

**Snohomish County
Restorative Trauma Informed CARE
Train the Trainer Training
2021**



care

BUILDING COMMUNITY
THROUGH COMPASSION

Table of Contents

Section 1:

- Acknowledgements
- Agenda
- CARE Champions

Section 2:

- Welcome
- Importance for Organizations to Implement these Practices
- What does it mean to be Trauma Informed
- What is Restorative Practices
- Why are We Taking a Whole Community Approach
- What is CARE
- Trauma Informed Guiding Principles
- Children's Wellness Coalition
- CARE Decal
- Organizational Commitment
- Learning Collaboratives
- Trauma Informed Leadership Team
- Recertification
- Adult Learning Summary

Section 3:

Training PowerPoints & Resources

- Trauma Informed Care – Liza Patchen-Short & Laura Mote
- Equity and the Intersection of Trauma Informed Practices – Tami Farber
- Restorative Practices – Mary Cline-Stively
- Adverse Childhood Experiences – Joe Neigel & Erin Wood
- Trauma 101 & Resiliency – Heather Perry & Lindsey Greene
- Self-Care & Secondary Traumatic Stress – Lindsey Green & Heather Perry

Section 4:

Learning Collaboratives and Moving Your Organization Forward

This will be discussed at your monthly learning collaboratives; Liza Patchen-Short and Laura Mote will be your facilitators.

- Appendix A
 - Organizational Systems Change
 - Screening Assessment & Treatment Services
 - Cross Sector Collaboration
 - Policy Engagement and Involvement
 - Progress Monitoring and Quality Assurance Evaluation

- Appendix B
 - Stages of the Trauma Informed Organizational Model

- Appendix C
 - Further Resources

- Appendix D
 - Sample Trauma Informed Interview Questions

- Appendix E
 - Assessment Tools
 - Standard of Practice for Trauma Informed Organizations Self-Assessment Tool
 - CARE Continuum Assessment Tool
 - TILT Report

- Appendix F
 - Technical Assistance CARE Support

- Appendix G
 - Definitions

- Appendix H
 - SAMHSA Domains of Consideration

Acknowledgments

We would like to give special thanks to the CARE Trainers, CARE Organizations, Champions, and all those who contribute to building Equitable, Restorative, Trauma Informed CARE in Snohomish County.

Agenda

Week 1:

- **Tuesday, October 5th**
8:30 a.m. - 12:30 p.m. - Introduction to Trauma Informed Care
Liza Patchen-Short & Laura Mote
- **Thursday, October 7th**
8:30 a.m. - 12:30 p.m. - Equity and the Intersection of Trauma Informed Practices
Tami Farber

Week 2:

- **Tuesday, October 12th**
8:30 a.m. - 12:30 p.m. – Self-Care & Secondary Traumatic Stress (STS)
Lindsey Greene
- **Thursday, October 14th**
8:30 a.m. - 12:30 p.m. – Trauma 101 & Adverse Childhood Experiences (ACEs)
Joe Neigel

Week 3:

- **Tuesday, October 19th**
8:30 a.m. - 12:30 p.m. – Restorative Practices
Mary Cline-Stively
- **Thursday, October 21st**
8:30- a.m. - 12:30 p.m. – Implementation Science & Adult Learning
Mary Cline-Stively

Week 4:

- **Tuesday, October 28th**
8:30 a.m. - 12:30 p.m. – Self-Care & Secondary Traumatic Stress Deep Dive
Lindsey Greene
- **Thursday, October 30th**
8:30 a.m. - 12:30 p.m. – Trauma 101 & Adverse Childhood Experiences (ACEs)
Joe Neigel

Week 5:

- **Tuesday, November 2nd**
8:30 a.m. - 12:30 p.m. – TILT, Learning Collaboratives, Structure of the CARE movement
Liza Patchen-Short & Laura Mote
- **Thursday, November 4th**
8:30 a.m. - 12:30 p.m. – Questions, TIC Why again, Panel, Next Steps
Liza Patchen-Short & Laura Mote

Trauma Informed CARE Champions



Liza Patchen-Short Children's Mental Health Liaison

Liza Patchen-Short works at Snohomish County in the Human Services Behavioral Health Division as the Children's Mental Health Liaison. Liza has a Bachelor's Degree in Social Work and Master's Degree in Human Services with a focus on resiliency. Liza has over thirty years working in the non-profit sector advocating for youth and families. She is the co-chair of the Snohomish County Children's Wellness Coalition, and is leading the charge by supporting schools, community organizations and the community at large in building a Restorative Trauma Informed Community. Liza is co-facilitating the initial cohorts learning collaboratives to build a strong foundation for a trauma informed community. Liza is married and has two wonderful sons and three great stepsons.



Laura Mote Mental Health Community Support Specialist

Laura Mote is the Mental Health Community Support Specialist with Snohomish County Behavioral Health for the Denney Juvenile Justice System. Laura holds a Master of Social Work Degree with a focus in adolescent trauma. Laura has worked with high risk youth for over ten years. She is the co-chair of the Snohomish County Children's Wellness Coalition. Laura is a dedicated leader in building a Restorative Trauma Informed Community. Laura is co-facilitating the initial cohorts learning collaboratives to build a strong foundation for a trauma informed community. Laura is devoted to her two dogs.



Mary Cline-Stively
Restorative Practices and Adult Learning
Trainer

Mary Cline-Stively started her career working in the mental health field for 15 years and then transitioned into organization development consulting for another 5 years. She started at ChildStrive 11 years ago as the Director of Programs and currently serves as the Chief Executive Officer. Mary holds a Master's degree in Organizational Psychology as well as a Graduate Certificate in Restorative Practice. Mary is a licensed trainer for the International Institute of Restorative

Practice and works to bring restorative principles into her leadership and work. Mary has partnered with Snohomish County Human Services for the past several years to build a restorative, trauma informed community through the CARE initiative. She lives in Edmonds with her spouse and two teen daughters.

Together, Laura, Liza, and Mary work diligently to bring Restorative Trauma Informed CARE in a way that organizations can systemically bring sustainable changes for the community at large.

Welcome!

Congratulations and Welcome to Snohomish County's CARE Restorative Trauma Informed Train the Trainer Training. You are now a part of CARE Cohort 4. You are joining a movement to help Snohomish County become a restorative trauma informed community. Your commitment and presence states that your organization has committed to become a CARE organization and trusts you are the right person to help. You and your coworker/s have been awarded to be the organizational champions to help implement and shift a culture that aligns with the actions and principles of restorative trauma informed care. The long-term goal is sustainable change, meaning your policies and procedures will reflect these values and principles. This is a process and will take time. That is normal and expected.

Snohomish County Human Services Behavioral Health and The Children's Wellness Coalition have been working in partnership on this work since 2015. More recently, ChildStrive and Snohomish County are working together to blend trauma informed and restorative practices to strengthen the work. ChildStrive and Snohomish County are working in partnership with the Children's Wellness Coalition to deepen the collaboration that occurs when trauma informed practice and restorative practice are brought together to create organizational and community change.

The vision for this partnership is for all Snohomish County residents to thrive in an equitable, sustainable environment that cultivates relationships and a strong feeling of belonging.

Why is it Important for Organizations to Implement these Practices

Advancements in brain science over the past two decades have confirmed that our environments have a significant impact on our brains, and brain states affect individual behavior. Stressful environments can trigger behaviors that are challenging and difficult for others to understand. Environments that feel safe result in calmer more cooperative behaviors.

From an organizational perspective, predictable and safe environments make the best working environments and produce many of the outcomes that leaders want (but that often feel elusive), including:

- **Consumers** who engage more actively in services, experience fewer setbacks, and ultimately see better outcomes.
- **Frontline staff** who attend work regularly, stay in their positions longer, and are more productive.
- **Supervisors and managers** who experience significantly less burnout, because their staff routinely come to them with solutions, not problems.
- **Teams** that understand and act in alignment with the organizational mission, interact with greater empathy and shared accountability, experience fewer conflicts, and resolve conflicts quickly and effectively when they arise.

Organizational development research tells us that high-performing organizations achieve results like these by intentionally developing healthy relationships. Trauma informed practice and restorative practice are two best practices for doing so.

The Benefits of Being a CARE Organization



Practices =



What Does It Mean To Be Trauma Informed

A trauma informed system involves recognizing and responding to the impact of traumatic stress for all those you serve and work with. The goal is to maximize safety, support, relationships, and healing so all have the ability to thrive.

Trauma Informed practice focuses on sustainable change by creating environments of safety, healing, and support. This practice shifts from an attitude of, “What is wrong with this person?” to, “What has happened to this person?”

What Is Restorative Practices

Restorative Practice is a specific approach to building stronger relationships between people and stronger social connections within communities. It is a framework that helps us focus on relationships first, before addressing problems. Restorative Practice gives us practical tools to truly work *with* others, rather than doing things *for* or *to* them.

Restorative Practice arose from the tradition of restorative justice, a method of bringing together those who have *caused* harm and those who have *been* harmed, to repair relationships. Restorative Practice takes that a step further, because practitioners have found that when we spend more of our time proactively building community, we have fewer conflicts to resolve. Specific restorative practices range from informal (impromptu statements and questions) to formal (circles and conferences).

Why Are We Taking A Whole-Community Approach

Using these practices within a single organization is beneficial. But imagine what might happen if we could increase feelings of safety and belonging, not just within a few select organizations, but across the entire community!

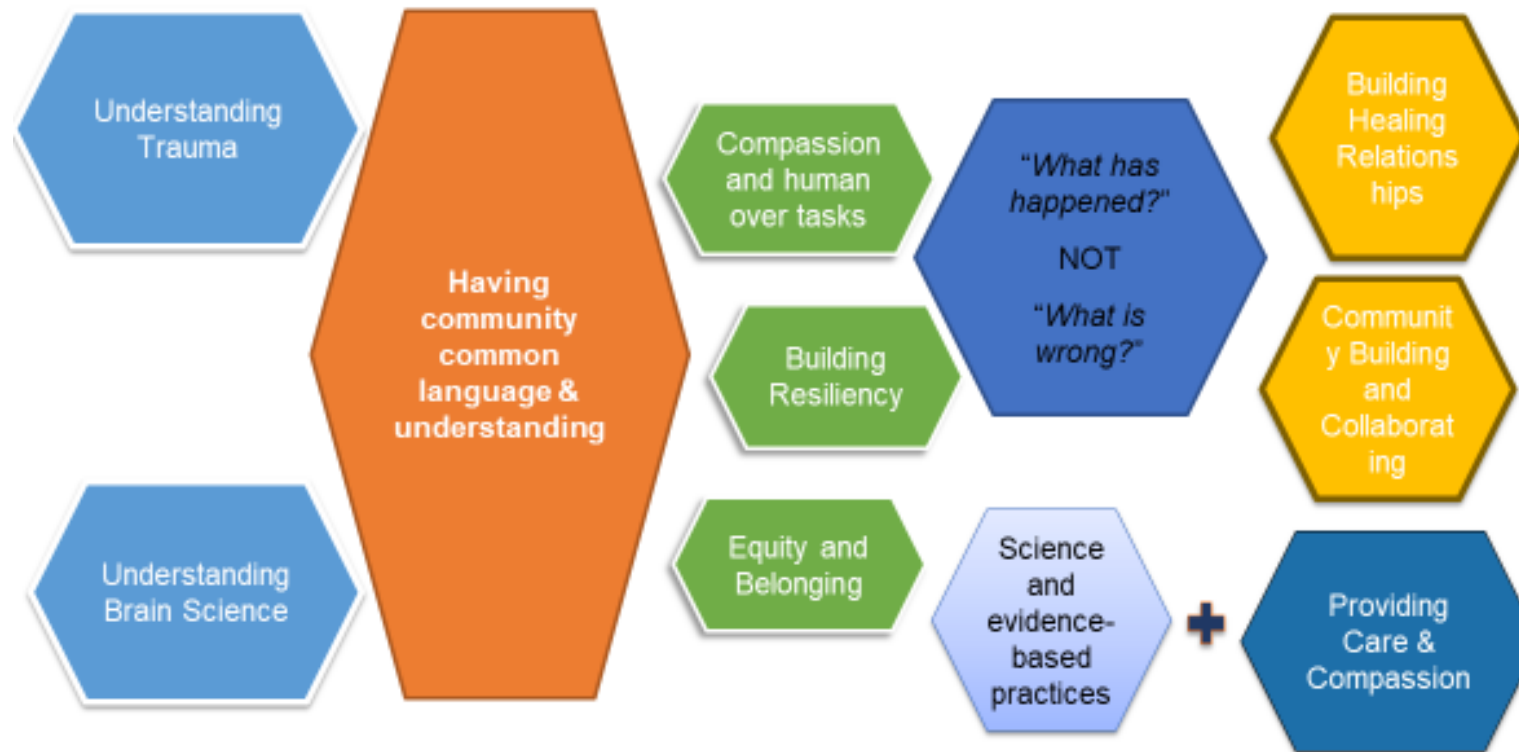
- Would consumers come in for their appointments feeling calmer and ready to work toward their goals?
- Would consumers, staff, and community partners share a common language that accelerates their ability to build rapport and trust?
- Would consumers come to believe that the network of community-based supports and services truly cares about working in partnership with them to support their well-being?
- Would it be easier to hire staff who already share your team's vocabulary and culture?

Four years ago, the Children's Wellness Coalition established CARE, a county trauma informed approach. Forty-one organizations like yours have earned a CARE site designation by completing the CARE training and embedding trauma informed workplace principles and policies.

The Vision of a Trauma Informed Restorative Community

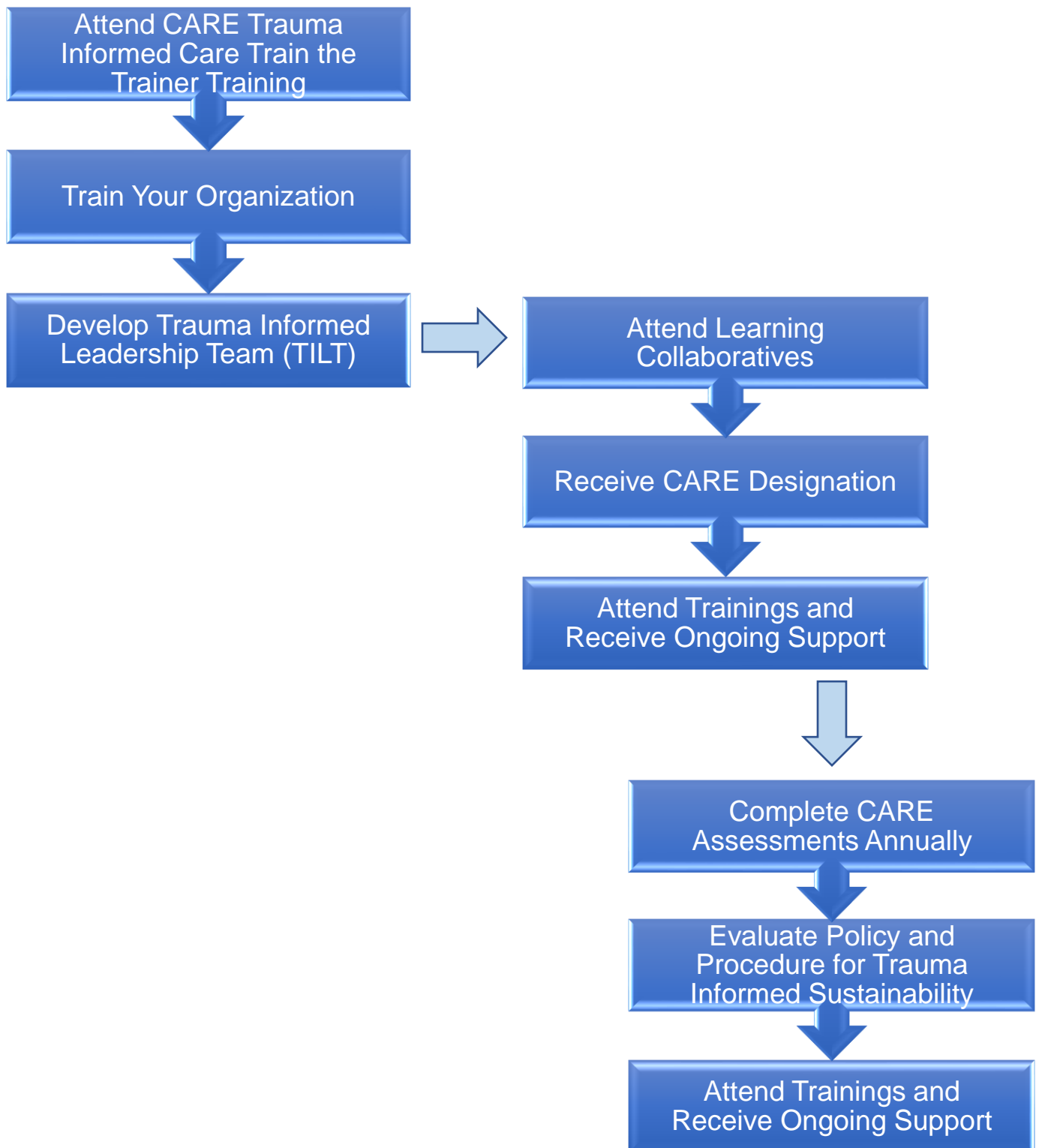


How to build a thriving community through relationship and connection



COMPASSION, APPRECIATION, RESILIENCE & EMPOWERMENT

Our Approach to a Sustainable Restorative Trauma Informed Organization



What is CARE?

Compassion, Appreciation, Resilience and Empowerment

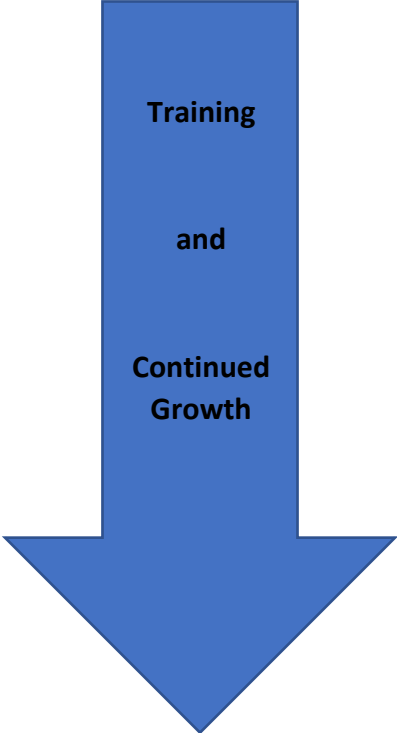
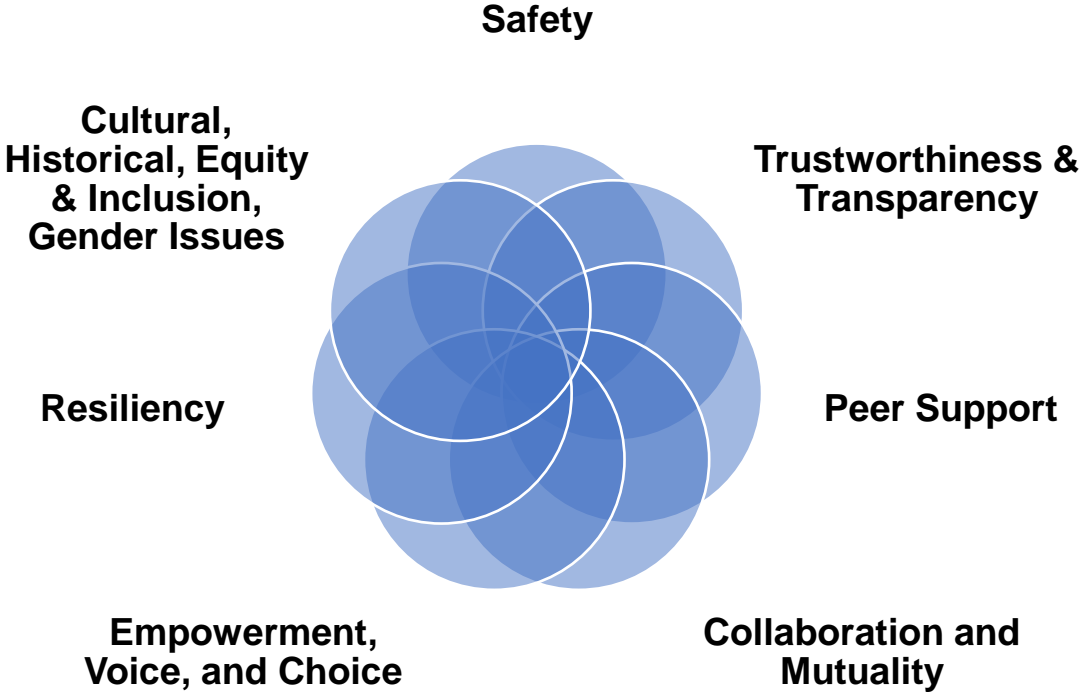
Like you, we believe children are our greatest assets. That is why our goal is to equip all Snohomish County communities with the tools to become trauma informed. Trauma Informed Communities (TIC) are crucial to the growth and well-being of our future. In this pursuit, the Children's Wellness Coalition has adopted guiding principles for our communities, organizations, and families.

CARE organizations make a commitment to a paradigm shift into a restorative trauma informed organization to include celebrating the organizational strengths as well as guiding and implementing trauma informed principles into each organizations policy, procedures and daily practices. Trainings, support, and technical assistance from CARE Community are ongoing. The CARE certification is the acknowledgement of organizations that embody Trauma Informed Principles.

To become an official CARE Designated Organization:

- The CARE trainers train the core modules to all their entire organization within a one-year time from the Train the Trainer training
- Each organization has a TILT (Trauma Informed Leadership Team) team that meets monthly
- Each organization is willing to work and set goals based on the Standard of Practice Assessment
- Each organization is a part of the CARE learning collaborative community

Trauma Informed Guiding Principles



Safety

Building relationships with others based on mutual respect and inclusion of all individuals. Promoting a safe, physical and emotional environment by understanding the brain science and ACEs of the individuals with whom we come in contact.

Trustworthiness & Transparency

Fostering positive relationships based on trust and honesty among community members. (staff, schools, family members, police, treatment providers)

Peer Support

Identifying common concerns or issues of the community and engaging in collective problem solving. Recognizing and actively working towards solving the needs of every individual.

Collaboration and Mutuality

Recognizing the importance of all roles within the organization and developing involvement and opportunity for decision making. Collaborating with community members, families, and agency's within Snohomish County to promote trauma informed care.

Empowerment, Voice, and Choice

Recognizing that every person's experience is unique and requires an individualized approach. Opportunities to empower all individual's voice and choice is provided.

Resiliency

Building resiliency by modeling compassion with each interaction. Providing the opportunity to promote recovery and ability to bounce back from traumas individuals, agencies and the community has experienced.

Cultural, Historical, Equity & Inclusion, Gender issues

Appreciating the differences and everyone's unique experiences by practicing cultural competency. Implementing equity and inclusion practices.

Training

Attending training and following through with requirements.

Continued Growth

Continuing to be actively engaged in the community, as an entire system, in promoting trauma informed practices reflected in the agency's overall business model and operations.

Children's Wellness Coalition (CWC)

The Children's Wellness Coalition (CWC) meets monthly, the third Friday from 9:00-10:30 a.m. at the Community Resource Center 3900 Broadway Everett, WA 98201. During COVID we will meet on Zoom. The CWC is committed to engaging the community to ensure all children and youth in Snohomish County flourish, equipped with resiliency.

Past minutes are stored under the coalition's website:

www.snocochildrenswellnesscoalition.com

This coalition is an open group so please consider coming and inviting your colleagues. This coalition website has many videos, resources and updates regarding the CARE work. Please get acquainted with this website and feel free to use anything that will help support your work. The CARE TOT forum member password is: **protectourfuture**

The county's overall strategy is to build trauma informed schools and organizations. To date, ten districts are involved in this work and over thirty schools. Our goal is to add up to ten more schools every year. It is our intent over time to support all the schools in the county. Our aim is to help decrease suspensions, expulsions, increase a sense of belonging, build stronger relationships, skills and support best practices.

Our community initiative is growing. We have developed an interactive map that shows all the schools and organizations committed to this work. <https://arcg.is/01CSfW>. This tool is intended to help you in your work with finding supportive organizations and for you to think about ways to collaborate with other organizations who share a common language and mission.

The CARE Decal



Once you complete your organizations training on the core competencies of trauma informed practices your organization is eligible for the CARE 8 x 8 decal/s. Please let us know when that is completed, and we will make sure you get the right number of decals needed. Please display your decal at your front entrance and any other prominent places. In addition, your organization will be added to the CARE interactive map. Please take a picture of staff in front of your logo and email it to liza.Patchen-Short@snoco.org and it will be loaded on the CWC photo gallery.

Website Acknowledgement of CARE Certification:

[Agency/Organization] is proud to be designated an official CARE Community site.

CARE – Compassion, Appreciation, Resilience, Empowerment

In partnership with the Snohomish County Children’s Wellness Coalition, Snohomish County Human Services and other organizations throughout Snohomish County, we are committed to implementing trauma informed practices and policies.

We are dedicated to staff professional development, participation in ongoing learning communities and operational change that focuses on the key foundations of Trauma Informed Care, Adverse Childhood Experiences, Brain Science, Resiliency, Restorative Practice, Equity, and Self-Care/Secondary Traumatic Stress.

What Did Your Organization Commit to Being a CARE Organization

Duration

The term of this Agreement shall be for 24 (twenty-four) months beginning October, 2021 through October 31st, 2023.

Duties of the Representative/s

- The two representatives from each organization shall attend all days of the Trauma Informed CARE Train the Trainer on October 5th, 2021 through November 4th, 2021 on zoom . The representative's fee to attend this training shall be waived in lieu of this signed agreement.
- The representative shall participate in a minimum of six (6) additional mandatory learning collaboratives, each year, over two years. These meetings will provide supplemental training, support, and will be a time to provide updates about CARE efforts, successes, challenges and accomplishments. The theme for the learning community sessions is, "Learn more, share more, practice more."
- Each organization is willing to complete a readiness assessment for the entire organization before they come to the training.
- Each organization will identify at least one practice area to change ongoing and work towards others as they see fit.
- Each organization will form a TILT (Trauma Informed Leadership Team) that meets at least monthly. This diverse organizational team of 4-6 individuals will help guide and move forward Trauma Informed Practices at each organization. The Standard of Practices tool will help guide the TILT to strengthen their organization and help make sustainable organizational climate change.
- The representative shall train their workplace to include all the components of Trauma Informed Practices—within the agreement timeframe. The core 6 hour training shall be completed by no later than November 30th, 2022.
- The core training work toward the goal of becoming a CARE organization. Once completed the organization is eligible for the CARE decal and will be added to the CARE interactive map. <https://arcq.is/01CSfW>
- The representative shall display the official "CARE Trained" window-cling logo in a high traffic location at their workplace. The window-cling provided will not be larger than 8x8 inches. A photo should be taken of putting up the decal and sent to the CWC website to put on the CARE photo gallery.
- The representative shall become an advocate for incorporating the Coalition's Community CARE Designation Guiding Principles into their workplace.
- The organization may put information on their website regarding their CARE designation provided by the Children's Wellness Coalition. The site shall strive towards the trauma informed principles and guidelines.
- Implement the Children's Wellness Coalition Standards of Practice into the workplace.

- The representative's agency shall be listed on the Coalition's "CARE Trained" webpage at www.snohomishcountychildrenswellnesscoalition.com.

Learning Collaboratives

Learning collaboratives are a way to get support, resources, and to further your knowledge of Trauma Informed Care and grow the CARE community.

Cohort 4's learning collaborative will be held on the 2nd week of the month. You will be assigned to either a morning or afternoon collaborative at the end of the week's training. The collaboratives will begin in December through November 2022. The learning collaboratives will take place on Zoom until further notice.

The sessions are scheduled for the second Wednesday of the month. In the mornings from 9:00 a.m. – 10:30 a.m. and the afternoons from 1:00 p.m. – 2:30 p.m.

ZOOM Links will be provided following the training.

December 8, 2021	March 9, 2022	June 8, 2022	September 14, 2022
January 12, 2022	April 13, 2022	July 13, 2022	October 12, 2022
February 9, 2022	May 11, 2022	August 10, 2022	November 9, 2022

Trauma Informed Leadership Team (TILT Team)

The Trauma Informed Leadership Team (TILT) ideally is a diverse representation of team members from each department (such as administration, support staff, human resources, and direct services). The goal of the TILT team is to review, shape, and lead paradigm shifts to embed the trauma informed principles into policies, procedures, and practices within your organization. It is recommended that TILT teams meet monthly, the same time and place, to provide consistency and reliability. The monthly TILT report can assist with guiding your TILT team. For more information on how to form a TILT team, please see the Children's Wellness Coalition CARE forum page and go to TILT module. It is recommended that your first TILT meeting watches the TILT module.

What is a Trauma Informed Leadership Team

When organization build a Trauma-Informed System, they are fostering opportunities to be compassionate, curious and less reactive to stress. Creating an environment where all those, both inside and outside of the organization feel valued, welcomed, respected, and build positive connections and relationships that promote wellbeing, resilience and healing.

Who: A diverse group of staff members representing all levels, divisions, departments and/or teams. Consider including a variety of perspectives, experience and roles. Examples include:

- Executive
- Administration
- Service providers
- Support staff – consumer facing staff
- Human Resources
- Marketing
- Consumers

When: A consistent time and place that is protected within the organization

- Recommend monthly but the most important aspect is that the meetings are consistent and reliable.

What: The team is responsible for assessing, implementing and co-creating a sustainability plan for the Trauma Informed policies, procedures and practices. In the spirit of collaboration, the team should put effort toward to value all voices, flatten the hierarchy and model the Trauma Informed Principles in their meetings. Examples include:

- Co-creating norms, group agreements, intent/mission, vision for group
- Create a compassionate, brave space
- Set agendas
- Co create meeting protocols: how agendas are set, minutes, in person vs. virtual norms, reviewing norms when a new person joins, etc.
- Set roles (facilitator, data, note taker, timekeeper, etc.). Determine if those roles are set or rolling.
- Consider how to include self-care into the meeting, such as food, ritual, poems, and meditations, check in, and check out, etc.
- Commitment to participation: establish length of commitment, i.e. 1 year, consider how new people will join, guidelines when someone needs to step down (maybe ask them to help with recruitment and orientation for their replacement), etc.

- Let data drive the work – use organizational assessment tools annually to determine areas of focus.
- Communicate with all staff – share the work, gain input, engage as many people as possible, including your Board of Directors.
- Think of projects in small do-able steps, start with something that is highly visible to others.
- Help support training plan for the first year, new staff, etc.

TILT Report
(Trauma Informed Leadership Team)
Please keep this report brief and limit narrative to
bullet points 😊

Date:

Agency name and program:

What concrete steps has your agency taken since the last meeting to move toward the CARE designation? (ex. Scheduled internal staff training on date)

-
-
-

What challenges have you encountered?

-
-
-

What additional supports do you need to be successful in achieving the CARE designation for your program?

-
-
-

Anything else you would like to share at our meeting?

Please submit this report to your CARE community facilitator prior to the quarterly in person meeting.

Recertification

Members of the Children's Wellness Coalition met and determined that having a CARE recertification process every two years would be best practice. The goal of the recertification process is to learn and strengthen skills, integrate new research, and continue to build systemic change in your organization. You are probably asking "what does the recertification process look like?"

Attached is the recertification application that needs to be completed and emailed to Liza Patchen-Short. Liza.patchen-short@snoco.org

- Your organization must also complete a Continuum of CARE Assessment yearly. The assessment can be found at <https://www.surveymonkey.com/r/RVVF5XN5>
- A minimum of two TILT members attend two CARE trainings over the next two years.
- Participate in a TILT Leadership Facilitated Change Management Cohort

There will be a recertification application that will be uploaded to the Children's Wellness Coalition website for you to complete or get from county staff.

The application can be emailed to Liza Patchen-Short at liza.patchen-short@snoco.org

CARE Recertification Application

Please complete a Continuum of CARE Assessment. The assessment can be found at <https://www.surveymonkey.com/r/RVVFXN5>

Date:

Organization Name:

Contact Person/s:

- Over the last two years what Trauma Informed work are you most proud of?
- How has this work changed the culture of your organization?
- What opportunities still are ahead?
- Do you feel this culture is embedded in your organization? If so, what are some examples?
- What are some examples of your organization's sustainable practices?
- What goals are your organization committed to work toward now?
- Does your TILT team meet regularly?
- What support/s do you feel you will need to continue to be a CARE designated organization?
- Anything else you want to share?

Adult Learning Summary

Characteristics of Adult Learners (adapted from Malcolm Shepherd Knowles)

1. **Self-Concept:** as we become adults, we become self-directed human beings. Therefore, we want to be able to take some ownership of our learning and be an active participant.
2. **Adult Learner Experience:** As adults we are building experiences that become a great resource for learning. Therefore, we want to be able to incorporate our experiences into our learning.
3. **Readiness to Learn:** Change is hard for everyone. We may access learning situations where the material is different than how we have experienced previously. Adults tend to prefer being part of a “facilitated co-learning experience” verses being taught by the “teacher/expert”.
4. **Orientation to learning:** As adults we tend to want our learning to be closely related to our life or work. We want to be able to attach the learning to real life experiences and we want the learning to help us “solve problems” or to make things different.
5. **Motivation to Learn:** Generally, most adult’s motivation is internal. Adults want to understand how the material will impact their life.

Things to consider:

Creating a “gracious space” - all feel welcome and their voice is important.

- Start with a check in, introduction type exercises with minimal self-disclosure – building toward creating brave spaces to share throughout the time together.
- Community or group agreements: use as a way to gain engagement early on.
- Clear learning objectives: so, everyone is clear why they are in the room, ask if there are other things folks were hoping for.
- Use a circle process to ensure all voices are heard.
- Ensure everyone has logistical info – restrooms, breaks, how to use technology, etc.
- Be explicit on expectations (“would like to hear from everyone”, feel free to pass, “popcorn” style, etc.)
- End with some sort of check out, reflection - how they experienced the time, exercise

Opportunities for engagement – think about ways to practice being “with” the participants

- If material is being read out loud, ask for volunteers.
- Use “pair-share” exercises, even if only a few minutes to turn to partner, then group hi-lights.
- Ask “what questions do you have” vs. “any questions?”.
- Provide real-life experiences and examples. Ask for examples from the group.
- Use language like “what was your take away”, “a-ha moment”, “experience” when trying to encourage sharing.
- Use small group interactions whenever possible.
- Use silence – it may mean that folks are absorbing material. It is okay to pause and give a minute for reflection.
- Provide content and then provide some sort of opportunity for engagement around the material like a few minutes of self-reflection, pair-share, small group, etc. The important part is integration, experience and/or practice of material to help make it their own.
- Use self-assessment type of tools or questions as a way to mitigate the gap of experience and the new information.
- Provide a variety of different ways to access the material - Visual; auditory; kinesthetic; etc.

Being Curious - as the trainer, you set the stage

- Use reflective, open ended questions.
- Provide feedback using a strengths-based approach: “that might work, another options might be to try XXXX” or “yes and XXXX”.
- Ask questions to better understand verses jumping to the conclusion – “can you say more about” or “can you give me an example of when you had that experience”.
- Check in with the group: is the pace working, do folks need a break, etc.
- Model being curious, vulnerable, brave and centered (take a deep breath).
- Stay neutral – acknowledge a contribution to the conversation without judgement.

Training PowerPoints & Resources



Liza Patchen-Short
Trauma Informed CARE Trainer

Liza Patchen-Short works at Snohomish County in the Human Services Behavioral Health Division as the Children’s Mental Health Liaison. Liza has a Bachelor’s Degree in Social Work and Master’s Degree in Human Services with a focus on resiliency. Liza has over thirty years working in the non-profit sector advocating for youth and families. She is the co-chair of the Snohomish County Children’s Wellness Coalition, and is leading the charge by supporting schools, community organizations and the community at large in building a Restorative Trauma Informed Community. Liza is co-facilitating the initial cohorts learning collaboratives to build a strong foundation for a trauma informed community. Liza is married and has two wonderful sons and three great stepsons.



Laura Mote
Mental Health Community Support Specialist

Laura Mote is the Mental Health Community Support Specialist with Snohomish County Behavioral Health for the Denney Juvenile Justice System. Laura holds a Master of Social Work Degree with a focus in adolescent trauma. Laura has worked with high risk youth for over ten years. She is the co-chair of the Snohomish County Children’s Wellness Coalition. Laura is a dedicated leader in building a Restorative Trauma Informed Community. Laura is co-facilitating the initial cohorts learning collaboratives to build a strong foundation for a trauma informed community. Laura is devoted to her two dogs.

Welcome to the
Snohomish County
CARE Trauma
Informed Care Train
the Trainer Training

Safety

**Empowerment
and Choice**

**Cultural,
Historical and
Gender Issues**

**Trustworthiness
& Transparency**

**Collaboration
& Mutuality**

Peer Support



care
BUILDING COMMUNITY
THROUGH COMPASSION

Building a Restorative Trauma Informed Community in Snohomish County





Liza Patchen-Short, MA, LMHCA, MHP, CMHS

Liza Patchen-Short works at Snohomish County in the Human Services Behavioral Health Division as the Children’s Mental Health Liaison. Liza has a Bachelor’s Degree in Social Work and Master’s Degree in Human Services with a focus on resiliency. Liza has over thirty years working in the non-profit sector advocating for youth and families. She is the co-chair of the Snohomish County Children’s Wellness Coalition and Youth Suicide Prevention Taskforce, and is leading the charge by supporting schools, community organizations and the community at large in building a Restorative Trauma Informed Community. Liza is co-facilitating the initial cohorts learning collaboratives to build a strong foundation for a trauma informed community. Liza is married and has two wonderful sons and three great stepsons.



Laura Mote, LSWAIC, MHP

Laura Mote is the Mental Health Community Support Specialist with Snohomish County Behavioral Health for the Denney Juvenile Justice System. Laura holds a Master of Social Work Degree with a focus in adolescent trauma. Laura has worked with high-risk youth for over ten years. She is the co-chair of the Snohomish County Children’s Wellness Coalition. Laura is a dedicated leader in building a Restorative Trauma Informed Community. Laura is co-facilitating the initial cohorts learning collaboratives to build a strong foundation for a trauma informed community. Laura is devoted to her two dogs.

Together, Laura and Liza work diligently to bring Restorative Trauma Informed CARE in a way that organizations can systemically bring sustainable changes for the community at large.

We want everyone to acknowledge and see who is here at this training so if you could please use the chat box and put in:

- ❖ Name**
- ❖ Organization and Role**
- ❖ One value you bring to the workplace**



Hopes for the Entire Training

- ✓ Understand your role as a **CARE champion and the process of becoming a CARE organization**
- ✓ Understand how to **apply and internalize Equity, Restorative Practices & Trauma Informed principles and frameworks** in your organization and begin to use that lens in your daily work
- ✓ Understand the impacts of **Brain Science, Adverse Childhood Experiences (ACEs) and Trauma**
- ✓ Discuss the role and characteristics of **Resiliency**
- ✓ Learn the basic tenets of **Self-Care, Co-Care and Secondary Traumatic Stress and it's relationship to Trauma Informed Practices**
- ✓ Understand the complex cultural, social, economic, and political forces that impact the lives of our children, families, and communities as a way to identify the root cause of trauma with a **shared equity analysis.**

Hopes for today

Understand the foundation of trauma informed care and why it is important to you, your organization, and your community.

The Ins and Outs of the CARE Training

How to get CEU credits?

- At the end of each training unit you will receive a quiz and an evaluation that must be completed. The quiz score must be 70% or above.

Structure of the entire training

- Same group agreements
- Somatic grounding exercise at the beginning of each session
- Same format – Daily agendas will provide break schedules
- Reflection at the beginning of the day for the previous day's trainings
- Evaluations after each training section

Deep Dive Starred Slides

- in each presentation we have starred slides. The star is in the top right corner, and we will point them out. Those are some of the core slides of this presentation that you will use during the deep dive portion of the training. We just want you to notice them for now.



CARE Training Days

Week 1:

- **Tuesday, October 5th**
Introduction to Trauma Informed Care
Liza Patchen-Short & Laura Mote
- **Thursday, October 7th**
Equity and the Intersection of Trauma Informed Practices
Tami Farber

Week 2:

- **Tuesday, October 12th**
Self-Care & Secondary Traumatic Stress (STS)
Lindsey Greene
- **Thursday, October 14th**
Trauma 101 & Adverse Childhood Experiences
Joe Neigel

Week 3:

- **Tuesday, October 19th**
Restorative Practices
Mary Cline-Stively
- **Thursday, October 21st**
Implementation Science & Adult Learning
Mary Cline-Stively

Week 4:

- **Tuesday, October 28th**
Self-Care & Secondary Traumatic Stress Deep Dive
Lindsey Greene
- **Thursday, October 30th**
Trauma 101 & Adverse Childhood Experiences (ACEs)
Joe Neigel

Week 5:

- **Tuesday, November 2nd**
TILT, Learning Collaboratives, Structure of the CARE
Liza Patchen-Short & Laura Mote
- **Thursday, November 4th**
Questions, TIC Why again, Panel, Next Steps
Liza Patchen-Short & Laura Mote

Grounding Exercise

Take a moment to ground yourself

- Take a deep breath
(Inhale slow, Hold, Exhale slow)
- Notice any sensations in your body
- Try to name what you are feeling in the moment
- Thank yourself for this moment and your strength

Zoom Tutorial & Norms



Remember to mute and unmute to reduce background noise-
Please keep camera, on for connection, if you can.



To: **Everyone** ▾

Type message here...

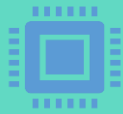
Can use chat to write comments or ? for
discussion



Check name and rename if needed
(name, pronouns and organization)



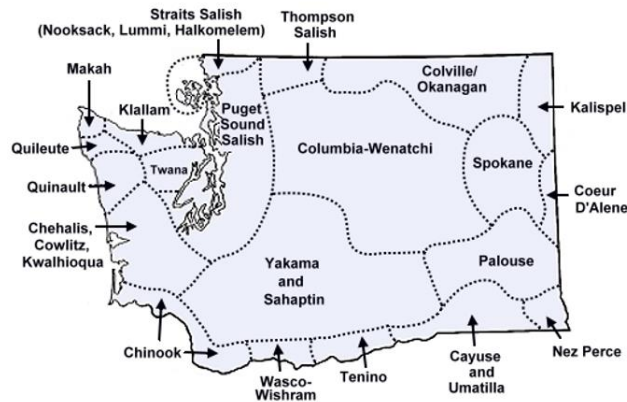
“Raise hand” to signal desire to speak



Patience with the technology

Land Acknowledgment

There are over 29 federally recognized Indian tribes in WA today



And many others that are not federally recognized

<https://nativegov.org/a-guide-to-indigenous-land-acknowledgment/>

We acknowledge that we are each residing on tribal lands of those who have lived on this land time immemorial. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together today. We recognize the resilience of those past and present who work to build a strong and sovereign nation where Tribal members live their values and culture.

We are on the lands of the Tulalip, the Snohomish, the Stillaguamish, and Sauk Suiattle Tribes.

Group Agreements

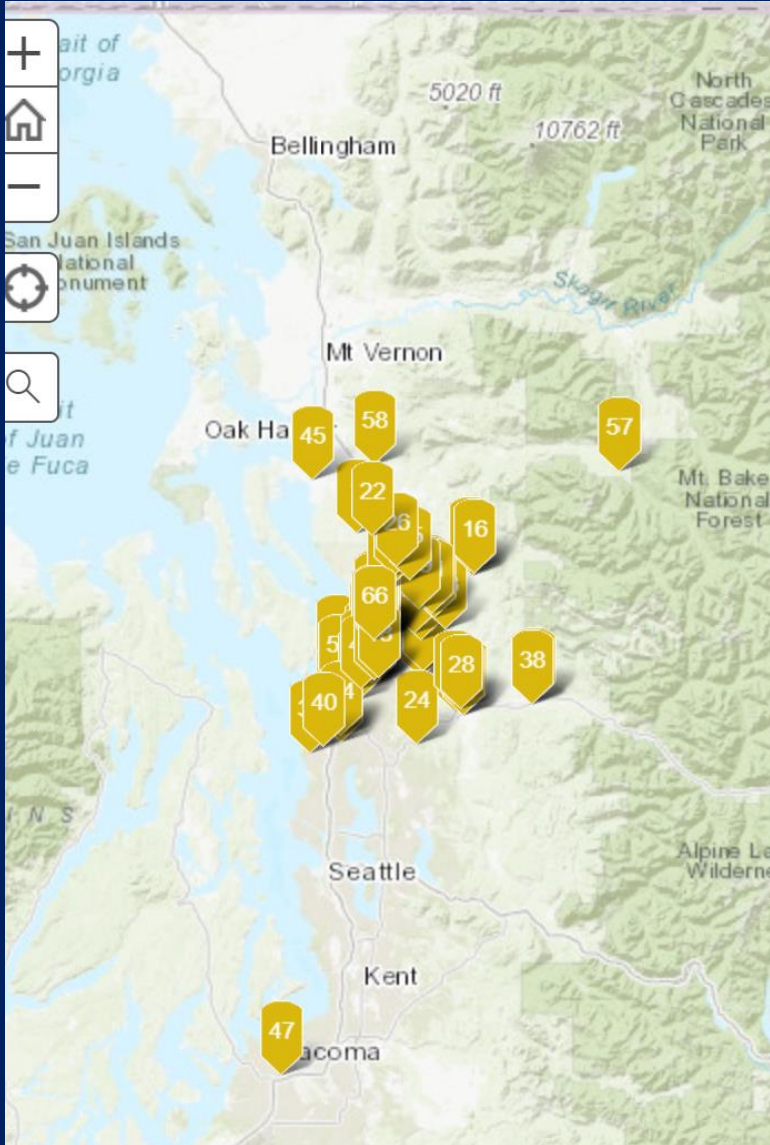
- Address impact over intent
- Embrace the power of humble, respectful listening
- Create trusting and safe spaces – where a little bit of discomfort is okay.
- Learning leaves – Stories stay
- Speak from your own experience instead of generalizing
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice
- We encourage you to lean in, be brave and vulnerable



Cohort 4 CARE ORGANIZATIONS

Volunteers of America
Providence Hospital
YMCA
Catholic Community Services
City of Mukilteo
Farmer Frog
Northwest Educational District 189
Hope Works
Greater Trinity Academy
Take the Next Step
Snohomish County Early Learning Head
Start
Peoria Home

Fleet & Family Support Center Everett
Naval Station
Recovery Café
Hand in Hand
ChildStrive
Housing Hope
Dawson Place
Verdant Health Commission
LINC NW
Homage
Everett Gospel Mission
Change the Narrative



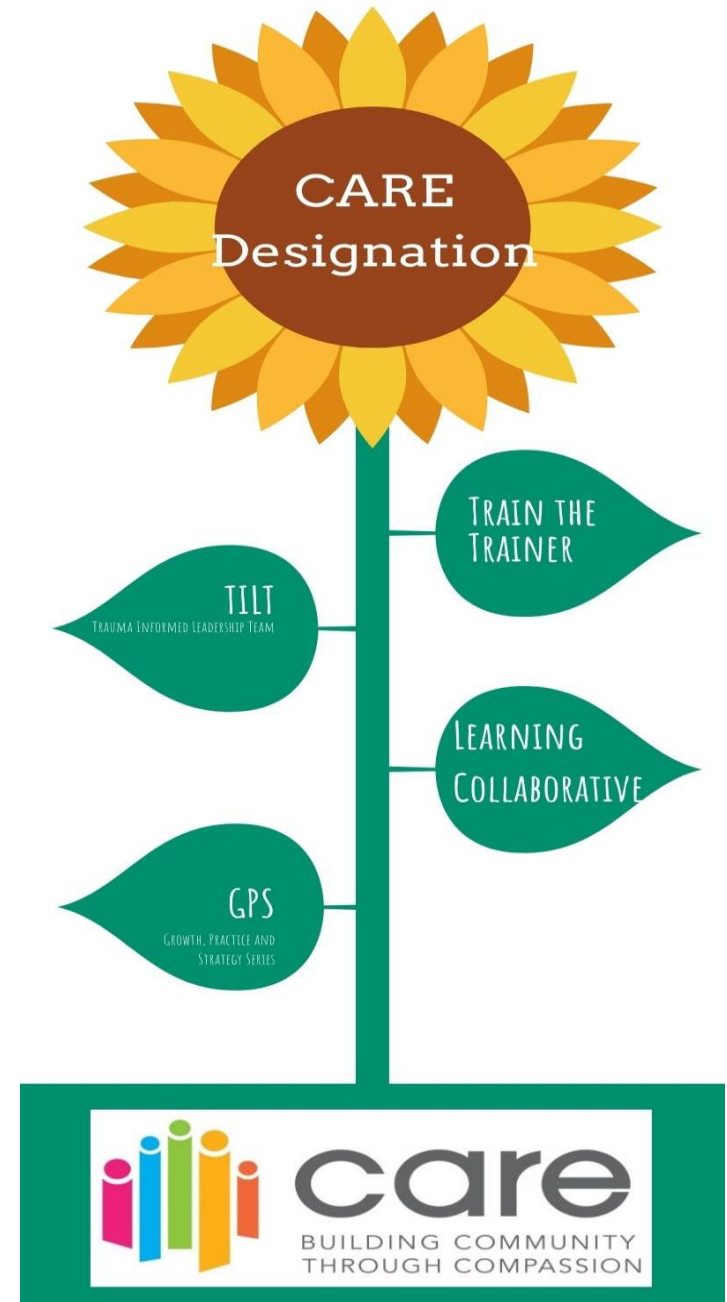
Interactive CARE Map

What is the CARE Movement?

CARE stands for: Compassion, Appreciation, Resilience & Empowerment

Snohomish County is committed to building restorative trauma informed organizations. Over the last three years, we have trained over 45 organizations to become designated Restorative Trauma Informed CARE sites. The vision for this partnership is for all Snohomish County residents to thrive in an equitable, sustainable environment that cultivates relationships and a strong feeling of belonging.

We have engaged our local organizations from pre-school to older adults. The goal is to build community resiliency, increase collaboration across agency partners and strengthen the overall well-being of our community.



Ice Breaker: “Something in Common”



Something in Common

You will be randomly assigned to a room with 5 others

Each team has 5 minutes to:

Choose a person who will write down and report out on the following:

- **Find 5 UNIQUE things that your group has in common, within those 5 minutes**
- Choose 1 unique thing that you think your group will have in common with the other groups
- When we re-join in the main room 1 person for their group will report out what 1 unique thing they think they will have in common with the other groups

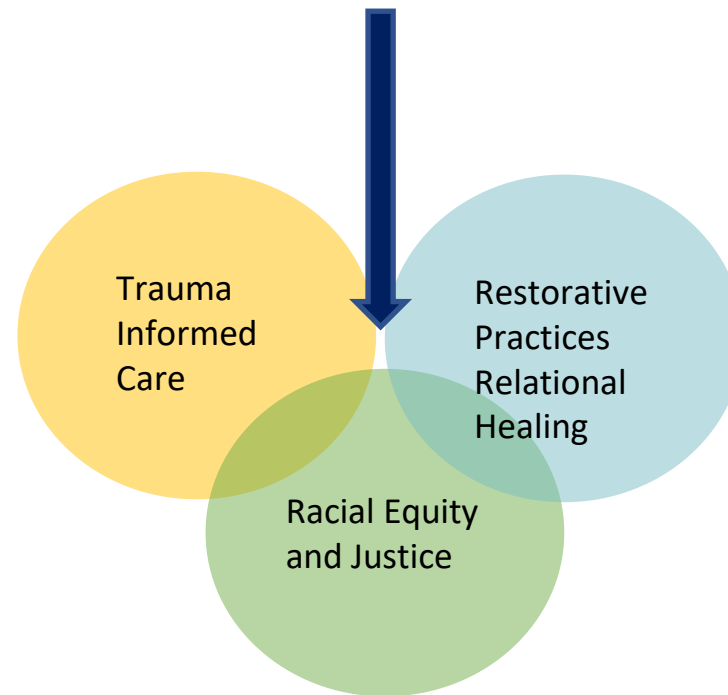


Systemic Oppression

Why Be Trauma Informed



Aligning these initiatives is vital to successful organization culture transformation





Identify any highlights?

