trauma impacts people both directly and indirectly. One way a social worker is impacted by trauma is by listening to the stories of those they are working with. This is called secondary trauma.

Imagine how a person can be affected by a scary horror movie they watch late at night. Often they will become very sensitive to shadows in the dark or the natural sounds of the night. They may be easily startled, double check every dark corner more or be extra vigilant about locking up their home due to the heightened state the movie has left them in. Secondary trauma affects a social worker in a very similar manner. Working in this heightened state takes a physical and emotional toll on the mind and body. After a while, this toll will negatively affect the social workers quality of work and life. Ultimately, the client pays the price as well. Thus, secondary trauma causes unnecessary additional harm to clients.

**Secondary Trauma**

One of the monumental challenges for people who work with those who have been impacted by trauma is secondary trauma. Becoming aware of how the body responds to other people’s trauma and how an individual responds to their own trauma is paramount when working with trauma-impacted populations (Lipsky & Burk, 2009). Also, Lipsky and Burk explore how to become open and aware to how the body reacts when it is exposed to the trauma of others through the working relationship. They also discuss different ways to navigate through the body’s responses and become present in the moment. Lastly, they explore how to build compassion and community and how to
find balance. These techniques and awareness are important for those working with populations that are highly impacted by trauma because it provides the needed skills to help the professional manage their exposure to trauma. The ability to manage ones personal trauma response allows the professional to better support their client (Hesse, 2002).

Understanding how the brain works, learning how to train your attention and refining interpretation are key ways to help turn toxic stress into tolerable stress. When this happens the ability for the mind to handle another’s challenges and stress increases (Sood, 2013). Empowering local agencies with the knowledge about the indirect impact of trauma when working with traumatized clients is imperative. When education and information about secondary trauma is given to providers, the likelihood of burnout is also decreased. (Salston & Figley, 2003)

**Toxic Stress and the Connection to our Health**

Research validating the connection between stress and the human body has been around for a significant period of time, but has been receiving more attention in recent years. Before the ACE study, conducted by Felitti in 1998 with Kaiser Permanente patience, Lynch (1977) published his book. In his book, Greene (Lynch, 1977) examines the correlation between psychosocial circumstances and coronary deaths. In May of 1972, Greene found that in “most instances sudden death was preceded by a combination of circumstances that included both feelings of depression and increased work” (Lynch, 1977, p. 61). In 1970, Liljefors and Rahe’s research with twins found a correlation
between poor childhood and adult interpersonal relationships and myocardial infarction (Lynch, 1977, p. 65). These and many more studies that Lynch (1977) cites give support to his case for the connection between loneliness (or the lack of attachment) and poor cardiac health outcomes.

Furthermore, he makes observations as to how society has changed its perspective on health and the human condition. He discusses a paradigm shift from understanding how the importance of love and human relationships are to health in contrast to the more recent acceptance of the medical model approach, that is more sterile and medically based (Lynch, 1977). He draws comparisons to societal patterns a hundred years ago regarding the acceptability to have a cause of death due to a broken heart. The perspective emphasizes the underlying cause of death as a result of a severed attachment connection. The medical model approach emphasizes the cause of death factors definable by physical performance errors like, “ventricular fibrillation, congestive heart failure brought on by age, damaged hearts and arteries, or poor diet” (Lynch, 1977, p. 56) and undermines the importance of healthy attachment bonds and their impact. Lynch notes that as a society the consideration of external influences, such as relationships and attachment, that explain what may be happening inside the body is becoming unacceptable. Society has turned towards relying on more quantifiable measures and turning away from qualitative knowledge that has been proven throughout the generations.
Summary

Per the National Association of Social Work or NASW, I have an ethical obligation for contributing to or supporting social justice. By supporting local agencies that are actively promoting education and awareness of trauma and the impact of trauma, I am aiding local efforts towards social justice. By creating a website for local community and agencies that contains valuable knowledge of trauma and the impact of trauma, I am supporting the development of a trauma-informed service delivery system for a population that is in dire need of trauma-informed professionals. Moreover, by creating a dynamic database that has a complete list of trauma-informed programs in the county, I am supporting multi-agency collaboration. My project will be a resource for Humboldt County since documentation clearly states that it is one of the most highly trauma-impacted areas in California (CYW, 2014).
Materials & Method

