

# Creating P.R.E.S.E.N.C.E.: A Trauma-Informed Framework for Restoring Balance in Public Health Systems

---

## Abstract

Public health systems in the United States are confronting a convergence of crises marked by rising chronic disease, addiction, interpersonal violence, social fragmentation, political polarization, and declining trust in institutions. These challenges are often addressed as discrete problems, despite mounting evidence that they are interconnected manifestations of cumulative stress and adversity operating across the lifespan and across social systems. More than twenty-five years of research on Adverse Childhood Experiences (ACEs) has demonstrated that early adversity is a major determinant of population morbidity, mortality, and social dysfunction. Yet trauma and adversity remain insufficiently integrated into public health strategy, organizational practice, and policy design. This article introduces **CREATING P.R.E.S.E.N.C.E.**, a trauma-informed, values-based framework designed to support trauma-responsive and trauma-resilient public health systems. Drawing on trauma science, complex adaptive systems theory, organizational psychology, and public health ethics, the framework conceptualizes organizations as living systems—what are described here as *biocracies*—whose capacity for alignment, learning, and ethical action is profoundly shaped by stress and trauma. P.R.E.S.E.N.C.E. operationalizes what is referred to as *The Science of Suffering* into eight interrelated domains that support emotional regulation, shared responsibility, and adaptive capacity. The framework is offered as a practical and conceptual contribution to trauma-responsive public health practice and as a foundation for addressing preventable suffering at the population level.

**Comment [H1]:** Subheadings and organization of content are missing in the abstract

## Introduction

Across the United States, public health professionals are working in a social environment defined by accelerating complexity. Chronic disease, substance use disorders, interpersonal violence, homelessness, widening inequality, environmental instability, and declining trust in democratic institutions are typically addressed as separate challenges, each assigned to its own programmatic or policy domain. In practice, however, these conditions are deeply interconnected, reflecting shared upstream determinants rooted in cumulative stress, adversity, and social fragmentation.

Over the past several decades, research on Adverse Childhood Experiences (ACEs) has provided compelling evidence that early adversity is a powerful driver of adult morbidity, mortality, and diminished quality of life. Individuals with higher ACE scores face increased risk for many of the leading causes of death, as well as for mental health conditions, substance use, and social impairment. As Anda has emphasized, progress in addressing the nation's most serious health and social problems depends on understanding that many of these outcomes arise from adverse experiences during childhood (Anda, 2016). Despite the strength and consistency of this

**Comment [H2]:** Add more references in the introduction. Make sure to use recent references.

evidence, trauma and adversity are still often treated as peripheral concerns rather than as central public health determinants.

At the same time, the broader sociocultural context has shifted in ways that further strain individual and collective capacity. Economic precarity, political polarization, rapid technological change, climate instability, and eroding institutional trust have created conditions in which inherited mental models no longer adequately support problem-solving. Some scholars have described this moment as a “cognitive threshold,” a point at which the complexity of the challenges confronting society exceeds the capacity of existing systems to manage them effectively (Costa, 2010). Communities and institutions increasingly exhibit signs of fragmentation, reactivity, and loss of coherence—conditions that undermine collective resilience.

Public health systems do not stand outside these dynamics. They are composed of human beings working within organizations that are themselves shaped by history, culture, power relationships, and cumulative stress. When trauma and chronic adversity remain unacknowledged, they influence organizational behavior in predictable ways: reduced psychological safety, impaired communication, siloed decision-making, and diminished capacity for learning and adaptation (Bloom & Farragher, 2010). These patterns mirror the effects of trauma at the individual level and signal the need for frameworks that address both human and organizational functioning simultaneously.

This article argues that meeting the challenges of the present moment requires more than additional programs or technical interventions. It requires a shift in how public health conceptualizes organizations, leadership, and collective wellbeing. **CREATING P.R.E.S.E.N.C.E.** is presented here as a trauma-informed framework designed to support that shift by integrating trauma science with living-systems thinking, ethical reflection, and organizational practice.

### **From Mechanistic Models to Living Systems**

Much of modern public health infrastructure has been shaped by mechanistic assumptions inherited from industrial and bureaucratic traditions. These assumptions emphasize linear causality, hierarchical control, standardization, and efficiency. While such approaches have produced important gains in areas such as sanitation, infectious disease control, and clinical treatment, they are poorly suited to addressing complex social problems characterized by nonlinearity, feedback loops, and emergent behavior.

Human organizations function more accurately as complex adaptive systems (Laszlo, 1996). They are dynamic, relational, and continuously shaped by patterns of interaction, shared meaning, and emotional climate. Stress and trauma affect these systems not only through individual behavior but through collective processes that influence trust, decision-making, and the capacity to learn from experience. When exposed to chronic adversity, organizations tend to exhibit rigidity, reactivity, fragmentation, and difficulty adapting to change.

