# Trauma-Informed, Family-Centered Practices Training Series



# Module 2 Basic Trauma-Informed Care



Foundation for a Healthy St. Petersburg



# Module 2. Basic Trauma-Informed Care

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# MODULE 2. BASIC TRAUMA-INFORMED CARE

In addressing basic trauma-informed care for early childhood-serving agencies and agency providers, Dr. LaDonna Butler, licensed mental health counselor and Associate Program Director at the University of South Florida Family Study Center in St. Petersburg, FL, provides an overview of the intent and characteristics of trauma-informed care and how to provide such care in the context of family-centered practice. Trauma-informed, family-centered practice treats the entirety of a person – that is, their physical, mental, behavioral, social, and spiritual well-being and functioning – while taking into account their experiences of trauma and their coping mechanisms. Trauma-informed care agencies and practitioners prioritize safety as central to clients' dignity and well-being and promote trauma-awareness in all aspects and levels of the organization including its policies and culture.

This module is designed to aid the creation of a trauma-informed care agency and staff. Six guiding principles to a trauma-informed approach and seven domains of trauma-informed care services are described. Guidance for providers outlines ways to connect with and support traumatized clients as well as to recognize trauma triggers and prevent their occurrence in the work environment. Lastly, the short- and long-term impacts of trauma, including community trauma, on young children are addressed along with how professionals can help their clients build resiliency.

Dr. LaDonna Butler, a licensed mental health counselor, is Associate Program Director at the University of South Florida St. Petersburg (USFSP) Family Study Center and an Adjunct Faculty member in Psychology at USFSP. From 2018-2020 she served as the Family Study Center's Learning & Development Facilitator for the Foundation for a Healthy St Petersburg sponsored-project "Trauma-Informed Infant-Family Mental Health" and served as principal investigator for an expansion of that initiative, "Reckoning with Race & COVID-19 in Infant-Family Mental Health." She is currently leading "Opioid-Affected Youth Initiative: Aiding Drug Impacted Children in Out-of-Home Care," a joint project of Family Study Center and the Pinellas County Department of Human Services. Dr. Butler sits on multiple local boards including the Healthy Start Coalition of Pinellas Inc., Pinellas Ex-offender Re-entry Coalition, and NAMI (National Alliance on Mental Illness) Pinellas. In addition, she is Executive Director and CEO of The Well for Life, an alternative healing space serving individuals in need of mental health counseling, wellness, and self-care resources. Dr. Butler has an EdD in Counselor Education from Argosy University and Master's degrees in Human Services and in Mental Health Counseling.

# UNDERSTANDING TRAUMA-INFORMED CARE

(Timestamp 00:00:43-00:03:20)

### TRAUMA-INFORMED CARE . . .

treats the *whole person* – their physical, mental, behavioral, social and spiritual wellbeing and functioning – taking into account their trauma and coping mechanisms.

### A TRAUMA-INFORMED CARE AGENCY ...

- Understands the prevalence & impact of trauma
- Supports paths to healing & recovery
- Is committed to trauma-sensitive interactions
- Prioritizes safety as central to clients' dignity & well-being
- Promotes trauma-awareness in all aspects & levels of its organizational culture, policies & operations

### TRAUMA-INFORMED CARE PRACTITIONERS ASK ....

#### What happened to you?

- What were some of the circumstances, experiences or events that strained your ability to cope?
- What led to coping strategies that are not effective for you or your family?

#### What's right with you?

- What are the skills, resources and strategies that supported your survival?
- What skills, resources and strategies can now be leveraged in order for you to thrive?

### TRAUMA-SPECIFIC SERVICES or TRAUMA TREATMENTS ...

are interventions that directly address and facilitate trauma recovery.

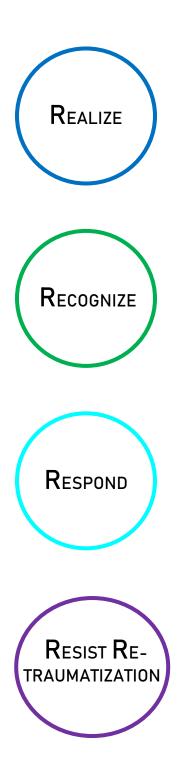
# THE 7 DOMAINS OF TRAUMA-INFORMED CARE SERVICES (Timestamp 00:03:21 - 00:07:46)

- 1. EARLY SCREENING & ASSESSMENT
- 2. CONSUMER-DRIVEN CARE & SERVICES
- 3. TRAUMA-RESPONSIVE WORK FORCE
- 4. TRAUMA-SAFE WORK ENVIRONMENTS
- 5. COMMUNITY OUTREACH & BUILDING COMMUNITY PARTNERS
- 6. ONGOING TRAINING, PERFORMANCE IMPROVEMENT & EVALUATION
- 7. EVIDENCE-BASED & EMERGING BEST PRACTICES

