BEING TRAUMA INFORMED

APPLYING TRAUMA PRINCIPLES TO YOUR EVERYDAY PRACTICE

Trauma-Informed Child Welfare Practice
CWS4015

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Acknowledgments

This book was created as an in-course and transfer-of-learning tool for child welfare workers who are learning, building, and using Trauma-Informed Practice.

Content was adapted from the following resources:

Chadwick Trauma-Informed Systems Project. *Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model* (1st ed.). San Diego, CA: Chadwick Center for Children and Families, 2013.

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

THRIVE Initiative. *Guide to Trauma-Informed Organizational Development*. Portland, ME: Maine Alliance of Family Organizations, 2015

HOW TO USE THIS BOOK
During the Course

Each of SAMHSA's six principles of Trauma-Informed Practice will be introduced and defined, along with practical applications and things to consider as you implement them.

You will be given the opportunity to go a little bit deeper and personalize your practice. There is space to reflect on and make each principle real and meaningful.

Use the following prompts to explore how each principle looks, sounds, and feels in actual practice. There is also free space to journal any additional thoughts, questions, and possible applications.

FEEL
- Write a few questions that explore how your client feels about (this principle).
- How can you help him/her articulate emotions about (this principle)?
- What are your feelings about (this principle)?

THINK
- Write a few questions that explore how your client might define & understand (this principle).
- How can you help him/her articulate his/her understanding about (this principle)?
- How can you plan with your client with (this principle) in mind?

ASK
- What do you want to know about your client's experience with (this principle)?
- Write a few Strengths-Based Solution-Focused questions to explore (this principle).
- What are some ways to remind yourself to stay open and curious?

LISTEN
- What are your privileges around (this principle)?
- How can you listen for your client's experiences instead of listening to respond?
- Do you anticipate hearing something about (this principle) that may trigger you and/or keep you from being fully present?

SAY
- Write a few possible reflective statements about (this principle)?
- How could you verbally express empathy for your client's experience?
- What are some words you want to avoid saying?

DO
- What are some immediate things you can do to support (this principle)?
- If resources were unlimited, how could you and your agency support (this principle)?
- What might be some challenges to getting these things done?

HOW TO USE THIS BOOK
After the Course

Use this book as a tool when you return to the real work of engaging families and building relationships back at your agency.

•As you encounter trauma, resistance, and other challenging human characteristics on a person-by-person basis back in your practice, take time to check back in with the principles and review and/or create new responses to the prompts.

•If you find yourself triggered by the behavior of a child, youth, or adult caregiver, revisit the principles and reflect on the prompts.

•Notice and document any shifts in your relationships with clients and your own process of cultivating and maintaining resilience.

•Make observations and cultivate ideas for how the principles can be applied at the organizational and system level in your community. Share those ideas with your team, supervisor, and community partners.

•Notice the interconnected relationship between the principles of Trauma-Informed Practice and the Practice Profiles (the best practices that define how we deliver services to families):

ADVOCATING
ASSESSING
COLLABORATING
COMMUNICATING
DEMONSTRATING CULTURAL and DIVERSITY COMPETENCE
DOCUMENTING
ENGAGING
EVALUATING
IMPLEMENTING
PARTNERING
PLANNING

APPLYING TRAUMA PRINCIPLES TO EVERYDAY PRACTICE

According to SAMHSA's concept of a trauma-informed approach, a professional, program, organization, or system that is trauma-informed:

•Realizes the widespread impact of trauma;
•Understands potential paths for child, youth, and caretaker recovery and resilience;
•Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
•Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
•Seeks to actively resist re-traumatization.

Developing a trauma-informed approach requires change at multiple levels of an organization and systematic alignment to six key principles:

1. Safety (Physical and Psychological Safety)
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

A trauma-informed approach reflects adherence to these key principles and involves clients and staff at all levels in the organization. It comes down to knowing and applying these principles to interactions and procedures within your individual and agency practice.

