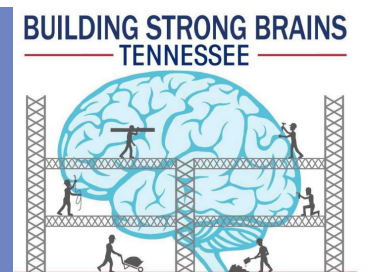


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Building a Trauma Informed System of Care

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Endorsements of the Johnson City Model

Wilmington, Delaware

The Johnson City model of trauma informed care has been a tremendous inspiration for First Chance Delaware and many of our partners. Understanding trauma is a pre-requisite to any strength-based work with children, families, and communities; and a multi-agency public health approach is the only way to get there. The Johnson City system of care is a great example of how to integrate the development of formal supports with the promotion of public awareness, in a science-based, goal-oriented, and sustainable shift in culture. That's what cities really need.

Tracey Quillen Carney
First Lady of Delaware

Bristol, Tennessee

I am writing in support of other communities using the model laid out in this Tool Kit which details the steps taken to develop the Johnson City, Tennessee Trauma Informed Care System of Care.

Johnson City has received national attention, accolades and appreciation for the work they have done in creating this Trauma Informed Community of Care. Dr. Andi Clements and Becky Haas have trained several thousand people regionally and that number continues to increase.

In the Bristol community, we are pursuing becoming a Trauma Informed Community of Care following the Johnson City model. Working closely with Becky and Andi we have learned how to develop a system of care that stretches across a wide range of professionals. The steps being outlined in this Tool Kit provide a helpful guide for other cities to follow for engaging new partners as you build the capacity of your system.

As it has in Bristol, Tennessee, this Tool Kit will help accelerate the growth of your Trauma Informed Community of Care. Using the lessons learned in Johnson City, other cities can expect a high likelihood of success.

Margaret Feierabend
Mayor, Bristol Tennessee

Endorsements of the Johnson City Model

Durham, North Carolina

Becky Haas is a terrific resource for any community beginning to plan a trauma informed system of care. She does a great job making brain science understandable along with the extensive health effects of adverse childhood experiences and other human trauma that is not buffered by a caring adult. Becky has so many stories from her work in developing the Johnson City model, that the numerous applications of a trauma informed system of care be come evident across many sectors--schools, public health, social services, emergency medical services, and criminal justice. Her one day in Durham, NC sharing this replicable model to community leaders and then leading a training for practitioners in the health and social services has helped to galvanize support for moving forward with the development and implementation of a Durham Community Resilience Plan.

Ellen Reckhow
Durham County Commissioner

Wake County, North Carolina

Wake County is home to 12 municipalities, including the capital state of Raleigh, and more than 1 million residents. The ACEs Resilience in Wake County Initiative launched after a spring 2017 film screening of Resilience that spurred many organizations to ask, "What are we going to do about ACEs and to build resilience?" The Initiative is comprised of cross-sector organizational partners coming together to prevent future ACEs and build resilience for those who have experienced trauma. The vision is that Wake County community members value and practice resilience skills to improve their health, well-being and success.

In January 2019, the ACEs Initiative hosted Becky Haas, Trauma Informed Administrator of Ballad Health, for a keynote discussion about creating trauma-informed communities in order to learn from the successful Johnson City, Tennessee model. Following her keynote message, Becky then provided a four- hour SAMHSA training, Trauma Informed Approach, Key Principles and Assumptions. Nearly 300 community leaders gathered for the keynote and about 200 for the training. During this pivotal event, Becky laid out practical steps to take in order for the community to move from awareness of ACEs science to taking action. As a result of learning these next steps, organizational partners are now committed to advancing a community of trauma-informed care by using the method Becky furnished.

Endorsements of the Johnson City Model

Future actions include more trauma informed care training for local professionals and volunteers, Trauma-Informed Policing training for local police officers, planning for ways to enhance community and school resiliency factors and assessing whether various environments cause re-traumatization so that they can be modified to build resilience instead.

The ACEs Resilience in Wake County Initiative has been housed at Advocates for Health in Action previously, and in March 2019, the leadership of this effort transitioned to SAFEchild, an organization focused on eliminating child abuse in Wake County.
<https://safechildnc.org/>

Michele McKinley
Director of Operations Advocates for Health in Action

Foreword

The first time I, Becky, ever heard the words trauma-informed care and information about the Adverse Childhood Experiences (ACEs) study was in the summer of 2014. At the time, I was working at the Johnson City, Tennessee Police Department as the Director of an \$800,000 grant-funded Targeted Community Crime Reduction Project to reduce drug-related and violent crime in neighborhoods historically defined by these characteristics.

Most of my career has been spent developing and implementing educational programs for various organizations, but hearing this message impacted me in a way that no other content ever had. The opioid crisis has challenged community leaders in rural Appalachia to look outside the box for solutions and ACEs science and trauma informed care seemed essential, and in my mind, overlooked. I literally felt that an understanding of trauma informed care was as important as learning the cure for cancer and if I did not tell my community about it, in some way, I would be held responsible.

In 2014, the Substance Abuse Mental Health Services Administration (SAMHSA) released a concept paper entitled Concept of Trauma and Guidance for a Trauma-Informed Approach¹ with the recommendation that communities address trauma by viewing it as an important component of effective behavioral health service delivery. Additionally, it was SAMHSA's guidance that communities should address trauma through a multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.

Following this guidance and partnering in June of 2015 with a long-time friend, Dr. Andi Clements from the East Tennessee State University Department of Psychology, we set out to educate our town. Though our superiors were supportive, we had no funding for this effort and maintained our full-time job duties as we moved forward. In August of 2015, we reached out for technical assistance from Dr. Joan Gillece, Director of the SAMHSA-funded, National Center for Trauma Informed Care (NCTIC), who came to Johnson City in October 2015 to introduce trauma-informed concepts to our community. We had a wide cross-section of professionals and community leaders in attendance.

Following her visit, Dr. Gillece provided us with a draft of a SAMHSA course, Trauma Informed Approach, Key Principles and Assumptions. In less than three years, we trained over 4,000 professionals and created a System of Care that now has over 45 affiliated organizations and meets bi-monthly. Beyond embracing the significance of the Adverse Childhood Experiences (ACE) study, our community partners have begun to implement trauma informed concepts into their programming in many inspiring ways.

1 <https://store.samhsa.gov/system/files/sma14-4884.pdf>

Foreword

In 2018, we planned to host a webinar to learn from other cities that followed the guidance from the 2014 SAMHSA concept paper to educate cross sectors of professionals in trauma informed concepts. We again reached out to Dr. Joan Gillece for technical assistance for this idea and it was not until we received her response that we had any idea something special had happened in Johnson City. Here is an excerpt from her letter:

“As the Director of SAMHSA’s National Center for Trauma Informed Care, I’ve been in conversation with Johnson City Police Department Crime Prevention Programs Coordinator, Becky Haas and East Tennessee State University Psychology Professor, Dr. Andi Clements since 2015 providing guidance and resources as they endeavored to educate the community on Trauma Informed Care. What has resulted has exceeded all expectations for the region embracing and implementing these concepts. In 2014, the Substance Abuse Mental Health Services Administration (SAMHSA) released a concept paper entitled Concept of Trauma and Guidance for a Trauma-Informed Approach with the recommendation that communities address trauma by viewing it as an important component of effective behavioral health service delivery. Additionally, it was SAMHSA’s guidance that communities should address trauma through a multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment. Though many communities across the nation are beginning to implement some of these SAMHSA recommendations, Johnson City clearly stands out as a leader in embracing this model.” ~ Dr. Joan Gillece

Instead of hosting a webinar in 2018, we co-hosted a forum with Dr. Gillece to tell our story. This forum was attended by two state First Ladies, leaders from over twenty states, and people from all across Tennessee. Shortly after the forum, I was offered a role at Ballad Health as Trauma Informed Administrator, a position that I began in November of 2018. My role is to advocate, educate, and collaborate with others to bring trauma informed programming into the twenty-one counties of Northeast Tennessee and Southwest Virginia served by Ballad Health as well as transition them into becoming a trauma informed healthcare system. Andi’s role has also expanded where now, in addition to her duties at ETSU, she is the Executive Director of the Holy Friendship Collaborative whose mission is to mobilize and equip the faith based community to address addiction in rural Appalachia.

Foreword

Thanks to funding we received from the Tennessee Building Strong Brains Initiative and input from our system of care partners, we are sharing our story in this toolkit. Our hopes are that by providing practical steps that are easy to replicate, it will accelerate moving any city from ACEs awareness to action.

Becky Haas
Trauma Informed Administrator
Ballad Health

Andrea D. Clements, PhD, Professor
Department of Psychology
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Every Community Needs a System of Care

Imagine being a first responder at the horrific scene of a 5 story building in your town that is on fire. As fire personnel begin rescuing those trapped inside, you see on the 4th floor, the face of a small child all alone who is frantically peering out the window. If this scenario were to be compared with the devastating effects of childhood trauma, in Johnson City, we have had the attitude that we cannot yell up to the child on the 4th floor and say, "We'll be back in a few years when we have grant money to reach your floor." Certainly we understand it might take time to reach all, but at least we've sounded the alarm that we need all hands on deck to help with the rescue!

Some of the greatest challenges faced by every city in our nation, have their roots in a common problem--the childhood trauma experienced by the individuals who are living there. Communities with overcrowded prisons, increasing homelessness, gang violence, and high rates of drug addiction, search for answers to these social concerns; yet often do not realize that each of these problems can in some way be attributed to childhood trauma experienced by many who have no support system.

Upon recognizing the connection between trauma and poor physical and social outcomes, communities have a responsibility to develop a plan to raise awareness about trauma by educating local partnerships and service providers on what trauma is and how to systematically identify it. Then those partners can collaborate to reduce its effects. The good news that has come from the ACEs study is that we now know that what is predictable is preventable. As communities begin to recognize the devastating effects of adverse childhood experiences, solutions can be implemented to reduce those effects. The past few decades of scientific investigation support both the impact of trauma and ability to lessen its effects. Trauma informed care is not a movement, a buzz-word, or a fad but should be seen as an important public health strategy. Regardless of how large or small you feel your role in the community is, YOU can begin to raise awareness.

***Regardless of
how large or
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YOU can begin to
raise awareness.***

Every Community Needs a System of Care

The statements below are provided as part of this toolkit to be used as talking points for convincing others that a communitywide system of care is needed. Include these in your presentations when you step out to develop a trauma informed system of care.

Here are several compelling reasons for developing a communitywide trauma informed system of care:

- The Department of Health and Human Services strongly suggests communitywide efforts that focus on improving the wellbeing of children and families who have experienced trauma. Their recommendation urges service providers to implement trauma screening and evidence-based practices informed by the Adverse Childhood Experiences (ACE) Study in order to reduce the effects of childhood trauma.¹
- The Substance Abuse Mental Health Services Administration (SAMHSA) recommends community education programs about trauma. According to a 2014 SAMHSA Concept Paper, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, local service providers should operate with an understanding of the universal prevalence of trauma that exists in every city. Experienced trauma, particularly if it goes unrecognized, is a harmful and costly public health problem. SAMHSA explains that trauma occurs as a result of abuse, neglect, violence, loss, bullying, disaster, war, and other experiences. Communities need to address trauma by offering effective behavioral health service delivery. In order to accomplish this, there must be a multi-agency approach that includes providing trauma informed education, including staff training to change the service provider culture and to encourage programming aimed at decreasing the effects of trauma. Communities then should identify ways to become more resilient and make a commitment to move from becoming trauma aware to truly trauma informed.²
- The Child Welfare System Child reports that maltreatment is a substantial public health concern as well as a serious social problem. They recommend that communities must make investments in the prevention of trauma that will go beyond protecting children from maltreatment to a focus on preventing maltreatment's consequences, which they identify as including debilitating and lifelong physical and mental health problems, and addiction, and result in considerable treatment and health-care costs, and lost opportunities in education and work.³

1 https://www.huffpost.com/entry/helping-victims-of-childh_b_3580234

2 <https://store.samhsa.gov/system/files/sma14-4884.pdf>

3 https://www.childwelfare.gov/pubpdfs/cm_prevention.pdf

Every Community Needs a System of Care

- The Centers for Disease Control (CDC) affirm lessons learned by the Adverse Childhood Experiences study are a major concern. Based on national data, child abuse and neglect are more common than previously realized. Reports show that at least 1 in 7 children have experienced child abuse and/or neglect in the past year, and this is likely an underestimate. Research supports that children living in poverty experience more abuse and neglect, a finding that service providers must consider whenever they provide services. Rates of child abuse and neglect are 5 times higher for children in families with low socio-economic status compared to children in families with higher socio-economic status. By raising awareness of trauma informed concepts, communities will be better equipped to provide more equitable opportunities to children for whom these opportunities have been out of reach. The CDC observes that child maltreatment is also very costly. In the United States, the total lifetime economic burden associated with child abuse and neglect was approximately \$124 billion in 2008. This economic burden rivals the cost of other high profile public health problems, such as stroke and Type 2 diabetes. If trauma is addressed throughout service providers becoming trauma informed, these costs can likely be curtailed.¹
- Guidance from the CDC includes developing a community education approach. The recommend that trauma informed public engagement and education campaigns need to use communication strategies such as social marketing, and community-based efforts like town hall meetings, neighborhood screenings and discussions to reframe the way people think and talk about child abuse and neglect and also identify who is responsible for preventing it. Effective frames highlight a problem and will point communities towards finding solutions.²

1 <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

2 <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>

Every Community Needs a System of Care

- SAMHSA, along with other reputable research sources, confirm that having experienced ACEs predicts substance misuse. Any type of addiction (e.g., alcohol misuse, prescription drug misuse, illicit substance misuse, smoking) is likely to have its roots in experienced trauma. Efforts to prevent underage drinking or drug use may not be effective unless ACEs are addressed as a contributing factor. Underage drinking prevention programs need to help youth recognize and cope with stressors of abuse, household dysfunction, and other adverse experiences. The likelihood of a teen smoking increases with higher ACEs scores is predictive of continued tobacco use during adulthood. According to a 2017 study of adverse childhood experiences and adolescent prescription drug use, the rate of prescription drug abuse among youth increased considerably for every additional ACE experienced.¹
- Roos et al. (2013) states that many cities across the nation consistently report growing numbers of those who are homeless. They found that adverse childhood experiences are substantially overrepresented in homeless population samples, and a history of childhood adversity has been related to particularly poor outcomes among homeless individuals. Trauma informed care training is an essential tool for service providers to better assist those who are homeless.²

Presenting material such as that above, has effectively mobilized the area around Johnson City, Tennessee. Passion is one ingredient that has never been lacking here and it has fueled the urgency for “why” professionals need to be educated about the effects of childhood trauma and potential means to address those effects. As leaders from diverse professions have come to understand what childhood trauma predicts, and how its effects can be mitigated, this message has been embraced wholeheartedly and with much zeal shared to others.

1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763992/>

2 https://www.researchgate.net/publication/258034008_Relationship_Between_Adverse_Childhood_Experiences_and_Homelessness_and_the_Impact_of_Axis_I_and_II_Disorders

Every Community Needs a System of Care

Benefits of Having a Trauma Informed System of Care

Speaking the Same Language

Many systems in your community engage with victims of trauma. Individuals are very often involved across a wide spectrum of services. All service providers need to speak the same language and share the same understanding of trauma and belief in resilience.

Multiple Possible Points of Contact

If a child is experiencing ongoing toxic stress at home, it's unlikely the child will be brought by the caregiver to see a behavioral health professional as this trauma occurs. However, the child by law does have to go to school or he or she may be enrolled in afterschool programs or play sports. Once staff are trained about ACEs and trauma informed care, each of these programs can become a trauma informed point of contact that can buffer, intervene, or connect a child with additional services.

Culture Change

Having a trauma informed system of care is the key to moving your community from having an awareness of ACEs to action. Trauma informed care needs to be part of all frontline services to effectively mitigate the effects of individual ACEs within the community. Training is not enough. Your goal is to change the culture of organizations and eventually that of your community to becoming more resilient.

Empowering Many People to Make a Difference

Creating a trauma informed system of care will convey by training to all service providers that you don't have to be a therapist to be therapeutic. The concepts taught in trauma informed care training can be used by anyone anywhere.

Every Community Needs a System of Care

More Training Will Be Possible

Think of a trauma informed system of care like the placement of AED's. Over the years these medical devices have saved thousands of lives by being strategically placed in locations where medical equipment is not typically found. The key to the success of these devices is training for those who might need to use them. The same is true with training for proper uses of ACEs screening and trauma responsive programming. By having a system of care, more people can be trained, and more trainers can be developed so that there is a large workforce of knowledgeable people who can implement trauma informed care.

Resilience Will Increase

Once agencies become trauma informed, they collectively and individually can champion resilience for clients they serve. Systems of care collectively increase the resilience with in their community.

More People Will Be Helped

Nurturing and supportive relationships are the evidence-based practices shown to heal the effects of trauma. Raising awareness through trauma informed education and developing trauma informed systems of care will create more resilient communities. Connection is the cure, and the more people within the community who have an understanding of ACEs and trauma informed care, the larger will be the number of people with experienced trauma who will benefit.

Reduction in Re-Traumatization

System of care partners can benefit by knowing which other service providers share their understanding of trauma and resilience building. For instance, if physicians or schools conduct ACEs screening on those served, having trauma informed care partnerships allows for safe and knowledgeable wrap around services to address the needs identified in screening. Having a trauma informed system of care will allow trauma survivors to experience a reduction of re-traumatization by service providers.

Getting Started

Becoming trauma informed as a community or as a single service provider is a journey, not a destination.



Getting Started

It only takes one professional who is passionate about reducing the devastating effects of ACEs in your community to begin the work of creating a trauma informed system of care. Certainly, adding more voices to this number will accelerate your efforts but someone has to set this conversation in motion. The main ingredients for success are to do what you can, where you are, with what you have. Becoming trauma informed as a community or as a single service provider is a journey, not a destination. No beginning is too small nor is any amount of progress insignificant. It matters not if you are one schoolteacher, police officer, social worker, or the Mayor of the city. Each of these roles has existing partnerships and its own sphere of influence.

As you read this toolkit, you will see that it is organized around three key steps – advocate, educate and collaborate, in that order. Each step is equally as important. Each step will organically flow to the next one. You might be thinking, “Is that all there is to creating a trauma informed city?” It has been in Johnson City. We are now coaching other nearby cities as they create trauma informed systems of care using this same roadmap, and it seems to be working well.

This project received funding from the Tennessee Building Strong Brains Program for the purpose of assembling a toolkit that describes the steps we took and subsequently what happened in Johnson City that in 2018 brought national recognition to the system of care as a model other cities should follow.

The message of trauma informed care is not one that is “taught” but rather it is “caught.” Start by asking yourself, “Am I infectious?” Understanding the connection between adverse childhood experiences (ACEs) and future life and health disparities, as well as the significant risk ACEs predict for addiction and risky behaviors – are vital truths every community must embrace. How will you help your community do this? After creating a system of care in Johnson City and now launching systems in other cities by using this replicable model, we can assure you that it will quickly become apparent who will join in as your ACEs champions.

No beginning is too small nor is any amount of progress insignificant.

The message of trauma informed care is not one that is “taught” but rather it is “caught.”

Getting Started

Educate Yourself

The first thing you must do is to become educated about ACEs and trauma informed care. When we began this work in 2015, there were far fewer conferences, videos, publications, or tools for learning about ACEs science and trauma informed care as there are today. At this point, it can be overwhelming to sort through the vast available content. To help you on this journey, here are a few trusted sources we have used that we recommend:

In Tennessee, the Building Strong Brains initiative over the past few years has focused on changing the culture of Tennessee so that the State's overarching philosophy, policies, programs, and practices for children, youth, and young adults utilize the latest brain science to prevent and mitigate the impact of ACEs. In an effort to help Tennesseans understand the impact of ACEs, and how they will affect the future economic development and prosperity of the state, the Tennessee Commission on Children and Youth (TCCY) has guided a state-wide effort known as the Building Strong Brains Program. This program has provided training and grant funding (this toolkit was funded by one of these grants) aimed at developing innovative trauma informed programming and community support in spreading this education.