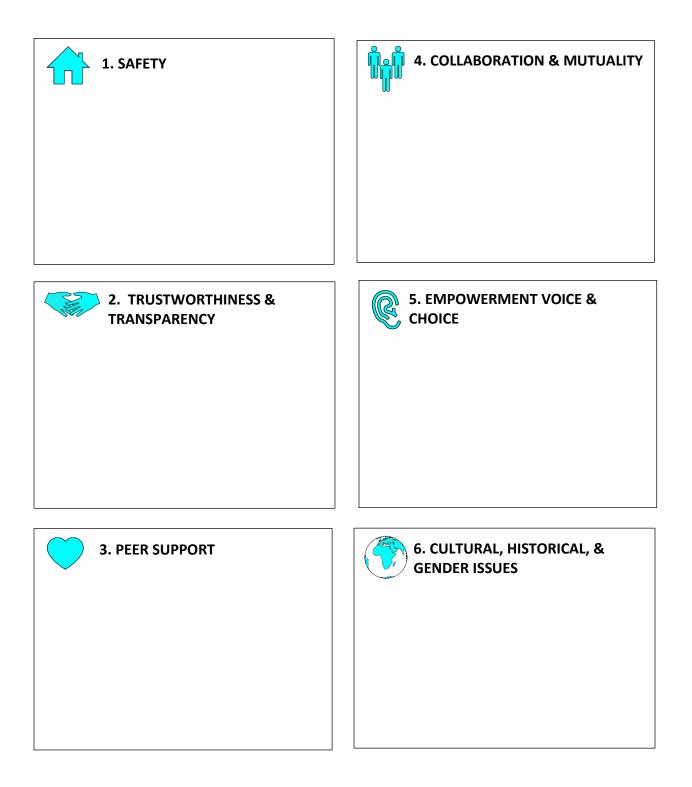
#### **KEY COMPONENTS**

Organizational Assessment & Evaluation Paradigm Shift Safety Well-being & Self-Care Inclusion & Partnerships

# THE 4 R'S TO TRAUMA-INFORMED CARE CLIENT CONNECTIONS (Timestamp 00:07:47 - 00:13:08)



# 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH (Timestamp 00:13:09 - 00:20:50)



# PERSONAL REFLECTION: THE 6 GUIDING PRINCIPLES & YOUR ROLE IN THE WORK (Timestamp 00:20:51 - 00:23:41)

- □ How do you view your role in the work?
- □ What is the impact of your own trauma history on your role?
- □ What do you need in order to better understand historical trauma, oppression, & barriers to access?
- □ What are some of the barriers to trauma-informed care that you would face?
- □ In what ways are you already aligned with the 6 guiding principles?
- □ What can you and/or your agency do to incorporate the 6 guiding principles?

### RECOGNIZING TRAUMA TRIGGERS & RESPONSES (page 1 of 2) (Timestamp 00:23:42 - 00:35:13)

#### TRAUMA TRIGGERS or TRAUMATIC REMINDERS ...

are those feelings, sights, sounds, smells, feelings and/or experiences that remind a person of their past trauma. When triggered, the individual confuses past and present danger and feels as though the trauma is actually happening.

#### TRAUMA BEHAVIORS . . .

are the ways a triggered person copes with their traumatic memories, emotions and continuing triggered experiences.

#### **COMMON TRIGGERS**

- Loud voices, music, noises
- Child crying, screaming, having a tantrum
- Hearing yelling, arguing
- Smells, e.g., perfume, sweat
- Seeing hitting or a raised hand
- Seeing a person who resembles abuser
- Being among strangers
- Being reprimanded or told "no"
- Being alone or the last child waiting for pick up
- Being touched

#### What unintentional, unexpected triggers might occur at your workplace?

# RECOGNIZING TRAUMA TRIGGERS & RESPONSES (page 2 of 2) (Timestamp 00:23:42 - 00:35:13)

| COMMON RESPONSES TO TRAUMA TRIGGERS   |                       |  |
|---------------------------------------|-----------------------|--|
| EMOTIONAL RESPONSES                   | IN PREVERBAL CHILDREN |  |
|                                       |                       |  |
|                                       |                       |  |
|                                       |                       |  |
|                                       |                       |  |
|                                       |                       |  |
|                                       |                       |  |
| AT A BUSINESS OR HUMAN SERVICE AGENCY |                       |  |
|                                       |                       |  |
|                                       |                       |  |
|                                       |                       |  |
|                                       |                       |  |
|                                       |                       |  |

What is there about you and your role that might distort or hinder your clientpractitioner connection at your workplace?

