Welcome to a series of three webinars for professionals working with children’s advocacy centers. This series will examine:

- A trauma-informed approach to investigating child abuse allegations and responding to child victims,
- Ways for multi-disciplinary professionals to incorporate trauma-informed practices and skills in the systems that respond to those children and youth; and
- The use of a Trauma-Informed Organizational Assessment tool to inform changes a CAC can implement to improve staff skills and services provided to children and families.
This webinar will focus on helping professionals working in and with CACs to understand and determine how to incorporate trauma-informed practices and skills for staff in the systems that care for or interact with children and youth that have experienced trauma.
What discipline do you represent on your MDT?

Trauma often comes up in my work with children & families.

I feel very confident that my organization is trauma-informed.
What experiences do you want traumatized families to have when working with you?

WHAT IS TRAUMA-INFORMED CARE?

Trauma-Informed Systems

The idea of trauma-informed systems sprang from research on the efficacy of trauma-focused interventions for children and families.
A Trauma-Informed Organization...

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.


WHY ADDRESS Trauma-informed care?

• Improves client experience
• Improves quality of service to families
• Increases satisfaction at work
• Creates a community of hope, healing and recovery
• Promotes organizational wellness

Participant reflection

Consider the discipline you represent on your MDT - law enforcement, victim advocacy, child welfare, forensic interviewer, mental or medical health provider or other disciplines:

In what tangible ways does the system you are engaged with incorporate trauma-informed practices with children that have experienced trauma?
Key elements of a trauma-informed system

ADVANCING CALIFORNIA’S TRAUMA-INFORMED SYSTEMS
TRAUMA-INFORMED CARE MENU

ORGANIZATIONAL ENVIRONMENT
- System Collaboration
- Physical & Psychological Safety
- Caring for Children, Youth, & Families
- Organizational Rules & Procedures
- Culture, Diversity & Trauma

WORKFORCE DEVELOPMENT
- Training & Awareness
- Supportive Staff Development

TRAUMA-INFORMED SERVICES
- Screening Protocols
- Trauma-Informed Practices
- Trauma-Informed Treatment Protocols
- Services for Statewide Groups & Audiences
System Collaboration

Where are the gaps?

Systems Collaboration
Advancing MDTs

• Being knowledgeable of the major voices for children and youth exposed to trauma within your community
• Working relationships with the systems that serve the children and families your organization works with
• Procedures in place for sharing pertinent information and data with those outside and within your organization
• Cross systems/multidisciplinary training to familiarize providers with other systems
Physical & Psychological Safety

Where in the System might a child feel physically safe but not psychologically safe?

- An environment that promotes a sense of safety, calming, and de-escalation
- Physical safety and crisis protocols in place that are regularly practiced
- A healthy respect for the ways in which behavior that appears to be maladaptive in the present once served as a useful response in past environments
- Encouraging self-empowerment, self-control, self-regulation and education around the impacts of trauma on safety

Advancing Physical and Psychological Safety
Barriers to Engagement

- Can reside with
  - the family
  - the provider
  - the system in which the provider works

- Concrete obstacles: time, competing priorities, transportation, child care
- Perceptual obstacles: attitudes about mental health, stigma, negative experiences, parents’ own stress and needs

McKay, Pennington, Lynn, & McCadam, 2001; Bannon & McKay, 2005; Kazdin & Wassell, 2000; Owens et al., 2002; Deane, Wilson, & Ciarrochi, 2000; Harrison, McKay, Bannon, 2004; McKay, McCadam, Gonzales, 1996

Which barriers do you think are most important?
Advancing Partnerships with Children, Youth, and Families

- Strengthening the experience of choice for children, youth, and family members
- Valuing relationships through shared goals and transparency
- Policies and decisions that are conducted with transparency and collaboration

Organizational Policies & Practices

Participant reflection

Who can you identify as a champion to support your own system organizational change?

In what ways can you engage your senior leadership in your discipline to provide guidance and support in change initiatives?
Advancing Organizational Policies

- Identified point of responsibility within the organization for trauma-informed administrative practices
- Policies/protocols for workforce orientation, training, support related to trauma
- Organizational self-assessment
- Senior leaders that have capacity and skills to facilitate implementation of trauma-informed change

Culture, Diversity, & Trauma

- Workforce knowledge and awareness on how culture influences the interpretation and meaning of traumatic events, the acceptability of support, and help seeking behaviors
- Incorporating attention to culture and trauma in organizational operations and quality improvement processes
- Institutionalizing cultural knowledge within the organization
Have you ever attended a training on Trauma?
Advancing Trauma Training and Awareness

- Showing support and commitment to trauma training and awareness (e.g., allowing time out of staff’s schedule to attend such trainings)
- Having systems in place to monitor the impact of training on the workforce
- Coaching to support training goals
- Internal capacity to ensure that ongoing training and education for the workforce on trauma-informed care is available

Secondary Traumatic Stress

STS Signs and Symptoms

- Avoidance (including of certain clients)
- Preoccupation with clients/client stories
- Intrusive thoughts/nightmares/flashbacks
- Arousal symptoms
- Thoughts of violence/revenge
- Feeling estranged/isolated/having no one to talk to
- Feeling trapped, “infected” by trauma, hopeless, inadequate, depressed
- Having difficulty separating work from personal life
I've experienced at least one of the signs or symptoms of secondary traumatic stress.

Participant reflection

In what ways does your MDT engage the team in recognizing signs of secondary traumatic stress?

Does your team routinely include discussions about the affect of this work on members of the MDT? In what ways could some disciplines within the MDT be affected differently than other team members?

Advancing Secondary Traumatic Stress

- Trainings and/or workshops
- Reflective supervision
- Resources for self-care (e.g., supervision, consultation, peer support)
- Procedures that are sensitive to the impact of trauma on the workforce
One way to enhance resilience is to ensure that children have access to evidence-based, trauma-informed treatments and services. Treatment can help the child reduce overwhelming emotion related to the trauma, cope with trauma triggers, and make new meaning of his/her trauma history and its impact on his/her current and future life events.

CEBC
THE CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE

- User-friendly Information on Evidence-Based Practices
- Scientific Ratings and Relevance to Child Welfare Ratings

www.cebc4cw.org
Core Components of Trauma-Focused, Evidence-Based Treatment

- Building a strong therapeutic relationship
- Psych education about normal responses to trauma
- Parent support, conjoint therapy, or parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Trauma processing and integration
- Personal safety training and other important empowerment activities
- Resilience and closure

Creating trauma-informed change
Compassion satisfaction

Acknowledging Success

- Tell me about your successes this month?
- In which ways can you give yourself credit for the successes?
- What did you do or say that helped lead to changes?
- What makes you feel proud or successful in your role?