What is Trauma Informed Care?



Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...that emphasizes relationships, being curious, non-judgmental, and creates space for physical, psychological, and emotional safety for all. This paradigm shift builds and allows for opportunities to rebuild and keep a sense of empowerment and resiliency.

What is a Trauma Informed System?



A trauma-informed system is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma on those who have contact with the system, and service providers. The entire organization embeds and sustains trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those involved using the best available modalities to maximize physical and psychological safety, facilitate healing , and support their ability to thrive.

Josh Shipp Video



Self- Reflection Question: 5 min

When you think about trauma informed care or trauma informed systems what have you learned or surprised you?

Breakout Rooms -10 min 2-3 in a group

When you think of trauma informed care, how does it connect with your personal values?

Any Questions?



- 10 Minute Break
- Take time to stretch
- Get something to drink and breathe!





Building an Equitable Restorative Trauma Informed Workplace: A Culture of Connection and Belonging

So Why Be a Trauma Informed Organization?

Why be a CARE Designated Organization?

- Building relationships, a sense of belonging, trust and connection creates a workplace culture of healing.
- The paradigm shift becomes not what is wrong with you but what has happened to you.
- Trauma informed, restorative principles that are equitable aim at insuring environments and services are accessible welcoming, healing and provides a sense of belonging to all particularly those impacted by the inequities in our community.

The benefits and importance of this work



- Staff become more regulated, flexible and resilient. A better sense of wellbeing for all
- A trauma Informed workplace is calmer, and staff have deeper relationships
- Staff and customers feel like they belong and are heard
- We prioritize human over tasks
- We find out the real story and do not make judgements or assumptions
- Mental health days are supported instead of absenteeism
- Increased productivity and retention

Trauma-Informed Care

positively impacts everyone because trauma-informed practices promote:

(8) Empowered through a more strengths-based mentality; people are unique, capable, and able to function in a healthy way

(7) Effective community collaboration

(6) Counters feelings caused by trying to handle trauma alone, i.e. isolation, confusion, anger, & fear

(5) Decreases the risk of re-traumatization

(4) Access to mental and behavioral health services through our programs

(3) Positive and culturally responsive policies and practices

(2) Shared understanding among staff, families and children about the impact of trauma

(1) Feelings of physical, social, and emotional safety





What does a Trauma Informed Organization look like?



Workplace Principles

Safety –

Building relationships with others based on mutual respect and inclusion of all individuals. The goal is to promote a secure, safe, physically and emotionally, environment by building positive relationships that build resiliency for all in each interaction.

Trustworthiness & Transparency-

Fostering positive relationships based on trust and honesty. Share as much information as possible, relational.

Peer Support-

Identifying common concerns within the community and engaging in collective problem solving. This means recognizing and actively working towards solving the needs of every individual.

Collaboration and Mutuality-

Recognizing the importance of all roles within the organization and developing equal opportunities for decision making. Best practice is to collaborate with community members, families, and organizations within Snohomish County to promote trauma informed principles and systems of care. Allow time for social interaction for staff to stay in touch with family and team members during COVID times.



Empowerment, Voice, and Choice-

Recognizing that every person's experience is unique and requires an individualized approach. Create opportunities and systems that empower *all* individual's voice and choice. Seek staff and consumers input.

Resiliency-

Building resiliency by modeling compassion and regulation with each interaction and by providing skills and protective factors. Providing the opportunity to promote recovery and the ability to bounce back from adverse conditions.

Cultural, Historical, Race, Class, Gender issues-

Appreciating and celebrating the differences and each individual's unique experiences by practicing cultural competency. Implementing a competency lens of cultural, historical and gender issues in your daily work.



TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership



TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression



HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING

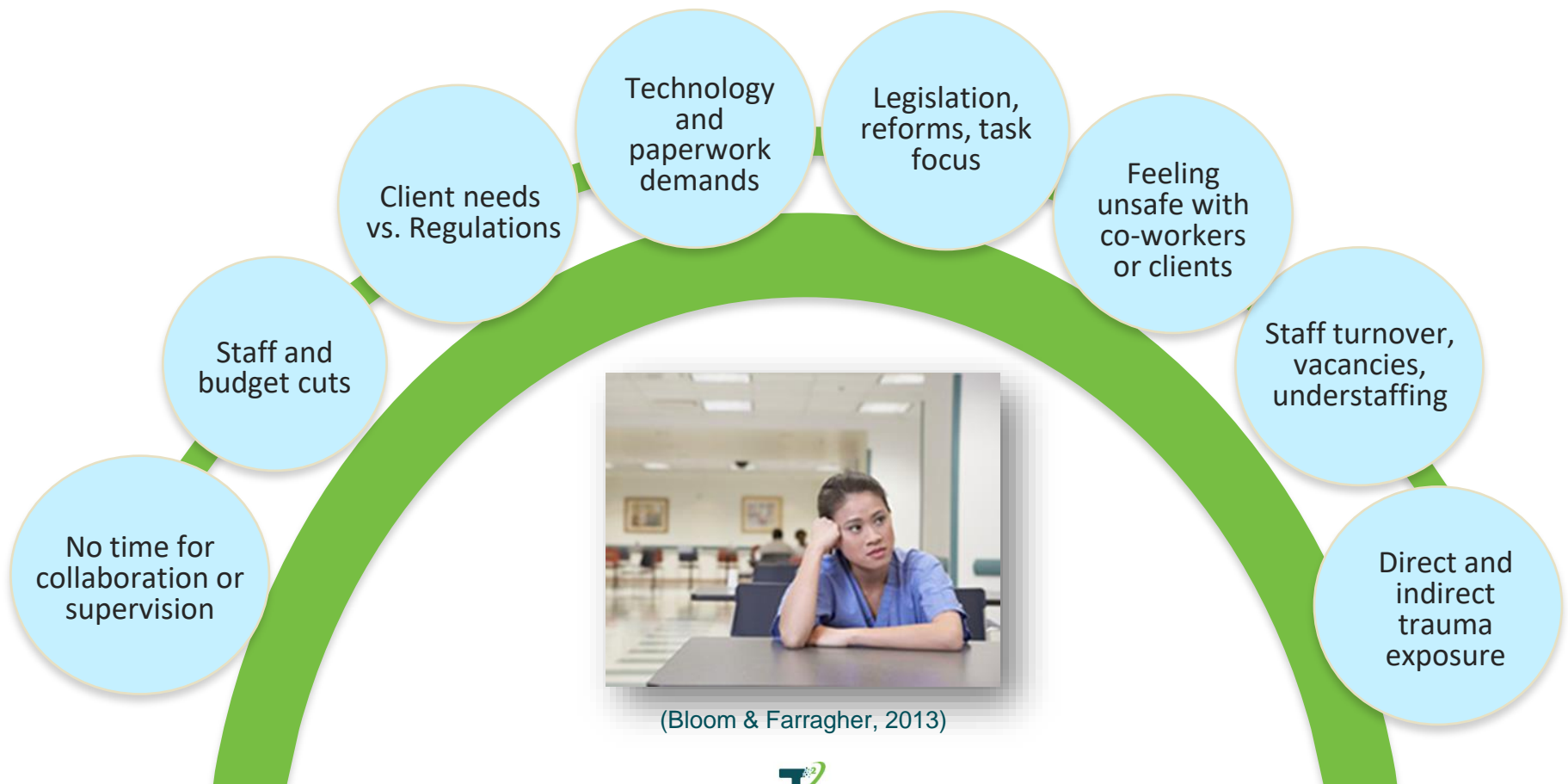
TO

TRAUMA REDUCING



Organizational Stressors

Providers are unable to deliver quality care in an organizational culture defined by chronic stressors and collective traumas.



(Bloom & Farragher, 2013)

Organizational Resilience





Challenges to Implementing Trauma Informed CARE

- Getting buy in from the whole organization can be hard
- Inconsistent understanding of what it means to be trauma informed
- Most view this work as more work or just a training rather than a culture shift
- Understanding this is complex system change work. It will take the whole organizations commitment, and dedication
- Evaluating measures of trauma informed change is difficult
- Workplaces not prioritizing the work
- Building sustainable methods and systems



“Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.”

Sandra Bloom, MD, Creator of the Sanctuary Model

Self- Reflection Question: 5 min

Where in your life have you experienced a healing organization? What happened? Were you able to do your job better? Did you feel more connected or in sync with your colleagues? Did you feel a sense of reward?

Breakout Room - 10 min 2-3 in a group

Discuss your experiences from your reflection

Any Questions?



- 10 Minute Break
- Take time to stretch
- Get something to drink and breathe!



Key Ingredients for Creating a Trauma-Informed Approach to an Organization

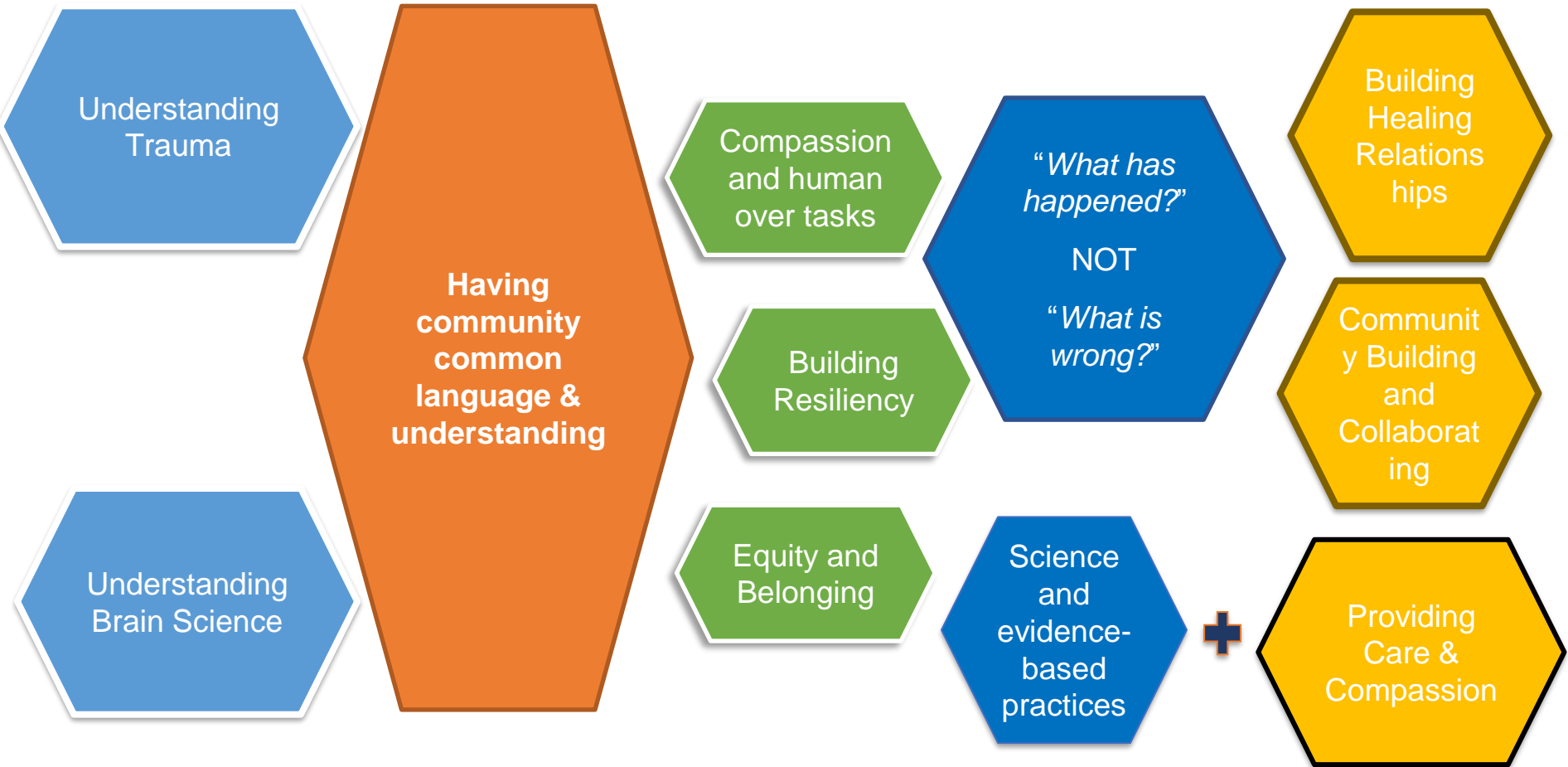
- Leading and communicating about the transformation process throughout entire agency
- Engaging consumers in organizational planning
- Training clinical as well as non-clinical staff members –common language and mission
- Creating a safe environment
- Preventing secondary traumatic stress in staff
- Hiring a trauma-informed workforce
- Involving consumers in the treatment process
- Screening for trauma and ACEs
- Training staff in trauma-specific treatment approaches
- Engaging referral sources and partnering organizations
- Use reflective supervision
- Culturally competent staff

NO Equitable & TRAUMA INFORMED CARE LENS	Equitable & TRAUMA INFORMED CARE LENS
POWER OVER	POWER WITH
YOU CAN'T CHANGE	NEUROPLASTICITY CAN CHANGE
PEOPLE NEED FIXING FIRST	PEOPLE NEED SAFETY FIRST
OPERATE FROM THE DOMINANT CULTURE	CULTURE HUMILITY
PEOPLE ARE OUT TO GET YOU	PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM
THERE'S ONLY RIGHT OR WRONG	THERE'S MULTIPLE VIEWPOINTS
HELPING	LEARNING
"YOU'RE CRAZY!"	"IT MAKES SENSE"
COMPLIANCE/OBEDIENCE	EMPOWERMENT/COLLARBORATION
INFO IS SHARED ON A NEED TO KNOW BASIS	TRANSPARENCY AND PREDICTABILITY
PRESENTING ISSUE	WHOLE PERSON AND HISTORY
"US AND THEM"	"WE'RE ALL IN THIS TOGETHER"
LABELS, PATHOLOGY	BEHAVIOR AS COMMUNICATION
FEAR BASED	EMPATHY BASED
I'M HERE TO FIX YOU	SUPPORT THE HEALING
INSTRUCTIVE	PARTICIPATORY
PEOPLE MAKE BAD CHOICES	PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS
BEHAVIOR VIEWED AS PROBLEM	BEHAVIOR VIEWED AS A PERSONAL SOLUTION
WHAT'S WRONG WITH YOU?	WHAT HAPPENED TO YOU?
BLAME/SHAME	RESPECT
GOAL IS TO GO THINGS THE "RIGHT" WAY	GOAL IS TO CONNECT
PRESCRIPTIVE	CHOICE



What Does the Cultural Shift of Trauma Informed Care Look Like

How to build a thriving community through relationship and connection



Breakout Rooms -10 min 2-3 in a group

What is something you misunderstood or had an incomplete understanding of trauma informed care that has become more complete or deep for you?

Self- Reflection Question: 5 min

What is your hope with this work for yourself and your organization?

Any Questions?



How Wolves Change Rivers





In the chat: Write something you learned or appreciated about today's session

[Organizational Stress as a Barrier to Trauma-Informed Service Delivery](#), S. Bloom

[The Future of Healing: Shifting from Trauma-Informed Care to Healing Centered Engagement](#), S. Ginwright

[Organizational Prevention of Vicarious Trauma](#), H. Bell et al.

[Strategies to Confronting Unconscious Bias](#), L. Nalty

[Lessons Learned While Building a Trauma-Informed Public Health Behavioral Health System in the City of Philadelphia](#), Beidas, RS et al.

[What Happened to you](#), B Perry, and O. Winfrey

[The Body Keeps the Score](#), B van der Kolk

[The Four Pivots](#), S Ginwright (release date 1/25/21)

Thanks for being a
Trauma Informed
Care Champion!



Trauma Informed Care Resources

Books:

Trauma Stewardship by Laura van Dernoot Lipsky <https://www.amazon.com/Trauma-Stewardship-Everyday-Caring-Others/dp/157675944X>

A Boy Who was Raised as a Dog by Bruce Perry https://www.amazon.com/Boy-Who-Was-Raised-as-Dog-audiobook/dp/B07HJBHFTB/ref=sr_1_1?crid=ZHXLETFLGXRZ&dchild=1&keywords=bruce+perry+the+boy+who+was+raised+a

The Deepest Well by Nadine Burke Harris (This on audiobook and she reads it.) https://www.amazon.com/Deepest-Well-Long-Term-Childhood-Adversity/dp/132850266X/ref=tmm_pap_swatch_0?encoding=UTF8&qid=&sr=

The Body Keeps the Score by Bessel van der Kolk, M.D. <https://www.amazon.com/Body-Keeps-Score-Healing-Trauma/dp/0143127748>

Resilience Factor by Karen Reivich https://www.amazon.com/Karen-Reivich-Resilience-Overcoming-Paperback/dp/B01FOD5Q1U/ref=pd_lpo_14_t_1/139-0400576-4760459?encoding=UTF8&pd_rd_i=B01FOD5Q1U&pd_rd_r=29cca8c8-8c57-469a-87ee-1ad6c4348653&pd_rd_w=4q9Bc&pd_rd_wg=ErIGD&pf_rd_p=7b36d496-f366-4631-94d3-61b87b52511b&pf_rd_r=QDZ25HTAMHV3XBE1GAZ2&psc=1&refRID=QDZ25HTAMHV3XBE1GAZ2

Change your World The Science of Resilience and the True Path to Success by Michael Ungar

Amazon.com/Change-Your-World-Science- https://www.amazon.com/Change-Your-World-Science-Resilience/dp/199943952X/ref=sr_1_1?dchild=1&keywords=michael+ungar+change+your+world&qid=1596641931&sr=8-1

Videos:

- Nadine Burke Harris Childhood Trauma and ACEs <https://www.youtube.com/watch?v=95ovIJ3dsNk>
- Oprah Winfrey Childhood Trauma <https://www.youtube.com/watch?v=dF20FaQzYUI>
- Beyond the Cliff Laura van Dernoot Lipsky <https://www.youtube.com/watch?v=uOzDGrcvmus>

Websites:

<https://traumainformedoregon.org/>

<https://www.ncbi.nlm.nih.gov/books/NBK207194/>

<https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562>

<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

<https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

[https://connectingparadigms.org/wp-content/uploads/2019/05/21360-Organizational Stress as a Barrier to Trauma-Informed-Bloom.pdf](https://connectingparadigms.org/wp-content/uploads/2019/05/21360-Organizational-Stress-as-a-Barrier-to-Trauma-Informed-Bloom.pdf)

<https://kathleennaltyconsulting.com/wp-content/uploads/2016/05/Strategies-for-Confronting-Unconscious-Bias-The-Colorado-Lawyer-May-2016.pdf>

<https://www.ce-credit.com/articles/100716/PrevVicariousTrauma.pdf>



Tami Farber
Equity Trainer

Leader, Organizer, Educator, Facilitator, Coach, Change Agent and Truth Seeker, Tami Farber brings over 25 years of experience in the fields of Child and Youth Development and Education, Organizational Development and Leadership, Community Organizing and Systems Change work for the non-profit/non-governmental, public and private sectors globally.

Tami currently serves as a Lead Associate for The Racing to Equity Consulting Group and Hooks Global Consulting Group centered on Leadership and Organizational Development to dismantle structural racial inequity and create equitable outcomes for all. In addition, Tami is a certified Transformational Executive Coaching with a focus on working specifically with white women in leadership roles dedicated to the advancement of equity and justice and engaging in the personal work necessary to heal, resist and release white body trauma.

Equity and the Intersection of Trauma Informed Practices

Presented By: Tami L Farber



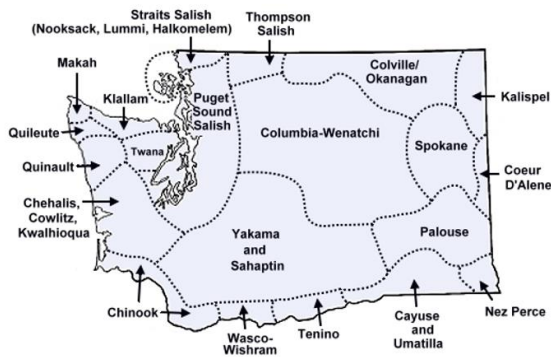
care

BUILDING COMMUNITY
THROUGH COMPASSION



Land Acknowledgment

There are over 29 federally recognized Indian tribes in WA today



And many others that are not federally recognized

We acknowledge that we are each residing on tribal lands of those who have lived on this land time immemorial. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together today. We recognize the resilience of those past and present who work to build a strong and sovereign nation where Tribal members live their values and culture.

We are on the lands of the Tulalip, the Snohomish, the Stillaguamish, and Sauk Suiattle Tribes.

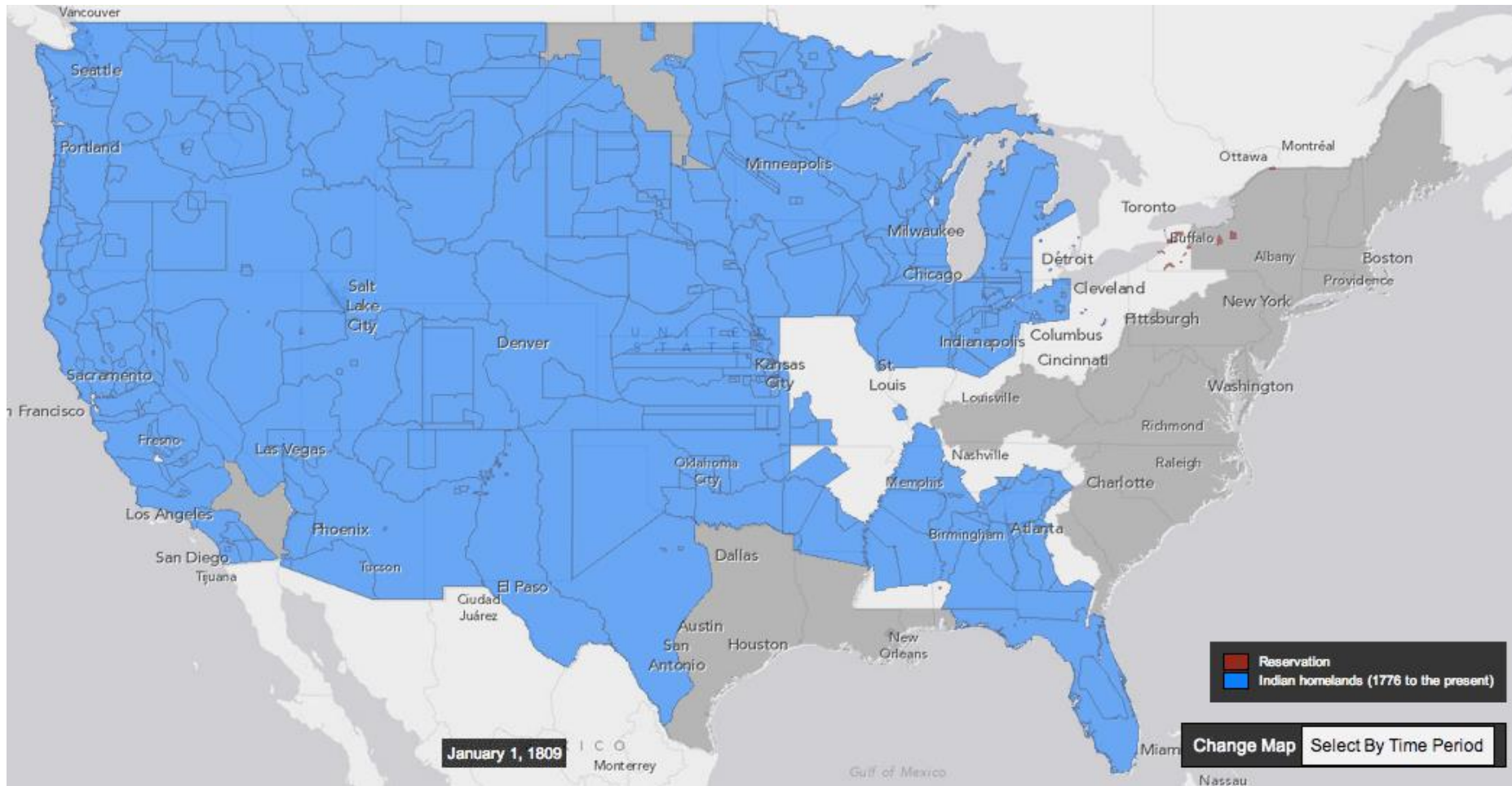


Why We Acknowledge The land

- Offer recognition and respect
- Acknowledge sovereignty of local tribes
- Remind us historical contexts still affect current realities and future outcomes
- Native Americans have lived in North America since time immemorial

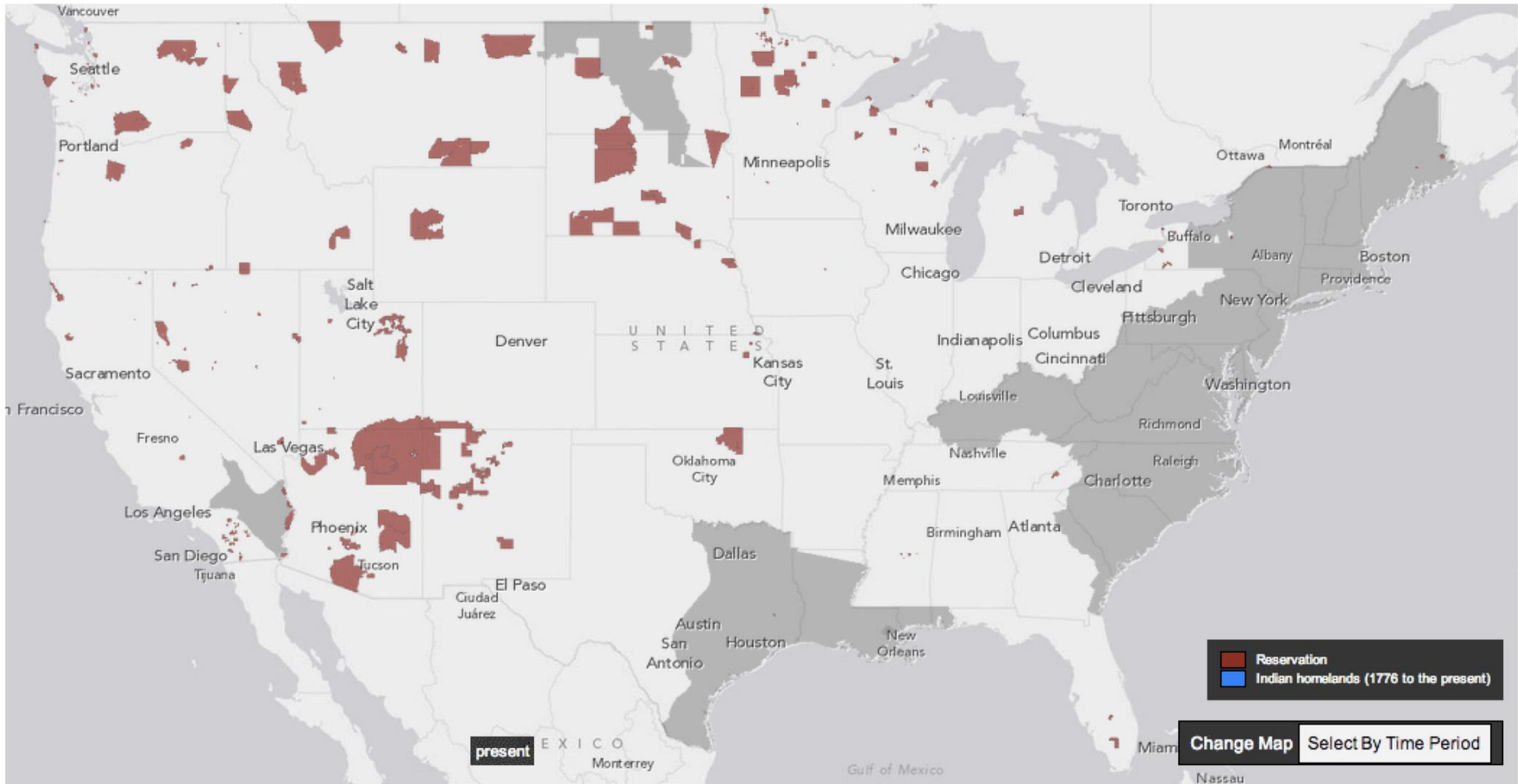


Theft of Indigenous homelands, 1776-present





Theft of Indigenous homelands, 1776-present







Overview

As we approach our work to be Trauma Informed practitioners and organizations it is important to understand the complex cultural, social, economic and political forces that impact the lives of our children, families and communities as a way to identify the root cause of Trauma.



Belief/Rationale

A significant contributing factor to ACEs stems from the inequities and forms of oppression and marginalization we see in this country due to ones social identity, lack of access to resources, threats of harm and injury, humiliating and shaming events, and the ongoing experiencing of and witnessing of discrimination.



But all our phrasing—race relations, racial chasm, racial justice, racial pro-filing, white privilege, even white supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth. You must never look away from this. You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body.”

- Ta-Nehisi Coates



“Our bodies have a form of knowledge that is different from our cognitive brains. This knowledge is typically experienced as a felt sense of constriction or expansion, pain or ease, energy or numbness. Often this knowledge is stored in our bodies as wordless stories about what is safe and what is dangerous. The body is where we fear, hope and react; where we constrict and release; and where we reflexively fight, flee or freeze. If we are to upend the status quo of white-body supremacy, we must begin with our bodies.”

- Resmaa Menakem, Author My Grandmother's Hands

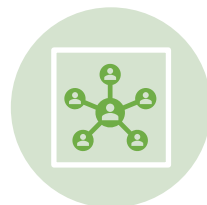
Learning Outcomes



BUILD AND STRENGTHEN RELATIONSHIPS OF CARE TEAM TO CREATE A SUSTAINABLE NETWORK WITH A SHARED EQUITY ANALYSIS



BUILD A COMMON VOCABULARY FOR EQUITY



EXPLORE THE RELATIONSHIP BETWEEN SOCIAL IDENTITY AND HISTORICAL AND MULTI-GENERATIONAL TRAUMA



DEFINE AND DISCUSS THE UTILIZATION OF AN EQUITY ANALYSIS TO INFORM POLICIES, PRACTICES, PROCEDURES



CROSS-POLLINATE IDEAS ON THE INTERSECTION BETWEEN WORKING TOWARDS EQUITABLE OUTCOMES AND BEING TRAUMA INFORMED



Group Agreements

- Address impact over intent
- Embrace the power of humble, respectful listening
- Create trusting and safe spaces – where a little bit of discomfort is okay.
- Learning leaves – Stories stay
- Speak from your own experience instead of generalizing
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice
- We encourage you to lean in, be brave and vulnerable



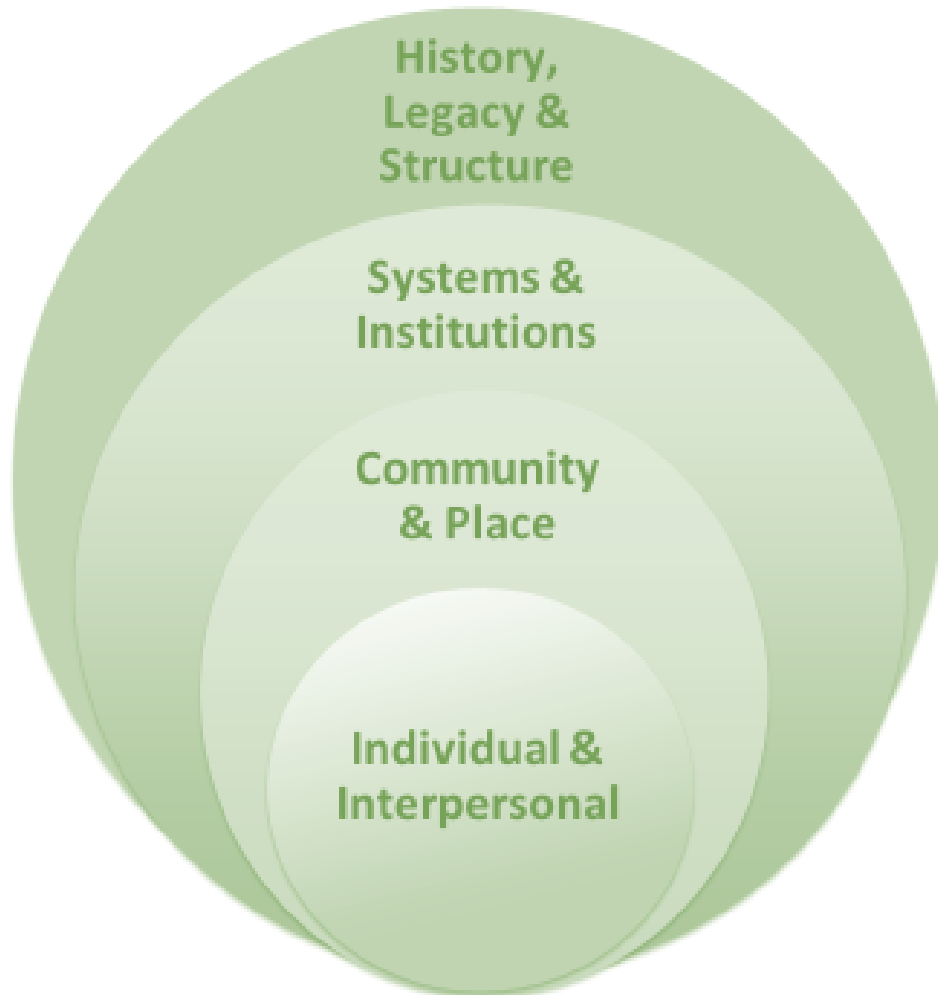
Mix and Mingle

If you walk into a room what would be your theme song?

How have dimensions of your identity shaped/informed your lived experiences?

Name at least one way you feel you have experienced a form of trauma due to a dimension of your identity?

Equity Framework



Trauma is historical, structural, political, intergenerational, interpersonal, and embodied. So, then, must be our healing.



Our "Lasik" PROP

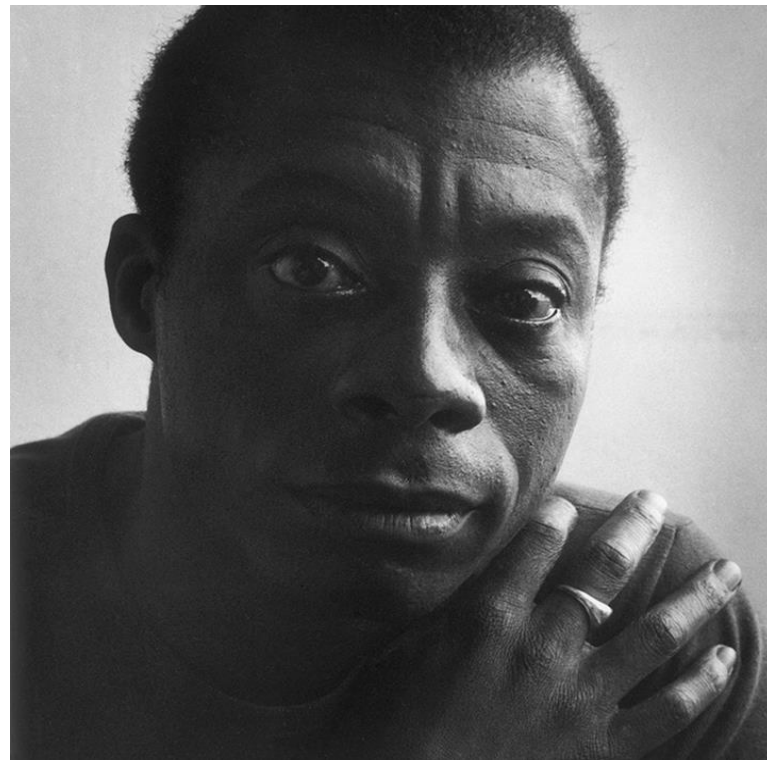
- **Power** The ability or official authority to decide what is best for others. The ability to decide who will have access to resources. The capacity to exercise control over others.
- **Race** A historical, political, and social construction created to concentrate power with White people and legitimize dominance, marginalization, and oppression over non-White people.
- **Oppression** A pattern or system of inequality that gives power and privileges to members of one group of people at the expense of another.
- **Privilege** A special advantage or right that a person is born into or acquires during their lifetime. It is not available to everyone in society. It is closely related to power: It often gives a person or group power over others.



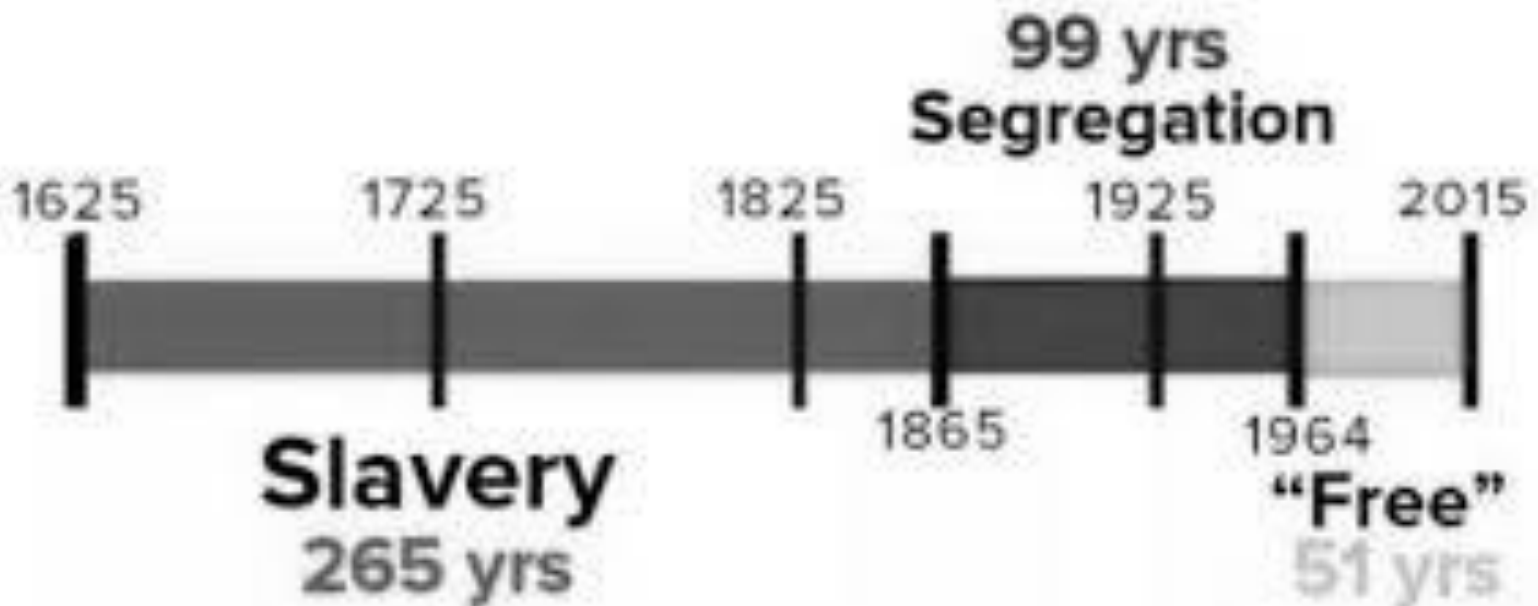
Leadership Reflection

How has Power Race Oppression and Privilege contributed to the individual and collective trauma we see in our communities?

“History is not the past, it is the present. We carry our history with us. We are our history”
- James Baldwin



History | Legacy | Structure



Somatic History Era



**AMERICAN
SLAVERY**

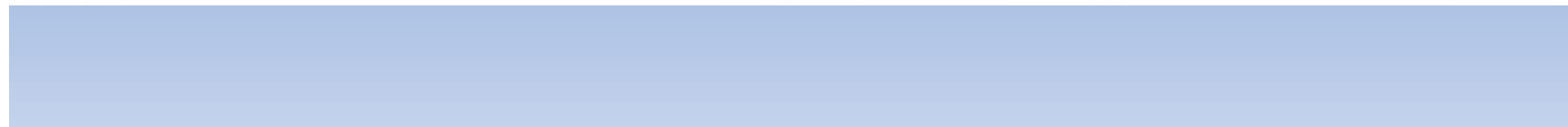
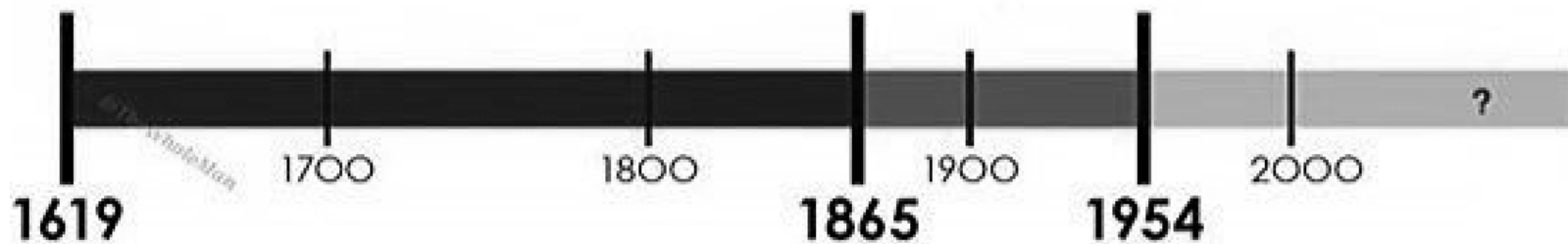
246 Years

SEGREGATION

89 years

**MASS
INCARCERATION**

61+ Years

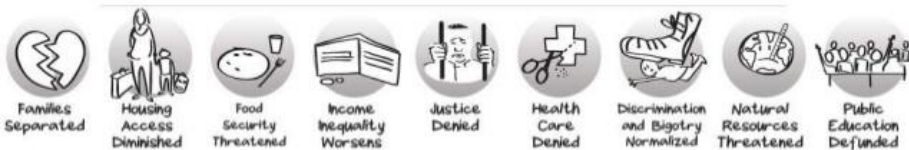
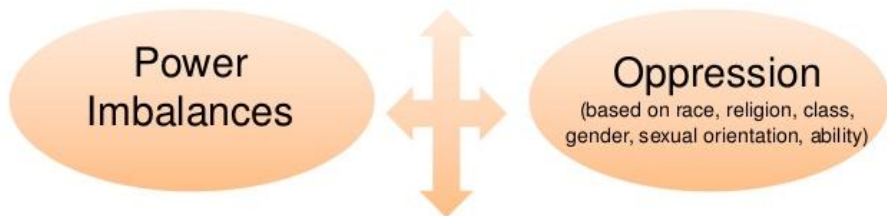


**BREATHE,
STRETCH
AND
TAKE A BREAK**

5 Minute Break



Root Causes of Inequities



- Laws and Policies that created all types of systems of unbalanced power and privilege
- Caused by historical practice of exclusion & discrimination across life course
- Led to geographic concentration of poverty and hyper-segregation

3 Types of ACEs

ACEs Connection supports communities to accelerate the global ACEs science movement and to solve our most intractable problems. We recognize that three major types of adverse childhood experiences — family, community, and climate — cause most of the trauma that leads to toxic stress. Left unaddressed, toxic stress in people, organizations, systems and communities can harm our health and reduce the ability to respond with resilience to stressful events. The three different types of ACEs appear and intertwine throughout our lifetimes, and the lives of our organizations, systems, and communities.

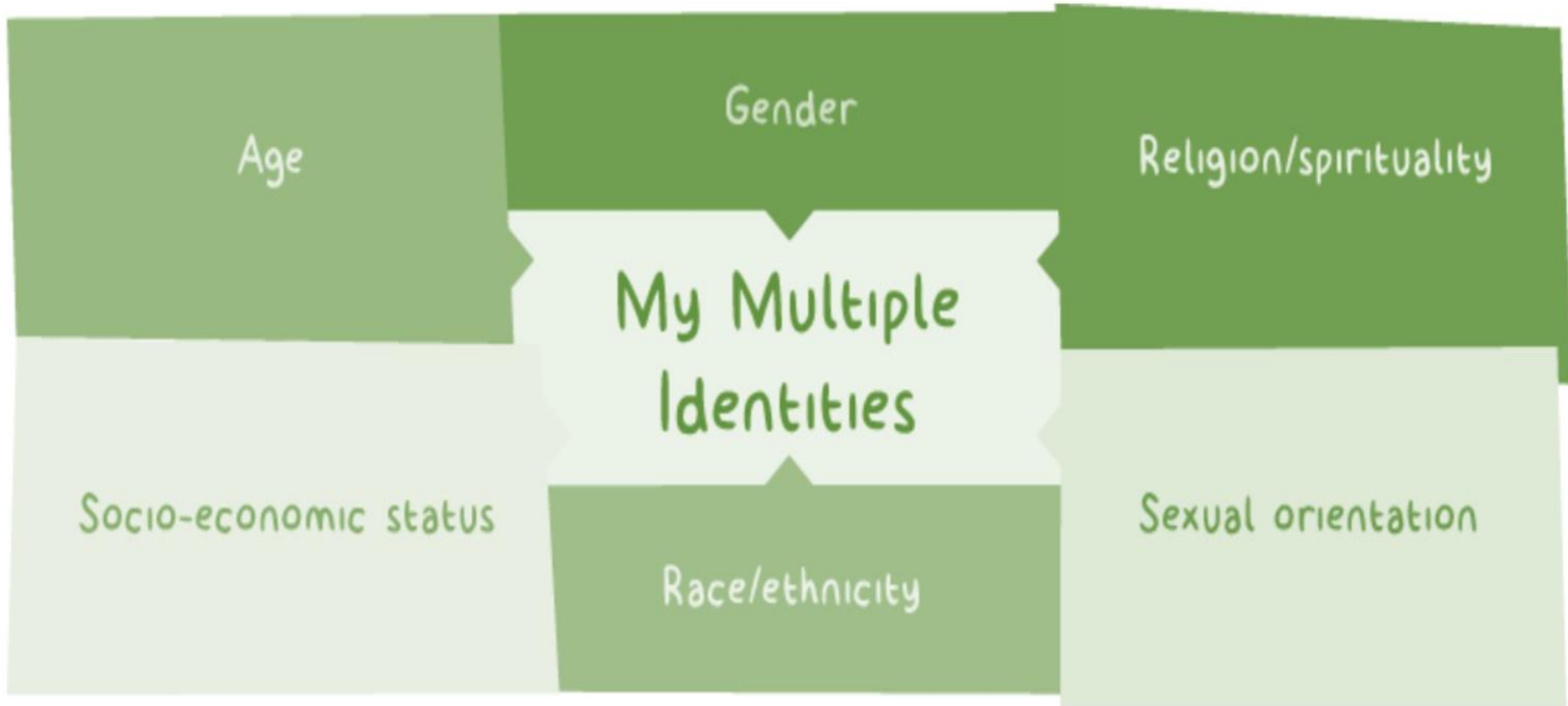


POWER

OPPRESSION

PRIVILEGE

Everyone Has Many Identities



COMPASSION, APPRECIATION, RESILIENCE & EMPOWERMENT



discriminate

oppress

marginalize

exploit

disenfranchise



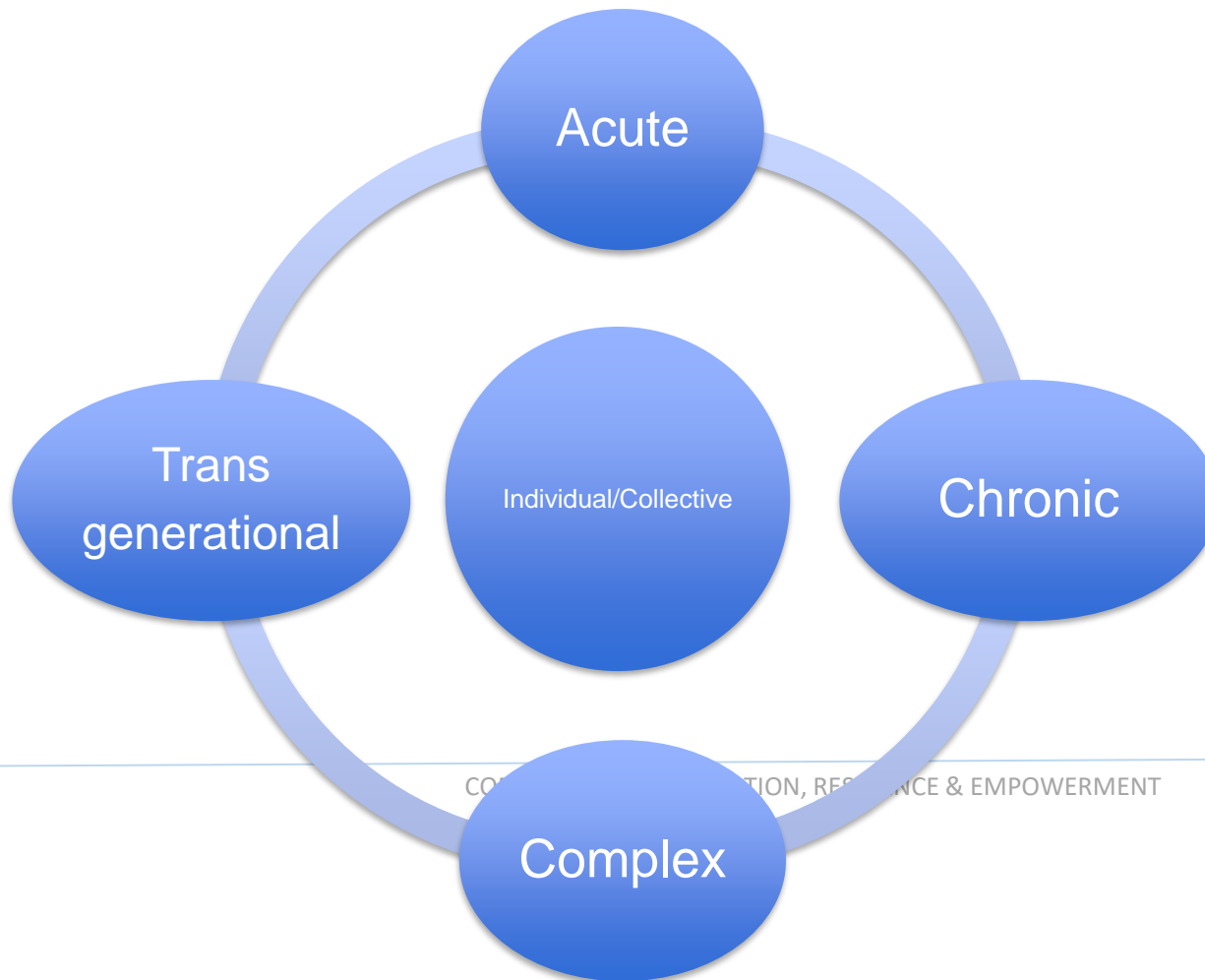
Dominant Group	Marginalized Group	Oppression
White	People of Color	Racism
Colonizer	Native/Indigenous	Colonialism
Cisgender Men	Women, Transgender, non-binary genderfluid, gender neutral	Sexism
Able-bodied, Able-minded	People with a disability	Ableism
Christian	Other religions or spiritual practices	Christian Hegemony
Heterosexual	Lesbian, Gay, Bi, Queer	Heterosexism
Adult	Youth/Elder	Ageism
Wealthy & Middle class	Poor and working class	Classism
Citizen	Non-citizen	Nationalism
Formally educated	Non-formally educated	Elitism
English speaking	Non-English Speaking, English with an accent or dialect	Linguicism



Leadership Reflection

As Trauma Informed Care Leaders how can you use this power analysis to inform how you engage in your leadership professional practices?