With these six Trauma Principles, you and your agency can deveop specific inter-actions, interventions, procedures, activities, or responses within your organization (at any level) that would meet the criteria of the key principle. You are challenged to think outside the box and take your practice to the next level as you link thoughts, words and actions to the principles.

These six principles form the foundation of a trauma-informed organization that values engagement, resiliency-building, and meaningful change.

Safety

Throughout the agency, family, children, and staff feel physically and psychologically safe. Consider the physical setting and assess whether it is safe. Do interpersonal interactions promote a sense of safety? Understanding safety as defined by those served is a high priority.

Questions or Points to Consider:

- What is psychological safety? What does it look like?
- How can you tell if a child or parent feels safe?
- How can you tell if a child or parent feels unsafe?

Physical Space

- Is your program familiar, accessible, welcoming and accommodating to the needs of families?
- Are meetings held in a familiar place where families are comfortable?
- Do staff allow for breaks and self-care if things get uncomfortable?
- Do youth and families feel safe, both psychologically and physically, when encountering all parts of the agency?

Privacy and Sharing of Information

- Do families understand their rights?
- Do we provide full disclosure when privacy cannot be protected, and is a reason given about why it can't be protected?

Providing Safety in Trauma-Informed Practice

- Trauma resources are present in the lobby/waiting room (sending a message that "you are okay, you are not alone, and as an agency we understand the adverse effects of trauma").
- All areas within the agency are well-lit (including parking lot).
- Client's own definition of emotional safety is included in plans.
- We ask families, children and youth where they would like to meet—explicitly ask "where do you feel the safest and most comfortable?"
- Agency provides full disclosure when privacy cannot be protected and reason is given about why it can't be protected.
- The agency's written policies and procedures include a focus on trauma and issues of safety and confidentiality.
- Build questions related to well-being and resilience, in addition to safety, into safety planning tools and protocols.
- Use trauma screening tools in your routine practice.
- Be familiar with symptoms that indicate a need for trauma assessment and treatment and refer children with those symptoms to a trauma-informed provider.
- Safety plan includes youth and family preferences.
- Utilize the Three Houses.
- Trauma-Informed steps with child at removal:
    - Identify what is happening and going to happen for the child.
    - Identify common thoughts and feelings that children usually have.
    - Explain your role in providing what you believe will be safe for the child.
    - Elicit questions from the child.
    - Ask what the child needs from his or her home that provides comfort.
    - Ask the child what he or she needs to feel safe.
- Have icebreaker meetings within 24 hours after a child's removal:
    - Parents and foster parents should not meet for the first time at court, in a FPM, etc.
- Staff are willing and able to tolerate and empathize with any signs of distress expressed by the child. Think about and prepare trauma-informed responses to typical child questions, such as:
    - Why can't I stay with my parents?
    - When can I see my parents again?
    - How long will I be in foster care?
- Ask parents or caregivers to create a list of information about the child or youth that the alternate caregiver should know.
- Help foster parents view children's behavior through a trauma lens.
- Help foster parents identify potential trauma triggers and assist them in reduction of exposure to triggers when possible and managing children's reactions.
- Supervisors: Role-play with workers how child or parent may respond to investigation; help prepare the worker to manage possible distress in child or parent.
- Supervisors: Take time to process difficult removals with workers and discuss ways in which they can take care of themselves to support their own well-being and resilience.
- Supervisors: Help workers identify signs of secondary traumatic stress (STS) and strategies for reducing STS.

Safety

Feel

Think

Ask

Listen

Say

Do

Additional reflections

Trustworthiness and Transparency

The agency must demonstrate appropriate boundaries, task clarity, clear and consistent policies, and reasonable expectations for providers, staff, families and youth with the goal of building and maintaining trust among all parties. A trauma-informed agency recognizes how trust has been violated and seeks to earn trust.

Questions or Points to Consider:

- How often is trustworthiness violated because communication is poor and expectations are unclear?
- Is information provided to youth and family members about the nature of treatment and services with a clear explanation about boundaries and expectations of the provider, family and youth?
- Do you explain confidentiality rights in advance so clients (including youth) may understand them and know what will be shared and to whom?
- Do CPS workers feel supported in taking time to "explore" with clients in order to make an accurate safety assessment?

