Building Blocks of

TRAUMA-INFORMED CARE
Resources...
Objectives by the Numbers

• Define the 3 “E’s” of Trauma
• Describe the 4 R’s of a Trauma Informed System
• Discuss 10 Core Components of Trauma Informed Organizations
• Identify 12 Steps to Change
3 “E’s”

Events
Adverse Childhood Experiences

Experience
‘Traumatic’ Events are those that Overwhelm

Effects
Positive ✽ Tolerable ✽ Toxic Stress
Impact of Brain, Body, Behavior and Health
Definition of Trauma-Informed Approach

“A human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services” (Harris, 2004)
Trauma-Informed Care Model

Not...
“What’s wrong with you?”

But...
“What has happened to you?”
He’s not giving me a hard time...

He’s having a hard time.
4 “R’s” of a Trauma-Informed Approach

- Realizes the widespread impact of trauma AND paths to recovery
- Recognizes the signs and symptoms of trauma
- Responds by integrating knowledge about trauma into all aspects of the organization/system
- Resists re-traumatizing individuals
1) Screening and Assessment of Trauma

- Routine methods to identify signs, symptoms and risk factors
- Ongoing monitoring tied to intervention
2) Intervention Services are Available

- In schools, behavior support plans and Individualized Education Plans incorporate understanding of trauma
- Referrals to providers of evidence-based trauma-specific services
- In behavioral health, evidence-based trauma treatments are used
Reach out to the community; invite agencies to share information about their programs and services

- Cognitive Processing Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Parent Child Interaction Therapy
- Child – Parent Psychotherapy

Trauma-Informed Services and Interventions
3) Trauma Education and Awareness

• Agency wide approach
  • Trauma is...
  • Trauma affects people in these ways...
  • Trauma-informed care is...
  • Secondary trauma is...
Training

• Conduct organization-wide.
• Build into new employee orientation.
• Develop annual training to review and/or enhance TIC practices.
• Build into individual performance plans /evaluations.
4) Involvement of Clients/Families/Survivors

- Education for your stakeholders, including youth and adults
- Engaging in conversations to de-stigmatize seeking treatment
- Engaging stakeholders in program planning and design
Client Development and Empowerment
Share Power and Control

- Trauma takes away a sense of safety and control.
- Part of healing is taking back control.
- Sharing power and allowing clients as much control as possible says that you respect them.

Exploring the Tension

- How does this conflict with a focus on enforcing the rules?
- What are ways to share power?
  - Be open and transparent about the rules
  - Have real discussion about policies
  - Watch for expressions of power differentials
  - Person-first language
  - Authentic relationships

5) Creating Safe and Supportive Environment

- Consistent and predictable
- Sense of community/collaboration (school family)
- Direct teaching of social and emotional skills
- Safe physical environment/spaces to
Consistent and Predictable

- Environments that are organized
- Predictable, taught routine
- Advance notice of new or needed changes in the routine
Sense of Community and Collaboration
Teaching Social-Emotional/Executive Function Skills

- Recognize own and others feelings
- Calm down
- Show kindness
- Take turns listening and talking
- Solve problems
- Negotiate; cooperate
- Self-control
- Play games with rules
- Pay attention
- Follow rules and directions
- Focus on a task
- Ask for help, offer to help
- Show empathy
- Be able to say ‘no’ nicely
Teaching Calm Down
• Have we scanned for safety issues?
• Do room arrangement make clients feel ‘boxed in’ or claustrophobic?
• Can we make changes to support calming
• What about when its ‘lights out’ time?
• Are there safe spaces to calm?
6) Cultural Responsiveness
Culturally Responsive Practices

- Reviewing policies and procedures
- Train staff to recognize that traumatic stress can result from racism, homophobia, sexism, etc.
- Ensure physical environment honors diverse groups
7) Crisis Planning/Emergency Response

• Developmentally appropriate threat assessment
• Crisis response plan designed to avoid re-traumatization
• Post-crisis supports to stabilize staff and families
“Listen, pal, they’re all emergencies.”
Avoid Re-traumatizing & Preventing Crisis

- Keep a calm tone of voice
- Avoid their “space”
- Use positive language
- Praise trauma-sensitive behaviors, interactions
- Be aware of own emotions
- Breathe before taking action
8) Staff Self-Care and Secondary Traumatic Stress

- Wellness practices encouraged
- Training on signs and symptoms of STS
- Formal and informal supports are available
Trauma Stewardship

Bearing witness to trauma without sacrificing our ability to live fully

Understanding we are affected by the suffering of others

Being honest about how we are doing

Finding a way to work that is sustainable
Secondary Traumatic Stress (STS)

- Emotional duress that results when an individual hears about the first-hand trauma experiences of another
- Symptoms mimic post-traumatic stress disorder
- Conceptualized as different from
  - Compassion fatigue
  - Vicarious trauma
  - Burnout
Build Organizational Supports

- Support staff celebrations
- Encourage use of vacation/leave time
- Ensure regular supervision
- Establish buddy system for backup and support
- Support co-worker connection
- Hold multidisciplinary case conferences
- Conduct exit interviews with staff who leave
- Embed mindful practice or other builds
“What I'm proposing is this. No.”
The Professional Quality of Life Scale: a measure of Compassion Satisfaction, Compassion Fatigue, and Burnout:

http://www.proqol.org/Home_Page.php
9) Rules & Discipline Policies/Practices

- Have explicit procedures including disciplinary procedures
  - Avoid zero tolerance and exclusionary practices
- Consider whether trauma is an underlying cause of behavior
- Coordinate with families
WE CAN'T AFFORD TO SAVE THIS ONE, BUT DON'T WORRY, SOMEONE WILL CAUGHT HIM.
**Examples**

- Bring it back to safety – few rules are needed when the over-riding concept is safety
- Decrease use of force, coercion, intrusion and power imbalances; maximize client autonomy and choice
- Develop accurate “informed consent” procedures
- Post program and group rules, client rights and responsibilities, staff responsibilities
Unintended Consequences of Punishment

• Interferes with learning
• Hurts the child’s sense of safety
• Cuts off adult/child communication
• Does not teach ways to constructively solve problems or cope with stress
• Increases child use of lying, ‘sneaking’ and
10) Cross Sector Collaboration

- Is there a system of communication in place with other partner agencies?
- Are collaborative partners trauma-informed?
- How does the organization identify community providers that have experience delivering evidence-based trauma services?
- What mechanisms promote cross-sector training on trauma and trauma-informed approaches?
Because it doesn't just happen...
12 Steps

Make Your Plan
1. Discuss the needs
2. Train staff
3. Assess readiness for broader change
4. Complete a trauma-informed organizational self-assessment
5. Compile results
6. Develop a strategic plan

Implement and Sustain
7. Implement plan
8. Monitor progress – celebrate
9. Add new ideas to strategic plan
10. Conduct yearly checkup and report out
11. Plan for sustainability
Resources

- https://www.nctsn.org/resources/trauma-informed-schools-children-k-12-system-framework
- https://www.nctsn.org/resources/child-trauma-toolkit-educators
- https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
Questions...