Types of Trauma



Intergenerational Trauma





Types of Trauma

What did you See, hear, feel?

How is historical /multigenerational trauma connected to equity at the personal level and at the institutional level?

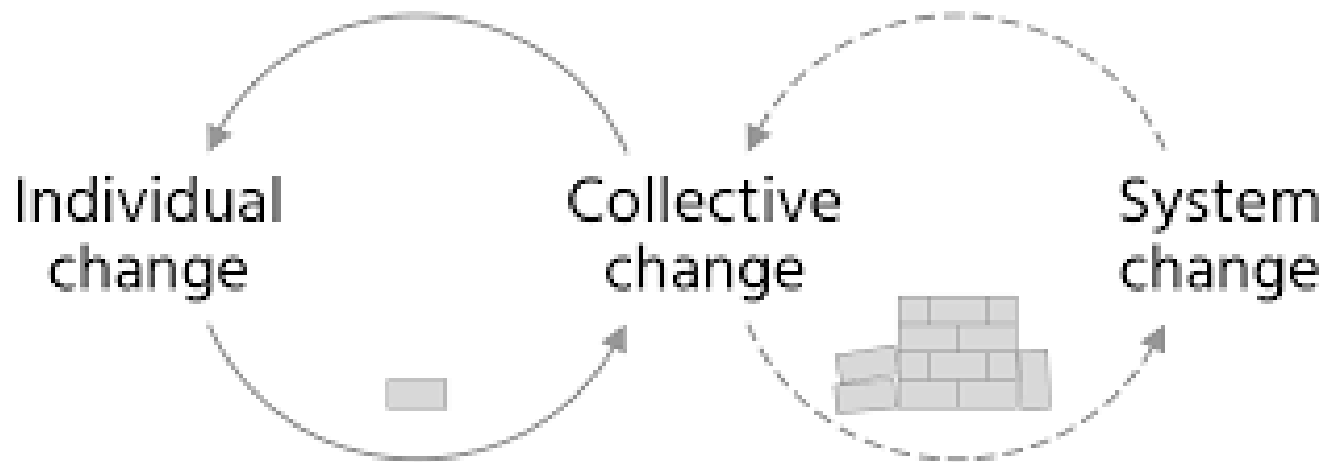
Levels of Oppression

<p>INTERPERSONAL</p> <p>(Between individuals)</p> <p>INDIVIDUAL</p>	<p>INSTITUTIONAL</p> <p>(Within an institution or sector)</p>
<p>INTERNALIZED</p> <p>(Within an individual: Inferiority or Superiority)</p>	<p>STRUCTURAL</p> <p>(Between institutions)</p>

Provide examples of how you see trauma playing out at each of these levels within your organization/institution and beyond?

INTERPERSONAL (Between individuals) INDIVIDUAL	INSTITUTIONAL (Within an institution or sector)
INTERNALIZED (Within an individual: Inferiority or Superiority)	STRUCTURAL (Between institutions)

Intersection TIC and Equity



No Equity Informed Lasik

No Equity Informed Lasik

NO TRAUMA INFORMED CARE LENS

POWER OVER

YOU CAN'T CHANGE

PEOPLE NEED FIXING FIRST

OPERATE FROM THE DOMINANT CULTURE

PEOPLE ARE OUT TO GET YOU

THERE'S ONLY RIGHT OR WRONG

HELPING

"YOU'RE CRAZY!"

COMPLIANCE/OBEDIENCE

INFO IS SHARED ON A NEED TO KNOW BASIS

PRESENTING ISSUE

"US AND THEM"

LABELS, PATHOLOGY

FEAR BASED

I'M HERE TO FIX YOU

INSTRUCTIVE

PEOPLE MAKE BAD CHOICES

BEHAVIOR VIEWED AS PROBLEM

WHAT'S WRONG WITH YOU?

BLAME/SHAME

GOAL IS TO GO THINGS THE "RIGHT" WAY

PRESCRIPTIVE

TRAUMA INFORMED CARE LENS

POWER WITH

NEUROPLASTICITY CAN CHANGE

PEOPLE NEED SAFETY FIRST

CULTURE HUMILITY

PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM

THERE'S MULTIPLE VIEWPOINTS

LEARNING

"IT MAKES SENSE"

EMPOWERMENT/COLLARBORATION

TRANSPARENCY AND PREDICTABILITY

WHOLE PERSON AND HISTORY

"WE'RE ALL IN THIS TOGETHER"

BEHAVIOR AS COMMUNICATION

EMPATHY BASED

SUPPORT THE HEALING

PARTICIPATORY

PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS

BEHAVIOR VIEWED AS A PERSONAL SOLUTION

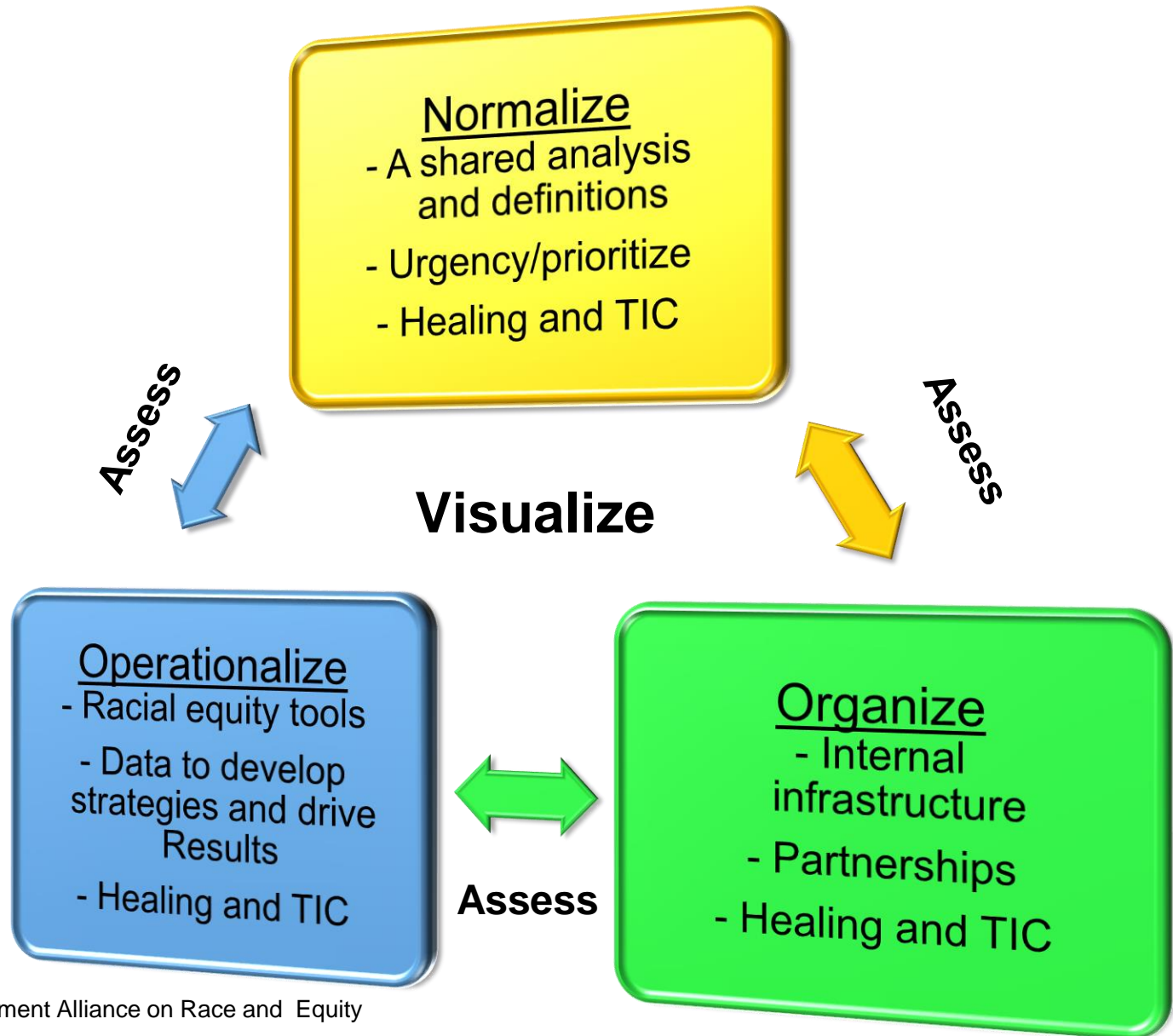
WHAT HAPPENED TO YOU?

RESPECT

GOAL IS TO CONNECT

CHOICE

National Effective Practice





Racial Equity Tools for Policies Practices and Procedures

A simple set of questions:

- 1. Proposal:** What is the policy, program, practice or budget decision under consideration? What are the desired results and outcomes?
- 2. Data:** What's the data? What does the data tell us?
- 3. Community engagement:** How have communities been engaged? Are there opportunities to expand engagement?
- 4. Analysis and strategies:** Who will benefit from or be burdened by your proposal? What are your strategies for advancing racial equity or mitigating unintended consequences?
- 5. Implementation:** What is your plan for implementation?
- 6. Accountability and communication:** How will you ensure accountability, communicate, and evaluate results?

Government Alliance on Race and Equity



Trauma Informed Care is Enhanced with an Equity Framework by:

Realize Trauma is
deeply rooted in a
multi-generational,
dehumanizing
process of systems of
inequities

REALIZE

RECOGNIZE

the ways in which
Power Race
Oppression and
Privilege
influence/impact
individuals and
communities lived
experiences and
recognize your own
biases

Respond to Trauma in a
culturally responsive
way and hold healing as
the restoration of
identity and ensure your
responses are
happening at all levels:
individual, community
and institutional

RESPOND

RESIST

Resist
perpetuating/maintaining
dominant cultural norms
through your policies and
practices when engaging
in TIC

Closing

I came in today feeling _____

... and I am leaving feeling _____

Equity and Diversity Resources

Anti-Racism Resources

Videos to watch:

- [How Studying Privilege Systems Can Strengthen Compassion](#) | Peggy McIntosh at TEDxTimberlaneSchools (18:26)
- [George Floyd and the Dominos of Racial Injustice](#) | The Daily Show with Trevor Noah (18:12)
- [Black Feminism & the Movement for Black Lives: Barbara Smith, Reina Gossett, Charlene Carruthers](#) | National LGBTQ Task Force (50:48)

Articles to read:

- ["America's Racial Contract Is Killing Us"](#) by Adam Serwer | Atlantic (May 8, 2020)
- ["Applying a Race Equity Lens: A Call to Action for Human Services"](#) by The American Public Human Services Association (APHSA)
- ["Blaine Police Chief: It's long past time the two Americas come together"](#) by Donnell Tanskley | The Northern Light (June 3, 2020)
- ["Ella Baker and the Black Freedom Movement: A Radical Democratic Vision"](#) By Barbara Ransby | University of North Carolina Press, 2003
- ["Groundwater Approach Impacts of Structural Racism"](#) By Bayard Love and Deena Hayes-Greene | Racial Equity Institute, 2019
- ["My Life as an Undocumented Immigrant"](#) by Jose Antonio Vargas | NYT Mag (June 22, 2011)
- [Resources for refugees and immigrants on racism and anti-racism](#) compiled by the Office of Immigrant and Refugee Affairs
- ["The 1619 Project"](#) (all the articles) | The New York Times Magazine
- ["The COVID-19 and Racial Wealth Gap"](#) by Darrick Hamilton and Danyelle Solomon | Kirwan Institute, 2020
- ["The Combahee River Collective Statement"](#)
- ["The Historical Origins and Development of Racism"](#) by George M. Fredrickson | PBS, 2003
- ["The Intersectionality Wars"](#) by Jane Coaston | Vox (May 28, 2019)
- ["Tips for Creating Effective White Caucus Groups"](#) developed by Craig Elliott PhD
- ["Where do I donate? Why is the uprising violent? Should I go protest?"](#) by Courtney Martin (June 1, 2020)
- ["White Privilege: Unpacking the Invisible Knapsack"](#) by Peggy McIntosh
- ["Who Gets to Be Afraid in America?"](#) by Dr. Ibram X. Kendi | Atlantic (May 12, 2020)
- https://aphsa.org/About/call_to_action.aspx

Podcasts to subscribe to:

- [1619 \(New York Times\)](#)
- [About Race](#)
- [Code Switch \(NPR\)](#)
- [Intersectionality Matters! hosted by Kimberlé Crenshaw](#)
- [Momentum: A Race Forward Podcast](#)
- [Pod For The Cause \(from The Leadership Conference on Civil & Human Rights\)](#)
- [Pod Save the People \(Crooked Media\)](#)
- [Seeing White](#)
- [Talking Race With Young Children](#)

Books to read:

- [Black Feminist Thought](#) by Patricia Hill Collins
- [Eloquent Rage: A Black Feminist Discovers Her Superpower](#) by Dr. Brittney Cooper
- [Heavy: An American Memoir](#) by Kiese Laymon
- [How To Be An Antiracist](#) by Dr. Ibram X. Kendi
- [I Know Why the Caged Bird Sings](#) by Maya Angelou
- [Just Mercy](#) by Bryan Stevenson
- [Me and White Supremacy](#) by Layla F. Saad
- [Raising Our Hands](#) by Jenna Arnold
- [Redefining Realness](#) by Janet Mock
- [Sister Outsider](#) by Audre Lorde
- [So You Want to Talk About Race](#) by Ijeoma Oluo
- [The Bluest Eye](#) by Toni Morrison
- [The Fire Next Time](#) by James Baldwin
- [The New Jim Crow: Mass Incarceration in the Age of Colorblindness](#) by Michelle Alexander
- [The Next American Revolution: Sustainable Activism for the Twenty-First Century](#) by Grace Lee Boggs
- [The Warmth of Other Suns](#) by Isabel Wilkerson
- [Their Eyes Were Watching God](#) by Zora Neale Hurston
- [This Bridge Called My Back: Writings by Radical Women of Color](#) by Cherríe Moraga
- [When Affirmative Action Was White: An Untold History of Racial Inequality in Twentieth-Century America](#) by Ira Katznelson
- [White Fragility: Why It's So Hard for White People to Talk About Racism](#) by Robin DiAngelo, PhD

- [Your Black Colleagues May Look Like They're Okay — Chances Are They're Not](#) by Danielle Cadet | Refinery29

Films and TV series to watch:

- 13th (Ava DuVernay) — Netflix
- American Son (Kenny Leon) — Netflix
- Black Power Mixtape: 1967-1975 — Available to rent
- Blindspotting (Carlos López Estrada) — Hulu with Cinemax or available to rent
- Clemency (Chinonye Chukwu) — Available to rent
- Dear White People (Justin Simien) — Netflix
- Fruitvale Station (Ryan Coogler) — Available to rent
- I Am Not Your Negro (James Baldwin doc) — Available to rent or on Kanopy
- If Beale Street Could Talk (Barry Jenkins) — Hulu
- Just Mercy (Destin Daniel Cretton) — Available to rent for free in June in the U.S.
- King In The Wilderness — HBO
- See You Yesterday (Stefon Bristol) — Netflix
- Selma (Ava DuVernay) — Available to rent
- The Black Panthers: Vanguard of the Revolution — Available to rent
- The Hate U Give (George Tillman Jr.) — Hulu with Cinemax
- When They See Us (Ava DuVernay) — Netflix

More anti-racism resources to check out:

- [75 Things White People Can Do for Racial Justice](#)
- [Anti-Racism Project](#)
- [Jenna Arnold's resources \(books and people to follow\)](#)
- [Rachel Ricketts' anti-racism resources](#)
- [Resources for White People to Learn and Talk About Race and Racism](#)
- [Save the Tears: White Woman's Guide by Tatiana Mac](#)
- [Showing Up For Racial Justice's educational toolkits](#)
- [The \[White\] Shift on Instagram](#)
- ["Why is this happening?" — an introduction to police brutality from 100 Year Hoodie](#)
- [Zinn Education Project's teaching materials](#)

Resources for parents on talking about racism and anti-racism:

- **Articles:**
 - [Educating our Children: Talking to Kids About Racism & Police Brutality](#)
 - [National Geographic: Talking to kids about xenophobia](#)
 - [PBS's Teaching Your Child About Black History Month](#)
 - [Racism and Violence: Using Your Power as a Parent to Support Children Aged Two to Five](#)
 - [Raising Race Conscious Children](#)
 - [Talking to Children About Racial Bias](#)

- [Talking to Children After Racial Incidents](#)
 - [Talking to Kids About Racial Violence](#)
 - [They're Not Too Young to Talk about Race](#)
 - https://thriveglobal.com/stories/inclusivity-workplace-end-systemic-racism-support-black-colleagues-action/?utm_source=Newsletter_General&utm_medium=Thrive
 - <https://www.acesconnection.com/blog/we-stand-in-solidarity-with-the-worldwide-protests-for-racial-justice>
 - [Your Kids Aren't Too Young to Talk About Race: Resource Roundup](#)
 - [Your Kids Aren't Too Young to Talk About Race: Resource Roundup from Pretty Good](#)
- **Books:**
 - [31 Children's books to support conversations on race, racism and resistance](#)
 - [A Kids Book About Racism](#)
 - [Coretta Scott King Book Award Winners: books for children and young adults](#)
 - [Let's Talk About Race](#)
 - [Not My Idea – A Book About Whiteness](#)
 - [Something Happened in Our Town](#)
 - [Teaching Tolerance: A Parent's Guide to Preventing and Responding to Prejudice](#)
- **Podcasts:**
 - [How White Parents Can Talk To Their Kids About Race - NPR Life Kit](#)
 - [Parenting Forward podcast episode 'Five Pandemic Parenting Lessons with Cindy Wang Brandt'](#)
 - [Fare of the Free Child podcast](#)
 - [Integrated Schools podcast episode "Raising White Kids with Jennifer Harvey"](#)
- **Videos:**
 - [How to Talk to Kids About Race](#)
 - [Sesame Street Town Hall on Racism - Part 1](#)
 - [Sesame Street Town Hall on Racism - Part 2](#)
 - [Sesame Street Town Hall on Racism - Part 3](#)
 - [Why we need to Talk to Children about Race & Difference](#)
 - [Resources for talking about race, racism and racialized violence with children](#)
 - The Conscious Kid: follow them on [Instagram](#) and consider signing up for their [Patreon](#)

- **Suggested Reading:**

- Opportunities for White People in the Fight for Racial Justice
<https://www.whiteaccomplices.org/>
- Raising Race Conscious Children
<http://www.raceconscious.org/>
- Black People Need Stronger White Allies – Here’s How You Can Be One
<https://www.refinery29.com/en-us/2020/05/9841649/allyship-ahmaud-arbery-george-floyd>
- This Bias is not Implicit
<https://medium.com/@timjwise/this-bias-is-not-implicit-4719a0d061a0>
- 10 Simple Ways White People Can Step Up to Fight Everyday Racism
<https://www.mic.com/articles/97900/10-simple-rules-for-being-a-non-racist-white-person>

- **Book Club:**

- This might be a good time to have work book clubs.
<https://www.intheknow.com/2020/06/01/anti-racism-books/>



Lindsey Greene
Self-Care/Secondary Traumatic Stress Trainer

Lindsey Greene is a social worker who is passionate about improving health care services for all, but especially for youth involved with the child welfare system. She joined Coordinated Care of Washington's Community Education team six years ago to support systems serving youth and families through training. She is also a trainer with Snohomish County's Compassion, Appreciation, Resilience & Empowerment (CARE) program. Prior to her current role, she has worked in residential treatment for youth with behavioral health needs and has experience working in the child welfare system in two states: Virginia and Washington. Lindsey

obtained her MSW from the University of Washington in 2014. When she's not on a Zoom training you'll find her exploring local trails and beaches with her family.

Secondary Trauma and Self Care



Presented by: Lindsey Greene

Lindsey Greene is part of Coordinated Care's Community Education team. Coordinated Care is the health plan for children and youth in foster care, adoption support, and alumni of foster care in Washington State. She started her career working in a residential treatment program for youth with behavioral health needs. She has experience working in the child welfare system in two states: Virginia and Washington. Lindsey has worked as a CPS investigator, foster care case manager, adoption worker, and as a supervisor. Lindsey obtained her MSW from the University of Washington in 2014. She joined Coordinated Care's training team in 2015.



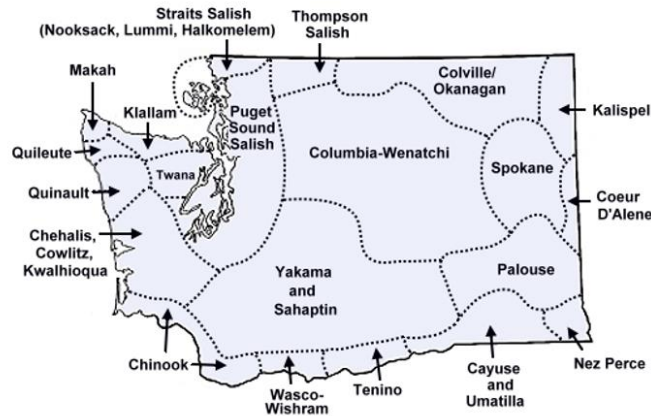
care
BUILDING COMMUNITY
THROUGH COMPASSION



coordinated care[™]
Apple Health Core Connections[™]

Land Acknowledgment

There are over 29 federally recognized Indian tribes in WA today



We acknowledge that we are each residing on tribal lands of those who have lived on this land time immemorial. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together today. We recognize the resilience of those past and present who work to build a strong and sovereign nation where Tribal members live their values and culture.

We are on the lands of the Tulalip, the Snohomish, the Stillaguamish, and Sauk Suiattle Tribes.

And many others that are not federally recognized

Native Land Map: <https://native-land.ca/>

Group Agreements

- Address impact over intent
- Embrace the power of humble, respectful listening
- Create trusting and safe spaces – where a little bit of discomfort is okay.
- Learning leaves – Stories stay
- Speak from your own experience instead of generalizing
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice
- We encourage you to lean in, be brave and vulnerable

Share a Story of Resilience. Reflect on the past 1-2 weeks, what was a moment of resilience you experienced? It could be either:

- Personal or staff resilience

OR

- Resilience in a family/individual you work with.

How did you feel?

Secondary Traumatic Stress and Self Care



Secondary Traumatic Stress and Self Care

Agenda:

- **Balancing your plate**
- Define the terms (CS, CF Burnout, STS)
- Effects of secondary trauma
- Organizational trauma
- Understanding self care



The Healthy Mind Platter



The Healthy Mind Platter, for Optimal Brain Matter

Copyright © 2011 David Rock and Daniel J. Siegel, M.D. All rights reserved.

Group Reflection

Use an asterisk to put a  stamp on the nutrients you feel like you're getting enough of, and a  stamp on the nutrients you feel like you could use more of.

Sleep

Physical

Focus

Time in

Down time

Play

Connecting

Answer in the chat: How does your organization and your work relationships help you prioritize these brain health activities, and how do they make it a challenge?

Secondary Traumatic Stress and Self Care

Agenda:

- Balancing your plate
- Define the terms (CS, CF Burnout, STS)
- Effects of secondary trauma
- Organizational trauma
- Understanding self care



Defining the Terms

- **Compassion Satisfaction** (Positive aspects of working as a helper)
- **Compassion Fatigue** (Negative aspects of working as a helper)
 - **Burnout**
 - Inefficacy and feeling overwhelmed
 - **Work-related traumatic stress**
 - Primary traumatic stress direct target of event
 - Secondary traumatic exposure to an event due to a relationship with the primary person

© Beth Hudnall Stamm, 2009. *Professional Quality of Life Scale (ProQOL)*.
www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made without author authorization, and (c) it is not sold.

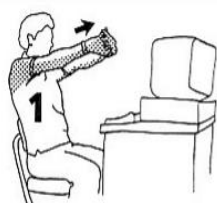
- What clarifying questions do you have?
- What reactions are you having to the terms compassion satisfaction/compassion fatigue/burnout/secondary traumatic stress?



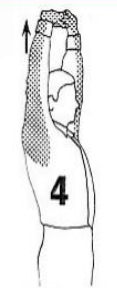
5 Minute Body Break



COMPUTER DESK STRETCHES



10-20 seconds
2 times



15-20 seconds



3-5 seconds
3 times



10-12 seconds



10 seconds



10 seconds



8-10 seconds
each side



8-10 seconds
each side



10-15 seconds
2 times



Shake out hands
8-10 seconds

- A 30 item self report measure of the positive and negative aspects of caring
- ProQOL measures CS and CF
- CF has two subscales
 1. Burnout
 2. Secondary Trauma
- The ProQOL is the most widely used measure of the positive and negative aspects of helping in the world
- The ProQOL has proven to be a valid measure of compassion satisfaction and fatigue

© Beth Hudnall Stamm, 2009. *Professional Quality of Life Scale (ProQOL)*. www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made without author authorization, and (c) it is not sold.

- **Individual, personally**
 - The ProQOL can help you plan where to put your energy to increase our resilience
- **Organizational planning**
 - Can help organizations find ways to maximize the positive aspects and reduce the negative aspects of helping
- **Supportive Supervision**
 - The ProQOL can be used as information for discussions



© Beth Hudnall Stamm, 2009. *Professional Quality of Life Scale (ProQOL)*. www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made without author authorization, and (c) it is not sold.

Activity: Take the ProQOL

- Complete the ProQOL assessment.
- Answer the poll.
- Break out room discussion.
- Large group debrief.

Two Ways to Access the ProQOL:

1. Download the free [Provider Resilience App](#)

OR

2. Grab pen/paper then use this link [ProQOL Self Score](#)

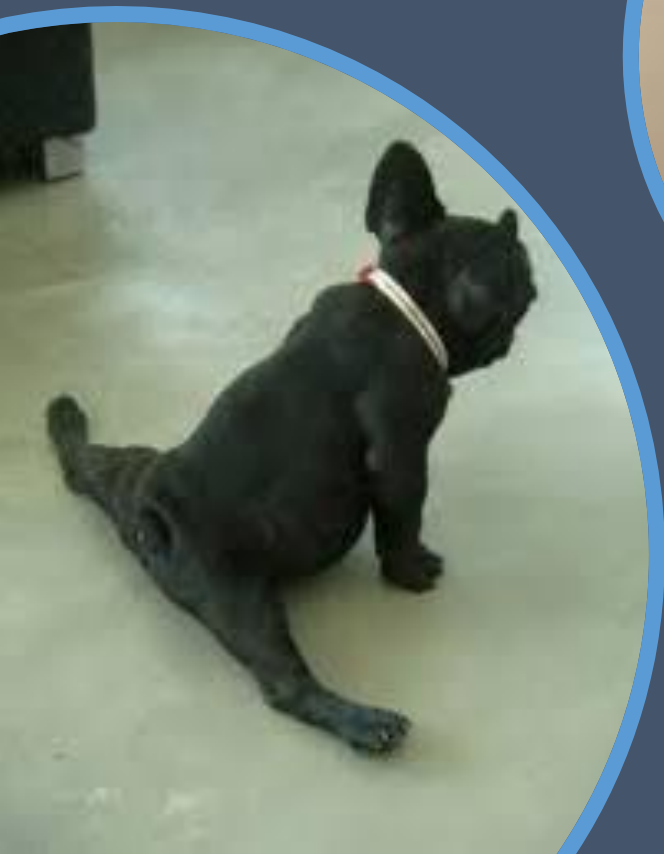


Breakout Room Discussion

- Did anything surprise you?
- Do you think your scores are similar to others in your organization?
- How would this tool help within your work at the individual, supervision, or organizational level?

Breakout Room Share Back

Select one person from your breakout room to share back with the larger group a theme that emerged in your group discussion.



20 Minute Break

Secondary Traumatic Stress and Self Care

Agenda:

- Balancing your plate
- Define the terms (CS, CF Burnout, STS)
- **Effects of secondary trauma**
- Organizational trauma
- Understanding self care



Exposure to secondary trauma may cause:

Avoidance Withdrawal

- Emotional numbing
- Feeling disconnected from friends/family

Hyper arousal

- Nervousness or jumpiness
- Difficulty concentrating or taking in information

Re-experiencing

- Intrusive images
- Nightmares and insomnia

Thoughts & Feelings

- Changes in your worldview
- Feelings of hopelessness and helplessness
- Anger

When someone else's trauma is a reminder

You may:

- React as you would to any trauma reminder
- Have trouble differentiating your experience from the other person's
- Expect the person to cope the same way you did
- Respond inappropriately or disproportionately
- Withdraw from the person



Laura van Dernoot Lipsky: Beyond the Cliff



Breakout Room Discussion



What trauma exposure responses do you see in your self and in your organization?

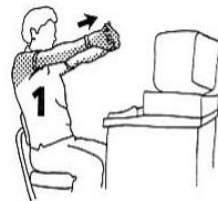
Breakout Room Share Back

Select one person from your breakout room to share back with the larger group just one theme that emerged in your group discussion.

5 Minute Body Break



COMPUTER DESK STRETCHES



10-20 seconds
2 times



15-20 seconds



3-5 seconds
3 times



10-12 seconds



10 seconds



10 seconds



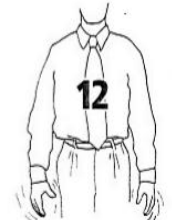
8-10 seconds
each side



8-10 seconds
each side



10-15 seconds
2 times



Shake out hands
8-10 seconds

Secondary Traumatic Stress and Self Care

Agenda:

- Balancing your plate
- Define the terms (CS, CF Burnout, STS)
- Effects of secondary trauma
- **Organizational stress/resilience**
- Understanding self care



Organizational Health

Defining Organizational Health

An organization's ability to function effectively, to cope adequately, to change appropriately, and to grow from within.



First and secondhand exposure to trauma and the effects of toxic stress are prevalent in the workplace.

How does the CARE model help?

Through Trauma Informed Care, organizational health improvements can be achieved by focusing efforts on building an inclusive and resilient workforce.

Organizational Stress

- Types of organizational stress (or trauma) include: layoffs, mergers and acquisitions, violence in the workplace, empathetic nature of the work, natural disaster, major reorganizations, the turnover of senior leadership or sudden loss of key talent.
- Direct or indirect, sudden or cumulative, organizational trauma typically has the following qualities:
 - A breakdown in communication
 - A breakdown in trust
 - A breakdown in productivity
 - A shake up in roles and responsibilities
 - A sense of loss
 - Stress and anxiety contagion
- Workers feel powerless

Focus on Co-Care

- Proactive approach to safety and harm-reduction
- Reduces re-traumatization of staff and clients
- Organizational support encourages healing
- Builds resilience against secondary traumatic stress
- Mutual peer support environment

Avoid the Contagion Effect:

- Increased self awareness
- Fair warning
- Consent
- Low impact disclosure

https://compassionresiliencetoolkit.org/media/Healthcare_Section7_AvoidContagionEffect.pdf

Tools for Organizations

Using Benefits

- Vacation/PTO
- EAP
- Flextime scheduling if applicable

Relying on Relationships

- Clinical supervision
- Co-care
- Stay connected
- Workplace self-care group

Personal Strategies

- Self care plan
- Counseling services
- Recognize the connection between your client's trauma and your own history

Organizational Strategies

- STS trainings
- Trauma case load balance
- Enhance physical safety
 - Ongoing assessment (ex. ProQOL)

What does your organization do to address the collective trauma and stress staff face?

What tools do you think you could implement in your organization?

- What clarifying questions do you have?
- What thoughts do you have on co-care?



Secondary Traumatic Stress and Self Care

Agenda:

- Balancing your plate
- Define the terms (CS, CF Burnout, STS)
- Effects of secondary trauma
- Organizational stress/resilience
- **Making a self care plan**



Watch Out For:

- ⊗ Choosing strategies that SOLELY help you avoid strong feelings/others
- ⊗ Strategies that are not sustainable or achievable
- ⊗ Only focusing on one area of wellness

Look to Highlight:

- ✔ Strategies that help you address the emotional pain that comes with your work
- ✔ Your current strengths
- ✔ Adding in a few achievable goals
- ✔ All areas of wellness

Self Care Plan- Wellness Compass



HEART

Relationships: the ability to create and maintain healthy connections with others in your life

Emotions: the ability to express your emotions and receive others' emotions in a healthy way



MIND

School/Work: the ability to get the most out of educational, volunteer, and employment opportunities

Organization: the ability to manage time, priorities, money, and belongings



SPIRIT

Core Values: the development of a personal value system that supports your sense of meaning and purpose

Rest & Play: the ability to balance work and play to renew yourself



STRENGTH

Stress Resilience: the ability to deal positively with the challenges of life

Care for My Body: the ability to build healthy habits around your physical well-being, and to end unhealthy habits

Why is self care important in each of these areas?

- Heart
- Mind
- Spirit
- Strength

What are you currently doing?

What would you like to try?

Closing

I came in today feeling _____

... and I am leaving feeling _____

Self-Care & Secondary Traumatic Stress Resources

- Professional Quality of Life Scale (PROQOL)
- Self-Care Wheel (Blank)
- Self-Care Assessment Worksheet
- Self-Care Wheel
- When PTSD Is Contagious - Article



Joe Neigel
Adverse Childhood Experiences/Trauma 101
Trainer

Joe Neigel is Monroe School District's Prevention Services Manager, where he supervises the Behavioral Health Team and the implementation of multi-tiered, evidence-based strategies to address student substance use, mental health and suicide. Joe is also an elected Council Member in the City of Sultan, sits on Community Transit's Board of Directors, and coordinates the Monroe

Community Coalition. He is recognized across Washington State as an expert speaker on the topics of substance abuse prevention, Adverse Childhood Experiences and evidence-based prevention kernels. His community guide, "Prevention Tools: What Works, What Doesn't" and its companion training video is distributed statewide and nationally by the Washington State Health Care Authority. Most importantly, Joe is a daddy to five wonderful children aged 7-20.



care

BUILDING COMMUNITY
THROUGH COMPASSION

Trauma 101: The Hidden Risk Factor

Understanding Complex Trauma, Adverse Childhood Experiences, and What We Can Do About It!



Our Learning Goals



Start with the End in Mind
A different kind of data set



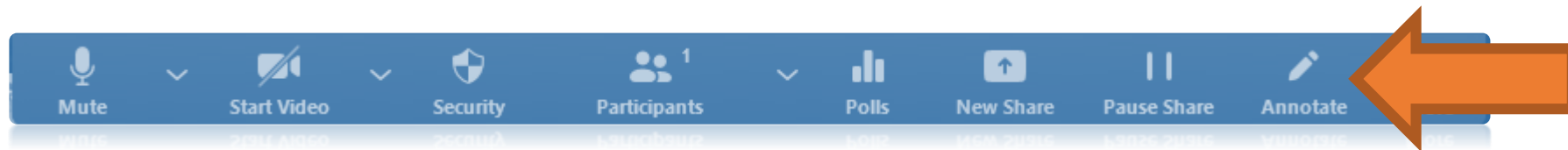
Enhance our Understanding
Complex Trauma and the Adverse Childhood Experiences Study (ACES)



Look Across Disciplines
Evidence-based Kernels

House Keeping Items

- We will be using the annotate features on Zoom. Let's practice now.



- Please open your web browser on your phone or second screen and go to: www.menti.com
- We will be sharing anonymously with each other throughout the presentation.
- I will give you the participation code on the next slide.



8 Minute Breakout Session

Think about a client for whom you have concern. Discuss the following:

1. What worries do you have for this person?
2. What challenging behaviors does this person exhibit?



Adverse Childhood Experiences Study (ACES)

ACES began as study in the late 1980's and 1990's at a diet and nutrition center managed by Kaiser-Permanente in San Diego, California. It became the largest study ever to examine social determinants of health.

Over 17,000 people participated in the study, which ultimately a direct connection between traumatic childhood experiences and health.

Most critically, the Centers for Disease Control and Prevention (CDC) now recognize ACES as a *public health crisis*.

ACES Participants were mostly:

- Middle class, average age of 57
- 80% White, 10% Black, 10% Asian
- 74% Some college
- 44% Graduated college
- 49.5% Men



But since the original ACE study, research indicates that ACES are more prevalent for those belonging to non-dominant cultures and living in poverty...



THREE TYPES OF ACEs MEASURED

The original ACE study measured three types of ACEs through a 10 question assessment:

**But, there's
actually more than
just these...**

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce



ACEs interact with stressors commonly faced by marginalized communities – including discrimination, stigma, and rejection – to contribute to behavior, health and opportunity disparities.

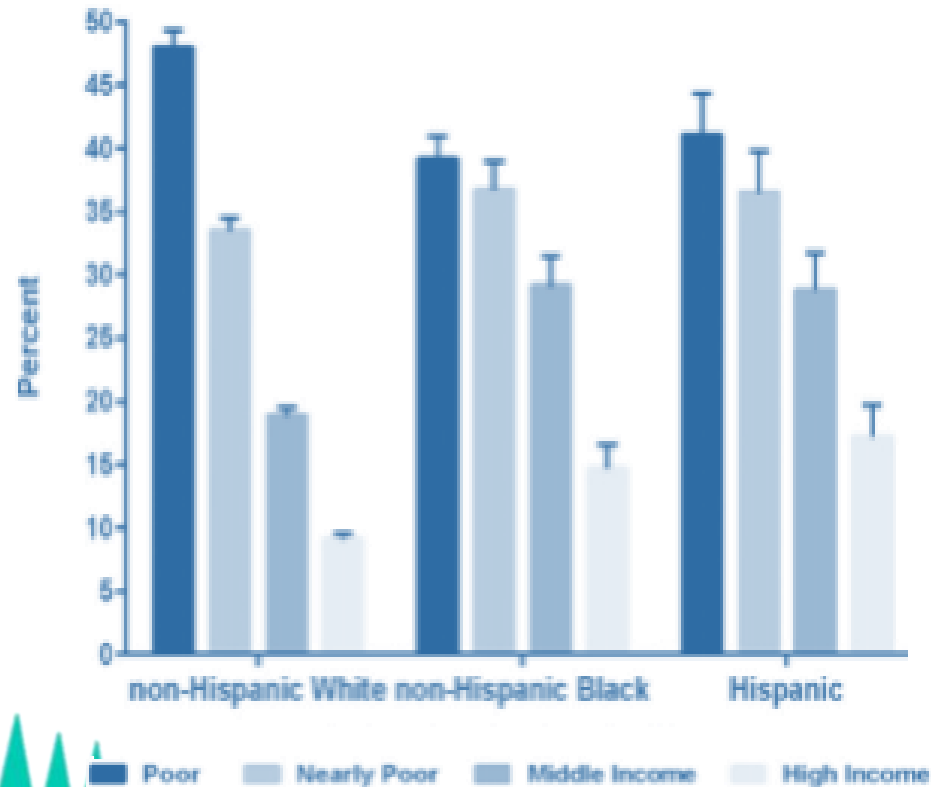
ACEs and Intersectionality

- People from non-dominant cultures are significantly underrepresented in the ACEs research.
- When they are included in the data, Black, Hispanic and LGBT children are consistently shown to be exposed to more adversities than white children.
- Similarly, those living in economically distressed communities are more likely to experience ACEs.

This has led to an ongoing reexamination of the ACEs that predict long-term negative health and opportunity outcomes.

RACE, ETHNICITY AND INCOME INFLUENCE EXPOSURE

ACE Exposure by Race/Ethnicity and Income Level
N=84,837



- Poor and near poor children are **more likely to be exposed to ACES** if their parents lack a high school education.
- They are **more than twice as likely** to have three or more categories of trauma exposure compared to children not impacted by poverty.
- BIPOC are disproportionately exposed to trauma when income is not a factor.

Since the original ACE study, exposure to additional early life stressors are being studied.

Acute Trauma: is caused by a *single* traumatic event that triggers extreme emotional or physical stress.

Complex Trauma: is caused by exposure to *multiple* traumatic events. The long-term impact of this exposure is severe and pervasive.

Historical Trauma: is a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance.

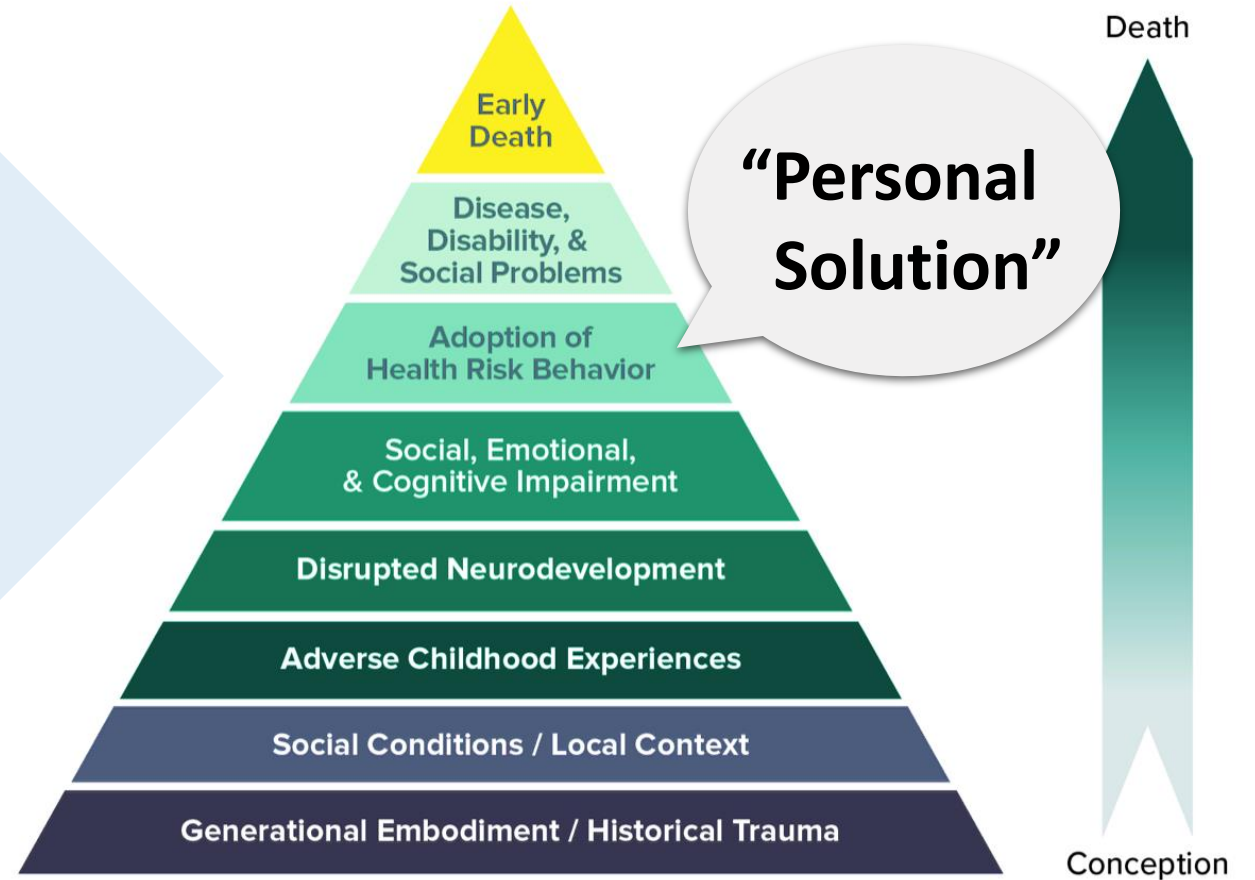
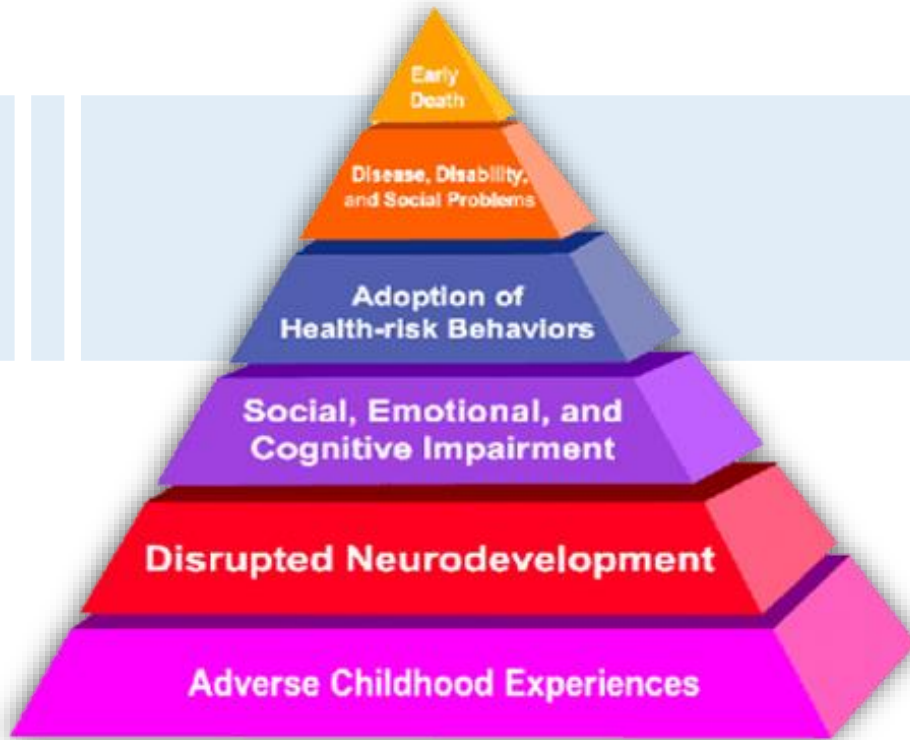


3 Realms of ACEs

ACEs Connection accelerates the global movement to prevent and heal adverse childhood experiences (ACEs), and supports communities to work collaboratively to solve our most intractable problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. The ACEs in these three realms intertwine throughout people's lives, and affect the viability of organizations, systems and communities.



The Model has Expanded Since the Original Study



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Other Types of Trauma

Historical Trauma

A personal or historical event or prolonged experience that continues to have an impact over several generations

Medical Trauma

Ongoing or chronic illness, medical exams, medical treatments or procedures

System-related Trauma

Multiple placements, experiences in detention or residential settings



What types of trauma have you observed in your role?

Acute | Chronic | Complex | Systems-related | Neglect | Historical | Medical

What action can you or your organization take to respond to trauma in a healing way?



ACE SCORE CALCULATOR

1. Did a parent or other adult in the household **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 If yes enter 1 _____

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. 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 If yes enter 1 _____
2. 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 If yes enter 1 _____
3. 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 or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. 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 If yes enter 1 _____
5. 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 If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. 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 If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ **This is your ACE Score.**

062406RA4CR

CALCULATING YOUR ACE SCORE

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

Yes No

If yes enter 1 _____

CALCULATING YOUR ACE SCORE

3. 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** Try to or actually have oral, anal, or vaginal sex with you?

Yes No If yes enter 1 _____

4. Did you **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 If yes enter 1 _____

CALCULATING YOUR ACE SCORE

5. Did you 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 If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes No If yes enter 1 _____

CALCULATING YOUR ACE SCORE

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

Yes No

If yes enter 1 _____

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

Yes No

If yes enter 1 _____

CALCULATING YOUR ACE SCORE

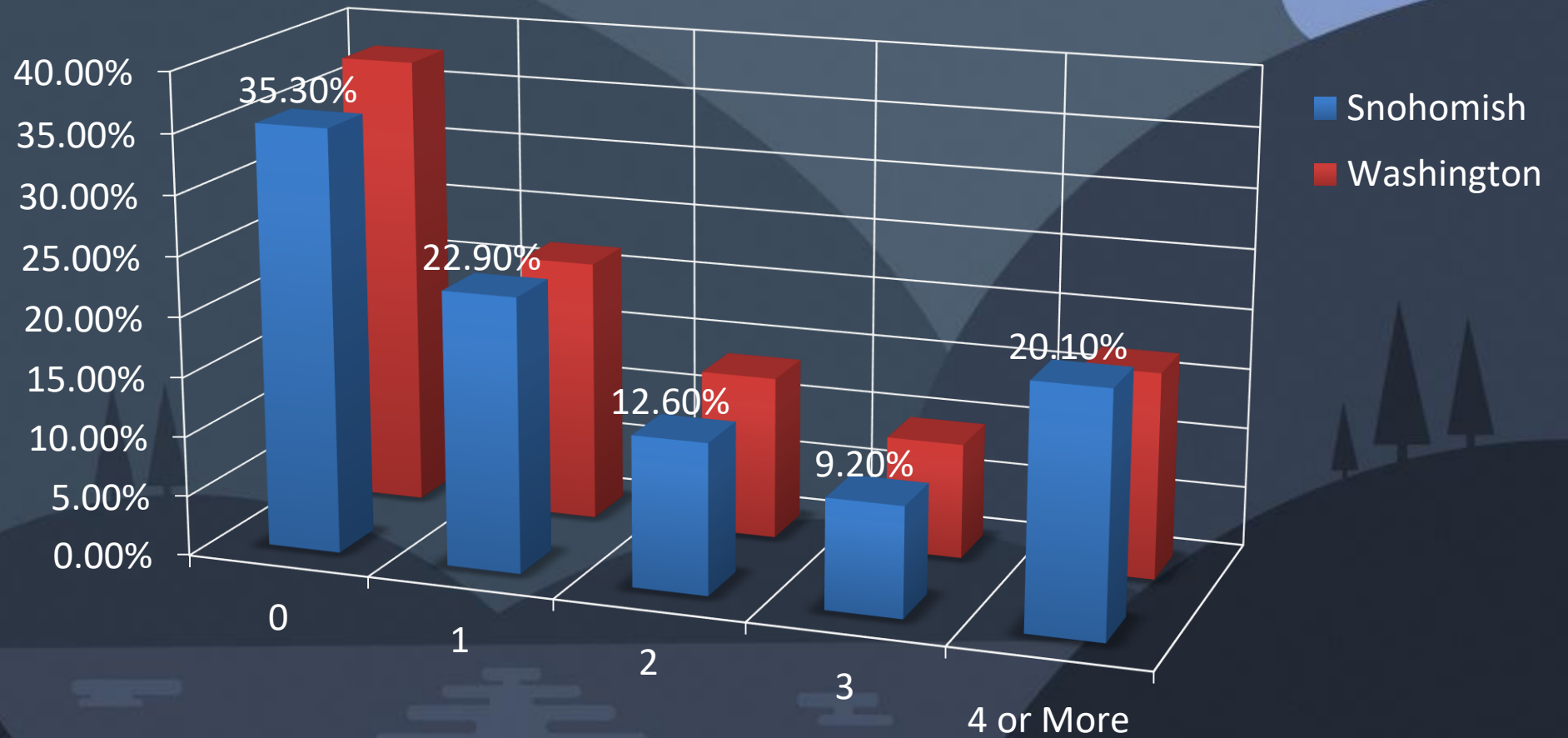
9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No If yes enter 1 _____

10. Was a household member ever incarcerated?

Yes No If yes enter 1 _____

ACES IN SNOHOMISH COUNTY



ACE STUDY FINDINGS

COMMON

ACEs are strong indicators of what happens in school and later in life.