To describe this reality, the term **biocracy** is used here to emphasize that organizations operate as living systems rather than as machines. In biocracies, health and dysfunction are expressed

**Comment [H3]:** Add more content and references in this part. Make sure to add recent references.

through relational patterns, cultural norms, and feedback processes (Bloom, 2023; Cannon, 1933). Trauma narrows attention, accelerates defensive responses, and disrupts coordination, both in individuals and in the systems they inhabit. Without deliberate efforts to restore regulation and alignment, these patterns become self-reinforcing.

Recognizing organizations as living systems has important implications for public health practice. It suggests that sustainable change depends not only on technical solutions but also on cultivating conditions that support emotional regulation, shared responsibility, ethical action, and adaptive learning. Trauma-informed frameworks provide one pathway for addressing these needs.

### **CREATING P.R.E.S.E.N.C.E.: Conceptual Foundations**

CREATING P.R.E.S.E.N.C.E. is a structured, trauma-informed framework developed through decades of clinical, organizational, and community-based work with trauma-exposed populations. It builds on earlier trauma-responsive models while extending their application beyond treatment settings to organizations and systems responsible for population health. The framework integrates insights from trauma studies, developmental neuroscience, complex adaptive systems theory, organizational psychology, and public health ethics (Bloom, 2025; Bloom et al., in press).

At its core, P.R.E.S.E.N.C.E. emphasizes that trauma affects not only individuals but also the systems in which they live and work. It seeks to translate what is referred to as *The Science of Suffering*—the accumulated knowledge about how adversity shapes biology, behavior, relationships, and institutions—into shared values, practical competencies, and everyday practices that support collective wellbeing (Bloom, 2019).

P.R.E.S.E.N.C.E. is an acronym representing eight paired domains:

- **Partnership & Power**
- **Reverence & Restoration**
- **Emotional Wisdom & Empathy**
- **Safety & Social Responsibility**
- **Embodiment & Enactment**
- **Nature & Nurture**
- **Culture & Complexity**
- **Emergence & Evolution**

These domains are not discrete components but interdependent elements of a coherent whole. Together, they provide a framework for understanding how trauma shapes organizational life and how intentional practices can support healing, resilience, and ethical governance within public health systems.

# CREATING P.R.E.S.E.N.C.E. IN PRACTICE: OPERATIONALIZING TRAUMA-RESPONSIVE PUBLIC HEALTH

**Comment [H4]:** Add more content and references in this part. Make sure to add recent references.

## The Eight Domains of P.R.E.S.E.N.C.E.

Each domain of P.R.E.S.E.N.C.E. represents a set of values and competencies that support the healthy functioning of living systems under conditions of stress and complexity. Together, they provide a practical framework for aligning organizational behavior with the ethical and scientific imperatives of trauma-responsive public health.

**Partnership & Power** emphasizes collaborative, participatory approaches to decision-making that counteract dominance, coercion, and disempowerment—conditions closely associated with trauma exposure across the lifespan. In public health organizations, partnership redistributes authority, values lived experience and supports shared ownership of outcomes. This shift is essential for restoring trust and engagement in systems that have often marginalized the very populations they serve.

**Reverence & Restoration** grounds public health practice in respect for human dignity and responsibility for repair. Reverence acknowledges the inherent worth of individuals, communities, and ecosystems, while restoration emphasizes accountability, reconciliation, and the capacity to heal harm. In trauma-exposed systems, unresolved moral injury and historical injustice undermine cohesion and legitimacy. Restoration provides a pathway for addressing these wounds constructively.

**Emotional Wisdom & Empathy** recognize emotions as essential sources of information rather than obstacles to rational decision-making. Trauma narrows emotional awareness and increases reactivity, impairing judgment and collaboration. Cultivating emotional literacy and empathy within organizations supports regulation, communication, and ethical action, strengthening the social fabric necessary for effective public health work.

**Safety & Social Responsibility** extend traditional notions of safety beyond physical protection to include psychological, social, cultural, and moral dimensions. Safety is a prerequisite for learning, innovation, and participation. Social responsibility emphasizes collective accountability for maintaining conditions that protect the wellbeing of all members of the system, particularly those most vulnerable to harm.

**Embodiment & Enactment** focus on aligning stated values with daily behavior. In living systems, culture is expressed through action. Trauma-organized systems often exhibit dissonance between espoused principles and enacted practices, leading to cynicism and disengagement. Embodiment ensures that policies, leadership behaviors, and operational routines reflect trauma-responsive values in practice.

**Nature & Nurture** integrate biological, developmental, and ecological perspectives on human behavior. This domain highlights the interaction between innate vulnerability and environmental

conditions, emphasizing the role of early experience, ongoing stress, and social context in shaping health trajectories. Public health strategies informed by this perspective prioritize prevention, early intervention, and supportive environments.

