

Trauma-Informed Approaches

Linking Systems of Care Montana

Key Principles and Policy Development

One



Linking
Systems of Care
for Children and Youth Project



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Welcome to Linking Systems of Care Montana

Module 1 of 8

One

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What Zone Are You In?

The ZONES of Regulation™ Reproducible E The Zones of Regulation Visual

The ZONES of Regulation™

BLUE ZONE Sad Sick Tired Bored Moving Slowly	GREEN ZONE Happy Calm Feeling Okay Focused Ready to Learn	YELLOW ZONE Frustrated Worried Silly/Wiggly Excited Loss of Some Control	RED ZONE Mad/Angry Terrified Yelling/Hitting Elated Out of Control

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<https://www.zonesofregulation.com/free-downloadable-handouts.html>

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One

Trauma

Individual trauma results from an event, or series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful, or life threatening, and that has lasting adverse effects on the individual's functioning and mental, social, emotional, or spiritual well-being (SAMHSA).




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One

Toxic Stress

“(A) toxic stress response can occur when a child experiences **strong, frequent, and/or prolonged adversity** – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – **without adequate adult support**. This kind of prolonged activation of the stress response systems can **disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment** well into the adult years.”

As defined by the Center of the Developing Child at Harvard University and the National Child Traumatic Stress Network and articulated by the LSOC Montana Policy Workgroup




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LSOC Montana Seven Key Principles of Trauma- Informed Care

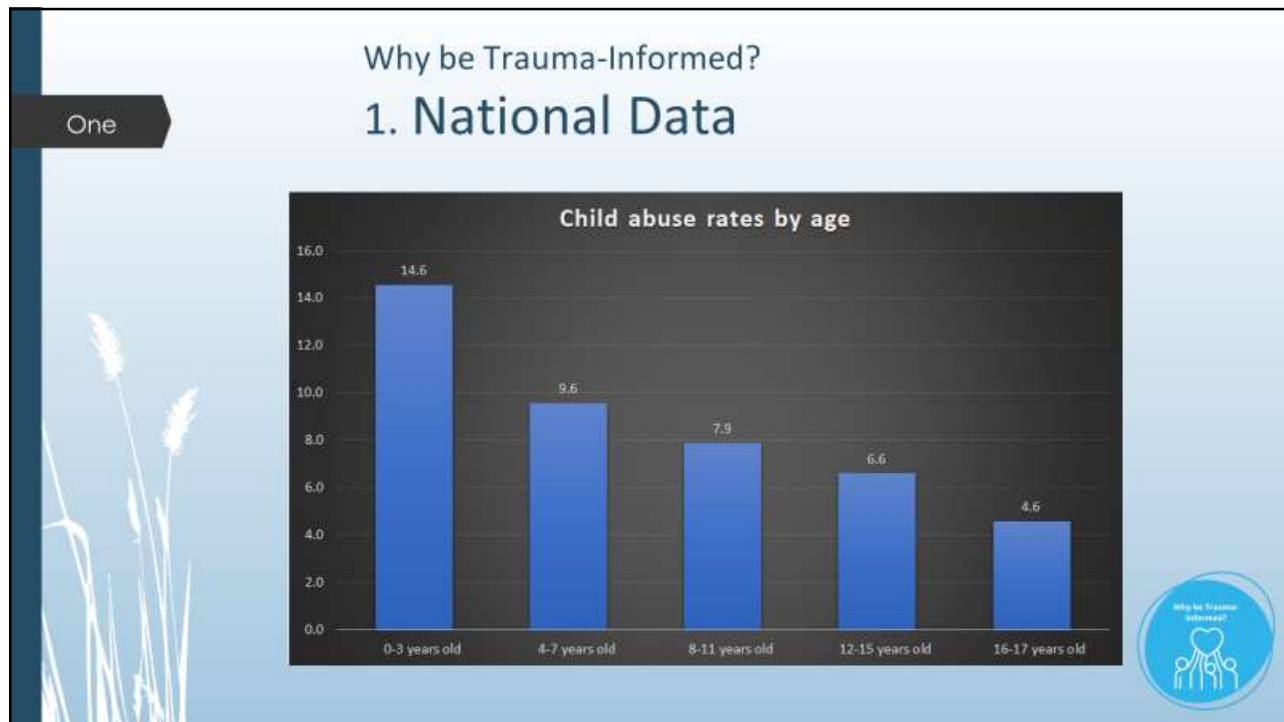
1. Physical and Emotional Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Equity
7. Leadership, Administrative Support and Policies

The Four "R"'s

What Practices?



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Two

Module 2: Physical & Emotional Safety

Objectives:

- Define physical and emotional safety, and why it is a key principle of trauma-informed care.
- Understand considerations for physical safety for clients as well as staff.
- Understand consideration for emotional safety for clients as well as staff.
- Understand introductory information about safety during emergencies, triggers, and secondary trauma.
- Devise concrete strategies to increase physical and emotional safety.