Providing Trustworthiness and Transparency in Trauma-Informed Practice

- Information is provided to youth and family members about the nature of treatment and services with clear explanation about boundaries and expectations of provider, family and youth.

- The goals, risks and benefits are clearly outlined and youth and family have a genuine choice to withhold consent or give partial consent.
    - The provider is also able to distinguish between consent vs. assent.

- Each program provides clear information about what will be done by whom, when, why, under what circumstances, at what cost, and with what goals.

- When taking notes around family, you let them know they can request to see them at any point.

- Discuss perceived trauma-related needs and potential referrals with parents and children and engage them in choosing appropriate services.

- Maintain frequent and purposeful contact; be consistent and predictable.

- Co-create SMART (Specific, Measureable, Achievable, Realistic, Time-Limited) service plans with families. Include specific behavioral goals for parent related to increasing physical and psychological safety and promoting resilience among their children in case plans.

- When the family leaves a team meeting the team ends the meeting and does not continue to discuss the family.

- Prepare parents for changes in behavior; educate parents about the impact of trauma and change on children's behavior and functioning.

- Ensure that adoptive families and guardians have all the information about the child's trauma history and trauma reactions that they need in order to care for the child and meet his/her needs.

- Educate and offer training to parent about the importance of trauma focused treatment for children (and/or themselves) when current trauma reactions are present.

- Provide trauma trainings and ongoing coaching to biological parents (or other caregivers) about visitation, trauma triggers, reminders and reactions.

- Educate parent and caregivers about secondary trauma and link them to support groups and treatment as needed.

- Provide birth parents with information about the foster family at the time of placement to help allay parents' fears and develop a relationship between birth and foster parents.

- Supervisors provide workers with tools (e.g. handouts, training resources) to share with birth and resource parent to educate them about trauma, especially triggers, reminders and reactions.

- Supervisors help workers articulate concerns and ensure that all concerns noted in OASIS or the case file have been previously discussed in detail with the family (i.e. the worker does not have any concerns they haven't already discussed with the family).

Trustworthiness and Transparency

Feel

Think

Ask

Listen

Say

Do

Additional reflections

Peer Support

Family members and youth provide peer support to others encountering the system to build on what clients, staff, and communities have to offer, rather than responding to their perceived deficits. Agencies must build and support teams and natural supports to come together and create a family specific support plan.

In this approach, "peers" refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experiences traumatic events and are key caregivers the their recovery; like "trauma survivors."

Questions or Points to Consider:

- Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.
- How do we create and promote ongoing natural supports for family and children?
- Research shows the concept of peer support could also be applied to workers for reduction in vicarious trauma.

Providing Peer Support in Trauma-Informed Practice

- Create a network of caregivers involved in the system or previously involved in the system that are prepared and willing to provide informal peer support to other caregivers or children entering the system.
- Help form a formal support group with current and former families involved with DSS.
- Peer supports are integrated into the services delivery approach (i.e. included in safety planning, services planning and action steps in FPM.)
- Policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services and evaluation.
- Explore formal and natural supports or the child and family (e.g., parent partner, mentor, CASA, friend, faith community).
- Utilize co-workers in your self-care efforts.
- Supervisors support workers in supporting one another during difficult times (ex: SOS team).

Peer Support

Feel

Think

Ask

Listen

Say

Do

Additional reflections

Collaboration

Throughout the agency importance is placed on partnering and the leveling of the power difference between staff and clients and among organizational staff (from clerical and housekeeping personnel, to professional staff to administrators), demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated, "one does not have to be a therapist to be therapeutic." The agency treats families and youth as partners, sharing decision-making and information to the fullest extent possible. Families and youth are engaged in policy-making and governance bodies and activities.