At the time of writing this toolkit, TCCY had trained 833 people through the Building Strong Brains Training for Trainers to prepare participants to train others about ACEs. Participants have subsequently trained 29,000 additional individuals. Dr. Andi Clements and I both became BSB trainers in 2016 during the first round of trainings. If you are interested in the Building Strong Brains Training for Trainers, please fill out a statement of interest¹ to learn when additional Training for Trainers opportunities become available. There is no cost associated with this training and you can contact Jenn Drake-Croft (Jenn.Croft@tn.gov) for more information.

1 <https://www.tn.gov/content/tn/tccy.html>

Getting Started

Educate Yourself

There are also excellent resources available for self-educating or building your knowledge base once you become trained in Building Strong Brains or if you live in a state where this or something similar is not offered. The following are a few recommendations of valuable ACEs resources to help you learn. (Please note, in no way do we gain by recommending any of these resources. There are numerous other sites that contain content about ACEs but these are a few we are the most familiar with and from which we have used materials in creating our system of care.)

ACEs Connection¹

ACES Connection is an online learning collaborative including individuals from many different sectors. ACEs Connection is an ever-growing social network connecting those who are implementing trauma informed and resilience building practices based on ACEs science. It was designed to support communities to accelerate the use of ACEs science in solving our greatest challenges. Among the guiding principles of ACEs Connection is to help communities move from managing problems to managing solutions.

When you join the ACEs Connection network you create a profile and then select the types of programming you would like to learn more about. Once you do, you will begin receiving email links to articles related to your areas of interest. As your community movement grows you can keep members connected by creating your own group page where you can author blogs, maintain a calendar, and use the system's community tracker to map progress of your system members movement toward becoming trauma informed.

1 <https://www.acesconnection.com/>

Getting Started

Educate Yourself

Childhood Trauma, Changing Minds¹

This website was grant funded in part by the Office of Justice Programs, U.S. Department of Justice. Materials available here are designed to equip you with the knowledge to help a child who has been exposed to traumatic stress to heal and thrive. These materials are prepared for use by parents, foster parents, educators, and advocates. Among the resources included on this site is the “Gestures” curriculum. Learning and using five simple gestures can enable a supportive adult to help a child overcome the effects of childhood trauma.

Futures Without Violence²

For over 30 years, FUTURES has been providing groundbreaking programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world. Programming and resources are available for children, youth and teens; engaging men; colleges and universities; human trafficking, workplace safety and more.

Healthcare Toolbox³

When a child and family enter a hospital or medical setting, many factors contribute to whether the experience is perceived as traumatic. Developmental age, prior medical experiences, and previous non-medical trauma can all contribute to their reactions. The Healthcare Toolbox provides resources for providers, child welfare professionals, parents, and children to help reduce the effects of trauma related to a health-related experience.

1 <https://changingmindsnow.org/>
2 <https://www.futureswithoutviolence.org/>
3 <https://www.healthcaretoolbox.org/>

Getting Started

Educate Yourself

National Child Traumatic Stress Network (NCTSN)¹

The NCTSN has a mission to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. NCTSN was created to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. NCTSN has a wealth of resources including fact sheets, videos, a free downloadable toolkit for educators, webinars, in-person learning opportunities, and much more. Many of the printed materials are available in both English and Spanish.

The Trauma and Learning Policy Initiative (TLPI)²

TLPI's mission is to ensure that children traumatized by exposure to family violence and other adverse childhood experiences succeed in school. To accomplish this they engage a menu of advocacy strategies including: providing support to schools to become trauma sensitive environments; research and report writing; legislative and administrative advocacy for laws, regulations, and policies that support schools to develop trauma-sensitive environments; coalition building; outreach and education; and limited individual case representation in special education where a child's traumatic experiences are interfacing with his or her disabilities. One resource we have found most useful for educators is their free download of Helping Traumatized Children to Learn³. This free workbook summarizes TLPI's research from psychology and neurobiology that documents the impact that trauma from exposure to violence can have on children's learning, behavior, and relationships in school. The report also introduces a tool organized according to six core operational functions of schools that can help any school create a trauma sensitive learning environment for all children.

1 <https://www.nctsn.org/>

2 <https://traumasensitiveschools.org/>

3 <https://traumasensitiveschools.org/tlpi-publications/>

Getting Started

Once you have gained the information you need, you can take the first step to advocate and raise awareness of trauma informed care and ACEs science. Schedule community forums at the public library or coffee shops, speak to civic clubs, or ask to be added to the agenda for local health department council meetings. Consider using films as tools for advancing community awareness. There are two feature length films by KPJR Films¹ about ACEs and trauma informed care which are currently being used by trauma advocates in many cities. The films are called *Paper Tigers* (which is now available on Amazon Prime) and *Resilience, The Biology of Stress & The Science of Hope* (which can be purchased directly from KPJR films along with a license to show it). *Paper Tigers* is the true story of Lincoln High School in Walla Walla, Washington about their journey to become trauma informed. The film documents how the principal changed the school approach from one where punitive discipline was used to an environment in which staff began to show empathy once they understood the trauma experienced by their students. *Resilience* chronicles the movement of trailblazers in pediatrics, education, and social welfare who are using cutting-edge science and field-tested approaches to protect children from the effects of toxic stress.

**Advocate:
Create
Interest**

1 <https://kpirfilms.co/films>

Getting Started

Identify Partnerships

To build a trauma informed community, partnerships will be necessary. Whether you are a social worker, school teacher, or the Mayor of a town, you have partners. Make a list of all the service providers to whom you make referrals, seek guidance from for clients, or enlist for help meeting client needs. Making this list is how you begin to build your system of care.

The next step is to reach out to your potential partners. Begin by suggesting a meeting with your potential partners, either to have a video screening or a planning meeting. If you start with a video then you will want to follow up with a meeting. We recommend that you provide a sign-in sheet at each meeting or event and announce that anyone who is interested in attending a follow up meeting further exploring involvement in bringing the message of ACEs and trauma informed care to the community, to please sign up.

When planning the meeting for this group, prepare slides or handouts using the points offered in Chapter 1 *Every Community Needs a System of Care*. Offer these points and discuss how they apply to your particular community and the partners you have gathered and be sure to include the benefits for the community and the partners. In this meeting, you are asking partners to rethink some of the ways they provide services. Present information that will convince them of the universal prevalence of trauma, and they will come to realize we are all serving trauma survivors. Think of building a system of care like fishing. You put out the bait (education) and there will be some nibbles and then a “catch.” Use this meeting to issue a “call to action” and end it by setting a date for your first trauma informed care training! Remember our analogy of the child in the burning building needing to be rescued? Now we are assembling the responders!

Getting Started

Identify Partnerships

A Trauma Informed System of Care is the key to reaching your goal of moving your community from an awareness of ACEs to action. Once you begin to offer training, this alone will not be enough. Your goal is to change the culture of organizations and eventually that of your community to becoming more resilient. As you begin, collect a baseline evaluation of understanding on trauma and ACEs from your service providers (described in later chapters). The assessment tools used in the Johnson City System of Care are included in this toolkit and may be duplicated. By using the assessment tools, whether for research or tracking community progress, you are measuring perceptions from the beginning. As you move forward with training, it will be exciting to watch those perceptions change.

Educating System of Care Partners

Once you have educated yourself and created interest in potential partner organizations, the next step in launching a communitywide trauma informed system of care is providing training. After a sufficient number of professionals are interested in this topic as a result of your advocacy efforts, it is essential to increase their understanding of ACEs science and trauma informed care through training.

Educate Diverse Groups

Be intentional in reaching out to a widely diverse group of professionals. Include those who are in healthcare, law enforcement, corrections, advocacy programs, homeless services, libraries, childcare, mental health, child protective services, education, and more. This was critical to accelerating the growth of the Johnson City system of care.

Maintain Training Fidelity

It is important to maintain the fidelity of the training across trainings, trainers, and disciplines. Looking back, we know that by maintaining fidelity in our content (using the advocate, educate, and collaborate method, and using consistent language from The State of Tennessee Building Strong Brains (BSB) Initiative and the National Center for Trauma Informed Care (NCTIC)), a shared understanding of trauma was created. We ask for trainers to keep the BSB language and NCTIC language and core videos, but beyond that, we encourage trainers to add their own stories and customize content to the audience.

When we became interested in creating a trauma informed community in 2015, we requested technical assistance in the form of training materials from the SAMHSA-funded National Center for Trauma Informed Care (NCTIC). The NCTIC staff responded by sending the Center Director, Dr. Joan Gillece, and an associate, Dr. Brian Sims, to Johnson City to introduce these concepts to our community. Following their visit, they provided us with a draft course entitled, SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles¹, which included a PowerPoint presentation and a companion Instructors Handbook which detailed how to teach the course and includes talking points for each slide or video. With NCTIC permission to edit, this became the foundation of many future trainings.

¹ NCTIC, https://www.nasmhpd.org/sites/default/files/TraumaTIACurriculumTrainersManual_2017.pdf

Educating System of Care Partners

Trainings

Over the past four years, we have developed several trainings, some general, and some tailored to particular disciplines. As the demand grew, we developed a Train-the-Trainer training. We have described each below.

4-Hour General Training

“Trauma Informed Care – Key Principles and Assumptions.” This curriculum provides an introduction to trauma and trauma informed approaches. No prior knowledge about trauma is necessary before someone participates in this training, which is intended for a wide range of potential audiences including direct service providers, supervisors and administrators, advocates, service recipients, and interested community members. This training forms the basis for more advanced work in developing trauma informed environments and practices, leaving participants with an expectation of using the principles to change their organizational culture.

*The entire “Trauma Informed Care – Key Principles and Assumptions” course in its original form, would take about eight hours of instructional time. With permission of the NICTIC director, we condensed it to a four-hour course so more service providers could attend. The version of the course we developed has three modules. The learning objectives of module one include: gaining a shared understanding of trauma, how to identify trauma, the effects of trauma on brain development, and a trauma survivor case study. For the case study, we typically show a video called *Removed that is publicly available*¹. Whenever using copyrighted content, check with your organization about obeying copyright laws. We have consulted with our organizations, and we use publicly available content, and give credit and source on the slide that contains the video.*

Removed is a reenactment of the true story of a child growing up in a home characterized by domestic violence and alcohol abuse who has a parent with criminal justice system involvement. The main character in the story is placed into two different foster care situations. One setting depicts non-trauma responsive foster care while the second foster home illustrates a more trauma informed approach. This video allows training participants to see abuse through the eyes of a child and hear the child’s self-talk as she narrates her story. It is intense to watch and can possibly trigger strong reactions in people, particularly those with lived trauma. Before showing the video, we

1 Length 12:48; <https://www.youtube.com/watch?v=IOeQUwdAjE0>

Educating System of Care Partners

describe what participants will see and give them permission to step out of the room. All training on ACEs science and trauma informed care needs to model trauma informed practices. After the video, we discuss what was and was not trauma informed within the video and how things could have been done differently.

The second module learning objectives include: understanding ACEs, the prevalence of ACEs and a second survivor story video called, “Healing Neen”.¹ This video tells the story of Tonier “Neen” Cain. In telling her story, Tonier powerfully illustrates the connection between childhood adversity and addiction which lead her to crime and criminal justice involvement. By attending a trauma informed program while incarcerated, she saw the association between childhood adversity and choosing risky behaviors as coping strategies, including drug use. Participation in this group began to lead to her own healing and now she is a national speaker and advocate for trauma informed care.

The last module of the course contains SAMHSA’s principles for trauma informed approaches. These principles are values-based rather than offering specific treatment interventions, and can be applied in a multitude of settings. Implementing a trauma informed approach requires compassion and caring; it’s not about learning a particular technique or checking off a checklist. It is a “way of being,” looking at the world through trauma informed lenses, rather than a set of actions. We teach the SAMHSA six pillars as organization self-inventory tools to encourage organizations to move from training to changing organizational culture. In order for organizations to provide a healing environment to trauma survivors, the following six pillars (concepts) need to be addressed: safety; trustworthiness and respect; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues.²

From April of 2016 through the summer of 2018, we trained over 4,000 professionals using this training. We often teach mixed audiences that can include individuals in various roles, from various service systems. We have included the four-hour version of training used in Johnson City in this toolkit.

We also offer several customized versions that included examples of trauma informed care programming specific to the type of audience. When we began training community partners, we were unable to find customized training for nurses, homeless service providers, educators, foster care, law enforcement or other types of professionals – so, we created our own with permission from NCTIC. When training

1 Length 25:26; <https://www.youtube.com/watch?v=IUJJPJ4eW8kQ>

2 <https://store.samhsa.gov/system/files/sma14-4884.pdf>

Educating System of Care Partners

these homogeneous groups, we tailor examples and pictures to them (e.g., child examples and pictures of elementary teachers, poverty examples and pictures for organizations that work with homeless individuals). The content remains the same. We have described these tailored trainings in more depth in Chapter 4 Aim High to Reach All.

2-Hour Specialized Training

In recent months, Becky Haas has been coaching other cities within Northeast Tennessee, Southwest Virginia, and beyond in developing trauma informed systems of care, by using this exact same method and training process. At the beginning of this toolkit, you can find endorsements from those now using this model with success. In Chapter 4 Aim High to Reach All there is discussion of specialized two hour trainings now developed for educating professionals in healthcare, law enforcement, and education.

6-Hour Train-the-Trainer

After training community partners for a year, it quickly became apparent we needed two things. We needed additional trainers in order to meet the growing demand for training in additional organizations and we recognized the organizations we had trained previously needed the ability to offer ongoing training to new employees or volunteers instead of having us to come and conduct training again year after year. This is how the “Trauma Informed Approach – Key Principles and Assumptions; Train the Trainer” course was born, also with approval of NCTIC. The trainer course is six hours long. Often we find a sponsor to provide a free lunch to the attendees for this event. Lunch together allows time for networking among organization representatives, furthering the idea of forming a system of care. The trainer course includes all of the slides from the 4-hour general training, with slides interspersed that explain the “why or what” behind the content on each slide and give speaker’s notes and stories used for illustration. A copy of the Train the Trainer course is provided in this toolkit.

Educating System of Care Partners

Building Strong Brains Training

As mentioned earlier in the toolkit, those living in the state of Tennessee also have access to the Building Strong Brains (BSB) training developed by the Tennessee Commission on Children and Youth (TCCY). Hundreds of trainers are now available state-wide and you can find more information at <https://www.tn.gov/tccy/ace/tccy-ace-building-strong-brains.html>. BSB training is available in lengths varying from 90 minutes to three hours, and assists in building a knowledge mobilization movement around early childhood brain development. Like the SAMHSA training, BSB training results in community partnerships having a common language and shared understanding regarding ACEs science. BSB training aims at developing this common understanding through a shared, up-to date, clear storyline based on science which includes the following:

- The architecture of a young child's brain is shaped by the interaction between genes and experiences, which can have positive or negative results*
- Science makes it clear Adverse Childhood Experiences negatively impact the architecture of the developing brain*
- Children thrive in a safe, stable, nurturing environment of supportive families, caregivers, neighborhoods, and communities.*

Both Dr. Andi Clements and Becky Haas are trained as BSB trainers and these materials are incorporated in most of their presentations and most of the central BSB materials are included in the trainings described above.

Aim High To Reach All

Steps to raise awareness of ACEs science and trauma informed care by starting just where you are were provided in Chapter 2 *Getting Started*. No matter what your role is in the community, within your immediate circle you have partners where you can advocate for creating a trauma informed system of care. After taking those initial steps, your efforts will have created awareness and piqued interest. In the next step, you began training your partners. This section focuses on building capacity in your system of care, and as you do, you should be careful not to overlook any sector.

One way to approach this capacity building is to imagine the interactions of someone who is utilizing services. It is common this person will interact with multiple service providers. For example, if someone is a victim of domestic violence, they may need services from an emergency shelter, counselors, law enforcement, and legal advisors. If this person has biological, adopted, or foster children, there could also be involvement of school staff, coaches, after-school programs, foster care, and mental health professionals. It is easy to see that services needed to assist just one person will include four or more different kinds of community partners as they navigate. If only one agency speaks the language of trauma informed care and the others do not, it can create barriers to recovery and lost opportunities for resilience building. Service providers who are not trauma responsive might even re-traumatize the person in the process of serving them.

In Johnson City, as we began to educate our system partners using the trainings discussed in Chapter 3 *Educating System of Care Partners*, it became apparent that additional education through specialized trainings was needed. This chapter describes trainings that have been tailored to several common contexts.

No matter what your role is in the community, within your immediate circle you have partners where you can advocate for creating a trauma informed system of care.

Aim High to Reach All

Educator Training

After dozens of educators attended the four-hour SAMHSA training, “Trauma Informed Care, Key Principles and Assumptions” in Johnson City, questions surfaced from them about how they should create a trauma responsive classroom or if there were known ways they could reshape school culture. We developed an educator training that helps teachers recognize that a traumatized brain has a more highly developed stress response system than a non-traumatized brain – and this will affect the child’s behavior. Students who are experiencing ongoing toxic stress display behaviors that may be seen as problem behaviors, but are likely driven by an underdeveloped executive control system and overdeveloped “fight or flight” system. For many students, the classroom is the only environment where there is predictability and stability, which has been shown to reduce problem behavior and help students to feel safer. Along with teaching science, history, and math, classrooms need to model emotion regulation for students who have not grown up in an environment with nurturing, supportive caregivers in order to learn this. To address this, a two-hour “Educators Training” was developed.

Learning objectives for this course are:

- What is Trauma
- How to Identify Trauma
- How Trauma Effects Brain Development
- Understanding and Using ACEs
- Prevalence of Trauma
- Chad’s Story¹ – survivor story video
- Creating a Trauma Responsive Classroom/School
- Examples of Trauma Responsive Practices
- Menu of Classroom Interventions

1 Changing Minds: “Chad”; Length 5:29; Available from Futures Without Violence <https://www.youtube.com/watch?v=sFH6GR0ASKg>

Aim High to Reach All

The development of “Trauma Informed Policing” training was unique to the Johnson City system of care. At the time the system of care was created, Becky Haas was employed by the Johnson City Police Department and saw an opportunity reduce trauma for children on scene in justice-involved situations by training law enforcement professionals. This led to the creation of “Trauma Informed Policing” training which gained certification from the Tennessee Peace Officer Standards and Training Commission (POST) and qualifies for three hours of officer in-service credit in Tennessee. Communities often leave law enforcement professionals out of the conversation about trauma informed care. However, due to the nature of police work, officers are the professionals most often involved responding to 911 calls where trauma has occurred, therefore they must be included. One way to begin the conversation with law enforcement is around the program started by the West Virginia Center for Children’s Justice, Handle With Care. This program is a simple partnership between law enforcement and local schools that has little or no cost to either organization. If a law enforcement officer encounters a child during a 911 call that could be potentially traumatic to the child, the officer alerts a designated person at the school prior to school the next day with the simple words, “[Child’s name], handle with care.” Handle With Care can alert officers to the existence of trauma, paving the way for more intensive training, such as “Trauma Informed Policing” training. In this training, officers are taught how they can become an intervention reducing trauma for children when they are on scene in justice involved situations and how behaviors they see in both children and adults may be a response to past trauma.