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Physical VS. Emotional Safety

Physical Safety

- Freedom from threats
- Being aware of risks
- Ensuring basic physical safety

Emotional Safety

- Safety within one's own identity
- Sense of feeling safe
- Ability to create emotional safety



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Two

Physical Safety: Policies and Practices for those who Receive Services



SAFETY MEETING
SPACES ARE
AVAILABLE



BATHROOM DOORS
CAN LOCK WHEN
NEEDED



SIGNAGE IS CLEAR
AND EASY TO SEE



INDOOR AND
OUTDOOR AREAS
ARE WELL LIT



CHILD-FRIENDLY
STRUCTURES ARE IN
PLACE



CLIENT FEEDBACK IS
USED



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Two

Emotional Safety: Policies and Practices for those who receive services

Initial contact is welcoming

Goals & objectives are SMART

Expectations are clear

Next steps are discussed

Clients have a voice & choice

Non-verbal behavior is addressed

Unsafe situations are identified



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Three

Module 3: Trustworthiness & Transparency

Objectives:

- Define trustworthiness and transparency, and why this is a key principle of trauma-informed care.
- Understand considerations for transparency for clients and staff.
- Understand considerations for trustworthiness for clients and staff.
- Devise concrete strategies to increase trustworthiness and transparency in an organization.

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Three




Key Definitions for Transparency

- Clear, written, understandable expectations
- Informed by children and families
- Incorporates strategies to reach people in crisis
- Clearly explains the 'why' of the expectations
- Includes internal and external transparency



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Trustworthiness:

-  Consistency in provision of services and other practices
-  Predictable expectations
-  Respectful, non-judgmental approach
-  Maintaining appropriate boundaries
-  Accessible grievance process and appropriate response
-  Effective referrals to outside providers, with support in making linkages




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Four

Module 4: Peer Support

Objectives:

- Define Peer Support, and why this is a key principle of trauma-informed care.
- Understand considerations for informal peer support for clients and staff.
- Understand the definition and structure for formal peer support.
- Understand the components of effective peer support.
- Devise concrete strategies to implement effective peer support in an organization.

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Four

Definitions

Individuals with
lived
experiences

Flexible
approach in
building
relationships

Based on
respect,
compassion,
and reciprocity

For Families

For Staff



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Four

Informal Peer Support Overview

- History of Informal Peer Support
- Who facilitates?
- Some Informal Peer Support Examples



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MOVING
SUPPORT

Informal Peer Support for Staff



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Authentic Voice & Choice for Families



LISTEN



EMBRACE



CREATE



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Five

Modules 5: Collaboration & Mutuality

Objectives

- Define Collaboration & Mutuality, and why this is a key principle of trauma-informed care.
- Understand the five practices of Collaboration & Mutuality:
 - Include Children and Families
 - Provide Training and Coaching
 - Build Strong Teams
 - Adopt Quality Improvement Strategies
 - Engage in Community Mapping
- Devise concrete strategies to implement Collaboration & Mutuality in an organization.

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Six

Module 6: Empowerment, Voice, & Choice

Objectives:

- Define Empowerment, Voice & Choice, and why this is a key principle of trauma-informed care.
- Understand protective factors that increase empowerment, voice and choice for clients.
- Understand considerations for increasing empowerment, voice & choice at a systems level.
- and with staff.
- Devise concrete strategies to implement empowerment, voice & choice in an organization.

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Six

Empowerment, Voice & Choice in Practice

Empowerment does not happen by chance, but by choice.

Sharing power in a partnership is integral to trauma-informed services; the shared-power relationship **focuses on learning rather than compliance**, and it **supports lasting change**. Learning to "speak one's truth" is an important part of the relationship regardless of one's "role."

From the National Child Traumatic Stress Network

<https://www.nctsn.org/trauma-informed-care/family-youth-provider-partnerships/introduction>

What is
Empowerment,
Voice &
Choice?

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Six

Why Empowerment, Voice, and Choice for Children and Families who have Experienced Trauma?

- Trauma is a loss of power
- Trauma symptoms reinforce the feeling of a loss of control
- Secondary adversities that happen as a result of the trauma also reinforce the loss of power.
- Regaining a sense of control is essential recovery
- Everyone's traumatic experience and way of being affected by that trauma is unique; only they can tell you what they can handle and what they need for their recovery

What is
Empowerment,
Voice &
Choice?

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Six

Defining Terms

- Empowerment
- Partnering
- Power-Sharing
- Resilience
- Protective Factors
- Voice
- Choice



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Protective Factors

The graphic features a central orange rounded square with a white border, containing the text "Protective Factors" and a white icon of two hands holding a heart. This square is set against a white, brush-stroke-like background that is itself centered on a light blue background.