Questions or Points to Consider:

- Are there opportunities and support for families to plan and fully participate in services and in community and policy decisions that impact their lives?
- Is family preference given substantial weight in goal setting?
- Do you communicate respect and honor for experiences and families as experts of their own experience?
- To what extent do the agency's activities and settings maximize collaboration and sharing of power between staff, youth and families?
- When faithfully implemented, the FPM is a tool that reduces the imbalance of power between workers and family while still maintaining child safety and permanence as priorities—this also provides empowerment (another principle).

Providing Collaboration in Trauma-Informed Practice

- Ask what the youth or family would like you to call them (and call them that regardless of your own cultural norms).
- Use the results of your trauma screening to inform and collaborate with caregivers and professionals involved with the individual
- Treat information/knowledge as a way to decrease power differentials.
- Assessment and planning are ongoing and never singular events.
- Case managers are creative with how they show youth/family goals such as a spread sheet or a graph so they understand it better—ask the family what works for them.
- Ask, know, and incorporate child, family preference in all service plans, meetings and court proceedings.
- Explore individual's or family's fears and as them to create agendas to support feelings of control.
- Provide family alone time during FPMs.
- Inform and process with youth and family changes in case management and reason for them in a timely manner.
- Informing youth and family about medication options and their effects—provide each youth and creative with a copy of Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care.
- Even if treatment is court-ordered, explore and discuss options in detail.
- Make service provider matches based on preferred style, personalities, race, gender, as desired by youth or family.
- When appropriate, allow the parent to assist in the removal process and say goodbye.
- Informing clients, youth and families about different kinds of agencies and services that are available.
- Provide youth/family/adult clients with literature or information from trainings you have recently attended; or invite them to attend relevant trainings themselves.

Collaboration

Feel

Think

Ask

Listen

Say

Do

Additional reflections

Empowerment, Voice + Choice

Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated, and new skills are developed as necessary. The agency recognizes the strengths and expertise that families and youth have, and works with them to build new skills as needed. Voice and choice looks at how an agency aims to strengthen the staff's, clients', and family members' experience of choice, and recognizes that every person's experience is unique and requires an individualized approach. Interventions are individualized and reflect family and youth choices.

Questions or Points to Consider:

- Are adults and youth given a choice to decide on when, where and by whom a service is provided—day of week, office versus home, gender of provider, approach of provider?
- Does your agency honor strengths and offer opportunities to learn and master skills?
- Does the agency communicate optimism about the family reaching their goals?
- Are opportunities available to accomplish tasks?
- Are there ways to empower clients regarding privacy and information sharing?
- Family voice and choice may require out of the box thinking to ensure success.

Providing Empowerment, Voice and Choice in Trauma-Informed Practice

- Staff are trained to see themselves as facilitators of recovery rather than controllers of recovery—staff understand and implement strategies in Stages of Change.
- Staff understand and are trained to co-discover Functional Strengths and Protective Capacity—the culture has moved beyond "superficial" compliments of the family—and know how to apply Functional Strengths and Protective Capacity in case planning and safety plans (i.e. have incorporated Solution-Focused Questions/Strategies in every interaction).
- Agency/Worker are familiar with and implement *Nothing About Me, Without Me* approach.
- Use family friendly language. "Jane will receive help or will make an effort to…" Ask client to help develop world statements in safety plans, service plans, FPM actions plans, etc.
- Youth and family is involved in monitoring the progress and effectiveness of their own case plan and treatment—co-creating service plans.
- Staff members keep people fully informed of rules, procedures, activities and schedules, while being mindful that people who are frightened or overwhelmed may have difficulty processing information.
- Family Partnership Meetings are utilized.
- Team or a trusted provider checks in with the parent to see if the tasks are doable.
- Team acknowledges that they can be seen as powerful and that parent may have a hard time disagreeing with them out of fear.
- Adults and youth given a choice to decide on when, where and by whom the service is provided—the day of week, office versus home, gender of provider—the approach of provider—adults and youth are allowed to interview several providers.
- Allow youth/family to choose what family they want to be with when children cannot remain in the home.
- Create in-house advisory boards made up of at least 51% youth and family.