Introduction

This project provides the groundwork and a guide for a website that continuously develops, improves, and evolves according to the needs of the community it serves. The website is to be constructed in partnership with the community. Representation from all community groups needs to be incorporated into the construction of the website, so that it reflects the unique needs of the communities for which it is built. This section describes the conceptual framework for the website; the design and structure that the website uses; and how the website should be evaluated.

Conceptual Framework

The content for the website is built around two conceptual frameworks: Trauma and Systems thinking. Trauma is the overall concept that drives the content of the website. As stated in the literature review, trauma impacts people in various ways: emotional/physical abuse or neglect, divorce, mental illness, incarceration of a family member, death of a loved one, and poverty. The content of the website will reflect this. The website will approach this large and dynamic topic in many different ways. It will have links to blogs, videos, vlogs (video logs, popular in the Deaf community), printed materials, as well as interactive tools. These different types of media will provide informed information about trauma from different perspectives. The purpose of this is
People learn and acquire information in different ways, and trauma presents differently to everyone. The underlying framework of systems thinking embodies this concept.

Systems thinking is the framework that illustrates how trauma is unique to people, places, and events otherwise known as “systems”. It also illustrates how these factors are interrelated and interdependent. A change cannot occur in one area without affecting the other. This concept of interconnection of systems guides how the content will be presented. When thinking about trauma from this perspective, it changes the focus from the individual and broadens the scope to include other factors such as attachment, support, personal determination, oppression, and resiliency. It incorporates other factors that support or challenge those who have encountered trauma. Having a mindful awareness of the interrelation and interdependence between people and their environments redirects the focus from pathologizing to looking at the strengths of the individual. It takes into account how they have developed certain aspects of themselves; such as, mental illness, addiction, keen observation skills, heightened sensitivity to another’s emotions, in order to adapt to their environment.

When procuring content for the website, these two conceptual frameworks need to guide the process. The content must come from reputable sources that convey what trauma is, can look like, and the affects it may have. By reputable sources, I mean sources that are backed by leaders in the field of trauma and trauma-informed care or those natural healers in the community that are looked up too by that community. In addition, the content should take pains to not create blame or shame for those seeking this
information. The content needs to have a broader scope of how trauma is embedded in the many different layers of the environment. It should also incorporate what can be utilized in the individual’s surroundings to offer support or highlight positive attributes that have aided survival.

**Design and Structure**

The website is built around bringing further awareness about trauma and trauma-informed care. Resources and information will constitute the structural framework. The website will consist of a Home page with headings on the main menu bar with sub-menus that will further refine the focus. The landing page or “Home” page explains the purpose of the website, generally define trauma and trauma-informed care, and explain how best to use the website. Since the website has not yet been developed, one more step needs to happen before the menu headings and subheadings can be finalized.

Before the rest of the pages can be developed, relationships with each of the different communities of Humboldt County need to be established. This is so it can be established whether or not they would like to participate. I would advise use of Wilson’s (2008) text. This is an essential step for the website. Discussions need to be brought to each of the communities in order to ascertain whether or not they would like to participate, specific needs, resources, and challenges of each community. They must also consent for or request a section of the website be reserved for their community. If this is not done, the whole purpose of the website is void. The website would be an exploitation rather than a resource.
When reaching out to the community in question, please consider the following questions at the very minimum:

- Would you like to contribute to a website that would cater to your communities unique needs?
- How would you feel if this information were available for the general public to see?
- Would you mind if local agencies utilized this information on the behalf of others in your community?
- What would you like to have on this website?
- May we offer suggestions for content? If yes, be prepared to have the information translated into the language of that community.
- Would you like to have administrative access to the website to add content or would you like us/me to build it and you would have approval rights?