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Empowerment, Voice & Choice for Staff

- Outcomes of employees feeling empowered
 - Stronger job performance
 - Higher job satisfaction
 - Stronger commitment to the organization
 - Less burnout and turnover
 - Better productivity
 - Better ability to connect with children and families
- Empowering workers increases protection against Secondary Traumatic Stress
 - Involves loss of power and control
 - Staff need to have power to share power



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Seven

Module 7: Equity

Objectives:

- Define Equity, key concepts related to equity, and why this is a key principle of trauma-informed care.
- Understand potential equity concerns for three populations:
 - Historical trauma and resilience in Indigenous populations;
 - Language and issues impacting the LGBTQ populations;
 - Trauma and the disability community.
- Devise concrete strategies to increase equity in an organization.

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The Difference Between Cultural Competency and Cultural Humility



Cultural Competency

Indicates something you can achieve



Cultural Humility

Indicates a process and continuous reflection

Equity Overview

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Seven

Populations with Potential Equity Concerns:

- Black, Indigenous, and people of color (BIPOC)
- Lesbian, gay, two-spirit, bisexual, transgender, queer, and questioning individuals (LGBTQ+)
- Persons with intellectual and developmental disorders and other disabilities
- People experiencing homelessness
- Socio-economically stressed individuals
- Veterans and military families
- Justice-involved individuals
- Children and youth in the foster care system

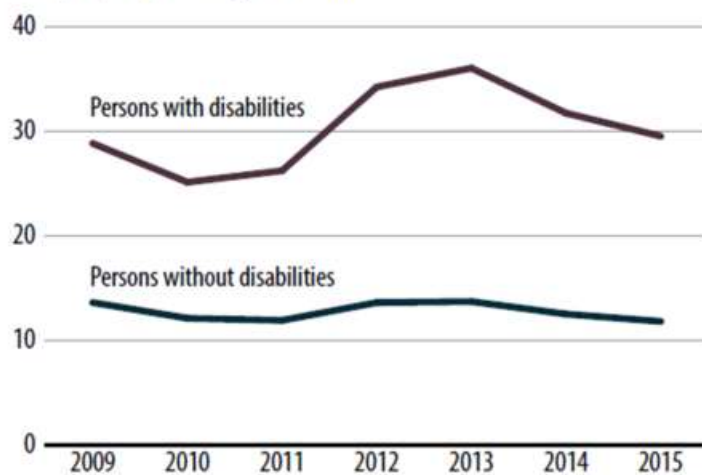


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Trauma Experienced by People with Disabilities

Violent victimization, by disability status, 2009–2015

Rate per 1,000 persons age 12 or older



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Module 8: Leadership, Administrative Support & Policies

Objectives:

- Understand strategies to shift toward trauma-informed policies in an organization.
- Understand areas for improving trauma-informed policies.
- Devise concrete strategies to increase trauma-informed policies in an organization.

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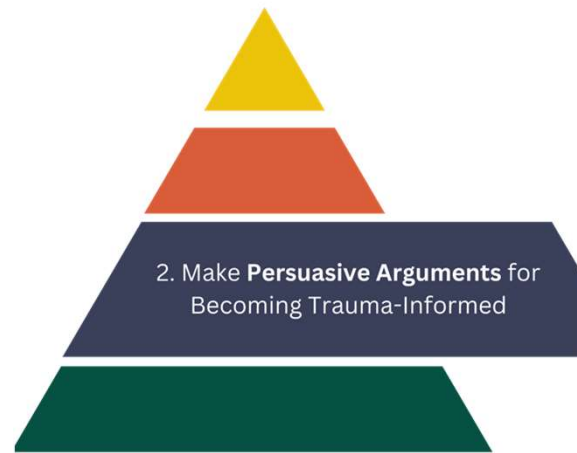
- Have a commitment to trauma-informed care.
- Form a team or workgroup.
- Identify and approach key leadership.
- Form a persuasive argument for change.



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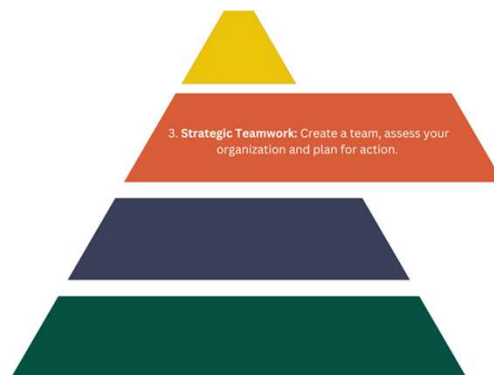
Implementing trauma-informed care will result in:

- Better program services
- Higher staff retention
- Improved staff communication
- Clearer understanding of secondary trauma
- Increased job satisfaction
- More funding opportunities (grants, families, etc.)



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Strategic Teamwork



- The Trauma-Informed Care Implementation Team or Workgroup should:
 - Review and revise policies
 - Conduct a gaps analysis
 - Identify funding and support
 - Ensure fidelity and consistency



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Organizational Communication

Organizational leadership should commit to:

- Expressing support for trauma-informed policies.
- Ensuring top-down messaging and communication.
- Modeling and using trauma-informed care approaches.



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