Law Enforcement Training

Aim High to Reach All

To date, “Trauma Informed Policing” training has been provided to numerous law enforcement agencies including the Oklahoma City Police Department. Several regional schools and law enforcement agencies are now partnering together to provide Handle With Care program

Learning objectives for this training consist of:

- What is Trauma?
- Why Members of Law Enforcement Should Learn About Trauma
- Effects of Trauma on Brain Development
- Understanding and Using ACEs
- Prevalence of Trauma
- Age Appropriate Ways to Reduce Trauma for Children on Scene
- Examples of Trauma Informed Policing
- Trauma Responsive Approaches for Officers - Tactical Breathing, Gestures
- Five Core Messages for Officers Responding to Domestic Violence Calls with Children on Scene
- Officer Self-Care

Law Enforcement Training

Aim High to Reach All

Trauma Informed Healthcare Training

When Becky Haas joined the staff at Ballad Health as Trauma Informed Administrator, her role was two-fold: 1) Identify and implement programs to reduce childhood trauma in the community and 2) Provide training to Ballad Health team members within their twenty-one hospitals as a strategy to launch them into becoming a trauma informed healthcare system. This precipitated a need for a two-hour training specific to healthcare staff from all disciplines including housekeeping, security, volunteers, and so forth. The goal of this training is to help staff realize that the wound, injury, or illness that brings someone to Ballad Health as a patient, could have a backstory of trauma. This training reminds staff to be aware of the patient's psychological and emotional needs as well as physical needs. It encourages staff to approach patients from a perspective of empathy (not blame) for life issues that may be a result of or response to trauma and treat service users as equal, valued human beings.

Learning objectives for this training consist of:

- What is Trauma?
- How to Identify Trauma
- Effects of Trauma on Brain Development
- Understanding and Using ACEs
- Prevalence of Trauma
- 4 “R’s” of Trauma Responsive Healthcare
- Why Medical Settings Can be Distressing
- Creating a Trauma Informed Environment
- Using “D,E,F” Protocol¹
- Healthcare Staff Self-Care
- SAMHSA Six Pillars of Trauma Informed Approach

1 The DEF Protocol is for the Health Care Toolbox <https://www.healthcaretoolbox.org/what-providers-can-do/d-e-f-protocol-for-trauma-informed-pediatric-care.html>

Aim High to Reach All

As part of the Ballad Health trauma informed community programs, Becky Haas created a two-hour training for business owners, managers, and supervisory staff. Working in partnership with local Chambers of Commerce, the goal of this training is to help management understand trauma in the lives of their workforce and how to create more resilient workplaces resulting in greater productivity and less employee turnover.

Learning objectives for this training consist of:

- What is Trauma?
- How to Identify Trauma
- Effects of Trauma on Brain Development
- Understanding and Using ACEs
- Prevalence of Trauma
- Workplace Charging Stations
- Strength-Based Staffing

Creating a Trauma Responsive Workplace

Aim High to Reach All

Trauma Responsive Faith Community

In 2017, both Dr. Andi Clements and Becky Haas were invited to join numerous community leaders on the steering team for the Holy Friendship Summit. This two-day summit was designed as a gathering of clergy, clinicians, and congregants to produce networks and share resources seeking to reduce opioid addiction in South Central Appalachia. With nearly 500 in attendance at the summit and approximately 100 church leaders responding to the call to action, a non-profit called the Holy Friendship Collaborative (HFC) was born and engagement from the faith community continues to grow at a rapid pace. Along with her role on the psychology faculty at East Tennessee State University, Dr. Clements now serves as the Executive Director of HFC and Becky Haas serves on the Board of Directors. In order to better equip faith community leaders to join efforts to reduce addiction and its effects, a trauma informed care training for the faith community was developed titled Key Principles of Trauma Informed Care and Developing a Trauma Informed Approach for Faith-Based Organizations. This training has been conducted for individual churches, groups of churches, and within hospital settings for their faith partners. It is listed as one of the available trainings endorsed by the Holy Friendship Collaborative as a way to equip churches that are addressing addiction in the region.

Learning objectives for this training include:

- What is Trauma Informed Care (TIC)?
- How to Identify Trauma
- Effects of Trauma on Brain Development
- Understanding and Using ACEs
- Principles of Trauma Informed Approaches
- Scriptural Basis of Trauma Informed Care

System of Care Meetings

A major key to the success and growth of the Johnson City System of Care has been holding a bi-monthly Trauma Informed System of Care meeting. Shortly after we began training community partners, we held our first System of Care meeting. At each training, we invited the organizations attending training to send at least one representative to the System of Care meeting. Our experience has shown those who follow up and participate are likely to be more engaged in developing a trauma informed culture in their workplace than those who do not. To encourage greater participation from staff at all levels within organizations, we do not require a memorandum of understanding (MOU) with an agency in order for a person or an organization to become an affiliate of the System of Care. This allowed people to come and benefit from the meeting without a legally binding agreement, which depending on the type of organization, could set up barriers to involvement.

Although we began with no prior design for these meetings, a successful structure emerged around two components – coaching and cheering. Someone presents some kind of educational content at each meeting followed by announcements of implementation successes experienced by people in attendance.

Coaching System Partners

In each meeting, one of an invited presenter or one of us provides continuing education and practical applications of trauma informed care, ACEs science, and/or resilience principles. In addition to other topical training, we review the four stages of becoming trauma informed in most meetings. This reminds partners that being trauma informed is a journey not a destination. Self-assessment tools are available to gauge where an organization is in the journey of becoming trauma informed. Two assessment tools we are familiar with are:

Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol Community Connections; Washington, D.C. - Roger D. Falot, Ph.D. and Maxine Harris, Ph.D. April 2009¹

Trauma Informed Care Organizational Self-Assessment - This is a tool for organizations to assess their implementation of trauma-informed care in several domains. It was developed by the Traumatic Stress Institute.²

1 <https://www.theannainstitute.org/CCTICSELFASSPP.pdf>

2 <https://traumaticstressinstitute.org/resources/trauma-informed-care-organizational-assessment/>

System of Care Meetings

It is important to recognize the four stages of becoming trauma informed: trauma aware, trauma sensitive, trauma responsive and trauma informed¹. Documenting movement from stage to stage benchmarks organizational progress in a similar manner to measuring a child's height change on a growth chart. The following are the definitions of these stages of growth:

Trauma-Aware

Organizations are aware of how prevalent trauma is and begin to consider that trauma might impact their clientele and staff. Agency staff realize there is a national conversation about trauma informed practices and ACEs science. Training often helps staff members reach this step. The organization might decide to use a screening tool to assess staff members' perceptions and knowledge about trauma.

Trauma-Sensitive

Organizations have begun to 1) explore and discuss SAMHSA's Six Principles of Trauma-Informed Organizations; 2) consider adopting the principles; and 3) prepare for organizational change. Again, once trained, staff members typically begin to think of their services through a trauma informed lens. We regularly have participants indicate by the end of the initial training they attend that they are aware of signage in their facility that might be shaming and should be changed to create a more welcoming and engaging environment for clients.

Trauma-Responsive

Organizations begin to change the culture to highlight the importance of trauma and resilience. All levels of staff begin re-thinking routines and the infrastructure of the organization. Discussion among staff and leadership take place to consider improved routines and how to implement them. Ongoing training is provided for staff and the agency considers engaging those with lived experiences of trauma to participate in the change process to gain a survivor perspectives.

¹ Missouri Model: A Developmental Framework for Trauma Informed Approaches, MO Dept. of Mental Health and Partners (2014) <https://dmh.mo.gov/dd/docs/tieredsupporttraumainformedschools.pdf>

System of Care Meetings

Trauma-Informed

Organizations have now made trauma-responsive practices the norm. The trauma model no longer depends on just a few leaders to keep these practices alive. The governance of the organization supports and invests in maintaining a trauma informed approach. There is identified leadership within the organization tasked to oversee the work of building the change process. The organization partners with other agencies to strengthen trauma informed practices communitywide. These practices include offering programs to reduce secondary trauma for staff and seeking to hire staff members who demonstrate a commitment to trauma focused services moving forward.

As community partners are added to your system of care, Systems of Care meetings offer an opportunity to learn more about what services each partnering agency provides. Often resources essential to meet the needs of individuals are readily available within partner organizations, yet without communication the resources are unknown and unused. Since a system of care brings together a multi-disciplinary set of partners that may be unlikely to meet together around any other cause, take advantage of the opportunity to have varying agencies share what they do at each meeting. This will begin to set you up for the final goal of creating a community of care, collaboration, which will be discussed in a later section of this toolkit.

***...without
communication
the resources are
unknown and
unused.***

System of Care Meetings

Cheering System Partners

System of Care meetings are a perfect setting for inspiring one another in the journey towards becoming trauma informed. No what position someone holds or what type of organization is involved, barriers and setbacks will be faced and naysayers will be encountered. Members of the system of care will be inspired by hearing the creative ways others are implementing trauma informed practices into their services and overcoming barriers along the way, and many will be encouraged to stay on course. Keep in mind, a central focus of your system of care is moving community partners from awareness of ACEs to acting to reduce the effects of them.

Most surprising to us in Johnson City is how over time, partners continue to find new ways to implement trauma responsive practices into every imaginable type of service. In the three years since this system of care began, programs have moved rapidly from education to culture change. The following are some examples of activities reported at past meetings.

Children's Cancer Center

A children's cancer research program has expanded its pain protocol options to eliminate physically restraining children when inserting a port or IV. In addition, the cancer research program is hosting therapeutic groups for the family members to help process the trauma of navigating illness in their child. The Boys and Girls club constructed a "calming room" to help children deescalate when upset rather than having staff reprimand them as a first response to negative behavior.

Police/School Partnership

Area law enforcement agencies now partner with their respective school districts to implement the "Handle with Care" program. The goal of this initiative is to prevent children's exposure to trauma and violence, reduce the negative effects experienced by children's exposure to trauma, and to raise awareness of this issue. If a child is involved in any way during a police call, their school is notified with the child's name and the words "handle with care." No further information is shared, but the staff of the school know to watch for signs of distress and interact with that child particularly compassionately.

System of Care Meetings

Library Association

Librarians are aware their libraries are often a place of refuge and safety for abused youth, homeless individuals, or survivors of domestic violence and therefore employ social work interns to connect these patrons to appropriate services.

State University

A state university is working to become trauma informed by incorporating ACEs science into the course work of various career paths like education, medicine, and rehabilitative services, as well as reviewing institutional procedures like Financial Aid and Registration in order to become a more trauma informed campus.

Regional Health System

A large regional healthcare system is working to reduce trauma from a public health perspective by training area educators, workforce management, and healthcare team members in the twenty-one counties of two states where they provide services. Employees are learning to identify sources of trauma in order to prevent ongoing trauma, prevent re-traumatization in medical practices, and promote resilience in those who have already experienced traumatic events.

Public Housing

An entire public housing system has provided trauma informed care training to all staff, including maintenance. They are now making services more welcoming and hospitable to residents.

An ACEs Connection Group Page can be created to facilitate ongoing communication among system partners. ACEs Connection is a social network for people who are implementing trauma informed and resilience building practices based on ACEs science. By joining the ACEs Connection network and creating a group page, you have an excellent set of tools. Events such as upcoming trainings, movie screenings, and system meetings can be posted. Members can blog about their implementation experiences and can comment on or ask questions of fellow group members. We have used past system of care meetings to show partners how to create a profile and navigate within ACEs Connection in order to learn what others in similar professional settings are doing to reduce the effects of ACEs. To learn more about starting a group page you can follow this link: <https://www.acesconnection.com/blog/how-to-start-a-group>

Evaluation: Reach, Effectiveness, Successes, & Barriers

As mentioned earlier in the toolkit, developing a trauma informed organization or community is a process – not a destination. At times, it will seem like you make two steps forward, only to take a step backwards, and the best way to remind yourself of that progress is to evaluate all along the way. The goal is the same as with anything worth achieving and that is to stick with it. The greatest challenges facing your city today have their roots in trauma so you cannot afford to become discouraged and give up. Your community needs this message and the trauma informed multi-disciplinary teams you will create.

The work will grow as you follow the steps laid out in this toolkit, but it will take some time, and above all, commitment. The term *trauma informed* is not a magic wand that instantly changes everything. When we envision a trauma informed school, we may imagine children's successes are celebrated, classrooms where staff members help students learn emotional regulation, and a decreased number of school-wide fights. All of these can be expected, but along with them will likely come challenges. Teachers will still get frustrated, kids will still fight or swear, and children will still struggle to manage the toxic stress and household dysfunction surrounding their lives outside of school. This does not mean trauma informed efforts are not working - it is simply a reminder that becoming trauma informed is a process. The first time a child does not respond the way we hope, we should not give up. We need to understand that mistakes will be part of the journey, that becoming truly trauma informed takes time, as does healing in the individuals whom you serve. Even if safety and trustworthiness are present, it may take time for individuals to believe it. We must focus on the long-term goals.

Trauma informed care is also not about fixing the behavior in front of us, but rather creating safety and calm to provide an environment where trauma survivors can heal, which will ultimately result in behavior changes, but also many benefits beyond behavior change. Creating a trauma informed system of care is a marathon, not a sprint. It takes determination to keep going, but in the end, it will be worth it. In order to document changes over time, you should be committed to an evaluation plan, which we describe in this chapter. We have included sample instruments in the Appendix that you may tailor to be most helpful in your setting.

Evaluation: Reach, Effectiveness, Successes, & Barriers

Evaluation

Document Everything

We have attempted to document everything we have done in trauma informing our community. We have sign-in sheets at every event. We file emails. We evaluate every training, and we conduct an online survey every six months. For each training, we know what version of our PowerPoint was used, who conducted the training, in what setting, on what date, as well as asking questions about the training itself. We are fortunate to have graduate and undergraduate psychology research students to assist in data collection, entry, and analyses. If you have an educational institution in your area, you should consider seeking their collaboration to help with your evaluation. Hospital systems or large social service organization may also have the capacity to assist with this. Even if you do not currently have the capacity to enter and analyze data, collect it, and hopefully such capacity will exist in the future.

Baseline and Follow-Up Data

Prior to our first training event, we conducted a survey to determine how familiar individuals were with trauma informed concepts, and to what extent trauma informed principles were being applied in a broad array of settings. We have continued to collect data from this same survey every six months since October 2015. Individuals who had registered to attend our first training event presented by leaders from the SAMHSA-funded National Center for Trauma Informed Care (NCTIC) completed the initial survey. Follow up surveys are sent to an ever-increasing list of contacts that includes those initial registrants, participants from subsequent trainings, and system of care members. We email the online survey link and include a request for the recipient to forward the email to colleagues or anyone who may have interest in trauma informed care.

Evaluation: Reach, Effectiveness, Successes, & Barriers

Evaluation

Baseline and Follow-Up Data

Over seven data collection time points, we received 566 usable surveys. Respondents were predominately White (83.2%), reflecting the racial makeup of this geographic region and female (74%), reflecting the usual makeup of human service organizations. They ranged in age from 20 to 86 years of age and represented mental health facilities; physical health facilities; criminal justice systems; and a variety of other types of organizations (see Table 1).

Table 1

Overall Organization Affiliation Demographics

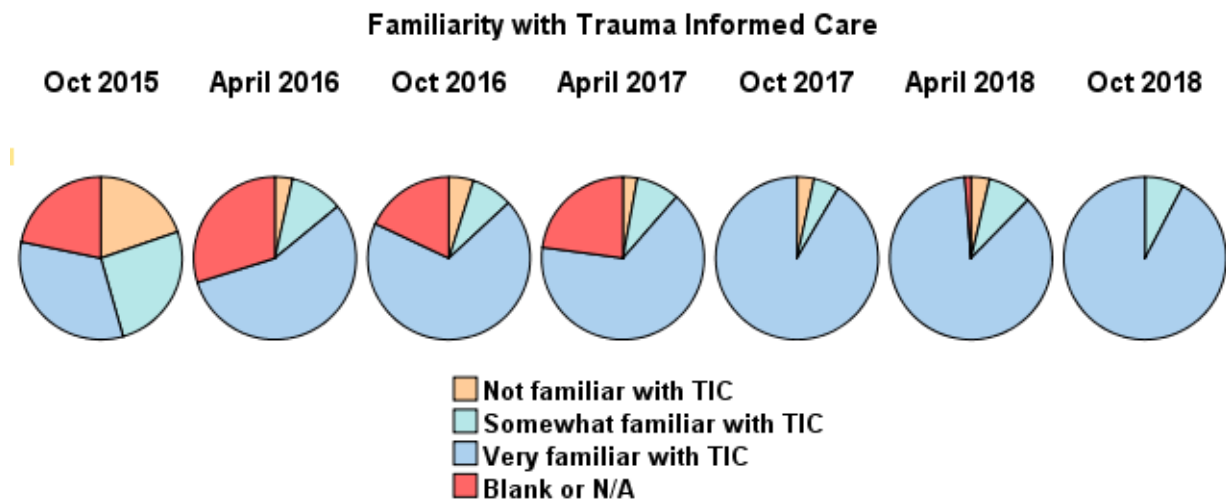
	Percentage
Judge (Juvenile Court)	0.5%
Other Court Employee	0.2%
Probation/ Parole (Adult)	3.5%
Probation/ Parole (Juvenile)	1.4%
Police/ Sheriff/ State Trooper	2.1%
Jail/ Prison Employee	0.4%
Social Worker	15.9%
Psychologist	0.5%
Counselor	12.5%
University Faculty	4.6%
Clergy (Chaplain, Pastor, Other)	7.2%
Other Mental Health Worker	3.2%
Teacher/ Educator	7.4%
Volunteer	8.7%
Other	28.1%
Missing	3.7%

Evaluation: Reach, Effectiveness, Successes, & Barriers

Effectiveness

Baseline and Follow-Up Data

A primary item of interest addressed familiarity with trauma informed care, which read “Are you familiar with the term ‘Trauma-Informed Care?’” with four response choices (no, somewhat, yes, blank). It is readily apparent that familiarity increased drastically over time, particularly near the time we began training (Figure 1).



Evaluation: Reach, Effectiveness, Successes, & Barriers

Baseline and Follow-Up Data

Although there were several items on the survey, we are only reporting results of one as an example. The full survey is provided in the Appendix. The example item asked for the participant’s level of agreement with the following statement: “The people served are routinely screened for trauma exposure and related symptoms,” using a 4-point Likert-type response scale (0 = does not describe my agency or institution, 1 = somewhat describes my agency or institution, 2 = very much describes my agency or institution, 3 = N/A or don’t know). While there is still an increase in trauma screening reported over time, the progress is much slower than in the previous question, as can be seen in Figure 2.

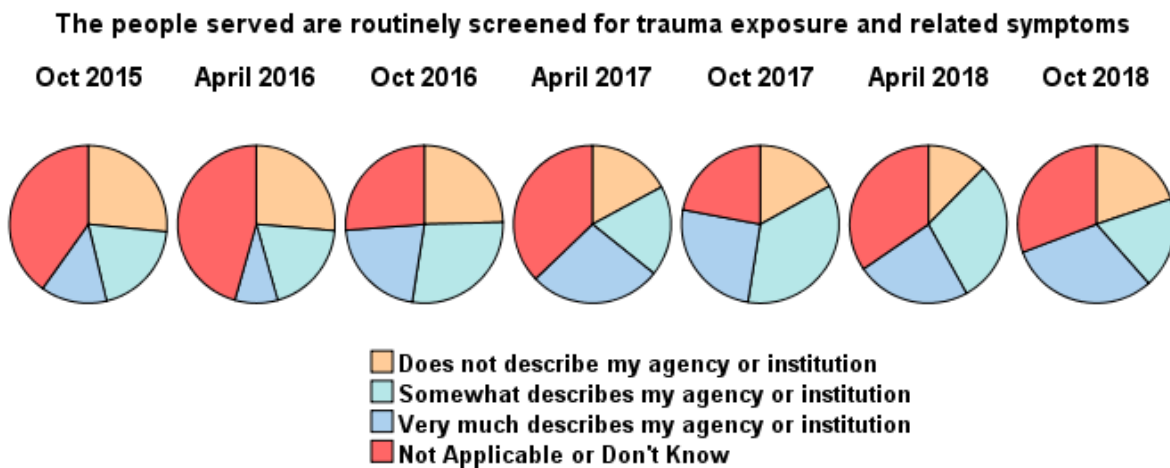


Figure 2. People Served are Routinely Screened

Other questions, such as those regarding organizational policy and funding focused on trauma, have shown even slower change, but by repeating our measurement, we can identify areas for our future efforts. We recommend that you build a manageable evaluation strategy in as you develop your system of care.

