

POINT SOURCE YOUTH ON BEHALF OF OCFS PRESENTS:

TRAUMA- INFORMED CARE IN ACTION

Executive Summary

Trauma has an impact on not only the individuals we serve but also everyone we encounter. Trauma can lead to or increase mental illness, substance misuse, and physical illness. The very services that were designed to help individuals sometimes may be the cause of trauma or re-traumatization. This toolkit will provide an understanding of how to create structures and systems that recognize the traumas that exist and that prioritize the wellness of young people and program staff.

Speakers

ErrDaisha Floyd, Organizer, Educator, and Facilitator, *Point Source Youth Youth Advisory Council*

Jaime Hunn, LCSW, Therapist & Emotional Wellness Coordinator, Employee Wellness Coordinator in Pediatric Healthcare

Lizzie McAdam, RDT/BCT, LCAT, Director of Counseling and Case Management, *Hetrick-Martin Institute*

Sebastien Vante, The National CHW (Community Health Worker) Advisor, *Wellness Equity Alliance*



Office of Children
and Family Services

The purpose of this resource is to provide information & guidance from experts in their field that is as updated and accurate as possible. It is not intended to give medical advice for individuals or organizations.

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Five Best Practices for Implementing Trauma-Informed Care in Your Work with Youth

1

Get Curious. One of the most important aspects of practicing trauma-informed care is fighting our impulse to make assumptions. When faced with a challenging situation with a young person, get curious and ask yourself, ‘what might this behavior I’m receiving mean — and how does it make sense in a more holistic context?’ Keeping an open-mind and recognizing that the goal is mutual understanding allows us to de-escalate situations and create more opportunities for connection.

2

Put Your Oxygen Mask on First. Responding to big emotions in others can bring out big emotions for us. Before responding to the youth in crisis check in with yourself by asking — “how am I feeling?”, “what’s coming up for me?”, and “where am I feeling stress in my body?” Accept your responses without judgment and use your coping skills to calm your energy. Modeling a calm and controlled demeanor is important for providers.

3

Create a Brave Space. Conversations concerning trauma and mental health are very important and should take place in brave spaces. Brave spaces are characterized by having privacy, limited distractions, acceptance, mutual respect, and confidentiality. By inviting a youth to speak in a more private forum with these elements, you are communicating that their story and experiences are special and deserve your full attention.



4

Keep Communication Open. People tend to minimize their traumatic experience(s) and its impact on their daily lives; youth are no exception. Validating their experiences and statements, especially when they attempt to minimize their trauma, will support their ability to process and make meaning of their lived experience. Keeping communication open looks like using [active listening skills](#) (i.e. asking open-ended questions, summarizing, reflecting, clarifying, giving words of encouragement, and reacting).

5

Utilize All of Your Resources. It's important that we avoid working in silos when it comes to providing trauma-informed care. Referrals to specialized providers, and community resources work to support a holistic approach to trauma recovery. Trauma tends to impact various aspects of daily living— relationships, employment, housing, hobbies, and more. Being creative in our efforts to engage youth impacted by trauma with activities and opportunities that can help support healthy development in these areas is important.

For example, connecting a youth who is interested in music with a local studio could help them with building and maintaining relationships, making and keeping appointments, and provide a positive outlet.





The How-To's of Trauma-Informed Care

WHO

Anyone can show they care and offer support, however a trusted peer or adult that the young person has some form of attachment to is usually the best option.

WHAT

We are responding to the signs, and sometimes our intuition, that tell us that something isn't okay with someone around us. We are modeling appropriate responses by giving cues that invite them to join our calm rather than us joining their chaos.

WHEN

We are constantly interacting with trauma in our lives; whether at work or in our personal lives. You can often recognize trauma when the response feels larger or inconsistent with the situation at hand. For example, receiving feedback about a mistake at school or at work resulting in the person raising their voice, making threats, and/or storming out of the room.

WHERE

We are meeting people where they are and engaging them in activities that make them most comfortable. We want to make sure that if we are inviting people into our work spaces that they are accessible to them (i.e. access to public transit, handicap accessible, etc.). Whenever possible, find yourself in a space that is more familiar to them than it is to you; this provides them an opportunity to have a sense of control and comfort/safety.

WHY

We are having these conversations and building these relationships because what isn't seen can't be healed. In order to address and overcome the negative impacts of trauma, we first have to name our trauma.