Category exposure determines outcomes

WELL CONCEALED

How Common are ACEs?

Unfortunately, ACEs are so common the CDC has deemed them the #1 chronic health epidemic

Chronic Health Epidemic
#1

45%

The 2016 National Survey of Children's Health (NSCH) revealed that 45% of U.S. children have experienced at least one ACE

64%

The most common ACEs nationally reported in this 2016 study were:

Almost **two-thirds** of participants of the original ACE study reported being exposed to at least one ACE

Women were more likely to report:

13.1%

Emotional Abuse

24.7%

Sexual Abuse

23.3%

Mental Illness



Economic Hardship



Divorce or Separation of a Parent or Guardian

Five Minute Break



The Brain Science

A person's environment and experience shapes their behavior and health.

Our brain is designed to prioritize survival.

Hormones like Cortisol are released when our “Fight, Flight, or Freeze” response is triggered.



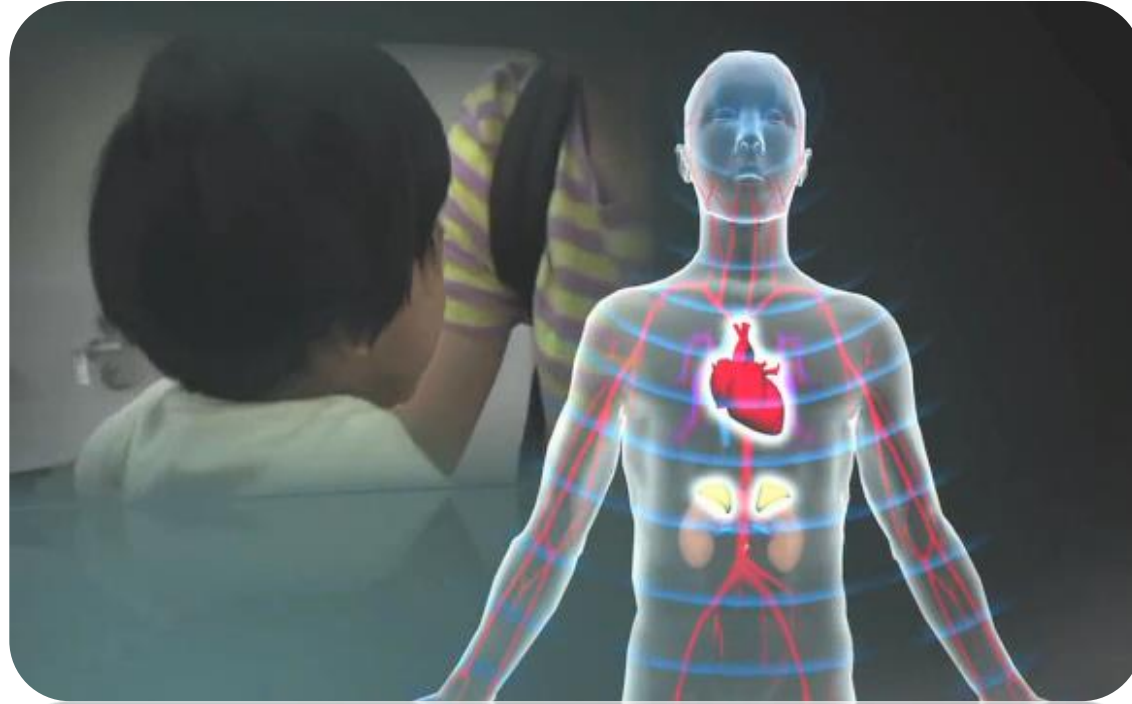
Toxic Stress

Prolonged exposure to Cortisol and other stress hormones is toxic, and makes permanent changes to the brain.

This means you may encounter clients who are **perfectly adapted to survive** in their home environment, but who **cannot turn-off** their behavioral and stress response adaptations in your organization, community or other “normal” situations.



Our Stress Response System



<https://www.youtube.com/watch?v=rVwFkcOZHJw&t=2s>

Not All Stress is Bad

Positive Stress

Common stressful events that produce a mild stress response within the context of supportive families, schools and communities.

Tolerable Stress

Living in a high stress environment, but buffered by a supportive family and community system.

Toxic Stress

Continuous activation of the stress response system without a protective buffer, causing lasting damage and impairing parts of the brain responsible for learning, concentration and self-control.

Name It & Tame It



The Hand Model of the Brain

What happens when we “flip our lid”

When our brain is working efficiently both the upper and mid brain are communicating effectively. Information comes in and is processed logically. Sometimes too much information is coming in for the Upper brain to process and it disconnects. We “flip our lid” and can no longer access the functions provided by the upper brain



We learn by experience

Imagine you are walking through a park you have been to many times before.

Suddenly you spot a rattlesnake on the trail. How do you respond?

Do you scream, run, defend yourself?



We learn by experience

The next day you walk through the same park.

Are you on the look out for rattlesnakes?



We learn by experience

What happens if you spot a stick on the trail in the same place you saw a snake the day before?

You would be likely to have the same response as if there was a snake on the trail again.

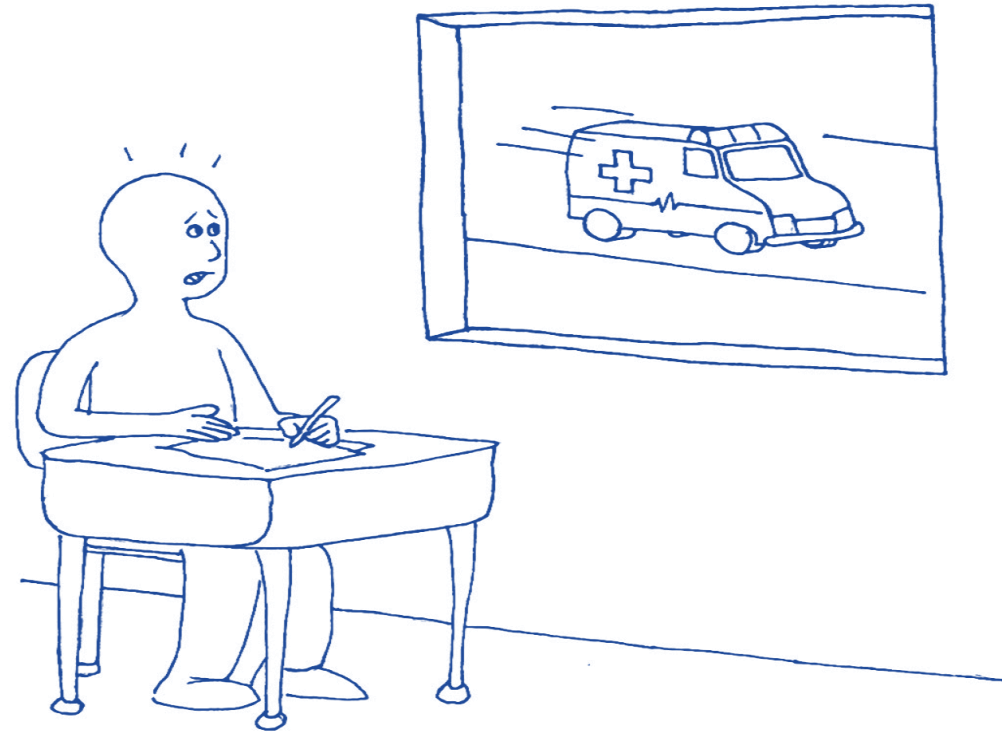
The stick is a trigger that tricks your brain into a trauma response.



Our Nature is to Survive

Things, events, situations, places, sensations, and even people that an individual associates with a traumatic event may result in:

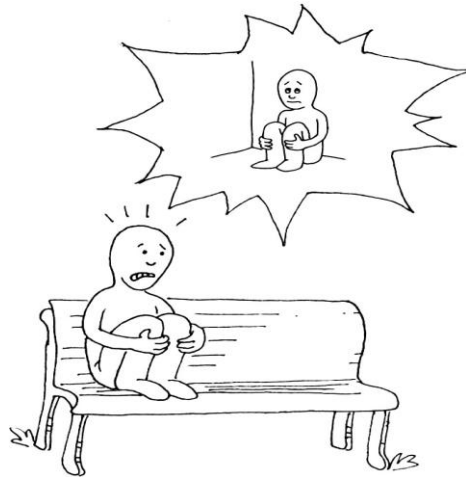
- Reexperiencing the original trauma
- Flipping your lid
- Withdrawal
- Disassociation
- More



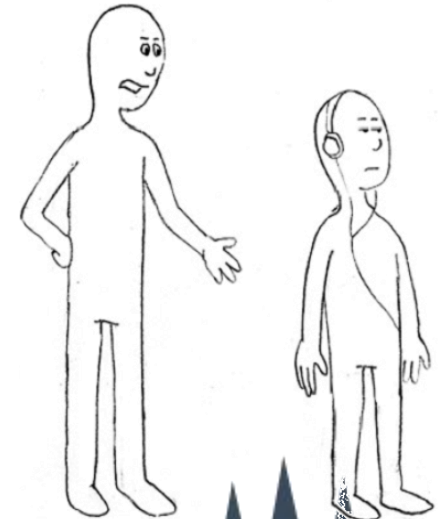
Hyper-arousal



Re-experiencing



Avoidance & Withdrawal



Do You Really Know Maja?



https://www.youtube.com/watch?v=E_zaoQFWeLs

Annotate: What is Maja's ACE SCORE?

0

1-3

4+

Annotate: Client of Concern

Think about YOUR client of concern. Do you suspect this person has been exposed to trauma?

No

Yes

Do You Recognize Signs of Traumatic Brain Development?

Hypervigilance – On edge, always scanning for threats.

Display of ADHD-like symptoms, including an inability to stay on task or follow directions, but meds don't work.

Difficulty identifying feelings or communicating needs.

Early onset of sexualized behaviors and activity.

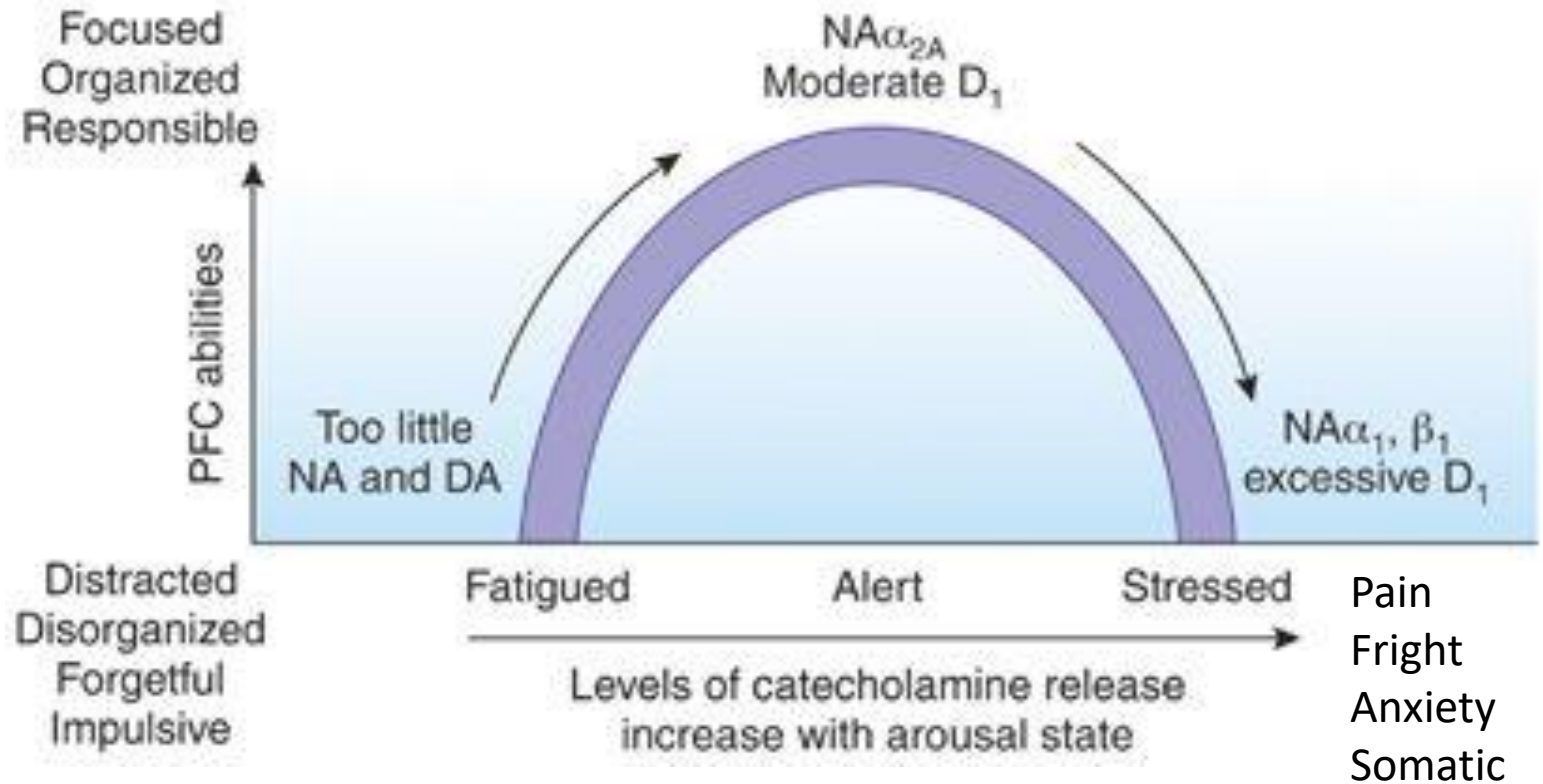
More impulsive, aggressive, disorganized and disruptive behaviors, including those leading to suspension, expulsion and arrest.

Difficulty with transitions.

CATECHOLAMINE PRODUCTION IMPACTS ADHD SYMPTOMS

Low catecholamine production results in distracted and impulsive behaviors.

High catecholamine production impact somatic symptoms



What Do These Behaviors Tell Us?

How might identity play a role in these experiences?

Bullying &
Teasing

Sadness &
Crying

Anger &
Aggression

School
Avoidance

Physical
Complaints

Trauma

Risk Taking –
Substance
Abuse

Withdrawal

Irritability

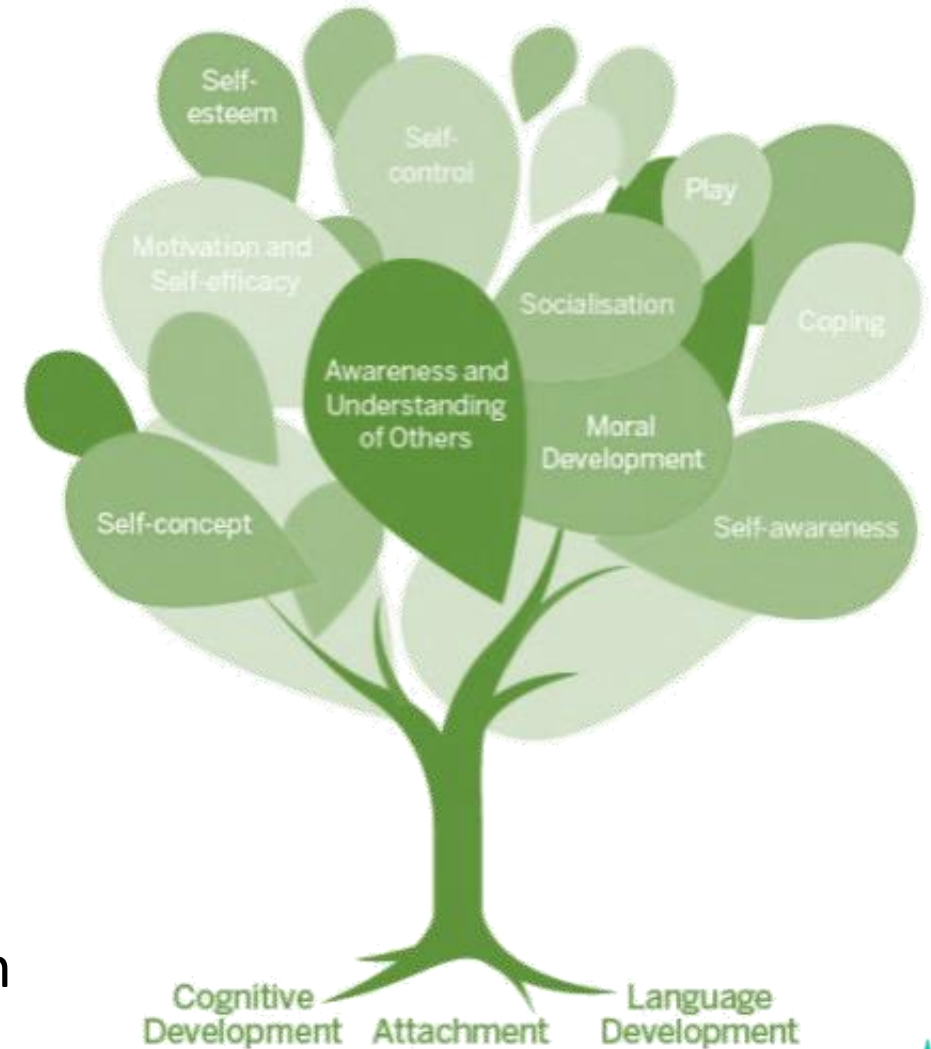
Self-Harm

Concentration
Problems

Running

Trauma Impacts Self-Concept

- Hopelessness
- Body image
- Shame, guilt, self-blame
- Do not feel safe in this world
- Difficulty developing healthy relationships
- Dissociation
- Hard time with boundaries
- Hesitant to trust people for support or attention



Physiological Impacts

Trauma Induced Physiological Outcomes

Difficulty concentrating and negative thoughts	Headaches, muscle tension, stomach aches and other somatic symptoms
Impaired memory	Weakened immune system
Higher blood pressure	Decreased bone density and muscle tissue
Hyperglycemia (fatigue, excessive thirst/urination)	Slower healing
Coordination problems	Development of health risk behaviors

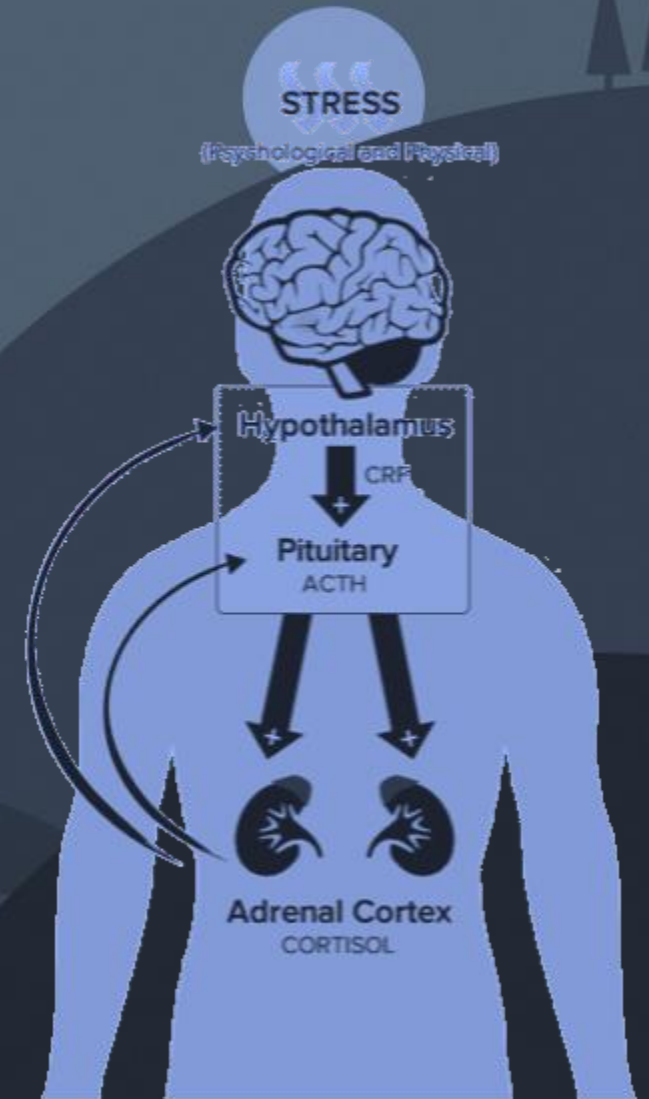


CORTISOL AWAKENING RESPONSE

Cortisol Awakening Response (CAR) – A burst of the stress hormone Cortisol, at each morning wakeup, that:

- Brings us to full alertness
- Activates our immune system
- Recalls memories that help us to anticipate our day (like a project being due or an upcoming test)
- Increases energy availability for coping with demands.

People exposed to high levels of conflict, abuse or other dysfunction may have too much cortisol in their system to benefit from the CAR.



CAR = BLUNTED STRESS RESPONSE

Blunted Stress Response – diminishes executive function and impacts these issues in your environment:

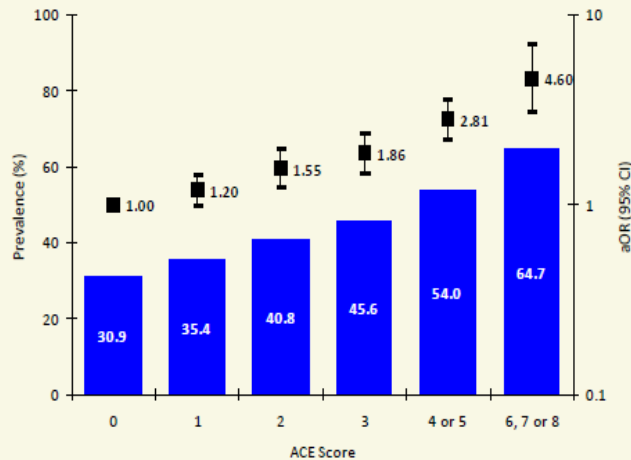
Memory Distortion	Persistent Aggression	Diminished Coping	Callousness
Depression	Hyporeactivity	Sleep/Fatigue Problems	Less adaptive to change
Anxiety/Pervasive Worry	Less motivation/engagement	Blunted response to reward	Over-response to social environment

Researchers have linked advanced stress management skills to improvements CAR functioning.

ACES IMPACT BEHAVIORAL HEALTH

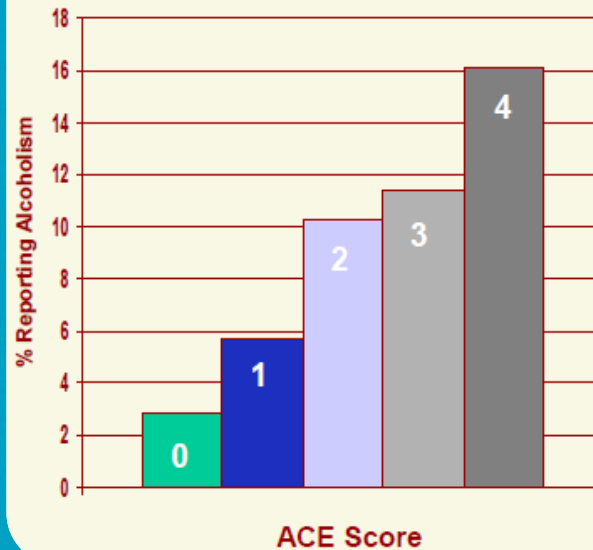
SMOKING

Age-adjusted prevalence and multivariable-adjusted relative odds of smoking (ever) by ACE score



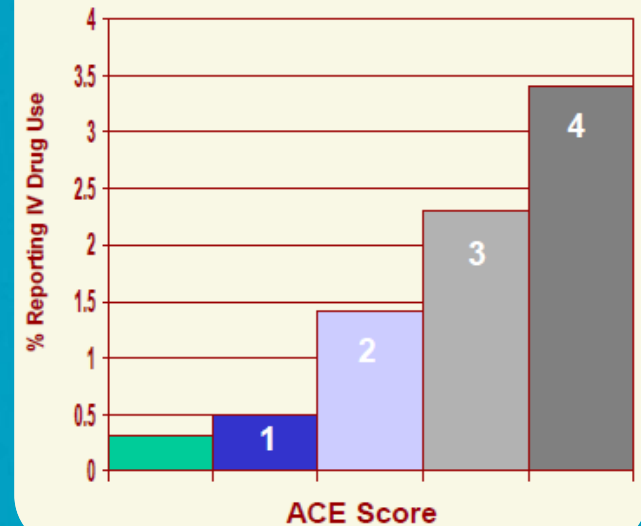
46% increase from baseline.

Adult Alcoholism



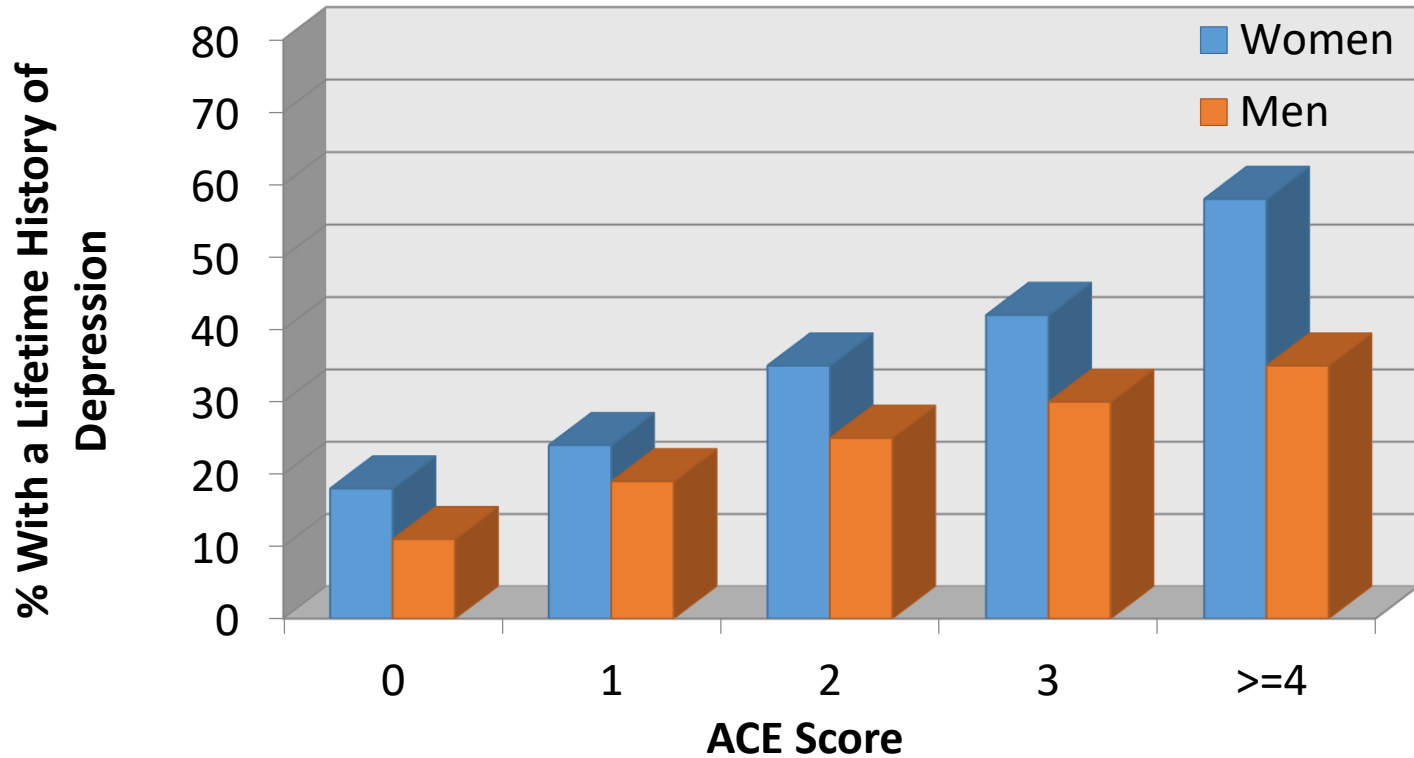
440% increase from baseline.

Intravenous Drug Use



820% increase from baseline.

ACES IMPACT MENTAL HEALTH

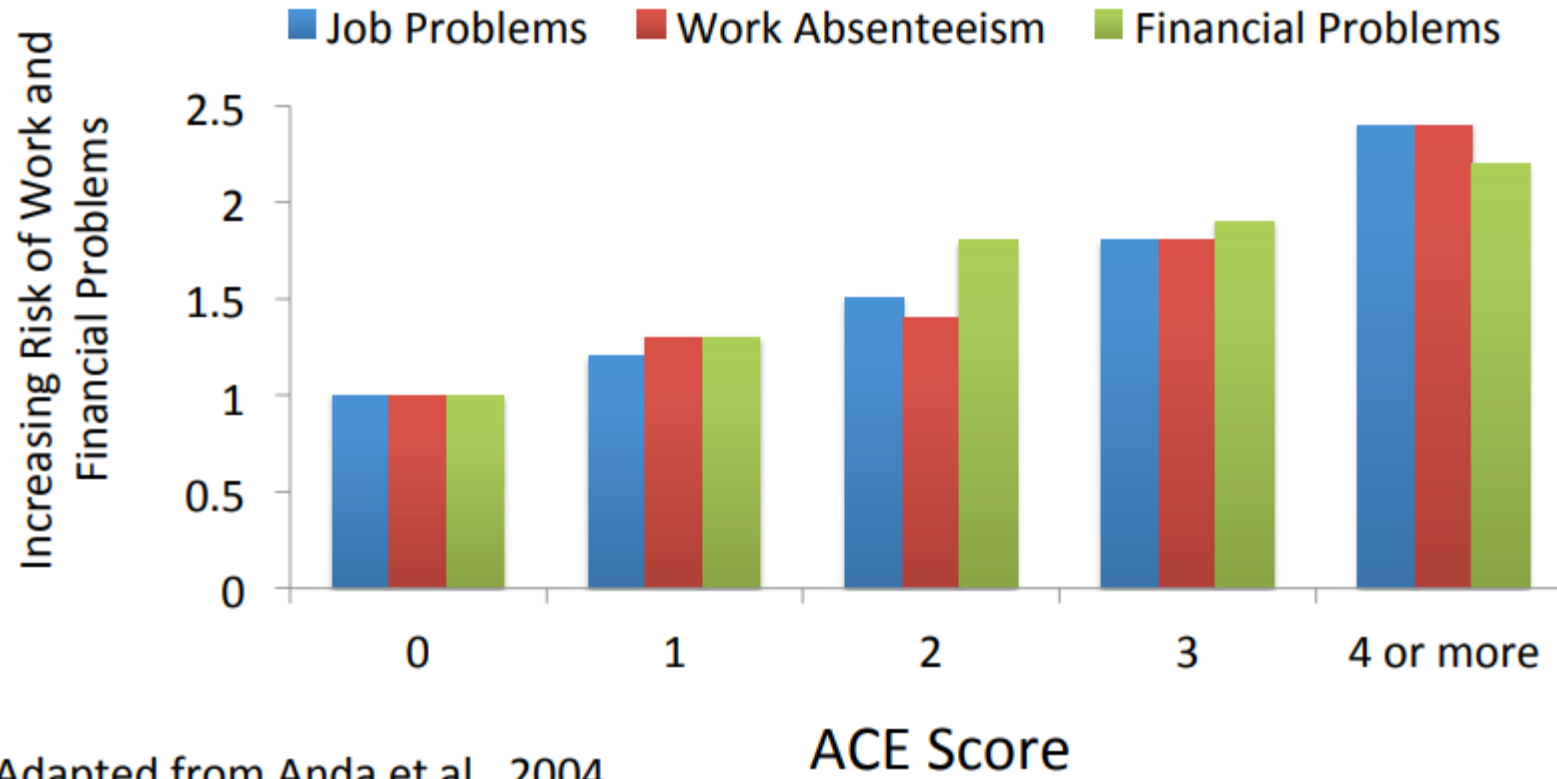


220% increase from baseline.



2,275% increase from baseline.

ACES IMPACT EMPLOYMENT



Adapted from Anda et al., 2004

ACES LEAD TO THE 10 MOST COMMON CAUSES OF EARLY DEATH

alcoholism

violence

physical inactivity

illicit drug use

severe obesity

injected drug use

suicide attempts

smoking

depression

more than 30 sexual partners



REFRAMING OUR POINT OF VIEW

With an ACE score of 0, the majority of adults have few, if any, risk factors for the most common diseases leading to early death.

With an ACE score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves.

*Much of what we see as problem behaviors should actually be viewed as a **personal solution** to an unrecognized prior adversity.*



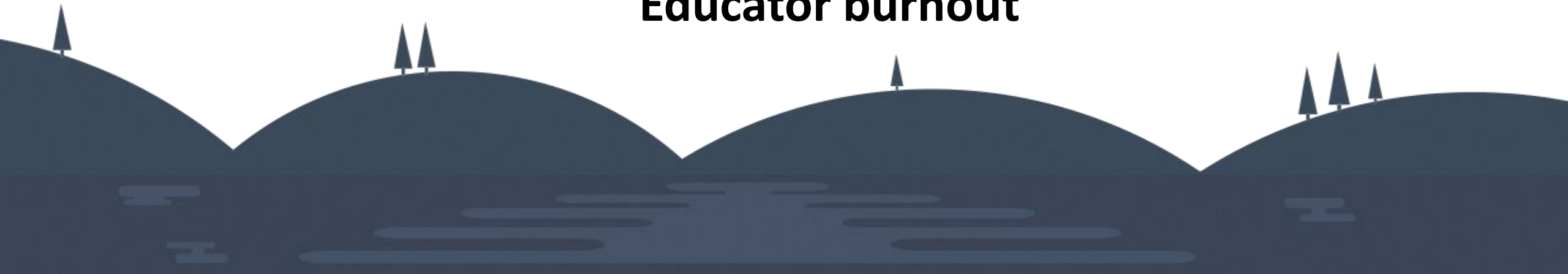
ACES IMPACT SNOHOMISH COUNTY SCHOOLS

Special education needs

Grade repetition

Problems at school

Educator burnout



Meet Malory

Mallory is in 8th grade at Centennial Middle School.

Her counselor knows Mallory's mother physically abused her in the past. As a result, **Mallory's *known* ACE Score is "1."**

Keep in mind - ACEs travel in clusters: Among people exposed to physical abuse, **84% report exposure to at least 2 additional ACEs.**



MALLORY'S AGGRESSION

Mallory is frequently sent to the office for aggressive and defiant behavior. Three months ago, she was suspended again for fighting in the cafeteria.

- Students like Mallory are **nearly twice as likely (1.9x)** to report getting into a **physical fight** within the past 12 months.
- They are **4.2x more likely** to be in **six or more physical fights**.



BULLYING & SAFETY AT SCHOOL

Mallory has trouble making lasting friendships and is frequently the target of bullying behavior.

8th graders like Mallory are:

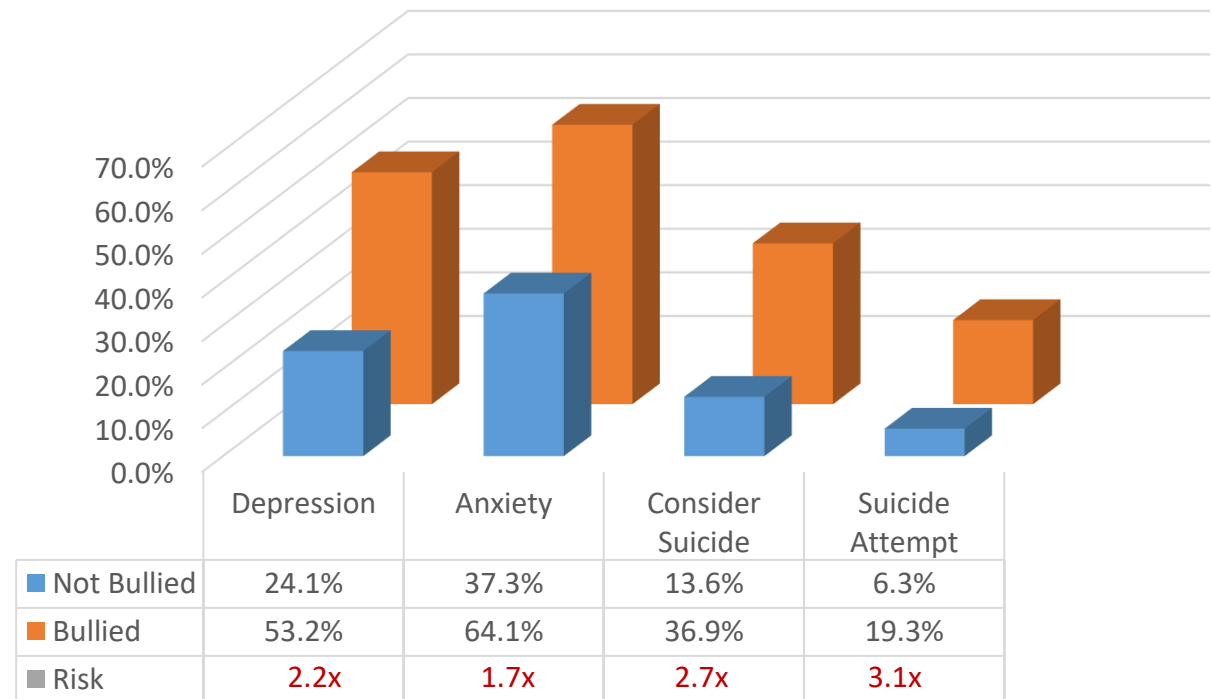
- **Twice as likely** (2.0x) to report being the *victims* of bullying.
- **3.0x as likely** to report missing days of school because they feel unsafe.

BEYOND ACES - BULLYING

Emerging evidence suggests the negative impacts of childhood bullying on long-term adult health and wellness outcomes are **more severe than the impacts of child abuse and neglect.**

Bullying Impacts 8th Grade Mental Health

Source: Washington State Health Youth Survey 2018



MALLORY'S MENTAL HEALTH

Mallory seems pretty disengaged in class and always looks tired. She can't remember facts or directions from 10 minutes ago.

- Students who report being physically abused by an adult are **more than twice as likely** (2.2x) to report being **depressed** on the most recent HYS.
- They are also **nearly three times as likely** (2.8x) to report **contemplating suicide**.
- They are **more than three times as likely** (3.3x) to have made an actual **attempt to die by suicide** within the last year.

MALLORY'S PERSONAL SOLUTIONS

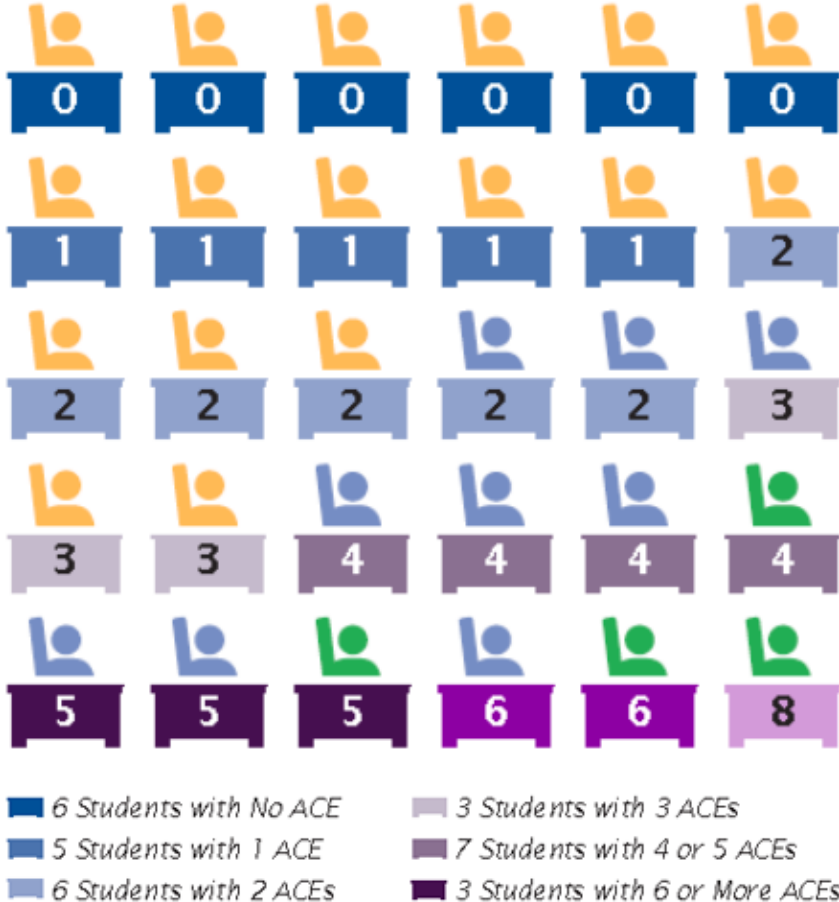
Mallory was caught bringing a flask of alcohol to school in 7th grade. She was suspended and hasn't really engaged with any helping adults since then.

- 8th Graders like Mallory are **3.4x more likely** to report **current alcohol or marijuana use**.
- They are **8.6x more likely** to indicate **current prescription pain killer use**.



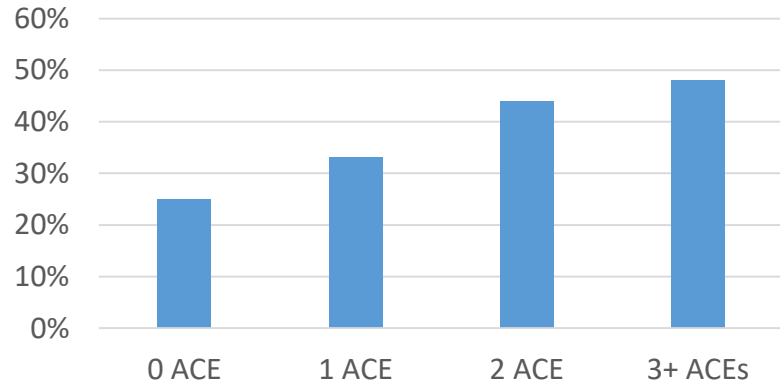
ACES in Every Classroom

More than 1 in 5 8th graders in Snohomish County Schools indicate they have been intentionally hurt by an adult on the most recent Healthy Youth Survey.

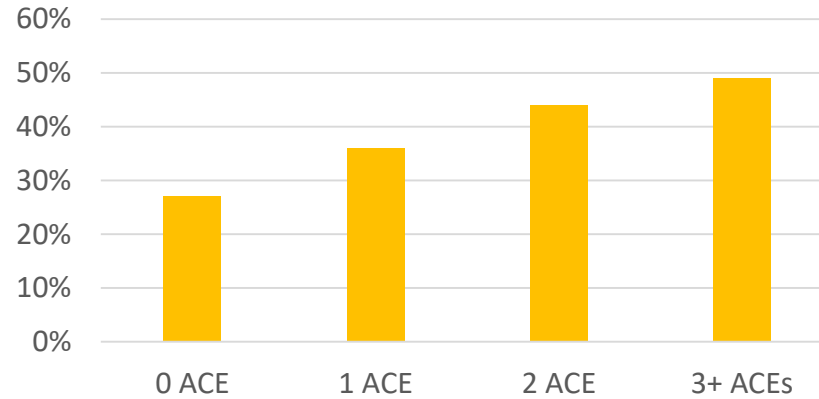


ACE IMPACTS RISK FACTORS FOR DROP OUT

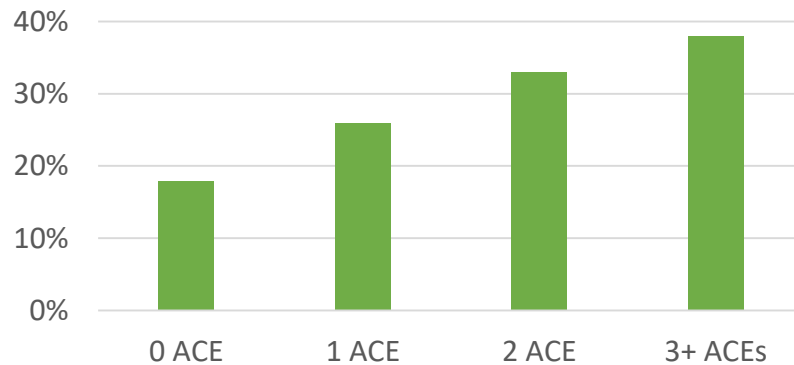
Low School Engagement



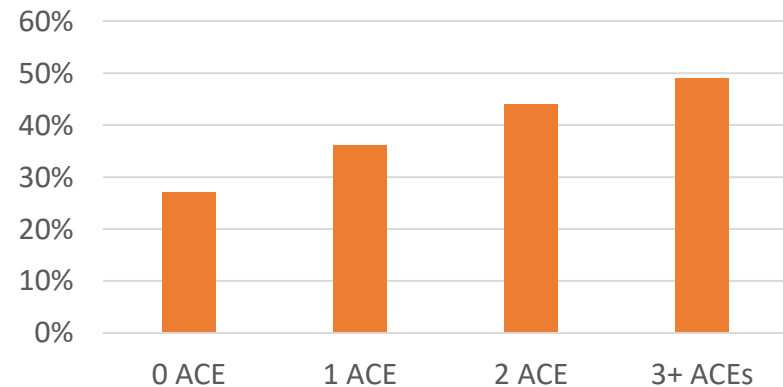
Contacted Home Due to Problems



Highly Externalizing Behavior

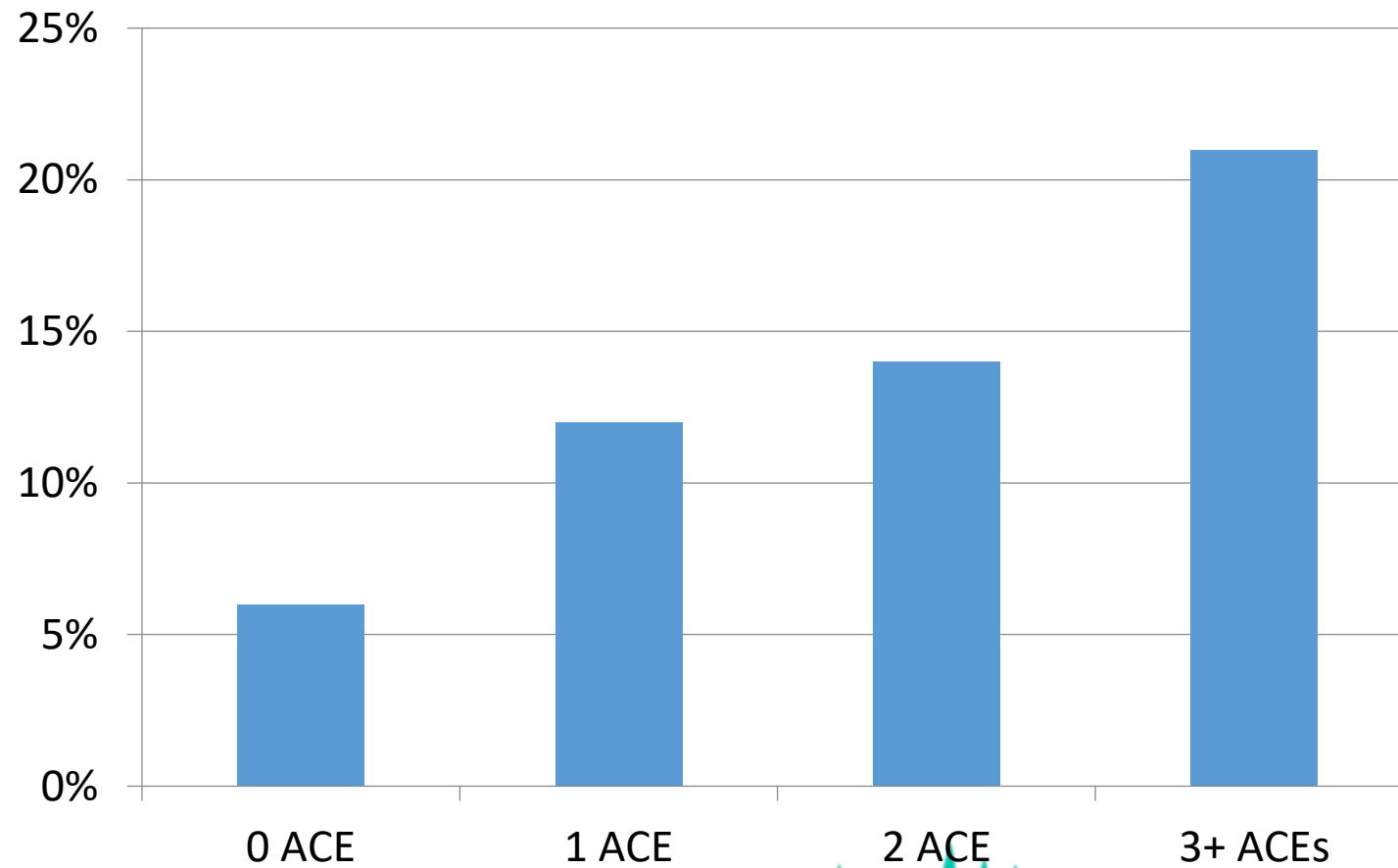


Does Not Finish Tasks Started



ACES IMPACTS RISK FACTORS FOR DROP OUT

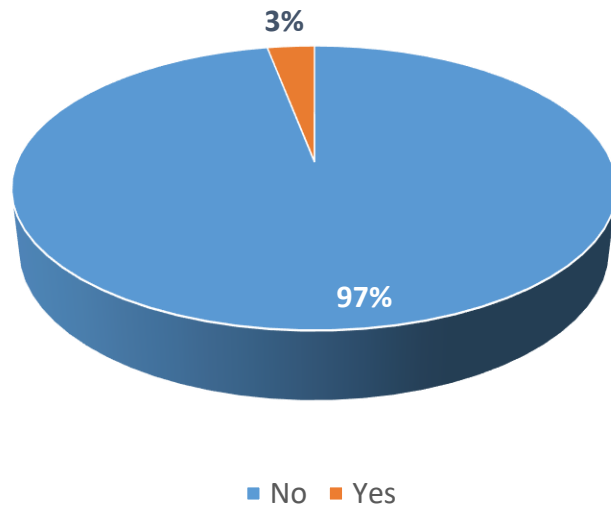
Grade Repetition



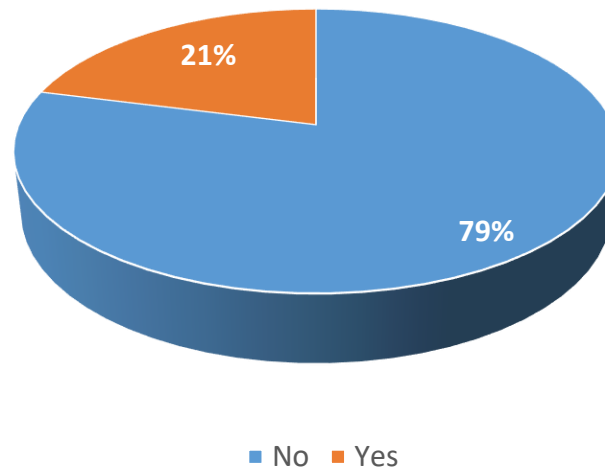
ACES IMPACT SCHOOL COSTS

NEED FOR ACADEMIC & BEHAVIORAL INTERVENTIONS

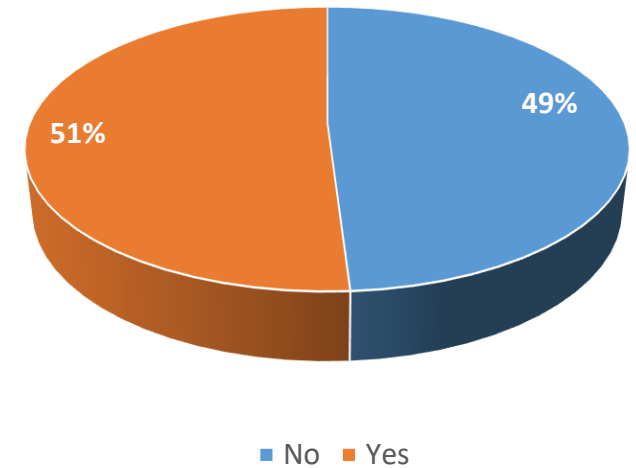
Zero ACEs



1-3 ACEs



4+ ACEs



CLIENT OF CONCERN – 8 Minute Breakout Session

Think about a client for whom you have concern. Write down the following:

1. What worries do you have for this client?
2. What challenging behaviors does this client exhibit, if any?
3. Do you suspect this client has exposure to ACES?
4. **All behavior has a function. If we consider this client's behavior as a *personal solution* instead of a problem, what purpose might the behavior serve? How does the behavior help them to get their needs met?**



The link between Trauma & Health



Partial List of ACE Dose/Response Outcomes

Alcoholism & alcohol abuse	School Drop-Out
Chronic obstructive pulmonary disease & ischemic heart disease	Significant Financial Problems
Depression and other MH issues	Sexually transmitted disease
Chronic Unemployment	Obesity
High risk sexual activity	Suicide attempts
Illicit drug use	Unintended pregnancy
Intimate partner violence	Early Death
Three or more marriages	Increased Emergency Room Use
Increased Pharmacy Use	Many more...

