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The Importance of Trauma-Informed Care in the Education, Healthcare, and Juvenile Justice Systems

Q&A with Shairi R. Turner, M.D., MPH

Chief Health Officer at Crisis Text Line

TFAH: You've devoted much of your career to understanding the impact of childhood trauma. What are those impacts and what role do they play in the increase in mental health and substance misuse issues the nation is experiencing?

Dr. Turner: It's a very interesting connection. The CDC/Kaiser Permanente study back in the mid 1990s established the connection between childhood trauma and many mental health and physical health conditions. Based on this study and other research we know that adverse experiences in childhood—physical and emotional abuse, sexual abuse, family dysfunction, spousal abuse (abuse of mother), having a household member who was incarcerated, a parent's substance use, a parent's mental illness—all create stressors for the developing child's brain. These studies demonstrated the connection between those early childhood experiences and nearly every mental health condition and many chronic physical health conditions. This research and other studies have established a linear connection between adverse childhood experiences and depression, anxiety, and suicide attempts, to name a few. And some physical health problems, like obesity, liver disease, and lung disease, are manifestations of people's attempts to self-medicate with food, alcohol, and tobacco. Plus, there's the inflammatory response when people have experienced trauma that can lead to heart disease and cancer.

The connection between early childhood experiences, mental health, substance abuse—it's all related. Over the last decade people began to understand that where we are seeing trauma—in the school systems, in primary care clinics—you have to take a history that asks about trauma because these types of experiences create risk for so many mental and physical health problems. That linear connection is becoming clearer and clearer.

My "aha" moment was when I was the Chief Medical Director for the Florida Department of Juvenile Justice. Almost all of the children and teens in the juvenile justice system had mental health diagnoses related to their traumas. We know they weren't born bad. They weren't born with oppositional defiant disorder. Their current behavior is an outgrowth of their experiences. It was no wonder they came to school highly stressed and were unable to learn.

TFAH: What is trauma-informed care, and why is it important?

Dr. Turner: When I first started work in this area, there really weren't models of trauma-informed care. Fortunately, as the research and advocacy continued, definitions have emerged. For example, SAMHSA [Substance Abuse and Mental Health Services Administration] has the four "Rs" approach: (1) realization, (2) recognizing the signs of trauma, (3) responding to trauma, and (4) resisting re-traumatization. There are also six principles of trauma-informed

care (developed for public health emergencies but relevant nonetheless): (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment and choice, and (6) recognizing cultural, historical, and gender issues.[65,66]

Fundamentally, the goal is to avoid re-traumatization. Systems must be trauma aware and trauma responsive. In addition, we need to be careful about not increasing a person's trauma burden. Agencies need to take a step back and understand the environmental factors that will retraumatize someone. For example, when you put someone who has experienced trauma into isolation in a juvenile justice setting or a psychiatric setting, you run the risk of retriggering their trauma.

Trauma-informed care happens when adults recognize the triggers that set off a child's behavior. Parents, teachers, doctors all need to understand trauma and understand their role in helping a child who has a trauma history. What you see in front of you never provides the full picture; adults have to keep that in mind.

TFAH: What's the role for schools?

Dr. Turner: Schools are foundational. They are the place where we need to recognize the developmental opportunities and the awareness opportunities. Understanding what's going on in a child's home can enlighten the teacher's understanding of a child's behavior. Teachers can be empowered if they understand what they are witnessing in a child's behavior.

Having a trauma-informed approach in schools has been shown to reduce the number of other types of interventions that school administers sometimes feel they need to keep order in the school. If we understood the horrific experiences some kids are bringing with them into the classroom, it would get us much further in our educational system. In addition, we need to understand the overlay of racial biases that exist in the classroom and the role that they can play for underserved children.

TFAH: Is the nation's juvenile justice system part of the solution or part of the problem?

Dr. Turner: Incarcerating children is never a solution. Instead, what we need to do is dial it way back and examine all of the other systems that failed children and adults who are ultimately incarcerated. We need to look back to the child's foster care experience, examine the red flags that were evident when they were in the education system, and dial back to their pediatrician's ability or inability to support individuals in need of parenting programs. Those are the places that have initially failed children who end up in juvenile justice.