Evaluation: Reach, Effectiveness, Successes, & Barriers

Training Evaluations

We have analyzed data from our trainings up through May 2018. At that point, we had surveys or sign-ins from 1566 people trained in 44 trauma informed care trainings. We have evaluations from 648 of those participants. These trainings consisted of the initial training taught by National Center for Trauma-Informed Care (NCTIC) staff in October 2015, and three types of trainings using materials provided by NCTIC: trauma informed care training as described in chapters 3 and 4; Trauma Addictions Mental Health and Recovery (TAMAR) training; and trauma informed care train the trainer (see Figure 3).

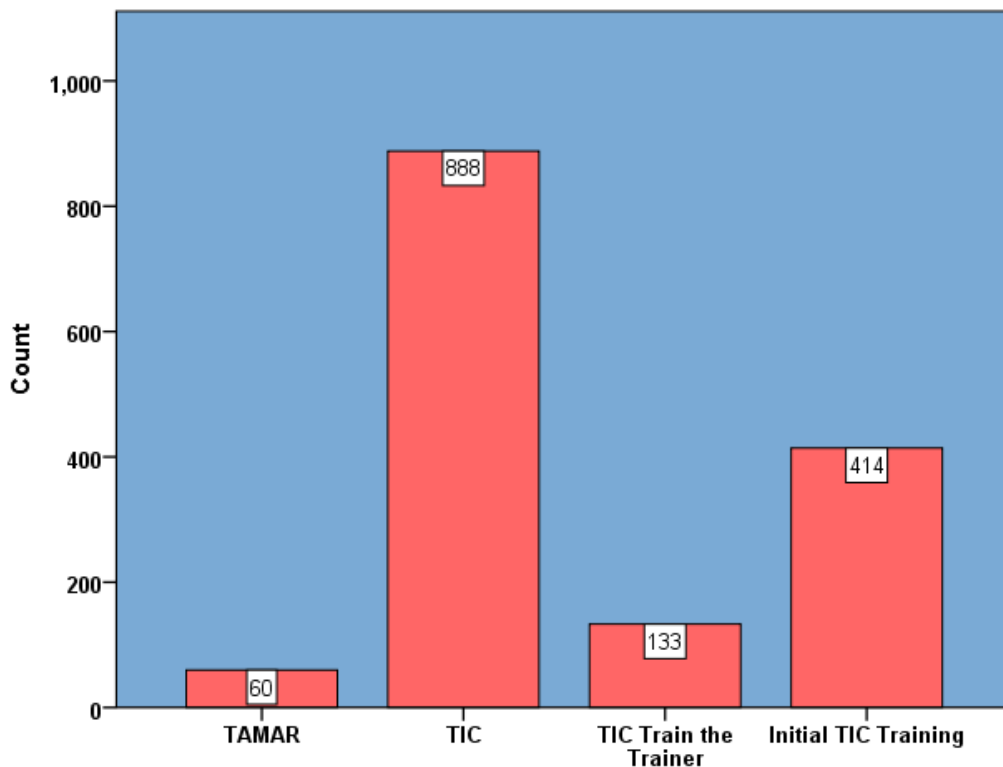


Figure 3. Number of Attendees Participating from October 2015 to June 2018

Evaluation: Reach, Effectiveness, Successes, & Barriers

Training Evaluations

We have assessed the effectiveness of our training by having participants self-report changes in their understanding in both the general trauma informed care training and the train the trainer training. We expected the most change in those who participated in the general training, as this was likely their first exposure to many of the concepts. The format of the questions gives them a chance to rate how much they knew prior to training and after training. Questions on the evaluation assess understanding of the impact of trauma on themselves and service users, knowledge of trauma informed care principles, and perceived ability to implement those principles. As an example, we are only reporting changes in *understanding* for those trained in the *general training* (not the train the trainer), though we have collected data on many other variables that could be reported in a similar fashion. Participants overwhelmingly indicated a significant change in their understanding as a result of training (See Figure 4).

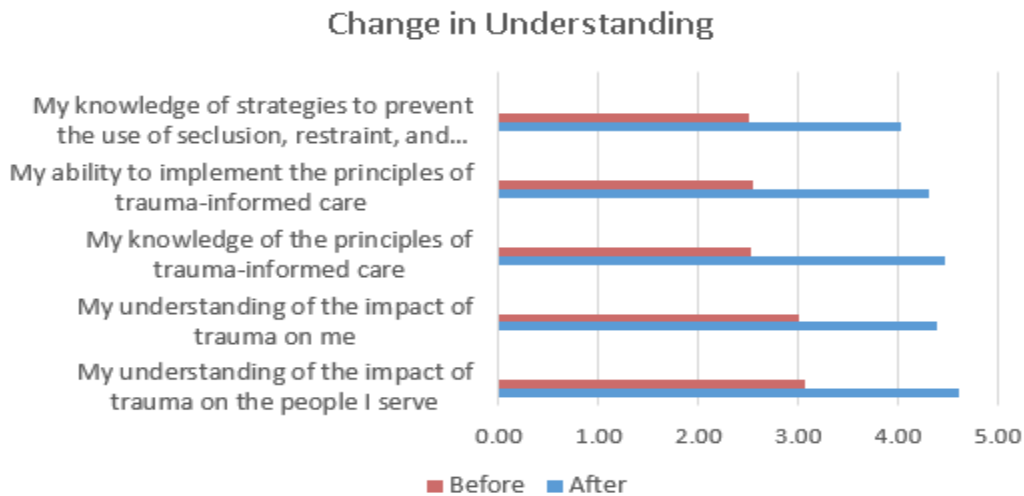


Figure 4. Self-Reported Change in Understanding Due to General Trauma Informed Care Training

Evaluation: Reach, Effectiveness, Successes, & Barriers

The Importance of Sign-In Sheets

At almost every event, talk, or training, we have had people sign in and give contact information. This has enabled us to track how many people have been involved in our efforts, and what they are like demographically. This also gives us information on our successes, and those things that were less successful.

We had sign in sheets as we were advocating. For example, we held two public screenings of *Paper Tigers* as we began advocating for the importance of trauma informed care In Johnson City. The first screening was at our local university, and we had a respectable turnout of 50 or 60 people. The second was at the local public library. Only ten people attended. However, we did not let this hinder our passion from spreading the word and realizing our goal a trauma informed community.

We have sign in sheets when we educate. At almost every training, we have participants sign in and give contact information. This allows us to know how many people attended, what type of organizations they are affiliated, and enables us to contact them to invite them to participate in the system of care. We could get some of that information from the post-training evaluations, but inevitably, some people do not complete the evaluations, so this listing is a better gauge of our reach. The exceptions to our use of sign in sheets is when we do a brief talk (an hour or less) as a part of a larger event such as in-service training, continuing medical education events, or speaking to civic clubs. Most of the time those who are interested will follow up and attend a longer training if their interest is piqued.

We have sign in sheets as we collaborate. We also used a sign in sheet at each system of care meeting, and have attendees indicate whether they would like to become a member of the system of care. Eleven people attended our initial system of care meeting in June 2016. As of February 2019, there were 103 individuals on the roster, with a regular attendance of 20 or 30 at our bimonthly meetings.

Evaluation: Reach, Effectiveness, Successes, & Barriers

Focus Group

We conducted a focus group with our system of care affiliates in December 2018 for the purpose of getting their feedback on successes, barriers, and setbacks encountered within their organizations as they have implemented trauma informed concepts. We are sharing their insights as part of this toolkit to help better prepare those who will work to create a community wide system of care.

Below is a list of the organizations who had staff members participate in the focus group and under which professional designation we classified them and recorded their comments.

Healthcare

Ballad Health – division of Population Health
ETSU College of Nursing
ETSU Department of Public Health
St. Jude’s Research Clinic
Coordinated Health – Washington County Schools and Johnson County Schools
Northeast Tennessee Regional Health Office
Niswonger Children’s Hospital

Behavioral Health

ETSU Department of Counseling and Human Services
ETSU Department of Psychology
Anti-Drug Coalitions (Insight Alliance and Sullivan County)
Frontier Health
Lifeline Recovery Services
Hands & Feet Ministries/Bristol Lifestyle Recovery

Law Enforcement

Johnson City Police Department

Education

ETSU Department of Education
Johnson City Schools – Topper Academy
Holston River Regional Libraries

Community Agencies

United Way of Greater Kingsport
Board Member Johnson City/
Washington County Boys and Girls Club

Pregnancy Support/Children and Youth Services

Northeast Tennessee Commission on Children and Youth
Hope House
TN Voices for Children
TRACES Foster Care

Veterans Administration

Mountain Home VA Chaplain

Corrections

Alternative Community Corrections

Evaluation: Reach, Effectiveness, Successes, & Barriers

Successes

- All organizations noted that their immediate team members (in larger organizations) or their entire staff (in smaller organizations) have been trained in trauma informed care.
- Several organizations reported having staff that attended the train the trainer program and now provide ongoing training within their organization to all newly hired staff and volunteers.
- Numerous partners reported that they had gained buy-in from upper level management within their organizations.
- Coordinated school health staff said their school superintendents were now on board and considering how to begin having trauma informed care training for school staff and are exploring grant opportunities to obtain funding for expanding resources for students and families in need.
- The regional library director and the Topper Academy principal reported visitors (including state legislators) frequently come from other counties across Tennessee to hear about their trauma informed programming and improved outcomes.
- The Veterans Administration chaplain is now using ACEs science in his approach when working with veterans. Prior to this, veterans often remarked, “when my meds get straightened out” or “when I get clean” everything will be okay, but now, by helping them understand ACEs science and the importance of resilience factors such as a strong support system and healthy coping mechanisms, he is seeing improvement for some.
- Foster care program staff reported using the ACEs survey as a screening tool for foster parents in order to educate and help parents identify their own ACEs and how to prevent triggers in themselves as they interact with their foster children. This is being done as a preventative measure to help match foster parents with children with whom they are more likely to be successful as mentors. Foster parents have provided very positive feedback about this change.

Evaluation: Reach, Effectiveness, Successes, & Barriers

- The Boys and Girls Club received a Building Strong Brains grant in 2017 and had all staff and volunteers trained in trauma informed care. Using grant funds, they constructed a “calming room” inside the club where children have the opportunity to learn about emotional regulation when presenting problem behaviors.
- Children’s Speedway Charity recently awarded other regional clubs funding to create calming rooms as well.
- Healthcare staff in the Population Health Division of Ballad Health are beginning to disseminate information about trauma informed care within the twenty one counties of Northeast Tennessee and Southwest Virginia that are served by the regional healthcare system. They reported great receptivity among community partners for learning about trauma informed care and ACEs science all across rural Appalachia. This is an area where the challenges of the opioid epidemic are being felt.
- Anti-drug coalition staff report there are a growing number of requests for trauma informed care training among partnering agencies in their multi-county regions.
- University faculty in the Departments of Nursing, Counseling and Human Services, and Public Health received a Building Strong Brains grant to survey ETSU students with both the ACEs survey and a resilience screening tool. The objective of this project is to see if students’ career paths differ based on amount of adversity or resilience in their pasts. These faculty members have also trained 400 pre-health students in trauma informed care during this school year.
- A pediatrician is screening caregivers for ACEs and has developed educational tools to review with caregivers scoring low ACEs scores. Parents with scores 4 or higher are referred to on-site social work staff who help connect to additional services around needs identified by screening (i.e. domestic violence support, housing and feeding programs, etc.) to help reduce the effects of toxic stress.

Evaluation: Reach, Effectiveness, Successes, & Barriers

Barriers

- A behavioral health employee reported that there is still a great deal of stigma around the term “trauma.”
- All system partners agreed that obtaining buy-in from senior leadership within the organization is critical to making progress.
- Some partners pointed out that staff training hours currently consist of mandated yearly trainings so adding trauma informed care training was not easily accomplished. One system partner manager said to get around this barrier, she held a series of “lunch and learn” events where staff was invited to bring a lunch and then she gave small increments of information about ACEs science once a month. In time, staff interest rose to the level they were asking for more.
- Focus group members from several different sectors mentioned that there is a fear of people falling into “victim mode,” using their past trauma as a crutch.
- One experienced school principal commented that people who have had some training in trauma informed care think they are responding in a trauma informed way, when they actually are not.
- Several group members confirmed that practicing trauma informed care heightens the risk of compassion fatigue or burnout, but also offered each other coping strategies used in their organizations.
- Some university instructors reported that “inertia” is a problem— “we’ve always done things this way.”
- Several partners reported high rates in staff or volunteer turnover, resulting in challenges to maintaining staff who all had received training.

Evaluation: Reach, Effectiveness, Successes, & Barriers

- Some also reported that some people think trauma informed care can be taught or implemented as a “one time thing” rather than understanding it is a change in “a way of being.”
- Sometimes to convince people that trauma informed care is important, the presenter either overwhelms the listener with data or is so exuberant that people become overwhelmed by the prospect of implementing it.
- There was a consensus among system partners that better communication about trainings and events was needed. Lack of a dedicated person to manage communications limits the ability to rectify this.
- Several groups said after negative responses to the term “trauma,” they changed to use terms such as “building strong brains.”
- A few partners said they were hearing their staff members say they were hearing too much about trauma and ACEs felt like making changes added more to their already busy work load.

Evaluation: Reach, Effectiveness, Successes, & Barriers

System Partner Suggestions for Moving Forward

Partners asked that the length of the bi-monthly System of Care meeting be extended to a two-hour meeting instead of one hour. They also requested that along with the “coaching and cheering” model for the meeting that a few minutes could be taken each meeting for system partners to describe what types of services they offer in order to enhance networking and referrals. Partners suggested creating a map or directory of other trauma informed programs within the region. They also requested that continuing education credit be offered for some training events, which would incentivize attendance.

There was discussion about varying levels of competence in implementing trauma informed care among partners. Some agencies would like more advanced trainings to be offered. Offering tiered workshops (e.g., beginner, intermediate, advanced) was suggested. All partners agreed that there were gaps in agency representation in system of care with some sectors still needing to be added. Partners indicate that some trauma informed concepts like the SAMHSA Six Pillars, need to be revisited in settings where more discussion could ensue around identifying practical applications for each.

When asked if they would want to return to providing services without an understanding of trauma informed care, not ONE organization indicated they would. All system of care partners agreed that while we are on our way, much more work and growth around this topic is still to come.

Evaluation: A Big Picture

Just as some of our focus group members indicated, trying to implement trauma informed care far and wide can be overwhelming. Evaluating the efforts can seem overwhelming, too, but do not be daunted. Try to gather information as you go. Enlist partners who love to measure and analyze. Most organizations track outcomes, so you can ask if partners will share data rather than feeling you need to collect it all yourself. You may offer to share data you collect with your partners as well. Remember, many of the outcomes of interest will be long term. If you are able to document rather simple metrics such as who was trained, from what sector, when, you are well on your way to an evaluation plan and as those long-term outcomes surface, you may be able to trace some of the cause to efforts you are making now.

Collaboration and Action Steps

The final step in building a trauma informed system of care is collaboration. All along the way in your journey to create a system of care, a certain amount of collaboration has been taking place. As your system of care grows, you should realize you will have a valuable resource for creating greater community resilience to reduce the effects of ACEs and help people who have experienced trauma to heal.

Benefits of Collaboration

Continuity Across Organizations

Let us consider three cases that demonstrate the importance of collaboration. One is a scenario is a victim of ongoing domestic violence with children. A second scenario involves a twenty-one year old college student who has been a victim of rape. Third, is an eight year old child being molested by people who frequent the home around the drug-related activities of an addicted parent. If you made a list of all the organizational touch points that each one of these individuals would need to access, the result would be at least six to eight agencies per case. What if only two of those organizations understand trauma? The person experience additional trauma inflicted by an organization that is not using a trauma responsive approach. Since multiple agencies are likely involved working with the same individuals and families, we need to consider having trauma informed multidisciplinary teams as best practice. By collaboration among your system of care partners, you can achieve continuity in trauma informed care across organizations. Trauma responsive programs understand the physical, emotional, and cognitive effects of trauma on an individual so they are better equipped to respond appropriately. They also have learned that problem behaviors can really be telling a story of experienced abuse.

Collaboration and Action Steps

Benefits of Collaboration

Ease of Referral

Depending on the type of services you regularly offer, it is probable that you will need to make referrals outside your organization. When your community has a trauma informed system of care, referrals become more seamless because partners know one another and regularly share about services available.

Funding Application Strength

Another benefit of collaboration can be experienced when an agency applies for funding. Typically, grants encourage partnerships and having those collaborators trained in trauma informed care will strengthen funding applications.

Collaboration and Action Steps

- We have seen many of our partner collaborate. Following are some examples. A pediatrician in the system of care, who is screening caregivers for ACEs, is now able to make referrals to other trauma informed services depending on the need of the family.
- A behavioral health partner in the system of care received funding to provide Mental Health First Aid training. Since she regularly attends the system of care meetings, this resource was announced, and now several partners have received training.
- Partners within the faith based community often respond to needs expressed by other agencies. They have provided transportation, clothing, and food boxes after organizations shared during our system of care meeting.
- Niswonger Children’s Hospital has several of the system of care partners information listed on the Children’s Resource Center website for easy access to any person in need of services after experiencing trauma.
- Topper Academy was able to provide medical care on campus a few days a month this past school year thanks to a family physician who understands this need for youth living amidst household dysfunction.
- Law enforcement officers and school staff desiring to reduce the effects of trauma to children having criminal justice exposure have partnered to provide “Handle With Care.”

Examples of Collaboration

Collaboration and Action Steps

Action Steps

Because you now understand the steps of advocate, educate, and collaborate, you are ready to begin your work to create a trauma informed system of care. As mentioned in Chapter 6, *Evaluation: Reach, Effectiveness, Successes, & Barriers*, you need to realize that this will be a journey and not happen overnight. There will be hurdles along the way. However, if you are committed to seeing your community become trauma informed, you now have tools to make the desire a reality. What started in Johnson City with only two people in 2015, is now spreading throughout the region where many partners are actively engaged in this effort. Our system of care regularly hosts visitors from many other states, including the First Lady of Delaware, who are all coming to learn how to trauma inform their communities.

We encourage you to use this toolkit like a roadmap. Go back to the beginning and form your action steps for moving forward. Follow it, step by step. The most important part of the journey is to get started!

For your convenience, this toolkit includes materials to help you take these steps. Copies of the four hour *Trauma Informed Approach, Key Principles and Assumptions* slides; copies of the six hour train the trainer training, and a copy of the several assessment instruments are included. Several chapters include links to additional training, talking points, curriculum, and more.

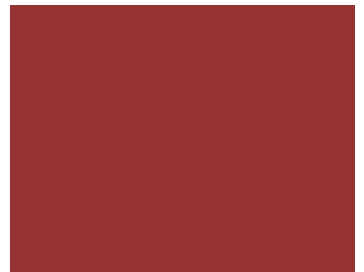
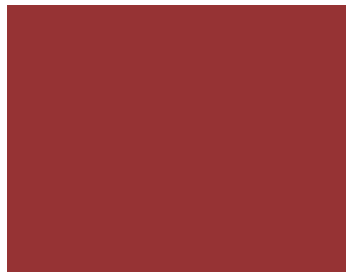
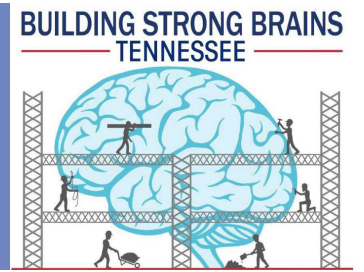
If you have questions as you embark on creating a trauma informed system of care, please feel free to contact us at Becky.Haas@balladhealth.org or clements@etsu.edu.