**Culture & Complexity** draw on complexity science to support adaptive responses to uncertainty and change. Rather than seeking control through simplification, this domain encourages diversity, feedback, and iterative learning. Trauma constrains complexity by narrowing options and suppressing dissent; healthy cultures expand the system's capacity to respond creatively to emerging challenges.

**Emergence & Evolution** affirm the potential for transformation when conditions for safety, alignment, and participation are present. In living systems, new patterns arise from interaction rather than from top-down design. Trauma-responsive public health fosters environments in which innovation and collective intelligence can emerge organically over time.

### **Implementing Trauma-Responsive Organizational Practice**

Implementing P.R.E.S.E.N.C.E. within public health organizations is not a matter of adopting a single intervention or training module. It requires sustained cultural change supported by leadership commitment, shared language, and consistent practice. Trauma-responsive implementation begins with building a common understanding of trauma and adversity, followed by aligning policies, procedures, and relational norms with the values articulated by the framework.

Organizations functioning as biocracies respond to stress in ways analogous to living organisms. Under chronic strain, they may become rigid, defensive, or fragmented. Trauma-responsive practice seeks to restore regulation and coherence at the system level by addressing both structural and relational factors. This includes attention to power dynamics, communication patterns, workload expectations, and opportunities for reflection and learning.

Importantly, trauma-responsive organizational change supports the wellbeing of the workforce as well as the populations served. Burnout, moral distress, and secondary traumatic stress are widespread among public health professionals. Frameworks such as P.R.E.S.E.N.C.E. provide tools for addressing these challenges by fostering connection, meaning, and shared responsibility.

### **Implications for Public Health Policy and Practice**

The adoption of trauma-responsive, living-systems frameworks has significant implications for public health policy. Policies that fail to account for trauma and complexity risk reinforcing the very conditions they seek to address. Integrating P.R.E.S.E.N.C.E. into policy design encourages approaches that prioritize prevention, equity, participation, and long-term resilience over short-term efficiency.

At the population level, trauma-responsive public health aligns with efforts to address social determinants of health, reduce health inequities, and strengthen community resilience. By

**Comment [H5]:** Add more content and references in this part. Make sure to add recent references.

recognizing the interconnected nature of individual, organizational, and societal wellbeing, frameworks such as P.R.E.S.E.N.C.E. support more coherent and ethical responses to contemporary public health challenges.

## Conclusion

Public health stands at a critical juncture. The scale and complexity of the challenges confronting society demand approaches that move beyond fragmented, mechanistic solutions. Trauma and adversity are central drivers of preventable suffering at the population level, shaping health outcomes, organizational behavior, and collective capacity for action.

CREATING P.R.E.S.E.N.C.E. offers a trauma-informed framework designed to meet this moment. By conceptualizing organizations as living systems and translating the Science of Suffering into practical values and competencies, the framework provides a pathway for restoring alignment, resilience, and ethical responsibility within public health systems. While further empirical evaluation and policy application are needed, P.R.E.S.E.N.C.E. contributes a coherent, integrative approach to advancing trauma-responsive public health practice in an era defined by interdependence and rapid change.

## References

- Anda, R. (2016). The Adverse Childhood Experiences Study: Child Abuse and Public Health. *February*.
- Bloom, S. L. (2019). Human Rights and the Science of Suffering. In L. D. Butler, F. Critelli, & J. Carello (Eds.), *Trauma and Human Rights: Integrating Approaches to Address Human Suffering*, . Palgrave Macmillan.
- Bloom, S. L. (2023). A Biocratic Paradigm: Exploring the Complexity of Trauma-Informed Leadership and Creating Presence. *Behavioral Sciences*, 13(5), 355.
- Bloom, S. L. (2025). Creating Presence. In. [www.creatingpresence.net](http://www.creatingpresence.net).
- Bloom, S. L., & Farragher, B. (2010). *Destroying sanctuary: The crisis in human service delivery systems*. Oxford University Press.
- Bloom, S. L., Yanosy, S., & Kutzler, K. (in press). Creating Presence: Trauma-Informed Organizational Training. In S. L. Bloom, C. R. Figley, & J. M. Cook (Eds.), *The Oxford Handbook of Trauma-Informed Social Health*. Oxford University Press.
- Cannon, W. B. (1933). Biocracy: Does the Human Body Contain the Secret of Economic Stabilization? . *The Technology Review*, 35(6), 203-206; 227.
- Costa, R. (2010). *The Watchman's Rattle: A Radical New Theory of Collapse*. Vanguard Press.
- Laszlo, E. (1996). *The Systems View of the World: A Holistic Vision for Our Time*. Hampton Press.

**Comment [H6]:** Make sure to use one referencing style throughout.

**Comment [H7]:** Check this reference again. It seems incorrect.