Empowerment, Voice + Choice

Feel

Think

Ask

Listen

Say

Do

Additional reflections

Cultural, Historical + Gender Issues

The organization actively moves past cultural stereotypes and biases (e.g. those based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender-responsive services, leverages the healing value of traditional cultural connections, and incorporates policies, protocols and processes that are responsive to the racial, ethnic and cultural needs of individuals. Services recognize and addresses historical trauma. The system treats all families and children fairly and respectfully, and employs culturally competent staff and interventions.

Questions or Points to Consider:

- Extent to which policies, procedures, staff, services and treatment are sensitive to family:
  - Cultures, traditions, and beliefs
  - Families define themselves and their own ethnic and "home" cultures

- Families require culturally competent services and supports reflecting their race, ethnicity, gender orientation, language, socio-economic background, and family structure.

- Language access and cultural competence are important as they lay groundwork for understanding.

- How people interpret what is being told to them about their treatment must be taken into consideration.

- What is normal for one family may be strange or even unacceptable to another family.

Addressing Cultural, Historical and Gender Issues in Trauma-Informed Practice

- Families receive culturally competent services and supports reflecting their race, ethnicity, gender orientation, language, socio-economic background, and family structure.

- Families define themselves and their own cultures, and treatments/supports are reviewed and adapted for cultural population.

- Agency space reflects and incorporates different cultural perspectives through artwork, diverse reading material, etc.
    - Clients can look around and see cultural, racial and gender representation of themselves.

- There are visible signs displayed in agency areas that indicate the availability of interpreter services in a variety of languages spoken in the community.

- Staff work with qualified interpreters and allow families to choose to have an in-person or telephone interpreter based on their preference.

- Agency and workers understand race-related trauma wounds and what "internalized devaluation" is, as well as how to proactively address it in working relationships. Staff also ensure therapists address these issues (see Handout N: *Healing the Hidden Wounds of Racial Trauma* by Kenneth Hardy).

- Staff ask, "What has happened?" Unmasking and treating the hidden wounds of racial trauma needs to be a part of intervention.

- Staff assess for historical trauma: ask about traumas and losses experienced by family members and ancestors and their impact on the child and family.

- Staff assess for traumatic events that may have occurred in the family's country of origin and during the immigration process.

- Staff recognize and address historical trauma by discussing racial difference with clients and asking clients to share feelings/comfort level.

- Staff affirm and acknowledge racial, cultural, gender trauma—this allows conversations to emerge.

- Staff encourage youth and family to talk openly and candidly about race and their respective experiences with it.

- Youth is allowed to be ambiguous about gender.

- Staff take time to explain paperwork and remove assumptions about what client does and does not understand.

- Staff ask about preferences and beliefs (this may impact suitability of interventions).

- Mental health and stigma is understood through different cultural lenses.

- Staff seek information about different cultural and refugee populations and recognize the unique trauma issues specific to different populations (e.g. refugees, immigrants, LGBTQ, homeless youth/families).

- Staff understand that social and cultural realities can influence children's risk, experience, and descriptions of trauma.

- Staff utilize resources the family trusts to supplement available services (e.g. bringing in a priest or healer).

- Staff ensure that referrals for therapy are made to therapist who are culturally and linguistically responsive.

- When it is necessary to arrange out-of-home care, staff work to locate a foster family that embraces the child's cultural identify and has the knowledge, skills and resources to help the child.

- Staff recognize that strong cultural identity can also contribute to the resilience of children, their families, and their communities.

- Staff consider how their own knowledge, experience, and cultural frame may influence their perceptions of traumatic experiences, their impact, and staff choices of intervention strategies.

- Worker and agency use a cultural trauma screening.

- Collaboration with community members, businesses, faith-based organization, indigenous healers, and other reflect cultural diversity and sensitivity.

Cultural, Historical + Gender Issues

Feel

Think

Ask

Listen

Say

Do

Additional reflections

"I'm really hopeful
when I talk about trauma.
Because with trauma
comes resilience."

-Hala Khouri, Therapist and Yoga Teacher