Appendix

- 60 SAMHSA Trauma Informed Approach, Key Principles and Assumptions Course Slides
- 77 SAMHSA Trauma Informed Approach, Key Principles and Assumptions Train the Trainer Course Slides
- 100 Evaluation Assessment
- 104 Trauma Informed Questionnaire
- 111 System of Care Focus Group Questions
- 114 Credits



Supported By
Building
Strong Brains
Tennessee



SAMHSA Trauma Informed Approach, Key Principles and Assumptions Course Slides


Key Principles of Trauma Informed Care and Developing a Trauma Informed Approach

Becky Haas
 Trauma Informed Administrator
 Ballad Health

Andrea "Andi" Clements, PhD
 Professor and Assistant Chair
 Department of Psychology
 East Tennessee State University


Learning Objectives – Section 1

- Shared Understanding
- Identification of Trauma
- Awareness of the Effects to Brain Development



Understanding Trauma

- Things to remember:
 - **Underlying Question** “What happened to you?”
 - **Symptoms** = Adaptations to trauma
 - **Healing Happens...**In relationships



Empathy Not Sympathy

Dr Brené Brown is a research professor and best-selling author of "Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Love, Parent and Lead" (Penguin Portfolio, 2013).
<https://www.youtube.com/watch?v=1Ewgu369Jw&feature=youtu.be>



Empathy Defined

- Perspective → Seeing things from their side
- Stay out of judgment
- Recognize emotions in other people
- Communicate this recognition

Empathy = Feeling **WITH** people

Improved Outcomes

- Principal Jim Sporleder - Lincoln Alternative High School – Walla Walla, Washington
- Learned about Trauma Informed Care and had staff trained as well
- Reconfigured in-school suspension (ISS) – softer lights, paint and furnishings
- 2009-2010 – 798 suspensions/2010-2011 after TIC – 135 suspensions
- 2010 – 9 graduated/2011 – 60 graduated

What is Trauma? The 3-E's

Individual trauma results from an **event**, a series of events, or set of circumstances **experienced** by an individual that are physically or emotionally harmful or life threatening and that have lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

The 1st "E" of the 3 E's: Potential Traumatic Events

<p>Abuse</p> <ul style="list-style-type: none"> • Emotional • Sexual/Physical • Domestic violence • Witnessing violence • Bullying • Cyberbullying • Institutional 	<p>Chronic Stressors</p> <ul style="list-style-type: none"> • Poverty • Racism • Invasive medical procedure • Community trauma • Historical trauma • Family member with substance use disorder 	<p>Loss</p> <ul style="list-style-type: none"> • Death • Abandonment • Neglect • Separation • Natural disaster • Accidents • Terrorism • War
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Experience of Trauma Affected by :

<ul style="list-style-type: none"> • How • When • Where • How Often 	<p>It is an individual's experience of the event, not necessarily the event itself that is traumatizing.</p>
---	--

The 3rd "E" of the 3 E's: Effects of Trauma

The effect of trauma on an individual can be conceptualized as a **normal response** to an **abnormal situation**.

Survival mode is supposed to be a phase that helps save your life.


It is not meant to be how you live.

Michele Rosenthal
Author, *Your Life After Trauma*

We don't see things as they are. We see things as WE are.

Physical Reactions to Trauma

<ul style="list-style-type: none"> • These are NORMAL reactions to ABNORMAL events. • Instead of symptoms – think ADAPTATIONS • Aches and pains like headaches, backaches, stomach aches 	<ul style="list-style-type: none"> • Sudden sweating and/or heart palpitations (fluttering) • Changes in sleep patterns and/or appetite • Constipation or diarrhea • Easily startled by noises or unexpected touch • More susceptible to colds and illnesses • Increased use of alcohol or drugs and/or overeating
--	--



Emotional Reactions

- Shock and disbelief
- Fear and/or anxiety
- Grief, disorientation, denial
- Hyper-alertness or hypervigilance
- Irritability, restlessness, outbursts of anger or rage
- Emotional swings → ex. crying and then laughing
- Worrying or ruminating -- intrusive thoughts of the trauma
- Nightmares
- Flashbacks -- feeling like the trauma is happening now
- Feelings of helplessness, panic, feeling out of control
- Increased need to control everyday experiences
- Minimizing the experience
- Attempts to avoid anything associated with trauma

Brain Development



- The brain has a “bottom up” organization
- The bottom controls the most simple functions such as respiration, heart rate, and blood pressure
- The top areas control more complex functions such as thinking and regulating emotions

Brain Development Continued

- At birth, the brain is underdeveloped. Not all the brain’s areas are organized and fully functional.
- During childhood the brain matures and brain related capabilities develop in sequence. For example, we crawl before we walk, babble before we talk.
- The process of sequential development is guided by experience.
- The brain develops and modifies itself in response to experience.

How Trauma Affects the Brain

Experiences Build Brain Architecture

Serve and Return Builds Brain Circuitry

Toxic Stress Derails Healthy Development

Center on the Developing Child
HARVARD UNIVERSITY
<http://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/>

Three Core Concepts in Early Development

1 Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY

Center on the Developing Child
HARVARD UNIVERSITY
https://youtu.be/m_5u8-QSh6A?list=PL0DB506DEF92B6347

Three Core Concepts in Early Development

2 Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY


Center on the Developing Child
HARVARD UNIVERSITY
<https://youtu.be/rVwFkcOZHjw?list=PL0DB506DEF92B6347>

Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY

- The “fire alarm” of the brain is located in the **amygdala**.
- The frontal lobes of the cortex - at the top or the thinking part of the brain – shut down to make sure a person is focusing completely on survival.
- That’s why it’s hard to think when in a crisis.



Building Strong Brains

How Brains are Built: The Core Story of Brain Development
 October 10, 2013
 Palix Foundation Copyright 2015 Palix Foundation (formerly the Norlien Foundation)
<http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development>

Positive Stress



Short, stressful events that inspire new people or skills that day of school and healthy for brain development. They provide the focus and focus for stressful situations later in life.

Tolerable Stress



Tragic, unavoidable events that a natural disaster or being a loved one aren't good for us. But if supportive caregivers are around to buffer the stress response, these events avoid or lessen damage to the brain and body.


Toxic Stress



Continuing, unrelieved exposure to abuse or neglect is bad for brain development. If no supportive adults are present to help buffer the stress response, stress hormones will damage developing structures in the child's brain. The result is an increased vulnerability to lifelong physical and mental health problems, including addiction.

Types of stress responses


POSITIVE



A natural and essential part of healthy development.

EXAMPLES:
getting a vaccine, first day of school.


TOLERABLE



Response to a more severe stressor, limited in duration.

EXAMPLES:
loss of a loved one, a broken bone.

TOXIC

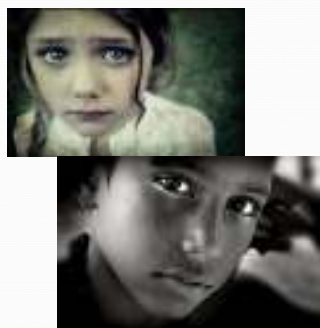


Representing strong, frequent, and/or prolonged adversity.

EXAMPLES:
physical or emotional abuse, exposure to violence.

Factors Increasing Impact

- Early occurrence
- Blaming or shaming
- Being silenced or not believed
- Perpetrator is a trusted caregiver



Problems OR Adaptations?

- The **amygdala** responses are: fight, flight or freeze and these are activated by danger.
- Three sets of “problems” often attributed to children or adult clients we serve show how these behaviors may really be a survival mechanism.
- Recognize “symptoms” and “problem behaviors” as adaptations to trauma

FIGHT

- Non-compliant, combative OR struggling to regain/hold onto personal power

FLIGHT

- Resistant, uncooperative OR disengaged, withdrawing

FREEZE

- Passive, unmotivated OR giving in to those in power

Behavior

- Behavior is like an iceberg → we only see the small portion above the surface.
- Below the surface are the feelings and emotions driving the behavior.
- The misbehavior we see is often a child’s attempt to solve another problem of which we are unaware.

What Does Trauma Look Like?



- Avoidant
- Disconnected
- Angry
- Hypervigilant

Trauma and ADHD

National Child Traumatic Stress Network



TRAUMA

- Interference with concentration
- Interference with memory
- Interference with organization
- Interference with planning
- Interference with time management
- Interference with task completion
- Interference with attention
- Interference with impulse control
- Interference with social interaction
- Interference with emotional regulation
- Interference with self-regulation
- Interference with self-advocacy
- Interference with self-advocacy
- Interference with self-advocacy

ADHD


- Interference with concentration
- Interference with memory
- Interference with organization
- Interference with planning
- Interference with time management
- Interference with task completion
- Interference with attention
- Interference with impulse control
- Interference with social interaction
- Interference with emotional regulation
- Interference with self-regulation
- Interference with self-advocacy
- Interference with self-advocacy
- Interference with self-advocacy

OVERLAP


- Interference with concentration
- Interference with memory
- Interference with organization
- Interference with planning
- Interference with time management
- Interference with task completion
- Interference with attention
- Interference with impulse control
- Interference with social interaction
- Interference with emotional regulation
- Interference with self-regulation
- Interference with self-advocacy
- Interference with self-advocacy
- Interference with self-advocacy

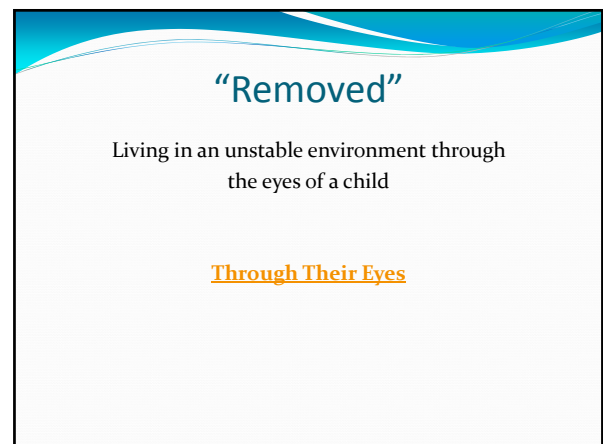
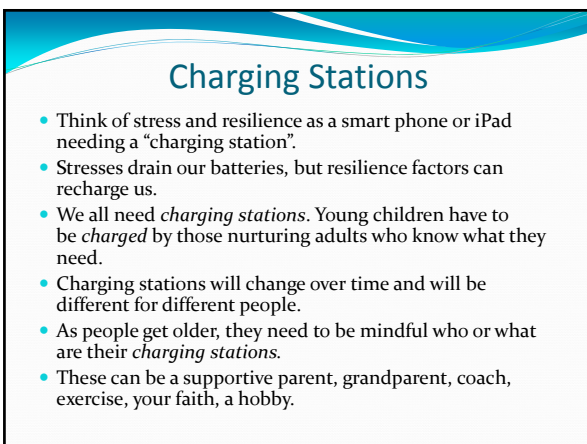
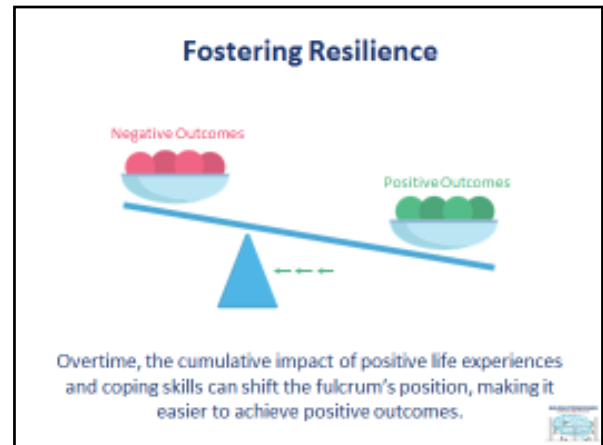
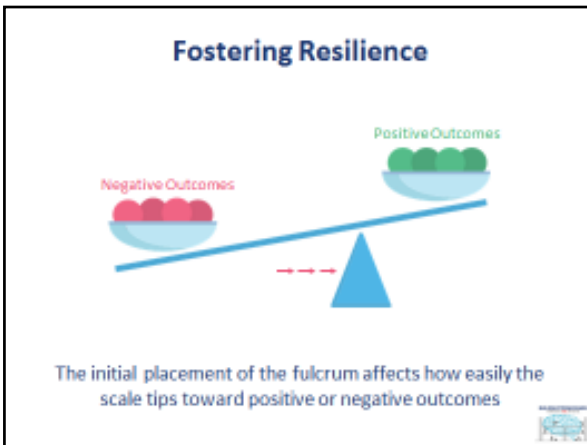
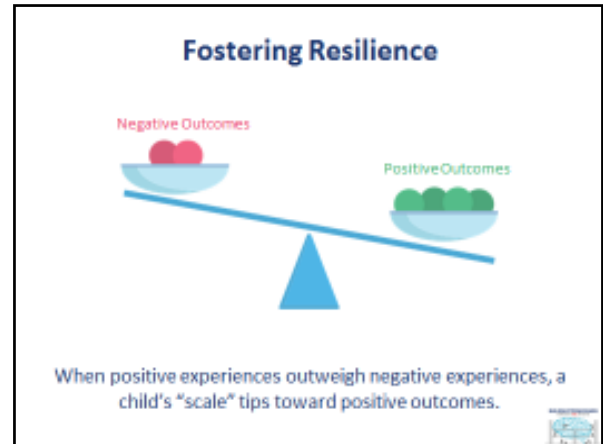
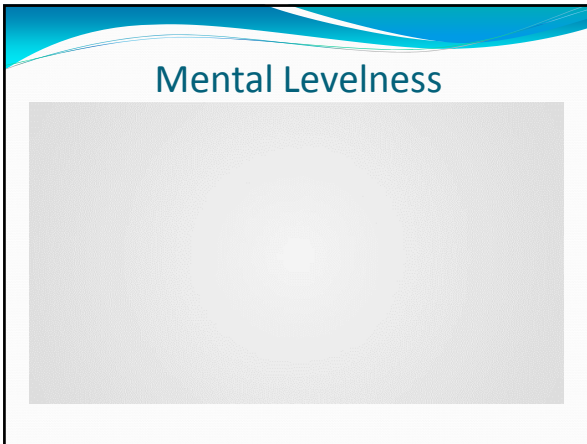
Teaching Kids to Understand “Whole Brain”

- Teach kids to understand how their brain works by using a fist
- Upstairs brain** – where you make decisions and do the right thing, even when you feel upset
- Downstairs brain** – where BIG feelings come from. Like letting people know you love them or when you feel sad, mad or angry



Can We Prevent Long-term Behavior and Health Impacts of Early Life Stress and Neglect?





ReMoved Part 1
The ReMoved films are produced by Nathanael & Christina Matanick, co-directed by [Nathanael Matanick](#) and [Tony Cruz](#), and written by Christina Matanick.
<https://www.youtube.com/watch?v=IOeQUwdAjE0>



Healing Begins


- One of the most important messages you can give a trauma survivor is that ***no matter what happened, it happened TO them. That doesn't mean they caused it.***
- One of the most important things you can do for trauma survivors is to ***give them a chance to tell their stories (but don't force them).***

Healing starts when a caring person is aware of the person's traumatic experience(s) and continues to care.

Understanding ACEs and the Prevalence of Trauma in the Lives of Those we Serve

Learning Objectives – Section 2


- Understanding ACEs
- Recognize Trauma
- The Prevalence of Trauma
- A Survivor's Story



Adverse Childhood Experiences (ACEs)

[ACEs Primer](#)


ACES Primer from [KPJR FILMS LLC](#)
<https://vimeo.com/139998006>



Why Focus on Trauma In Children?

Eradicating child maltreatment in America could potentially reduce many things predicted by ACEs:

- Depression
- Alcoholism and drug use
- Suicide
- Domestic violence
- The need for incarceration



Using ACE Information

- Do we really want to “open this can of worms?”
- Original ACE study had 24/7 counselors...no one called.

Caution: ACEs are not Destiny

- Some children are more susceptible than others to toxic stress
- There can be other adults to serve a buffering, caring role
- There is a capacity to repair across development
- Interventions can make a difference
- What is predictable is preventable

Healing “Neen” Video

- Tonier “Neen” Cain homeless for almost two decades after a childhood of abuse and neglect (ACE score of 10).
- Arrested over 80 times with 66 criminal convictions (substance abuse and prostitution).
- Offered TIC-related program when incarcerated and pregnant in 2004.
- Now she is on staff and is a national spokesperson for the National Center for Trauma-Informed Care.

[Healing Neen](#)



Adverse Childhood Experiences (ACEs) Affect Adult Health

ACEs have serious health consequences for adults:

- Adoption of health risk behaviors as coping mechanisms (e.g., eating disorders, smoking, substance abuse, self-harm, sexual promiscuity)
- Severe medical conditions (e.g., heart disease, pulmonary disease, liver disease, STDs, gynecologic cancer)
- Early death

The ACE Study

"Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?"
(Felitti et al., 1998)

Educating on Impact of Trauma

- The earlier slide said that a male with an ACE score of 6 is 4,600% more likely to become an IV drug user than a male with an ACE score of 0.
- The American Heart Association says that individuals who do not exercise increase their rate of having a heart attack by 12%. If you are a smoker by 50%.
- Look at the amount of public education exists related to exercise and smoking cessation.
- An ACE score of 6 doesn't mean drug addiction is inevitable, but implies an individual could be quickly heading toward it!

Trauma and Mental Health

- In the Mental Health area – a history of childhood trauma predicts:
 - Earlier first admissions
 - More frequent and longer hospital stays
 - More time in seclusion or restraint
 - Greater likelihood of self-injury or suicide attempt
 - More medication use
 - Increased symptom severity

Trauma and Substance Abuse

- Around 65% of all substance abuse treatment clients report experiencing childhood abuse
- Around 75% of women in substance abuse treatment report a history of trauma
- Around 92% of homeless mothers have severe trauma histories

Trauma Prevalence In Children

- 71% of children are exposed to violence each year
- 3 million children are maltreated or neglected each year
- 3.5-10 million children witness violence against their mother each year
- 1 in 4 girls & 1 in 6 boys are sexually abused before adulthood
- In a study of juvenile justice settings, 94% of children had experienced trauma

Principles of Trauma Informed Approaches

Learning Objectives – Section 3

- Why Trauma Informed Programs operate with the universal expectation that trauma has occurred
- The 4 “R’s” of a Trauma Informed Program, Organization, or System
- Understanding SAMHSA’s principles and why each is important
- Provide positive examples of each principle

A Trauma Informed Program’s 4 R’s

- **Realizes** widespread impact of trauma and understands potential paths for recovery.
- **Recognizes** 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.
- Seeks to actively **Resist** re-traumatization.

SAMHSA’s Key Principles of a Trauma Informed Approach

- Principles that guide a trauma informed change process
- Developed by national experts, including trauma survivors
- Goal: Establish a common language/framework
- Values based
- Not a checklist, but a **way** of being

SAMHSA’s Key Principles of a Trauma Informed Approach

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

#1 - Safety

Safety for Whom?

For those who use services:

- “Safety” generally means maximizing control over their own lives

For providers:

- “Safety” generally means maximizing control over the service environment and minimizing risk

#1 - Safety

What might safety look like?

- Welcoming people and environment
- Consistent and predictable
- Non-shaming, non-blaming, non-violent
- Respectful of privacy and confidentiality
- Clearly explanations of what is happening and why

Discussion

-  Do you feel safe in your own organization? Why or why not?
-  Do those you serve feel safe? How do you know?
-  What changes could be made to address safety concerns?

#2 - Trustworthiness & Transparency

- Organizational operations and decisions are conducted with transparency with a goal of building and maintaining trust among clients, family members, staff and other involved with this organization
- Ensuring people really understand their options
- Being authentic**
- Directly addressing limits to confidentiality – letting clients know if/when confidentiality can and cannot be promised

#2 - Trustworthiness & Transparency

- Dignity
- Respect
- Validation
- Listening – be present in the moment
- Build safety and trust → the foundations of healing

Discussion:

- How can we promote trust in our organization?
- Do the families/children served trust you? How do you know?
- What changes could be made to address trust concerns?

#3 – Peer Support

Peer support = A flexible approach to building mutual, healing relationships among equals, based on core values and principles:

Voluntary	Non-judgmental	
Respectful	Reciprocal	Empathetic

Discussion

- Does your organization offer access to peer support for the people who use your services? If so, how?
- Does your organization offer peer support for staff?
- What barriers are there to implementing peer support in your organization?