HOW

Normalize and validate emotional and physical responses to trauma by using psycho-education, asking more questions, making less assumptions, managing your own emotional responses, offering brave spaces free of judgment, listening more than you speak, and utilizing all of your resources.



“**Curiosity** over judgment and assumptions is at the root of trauma-informed care.”

— Jaime Hunn



Q&A



How would you define trauma and trauma-informed care?

“Trauma is a distressing experience [and] everybody is impacted differently. [Through trauma-informed care], we should aim to come from a place of curiosity and not judgment. Get curious about behavior and the function of behavior. What need is being met by behaviors? Get curious about how systems impact youth and how that plays into everything.”

— Jaime Hunn

“Trauma is based on the individual’s experience and a person gets to define trauma for themselves. In trauma-informed care, sometimes we focus on individual trauma but forget about the systemic trauma that disproportionately impacts [Black and Brown people], people of color, queer and transgender communities, and [folks who are] disabled.”

— Lizzie McAdam



How can organizations infuse trauma-informed care into their structure, practice, and policies? What does this look like in action?

“The staff [should] reflect the population that [being] served. This allows clients to see, both in leadership and direct staff, [people] who reflect who they are. Clients are very much involved in our hiring practices. Staff have to be interviewed by youth before they are hired. It lets youth know they have a say in who they interact with. We should ensure physical spaces reflect the youth’s interests and identities as well. Additionally, staff training is critical and should be reinforced through clinical supervision. We have to ask questions like how do staff feel about a young person. Do they trigger them? Staff need to be aware of biases and triggers. Tools such as forms asking these questions and supervision can help with this. This work is hard. Staff need safe spaces to share about their experiences as well.

Staff also need good training including Vicarious trauma, Trauma Informed Care, LGBTQ Sensitivity training. Be willing to seek training from outside of the agency if your agency does not provide adequate training. [Hetrick-Martin Institute](#) has a phenomenal program.”

—Sebastien Vante





What steps can organizations and staff take to avoid re-traumatization of the youth they serve?

“Point Source Youth has taught me a lot about what it means not to re-traumatize youth by always leading with consent. Allow youth to consent to talking about their experiences. Always pay youth for their time and their value. Be clear with all expectations when working with youth. Let them know what they may need to discuss and what support they have during the process.”

— ErrDaisha Floyd

“Be self-aware. Many folks use humor to make light of what they have been through. For example, people often joke about their COVID experiences but that can be triggering to another person who also experienced trauma related to COVID. Be careful what you say and how it may impact others. Be aware of the stories you tell and the comments you make. Give people a fair warning and ask for consent before you start venting to someone. Share with limitations so you do not traumatize others. Be patient. Acknowledge that healing is not linear and it goes up and down. Do not force others to talk about anything they don't want to talk about. Allowing the youth creative liberties and space of how they want to talk about trauma. Having healthy relationships is part of the work. Having positive engagement is a part of trauma-informed care.”

— Jaime Hunn



In a world where high production is expected, how can we slow down and critically examine our relationships with and within our organizations while still having the ability to operate?

[When we] pull ourselves back and take a look we can see that having positive, relaxed interactions is beautiful work — and that is what we are doing. A physician I worked with talked about strategic underachievement. We may see that as something negative but a lot of that is rooted in trauma. We feel like our sense of worth is attached to how productive we can be. So, [first] we have to unlearn that. Strategic underachievement is [about] identifying those places where things don't have to be perfect. Perfection is not real [and therefore] things do not need to be perfect. Find areas where you can plug and chug so you can focus on the most important things that matter.”

— Jaime Hunn

“In our space, we dedicate one day per week to staff development and group supervision. That is a day for us to slow down to talk about the work we do, and the clients [we serve].”

— Sebastien Vante





Three Actions You Can Take Now

1

Integrate the core principles of trauma-informed care into your daily practice inside and outside of your work environment.

2

Implement a trauma screening at intake (i.e. the ANSA, Brief Trauma Questionnaire, Stressful Life Events Screening Questionnaire, ACE Assessment to identify traumatic events that took place prior to 18 years of age.

3

Sign up for trauma-informed training opportunities.

“[One] piece I would like to highlight here, as it relates to trauma-informed care, is [that] sometimes there is an over-emphasis on individual experiences and not enough [of an] **emphasis on systems of harm and oppression** and how that [disproportionately] impacts people.”