Why Trauma Awareness Matters

To put it simply, childhood experiences are the most powerful determinants of who we become as adults.



POPULATION ATTRIBUTABLE RISK

PAR = The difference in rate of a condition between an exposed population and an unexposed population.

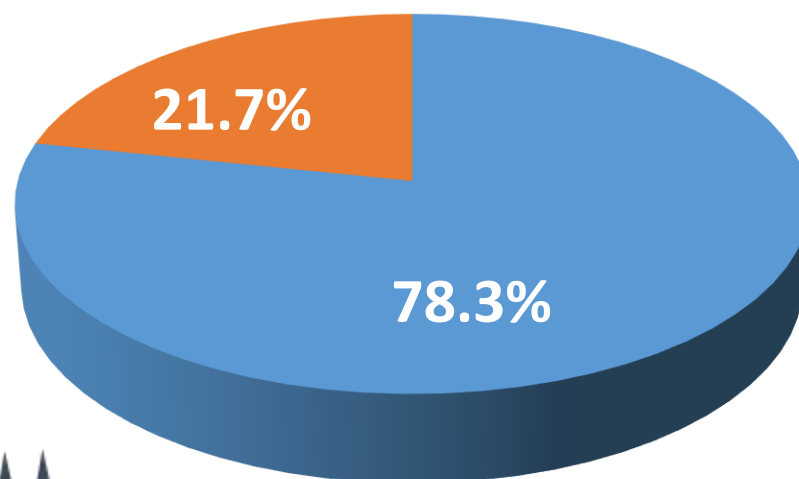
In this case, it is a calculation used by the CDC to estimate the proportion of a health outcome caused by ACE.

Takes into account:

- The increased risk due to each level of ACE
- The prevalence of the number of ACE categories

POPULATION ATTRIBUTABLE RISK

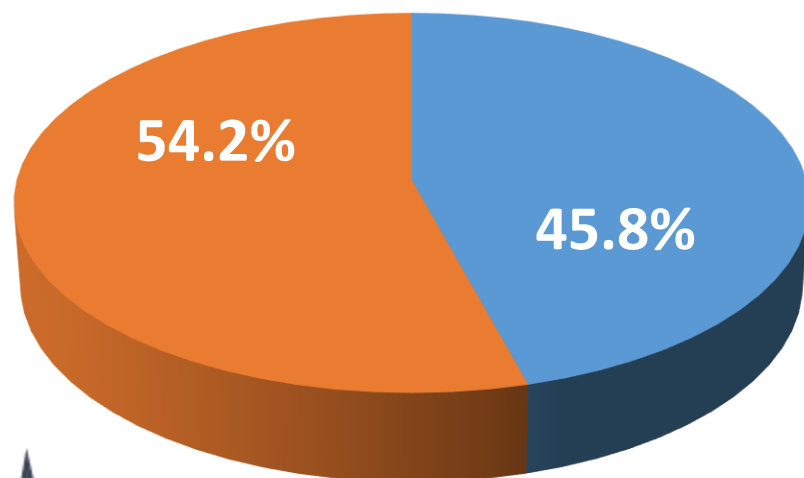
Current Smoking



- Smoking Not Attributable to Ace
- Smoking Attributable to ACE

POPULATION ATTRIBUTABLE RISK

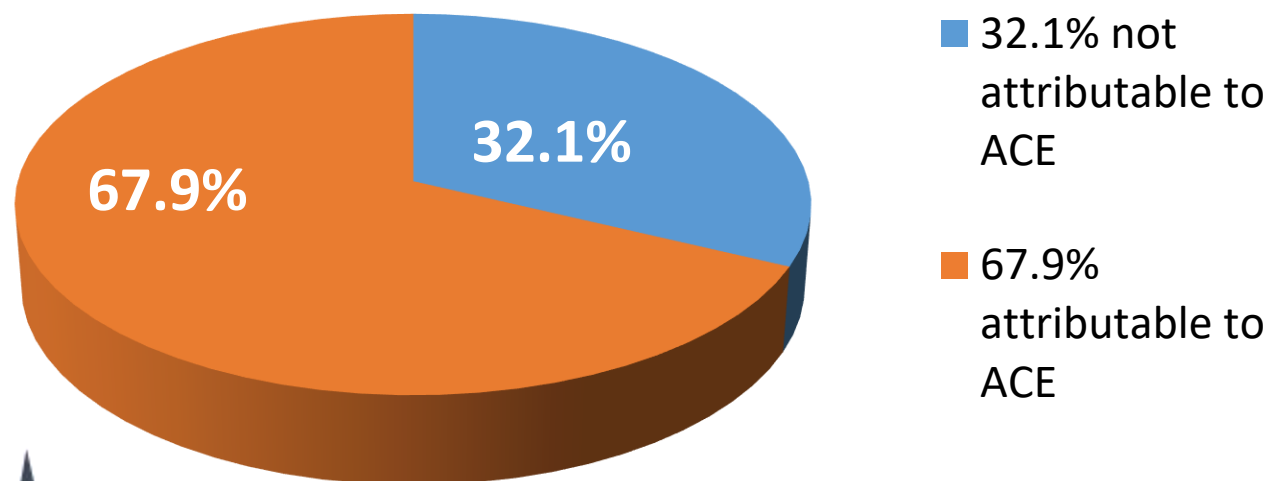
Depression



- Depression Not Attributable to Ace
- Depression Attributable to ACE

POPULATION ATTRIBUTABLE RISK

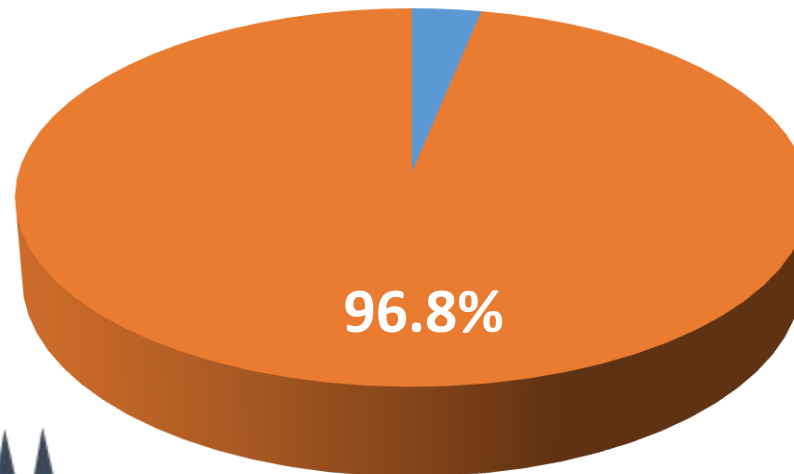
Ever Using Illicit Drugs



POPULATION ATTRIBUTABLE RISK

Alcoholism

3.2%

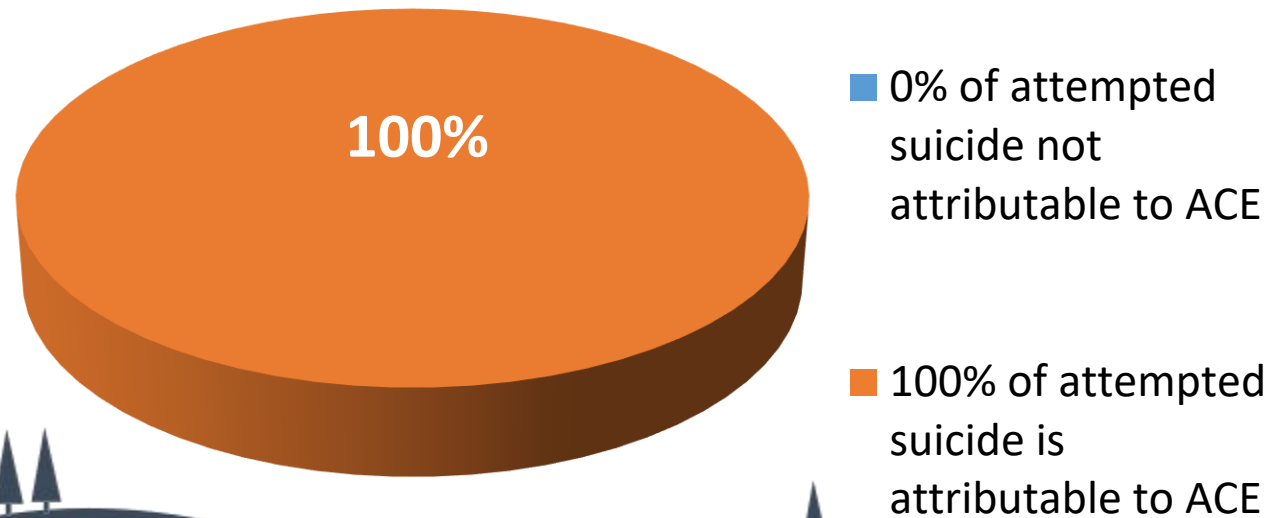


■ 3.2% of self-reported alcoholism not attributable to ACE

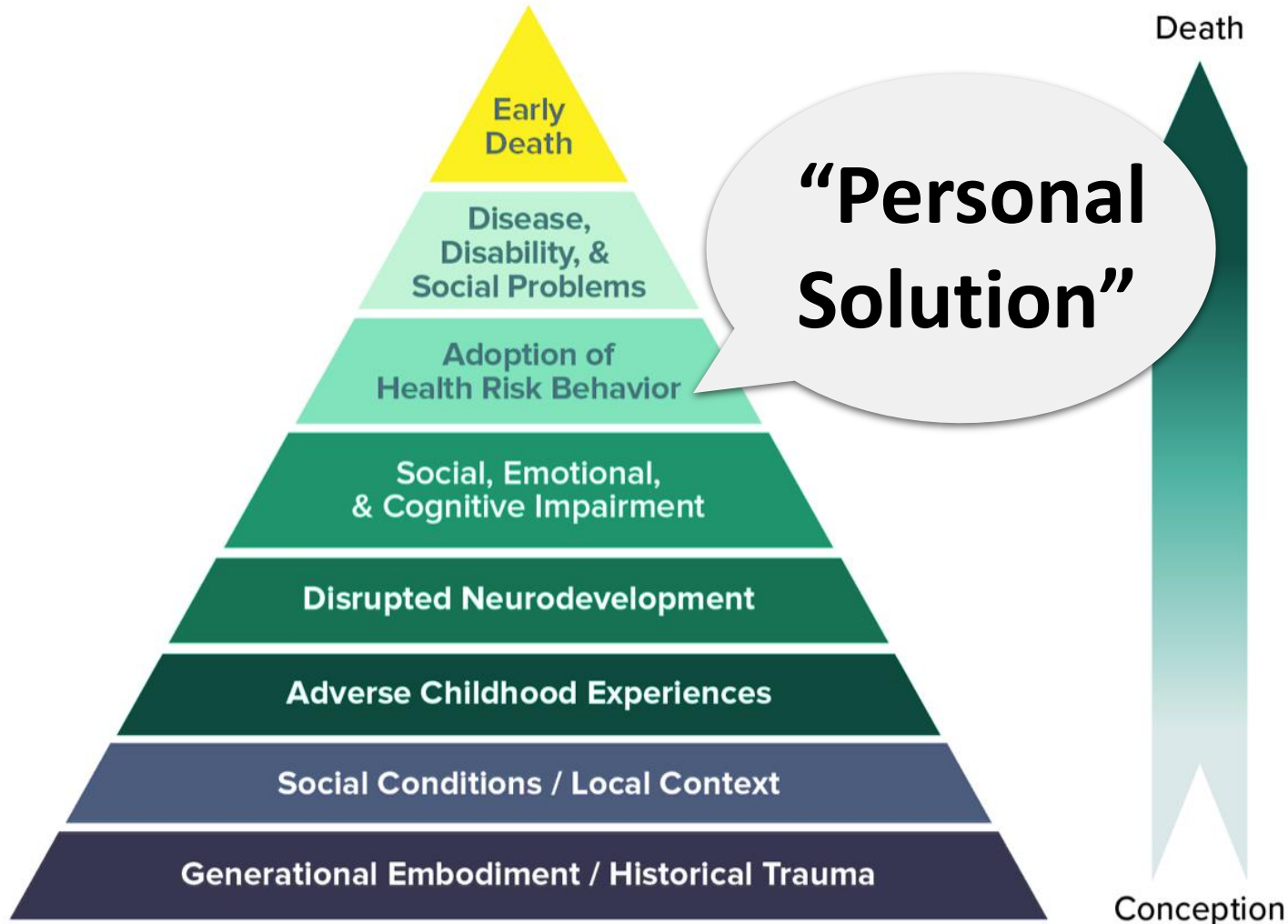
■ 96.8% of self-reported alcoholism attributable to ACE

POPULATION ATTRIBUTABLE RISK

Reporting Having Attempted Suicide



The ACE Pyramid



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Without accounting for individual levels of resiliency, this pyramid depicts how impacts to health and well-being can occur over a lifetime as a result of exposure to Adverse Childhood Experiences.

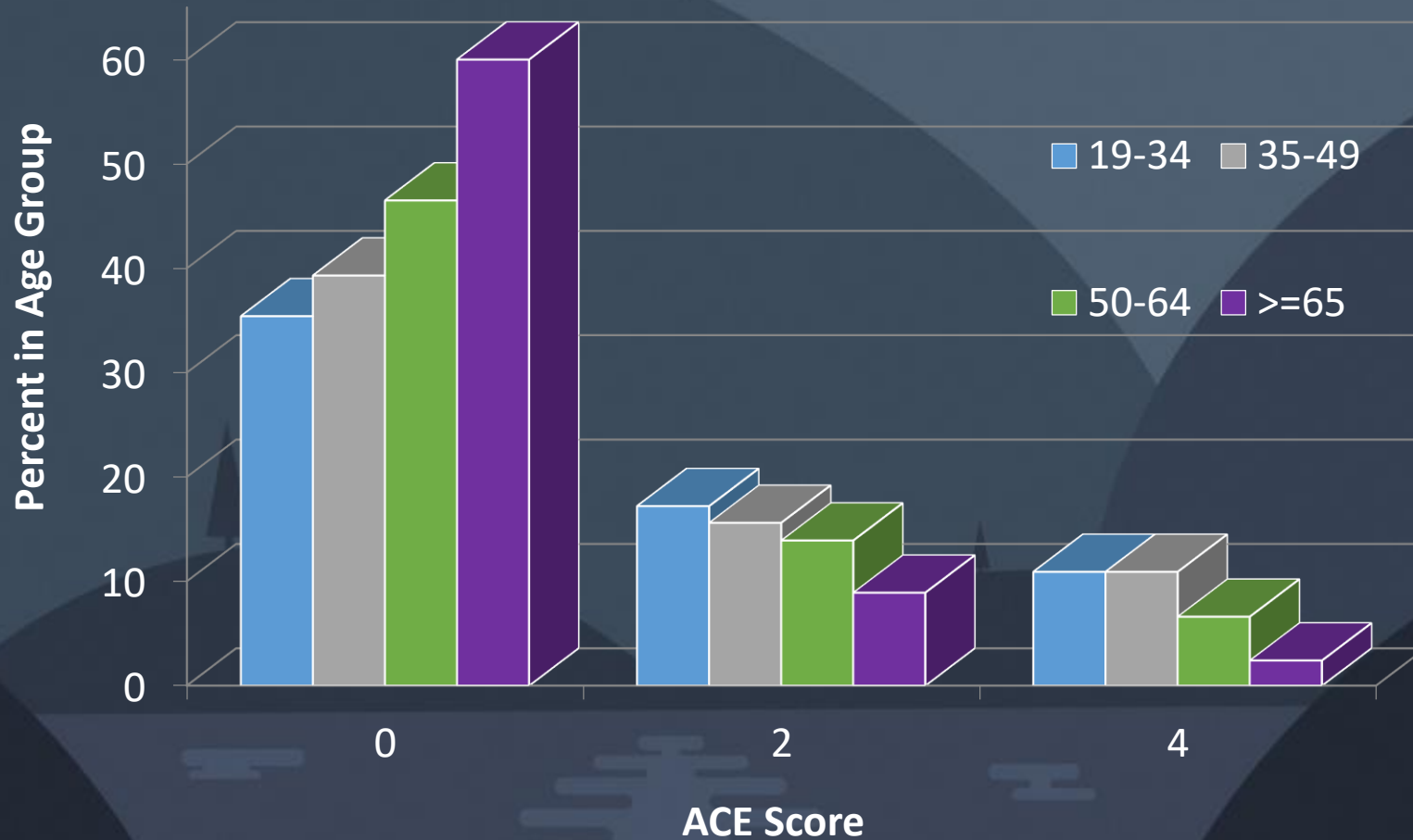
The ACE study found links between ACEs and adult health risks, often leading to chronic health conditions.

Those with **4 or more ACEs** were found to be:

- **12.2x** as likely to have attempted suicide
- **7.4x** as likely to consider themselves to be an alcoholic
- **4.7x** as likely to have ever used illicit drugs
- **4.6x** as likely to have had 2 or more weeks of depressed mood in the past year
- **3.2x** as likely to have had 50 or more intercourse partners, and
- **2.3x** as likely to smoke



ACEs IMPACT MORTALITY

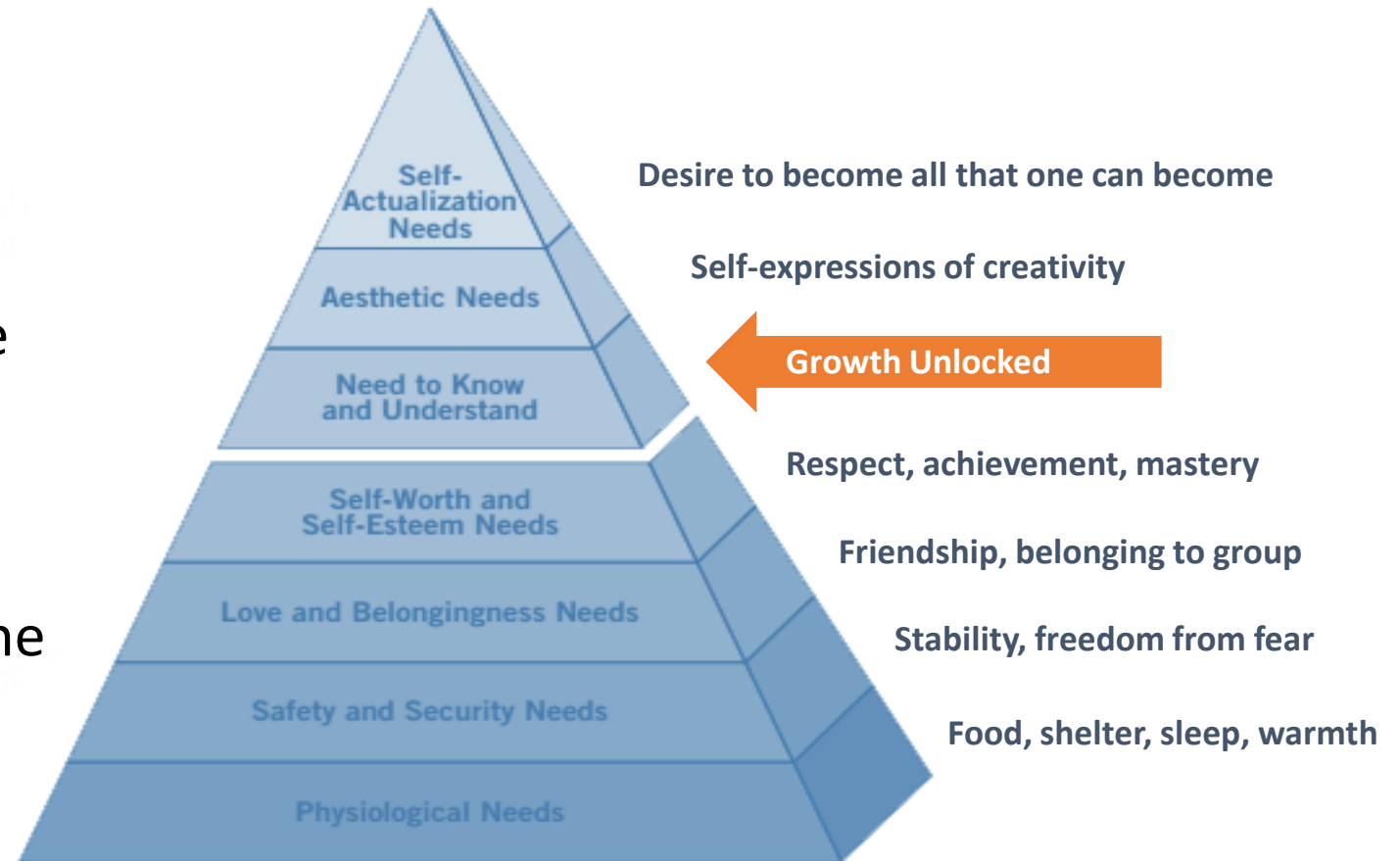


MASLOW MATTERS!

Maslow identified a hierarchy of needs to explain individual motivation.

Your clients must meet needs at the lower levels of the pyramid before tackling higher levels.

How do you intentionally address the Deficiency Needs of your clients to unlock your organization's mission?



You Matter!

Whether you like it or not, **most of you are on the ACEs frontline**. Without proper boundaries and self-care, you are likely to experience the **emotional residue** of working with trauma impacted clients.

- **Physical** – loss of sleep, not eating well, low energy
- **Emotional** – anxiety, sadness, numbness
- **Behavioral** – absent minded, losing things
- **Cognitive** – diminished concentration, loss of focus, hypervigilance
- **Interpersonal** – mistrust, withdrawal
- **Spiritual** – workplace frustration, feeling lack of support, not satisfied

Among social workers with only indirect exposure to trauma, the rate of PTSD is twice as high compared to the general population.



Empathy = Sensing

Empathy, which may be seriously impacted through vicarious trauma exposure, can be separated into two constructs:

- **Affective Empathy** is our capacity to *sense* another's emotional state and experience concern for them, or *personal distress*.
- **Cognitive Empathy** is our capacity to *understand, adopt and identify* with another's perspective or feelings.

Because empathy means we take on the suffering of others, it depletes our dopamine levels through the activation of our pain networks.

Dopamine plays a major role in how we feel pleasure, think and plan, focus and engage.



Compassion = Acting

- **Compassion is a *skill*** that helps us to process through *Affective* and *Cognitive* Empathy in order to take **action**.
- Compassion **generates positive emotions** through the release of dopamine, oxytocin and vasopressin – the safety, bonding and attachment neuropeptides!
- That means **compassion** – how you respond to the needs of those around you – **counteracts the negative affects of empathy fatigue** that come from sensing the suffering of others!



Self-Care is Client Care!

Taking care of yourself should be enjoyable. If it feels like a chore, try something else!

2 minutes

- Breathe
- Stretch
- Daydream
- Take your stress temperature
- Acknowledge an accomplishment
- Say no
- Compliment yourself
- Share a favorite joke

5 minutes

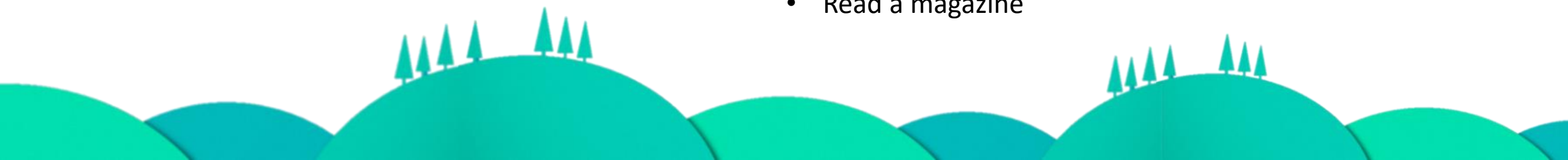
- Listen to music
- Have a cleansing cry
- Chat with a colleague
- Sing out loud
- Jot down dreams
- Step outside for fresh air
- Enjoy a snack or coffee

10 minutes

- Evaluate your day
- Write in a journal
- Call a friend
- Meditate
- Tidy your work area
- Assess your self-care
- Draw a picture
- Dance
- Listen to soothing sounds
- Surf the web (but avoid media)
- Read a magazine

30 minutes

- Get a massage
- Exercise
- Eat lunch with a colleague
- Take a bubble bath
- Read non-work related literature
- Spend time in nature
- Go shopping
- Practice yoga
- Watch your favorite TV show.



There's Hope!

- **Trauma-informed organizations** create environments where injured brains have the best opportunity to thrive.
- **Research on resiliency and neuroplasticity** teach us that every person can bounce back from adversity.
- **Evidence-based Kernels** can lead us from intuitive responses to intentional action.



Five Minute Break



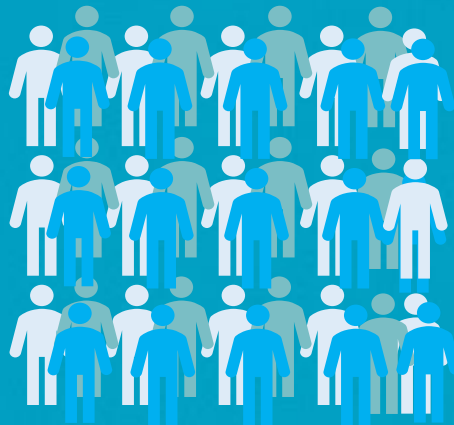
How Wolves Change the Behavior of Rivers



<https://www.youtube.com/watch?v=ysa5OBhXz-Q>

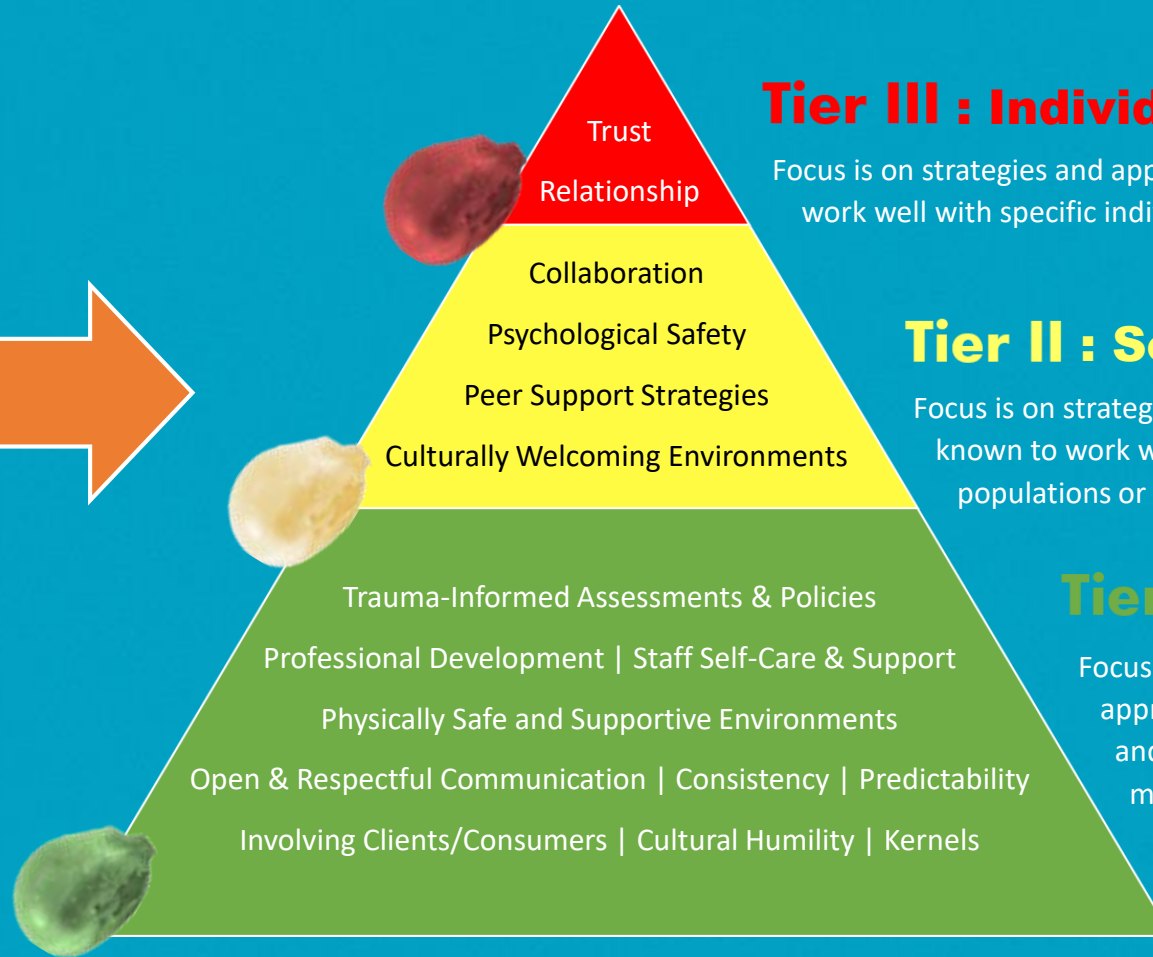
A Public Health Approach

Public Health Model



versus

Medical Model



Tier III : Individual

Focus is on strategies and approaches shown or known to work well with specific individuals.

Tier II : Some

Focus is on strategies and approaches shown or known to work well with specific cultures, populations or risk groups.

Tier I : All

Focus is on agency-wide policies and approaches. Tier 1 impacts everybody and is designed to meet the needs of most clients and staff.



1. SAFETY



2. TRUSTWORTHINESS & TRANSPARENCY



3. PEER SUPPORT



4. COLLABORATION & MUTUALITY



**5. EMPOWERMENT
VOICE & CHOICE**



**6. CULTURAL, HISTORICAL,
& GENDER ISSUES**

<p>Building resiliency & relationships with staff & clients based on respect and inclusion.</p> <p>Creating secure, physically & psychologically safe environments.</p>	<p>Organizational operations and decisions are made with transparency and lots of information sharing in order to strengthen relationships with staff and clients.</p>	<p>Connecting clients with peers whose stories and lived experience can promote recovery, healing and hope.</p>	<p>Placing importance on partnership that levels the power differences between staff and clients.</p> <p>Sharing power in decision-making by recognizing <i>everyone</i> has a role to play in your organization.</p>	<p>Staff and client strengths and experience is recognized and built upon.</p> <p>Staff are “facilitators” of recovery and decision-making rather than “controllers.”</p>	<p>Your organization moves past stereotypes and biases to create policies, procedures and offer services responsive to the unique needs and strengths of the culture to which your clients belong.</p>
---	--	---	---	---	--



Safety



*Cultural/Gender
Historic Issues*



Empowerment



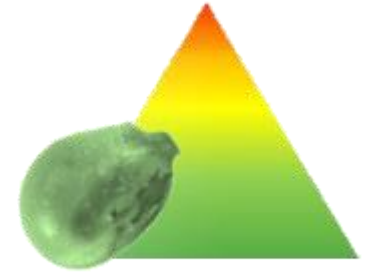
Collaboration



Peer Support



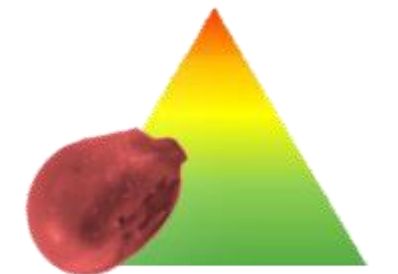
Transparency



For Everybody



For Some



For Individuals

Assessing for a Trauma-Informed Approach



Instructions to prepare for breakout session:

- **Strength:** Please note one question that you strongly feel your organization is doing well on.
- **Challenge:** Please note one question that you strongly feel your organization is challenged by.

Key Questions about: Supervision, Support and Self-Care

- Does your staff understand trauma's relationship to development, attachment, behavior and health?
- Does your staff have knowledge of how different cultures understand and respond to trauma?
- Does your staff know how working with trauma survivors impacts them, and do they know how to maintain and establish healthy boundaries?
- Does your staff know how help clients manage their feelings or calm down before reaching a point of crisis?

PROFESSIONAL
DEVELOPMENT



Key Questions about: Supervision, Support and Self-Care



- Do your regular team meetings address issues related to vicarious trauma, burn-out or stress-reducing strategies?
- Do supervisors help staff members understand their personal stress reactions and the impact those reactions have on clients?
- Do you debrief after crisis?
- Does your staff have opportunity to provide input into program practices?

Key Questions about: Creating Physically Safe Environments

- Have your clients had an opportunity to describe what makes them feel safe and supported?
- Are all areas of your facility and property well-lit, and do your bathroom doors lock?
- Do you provide child-friendly spaces for children to play?



Key Questions about: Creating Supportive Environments



- Are client rights and grievance procedures regularly reviewed and publicly posted?
- Are clients allowed to speak their native language within the organization?
- Does your staff show acceptance for client cultural and spiritual practices?
- Do clients understand the extent and limits of confidentiality?
- Do staff openly discuss the personal issues of your clients?

Key Questions about: Communication and Predictability



- Have staff members asked clients about their definitions of emotional safety?
- Does your agency use “people first language” instead of labels (“People who are experiencing...” rather than “_____ people.”)?
- Does your agency use strengths-based language when talking about clients?
- Is your program responsive to individual needs and circumstances?

Key Questions about: Creating & Reviewing Policy

- Does your organization have a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices?
- Does your organization have a written commitment to demonstrating respect for cultural differences and practices?
- Does your organization include staff and clients in the creation and review of policies?
- Has your organization ever, or does regularly, review its policies to identify whether they are sensitive to the needs of trauma-survivors?

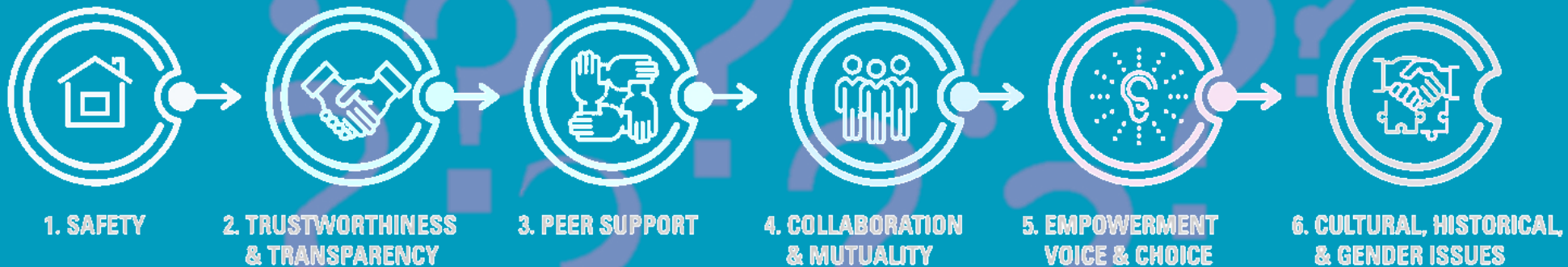
POLICY



From Concept to Application – 10 Minute Breakout Session

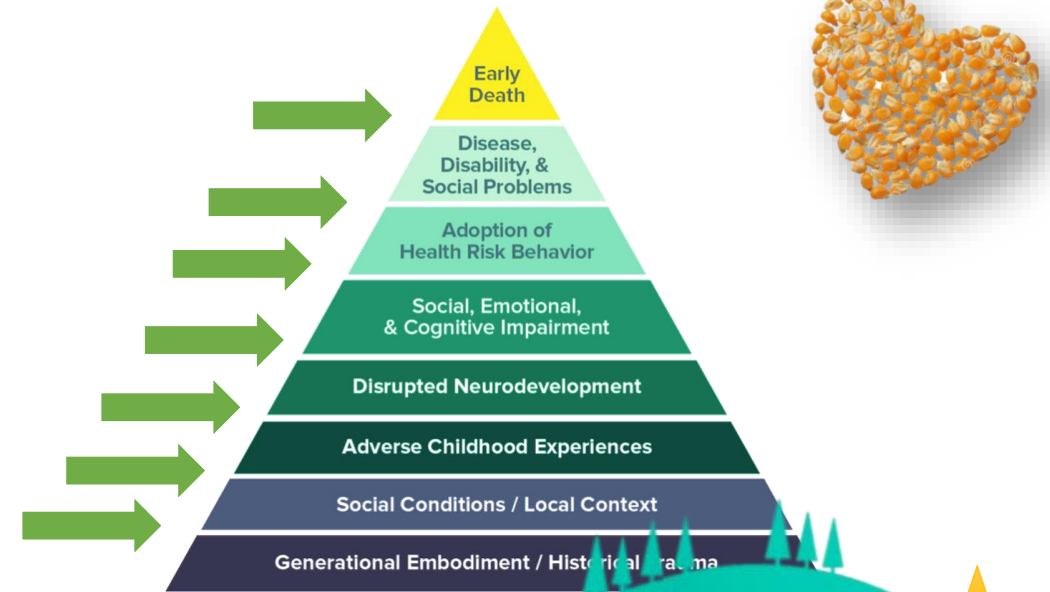
Discussion:

1. Share an area of organizational strength and challenge that you noted from the assessment.
2. If you hear a colleague voice an area of strength that intersects with your area of challenge (or interest), ask copious amounts of questions.
3. Report back.



Now Let's Talk about Kernels

- Kernels are low or no-cost to evidence-based strategies recognized as fundamental units of behavioral influence.
- This means we can *unleash access* to strategies that support safety, relationship and skill building essential to a trauma-informed approach.
- Kernels give us a way to implement simple but effective practices that interrupt the ACES trajectory, **move us from intuition to intention**, and improve outcomes.



What is a Kernel?



- A kernel is the smallest unit of scientifically proven behavioral influence.
- Kernels produce quick easily measured change that can grow into much bigger change over time.
- They can be used alone **OR** combined with other kernels to create new programs, strategies or policies.
- Combinations of Kernels are considered “behavioral vaccines.”
- “Planted” Kernels create a culture.



Managing Affect

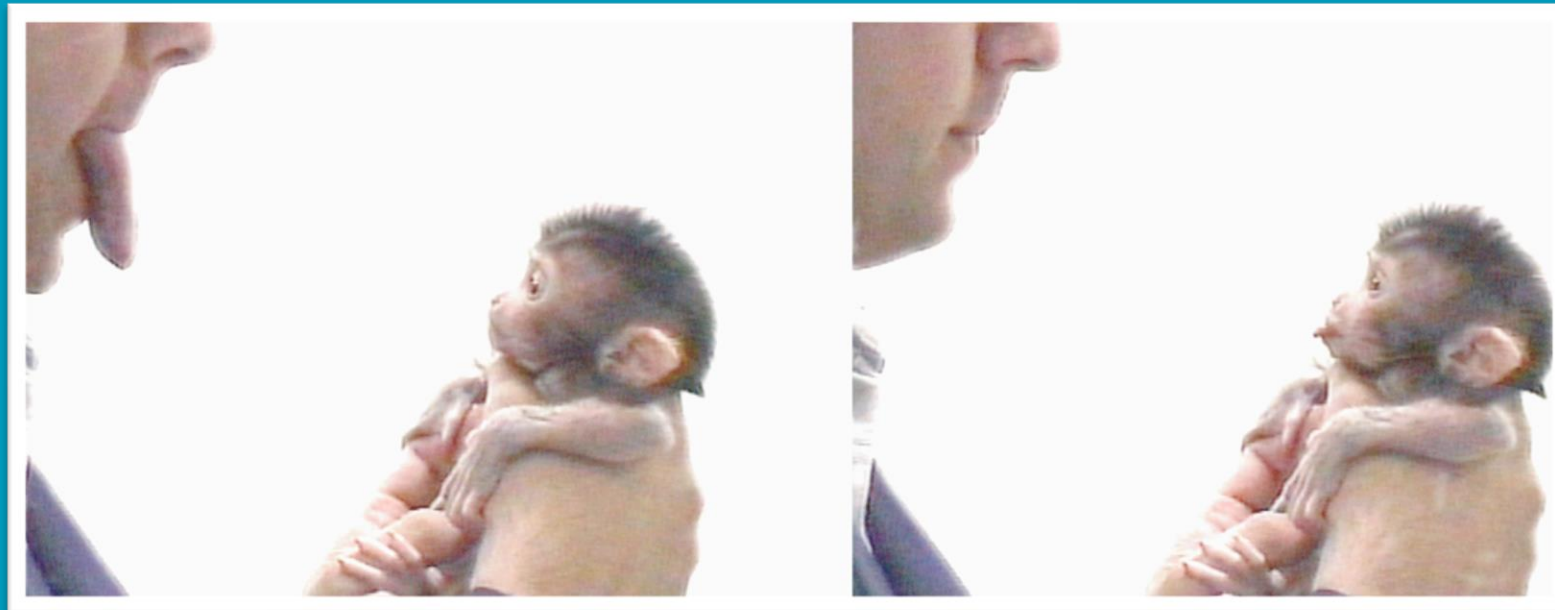
- **Mood** is your internal emotional state.
- **Affect** is how you externalize your emotions through verbal and non-verbal cues.
- Research shows that **trauma-impacted people are particularly aware of changes in affect**, which triggers the survival brain, decreasing their capacity to think and learn.



Your Pain is My Pain



- **Mirror Neurons** help us to instinctively understand the actions of others and prime us to imitate what we see.
- This neural mechanism is involuntary and automatic.



Rubber Hand Illusion



<https://www.youtube.com/watch?v=iPFSgLDCvAs>

Your Pain is My Pain



- **Mirror Neurons** help us to instinctively understand the actions of others and prime us to imitate what we see. It is an involuntary and automatic neural mechanism.
- Consider that in our current context, Mirror Neurons comprise the biology of witness.





BLACK LIVES MATTER

I CAN BREATHE NOW

Out 23

Managing Affect

- **Mood** is your internal emotional state.
- **Affect** is how you externalize your emotions through verbal and non-verbal cues.
- Research shows that **trauma-impacted people are particularly aware of changes in affect**, which triggers the survival brain, decreasing their capacity to think and learn.



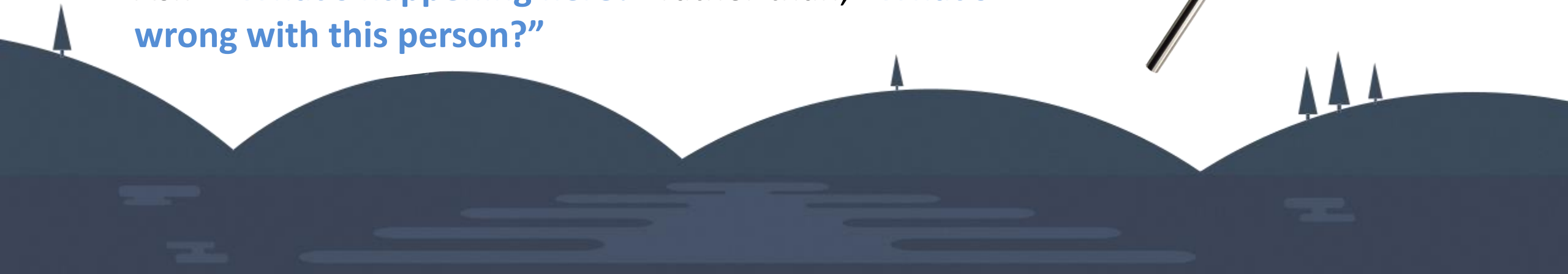
Still Face Experiment



Attunement



- Traumatized people, especially youth, often **have difficulty communicating**, so their behaviors may become a front for conveying unmet needs or dysregulated affect.
- We may respond to the most distressing symptom, rather than the client's underlying emotion or need.
- Ask - **"What's happening here?"** rather than, **"What's wrong with this person?"**



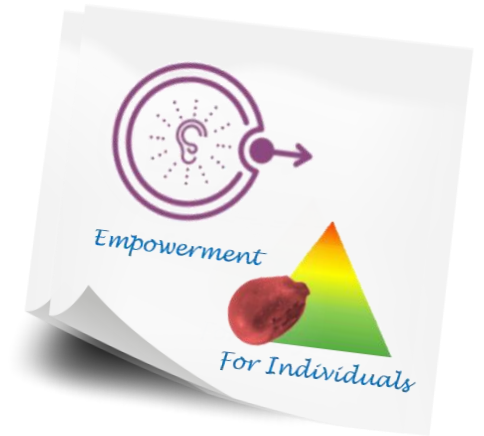
Consistency

- **Being predictable by having consistent responses to client behavior** is vital to establishing safety and reducing your client's need to exert control.
- **An intentional focus on building success, rather than establishing limits – which may be associated with powerlessness or vulnerability – should be your priority.**
- Know that your most challenging clients may initially react with both negative or positive responses.



Routines and Rituals

- Building routines and rituals, particularly around trouble areas, can make meeting with you fun, safe and predictable.
- Research shows that establishing routines enhances client:
 - **Feelings of safety;**
 - **Ability to build trust and feelings of reliability within a relationship; and**
 - **Anticipation of an event, which reduces stress.**



From Concept to Application – 10 Minute Breakout Session

Consider the following evidence-based kernels:

- **Affect Management**
- **Attunement**
- **Consistency**
- **Establishing Routines and Rituals**

Discussion:

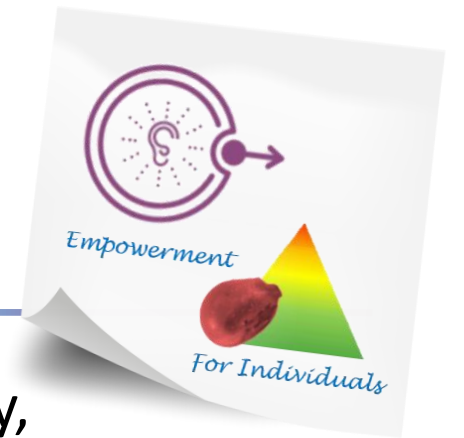
1. **How is your organization intentionally promoting or using these strategies among staff and with clients?**
2. **Are there any situations you can recall where the use of one of these strategies would have helped a client to be successful?**
3. **Brainstorm ideas about how these strategies can be incorporated into your work.**



Why Haven't We Heard this Before?



Play



- **Caretaker/child play** – is associated with lower rates of delinquency, substance abuse problems and psychiatric disorders such as depression and anxiety problems.
- **Physical play** – increases a child’s ability to have healthy relationships by teaching basic skills for making and playing with friends.
- **Non-Directive Play** – improves the relationship with the parent, increases the happiness and contentment of the child, and results in greater attention span, improved creativity and resourcefulness.



Turtle Breathing



“Turtle Breathing” is a technique for helping children with controlling anger.

Trusted adults use this technique in conjunction with the scripted story, “Tucker Turtle Takes Time to Tuck and Think.”

This technique:

- **Reduces anxiety**
- **Reduces temper tantrums**
- **Increases resiliency**
- **Increases self-control**



Turtle Breathing - Recipe

Model remaining calm

Teach the child the steps of how to control feelings and calm down

Step 1: Recognize your feeling(s)

Step 2: Think “stop”

Step 3: Go inside your “shell” and
take 3 deep breaths

Step 4: Come out when calm and
think of a “solution”

Practice steps frequently

Recognize and comment when the child stays calm

Involve families: teach them the “Turtle Technique”





1. share
2. play
3. ignore
4. ask nicely
5. say, "please stop"
6. get a teacher
7. trade a toy or item
8. wait and take turns

Helping children with their anger

Anger is a normal and healthy emotion. Children need to learn how to manage their anger without hurting themselves or others. Here are seven ways to help a child cope:

1. Be firm and fair, without getting angry. Limits are part of loving.
2. Understand that anger usually stems from the frustration of trying to get or avoid something.
3. Be clear. Tell the child what you want him or her to do in a specific situation. Try to avoid lectures. Say, "Try this instead."
4. Coach the child on how to handle conflict.
5. Role model healthy ways to deal with anger.
6. Try to avoid spanking as it teaches hitting.
7. Be patient: Learning takes time!

Resources

www.vanderbilt.edu/csefel Free tools, videos, and information on children's social emotional wellbeing.

www.challengingbehavior.org Resources for social emotional interventions with children.

www.safeschoolsmanitoba.ca Resources for parents, teachers, and students on various topics.

www.vanderbilt.edu/csefel/documents/booklist.pdf List of books on anger for children aged 2-8.