#4 - Collaboration and Mutuality

Partnering and leveling power differences between staff and clients (even kids) demonstrates that healing happens in relationships and in the meaningful sharing of power and decision making.

Discussion

Can you think of examples from your agency of true partnership between staff and families served?

Can you name examples of collaboration among management and staff?

#5 – Empowerment, Voice and Choice

- Individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills are developed.
- **The organization fosters a belief in resilience.**

Examples

Asking students: “What of value can you bring to the world around you?”

Activities designed and led by clients	Murals on walls and art for facilities painted by staff and clients	Activities designed to turn “problems” into strengths
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Discussion

- What strengths might your clients have?
- How can you use these strengths in your organization?
- Can you think of examples from your work setting of empowerment, voice, and choice for people served?
- Are there policies and practices that take away choice, voice, and decision making?
- Can any of these be changed?

The **Art Start Portrait Project** offers homeless and court-involved New York City teens, the opportunity to create empowering dreams of their future and show the world how they want to be seen.



Day Reporting Center (DRC) Graduation Invitations
 The DRC alternative corrections program for high need, high risk felony offenders with addictions. Clients design graduation invitations for each graduation.

Topper Academy Students' Garden
 Students plant and care for the plants in the garden. A designated person comes and teaches the students about the plants and how to care for them.

#6 Cultural, Historical and Gender Issues

The organization actively moves past cultural stereotypes and biases.

- Treats all people as equally valuable human regardless of cultural, historical, or cultural differences.
- Recognizes and addresses historical trauma.
- Makes use of traditions, cultural connections, existing supports such as faith communities and social organizations

Cultural Example: Hawaii Women's Prison

- Used their island custom of refuge to modify the environment
- Gardens and outdoor spaces
- Floral painting on the walls

Cultural Example: African American Churches and Mosques

- Enlisting trusted leaders in African American pastors and Imams to incorporate health information when preaching and teaching
- Have health check ups at churches and mosques rather than clinics where people feel more at ease

Trauma Informed Services are...

- Focused on understanding the whole individual and context of his or her life experience.
- Infused with knowledge about the roles that violence and victimization play in the lives of survivors.
- Designed to minimize the possibilities of victimization and re-victimization.
- Hospitable and engaging for survivors.
- Designed to facilitate recovery, growth, resilience, and healing.

What does TIC look like?

A four-year-old child, whose next door neighbor was an elderly gentleman, who had recently lost his wife.

Upon seeing the man cry, the little boy went into the old Gentleman's' yard, climbed onto his lap, and just sat there.

When his mother asked him what he had said to the neighbor, the little boy just said, 'Nothing, I just Helped him cry.'

Professional Quality of Life

Compassion Satisfaction


Compassion Fatigue



Burnout

Secondary Trauma

Self Care



- **Make stress reduction a priority**
 - Practice mindful breathing
 - Monitor sensory input
 - Make time to relax
 - Find coping strategies
- **Accept your feelings as normal (empathy is tiring)**
- **Reach out to others**
- **Eat a healthy diet**



Practice a Balanced Life



Achieving Your Goals

Governance and Leadership

How does agency leadership communicate its support for implementing a trauma informed approach?

Policy


Are policies in place for recognizing trauma, planning, and services?

Physical Environment

Does your agency promote a sense of safety, calming, and de-escalation for children and/or staff?


Engagement and Involvement

How do people with lived traumatic experiences have the opportunity to provide feedback to the organization on quality improvement for better engagement and services?




Cross Sector Collaboration

- Is there a system of communication in place with other agencies who work with the individual receiving services for making trauma informed choices?
- Are the collaborative partners trauma informed?



The diagram consists of six teal hexagons arranged in a honeycomb pattern. The word "Partners" is written in a small, light blue font to the left and right of the central hexagon.

Collaboration Example: Handle With Care



- The West Virginia Center for Children's Justice launched a program "Handle With Care"
- Provides school leadership a "heads up" when a child has been at the scene of a traumatic event involving law enforcement.

Screening, Assessment and Treatment

Are timely trauma informed screening and assessment available and accessible to individuals receiving services?

Training and Workforce Development

How does the agency support training and workforce development for staff (present and future) to understand trauma and increase their knowledge of interventions?

Progress Monitoring and Quality Assurance

Does the agency solicit feedback from both staff and individuals receiving services?

Evaluation

What processes are in place to solicit feedback from people who use services that ensure anonymity?

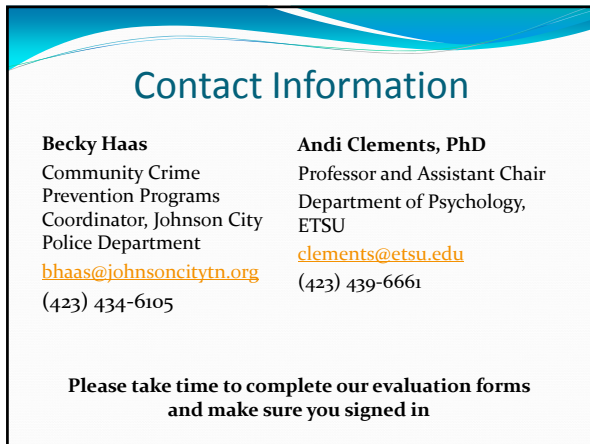
Resources

- [SAMHSA National Center For Trauma Informed Care](#)
- [Child Trauma Toolkit for Educators](#)
- [Helping Traumatized Children Learn](#)
- [Aces Too High](#)

Evaluation



The image shows a close-up of a checklist with several empty boxes and one box containing a large, 3D red checkmark.



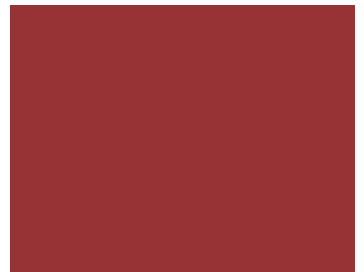
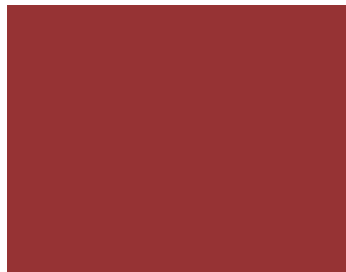
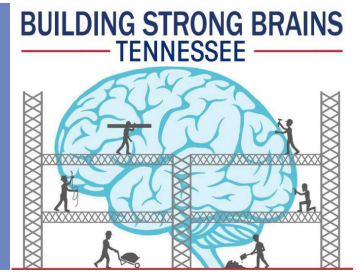
Contact Information

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**Please take time to complete our evaluation forms
and make sure you signed in**



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Building
Strong Brains
Tennessee



SAMHSA Trauma Informed Approach, Key Principles and Assumptions Train the Trainer Course Slides

SAMHSA NCTIC
Trauma-Informed Care
Key Principles
 Train the Trainer Course

An Effective TIC Trainer

- * Trauma-Informed Care training is not “taught” but it’s “caught.” It needs to be shared with passion. Are you contagious? **Do you have “stories”?**
- * Consider training **with a team member** and even possibly **trauma survivor** (or use video clips)
- * Keys to effective training
 - * Compassion
 - * Empathy
 - * Recognize ALL people have value and communicate this

Know Your Audience

- * This training is intended for a wide range of potential audiences, including direct supervisors, administrators, service providers and interested community members.
- * Prior to training, **think about your audience, their backgrounds, level of experience, work settings and roles at work.**
- * Think about ways to tailor the basic information that relates to the actual services and settings represented by your audience.

Resources To Prepare

- * Aces Too High
<https://acestoohigh.com/>
- * Aces Connection
<http://www.acesconnection.com/g/northeast-tennessee-aces-connection>
- * SAMHSA National Center for Trauma-Informed Care
<http://www.samhsa.gov/nctic>
- * National Child Traumatic Stress Network
<http://www.nctsnct.org/>
- * ETSU Psychology
https://www.etsu.edu/cas/psychology/tic_coalition.php

Provide Program Ideas


- * The goal of Trauma-Informed Care training is not only to educate participants on what trauma is, how it affects brain development, and its prevalence, but also to provide program ideas specific to their services.
- * We will highlight effective programs that we have found that participants may be able to adapt.
- * Participants should leave trainings with new tools to use in offering services.

Model Trauma-Informed Practices While Training

- * Create safety – explaining to participants the nature of the training content might remind them of their own experienced traumas.
- * Maximize opportunities for choice and control – Let participants know they are free to choose not to participate in any activity or to leave the room at anytime.
- * Trainers must be practical – Help participants see how this training will be useful to them.
- * Don’t overcomplicate information – simplify concepts.
- * Show respect to those you train by allowing input and ideas to be shared from the group as you go.

Training Tips

- * Use stories to engage people in learning.
- * Vary training methods to address a wide variety of learning styles.
- * People remember what they “feel” far more than what they simply hear or see.
- * Ask good questions that involve participants’ thinking process to answer.
- * Keep your knowledge base up to date.



Training Logistics

- * Don’t include slides you won’t be using in your presentation. Customize trainings to fit your group.
- * Videos are part of the success of this training. Make sure your training room will have internet access and sound loud enough so participants can hear.
- * **Self Care** – some of the materials presented are difficult to hear or might bring back painful memories from the past in the listeners. Feel free to take breaks as you see the information impacting the hearers.

Original SAMHSA Course/Modified

- * The SAMHSA Key Principles course includes video examples of all the principles.
- * As stated earlier you need to modify the course to suit your participants.
- * Train the Trainer provides you with the complete SAMHSA course as well as a few modified options and when you might use each.

Module 1

- * As you begin each module, review the objectives that will be covered in the section.


Learning Objectives

After completing this section, you will:

- * Have a shared understanding of trauma
- * Be able to identify examples of traumatic events
- * Understand the effects of trauma on brain development

Understanding Trauma

- * Things to remember:



[Empathy Not Sympathy](#)

- * Underlying Question: **Not “what’s wrong with you?” but “what happened to you?”**
- * Behaviors/Symptoms = Adaptations to trauma
- * Healing Happens... In caring relationships

Dr Brené Brown is a research professor and best-selling author of "Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Love, Parent and Lead" (Penguin Portfolio, 2013).
<https://www.youtube.com/watch?v=FEVWgu36gJw&feature=youtu.be>



Empathy

- * Understanding empathy is one of the most important keys to providing trauma-informed care.
- * Perspective taking – see from their side
- * Stay out of judgment
- * Recognize emotion in other people
- * Communicate this recognition
- * **Empathy = feeling WITH people**



Give an Example of Empathy in Action

- * Tell a brief story about Principal Jim Sporleder
- * Lincoln Alternative High School – Walla Walla, Washington
- * Learned about Trauma-Informed Care and had staff trained as well
- * Reconfigured in-school suspension (ISS) – softer lights, paint and furnishings
- * 2009-2010 – 798 suspensions/2010-2011 after TIC – 135 suspensions
- * 2010 – 9 graduated/2011 – 60 graduated

What is Trauma? The 3-E's

Individual trauma results from an **event**, a series of events, or set of circumstances **experienced** by an individual that are physically or emotionally harmful or life threatening and that have lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Potential Traumatic Events

Abuse	Loss	Chronic Stressors
Emotional	Death, Abandonment	Poverty
Sexual/Physical	Neglect	Racism
Domestic violence	Separation	Invasive medical procedure
Witnessing violence	Natural disaster	Community trauma
Bullying	Accidents	Historical trauma
Cyberbullying	Terrorism	Family member with substance use disorder or incarcerated
Institutional	War	

Experience of Trauma Affected by

- * **How**
- * **When**
- * **Where**
- * **How Often**

It is an **individual's experience** of the event, not necessarily the event itself that is traumatizing.

Give an Example

- * Can you think of a time in your life, or someone you know, where 2 people experienced the same event and one was traumatized by it while the other was not?
- * **My story:**
- * Asking my mother “When I was little why did our neighborhood have a block party for a week or two?”
- * Her answer – “It was as a result of Hurricane Donna which devastated the area and we had to share food and water and were without electricity for more than a week.”

Effects of Trauma

- * The effect of trauma on an individual can be conceptualized as a **normal response to an abnormal situation.**
- * **We don't see things as they are. We see things as we are.**

Survival mode is supposed to be a phase that helps save your life.

It is not meant to be how you live.

Michele Rosenthal
Author: *Your Eye Open Trauma*

Physical Reactions to Trauma

These are **NORMAL** reactions to **ABNORMAL** events.

Instead of symptoms – think **ADAPTATIONS**

- * Aches and pains like headaches, backaches, stomach aches
- * Sudden sweating and/or heart palpitations (fluttering)
- * Changes in sleep patterns, appetite
- * Constipation or diarrhea
- * Easily startled by noises or unexpected touch
- * More susceptible to colds and illnesses
- * Increased use of alcohol or drugs and/or overeating

Emotional Reactions to Trauma

- * Shock and disbelief
- * Fear and/or anxiety
- * Grief, disorientation, denial
- * Hyper-alertness or hypervigilance
- * Irritability, restlessness, outbursts of anger or rage
- * Emotional swings – like crying and then laughing
- * Worrying or ruminating – intrusive thoughts of the trauma
- * Nightmares
- * Flashbacks – feeling like the trauma is happening now
- * Feelings of helplessness, panic, feeling out of control
- * Increased need to control everyday experiences
- * Minimizing the experience
- * Attempts to avoid anything associated with trauma

Emotional Reactions to Trauma


- * Tendency to isolate
- * Feelings of detachment
- * Concern over burdening others with problems
- * Emotional numbing or restricted range of feelings
- * Difficulty trusting and/or feelings of betrayal
- * Difficulty concentrating or remembering
- * Shame
- * Feelings of self-blame and/or survivor guilt
- * Diminished interest in everyday activities or depression
- * Unpleasant past memories resurfacing
- * Loss of a sense of order or fairness in the world; expectation of doom and fear of the future

Brain Development

This information provides conclusive science to support the effects of trauma on brain development.

It is important to communicate to participants how **trauma experienced as a young child, without having a nurturing caregiver, can leave a lasting impact on brain development and derail the learning capabilities of that child.**

Brain Development



- * The brain has a “bottom up” organization
- * The **bottom** controls the most simple functions such as respiration, heart rate and blood pressure
- * The **top** areas control more complex functions such as thinking and regulating emotions

Brain Development

- * At birth, the brain is underdeveloped. Not all of the brain’s areas are organized and fully functional.
- * During childhood the brain matures and brain related capabilities develop in sequence. For example, we crawl before we walk, babble before we talk.
- * The process of sequential development is guided by experience.
- * The brain develops and modifies itself in response to experience.

Harvard University Videos

- * The following videos from the Harvard Center are on the Developing Child.
- * Each one is less than 2 minutes
- * Play the first two one right after the next (slide 27)
- * Comment on brain development being like the architecture of a building. First a foundation and then the rest of the structure.
- * Slides 28 and 29 illustrate Serve and Return Circuitry

Brain Development

[Experiences Build Brain Architecture](#)

[Serve and Return Interaction](#)

Center on the Developing Child
HARVARD UNIVERSITY
<http://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/>

Three Core Concepts in Early Development

1

Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY

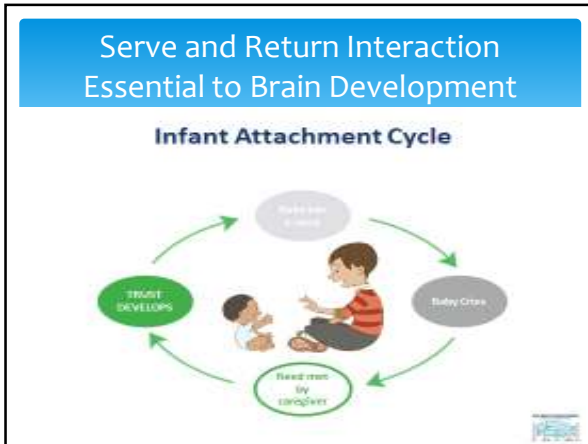
Center on the Developing Child
HARVARD UNIVERSITY
<http://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/>

Three Core Concepts in Early Development

2

Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY



How Trauma Affects the Brain

[Toxic Stress Derails Healthy Development](#)

Point out that **WITHOUT** a nurturing caregiver, a young child is not able to move from operating out of the amygdala (survival part of the brain) back to the cortex (thinking, learning, and reasoning part of the brain).

Center on the Developing Child
HARVARD UNIVERSITY

02HJW?list=PLoDB5o6DEF9zB6347

Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY

3 Kinds of Stress

Positive Stress

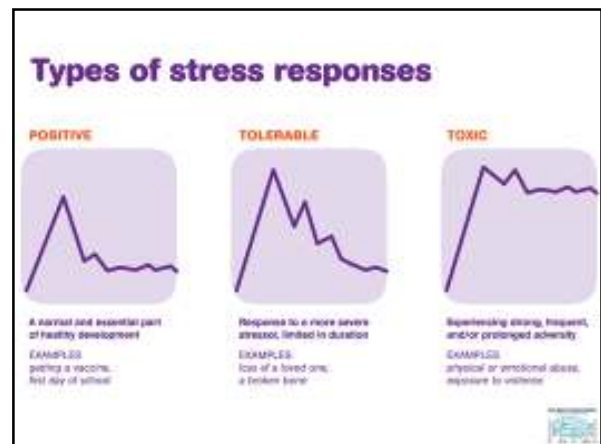
Short, stressful events that inspire new growth or shifting that first day of school are healthy for brain development. These gladden the brain and body for stressful situations later in life.

Tolerable Stress

Single, uncomfortable events like a natural disaster or losing a loved one aren't good for us. But if caregivers' responses are aimed to buffer our stress response, these events avoid the lasting damage to the brain and body.

Toxic Stress

Ongoing, repeated exposure to stress or danger is bad for brain development. It can sap their ability and prevent us from buffer the stress response, which becomes an ongoing, disruptive occurrence in the child's life. The result is an increased vulnerability to chronic physical and mental health problems, including substance.



Toxic Stress and Brain Development

- * Talking Point – Prolonged exposure to toxic stress on a child who has no nurturing, calming caregiver can derail brain development for learning.
- * Talking Point – Just as new parents need to be taught the importance of using car seats and good nutrition, they also need to understand that nurturing is key in brain development.

A Caution: ACEs Are Not Destiny

- * Some children are more susceptible than others to toxic stress.
- * There can be other adults to serve a buffering, caring role.
- * There is a capacity to repair across development.
- * Interventions can make a difference.

Build Better Brains

A 4 minute video that makes the point that young children **MUST HAVE THE HELP** of nurturing adults for healthy brain development

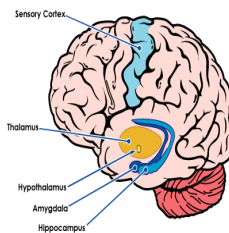
[How Brains are Built](#)

How Brains are Built: The Core Story of Brain Development
 October 10, 2013
 Palix Foundation Copyright 2015 Palix Foundation (formerly the Norlien Foundation)
<http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development>

Fear Response

- * The “fire alarm” of the brain is located in the **amygdala**.
- * The frontal lobe of the cortex - at the top or the thinking part of the brain – shuts down to make sure a person is focusing completely on survival.
- * That’s why it’s hard to think when in a crisis.

Parts of the Brain Involved in Fear Response




©2004 Science Photo Library

Teaching Kids to Understand “Whole Brain”

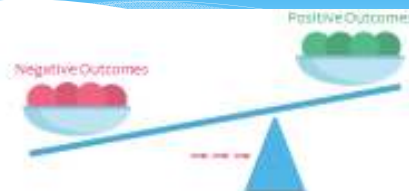
Short learning activity: Demonstrate and get participants involved.

- * **Upstairs brain** – where you make decisions and do the right thing, even when you feel upset.
- * **Downstairs brain** – where BIG feelings come from. Like letting people know you love them or when you feel sad, mad or angry.