# HOW TO SUPPORT A TRAUMATIZED CLIENT

(Timestamp 00:35:14 - 00:40:02)

|                | WAYS TO IMPLEMENT |
|----------------|-------------------|
| SPACE          |                   |
| PREDICTABILITY |                   |
| PERSPECTIVE    |                   |
| ATTRIBUTION    |                   |
| RECIPROCITY    |                   |
| SUPPORT        |                   |
| CHOICE         |                   |
| RECALIBRATION  |                   |

### THE IMPACT OF TRAUMA ON YOUNG CHILDREN (Timestamp 00:40:03 - 00:41:15)

|                                  | TRAUMA'S EFFECTS   |  |  |
|----------------------------------|--|--|--|
| Attachment &<br>Relationships    | * Clinginess * Separation anxiety * Easily frightened<br>* Unable to trust * Feel unsafe   |  |  |
| Physical Health:<br>Body & Brain | * Developmental delays * Poor appetite, low weight<br>* Have stomach/headaches * Sleep disturbances  |  |  |
| Emotional<br>Responses           | <ul> <li>* High levels of fussiness</li> <li>* Temper tantrums</li> <li>* Difficulty in self-regulating &amp; self-soothing</li> <li>* Scream or cry excessively</li> <li>* Easily triggered</li> </ul>              |  |  |
| Behavior                         | <ul> <li>* Posttraumatic play</li> <li>* Restrictive play &amp; exploration</li> <li>* Appears distant or detached</li> <li>* Aggressive &amp; impulsive</li> <li>* Re-enacts the abusive/traumatic event</li> </ul> |  |  |
| Thinking &<br>Learning           | <ul> <li>* Lower cognitive functioning * Learning disabilities</li> <li>* Easily distracted</li> <li>* Regression of previously acquired skills &amp; milestones</li> </ul>  |  |  |

### Without intervention, the trauma will move forward with the growing child.

#### Notes & Thoughts

# BUILDING RESILIENCY

(Timestamp 00:41:16 - 00:44:05)

# RESILIENCE ....

is one's capacity to successfully navigate through traumatic or challenging life experiences with the psychological, social, cultural and physical resources that sustain their well-being.

Factors that contribute to how well people adapt to adversity include:

- Their specific coping strategies
- The ways in which they view and engage with the world
- The availability and quality of resources and services

Indicators of resilience include:

- Responding with minimal distress or effect on daily functioning
- Exhibiting a temporary dip in one's ability to cope followed by an early and effective return to their usual level of functioning



HOW TO BUILD RESILIENCE & BUFFER THE IMPACT OF ACEs

Beyond Blue Support Service, https://healthyfamilies.beyondblue.org.au/healthy-homes/building-resilience

# UNDERSTANDING COMMUNITY TRAUMA

(Timestamp 00:44:06 - 00:46:49)

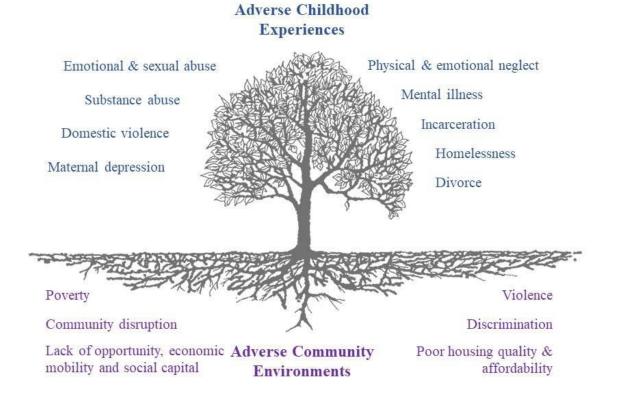
### COMMUNITY TRAUMA . . .

is the shared reaction and traumatization of a social or cultural group due to sustained violence, oppression, discrimination and historical harm. *Community* can be defined geographically (e.g., a neighborhood), virtually (e.g., shared identity), or organizationally (e.g., a school or place of worship). Community trauma disproportionally impacts minority and marginalized groups.

- \* Racism \* Sexism
- \* Classism
- \* Ableism \* Homophobia
- \* Transphobia

Communities may differ in how they perceive challenges and adversity. What one group views or experiences as a traumatic event, another may not.

# THE PAIR OF ACEs TREE: CHILDHOOD & COMMUNITY



Ellis, W. & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Adverse Community Experiences: The Building Community Resilience Model. *Academic Pediatrics*, *17*(7s), S86-S92.

# WHAT HARMS VS. WHAT HELPS TRAUMATIZED CLIENTS (Timestamp 00:46:50 - 00:51:28)

| WHAT HARMS | WHAT HELPS |
|------------|------------|
| 1.         | 1.         |
| 2.         | 2.         |
| 3.         | 3.         |
|            | 4.         |
|            | 5.         |
|            | 6.         |
|            | 7.         |
|            |            |

# REFERENCES

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