— Lizzie McAdam



Dos: Policies, Practices, And Engaging with Youth Clients



Do

- Reflect back what you're noticing and feeling when engaging with someone that is demonstrating potential signs and symptoms of trauma. For example, "I noticed that you started pulling away from me and avoiding eye contact when I mentioned [insert person]. I'm curious about that. Do you feel comfortable sharing more there?"
- Acknowledge and express gratitude for their willingness to share their thoughts, feelings, and experiences with you.
- Allow natural consequences to take place. It's important that we balance understanding with accountability and avoid enabling maladaptive coping strategies even if they originated from the traumatic experience.

PRO-TIP:

Once we are aware of the widespread impact of trauma and exposed to the trauma narratives of the people we work with we are exposed to secondary traumatic stress. It is important that we practice self-care strategies that ground us in our lives outside of our client's trauma before entering an interaction, in the moment, as well as in recovery from the interaction. This can look like supervision, engaging in hobbies, deep breathing, body scans, engaging in rest, and more.





Developing Trauma-Informed Care Policies And Practices In Your Organization



Overview

In order to appropriately support our client population, as individuals and organizations, we need to develop the capacity to respond to our clients in a holistic manner. This means recognizing the impact that their past and current lived experiences have on how they present to us.



Staff Training

- [Trauma STAR Training](#)
- [Free Trauma Informed Care Trainings](#)
- [National Child Traumatic Stress Network Learning Center](#)



Step-By-Step Instructions

[Adopting Trauma Informed Practice as an Organization](#)



Intake

Inquire about risk factors, including:

- Personal history of trauma: [Trauma Screening | The National Child Traumatic Stress Network \(nctsn.org\)](#)
- [Microsoft Word - ACES Assessment - rev 2014 \(naadac.org\)](#)





Follow-Up Conversations

- If a person experiences a trauma response, get their consent to debrief on the experience.
- Facilitate conversations in brave, private spaces.
- Ask open-ended questions, and when using reflective listening skills leave room to be wrong.
- Engage the young person when co-creating plans for how to support them going forward.



Addressing Internal And External Stressors

- Be mindful of the person's body language, noting where they prefer to be in proximity to others as well as entry/exit points. (i.e. Folks not wanting to have their back to the door or high traffic areas).
- Utilize moments of interpersonal conflict/disagreement as an opportunity to practice self-regulation and communication skills.
- When possible, start any groups or sessions with a check-in with everyone in the room in order to attune to people in the room. (i.e. Someone sharing that they've had a hard day gives us the opportunity to invite them to take care of themselves in the space by either sharing out or sitting back and being more quiet during the time together).
- Minimize opportunities for loud noises and check-in with the room after a large unexpected noise occurs.
- Ensure that people have access to resources when they are outside of your space. (i.e. Handouts reminding them of their preferred relaxation strategies, crisis lines, etc.).



Evaluation & Feedback

Assess the following:

- Frequency, duration, intensity of symptoms related to trauma responses.
- Feelings of distress when exposed to trauma reminders (likert scale).





Ally to Advocate

Level 1

Practice self-reflection. It's important that we're not asking others to do work that we are not willing to do ourselves. Therefore, it's important that we build awareness of how stressful or traumatic experiences have impacted us. This can look like implementing a journaling practice, seeing a mental health professional, etc. We will have an improved capacity to show up for others if we have an understanding of what healing feels and looks like personally.

Level 2

Practice offering generous interpretations. We have been trained to label situations, people, and experiences as good or bad. We need to build the capacity to get curious about how different behaviors make sense with a more compassionate and holistic approach, and move outside of the positive/negative binary. This means that instead of taking the easy way out by always assuming the worst we can instead attempt to understand each other's perspective. This looks like acknowledging that when people are scared, insecure, or feeling threatened it can often present like anger. Instead of finding ourselves feeling scared, insecure, and threatened by what appears to be an angry response, we can reflect that they are likely showing us these behaviors because they are experiencing these emotions. We call this the parallel process.

Level 3

Include directly impacted people into conversations and decision-making opportunities. We often use the phrase, 'We shouldn't do anything for you without you'. Pathways forward should be co-created.

Level 4

Start naming traumatic experiences whenever possible. Outwardly acknowledging that an event or experience is traumatic in personal and professional settings helps to increase awareness of the prevalence and impact trauma has on individuals and communities.



“When I first started college, I realized that I wasn’t [really] breathing — not deeply, not in a way that was restoring my body, and not in a way that was rejuvenating. I was just going through life.
Please, remember your breath.”

— ErrDaisha Floyd

Additional Resources

- https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
- <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- <https://therapythatliberates.com/>