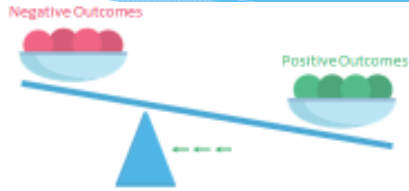
Mental Levelness

Fostering Resilience



The initial placement of the fulcrum affects how easily the scale tips toward positive or negative outcomes

Fostering Resilience



Overtime, the cumulative impact of positive life experiences and coping skills can shift the fulcrum's position, making it easier to achieve positive outcomes.


Resilience

Problems OR Adaptations?

- * The amygdala responses are: fight, flight, or freeze and these are activated by danger.
- * Three sets of “problems” often attributed to children or adult clients we serve show how these behaviors may really be a survival mechanism.
- * Recognize “symptoms” and “problem behaviors” as adaptations to trauma.

<p>FIGHT Non-compliant, combative OR struggling to regain or hold onto personal power</p> <p>FLIGHT Resistant, uncooperative OR disengaging, withdrawing</p> <p>FREEZE Passive, unmotivated OR giving in to those in power</p>	
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What does trauma look like?





Factors Increasing Impact

- * Early occurrence
- * Blaming or shaming
- * Being silenced or not believed
- * Perpetrator is trusted caregiver

Through “My” Eyes

Understanding childhood trauma through the eyes of a child living in an unstable home.

“Removed”

- * Video is 12 minutes long.
- * Before showing the video explain though this is a true story the video is only an actor portrayal. The young girl in real life is now an adult who publically speaks out on violence in the home.
- * It also contains intense content and if anyone feels a need to leave the room please feel free to do so.

ReMoved Part 1
 The ReMoved films are produced by Nathanael & Christina Matanick, co-directed by [Nathanael Matanick](#) and [Christina Matanick](#), and written by Christina Matanick.
<https://www.youtube.com/watch?v=IOeQUwdAJEo>

Film Discussion

- * Since your training has already covered “what is trauma?” and recognizing behaviors and symptoms as possible adaptations to trauma, discuss with the group some observations from the film.
 - * The girl trying to do her homework and her school pictures
 - * Who did the mother run after when police arrived?
 - * Did you see the girls eyes in the car when the case worker takes her brother from her arms?

Film Discussion Continued

- * The first foster care home – her disruptive behavior
- * The response of the foster mom – putting her in the shower
- * The second foster mom made connection
- * The second foster mom understood her disruptive behavior and didn’t retaliate
- * Why was the new dress so upsetting to the girl?
- * Ending – “This is my story and it’s not my fault.”

Trauma-Informed Approach

A few times throughout the training you want to emphasize the following points:

- * Trauma-Informed care serves as a strategy to help service providers gain the awareness, knowledge, and skills to better support individuals.
- * This approach prompts service providers to be aware of the recipient's psychological and emotional needs **rather than just provide resources**.
- * It necessitates that service providers approach recipients from a perspective of empathy that **rejects ideologies of individual blame for life issues that have instead been created by many factors**.

Healing Begins

- * One of the most important messages you can give a trauma survivor is that **what happened, happened to them. It doesn't mean they caused it.**
- * One of the most important things you can do for trauma survivors is to **give them a chance to tell their stories.**
- * Healing starts when a person's personal experience is heard and validated.
 - * Remember empathy!
 - * Perspective taking – see from their side
 - * Stay out of judgment
 - * Recognize emotion in other people
 - * **Communicate this recognition**
 - * Empathy = feeling WITH people

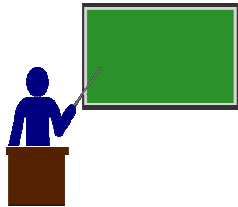
Module 2

Understanding ACE and The Prevalence of Trauma in the Lives of Those We Serve

Learning Objectives

After completing this section, you will:

- * Understand ACEs
- * Recognize the Prevalence of Trauma
- * Hear a Survivor's Story



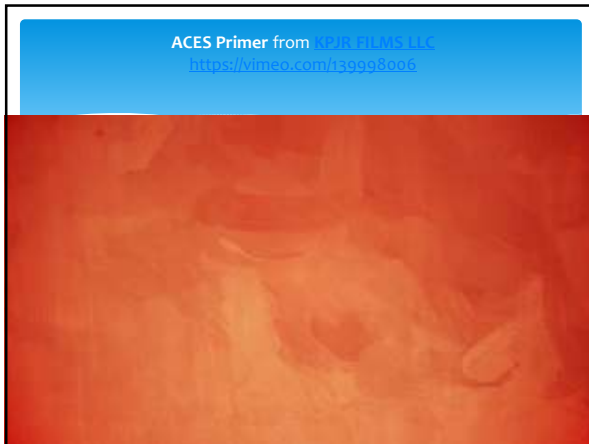
Adverse Childhood Experiences (ACEs)

- * The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.
- * The study was a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
- * The initial phase of the ACE Study was conducted at Kaiser Permanente from 1995 to 1997.

ACEs Primer

[ACEs Primer](#)

- * This video provides a clear, concise overview of what ACEs are. In your discussion relate to this knowledge as ACEs science. Conclusive research shows ACE scores are a predictive indicator of future health and risk behaviors.
- * ACEs science has appeared in at least 1,120 in psychological abstracts and 1,420 in PubMed as of this month. Many of those overlap, but we can be confident there are over 1,000.



ACES Resources

- * This slide can be used to summarize some of the highlights of the ACE Primer video

There are many graphics on SAMHSA's National Center for Trauma-Informed Care site such as this one. We can also provide others.

ACES Summary

- * It consisted of more than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination who chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.
- * The ACE Study findings suggest that certain experiences are **major risk factors** for the leading causes of illness and death as well as poor quality of life in the United States.
- * It is critical to understand how some of **the worst health and social problems in our nation may be partially explained by adverse childhood experiences**. Realizing these connections is likely to improve efforts towards prevention and recovery.

Video Discussion

- * "What is predictable is preventable." Point out in your training that by understanding the implications of ACE scores we are now equipped with **preventative tools** we can use when working with at risk children and youth.
- * "ACEs are not destiny" – discuss this statement. Trauma-Informed Care and ACEs science are not messages of doom and hopelessness to those who have histories of trauma. This information now **brings hope by recognizing where you are today is not all your fault and how one can go forward to healing and build resilience**.

Compare ACE Score to Heart Attack

- * A male with an ACE score of 6 has a 4,600% increase in the likelihood of becoming an IV drug user compared to a male with a score of 0.
- * The American Heart Association says that individuals who do not exercise increase their rate of having a heart attack by 12%. If you are a smoker by 50%.
- * Look at the amount of existing public education related to exercise and smoking cessation.
- * An ACE score of 6 doesn't mean drug addiction is inevitable, but implies an individual could be riding a fast train towards it!

SAMHSA Prevalence Slides

- * The SAMHSA Course contains more slides and gives greater detail on the prevalence of trauma.
- * However, in the modified trainings, this content is shortened to give enough information to help participants clearly understand how trauma is a key factor related to addictions, mental health illnesses, and most all of the social issues communities deal with on a daily basis.

Trauma Prevalence In Children

- * 71% of children are exposed to violence each year
- * 3 million children are maltreated or neglected each year
- * 3.5-10 million children witness violence against their mother each year
- * 1 in 4 girls & 1 in 6 boys are sexually abused before adulthood
- * 94% of children in a juvenile justice setting have experienced trauma

Why Focus on Trauma In Children?

Child abuse has been called “The gravest and most costly public health issue in the US.”




One reason is that it predicts...

Trauma and Mental Health

In the mental health system, clients with histories of childhood abuse tend to:

- * Have earlier first admissions
- * Have more frequent and longer hospital stays
- * Spend more time in seclusion or restraint
- * Have a greater likelihood of self-injury or suicide attempt
- * Require more medication
- * Have more severe symptoms

Trauma and Substance Abuse



- * Up to 65% of all substance abuse treatment clients report experiencing childhood abuse
- * Up to 75% of women in substance abuse treatment report a history of trauma
- * Over 92% of homeless mothers have severe trauma histories

Additional ACE Data

- * Although systemic societal factors (e.g., lack of affordable housing) affect how many individuals are homeless at any given time, demographic characteristics and life histories put specific individuals at risk for this detrimental experience.
- * Childhood adversities are found to be “**substantially overrepresented in homeless samples.**”

Using ACEs

- * We don't have to know a firm score to treat someone with TIC. We just need an awareness of trauma history.
- * Reluctance of traditional service providers to "open this can of worms" in talking about trauma.
- * Information about how IRB insisted they have a counselor on call 24/7 during the ACE study but NO one called for the counselor.
- * We aren't sure yet how or how well TIC "works," but so far it looks much better than other things we've tried.

A Trauma-Informed Environment

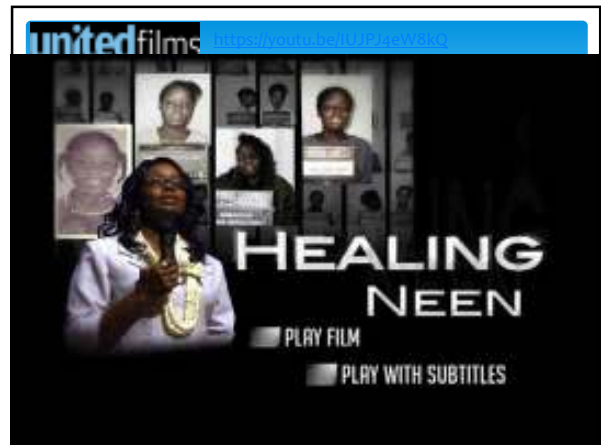
- * Clients are treated as equal, valued humans
- * Staff/volunteers are aware of boundaries
- * Hugging example (choices)
- * Use language that communicates empowerment and recovery
- * Punitive approaches, shaming techniques, and intrusive monitoring are avoided
- * Actions and words that may be re-traumatizing are avoided
- * Conflict is dealt with through negotiation

Healing "Neen" Video

- * Tonier "Neen" Cain homeless for almost two decades after a childhood of abuse and neglect (ACE score of 10).

[Healing Neen](#)

- * Arrested over 80 times with 66 criminal convictions (substance abuse and prostitution).
- * Offered TIC-related program when incarcerated and pregnant in 2004.
- * Now she is on staff and is a national spokesperson for the National Center for Trauma-Informed Care.



Discussion on Healing "Neen"

- * Describe her childhood.
- * What behaviors did childhood trauma lead to?
- * Note her disruptive attitude while in jail – adaptation to trauma not just bad behavior.
- * Did you recognize a trend in the stories of other women incarcerated?
- * Trauma is not an excuse for crime or addictions, but it does offer an explanation.

Module 3

Principles of Trauma-Informed Approaches

Importance of Module 3

- * Module 3 is designed to reflect a **fundamental shift in the culture of an entire organization** as they become Trauma-Informed.
- * It is important to note that it is not enough to simply know about trauma.
- * To be trauma-informed people must be able to identify trauma when they see it, and they must know how to respond in a way that doesn't unintentionally re-traumatize people.
- * Trauma-informed approaches can be implemented anywhere by anyone. Everyone in the organization has a role to play.

Learning Objectives

- * Why Trauma-Informed programs operate with the universal expectation that trauma has occurred
- * The 4 "Rs" of a Trauma-Informed program, organization, or system
- * Understanding each of SAMHSA's principles and why it is important
- * Provide positive examples of each principle

Trauma-informed is a Way of Being

- * It's important to explain to participants that an agency doesn't become "Trauma-Informed" in their approach to services overnight, but it's a process.
- * Implementing a trauma-informed approach requires constant attention and caring; it's not about learning a particular technique or checking things off a checklist.
- * Think about something as basic as respect or compassion. Can you do it once, implement a policy, and mark it off as "done"?

Trauma-informed is a way of being, not a set of action steps.

Trauma-Informed is a Way of Being

- * Module #3 is designed to be interactive with participants.
- * This information will help lead them through discussion on the process to create a trauma-informed culture.
- * This module serves as a self-inventory for individuals and their agencies by offering thought provoking ideas that create a climate of caring.

A Trauma-Informed Program's 4 Rs

The 4 Rs


- * **Realizes** widespread impact of trauma and understands potential paths for recovery
- * **Recognizes** 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
- * Seeks to actively **Resist** re-traumatization

A Trauma-Informed Shift

- * Becoming trauma-informed requires a culture shift.
- * The first steps are recognizing the prevalence of trauma and how symptoms often treated by service agencies are really adaptations to trauma. These symptoms are actually telling a story.
- * Once these facts are recognized, there should be two shifts:
 - * Respond with trauma-informed practices
 - * Review your practices to resist inadvertently re-traumatizing individuals

SAMHSA's Six Key Principles of a Trauma-Informed Approach

- * Six principles that guide a trauma-informed change process
- * Values based
- * Developed by national experts, including trauma survivors
- * Not a checklist but a way of being
- * Goal: Establish a common language/framework



SAMHSA's Six Key Principles of a Trauma-Informed Approach

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

SAMHSA Videos

- * Each of the six pillars come with a short video, which offers a personal example explaining the concept.
- * Those sharing the various pillars in the videos are trauma survivors and their examples are excellent.
- * Due to extending the length of the training, we chose not to share all six SAMHSA videos when covering this module.

#1 - Who Defines Safety?




For people who use services:

- * "Safety" generally means maximizing control over their own lives.
- * Would there be anything about your facility, intake procedures, etc. that might be alarming, intimidating or threatening to clients?
- * **Have you ever asked clients if your setting makes them feel safe?**

For providers:

- * "Safety" generally means maximizing control over the service environment and minimizing risk.

Discussion

-  Do the people you serve feel safe while accessing services you offer? How do you know?
-  Do you feel safe in your own organization while providing services? Why or why not?
-  What changes could be made to address safety concerns?

#2 - Trustworthiness & Transparency

- * Organizational operations and decisions are conducted with transparency, and the goal of building and maintaining trust among clients, family members, staff, and others involved with this organization.
- * **Staff should make sure people really understand their options.**
- * Staff should be authentic.
- * Staff should ensure people understand limits to confidentiality.

More Than Concepts – It Provides Real, Relationship Based Care



- * Dignity
- * Respect
- * Validation
- * Listening – be present in the moment
- * Build safety and trust – they are foundations for healing

Examples of Building Trust

- * **Boundaries** are very important; clear boundaries engender trust.
- * Remember that the trauma survivor’s family situation may have been like quicksand, with rules constantly changing.
- * When the agency establishes clear rules and the staff enforces them, clients know what to expect and that helps them feel safe.

More on Building Trust

- * Clients are **not required** to disclose trauma in order to receive trauma-informed services.
- * Trauma-informed services **emphasize the survivor’s strengths and highlight adaptations and resilience.**
- * The focus is on the **client**—not their behavior, problems, or symptoms—and reducing symptoms or treating an illness.
- * Staff **must not assume** that safety and trust are there from the beginning; they must be earned and proven over time.

SAMHSA “Trustworthy and Transparency” Example

[Trustworthy & Transparency](#)

Pat Risser - Trustworthiness and Transparency in The Hollow Films
<https://vimeo.com/107478500>

Discussion

- 1 • How can we promote trust in our organization?
- 2 • Do the people served trust you? How do you know?
- 3 • What changes could be made to address trust concerns?

#3 - Peer Support

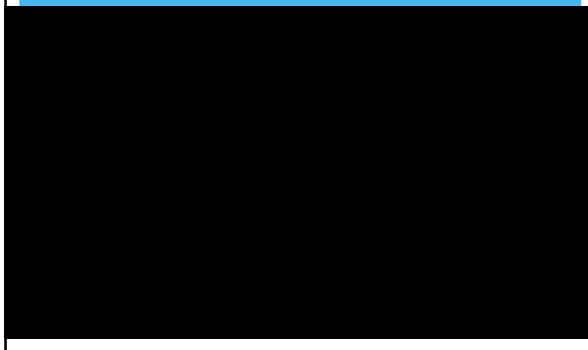
Peer support – A flexible approach to building mutual, healing relationships among equals, based on core values and principles:

Voluntary	Non-Judgmental	
Respectful	Reciprocal	Empathetic

Peer Support Example

[Peer Support](#)


Cicely Spencer - Peer Support
In The Hollow Films
<https://vimeo.com/107478502>



Discussion

- Does your organization offer access to peer support for the people who use your services? If so, how?
- Does your organization offer peer support for staff?
- What barriers are there to implementing peer support in your organization?

#4 - Collaboration and Mutuality



Partnering and leveling of power differences between staff and clients demonstrates that healing happens in relationships and in the meaningful sharing of power and decision making.

Collaboration and Mutuality Example

[Collaboration & Mutuality](#)

William Kellibrew - Collaboration and Mutuality
 in *The Hollow Films*
<https://vimeo.com/107476474>

Discussion

- Can you think of examples from your agency of true partnership between staff and people served?
- Can you name other agencies who share the care of clients? Do they understand Trauma?
- Can you think of changes that would decrease power differentials in your agency between clients and staff?

#5 – Empowerment, Voice and Choice

- * Individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills are developed.
- * **The organization fosters a belief in resilience.**
- * Clients are supported in developing self-advocacy skills and self-empowerment.

Examples of Recognizing Strengths

Over time, ask clients: “What can you bring to the community?”

Treatment activities designed and led by clients	Murals on walls and art for facilities painted by staff and clients	Programing designed to turn “problems” into strengths
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The Art Start Portrait Project offers homeless and court-involved New York City teens the opportunity to create empowering dreams of their future and show the world how they want to be seen.

Empowered in Choosing Care

- * It’s important to present options and allow clients to choose: which clinician or service provider they can see, when and where they can be seen.
- * Collaborate and involve the client in decisions about the care so that you are not just doing things to the client.
- * The client must have the right skills to be able to have a voice and feel empowered.
- * The agency may need to help trauma survivors build communications skills so that they feel competent speaking up for themselves.


Discussion

- * What strengths might your clients have?
- * How can you use these strengths in your organization?
- * Can you think of examples from your agency of empowerment, voice, and choice for people served?
- * Are there policies and practices that do the opposite → that take away choice, voice, and decision making? Can any of these be changed?

#6 – Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases, offers gender responsive services, leverages the healing value of traditional cultural connections such as faith communities, and recognizes and addresses historical trauma.

Example



Hawaii women’s prison builds a trauma-informed culture based on the Hawaiian concept of “pu’uhonua”, a place of refuge, asylum, peace, and safety.

Trauma-Informed Services are:

- Focused on understanding the whole individual and context of his or her life experience.
- Infused with knowledge about the roles that violence and victimization play in the lives of survivors.
- Designed to minimize the possibilities of victimization and re-victimization.
- Hospitable and engaging for survivors.
- Designed to facilitate recovery, growth, resilience, and healing.

Trauma-Informed Services are:

- Respectful of a survivor’s choices and control over their recovery.
- Based on partnership with the survivor, recognizing and minimizing the power imbalance between advocate and survivor.
- Intended to emphasize survivor’s strengths.
- Focused on trust and safety.
- Collaborations with non-traditional and expanded community supports (such as faith communities, friends and families, etc.)
- Culturally competent and sensitive.

Module 4

SAMHSA’s Guidance for Implementation

Importance of Module 4

- * Module #4 is the key for this training to be implemented in a comprehensive fashion within an organization.
- * Think of the six **SAMHSA Principles** covered in module #3 as the “goals” and the **10 SAMHSA Domains** as the “interventions” or ways you will achieve these goals.
- * These domains move an organization from being Trauma Aware to becoming Trauma-Informed.
- * This shift will be reflected when an organization has made trauma responsive practices the norm. The trauma model has now become so accepted and thoroughly embedded that it's effectiveness no longer depends upon a few leaders.

10 SAMHSA Domains

- * **#1 Governance and Leadership** – How does agency leadership communicate its support for implementing a trauma-informed approach?
- * How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?
- * **#2 Policy** – Are policies in place for including trauma survivors and peer supports in meaningful roles in agency planning and services?
- * How do staffing policies demonstrate a commitment to staff training on providing services/ supports as part of staff orientation and in-service training that are trauma-informed and culturally relevant?