References

Lentini, R. (2007). *Tucker Turtle takes time to tuck and think: A scripted story to assist with teaching the "Turtle Technique"*. Retrieved March 1, 2010 from <http://www.vanderbilt.edu/csefel/scriptedstories/tuckerturtle.ppt>

Joseph, G.E. & Strain, P. S. (2003). *Module 2; Handout 2.6: Social emotional teaching strategies- Helping young children control anger and handle disappointment*. Retrieved March 1, 2010 from <http://www.vanderbilt.edu/csefel/modules-archive/module2/handouts/6.html>

Provence, S. (1985). *Helping young children channel their aggression*. Retrieved March 1, 2010 from http://www.zerotothree.org/site/PageServer?pagename=ter_key_temp_aggression&AddInterest=1158
Developed by keithmoen@gmail.com - (March, 2010)

Tucker
Turtle
learns to
tuck



An anger management
brochure for children

Noncontingent Positive Reinforcement



When any person receives specific, spoken recognition for engagement in a target act or behavior, it is widely demonstrated to:

- **Improve school and work performance**
- **Improve prosocial interactions**
- **Improve organizational functioning**
- **Increase engagement in the noticed behavior**

Verbal Recognition as a Social Reinforcer

What are the social reinforcers in your organization for this behavior?



Paying attention.

Verbal Recognition as a Social Reinforcer

How about for this behavior?



Attention Seeking or Distracting

I – FEED – V

Use the I-Feed-V mnemonic to guide your use of praise

(Loveless, 1997):

I = immediate

F = frequent

E = enthusiastic

E = eye contact

D = describe the behavior

V = variety

Ratio of praise to criticism = 4:1 (Watson, 2004)

Equity or Equality

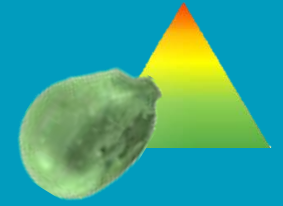


Equality

doesn't mean

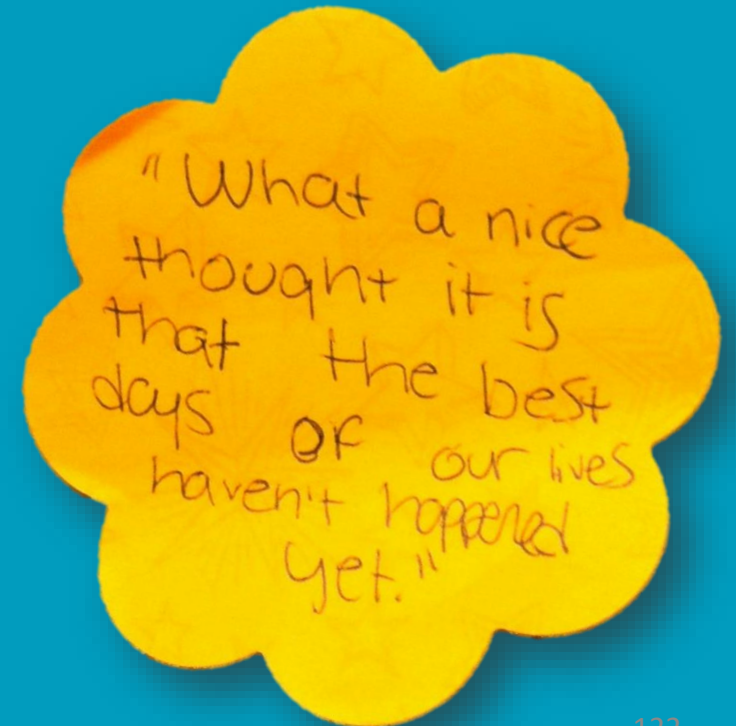
Equity

Written Praise



Notes from recognizing clients and coworkers for a **specific** action or behavior is demonstrated to help across the span of life:

- **Do better at school or work**
- **Be more socially competent**
- **Reduce symptoms of ADHD, aggression and problem behaviors**
- **Increase engagement in the noticed behavior**



Positive Note for Inhibiting a Challenging Behavior

If you work with children, a positive note sent home with a child for inhibiting an otherwise disruptive behavior is show to:

- **Reduce disruptive and aggressive behavior**
- **Reduce problems at home**
- **Increase engagement at school**



Peer to Peer Notes

Notes of praise written from one peer to another, then **read aloud** or **posted on a public display** is widely shown to:

- Increase positive friendships
- Reduce neighborhood disorganization and crime
- Increase sense of safety
- Increase volunteerism
- Increase engagement in the noticed behavior



From Concept to Application – 10 Minute Breakout Session

Consider the following evidence-based kernels:

- Engaging in or Teaching Non-Directive Play
- Breathing Strategies
- Specific Verbal, Written and Public Praise and Recognition

Discussion:

1. How is your organization intentionally promoting or using these strategies among staff and with clients?
2. Are there any situations you can recall where the use of one of these strategies would have helped a client to be successful?
3. Brainstorm ideas about how these strategies can be incorporated into your work.



Five Minute Break



Building Relationship is Key

Connection and relationship
are vital to improving outcomes
for all clients.

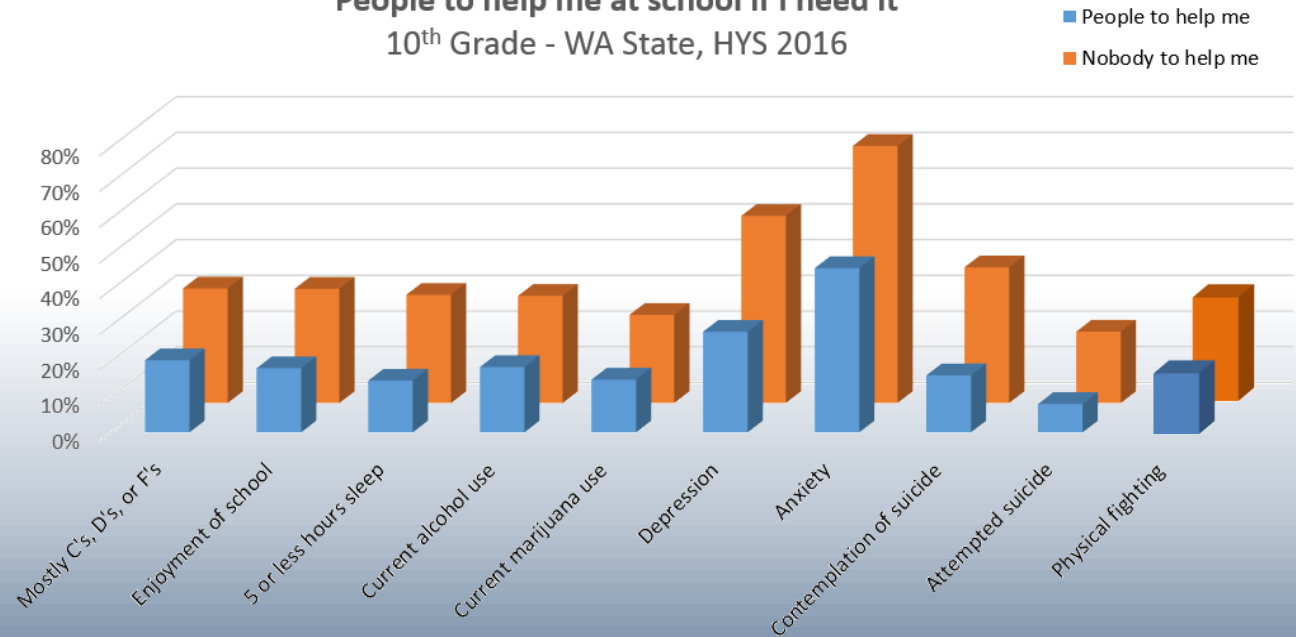


*“Relationship is **the** evidence-based practice.”*

– Chris Blodgett, WSU



People to help me at school if I need it
10th Grade - WA State, HYS 2016



Annotation Activity: What Do You Need to Be Successful?

Good Boss

- Notices when I do a good job
- Trusts me
- Patient

Bad Boss

- Controlling
- Yells
- Doesn't believe in me



What Do Your Clients Need from You to be Successful?

Social Worker
~~Good Boss~~

- Notices when I do a good job
- Trusts me
- Patient

Social Worker
~~Bad Boss~~

- Controlling
- Yells
- Doesn't believe in me

The Marshmallow Experiment



Feelings of reliability within a relationship improves self-control.



<https://www.youtube.com/watch?v=JsQMdECFnUQ>

Pleasant Greeting with Physical Touch

Also known as “handshakes.”

- Frequent friendly physical and verbal greetings **impact social status and perceptions of safety and harm.**
- They also affect **behavior streams of aggression, hostility and politeness.**



Active Listening

Active Listening is a structured form of listening and responding that focuses the attention on the speaker. Research shows this technique increases mutual understanding and respect, while building emotional support.



STEP 1

- Listen carefully to what the other person is saying while looking at them

STEP 2

- A) Repeat in your own words what they just said, **OR**
- B) Guess at the meaning of what they said and tell them, **OR**
- C) Say what you think they might be feeling

STEP 3

- Continue Steps 1 and 2 after they say something else

What's Your Stress Temperature – 10 Minute Breakout Session

Practice your active listening skills. Instructions:

Each person takes a turn at one of three roles: Speaker, Listener, Coach

- **Speaker:** Discuss your stress temperature from 0 degrees (life is like a Hawaiian vacation) to 100 degrees (I'm out of here and never coming back!). What's contributing to your temperature?
- **Listener:** Listen utilizing the active listening steps. Remember – you are listening, not sharing.
- **Coach:** Prompt the listener with active listening steps if the listener is struggling. Share what you observed.



Private Reprimands

Public reprimands and humiliation can create a trauma response that causes long-term negative health and opportunity impacts. Where possible, **low emotion** and **private reprimands** are a more effective strategy.

Research shows that this strategy:

- **Reduces aggression**
- **Reduces disruptive behavior**
- **Reduces emotional responding**

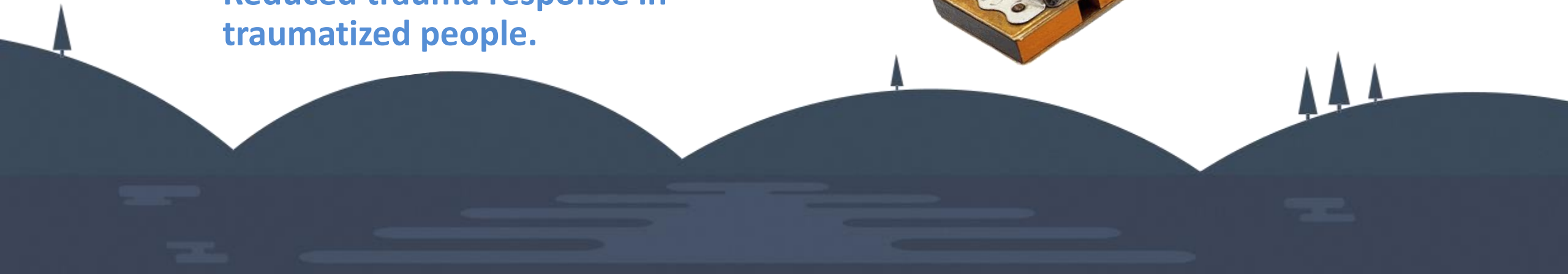


Auditory/Visual Signal for Transition



The attention kernel works for youth and adults.
It results in:

- Immediate reduction in transition time
- Increased academic engagement
- Reduced disruptive behavior
- Reduced aggression and bullying
- Reduced trauma response in traumatized people.

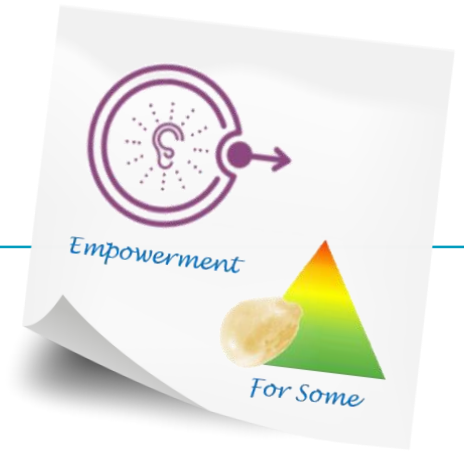


Premack's Principle

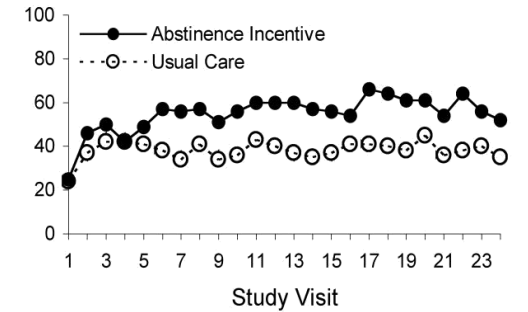
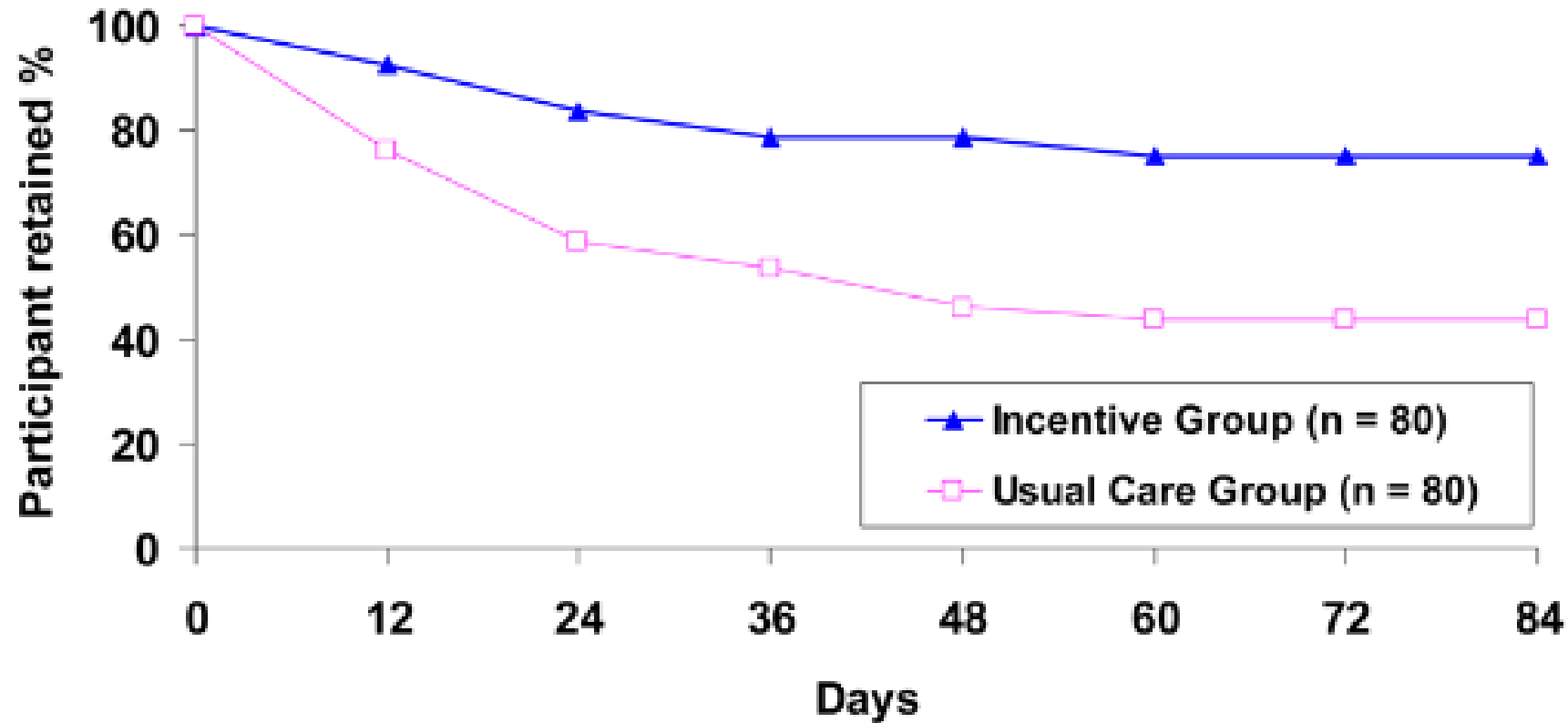
Also known as Contingency Management, the Mystery Motivator, Granny's Wacky Prizes, Prize Bowl and the Game of Life.

A praise strategy that uses activities as positive reinforcement instead of words. It results in:

- Reduction in deviant behavior across the lifespan
- Reduction in problem behaviors at school
- Increases desirable behavior in all age groups
- Reduces addiction.
- Promotes self-regulation instead of excitement



Premack's Principle



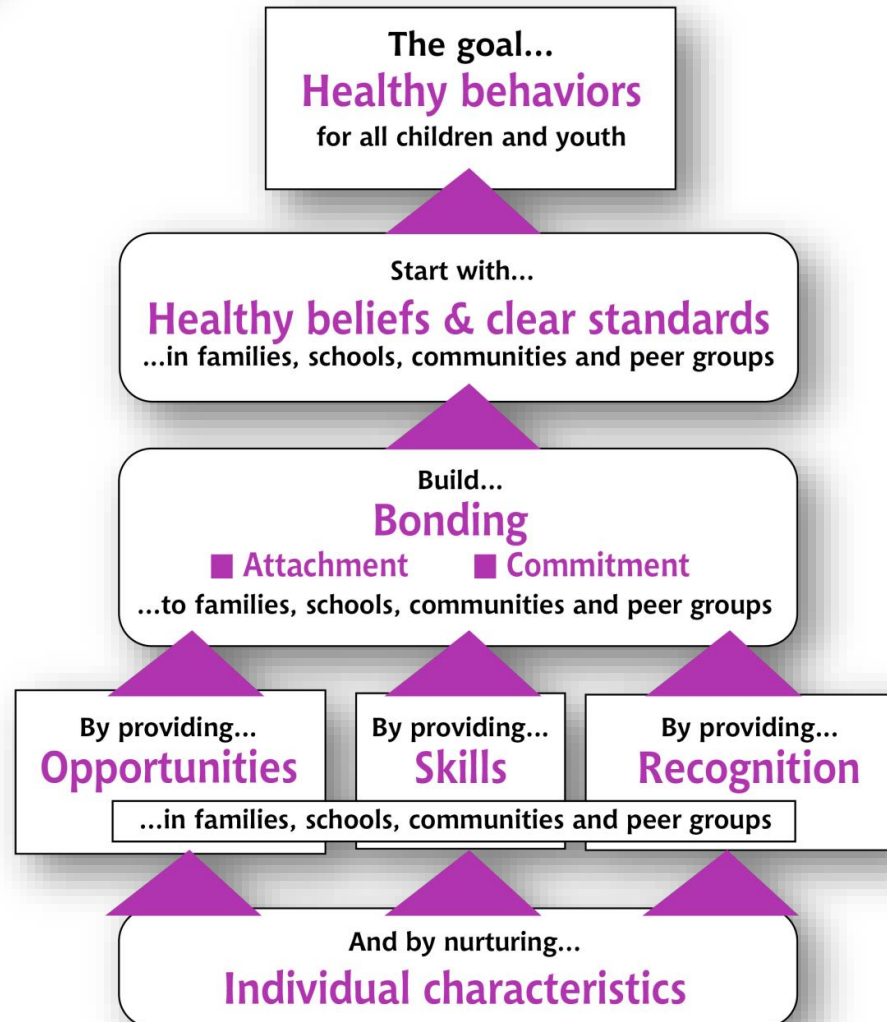
[Effects of a randomized contingency management intervention on opiate abstinence and retention in methadone maintenance treatment in China.](#)

Hser YI, Li J, Jiang H, Zhang R, Du J, Zhang C, Zhang B, Evans E, Wu F, Chang YJ, Peng C, Huang D, Stitzer ML, Roll J, Zhao M.

Addiction. 2011 Oct;106(10):1801-9. doi: 10.1111/j.1360-0443.2011.03490.x. Epub 2011 Jul 27.

PMID: 21793958

The Social Development Strategy



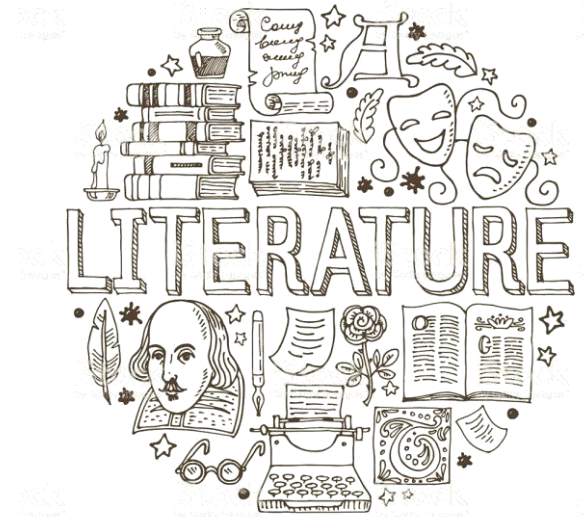
Detached Observer Phenomenon



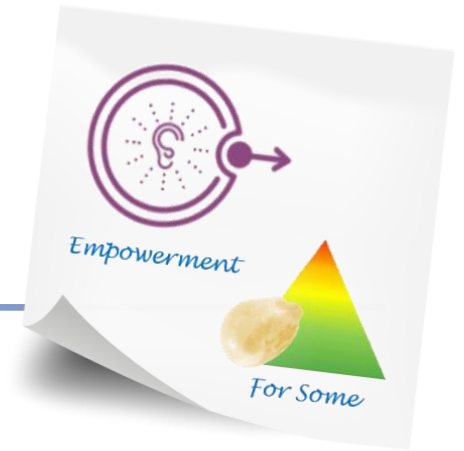
Reading helps clients build resilience by introducing them to solutions that may be relevant to their needs.

Through identification with characters, the reader has a vicarious experience that facilitates insight and a release of their own emotions.

Because the reader is a detached observer, they are less defensive and more open to a new experience.



Authority Figure Lottery

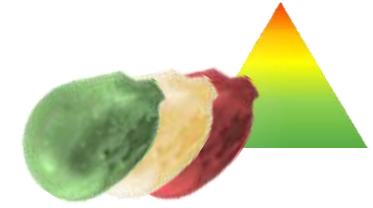


When an authority figure like a club director **sends a note home** or **calls a parent** about a young person's positive behavior, research shows that action results in:

- **Increases in engagement**
- **Reductions in disruptive behavior**
- **Reductions in aggression**



Gratefulness Check-in



When people are asked and share what they are grateful for once per week, research shows:

- **Increase in happiness**
- **Improved sleep**



Brain Nutrient Deficiencies Impact Health Across the Globe

Omega 6

Potato chips
Bread
Cookies
Crackers
Salad dressings
Margarine
School food
Fast Food
Snacks
Prepared foods
Grain fed meats
Hydrogenated fats



Omega 3

Mackerel, Salmon or herring
Range fed meats
Cod liver oil
Flaxseed oil
Flaxseed ground
Walnuts, Pecans, Brazil Nuts
Pumpkin seeds
Tofu (moderation)
Green leafy veggies (Spinach).
Tahini (sesame seed spread)
Hummus (chickpea spread)
Eggs (non-grain feed)

The alterations in brain chemistry that have resulted from our changing diet during the last 60 years contributes to trends of depression, bipolar disorder, autism, violence and academic problems.

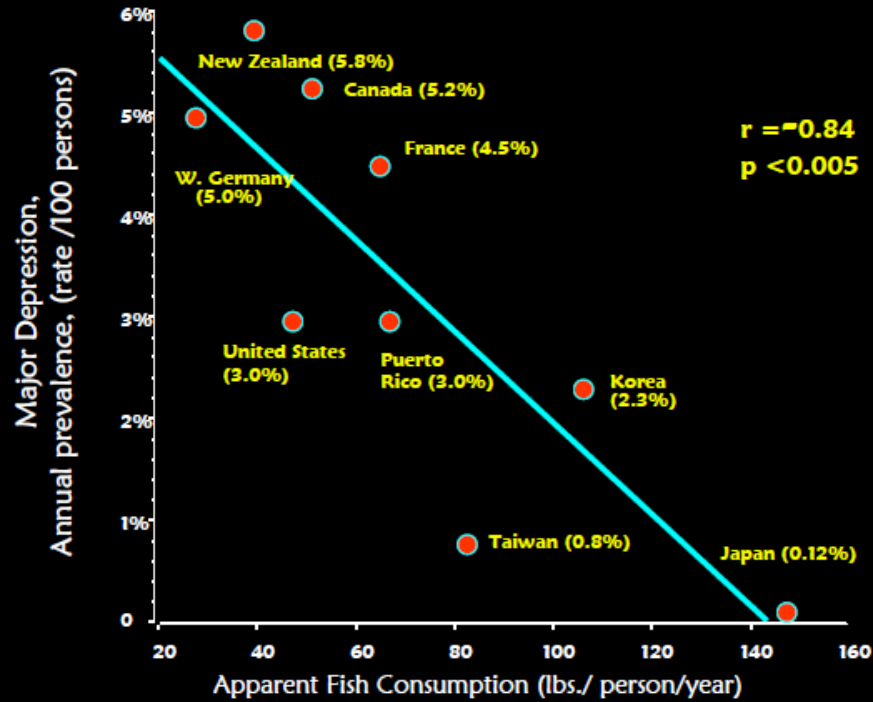
Omega-3 Supplementation

- Omega 3 has no harmful effects
- Well-documented evidence for Reducing aggression, depression, anxiety, bipolar disorder, post partum depression and borderline personality disorder
- 2002 Oxford University study and 2009 Dutch Corrections study of found Omega-3 supplementation achieved a 37% reduction in episodes of inmate aggression.
- **In 2006, the American Psychiatric Association recommend that all psychiatric patients receive at least 1 gram of omega-3 per day to reduce symptoms of mental illness.**



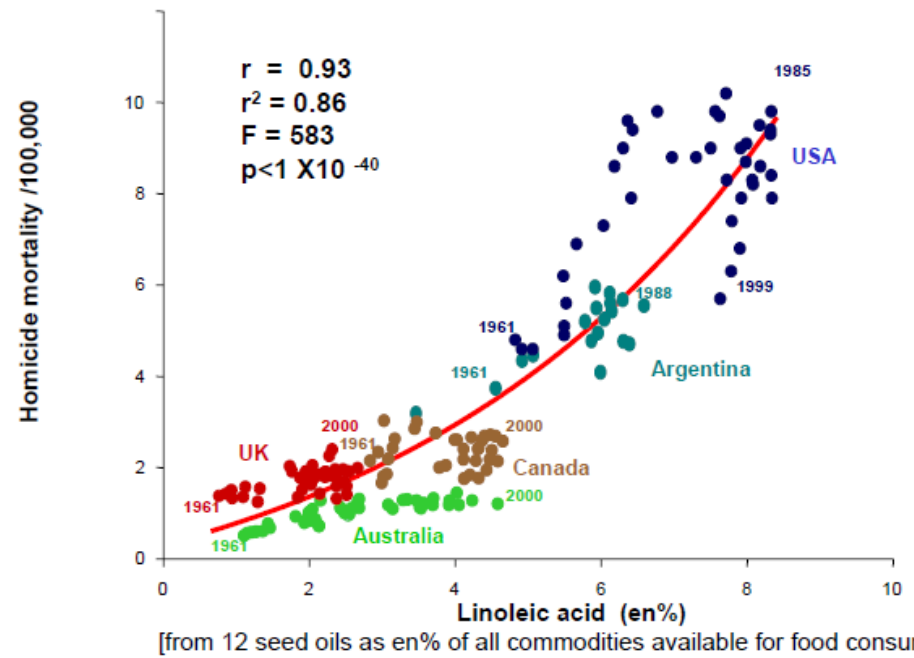
National Institute of Health

Fish Consumption and Major Depression Annual Prevalence by Country



Hibbeln, Lancet 1998;351:1213

Homicide mortality and availability of linoleic acid (en%) Combined Australia, United Kingdom, Canada Argentina and USA data from 1961-2000

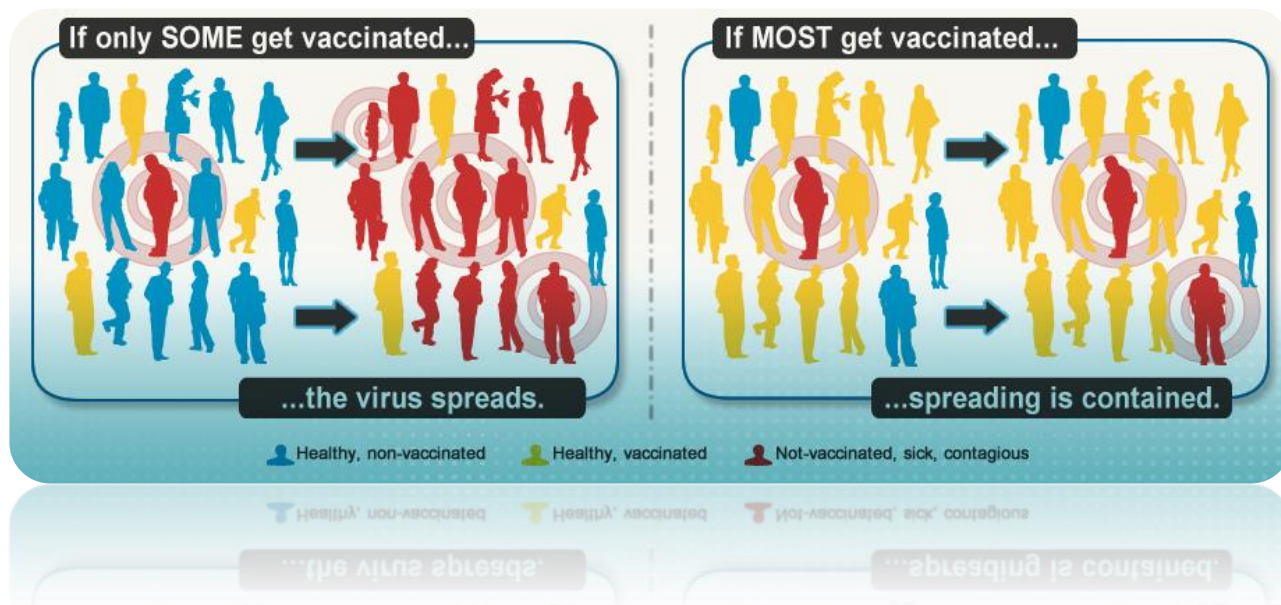


$f = y_0 + a \cdot \exp(b \cdot x)$ $y_0 = -1.98207$ $a = 2.14258$ $b = 0.203595$

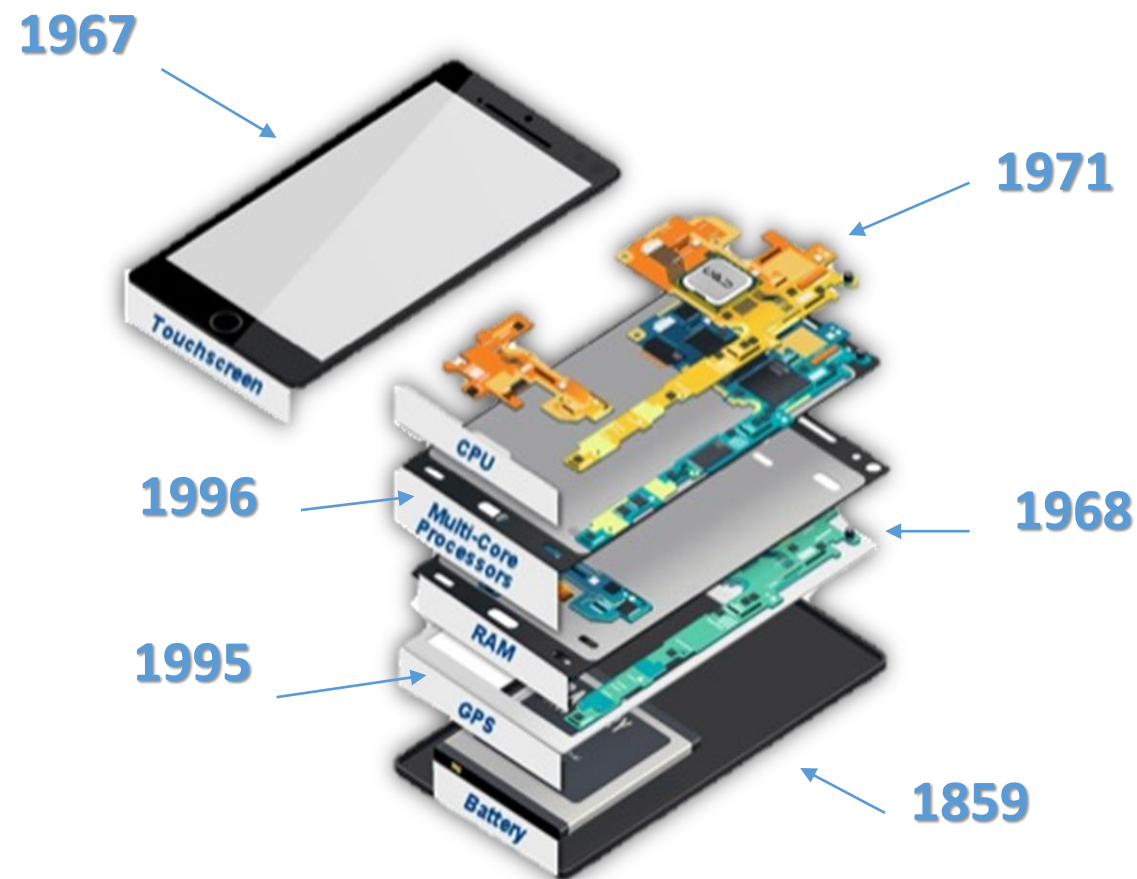
Hibbeln et al, Lipids 2004; 23: 1207-1213



Behavioral Vaccines



If you work together to provide effective organization-wide behavioral vaccines for your clients, how will your resources and culture be impacted?



Seattle Social Development Strategy



Adults instructed to greet and shake hands with five kids NOT in their classroom each day. They also gave out “caught you being good” tickets every day. 10 years later, kids who received this simple strategy had:

- Reduced alcohol, tobacco and other drug initiation
- Reduced aggression
- Had significant improvement on achievement tests
- Were significantly less likely to have engaged in school misbehavior (i.e., cheating, truancy, or being removed from class for misbehavior)

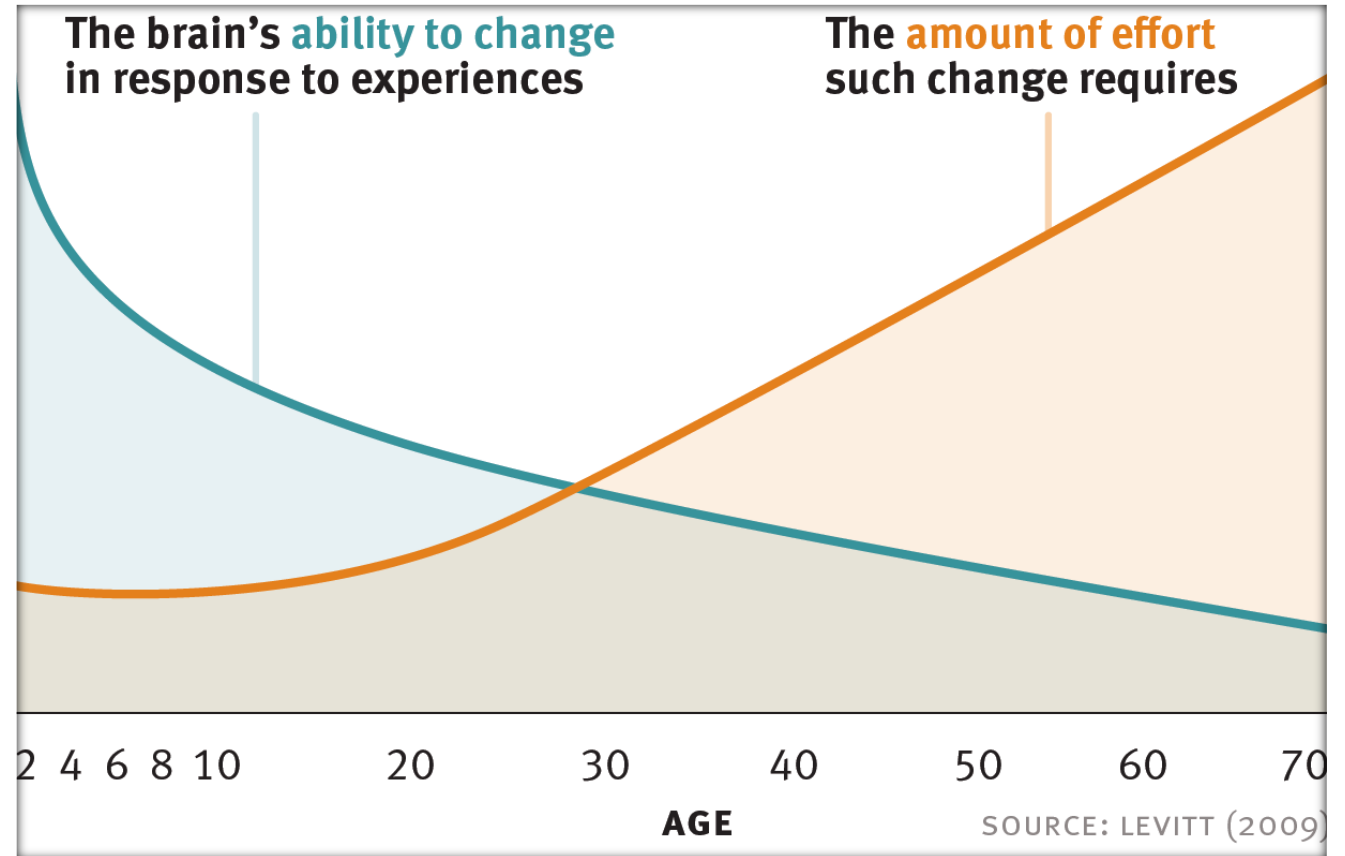
Timing Makes a Difference

As we age, it takes more effort for the brain to change in response to experiences.

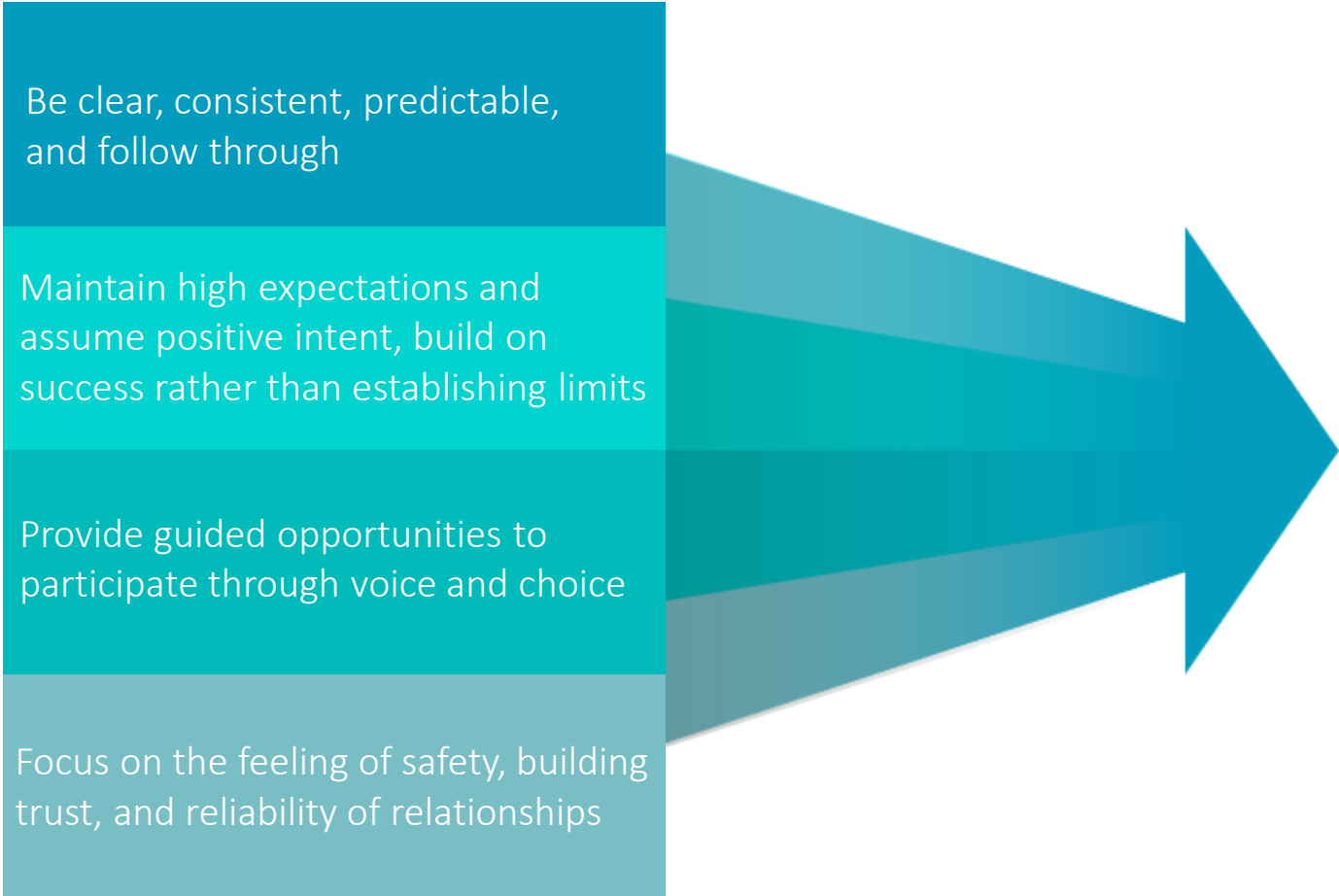
The plasticity of our brains shrinks when our neurons struggle to form new connections (synapses) with other neurons.

Our brain's plasticity is the strongest in the first few years after birth. It is easier to form strong brain pathways during the early years and harder to repair pathways as we age.

That's why building resiliency through a community of CARE is so important!



What else can we do?



care
BUILDING COMMUNITY
THROUGH COMPASSION

The Bottom Line

- Understanding ACES and Kernels give you the power to significantly impact the trauma trajectory of your clients.
- Remember Kaiser Permanente's diet and nutrition program dropouts? The researchers learned that their very successful intervention wasn't just treating nutrition problems, it was treating personal solutions!
- **If you take away a client's personal solution before teaching them a better one, you're just digging a hole for them to fall back into.**



Your Beliefs Matter!



<https://www.youtube.com/watch?v=xQ6wr6vRfGo>



Five Minute Break





Adverse Childhood Experiences Study (ACES)

ACES began as study in the late 1980's and 1990's at a diet and nutrition center managed by Kaiser-Permanente in San Diego, California. It became the largest study ever to examine social determinants of health.

Over 17,000 people participated in the study, which ultimately a direct connection between traumatic childhood experiences and health.

Most critically, the Centers for Disease Control and Prevention (CDC) now recognize ACES as a *public health crisis*.

ACES Participants were mostly:

- Middle class, average age of 57
- 80% White, 10% Black, 10% Asian
- 74% Some college
- 44% Graduated college
- 49.5% Men



But since the original ACE study, research indicates that ACES are more prevalent for those belonging to non-dominant cultures and living in poverty...



THREE TYPES OF ACEs MEASURED

The original ACE study measured three types of ACEs through a 10 question assessment:

**But, there's
actually more than
just these...**

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce



ACEs interact with stressors commonly faced by marginalized communities – including discrimination, stigma, and rejection – to contribute to behavior, health and opportunity disparities.



ACEs and Intersectionality

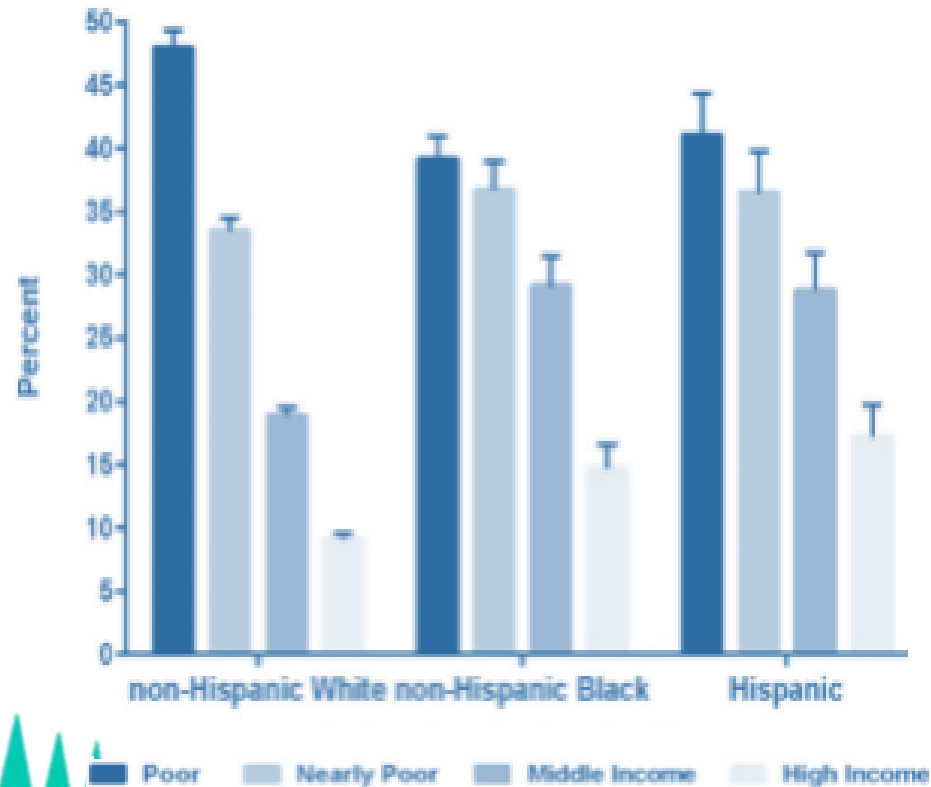
- People from non-dominant cultures are significantly underrepresented in the ACEs research.
- When they are included in the data, Black, Hispanic and LGBT children are consistently shown to be exposed to more adversities than white children.
- Similarly, those living in economically distressed communities are more likely to experience ACEs.

This has led to an ongoing reexamination of the ACEs that predict long-term negative health and opportunity outcomes.



RACE, ETHNICITY AND INCOME INFLUENCE EXPOSURE

ACE Exposure by Race/Ethnicity and Income Level
N=84,837



- Poor and near poor children are **more likely to be exposed to ACES** if their parents lack a high school education.
- They are **more than twice as likely** to have three or more categories of trauma exposure compared to children not impacted by poverty.
- BIPOC are disproportionately exposed to trauma when income is not a factor.

Since the original ACE study, exposure to additional early life stressors are being studied.

Acute Trauma: is caused by a *single* traumatic event that triggers extreme emotional or physical stress.

Complex Trauma: is caused by exposure to *multiple* traumatic events. The long-term impact of this exposure is severe and pervasive.

Historical Trauma: is a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance.



3 Realms of ACEs

ACEs Connection accelerates the global movement to prevent and heal adverse childhood experiences (ACEs), and supports communities to work collaboratively to solve our most intractable problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. The ACEs in these three realms intertwine throughout people's lives, and affect the viability of organizations, systems and communities.



The Brain Science

A person's environment and experience shapes their behavior and health.

Our brain is designed to prioritize survival.

Hormones like Cortisol are released when our “Fight, Flight, or Freeze” response is triggered.



Toxic Stress

Prolonged exposure to Cortisol and other stress hormones is toxic, and makes permanent changes to the brain.

This means you may encounter clients who are **perfectly adapted to survive** in their home environment, but who **cannot turn-off** their behavioral and stress response adaptations in your organization, community or other “normal” situations.



ACES LEAD TO THE 10 MOST COMMON CAUSES OF EARLY DEATH

alcoholism

violence

physical inactivity

illicit drug use

severe obesity

injected drug use

suicide attempts

smoking

depression

more than 30 sexual partners



REFRAMING OUR POINT OF VIEW

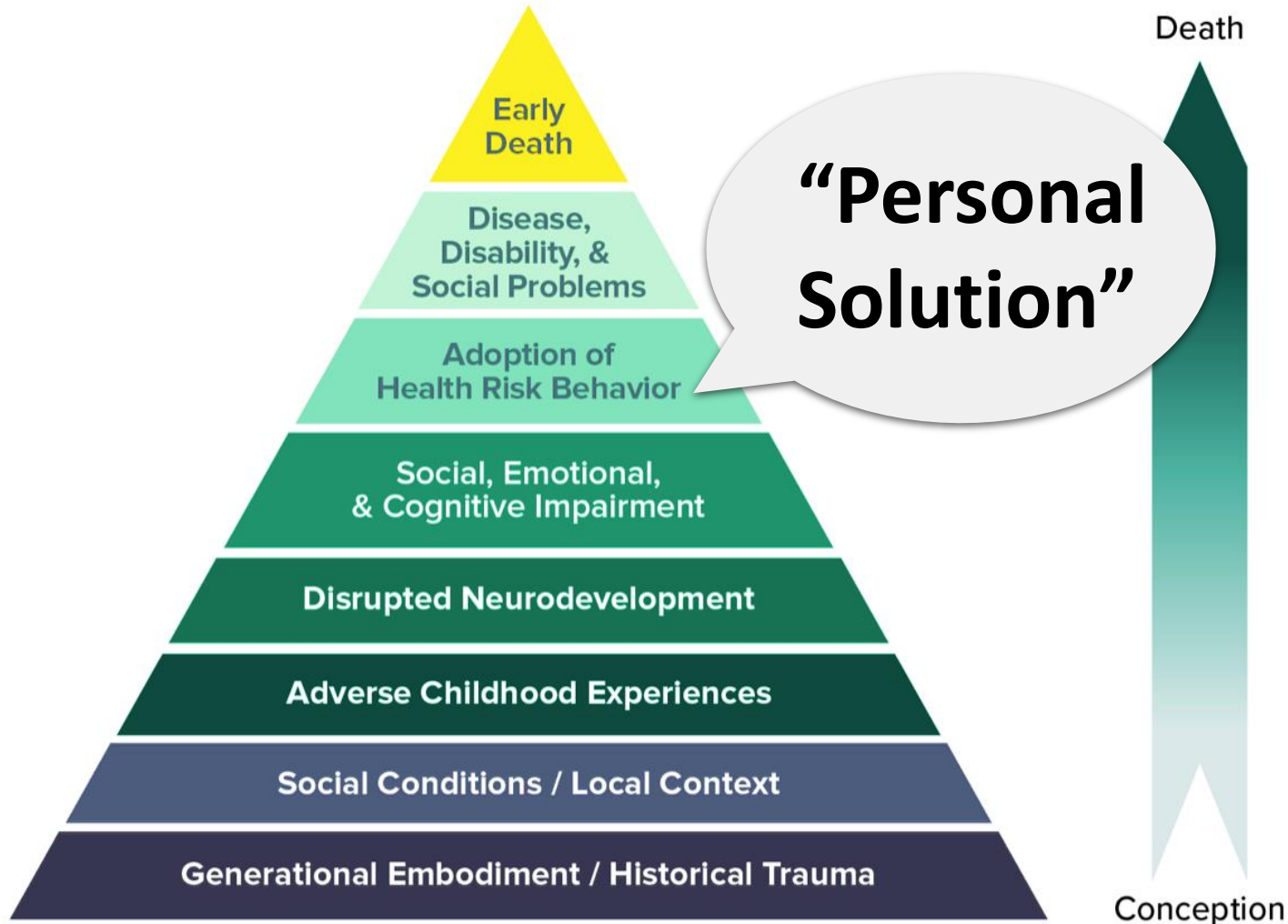
With an ACE score of 0, the majority of adults have few, if any, risk factors for the most common diseases leading to early death.