These questions should be relayed in dialogue in the beginning and then explored further with the community in question on how best to continue the collaboration. An example of what the structure of the website see figure 2 bellow

![Figure 2: Possible Website Structure](image-url)
The structure of the website will contain a combination of editable and fixed pages, pages with limited access, and interactive pages intended to be continuously updated and expanded when necessary. Pages may contain, but are not limited to: Links, Blogs, Vlogs, Forums, Videos, News feeds, Written Content or Documents, and Pages or Forums that may or may not have password protection. Depending on the needs of the community, the format of the content will change and evolve over time.

**Evaluation**

Since the website will be continually evolving in order to fit the needs of the communities it serves, evaluating it may prove challenging. Because of this challenge I would advise a two-fold evaluation process. The first step would be a goal oriented evaluation process. This is a process where by the student taking on the project would work with the community partner(s) in devising a task list and timeline for completion. They will also set meeting times to evaluate the progress of the website. At each progress meeting the student will check in with the community partner. The community partner will approve, request a modification, or reject the product. Step two, after the creation of that communities portion of the website, the student and the community partner will schedule regular meetings in order to assess whether or not the website still fits the needs of the community. At those meetings, discussions about modifications, alterations, or deletion of specific content or pages will happen. At this point, it will be up to the community partner and the student to evaluate if the first evaluation step should take
place along with the regular established meetings or if updates and check-ins can occur at these meetings. This means that the ultimate success of the website relies on the continued collaboration of the student and community partners.

There is a possibility that the community partner(s) may not have the best interest of the community as a whole in mind. In order to ensure the integrity of the website and the trust of the community is not jeopardized, I would suggest that just before major publication approval is attained, a strong effort should be made to obtain the approval of the majority or all (if possible) of the community. This can happen during a town hall meeting or another type of gathering that includes and does not limit community attendance and collaboration. The website could also be “showcased” for the rest of the community in order to elicit feedback before live publication. This should be discussed at the very beginning of the relationship with the community in order to ensure the broadest and most accurate representation possible.
Discussion

Creating a trauma-informed website for a rural community is no small task. The nuts and bolts of putting a website together is not the difficult part. Advancements in technology have made the actual building of a website very user friendly. This is evidenced by the copious amounts of personal websites and blogs you can find at any time on the Internet. Often the more challenging aspect of building a website is the preparation. Especially when a website is intended to be utilized as a specialized resource with a specific community in mind.

In addition, the aim of this project is not to perpetuate oppressive systems. For this reason the incorporation of views, opinions, beliefs, strengths, challenges, and needs of the community are built into this website. Furthermore, a relationship must be build between the architect of the website and the community as a preventative tool against unintentional oppression. The project needs to be a complete partnership from beginning to end. Relationships take time to cultivate. Communities need time to confer, and trust needs to be built. Relationship building and the creation of this partnership is a crucial and integral part of my project and this website.

All too often views and opinions are pushed onto vulnerable populations without their consent. This creates a tension and is a form of oppression. The purpose of this website is not to continue this system of oppression but to offer support by bringing further awareness about trauma, the effects of trauma and secondary trauma, and to be a
virtual space for community members and agencies to support one another. It brings awareness about trauma to a community that studies show (CYW, 2014) is experiencing an over abundance of adversity.

Advancements in technology allow social workers to contribute to the welfare of their communities in innovative ways. This project seeks to create a website that ethically distributes educational information about trauma, secondary trauma, and trauma-informed care that is specific to the needs of the local community. By contributing to the social movement driven by the community I am doing my part as a social worker to break down disparities and work towards social justice, so that future generations will have a greater chance at a healthy life.