Our rates of incarceration speak to the fact that we have many broken systems in this country that can negatively impact children well before they enter the justice system. Juvenile justice is one of many foundational institutions where we see the impact of disparities. The disproportionate minority contact with the juvenile justice system is part of the larger issue of systemic racism in our country.

Generally speaking, what's wrong with our juvenile justice system now is often rooted in the fact that it's not child centered, it's not trauma informed, and it's not patient or client informed. Juvenile justice could be part of the solution if we were staffing it with more qualified people and with mental health professionals or even if the current staff focused on a trauma-informed approach.

TFAH: Your current role focuses on the use of today's technologies to deliver crisis intervention. Tell us about that.

Dr. Turner: I am now the Chief Health Officer at Crisis Text Line. Crisis Text Line is like a mental health emergency room. We have volunteers who are trained to support whatever the texter deems a crisis. Texters are prioritized based on algorithms that recognize key words and move them up the queue so they connect with a live volunteer sooner. Whether its depression, suicide, or stress due to homework—our volunteers are trained to help the texter with all these issues and more through active listening, guiding them from a hot moment to a cool calm.

Crisis Text Line combines much of my expertise and interest. It's a large-scale intervention—1.3 million conversations this past year. We are reaching communities of color and people who would otherwise not have access to care. We are bringing care to people who might not otherwise reach out due to stigma. We're also focused on meeting people where they are with a trauma-informed approach.

It's especially exciting to be a part of this work now with the introduction of 988 and the hope that we are improving the crisis care continuum.

TFAH: Given your experience with Crisis Text Line, what advice would you provide to federal officials as they seek to ensure that the 988 lifeline provides culturally and linguistically appropriate care and can direct callers to resources with similar capacities?

Dr. Turner: Crisis Text Line provides services via text, chat, and WhatsApp in Spanish. We provide this service utilizing bilingual, bicultural

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volunteers and mental health professionals. A translation service isn't enough, a lot of important nuances and cultural elements will be missed and it could cause harm. Such a culturally competent service does not currently exist with 988 text/chat, and we urge federal officials to implement this offering in a culturally and linguistically appropriate way.

Our support of 988 is rooted in equity and culturally competent care. We particularly focus on Spanish-speaking individuals given the proportion of people in the country who speak Spanish.

TFAH: On those occasions when texts to Crisis Text Line result in interventions, what is your assessment of the emergency services available to individuals in crisis, including mobile crisis units?

Dr. Turner: We are not there yet, but when the 988 system is more mature and has sufficient funding, hopefully there will always be a mobile crisis unit responding when a person is experiencing a mental health crisis. Right now, who responds is different depending on where you live. In some places, you can call 988 but still end up with a police response. It depends how well resourced the crisis-response system is in your community. Some are well resourced; others are not.

Hopefully 988 can be the beginning of a paradigm shift so that it's the exception and not the rule that law enforcement arrives at the door of someone who is having a mental health crisis. Instead, ideally a mobile crisis unit comes to the door.

TFAH: In terms of national health policy, what policies are needed to reverse the troubling increases in youth mental health problems and substance misuse occurring across the country?

Dr. Turner: There's so much to unpack. If we go to the root of it all, we have to address systematized and structural racism because that's what's feeding so many of the inequities that exist within these big systems that often continue the trauma cycles.

On a more specific level, I would focus on a trauma-informed education system, starting at the preschool level. Are we giving the tools to teachers, and are we providing enough support to parents?

Second, we need to increase mental health infrastructure and access and early access, including screening. In the same way that kids are required to have physicals before they go to school, we should have mental health screenings for all kids. We need to ask the questions to see when a child's mental health is at risk.

TFAH: Any closing thoughts?

Dr. Turner: We have to prioritize the safety of our children and the systems that support children. We have to address all the elements that are making people's lives more difficult. For example, suicide rates are decreasing for white children and young people but are exponentially increasing for young people of color. That speaks not to the people of color but to the experiences they are having.

Reaching out and supporting other people will go far; sometimes that's at the individual level. Even as we prioritize innovation and technology, we can't lose the human touch.