With an ACE score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves.

*Much of what we see as problem behaviors should actually be viewed as a **personal solution** to an unrecognized prior adversity.*



The ACE Pyramid



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Without accounting for individual levels of resiliency, this pyramid depicts how impacts to health and well-being can occur over a lifetime as a result of exposure to Adverse Childhood Experiences.

The ACE study found links between ACEs and adult health risks, often leading to chronic health conditions.

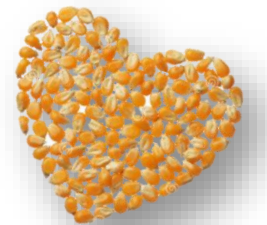
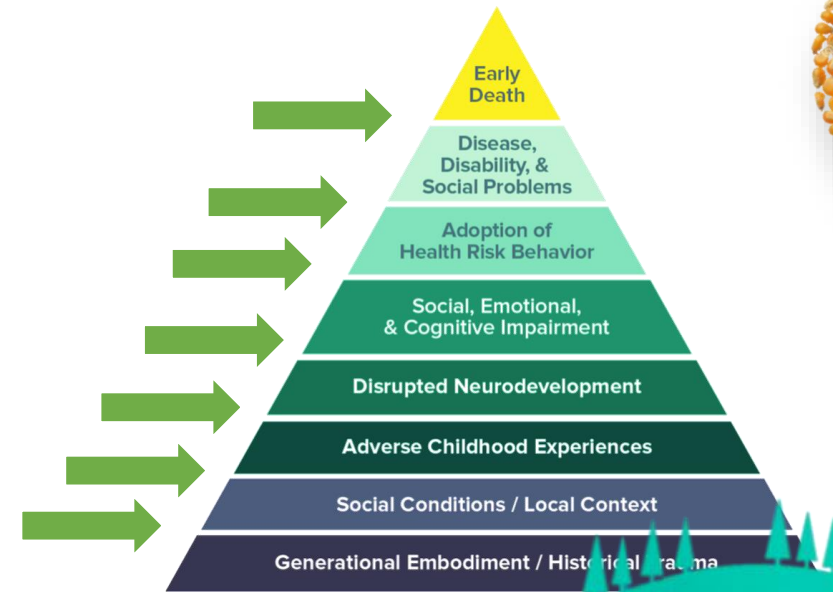
Those with **4 or more ACEs** were found to be:

- **12.2x** as likely to have attempted suicide
- **7.4x** as likely to consider themselves to be an alcoholic
- **4.7x** as likely to have ever used illicit drugs
- **4.6x** as likely to have had 2 or more weeks of depressed mood in the past year
- **3.2x** as likely to have had 50 or more intercourse partners, and
- **2.3x** as likely to smoke

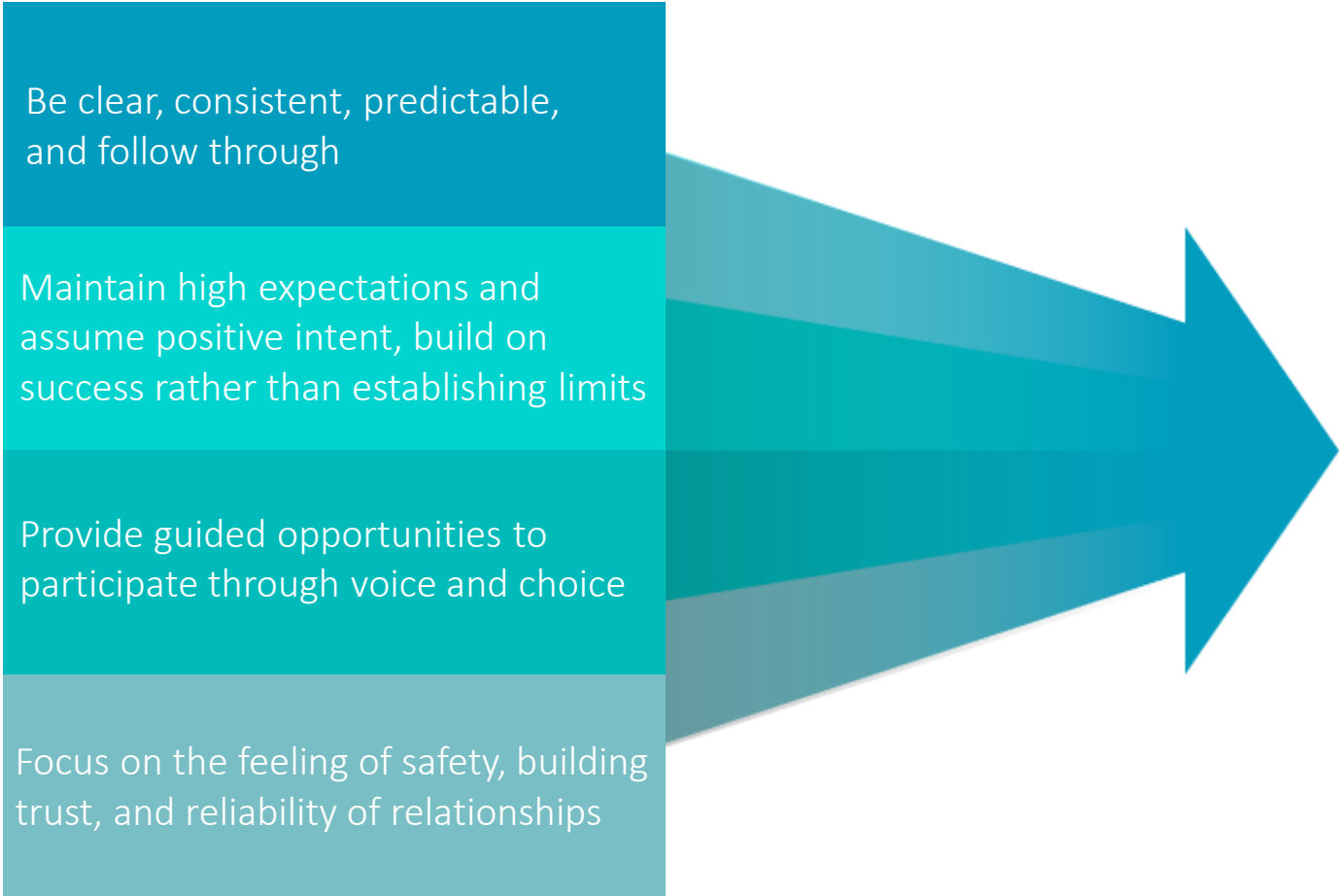


Let's Talk about Kernels

- Kernels are low or no-cost to evidence-based strategies recognized as fundamental units of behavioral influence.
- This means we can *unleash access* to strategies that support safety, relationship and skill building essential to our client's readiness to grow and learn.
- Kernels give us a way to implement simple but effective practices that interrupt the ACES trajectory, **move us from intuition to intention**, and improve outcomes.



What else can we do?



Resiliency and Brain Science Resources

- ACEs and Resilience Questionnaire
- InBrief – The Science of Resilience
- Family Resilience and Traumatic Stress
- Glossary of Terms Related to Trauma-Informed, Integrated Healthcare
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- San Diego Youth Services (SDYS)
- Trauma Informed Approach Concept
- NCTSN Trauma and the Brain
- Coping with Trauma Reminders



Mary Cline-Stively
Restorative Practices and Adult Learning
Trainer

Mary Cline-Stively started her career working in the mental health field for fifteen years and then transitioned into organization development consulting for another five years. For the past ten years she has worked at ChildStrive and currently serves as the Chief Strategy and Programs Officer. Mary holds a Master's Degree in Organizational Psychology as well as a Graduate Certificate in Restorative Practice. Mary is a licensed trainer for the International Institute of Restorative Practice.

As we gather.....



- Please make sure your screen name includes your first name and pronouns
 - Go to the 3 dots in the upper right hand corner of your image/frame and choose “rename”

Restorative Practice

Mary Cline-Stively

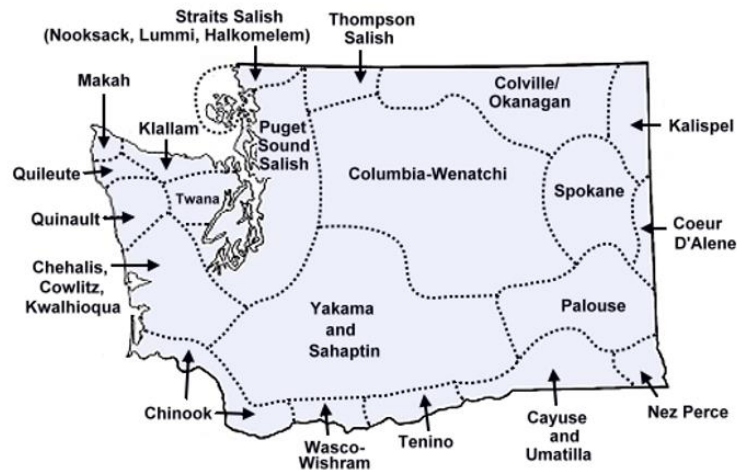


care
BUILDING COMMUNITY
THROUGH COMPASSION

Child *Strive*
Child • Family • Community

Land Acknowledgment

There are over 29 federally recognized Indian tribes in WA today



And many others that are not federally recognized

We acknowledge that we are each residing on tribal lands of those who have lived on this land time immemorial. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together today. We recognize the resilience of those past and present who work to build a strong and sovereign nation where Tribal members live their values and culture.

We are on the lands of the Tulalip, the Snohomish, the Stillaguamish, and Sauk Suiattle Tribes.

Hopes for our time together

-
- Describe the key concept of Restorative Practice
 - Reflect on how Restorative Practice can help us be more Trauma Informed in our approach
 - Apply some Restorative Practice tools into your work

Group Agreements

- Address impact over intent
- Embrace the power of humble, respectful listening
- Create trusting and safe spaces – where a little bit of discomfort is okay.
- Learning leaves – Stories stay
- Speak from your own experience instead of generalizing
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice
- We encourage you to lean in, be brave and vulnerable

Introduction Round

- Share: first name and 1 word that describes how you are coming into the space today.





Restorative Practice

A way of thinking and being focused on creating safe spaces for real conversations that deepen relationships and build stronger more connected communities.

~Mark Vander Vennen

Restorative Practices is an emerging social science that studies how to strengthen relationships between individuals as well as social connections within communities.

The fundamental hypothesis of restorative practice is that human beings are happier more cooperative and productive and more likely to make positive changes in their behavior when those in positions of authority do things **with** them rather than **to** or **for** them.

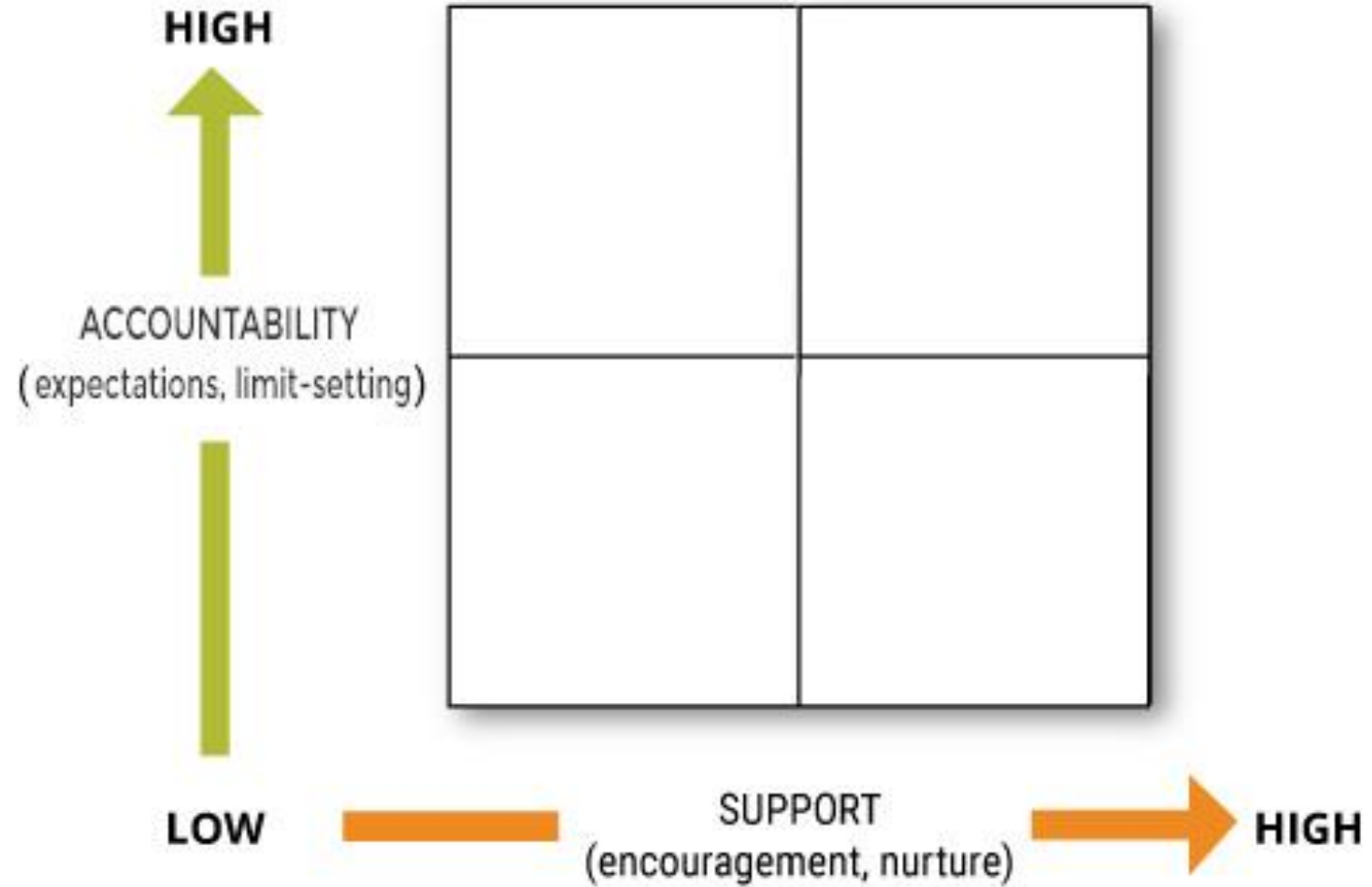
~International Institute of Restorative Practice

COMPASSION, APPRECIATION, RESILIENCE & EMPOWERMENT

Healthy Relationships

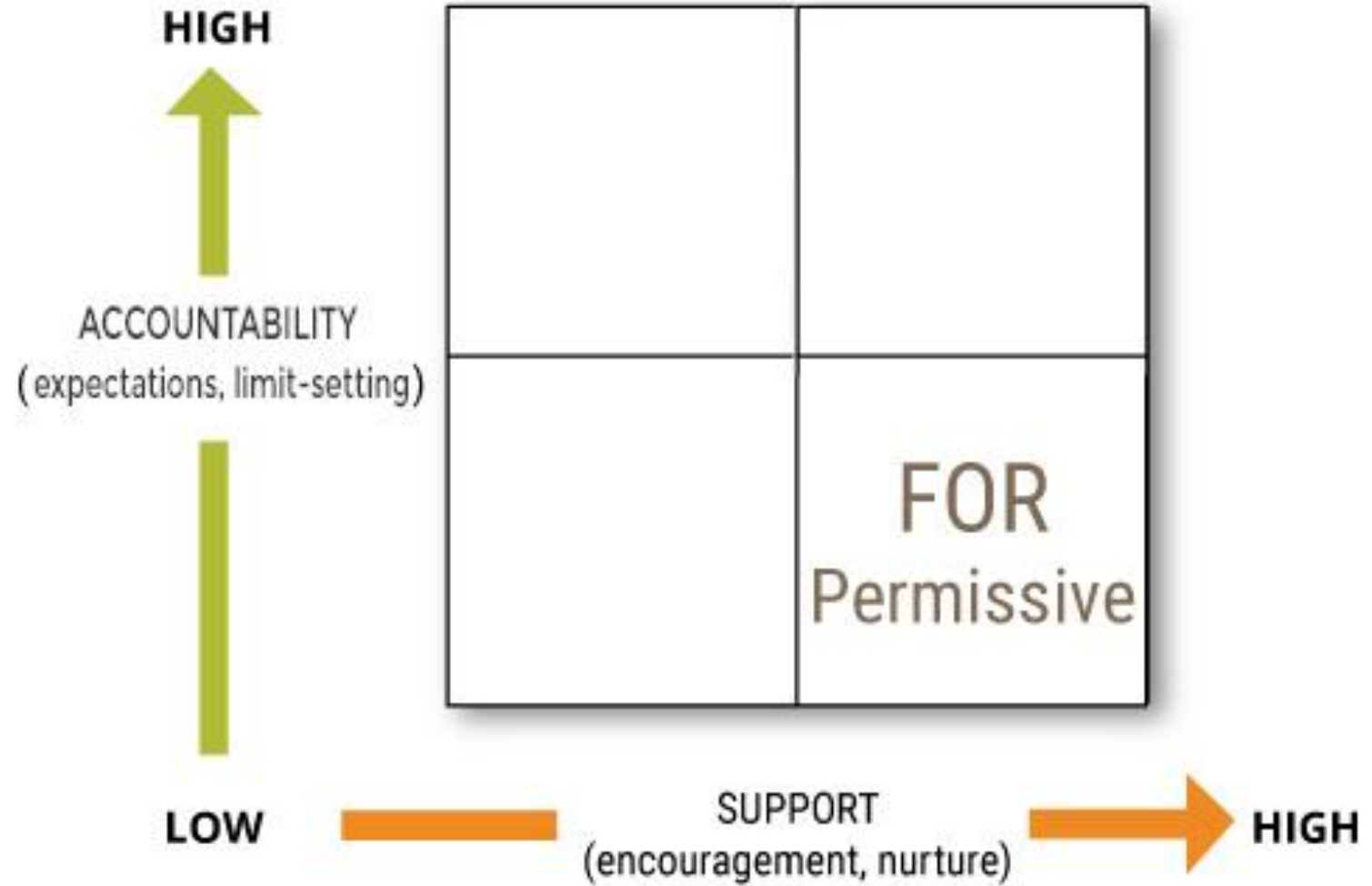
What do healthy, positive, appropriate relationships look like? Feel like? Sound like?

Social Discipline Window



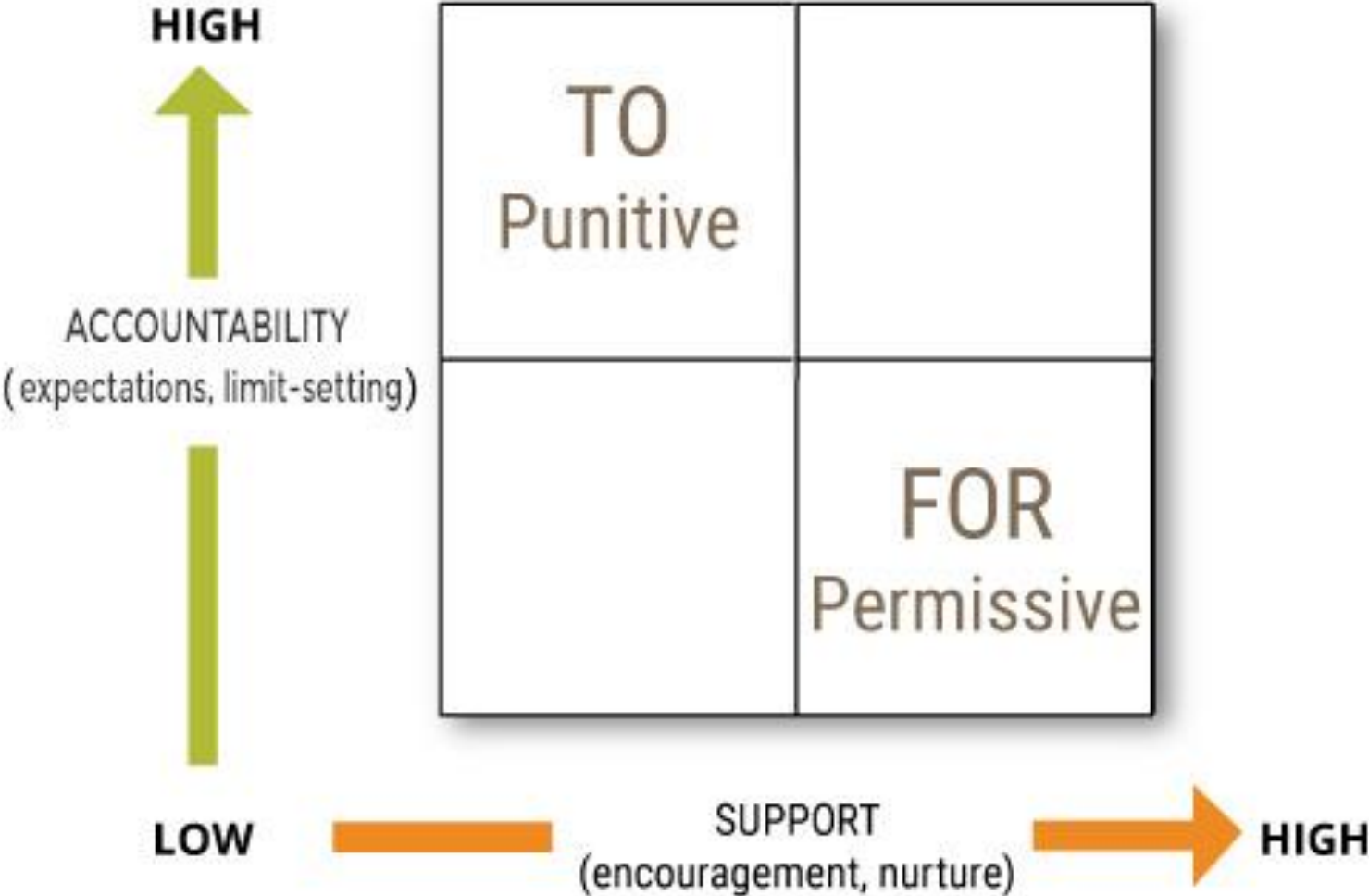
Adapted by Paul McCold and Ted Wachtel

Social Discipline Window



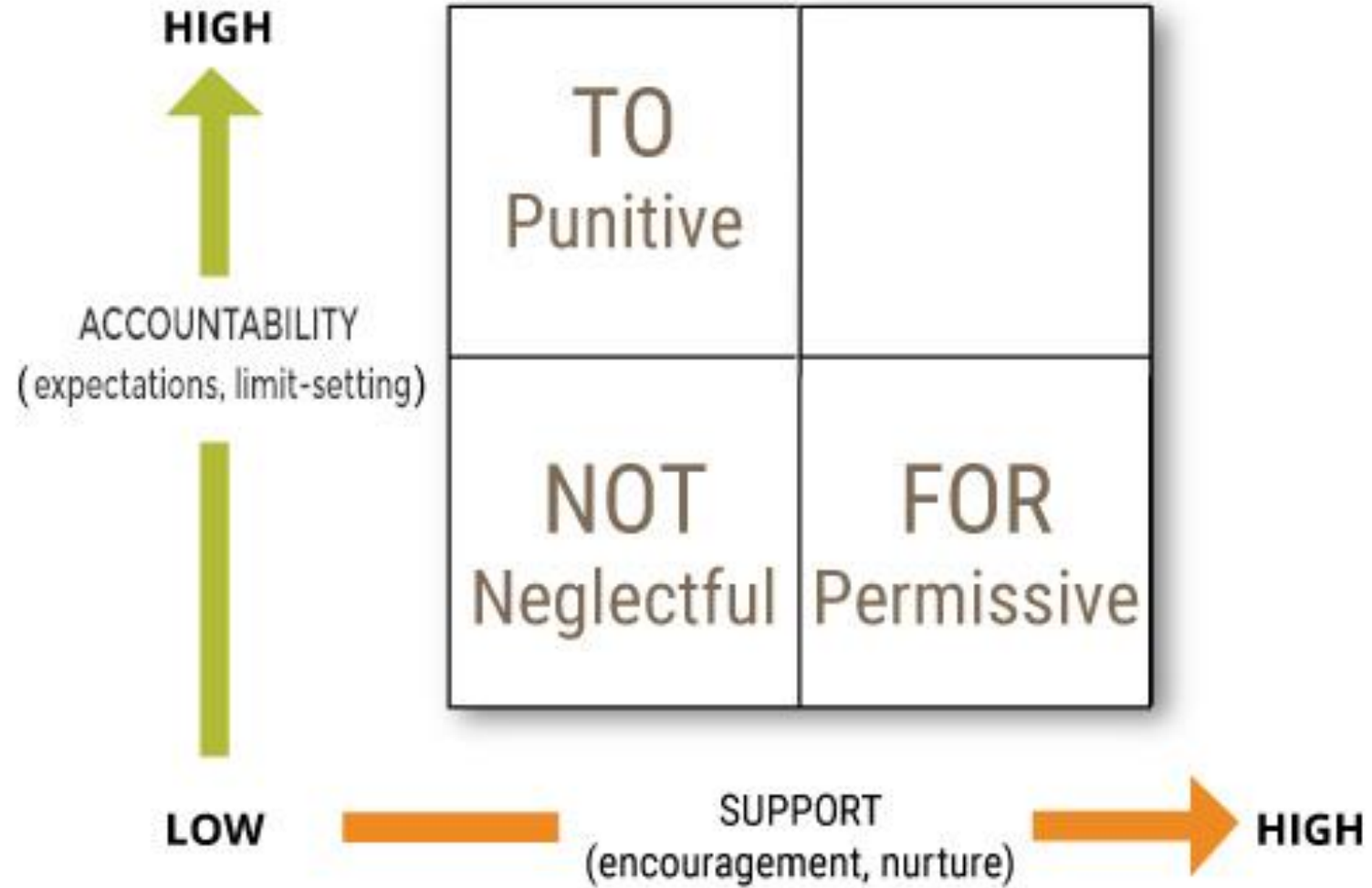
Adapted by Paul McCold and Ted Wachtel

Social Discipline Window



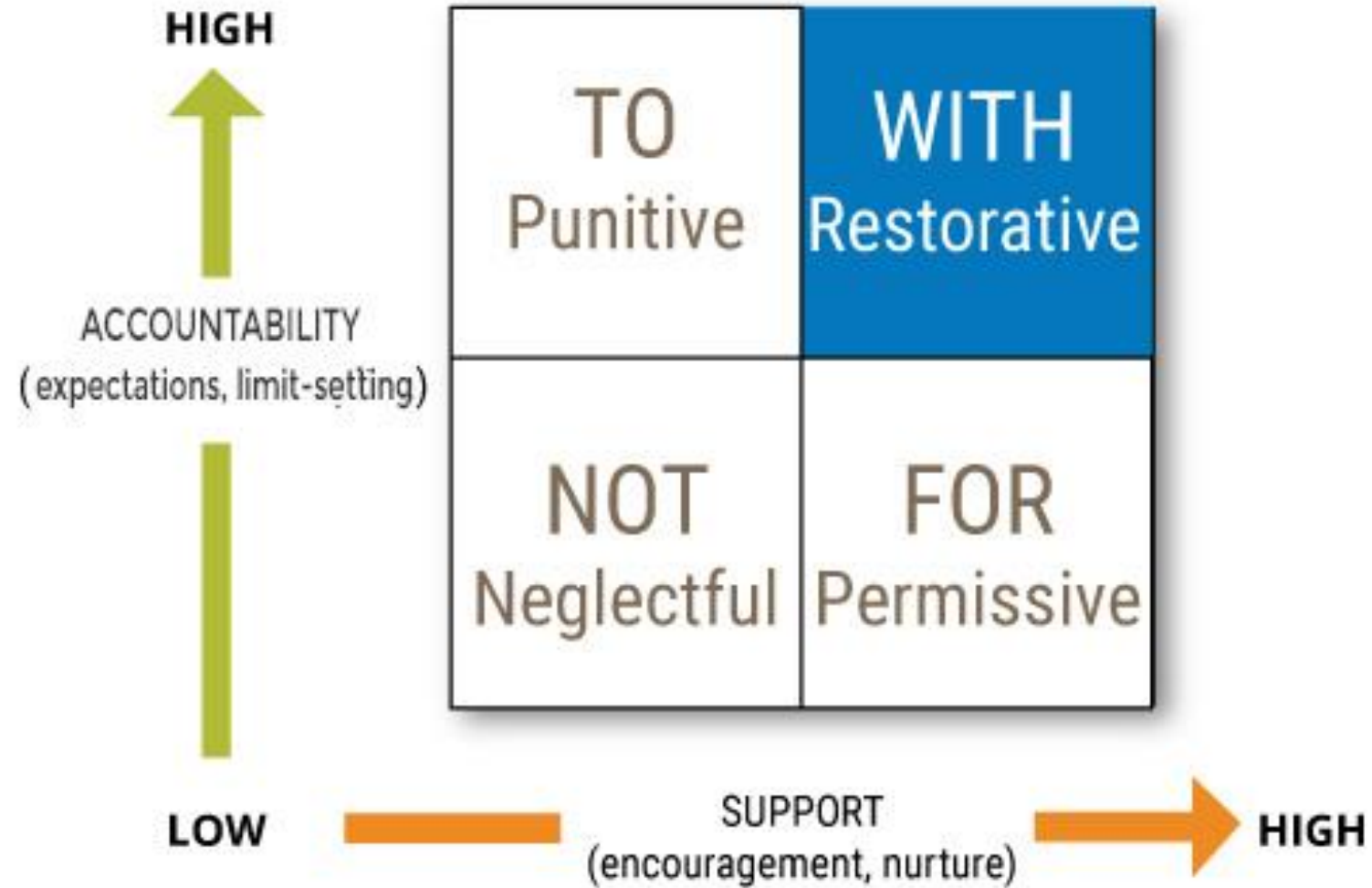
Adapted by Paul McCold and Ted Wachtel

Social Discipline Window



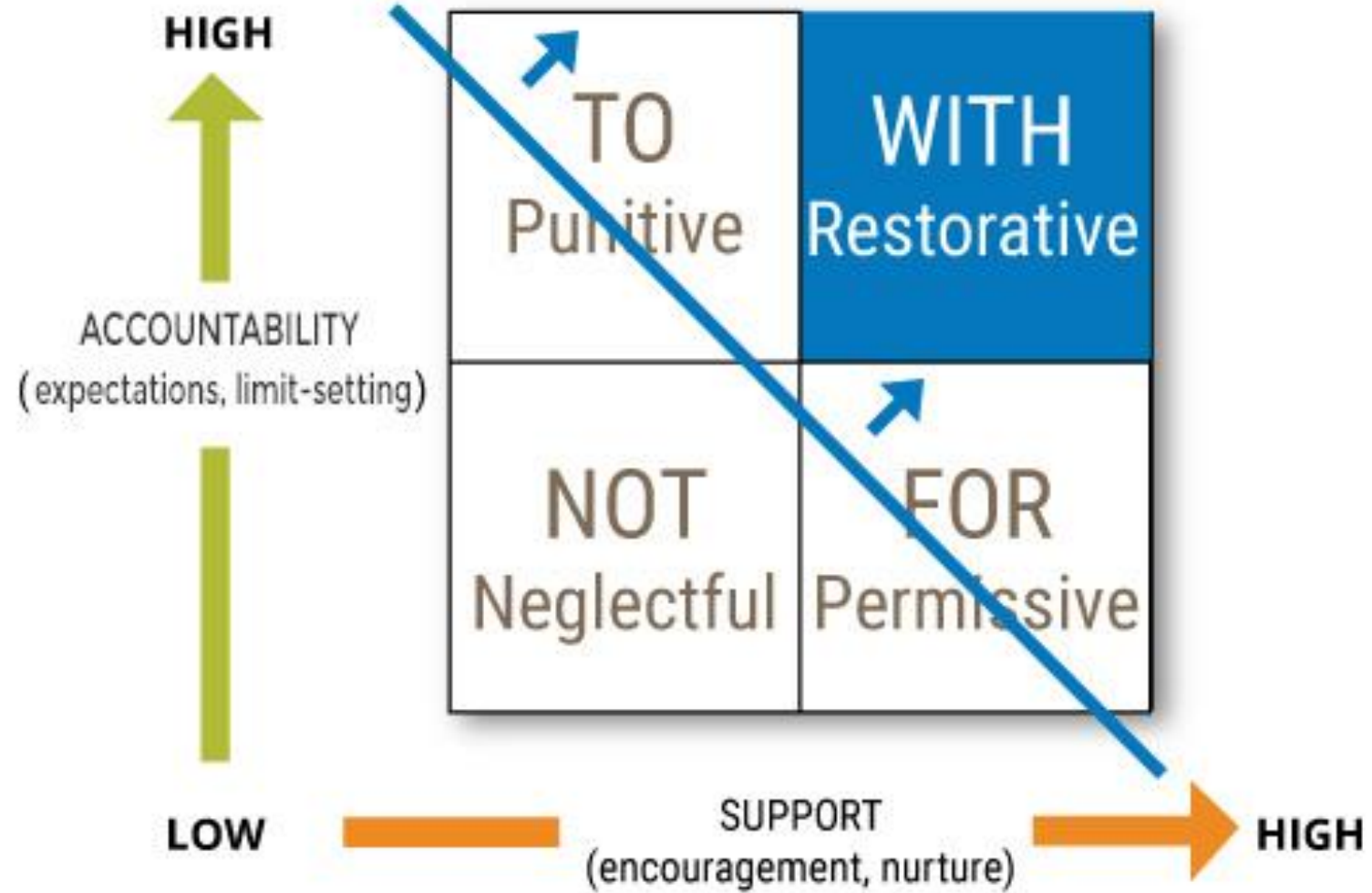
Adapted by Paul McCold and Ted Wachtel

Social Discipline Window



Adapted by Paul McCold and Ted Wachtel

Social Discipline Window



Adapted by Paul McCold and Ted Wachtel



Social Discipline Window Exercise

- We are going to break into 8 groups. Each group will be assigned one of the quadrants: To, For, Not and With
 - Groups #1 and #5 NOT
 - Groups #2 and #6 TO
 - Groups #3 and #7 WITH
 - Groups #4 and #8 FOR
- Where, within your organization, do you see this style? What do those behaviors look like? What is the outcome?
- When we come back please have one person who can report out on your work



- **5 minutes**
- To take care of yourself....
- Stretch
- Hydrate/Snacks
- Get Fresh Air
- Close your eyes

- [5 Minute Countdown | Big Timer - Fullscreen countdown timer](#)

Let's do a survey!



Restorative Questions

- Open-ended questions to help elicit emotion
- Allow individuals space to explore issues in a non-threatening way.
- Address past, present and future.
- Proactively used to explore positive changes in behavior.
- Responsively used to explore harm and how that harm impacts others.

Restorative Questions

What happened?

What were you thinking at the time? or What impact did it have?

Who has been affected and in what way?

What has been the hardest part for you?

What do you think you need to make it right?



Exercise

-
- In pairs
 - Think about a time when you were harmed or created harm for another person. Take turns asking the other person the questions in regard to their situation.
 - The goal is to ask the questions and listen generously. This is NOT a time to engage in conversation.
 - I will be asking for a few people to share their highlights or experience with the questions.

Break!!



- **5 minutes**
- To take care of yourself....
- Stretch
- Hydrate/Snacks
- Get Fresh Air
- Close your eyes
- [5 Minute Countdown | Big Timer - Fullscreen countdown timer](#)



Circles and community

“There can be no vulnerability without risk; there can be no community without vulnerability; there can be no peace, and ultimately no life, without community.”

(M. Scott Peck, Psychiatrist and Best-Selling Author)

“Circles create soothing space, where even reticent people can realize that their voice is welcome.”

(Margaret J. Wheatley)

“If people stand in a circle long enough, they’ll eventually begin to dance.”

(George Carlin, Comedian)

© International Institute for Restorative Practices

COMPASSION, APPRECIATION, RESILIENCE & EMPOWERMENT



Circle and Community

“You have noticed that everything an Indian does is in a circle, and that is because the Power of the World always works in circles, and everything tries to be round...The sky is round, and I have heard that the earth is round like a ball, and so are all the stars. The wind, in its greatest power, whirls. Birds make their nest in circles, for theirs is the same religion as ours...

Even the seasons form a great circle in their changing, and always come back again to where they were. The life of a man is a circle from childhood to childhood, and so it is in everything where power moves.”

(Black Elk)

© International Institute for Restorative Practices

COMPASSION, APPRECIATION, RESILIENCE & EMPOWERMENT

Why Circles?



Types of Circles

- Proactive
- Responsive
- Sequential
- Non-sequential



Secrets to Success

- Remember to facilitate
- Clear topic and goal
- Set a positive tone
- Keep the focus
- Get some allies
- Use silence
- Active listening
- Pay attention to body language
- Come into the circle well regulated

Circle Practice

In Groups of 4-5 folks:

- Everyone introduce yourself
- Go around everyone answer this question:
 - Are you getting what you came here for?
 - What would make this better?
- As others are speaking, everyone else LISTEN, do not respond
- Be prepared to share themes that emerged
- You will have 15 minutes

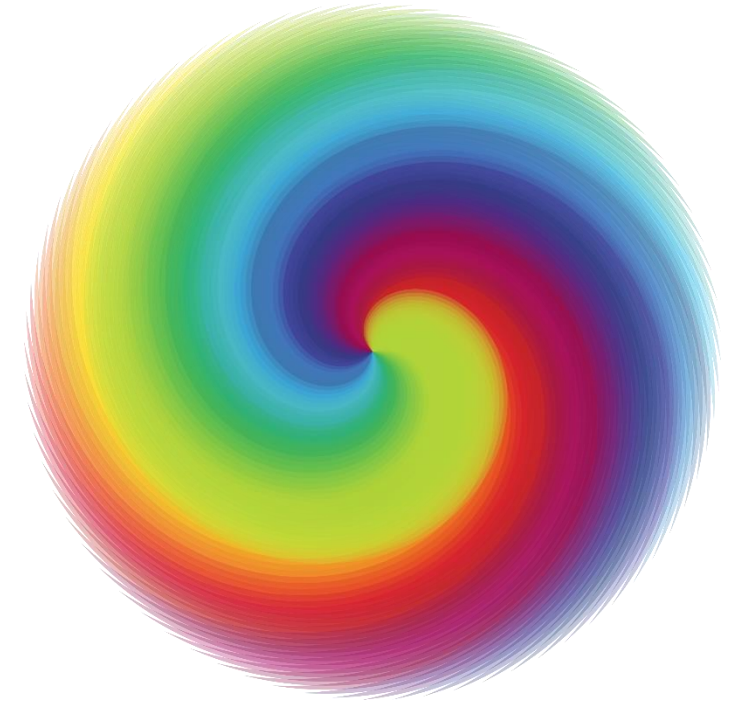


MARTIN HILL Stone Circle

Wherever possible, create a circle where people can safely share deep experiences and diverse viewpoints.
There are many circle formats, but their one central concept is to demonstrate reverence for the truth of another person's experience.
-James O'Dea, *Cultivating Peace*

Circle Planning

- Consider how you can start using circles in your daily work as well as you imagine bringing the CARE training back to your organization.
- What ideas do you have? What questions do you have?
- Consider the following as you plan circles:
 - What is the goal?
 - What type of circle?
 - What questions would you use? Do the questions include past – present – future?





Next Steps and Wrap Up

Reflection:

- How does what you learned about Restorative Practice impact how you plan to approach bringing Trauma Informed Care to your organization?

Circle go around:

- I learned, I realized or I was surprised by.....



Thank You

Mary Cline-Stively, MA

Chief Executive Officer

Mary.cline-Stively@childstrive.org

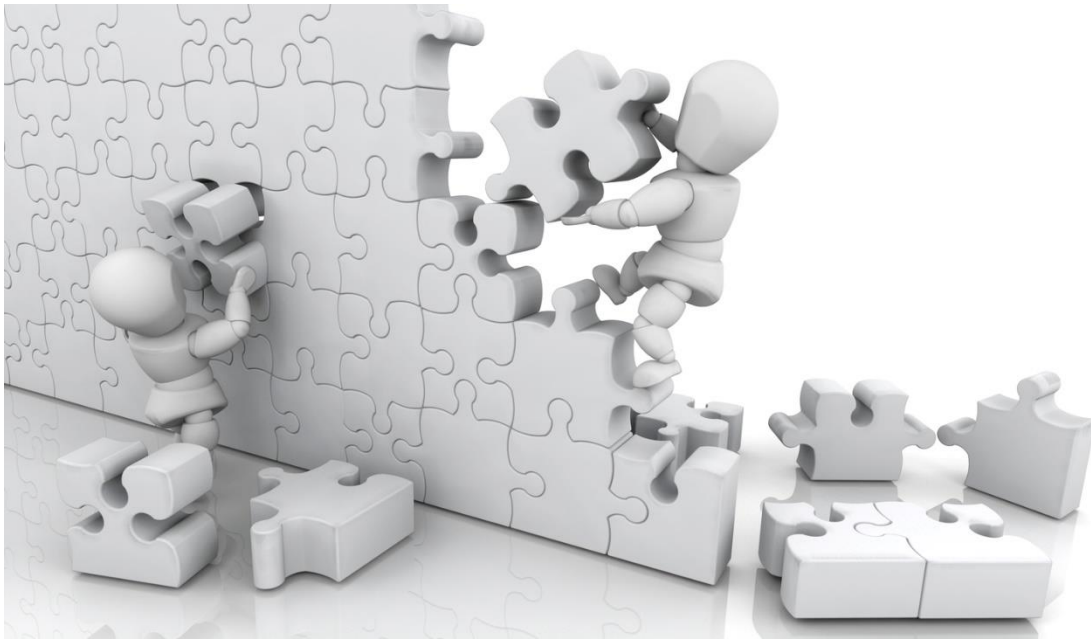
206-619-2475

ChildStrive

Child • Family • Community

COMPASSION, APPRECIATION, RESILIENCE & EMPOWERMENT

As we gather.....



- Please make sure your screen name includes your first name and pronouns
 - Go to the 3 dots in the upper right hand corner of your image/frame and choose “rename”

Implementation Science and Adult Learning

Mary Cline-Stively

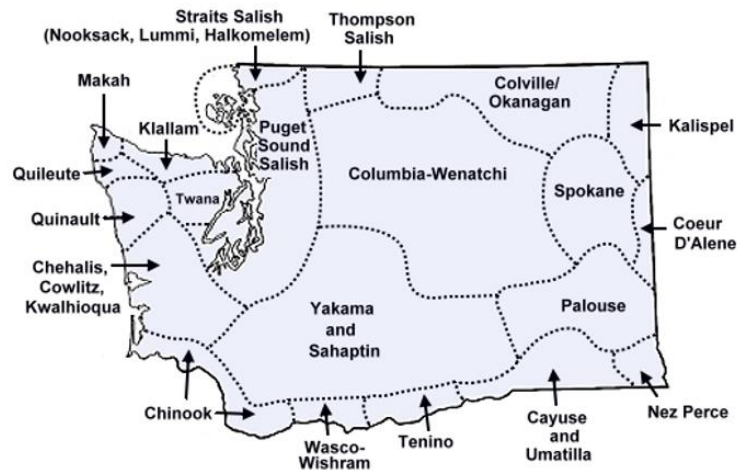


care
BUILDING COMMUNITY
THROUGH COMPASSION

Child *Strive*
Child • Family • Community

Land Acknowledgment

There are over 29 federally recognized Indian tribes in WA today



And many others that are not federally recognized

We acknowledge that we are each residing on tribal lands of those who have lived on this land time immemorial. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together today. We recognize the resilience of those past and present who work to build a strong and sovereign nation where Tribal members live their values and culture.

We are on the lands of the Tulalip, the Snohomish, the Stillaguamish, and Sauk Suiattle Tribes.

Hopes for our time together

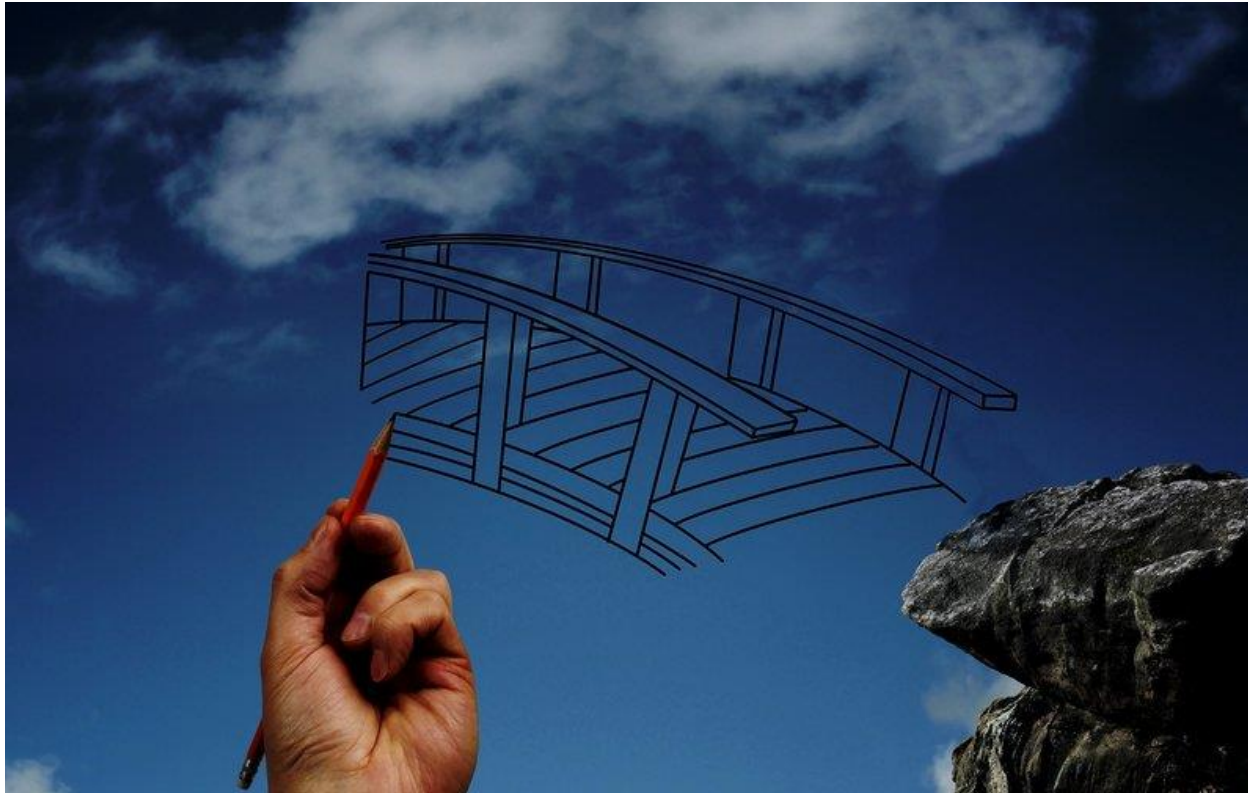
- Begin to think about implementation at your organization.
- Reflect on what tools and supports you may need as you plan for training and implementation.
- Leave with the start to a plan for implementation.



Group Agreements

- Address impact over intent
- Embrace the power of humble, respectful listening
- Create trusting and safe spaces – where a little bit of discomfort is okay.
- Learning leaves – Stories stay
- Speak from your own experience instead of generalizing
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice
- We encourage you to lean in, be brave and vulnerable

Ice Breaker



- In groups of 3-4, share how your vision is starting to form for your organization as you begin your CARE community journey.
- 10 minutes
- Brief share out to the whole group

Implementation Science / Practice

Seek to identify specific activities, contexts and other factors that increase the likelihood of successful implementation and lead to improved outcomes.

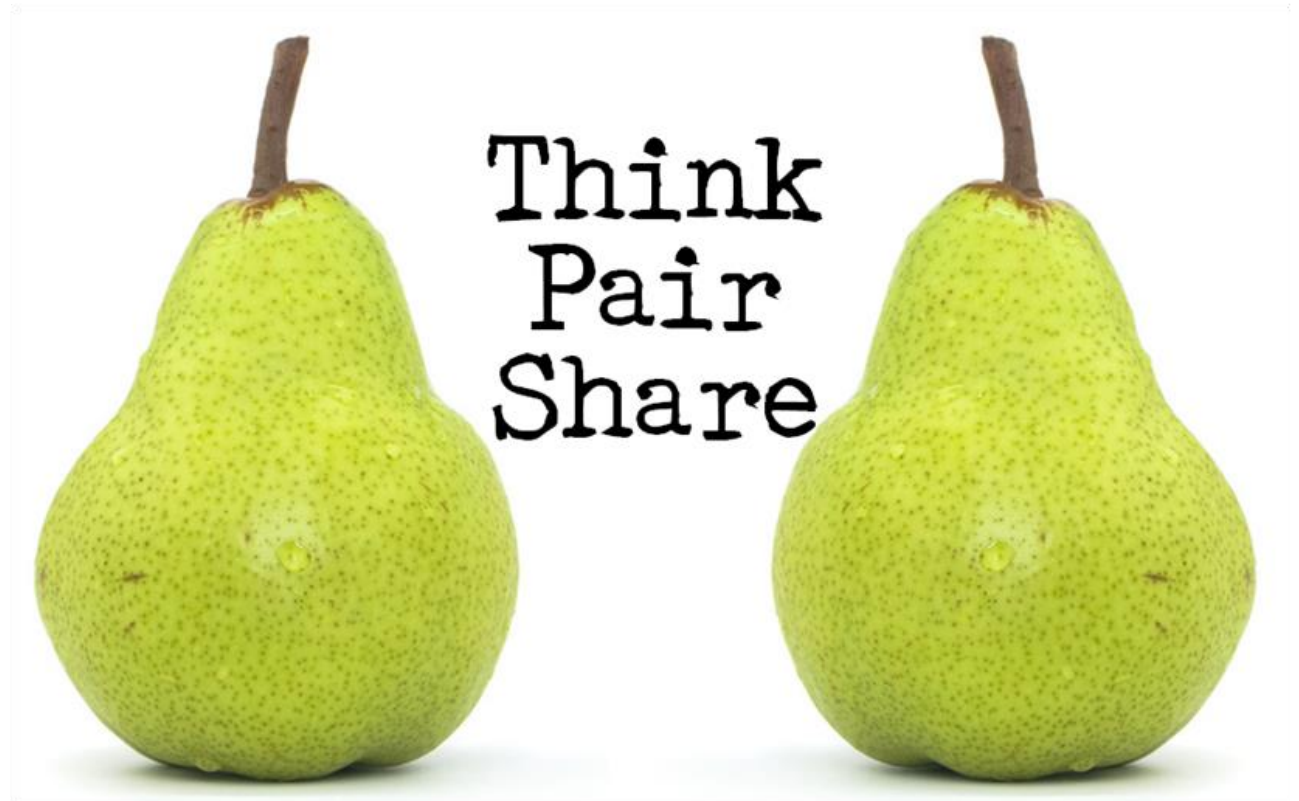


Principles

- ***Be Empathetic***: Approach facilitation and change processes with regard for others as legitimate, respected, and valuable contributors. Seek mutual-understanding and growth promotion within relationships.
- ***Be Curious***: Ask questions, demonstrate authentic interest, engage in different ways.
- ***Be Committed***: Bring patience, resilience and willingness to challenge the status quo. Demonstrate flexibility and agility as you encounter set backs.
- ***Advance Equity***: Integrate strong equity components, including explicit attention to the languages, cultures, values, assets, etc.
- ***Use Critical Thinking***: Explore the diverse elements of a situation, examine your own and others assumptions.
- ***Embrace Cross-Disciplinary Approaches***: Appreciate and use different perspectives to bring mutual and transformative learning.