10 SAMHSA Domains



- * **#3 Physical Environment**
- * Does it promote a sense of safety, calm, and de-escalation for the clients and the staff?
- * Examples: Florida Juvenile Facility creates a calming environment.

10 SAMHSA Domains

- * **#4 Engagement and Involvement**
- * How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?
- * How do staff members keep people fully informed of rules, procedures, activities, and schedules while being mindful that people are frightened or overwhelmed may have difficulty processing this information? How can it differentiate from the “usual” approach?

10 SAMHSA Domains

- * **#5 Cross Sector Collaboration**
- * Is there a system of communication in place with other partner agencies working with the individual receiving services?
- * Are collaborative partners trauma-informed?
- * What mechanisms are in place to promote cross sector training on trauma-informed approaches?

10 SAMHSA Domains

- * **#6 Screening, Assessment, and Treatment Services**
- * Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?
- * Following screening, does the organization have the capacity to provide trauma specific treatment or refer to appropriate trauma specific services?
- * **Trauma-specific interventions:**
- * Designed to directly address the behavioral health consequences of trauma
- * Delivered by professional staff who have received training in trauma appropriate program models

10 SAMHSA Domains

#7 Training and Workforce Development

- * How does the agency ensure that all staff receive the basic training on trauma, its impact, and strategies for trauma-informed approaches?
- * **How does the agency address emotional stress that can arise working with individuals who have had traumatic experiences?**
- * How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and of trauma sensitive interventions?

10 SAMHSA Domains

#8 Progress Monitoring and Quality Assurance

- * Is there a system in place that monitors the agency's progress in becoming trauma-informed?
- * **Does the agency collect feedback from both staff and individuals receiving services?**

10 SAMHSA Domains

#9 Financing

- * How does the agency's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?
- * What funding exists for peer specialists?
- * How does the budget support provision for creating a safe physical environment?

10 SAMHSA Domains

#10 Evaluation

- * What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?
- * How does the agency measure the organizations progress in shifting from trauma aware to trauma-informed?

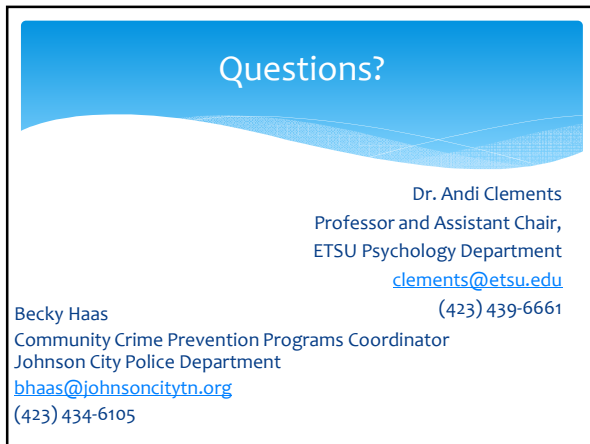
Resources

Training materials to be provided to you should you pursue becoming a trainer:

- * SAMHSA Trauma-Informed Approach: Key Assumptions and Principles (power point slides that include all videos)
- * Train the Trainer slides - electronic version
- * Two Modified Versions of 4 hour training. 1 adult/1 child version – using SAMHSA Keys, Brain Development and ACEs Too High
- * Make sure your name is PRINTED on the Sign In Sheet and your email address is legible so we can contact you.
- * A certificate of completion will be emailed to you for participating in this training.

Interested in Conducting Training for Other Organizations?

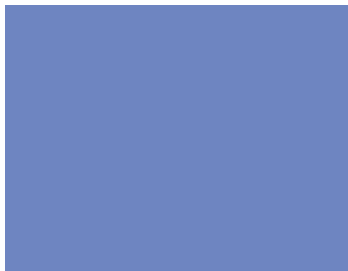
1. **Must** submit a completed Trauma Trainer [Application](#).
2. **Must** have at least 5 years of professional training experience.
3. **Must** provide 2 letters attesting to your training capabilities.
4. **Must** have a grasp on the SAMHSA Key Assumptions and Principles Course.
5. **Must** keep training consistent with materials received in this training.
6. **Must** have training recipients logged on a Sign in Sheet and complete a standard evaluation of training that will be provided at the time of training.
7. It is the trainer's responsibility to return **ALL** sign in sheets and evaluations to Dr. Clements.
8. **Interested?** Email bhaas@johnsoncitytn.org after submitting an application.



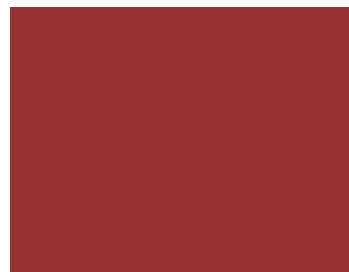
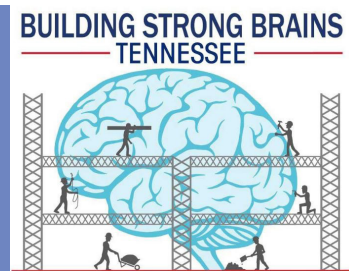
Questions?

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Evaluation Assessment

Trauma Informed Care Training Evaluation and Survey

Thank you for attending our Trauma Informed Care Training. Below is a short survey we are asking that you complete. This information will help us determine the effectiveness of the training and will guide us in the next steps as we develop a strategic plan to create a Trauma Informed System of Care in our community. Thank you so much for your participation in this project!

Event: _____ Date: _____

Please rate the statements below using the following scale from 1 to 5. Some related directly to this training, and others relate to Trauma-Informed Care more generally. Circle your response.

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent NA

	Prior to Training	After Training
My understanding of the impact of trauma on the people I serve (eval_1)	1 2 3 4 5 NA	1 2 3 4 5 NA
My understanding of the impact of trauma on me (eval_2)	1 2 3 4 5 NA	1 2 3 4 5 NA
My knowledge of the principles of trauma-informed care (eval_3)	1 2 3 4 5 NA	1 2 3 4 5 NA
My ability to implement the principles of trauma-informed care (eval_4)	1 2 3 4 5 NA	1 2 3 4 5 NA
My knowledge of strategies to prevent the use of seclusion, restraint, and coercive interventions (eval_5)	1 2 3 4 5 NA	1 2 3 4 5 NA
My understanding about the need for self-care and prevention of burnout or secondary trauma (eval_5.2)	1 2 3 4 5 NA	1 2 3 4 5 NA
My overall experience attending the training (eval_6)		1 2 3 4 5 NA

As we move forward to create a system of Trauma Informed Care in our community would you like to participate in any of the following ways?

Be informed of training opportunities (partic_01)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)
Serve on an implementation team, task force, or coalition (partic_02)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)
Hear success stories (partic_03)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)
Request that your place of employment be a demonstration site (implement and assess TIC principles) (partic_04)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)
Distribute literature to your clients or students (partic_05)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)
Receive progress updates (partic_06)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)

Please tell us a bit about your work with clients

My clients are routinely assessed for trauma history (myjob_01)	<input type="checkbox"/> Usually(3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> Rarely(1) <input type="checkbox"/> Never(0)
In the future my clients will be routinely assessed for trauma history (myjob_02)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)
Most of my clients have significant histories of trauma (myjob_03)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> No(2) <input type="checkbox"/> Don't Know(1)
Having an understanding of the effects of trauma in someone's life will help me in my work as a professional (myjob_04)	<input type="checkbox"/> Yes(3) <input type="checkbox"/> Probably(2) <input type="checkbox"/> Probably Not(1) <input type="checkbox"/> No(0)

Trauma Informed Care Training Evaluation and Survey

What is something that you learned in this training that you plan to implement? Please tell us how you would like to implement it and how soon/often you would like to implement it.

Trauma-Informed Care Understanding

The following questions will sound a lot like test questions. By asking these, we will know how much people learned from our training and how we can improve. Do the best you can and don't feel bad if you don't know the answer. We know it's new to you and you may not have been taught some of the material yet.

Which of the following is a good definition of empathy? (BSBUnd1)

- Feeling sorry for someone when something bad happens
- Putting yourself in someone else's shoes, feeling their feelings

Three types of stress are included when speaking of Trauma-informed Care and ACE science. Which of these is the most damaging of these types of stress? (BSBUnd2)

- Toxic stress
- Unhealthy stress

Which one of these statements is **true** about the Adverse Childhood Experiences (ACEs) study? (BSBUnd3)

- The people studied were high risk people in poverty
- They measured things that happened before the person was 18 years old

When children experience ongoing stress and have no one to comfort or calm them, they are less able to learn well. Why does this occur? (BSBUnd4)

- It reduces the number and strength of connections in the children's brains so that later learning potential is reduced
- It changes the children's emotions, which distracts them from learning, but does not change their brains

Trauma Informed Care Training Evaluation and Survey

A parent or teacher responds to a child's questions repeatedly. Each time the child asks a question, the adult responds. Sometimes the adult answers. Sometimes the adult responds with other useful information. What do brain scientists (and trauma-informed care trainers) call this? (BSBUnd5)

- Tutoring
- Serve and return**

What is something simple we can teach children to help them learn to calm themselves or seek comfort from someone when they are upset? (BSBUnd6)

- Upstairs brain/downstairs brain using hand motions**
- Good thoughts/good words/good actions

Which of these is **central to becoming a trauma-informed organization** (check all that apply)? (BSBUnd7)

- Establishing trust among staff, between staff and those served by the organization
- Ensuring everyone knows to obey the person in charge
- Actively trying to prevent anything that would re-traumatize anyone**
- Treating everyone equally so that no favoritism is shown
- Ensuring that staff and those served by the organization feel safe**
- Encouraging those served by the organization to voice their ideas and feelings then listening to them**

We would like to follow up with you to see if you have implemented this. How can we best contact you?

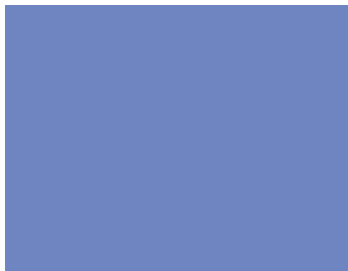
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Email: _____ Phone: _____

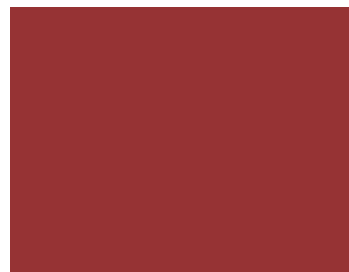
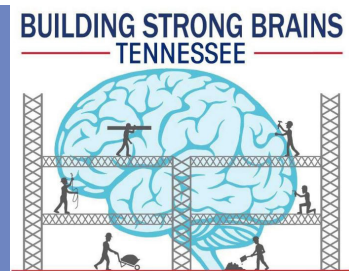
General Information. This will help us get to know you better.

1. What is your current position that brings you to this training? _____
2. State in which you work in this position _____
3. County in which you work in this position _____
4. Age _____
5. Gender _____
6. Race _____

Thank you for attending this training and providing us with feedback.



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Trauma Informed Questionnaire

Questionnaire

Please complete the survey below.

Thank you!

We are conducting a research study about how well Trauma-Informed Care is understood and how often it is used in our geographic area. This survey should take approximately 10 minutes to complete and no identifying information will be requested. In other words, there will be no way to connect your name with your responses. Although you will not be identifiable, the ETSU IRB and personnel particular to this research (Dr. Andrea Clements, Department of Psychology, ETSU and her associated research personnel) have access to the study records.

Over the past few months, you may have been invited to one or more Trauma-Informed Care training events. You may fill out the survey even if you have not been invited to or attended any training events. If you do not want to fill out the survey, it will not affect you in any way. You may refuse to participate and you may quit at any time by simply closing the survey. Please do not complete the survey unless you are at least 18 years of age. If you have any research-related questions or problems, you may contact Dr. Clements (423-439-6661) or Ginger Bastian (423-439-4424). Also, the chairperson of the Institutional Review Board at East Tennessee State University is available at (423) 439-6054 if you have questions about your rights as a research subject. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you cannot reach the study staff, you may call an IRB Coordinator at 423-439-6055 or 423-439-6002.

By continuing to the survey, you are expressing your agreement to participate.

- Continue survey
 I do not wish to complete the survey

Date _____

Which of the following best describes you (check all that apply)?

- Judge (not Juvenile Court)
 Judge (Juvenile Court)
 Other court employee
 Probation/Parole (Adult)
 Probation/Parole (Juvenile)
 Police/Sheriff/State Trooper
 Jail/Prison Employee
 Social Worker
 Psychologist
 Counselor
 University Faculty
 Clergy (chaplain, pastor, other)
 Other mental health worker**
 Teacher/Educator**
 Graduate student**
 Undergraduate**
 Volunteer**
 Other

**If you checked other mental health worker, teacher, student, or volunteer, would you please give more detail such as what grade level you teach, your field of study, what type of organization you volunteer with, or other details that would clarify your position.

In which state are you employed?

In which county are you employed?

What is your age?

What is your race?

What is your gender?

Are you familiar with the term "Trauma-Informed Care?"

- Yes
- No
- Somewhat

Regardless of how familiar you are with Trauma-Informed Care, please rate the following to the best of your ability. The following items refer to the agency or institution where you work or volunteer. If the question does not apply or you do not know, please choose "Not Applicable or Don't Know."

The people served are routinely screened for trauma exposure and related symptoms

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The ACE Test is used to assess trauma exposure

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The impacts of traumatic stress on mental and physical well-being of the people served are considered

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

Culturally appropriate assessments and treatments for traumatic stress and associated mental health symptoms are used with the people served

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

Attempts are made to strengthen resilience and protective factors in the people served

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

Attempts are made to address the trauma that parents, caregivers, and family have experienced in addition to the trauma experienced by the people who are directly served

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

An environment of care for staff is maintained that addresses, minimizes, and treats secondary traumatic stress

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The agency's or institution's leadership communicates its support and guidance for implementing a trauma-informed approach

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The agency's or institution's staffing policies demonstrate a commitment to staff training on providing services and supports that are trauma-informed

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The agency's or institution's physical environment promotes a sense of safety, calming, and de-escalation for clients and staff

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The agency or institution offers the opportunity for people with lived trauma experiences to provide feedback to the organization on quality improvement

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The agency or institution identifies community providers and referral agencies that have experience delivering evidence-based trauma services

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

There is a system in place that monitors the agency's progress in being trauma-informed

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

The agency's or institution's budget includes funding for ongoing training on trauma and trauma-informed approaches

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

Measures are used by the agency or institution to assess the organizational progress in becoming trauma-informed

- Does not describe my agency or institution
- Somewhat describes my agency or institution
- Very much describes my agency or institution
- Not applicable or Don't know

Please rate the following items with regard to yourself.

I feel compassion for individuals who have experienced bad things

- Does not describe me
 Somewhat describes me
 Very much describes me

I believe people blame too many of their poor choices on bad things that have happened to them

- Does not describe me
 Somewhat describes me
 Very much describes me

I think our judicial system is too lenient

- Does not describe me
 Somewhat describes me
 Very much describes me

I think we should offer more treatment options to individuals who are addicted to drugs or alcohol

- Does not describe me
 Somewhat describes me
 Very much describes me

I try to carry my religious beliefs into all areas of my life

- Does not describe me
 Somewhat describes me
 Very much describes me

I have struggled with addiction

- Does not describe me
 Somewhat describes me
 Very much describes me

I am physically healthy

- Does not describe me
 Somewhat describes me
 Very much describes me

I am mentally healthy

- Does not describe me
 Somewhat describes me
 Very much describes me

The following questions are from the ACE Study, and are used to assess childhood trauma. We are interested in how prevalent childhood trauma is in the participants who will be learning about Trauma-Informed Care. We respectfully request that you complete this questionnaire. These questions, just as the previous questionnaire items, are being collected anonymously.

While you were growing up, during your first 18 years of life, did any of the following occur?

Did a parent or other adult in the household often or very often...Swear at you, insult you, put you down or humiliate you...OR...act in a way that made you afraid that you might be physically hurt?

- Yes
 No

Did a parent or other adult in the household often or very often...Push, grab, slap, or throw something at you?...OR...Ever hit you so hard that you had marks or were injured?

- Yes
 No

Did an adult or person at least 5 years older than you ever...Touch or fondle you or have you touch their body in a sexual way?...OR...Attempt to actually have oral, anal, or vaginal intercourse with you?

- Yes
 No

Did you often or very often feel that...No one in your family loved you or thought you were important or special?...OR...Your family didn't look out for each other, feel close to each other, or support each other?

- Yes
 No

Did you often or very often feel that...You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?...OR...Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

- Yes
 No

Were your parents ever separated or divorced?

- Yes
 No

Was your mother or stepmother...Often or very often pushed, grabbed, slapped, or had something thrown at her?...OR...Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?...OR...Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

- Yes
 No

Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

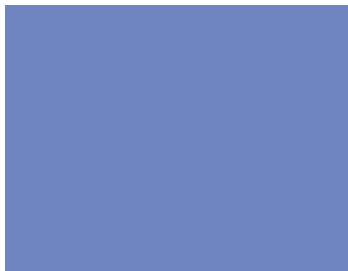
- Yes
 No

Was a household member depressed or mentally ill, or did a household member attempt suicide?

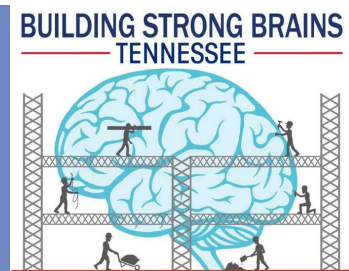
- Yes
 No

Did a household member go to prison?

- Yes
 No



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System of Care Focus Group Questions

System of Care Focus Group

December 12, 2018

Please answer these questions and bring them with you to the focus group meeting:

Approximate date you received trauma informed care or ACEs training _____

What training did you attend (check one)

- SAMHSA 4 hour
- Building Strong Brains
- Other _____

What is your profession?

- Law enforcement
- Advocacy
 - If so, what type _____
- Healthcare
- Mental health
- Corrections
- Addiction treatment/recovery
- Faith based
- Education
 - K-12
 - Higher Education
- At Risk Youth Programs
- Juvenile Justice
- Other _____

Is your role:

- Program Director
- Supervisor
- Staff member
- Other _____

Check all of the following that are true of your organization:

- Has your program made changes to become trauma responsive?
- Has your agency changed any policies to reflect trauma understanding?
- Does your agency screen clients using the ACEs survey?
- Does your agency allocate any funding towards trauma training and program development?
- Has your agency received any grant funding to implement trauma informed practices?
- Does someone from your organization regularly attend the NE TN Trauma Informed System of Care meeting?
- Is your organization an affiliate of the system of care?

Think about your answers to the following questions. We will have small group discussions about these on the 12th, but we would love for you to list some of your responses here as well.

What **changes** has your organization made to become more trauma responsive?

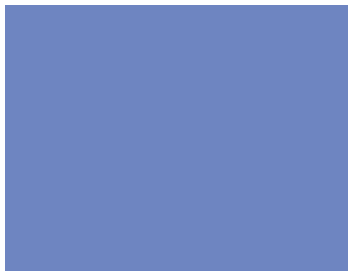
What are the **barriers** your organization has faced in implementing Trauma Responsive changes?

Are there things you think would make the System of Care meetings more beneficial?

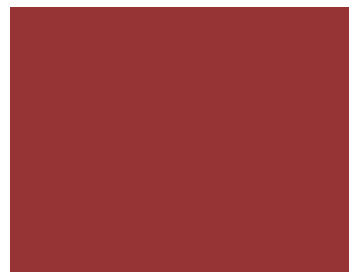
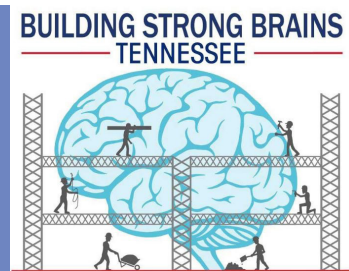
Has your organization heard any clients **express negative thoughts or feelings** about your organization becoming trauma responsive?

Has your organization heard any **success stories or positive responses from clients** served since becoming trauma responsive?

Would you or the client be willing to share those positive outcomes?



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Credits

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