At the onset of the project my intent was to construct the site myself. However after much discussion and research, this proved to be a larger task and required more time than I had anticipated. I had also incurred some unforeseeable personal life challenges. As a mother of two boys, ages 10 and 9, taking on a project with the initial intent in mind was an immense task. At first, I was up for the challenge, however after a series of unforeseeable events occurred: a major relationship break-up, a major medical situation, and an emotionally charged emergency with a sibling I had decided that it would be better that I didn’t take this project on. Even without these challenges, the project was a monumental undertaking. These challenges forced me to take a step back and evaluate what was truly important: a project that has long-term support potential and is ethically administered. That is how this project came to be a conceptual model.
Ethical Consideration

Ethical considerations for my project include, but are not limited to the following:
The student must ensure that the content of the website is relevant, up to date, and accurate for the local community members and agencies. Efforts need to be made to make sure there are no copyright infringements. If the student is finding resistance from the community about the website, appropriate actions need to be taken to rectify the situation. That may mean reflection, on the part of the student, to evaluate if the community is resistant because they are not interested in the project or that there may be personality conflicts. It is important for the student to be respectful, open and honest with themselves and the community partners when inquiring about resistance.

After reflection the student must take action to make sure, whether or not the community chooses to participate in the project, that the relationship is healthy and is, if need be, terminated in a healthy and respectful manner. If the community decides to participate, the student must work in collaboration with the community about identifying boundaries and limitations of the website. The concept of “nothing about us without us” should guide this process as a way to maintain an ethical standard. In other words, the community should have input and final approval of all content specific to their community. It should also be noted that the website is to be used as a tool to bring about awareness through conversations and not to impose or imply a set of values.
Sustainability Plan

The sustainability of the project relies on the collaboration of the student and each of the community representatives. Without this the website will fail to meet the needs of the community, and it would undermine its purpose. Establishing relationships with communities can take time and this process may not always be able to be fit in a neat timetable. Be that as it may, I have created a table that can be used as a guide. Table 1 below is a tentative table depicting an outline that could guide the process. (It would be advisable to start this process in the summer rather than the fall, in order to accommodate unforeseeable challenges.) At the conclusion of this timeline, further discussions should be made regarding how to sustain the project indefinitely.

In addition, funding sources should be sought out in order to cover cost of the website and other incidental costs associated with the project. A few possible local funding sources may be the Humboldt Area Foundation, The McLean Foundation, and sponsorships from the local business community.
<table>
<thead>
<tr>
<th>Timeline 2015/16</th>
<th>Action Steps</th>
<th>Component/Method</th>
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| Aug - Oct       | • Outreach to find out who are the natural leaders in the communities. Make first contact. I would suggest starting with just 2 to 4 communities.  
• Gather community program resources. | • Snowball sampling.  
• Research local community program resources that are trauma-informed.  
• Research trauma-informed web based resources for presentation |
| Oct - Dec       | Enter in dialogue with these communities and establish relationships in order to find out if the project would be a good fit for the community. | Gathering qualitative data/Building relationships |
| Dec - Feb       | Construct a presentation for each community about trauma and secondary trauma and include reputable sources for web page content. Offer as a website content possibility. | • Data Collection  
• Community Education |
| Feb - March     | Construct website for approval | Analysis |
| March - April   | Launch Website! | • Results  
• Gather feedback from the community about the website.  
• Make another sustainability plan with partners. |

Table 1. Sustainability Year Two Plan

**Project Limitations**

Limitations of the project include and are not limited to the following. Another student may not pick up the project. My project is the background work and map for a website that is to be built in a collaboration between an HSU student and community
members of Humboldt County. There is no requirement for a student to continue this project to its completion. Some local community groups may not want to participate with the website. Local community groups are not required to participate with the project, because that would be unethical, oppressive and counterproductive. Another is that since the project is web-based, access to the Internet is required.

Unfortunately not all community members have this access. In addition, neither the next student nor I have any control over how the content is to be received or how agencies will use this website with their clients. The website is meant to be used as a conversation starting and awareness building tool. It is not to be used as a way to force values, views and opinions upon others. That would only perpetuate oppressive systems. Lastly, funding is a limitation. It would be in the best interest of the project if access to the website always remains free of cost and free of advertising. If fees were associated with the project, a large amount of the community would not be able to access the information that was created specifically for them.
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