Reflection...

- In pairs – 5 minutes
- Consider the principles –
 - Where are your strengths?
 - Where are your growing edges?
 - What questions do you have?



Core Competencies

- **Co-Creation and Engagement Domain**

- *Co-Learning*: create opportunities for folks to learn together, agree to outcomes and how things are implemented.
- *Brokering*: bridge connection between folks, departments, partners
- *Address power differentials*: acknowledge it, seek shared understanding, create spaces that allow for free speech.
- *Co-Design*: support co-design of implementation strategies when possible, consider including those with lived experience.
- *Tailoring Support*: determine frequency, duration and intensity based on the needs of the group.

Reflection...

- In pairs – 5 minutes
- Consider the co-creation and engagement domain –
 - Where are your strengths?
 - Where are your growing edges?
 - What questions do you have?



Core Competencies

- **Ongoing Improvement Domain**

- *Assess needs and assets*: create opportunities that fit the needs of the organization.
- *Understanding context*: Implementation is influenced by the service system and the context of your community.
- *Applying and integrating frameworks, strategies and approaches*: develop a unique package that meets your needs.
- *Facilitation*: support everyone to do their best thinking.
- *Communication*: consider information exchange as well as creating shared understandings.
- *Conducting Improvement Cycles*: create space for reflection, feedback and adjustments

Reflection...

- In pairs – 5 minutes
- Consider the on-going improvement domain –
 - Where are your strengths?
 - Where are your growing edges?
 - What questions do you have?



Core Competencies

- **Sustaining Change Domain**

- *Growing and Sustaining Relationships:* implementation takes place through trusting relationships.
- *Developing Teams:* Ensure the meetings are structured, effective and build the competency of those attending. Explicitly support team development and the opportunity to contribute.
- *Building Capacity:* Individual and organizational level.
- *Cultivating Leaders and Champions:* create opportunities for distributed leadership.

Reflection...

- In pairs – 5 minutes
- Consider the sustaining change domain—
 - Where are your strengths?
 - Where are your growing edges?
 - What questions do you have?



Reflection and Engagement

- In break out rooms by organization:
 - When considering the principles and core competencies what ideas do you have as you think about creating an implementation plan? What are you most concerned about? What are the easy wins?
- 15 minutes
- Brief share out when you return



- **10minutes**
- To take care of yourself....
- Stretch
- Hydrate/Snacks
- Get Fresh Air
- Close your eyes

- [5 Minute Countdown | Big Timer - Fullscreen countdown timer](#)

Developing a culture of safety

- Implementation really relies on collaborative learning, taking risks (and being willing to fail).
- The center of creating this type of environment is vulnerability, trust and psychological safety.
- Elements include:
 - Leadership commitment and development
 - Training, development and on-going support
 - Environment of continuous learning
 - Staff engagement and idea sharing



Psychological Safety

The belief that you can speak up, take risk and put forward ideas, questions or challenges without facing ridicule or retaliation.

~Amy Edmundson



Safe Spaces

- As you consider how you can create and cultivate safe, gracious spaces, apply the equity and justice lens.
- Consider:
 - How does this fit with the anti-racism work the organization is doing?
 - Consider the systemic and general trauma that may be present?

Equity Reflection

- Consider reflective questions as a way to set the foundation for safety:
 - Am I focused and ready to give 100% of my attention?
 - Am I prepared to listen to different perspectives?
 - Am I aware of the implicit and explicit biases I may bring to the meeting?
 - Am I aware of how my power and privilege – race, gender, age, position – may impact the conversation?
 - Am I prepared to be open to different people’s expertise and knowledge?

Creating a “gracious space”

- Start with a check in, introduction type exercises with minimal self-disclosure – building toward creating brave spaces to share throughout the time together.
- Community or group agreements: use as a way to gain engagement early on.
- Clear learning objectives: so everyone is clear why they are in the room, ask if there are other things folks were hoping for.
- Use a circle process to ensure all voices are heard.
- Ensure everyone has logistical info – restrooms, breaks, how to use technology, etc.
- Be explicit on expectations (“would like to hear from everyone”, feel free to pass, “popcorn” style, etc.)
- End with some sort of check out, reflection - how they experienced the time, exercise

Leadership

- Leaders are anyone who has the courage to develop the potential in people and processes
- Who we are is how we lead....
 - Do your own work so that you can show up and be present
 - Get comfortable being uncomfortable
 - You don't need to be the expert
 - Model the behaviors you want see – acknowledge, ask for help, reflection, learning....

Being Curious

- Use reflective, open ended questions.
- Provide feedback using a strengths based approach: “that might work, another options might be to try XXXX” or “yes and XXXX”.
- Ask questions to better understand verses jumping to the conclusion – “can you say more about...” or “can you give me an example of when you had that experience”.
- Check in with the group: is the pace working, do folks need a break, etc.
- Model being curious, vulnerable, brave and centered (take a deep breath).
- Stay neutral – acknowledge a contribution to the conversation without judgement.



Opportunities for engagement

- If material is being read out loud, ask for volunteers.
- Use “pair-share” exercises, even if only a few minutes to turn to partner, then group hi-lights.
- Ask “what questions do you have” vs. “any questions?”.
- Provide real-life experiences and examples. Ask for examples from the group.
- Use language like “what was your take away”, “a-ha moment”, “experience” when trying to encourage sharing.
- Use small group interactions whenever possible.
- Use silence – it may mean that folks are absorbing material. It is okay to pause and give a minute for reflection.
- Provide content and then provide some sort of opportunity for engagement around the material like a few minutes of self-reflection, pair-share, small group, etc. The important part is integration, experience and/or practice of material to help make it their own.
- Use self-assessment type of tools or questions as a way to mitigate the gap of experience and the new information.
- Provide a variety of different ways to access the material - Visual; auditory; kinesthetic; etc.

Reflection and Engagement

- In break out rooms by organization:
 - When considering the safe/gracious spaces and engagement what ideas do you have as you think about creating an implementation plan? What are you most concerned about? What are the easy wins?
- 15 minutes
- Brief share out when you return

Break!!



- **10 minutes**
- To take care of yourself....
- Stretch
- Hydrate/Snacks
- Get Fresh Air
- Close your eyes
- [5 Minute Countdown | Big Timer - Fullscreen countdown timer](#)

Characteristics of Adult Learners

(adapted from Malcolm Shepherd Knowles)

- **Self-Concept:** as we become adults we become self-directed human beings. Therefore we want to be able to take some ownership of our learning and be an active participant.
- **Adult Learner Experience:** As adults we are building experiences that become a great resource for learning. Therefore, we want to be able to incorporate our experiences into our learning.
- **Readiness to Learn:** Change is hard for everyone. We may access learning situations where the material is different than how we have experienced previously. Adults tend to prefer being part of a “facilitated co-learning experience” verses being taught by the “teacher/expert”.
- **Orientation to learning:** As adults we tend to want our learning to be closely related to our life or work. We want to be able to attach the learning to real life experiences and we want the learning to help us “solve problems” or to make things different.
- **Motivation to Learn:** Generally most adult’s motivation is internal. Adults want to understand how the material will impact their life.

Four Quadrants of Change

	Subjective	Objective
Individual	Quadrant 1 Personal Meaning & Engagement	Quadrant 2 Skills & Behaviors
Collective	Quadrant 3 Culture & Shared Values	Quadrant 4 Systems & Structure

Implementation Plan

- Consider these elements
 - **Why** is this important for the organization? What is your vision for what you are hoping to accomplish?
 - **What** tasks need to occur?
 - **How** will this be best accomplished?
 - **When** – what is the order of priority?
 - **Who** can be involved?



Reflection and Engagement

- In break out rooms by organization:
 - Start to think about your why, what, how, when and who.
 - What are you most nervous about? What questions do you have? What do think will be the easy wins?
- 15 minutes
- Brief share out when you return



Next Steps and Wrap Up

Reflection:

- How does what you learned about implementation science and adult learning impact how you plan to approach bringing Trauma Informed Care to your organization?

Circle go around:

- I learned, I realized or I was surprised by.....



Thank You

Mary Cline-Stively, MA

Chief Executive Officer

Mary.cline-Stively@childstrive.org

206-619-2475

ChildStrive

Child • Family • Community

COMPASSION, APPRECIATION, RESILIENCE & EMPOWERMENT



Break Out Exercise Worksheet

Introduction:

- Groups of 2-3
 - Name, what you do and questions or thoughts you have about Restorative Practice.

Social Discipline Window:

- We are going to break into 8 groups. Each group will be assigned one of the quadrants: To, For, Not and With
 - Groups #1 and #5 NOT
 - Groups #2 and #6 TO
 - Groups #3 and #7 WITH
 - Groups #4 and #8 FOR
- Where, within your organization, do you see this style? What do those behaviors look like? What is the outcome?
 - When we come back please have one person who can report out on your work.

Restorative Questions:

- In pairs
 - Think about a time when you were harmed or created harm for another person. Take turns asking the other person the questions in regard to their situation.
 - The goal is to ask the questions and listen generously. This is NOT a time to engage in conversation.
 - I will be asking for a few people to share their highlights or experience with the questions.

Circle Planning

- In groups of 3-4: brainstorm places you can start using circles
 - What is the goal?
 - What type of circle?
 - What questions would you use?
- I will ask for several group to report out on what they really liked, what questions they had or other highlights.

Restorative Practices Resources

- <https://www.iirp.edu/restorative-practices/what-is-restorative-practices>
- <https://www.iirp.edu/resources/community-health-restorative-practices>

Restorative Listening Circles Ideas: by Mary Cline Stively - ChildStrive

For me I think it is really about creating space for folks to share their story – my favorite general question is “What impact has this had on you?” “What is the hardest part?”.

This is such a challenging time and I really think about how can we be in the struggle with? How can we listen, be curious and not add burden, especially to our colleagues and neighbors who are black and people of color? How can we reflect on our own learning edges and seek to understand and not just try to make the struggle go away?

Appendix A

Organizational Systems Change

Addressing the Impact of the Work Implementation Objectives

- Provide education and training on the positive and negative impact of the work (e.g., vicarious trauma, vicarious resilience)
- Provide supervision to support the well-being of the workforce
- Create a plan for organization/system structures to promote vicarious resilience and vicarious post-traumatic growth of the workforce
- Ensure an organizational/system culture of collaboration and empowerment

Critical Components of the Implementation Stage

- TILT Teams
- Deliberate trauma informed messaging from administration
- Initial and ongoing trainings for organizations
- Supports for self and co-care and resilience
- Integrate and sustaining deliberate equitable/inclusion practices throughout the organization
- Supportive physical environment
- Deliberate screening and treatment of trauma processes to reduce re-traumatization
- Collaboration and relationships with partners and referrals
- Review of all policies, procedures and forms through a trauma informed lens using the policy audit tool

Leading and Communicating Implementation Objectives

- Have a standing TILT monthly meeting – same place and time
- Elicit feedback and provide follow-up results to all individuals regarding the implementation process
- Integrate a trauma informed approach into organizational/system messaging

Hiring and Orientation Practices Implementation Objectives

- Hire individuals who have an understanding or willing to commit to trauma informed principles
 - Use trauma informed interviewing techniques and during the onboarding process
 - Utilize the policy audit tool to review employee handbooks, policies, and procedures
- **SAFETY**
 - Conduct interview and orientation processes in ways that are welcoming, respectful and engaging
 - Include safety training and/or review of safety protocols in new-hire orientation
 - Establish a protocol for how current workers welcome, meet and support new workers
 - Provide an overview of the environment (e.g., emergency exits, location of bathroom, breaks that will occur, etc.)
 - Provide the opportunity to access refreshments (e.g., water, coffee) and the bathroom prior to starting an interview or throughout a new-hire orientation
 - **TRUSTWORTHINESS**
 - Job postings are transparent about tasks, responsibilities and expectations
 - Before and during the interview and orientation process expectations should be clear
 - Front office staff should be trained and prepared for interview days
 - Ask if interviewees need clarification or rewording of questions during the interview process
 - Inform applicants in a timely and respectful manner if they are not selected
 - New-hire orientation should include a review of responsibilities, expectations and the guiding principles of trauma informed care
 - **CHOICE**
 - Provide some choice in timeframes for interviews whenever possible
 - Inform applicants and new staff of their options in the workplace

- **COLLABORATION**
 - Provide opportunities for feedback and elicit opinions during the hiring and orientation process
 - Negotiate hours, salaries and benefits in a way that is collaborative whenever possible

- **EMPOWERMENT**
 - Inquire about strengths and capacities during the interview
 - Provide job training/opportunity for shadowing during the orientation process

Addressing the Impact of the Work Implementation Objectives

- Provide education and training on vicarious trauma, self-care, and resilience
- Provide reflective supervision to support the well-being of the organization
- Commit to an organizational/system culture of collaboration and deep relationship

Establishing a Safe Environment Implementation Objectives

- Provide a trauma informed environmental scan to include scheduled regular walk throughs
- Provide feedback and suggestion systems that include opportunities to give feedback regarding their experience of safety
- Implement changes from the results of the trauma informed environment walk-through and feedback gathered when feasible

Screening, Assessment & Treatment Services

Screening for Trauma Implementation Objectives

- Decide if it is appropriate for your organization to screen for trauma
- Use standard screening tools and protocols as necessary
- Train employees how to use the standard trauma screening tool without re-traumatizing the consumer
- Train employees how to interview with a trauma informed lens to prevent/reduce re-traumatization

Trauma Referrals Implementation Objectives

- Have best practice trauma treatment/interventions
- Have a known resource list of collaborative organizations to appropriately refer

Treating Trauma Implementation Objectives

- Use best practice treatment interventions when treating trauma
- Provide clinical supervision and support to all employees

Cross Sector Collaboration

Collaborating with Others (Partners and Referrals) Implementation Objectives

- Collaborate with partner organizations that are trauma informed
- Promote cross-sector collaboration by identifying partner organizations with common goals
- Model trauma informed principles by collaborating with others, being reciprocal and actively listening

Policy Engagement and Involvement

Reviewing Policies and Procedures Implementation Objectives

- Make a deliberate decision to use the policy audit tool when reviewing sustainable policy changes
- Engage in transparent communication process as allowed
- Invite feedback on policy/procedure review as they change
- Ensure policies/procedures are easily accessible

Progress Monitoring and Quality Assurance Evaluation

Evaluating and Monitoring Progress Sustainability Objectives

- Evaluate trauma informed organizational change regularly using either the Continuum of CARE or the Standards of Practice assessment tools to assess the organizational climate
- Consistently evaluate the impact of trauma informed principles on outcome data and areas of quality improvement
- Incorporate the voice and choice of all individuals in the organization
- Consistently assess and modify organizational priorities/systems through an equity lens

Appendix B

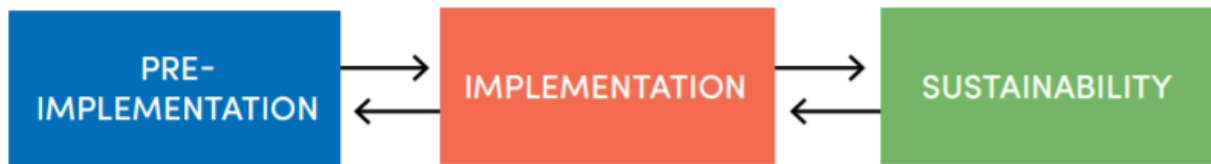
Stages of the Trauma Informed Organizational Model

The first component of the trauma informed organizational model is identifying the stage.

The three stages of the organizational model are:

- Pre-Implementation
- Implementation
- Sustainability

The things to consider, needs and resources for trauma informed organizational change are different, depending on which stage the organization/system is currently in. However, what we know about successful organizational change is that in order for it to work and be sustainable, there needs to be an acceptance that change is a flexible, ongoing and regularly re-evaluated process (Rosenbaum, More & Steane, 2018; Tsoukas & Chia, 2002). Therefore, the three stages are dimensional and flexible.



For example, today you may find your organization/system is in the **Sustainability Stage** in one key development area, only to re-evaluate down the road and find that something new needs to be implemented—bringing that area to the **Implementation Stage** once more. Additionally, your organization/ system may be in different stages, depending on which key development area is being considered (e.g., in **Pre-Implementation** for Leading and Communicating, and **Sustainability** in Treating Trauma).

Appendix C

For Further Resources

Hiring and Orientation Practices Interview Questions

- National Council for Behavioral Health – Trauma Informed Care Interview Questions <https://www.nationalcouncildocs.net/wp-content/uploads/2018/07/TIPCI-Interview-Questions.pdf>
- Trauma Informed Oregon – Human Resources Practices to Support Trauma Informed Care in Your Organization <https://traumainformedoregon.org/resource/human-resources-practices-support-tic/>

New Hire Orientation

- Institute on Trauma and Trauma Informed Care – Basics for All Staff: Online Modules <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-traumainformed-care/online-modules.html>
- National Child Traumatic Stress Network (NCTSN) - Learning Center <https://learn.nctsn.org/>
- Wisconsin Department of Public Instruction – Trauma-Sensitive Schools Learning Modules <https://dpi.wi.gov/sspw/mental-health/trauma/modules>

Trauma Informed Hiring and Orientation Protocols

- Missouri Department of Mental Health – Policy Guidance for Trauma Informed Human Resources Practices <https://dmh.mo.gov/trauma/docs/HRPolicyGuidance32017.pdf>
- Trauma Informed Oregon – Human Resources Practices to Support Trauma Informed Care in Your Organization <https://traumainformedoregon.org/resource/human-resources-practices-support-tic/>

Training the Workforce (Clinical and Non-Clinical)

- Foundational Education • Institute on Trauma and Trauma Informed Care – Basics for All Staff: Online Modules <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-traumainformed-care/online-modules.html>
- National Child Traumatic Stress Network (NCTSN) - Learning Center <https://learn.nctsn.org/>
- Wisconsin Department of Public Instruction – Trauma-Sensitive Schools Learning Modules <https://dpi.wi.gov/sspw/mental-health/trauma/modules>

Addressing the Impact of the Work

- Lipsky & Burk - Trauma Stewardship (book) <https://www.amazon.com/Trauma-Stewardship-Everyday-Caring-Others/dp/157675944X>
- Office for Victims of Crime – The Vicarious Trauma Toolkit <https://vtt.ovc.ojp.gov/>
- UB School of Social Work – Self-Care Starter Kit <https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>
- Supervision • Hudnall Stamm - Professional Quality of Life Scale (ProQOL) http://proqol.org/ProQol_Test.html
- National Child Traumatic Stress Network – Using the STS Core Competencies in Trauma Informed Supervision https://www.nctsn.org/sites/default/files/resources/fact-sheet/using_the_secondary_traumatic_stress_core_competencies_in_trauma_informed_supervision.pdf
- Network180 & SAMHSA – Trauma Informed Care Clinical Supervision Scenarios Training Video <https://www.youtube.com/watch?v=bJe5fFnwNdA&app=desktop>
- Treisman – Trauma Informed Supervision (Therapeutic/frontline context) http://www.safehandsthinkingminds.co.uk/wp-content/uploads/2016/03/trauma_informed-supervision.pdf
- Organization/System Supports • Center for Health Care Strategies, Inc. – Strategies for Encouraging Staff Wellness https://www.chcs.org/resource/strategies-encouraging-staf-wellness-trauma_informed-organizations/
- Northeastern University -Vicarious Trauma-Organizational Readiness Guide for Victim Services https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_VT-ORG_Victim_Services-508.pdf
- Office for Victims of Crime – The Vicarious Trauma Toolkit <https://vtt.ovc.ojp.gov/>

Establishing a Safe Environment

- Implementing a Program Walk-Through • National Center on Domestic Violence, Trauma & Mental Health – Tips for Creating a Welcoming Environment http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_WelcomingEnvironment_NCDVTMH_Aug2011.pdf
- Trauma Informed Oregon – Agency Environmental Components for Trauma Informed Care <http://traumainformedoregon.org/wp-content/uploads/2016/01/Agency-Environmental-Comp>
- Screening for Trauma General Screening Considerations • Boyle & Delos Reyes – Trauma Informed Care: Screening & Assessment (PowerPoint Slides) https://www.centerforebp.case.edu/client-files/events-supportmaterials/2015-0422_TICVideoconference.pdf
- Substance Abuse and Mental Health Services Administration – TIP-57 (Part 1, Chapter 4 p159-171) <https://store.samhsa.gov/system/files/sma14-4816.pdf>
- Picking a Tool • ACEs Connection – Different Types of ACE Surveys <https://www.acesconnection.com/g/resource-center/blog/resource-list-extended-aces-surveys>
- American Psychiatric Association – Online Assessment Measures (Disorder-Specific Severity Measures, Severity of Posttraumatic Stress Symptoms Adult & Child Age 11-17) <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>
- Center for Youth Wellness – ACEQ & User Guide <https://centerforyouthwellness.org/cyw-aceq/>
- Children F.I.R.S.T. – Child and Adolescent Trauma Measures: A Review https://ncwwi.org/files/Evidence_Based_and_Trauma_informed_Practice/Child-and-AdolescentTrauma-Measures_A-Review-with-Measures.pdf
- National Child Traumatic Stress Network (NCTSN) – Screening and Assessment <https://www.nctsn.org/treatments-and-practices/screening-and-assessment>
- Treating Trauma Access to Trauma-Specific Interventions • Cognitive Processing Therapy – CPT Provider Roster <https://cptforptsd.com/cpt-provider-roster/> • EMDR International Association – Find an EMDR Therapist <https://emdria.site-ym.com/general/custom.asp?page=fndatherapistmain>

Collaborating with Others (Partners and Referrals) General Screening Considerations Learning from Others and Building Partnerships

- Center for Health Care Strategies – Trauma Informed Care in Action Profiles <https://www.chcs.org/resource/trauma-informed-care-in-action-profile-series/>
- Oral et al. (2016) – Communities Embracing Trauma Informed Care <https://www.nature.com/articles/pr2015197#trauma-informed-care>
<https://www.nature.com/articles/pr2015197/tables/1>
- National Council for Behavioral Health – Domain 6: Building Community Partnerships <https://www.nationalcouncildocs.net/trauma-informed-care-learning-community/resources/domain6-building-community-partnerships>
- National Council for Behavioral Health – Lessons Learned: Adoption of Trauma Informed Care <https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/Lessons-Learned-2012-LC-FINAL.pdf>
- United Way et al. (2018) – Trauma Informed Philanthropy https://www.unitedforimpact.org/wp-content/uploads/2018/08/FINAL_TraumaGUIDE-single.pdf
- Reviewing Policies and Procedures Tools/Guides for Reviewing • Anna Institute – Re-traumatization With Chart (PowerPoint) <http://theannainstitute.org/presentations.html>
- Community Connections (Harris & Fallot) – Creating Cultures of Trauma Informed Care <https://traumainformedoregon.org/wp-content/uploads/2014/10/CCTIC-A-Self-Assessment-andPlanning-Protocol.pdf>
- Substance Abuse and Mental Health Services Administration – TIP-57 (p162-163, 166) <https://store.samhsa.gov/system/files/sma14-4816.pdf>
- Trauma Informed Oregon – Guide to Reviewing Existing Policies <http://traumainformedoregon.org/wp-content/uploads/2016/01/Guide-to-Reviewing-Existing-Policies.pdf>

Evaluating and Monitoring Progress

- Coordinated Care Services, Inc. – Trauma Responsive Understanding Self-Assessment Tools <https://www.ccsi.org/Pages/TRUST>
- National Center on Family Homelessness – Trauma Informed Organizational Self-Assessment (section 1)
[https://www.air.org/sites/default/files/downloads/report/Trauma informed Organizational Toolkit 0.pdf](https://www.air.org/sites/default/files/downloads/report/Trauma%20informed%20Organizational%20Toolkit%200.pdf)
- National Council for Behavioral Health – Sustainability Guide
<https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/TIC-Sustainability-Guide.pdf>
- Southwest Michigan Children’s Trauma Assessment Center – Trauma Informed Change Instrument [https://traumainformedoregon.org/wp-content/uploads/2014/10/Trauma informed System Change Instrument Organizational Change Self-Evaluation.pdf](https://traumainformedoregon.org/wp-content/uploads/2014/10/Trauma%20informed%20System%20Change%20Instrument%20Organizational%20Change%20Self%20Evaluation.pdf)
- Trauma Informed Care Project – Agency Self-Assessment
[http://www.traumainformedcareproject.org/resources/Traum%20Informed%20Organizational%20 Survey_9_13.pdf](http://www.traumainformedcareproject.org/resources/Traum%20Informed%20Organizational%20Survey_9_13.pdf)
- Trauma Informed Oregon – Standards of Practice
[https://traumainformedoregon.org/resource/standards-practice-trauma informed-care/](https://traumainformedoregon.org/resource/standards-practice-trauma%20informed-care/)
- Trauma Informed Oregon – Standards of Practice (Education)
[https://traumainformedoregon.org/resource/education-standards-practice-trauma informed-care/](https://traumainformedoregon.org/resource/education-standards-practice-trauma%20informed-care/)
- Trauma Informed Oregon – Standards of Practice (Healthcare)
[https://traumainformedoregon.org/resource/healthcare-standards-practice-trauma informed-care/](https://traumainformedoregon.org/resource/healthcare-standards-practice-trauma%20informed-care/)
- Traumatic Stress Institute – Attitudes Related to Trauma informed Care (ARTIC) Scale <http://traumaticstressinstitute.org/artic-scale/>

Appendix D

Sample Trauma Informed Interview Questions

The following are sample questions that can be used when interviewing potential candidates for any position. Please note a couple of things:

1. The questions and the language used can be edited and adapted to your organization/system.
 - Words that are italicized and in brackets indicate the interviewer can insert the relevant word based on the interview.
2. This is a collection of sample questions rather than a script the purpose of this list is to provide examples of how an interviewer can inquire about different aspects of a trauma informed approach.

Please talk about what it means to be trauma informed in your work

- Do you have experience working for an organization or system that implemented aspects of a trauma informed approach?
- How will you use a trauma informed approach in your role?
- Give us an example of how you have used the principle in your work.
- Please talk about your understanding of how trauma may interface with the population we work with.
- Please describe your understanding of evidence-based interventions or treatments that are available to the population we work with. How familiar are you with these?
- What strategies do you already use in order to address the potential for vicarious trauma, secondary traumatic stress, burnout and compassion fatigue? What organizational strategies or supports have you found helpful in the past?
- While all the values and principles of a trauma informed approach are important, which one resonates with you the most? Tell us more.
- If you observe an unethical situation between a co-worker and a [client/patient/student/consumer], explain how you would use the principle of trustworthiness in order to address the situation.
- When thinking about a trauma informed approach, what are your thoughts about the role of the [client/ patient/student/consumer] in the work we do here?
- What characteristics or behaviors might be indicators to you that someone has experienced trauma?

- Please explain what self-care or wellness means to you. What strategies do you already use that work?
- What advice would you give to a colleague who is considering working with individuals who may have experienced trauma?
- What aspects of the trauma informed approach would you like to know more about?
- Tell us about a time that you used a trauma informed approach in a difficult interaction with a coworker or [client/patient/student/consumer].
- Do you have experience screening individuals for trauma or adversity? If so, what screening tools did you use?
- Tell us about your understanding of resilience and post-traumatic growth. What thoughts do you have regarding promoting resilience and post-traumatic growth with those we work with? In the workforce?

Appendix E

Assessment Tools

Standards of Practice Assessment:

The following Standards of Practice for Trauma Informed Care organizations in Snohomish County, WA are based on nationally recognized principles of trauma informed care and are in alignment with SAMHSA's Concept of Trauma and Guidance for a Trauma Informed approach. These standards were integrated with Trauma Informed Oregon's Standards of Practice and reviewed and adopted by Snohomish County's Children's Wellness Coalition to include family members, individuals with lived experiences, as well as providers from different fields of practice. These standards are intended to provide benchmarks for planning and monitoring progress and as a means to highlight accomplishments and to challenge each organization.

We recommend your multi-level Trauma Informed Leadership Team (TILT) use this tool. Please keep this in mind when using this Standards of Practice tool:

1. The Standards of Practice are intended to help agencies communicate to their constituencies how and to what extent they are working to build trauma informed care within their programs and/ or systems. We are not attempting to develop metrics or a system of accountability.
2. There is no assumption that this tool will be equally useful across all organizations or systems. Each system will need to determine how the Standards fit within its own culture.
3. Individual Standards will be interpreted differently in different contexts. For this reason, the Standards invite a qualitative (descriptive) response rather than a yes/no answer.
4. It is recommended that this document be reviewed, with a clear internal process, and updated by the Trauma Informed Leadership Team (TILT) at least once a year. How each agency makes their work ongoing and sustainable will be critical.
5. In order to assist organizations to assess strengths and weaknesses and to set goals, we have included a simple set of ratings. The ratings cannot be used to compare one programs or organization to another. Note that although the highest rating is 5 there is always room for improvement, and perspectives may vary on who is making the rating.



Standard of Practice for Trauma Informed Organizations Self-Assessment Tool

<https://www.surveymonkey.com/r/VMJGNCS>

1= We have not 2= We are in the planning 3= We are in the process
4= We have made 5= We are amazing! started stages of implementation significant progress

1.	Organization Commitment and Endorsement:					
	Organization leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly.					
a.	Board of Directors and Leadership Team are committed to implementing trauma informed standards in the work of the organization. Notes:	1	2	3	4	5 n/a
b.	Organization develops a TILT (Trauma Informed Leadership Team) and identifies champions within the senior leadership. Notes:	1	2	3	4	5 n/a
c.	Trauma Informed Care appears as a core principle in organization value statements, policies, and written program/services information. Notes:	1	2	3	4	5 n/a

d.	<p>There is a process in place for regular feedback and suggestions from staff and consumers related to trauma informed care (perceived safety, welcoming environment, transparency, shared decision making, supportive /helpful staff).</p> <p>Notes:</p>	1 2 3 4 5 n/a
e.	<p>Individuals with lived experiences in your system have roles in your organization.</p> <p>Notes:</p>	1 2 3 4 5 n/a
f.	<p>Organization budget reflects a commitment of trauma informed care (e.g. training, self-care).</p> <p>Notes:</p>	1 2 3 4 5 n/a
g.	<p>Decisions about changes in policy, practices, procedures, and personnel are made in a way that minimizes negative impact on workforce and on individuals/families receiving services.</p> <p>Notes:</p>	1 2 3 4 5 n/a
h.	<p>The importance of self-care is reflected in organization policies.</p> <p>Notes:</p>	1 2 3 4 5 n/a
i.	<p>The organization made a commitment to diversity and equity within the organization and with the population served.</p> <p>Notes:</p>	1 2 3 4 5 n/a

j.	<p>Leadership looks at best practice for Trauma Informed Care to be embraced throughout the organization.</p> <p>Notes:</p>	1 2 3 4 5 n/a
k.	<p>Leadership identifies barriers to progress and evaluates success.</p> <p>Notes:</p>	1 2 3 4 5 n/a
l.	<p>A high standard of confidentiality is maintained throughout the whole organization</p> <p>Notes:</p>	1 2 3 4 5 n/a
2.	<p>Environment and Safety:</p> <p>There is demonstrated commitment to creating a welcoming environment and minimizing and/or responding to perceived challenges to safety.</p>	
a.	<p>Physical space (e.g., external environment, lighting, exits and entrances, waiting room, offices, halls, conference rooms, restrooms) provides actual and perceived safety for staff and individuals receiving services.</p> <p>Notes:</p>	1 2 3 4 5 n/a
b.	<p>Physical environment has been reviewed for cultural responsiveness.</p> <p>Notes:</p>	1 2 3 4 5 n/a
c.	<p>There is a process in place to hear and respond to safety concerns and crisis protocols that arise. These protocols are practiced regularly, and staff know where to access the information when needed.</p> <p>Notes:</p>	1 2 3 4 5 n/a

d.	<p>Individuals who have received services from the organization have helped develop and/or reviewed decisions about physical environment and/or safety protocols.</p> <p>Notes:</p>	1 2 3 4 5 n/a
3.	<p>Workforce Development:</p> <p>Human Resources policies and practices reflect a commitment to trauma informed care for staff and the population served.</p>	
a.	<p>Employees, volunteers and board members have received core training in Trauma Informed Care, including:</p>	1 2 3 4 5 n/a
	<input type="checkbox"/> Adverse Childhood Experiences	1 2 3 4 5 n/a
	<input type="checkbox"/> Prevalence and impact of trauma on individuals and staff	1 2 3 4 5 n/a
	<input type="checkbox"/> Principles and Implementation of Trauma Informed Care	1 2 3 4 5 n/a
	<input type="checkbox"/> Self-Care	1 2 3 4 5 n/a
	<input type="checkbox"/> NEAR (Neuroscience, Epigenetics, ACES, Resiliency)	1 2 3 4 5 n/a
	<input type="checkbox"/> Self-Regulation and De-escalation	1 2 3 4 5 n/a
	<input type="checkbox"/> Historical Trauma	1 2 3 4 5 n/a
	<input type="checkbox"/> Equity and Cultural Diversity	1 2 3 4 5 n/a
b.	<p>Handbook and organization manual include TIC language and policies.</p> <p>Notes:</p>	1 2 3 4 5 n/a
c.	<p>Core Trainings are offered to new staff and required for all staff.</p> <p>Notes:</p>	1 2 3 4 5 n/a
d.	<p>Organization is building internal capacity to ensure that ongoing training and education for staff on trauma informed care is available.</p> <p>Notes:</p>	1 2 3 4 5 n/a

e.	<p>Ongoing professional development opportunities are available for all staff. To ensure the right trainings are being offered, staff are invited to complete need assessments.</p> <p>Notes:</p>	1	2	3	4	5	n/a
f.	<p>The mission and values of the organization are communicated to all staff.</p> <p>Notes</p>	1	2	3	4	5	n/a
g.	<p>Alternative opportunities for staff to learn about Trauma Informed Care (i.e. webinars, community events, trainings being offered at different times, videos) are offered.</p> <p>Notes:</p>	1	2	3	4	5	n/a
h.	<p>Human Resources or Administration tracks staff trainings.</p> <p>Notes:</p>	1	2	3	4	5	n/a
i.	<p>Peer support is encouraged through mentoring, shadowing opportunities, and case consultation.</p> <p>Notes:</p>	1	2	3	4	5	n/a
j.	<p>Organization supports staff with their own trauma responses. Organization allow staff to take care of themselves if they are triggered. Safety plans are encouraged.</p> <p>Notes:</p>	1	2	3	4	5	n/a

4.	Hiring and Onboarding Practices:						
a.	<p>Job descriptions and hiring questions include trauma informed language. Screening and interviewing protocols includes applicant's understanding and prior experience/training regarding the prevalence and impact of trauma and the nature of trauma informed care.</p> <p>Notes:</p>	1	2	3	4	5	n/a
b.	<p>The organization provides an avenue for individuals with lived experiences of our services to participate in or inform the hiring process.</p> <p>Notes:</p>	1	2	3	4	5	n/a
5.	Supervision and Support:						
a.	<p>Staff receive regularly scheduled supervision that is supportive and where strengths are incorporated and encouraged.</p> <p>Notes:</p>	1	2	3	4	5	n/a
b.	<p>There is a clear process for peer support and guidance.</p> <p>Notes:</p>	1	2	3	4	5	n/a
c.	<p>Supervision includes discussion of self-care and wellness.</p> <p>Notes:</p>	1	2	3	4	5	n/a
d.	<p>Supervision includes learning and application of knowledge about trauma and Trauma Informed Care to include strength-based approaches and reflective supervision, if possible.</p> <p>Notes:</p>	1	2	3	4	5	n/a

e.	Supervisors have had training /consultation on supervising for Trauma Informed Care. Notes:	1	2	3	4	5	n/a
f.	Performance reviews expect increased awareness, understanding and practice of skills related to trauma informed care. Notes:	1	2	3	4	5	n/a
g.	Supervisors and staff can explain personnel policies; disciplinary actions reflect principles of transparency, predictability, and inclusiveness. Notes:	1	2	3	4	5	n/a
6.	Services and Service Delivery: Service delivery reflects a commitment to trauma informed practice related to screening, assessment, treatment services, aspects of engagement and cross-sector involvement, a collaboration.						
a.	The first point of contact is welcoming and engaging for individuals seeking support or services. Physical environment provides a welcoming environment (color, furniture, wall decorations, greeting by name, access to water). Notes:	1	2	3	4	5	n/a
b.	Direct staff understand the signs, symptoms and risks of suicide and are able to respond and get appropriate help. Notes:	1	2	3	4	5	n/a

c.	<p>Intake forms and processes have been reviewed and modified to reduce unnecessary detail that might be triggering to individuals or staff who are seeking or entering services.</p> <p>Notes:</p>	1 2 3 4 5 n/a
d.	<p>Organization has easy-to-read paperwork for staff and consumers that explains core services, key rules and policies, and process for concerns/complaints. All paperwork reflects trauma informed care principles and they are embedded in the operating policies.</p> <p>Notes:</p>	1 2 3 4 5 n/a
e.	<p>Policies related to treatment services (cancellations, no-shows and other rules) have been reviewed and modified as needed to reflect an understanding of trauma and its impact.</p> <p>Notes:</p>	1 2 3 4 5 n/a
f.	<p>Wearing a trauma lens at all times, language is framed to ask, "What has happened?" instead of "What is wrong?"</p> <p>Notes:</p>	1 2 3 4 5 n/a
g.	<p>The TILT (Trauma Informed Leadership Team) meets regularly and all departments are represented. The team has a clearly articulated succession plan.</p> <p>Notes:</p>	1 2 3 4 5 n/a
h.	<p>There is a way to support those your organization serves as they succeed</p> <p>Notes:</p>	1 2 3 4 5 n/a

i.	<p>The organization has cultural representation to reflect the community served.</p> <p>Notes:</p>	1 2 3 4 5 n/a
j.	<p>Individuals receiving services have the opportunity to provide input/feedback and/or to grieve policies that affect them.</p> <p>Notes:</p>	1 2 3 4 5 n/a
k.	<p>In organizations providing direct service, the importance of the primary relationship is recognized and supported though policy and practice.</p> <p>Notes:</p>	1 2 3 4 5 n/a
l.	<p>In organizations providing direct service, trauma specific services are offered, preferably reflecting promising or best practices.</p> <p>Notes:</p>	1 2 3 4 5 n/a
m.	<p>In organizations not providing direct services, staff have up-to-date information about trauma specific services available for referrals.</p> <p>Notes:</p>	1 2 3 4 5 n/a
n.	<p>Peer support is available and routinely offered to individuals receiving services.</p> <p>Notes:</p>	1 2 3 4 5 n/a

o.	<p>Individuals receiving services are not terminated from services without notice and direct contact (unless precluded by circumstances).</p> <p>Notes:</p>	1 2 3 4 5 n/a
7.	Cross-Sector Collaboration:	
a.	<p>Organization is working with community partners and /or systems to develop common trauma informed language, protocols, and procedures.</p> <p>Notes:</p>	1 2 3 4 5 n/a
b.	<p>The organization provides warm hand offs (e.g. introductions when making referrals).</p> <p>Notes:</p>	1 2 3 4 5 n/a
c.	<p>The organization is committed to developing a robust network of culturally responsive connections across all sectors to build capacity.</p> <p>Notes:</p>	1 2 3 4 5 n/a
8.	Diversity and Equity:	
a.	<p>The staff and board members represent the individuals served.</p> <p>Notes:</p>	1 2 3 4 5 n/a
b.	<p>The organization's TILT represents the community.</p> <p>Notes:</p>	1 2 3 4 5 n/a

c.	<p>Your organization honors cultural diversity and equity. Services are tailored to be relevant for those you serve.</p> <p>Notes:</p>	1 2 3 4 5 n/a
d.	<p>The organization's materials and services are offered in languages other than English.</p> <p>Notes:</p>	1 2 3 4 5 n/a
9.	<p>Systems Change & Progress Monitoring:</p> <p>There is a demonstrated commitment to planning, implementation and continuous improvement. To include progress monitoring, quality assurance and evaluation.</p>	
a.	<p>Organization initiates regular feedback from the individuals they serve.</p> <p>Notes:</p>	1 2 3 4 5 n/a
b.	<p>Organization completes a regular self-assessment.</p> <p>Notes:</p>	1 2 3 4 5 n/a
c.	<p>Senior Management and/or Trauma Informed Care Leadership Team (TILT) receives regular updates on progress and priorities for systems change to ensure trauma informed care.</p> <p>Notes:</p>	1 2 3 4 5 n/a
d.	<p>There is a regular mechanism for communicating to all staff and stakeholders about emerging trauma informed practices and the organization's efforts to promote and sustain this framework.</p> <p>Notes:</p>	1 2 3 4 5 n/a

e.	<p>The organization is using data to help establish priorities and measure impact (i.e. staff retention, absenteeism, engagement and retention of service recipients, etc.)</p> <p>Notes:</p>	1 2 3 4 5 n/a
f.	<p>The self-assessment or quality assurance process for Trauma Informed Care is ongoing.</p> <p>Notes:</p>	1 2 3 4 5 n/a
g.	<p>New employee orientation includes principles of Trauma Informed Care.</p> <p>Notes:</p>	1 2 3 4 5 n/a
h.	<p>Organizations culture priority is strength based.</p> <p>Notes:</p>	1 2 3 4 5 n/a

YOUR ORGANIZATION

Trauma Informed Leadership Team's (TILT) Standards of Practice Results, August 2021

The Standards of Practice Tool is intended to provide benchmarks for planning and monitoring progress and as a means to highlight accomplishments and to challenge each organization. The tool is organized around the following 10 components. Each component displays the TILT's collective results:

Organization Commitment and Endorsement: 3
Organization leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly.

Environment and Safety: 2.7
There is demonstrated commitment to creating a welcoming environment and minimizing and/or responding to perceived challenges to safety.

Workforce Development: 2.7
Human Resources policies and practices reflect a commitment to trauma informed care for staff and the population served.

Workforce Development, Core Training: 2.7
Employees, volunteers, and board members have received core training in trauma informed care.

Hiring and Onboarding Practices: 2.2
The hiring process includes candidates that are representative of the populations served and is sensitive to exposure of past traumas.

Supervision and Support: 2.5
Expectations are communicated through fair, supportive, and strength-based approaches.

Services and Service Delivery: 3
Service delivery reflects a commitment to trauma informed practice related to screening, assessment, treatment services, aspects of engagement, and cross-sector involvement, a collaboration.

Cross-Sector Collaboration: 3.3
There is dedication to building and maintaining partnerships that work collaboratively to educate and support trauma informed principles.

Diversity and Equity: 3.1
The organization embraces diversity and accommodates disadvantages to ensure everyone has an opportunity to participate and contribute.

Systems Change & Progress Monitoring: 2.4
There is a demonstrated commitment to planning, implementation, and continuous improvement. To include progress monitoring, quality assurance, and evaluation

We have not started → We are in the planning stages → We are in the process of implementing → We have made significant progress → We are amazing →

CARE Continuum Assessment Tool

CARE Continuum Assessment General Guide This guide provides a brief overview and general guide for the CARE Continuum Assessment. Overview the CARE Continuum Assessment is a tool to evaluate supports for trauma informed care. It is for use by those who are guiding and implementing trauma informed principles and practices for their organization, such as the Trauma informed Leadership Team (TILT). Results highlight supports and areas that need attention to promote successful implementation of trauma informed practices.

The assessment uses an R=MC2 framework that measures factors related to the successful implementation and spread of an intervention, practice or program. 1 Measures include motivation, intervention-specific capacity, and general capacity as they contribute to the willingness and ability of an organization to implement a practice or program (Table 1).

Continuum CARE Assessment Survey Monkey Link:

<https://www.surveymonkey.com/r/RVFXN5>

Table1. Components of the R=MC ² framework		
Component	Subcomponent	Definition
Motivation The desire or act to move toward a goal	Relative Advantage	The degree to which an intervention is seen as better than the current state or alternatives
	Compatibility	The degree to which an intervention is seen as a good fit with the services and mission of the organization and the needs of those it serves
	Complexity	How easy it is for an intervention to be understood and applied by the intended audience
	Priority	The degree to which an intervention is perceived as a priority for the organization, leadership, and staff
	Ability to try	The availability and/or knowledge of opportunities to learn and test out an intervention
	Visibility of outcomes	The degree to which the outcomes of an intervention are seen by others
	Joy	The emotional response to an intervention
Intervention-Specific Capacity The knowledge, skills, support, and resources needed to implement a specific practice or program	Innovation specific knowledge, skills, and/or abilities	The knowledge and skills needed to use an intervention
	Program Champion	The presence of an influential person or people who support an intervention through communication and actions
	Specific Implementation climate supports	The extent to which an intervention is seen as supported by leadership, manager, and supervisors
	Inter-organizational relationships	The existence of collaborative relationships with partner agencies, technical assistance providers, or other systems that can provide training and support for implementation

Table 1 Components of the R=MC² Framework¹

¹ Scaccia J. et al. "A practical implementation science heuristic for organizational readiness: R=MC²". *J Community Psychol.* 2015 April; 43(4): 484-501

Below is a list of terms and definitions that are used in survey questions.

- “Trauma Informed designated CARE site” refers to the recognition given by The Snohomish County Children’s Wellness Coalition, partner agencies and Snohomish County Human Services to organizations that have committed to staff professional development, participation in ongoing learning communities and operational change that focuses on compassion, appreciation, resilience and empowerment.
- “Trauma Informed CARE movement” refers to the range of activities being used to create and support trauma informed organizations and communities. This includes training, staff development, resource building, learning communities, and trauma informed practice and policy change.
- “Trauma Informed Care practices” refers to the specific practices used within an organization to recognize and respond to the impact of trauma, aid in recovery, and/or avoid re-traumatization. Examples of trauma informed practices include providing information about the impact of adverse childhood events and trauma; changing the physical environment to be more welcoming and culturally reflective of the community served; using the approach of “what happened” as opposed to “what is wrong”; using active and compassionate listening when in communication with others; or promoting mindfulness for both staff and individuals served.
- “Co-Care” refers to co-regulation, which is having trusted partnerships (such as with friends and/or coworkers) and/or community environments where you can support one another in emotional regulation and well-being.

Motivation

Please rate each question using the following scale: 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	Score (1-5)
1. We can do a better job of supporting those we serve by being a trauma informed designated Compassion, Appreciation, Resilience and Empowerment (CARE) site	
2. Being a trauma informed designated CARE site advances the goals and mission of our organization	
3. Being a trauma informed designated CARE site provides an opportunity to improve our current practices	
4. It is worthwhile to invest in learning about the impact of adverse childhood experiences (ACEs) and trauma on the brain	
5. It is worthwhile to invest in learning about the impact of adverse childhood experiences (ACEs) and trauma on behavior	
6. It is worthwhile to invest in learning about resilience and factors that strengthen resilience	
7. The benefits of implementing trauma informed care practices outweigh the costs to the organization (e.g. financial resources, staff time to learn and implement trauma informed practices, etc.)	
8. It makes sense for our organization to provide trauma informed care	
9. Trauma informed care practices fit well with other practices in our organization	
10. Trauma informed care supports the needs of those we serve	
11. Understanding the effects of trauma on the brain is important for supporting the needs of those I serve	
12. Understanding the effects of trauma on behavior is important for supporting the needs of those I serve	
13. The components of the trauma informed CARE movement are easy to understand	
14. It is easy for me to review practices using a trauma informed lens and change them to be more trauma informed (if needed)	
15. It is easy for me to understand how to use trauma informed care practices in my work	
16. I find it easy to practice self-care, empowerment and “co-care”	

17. I am aware of the opportunities available at my organization to learn about trauma informed care practices	
18. I am aware of opportunities available at my organization to practice using trauma informed care practices in my work	
19. I am aware of opportunities available at my organization to practice self-care, empowerment, and “co-care”	
20. I have seen the benefits of using trauma informed care practices for those we serve	
21. I am aware of the ways our organization is measuring progress of the trauma informed CARE movement at our organization	
22. I have seen the positive impact of the trauma informed CARE movement at my organization	
23. The trauma informed CARE movement is a priority for staff	
24. The trauma informed CARE movement is a top priority for our leadership	
25. Our organization emphasizes that using trauma informed care practices is very important for improving the quality of our services	
26. There are other initiatives or practice changes occurring in our organization that make it difficult to prioritize trauma informed care practices	
27. My experience with the trauma informed CARE movement has been positive	
Total (sum questions 1-27):	
For a motivation average, divide the total sum by 27:	

Intervention Specific Capacity

Please rate each question using the following scale: 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	Score (1-5)
28. Staff have the skills needed to implement trauma informed care practices in the workplace	
29. Managers and supervisors have the knowledge needed to support staff in implementing trauma informed care practices	
30. We have the tools and resources we need to implement trauma informed care practices	

31. We have an influential member or members of our staff who promote the trauma informed CARE movement	
32. There is at least one person in our organization who provides updates on the trauma informed CARE movement	
33. We have the right people involved in the trauma informed CARE movement	
34. Managers and supervisors show active and visible support of the trauma informed CARE movement	
35. Leadership shows active and visible support for the trauma informed CARE movement	
36. Leadership meets with people in our organization to work on the trauma informed CARE movement	
37. Our organization dedicates the necessary resources (e.g. staff time, money, supplies) to trauma informed CARE movement activities to support their success	
38. We have collaborative relationships with local organizations who are also participating in the trauma informed CARE movement	
39. We use assistance from other organizations and resources to help us with the trauma informed CARE movement	
Total (sum questions 28-39):	
Intervention Specific capacity, divide the total sum by 12:	

General Organization Capacity

Please rate each question using the following scale: 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	Score (1-5)
40. Staff within our organization have the necessary skills and training to do their jobs effectively	
41. Staff within our organization have experience using trauma informed care practices	
42. It's hard for staff to take on new projects or practices due to heavy workloads	
43. Managers and supervisors provide regular updates on ongoing projects	
44. Managers and supervisors promote change in our organization by behaving in a manner consistent with the proposed change	

45. Leadership provides regular updates on ongoing projects	
46. Leadership promotes changes in our organization by behaving in a manner consistent with the proposed change	
47. For the most part, enough resources (e.g. money, supplies) are dedicated to projects to make sure they are successful	
48. Our organization has the necessary support for practice innovations in terms of facilities and equipment	
49. There is a clear method for sharing information in our organization	
50. There is a person or department responsible for monitoring and evaluating how well projects are doing in our organization	
51. Staff are receptive and open to change	
52. Staff are encouraged and take action to do things differently to improve their work	
53. Ideas and suggestions from staff get fair consideration by leadership	
54. In general, our organization is good at implementing changes	
55. When we encounter a problem in services, we make a serious effort to figure out why it is happening	
56. Our organization is adequately staffed	
57. Staff turnover is not a problem in our organization	
58. In general, staff feel supported by leadership and management	
59. Our organization has a positive work environment	
60. In general, there is flexibility to deal with change and learn new practices	
61. Staff have a sense of personal responsibility for improving services and outcomes for those we serve	
Total (sum questions 40-61):	
General organizational capacity, divide the total sum by 21 :	

Appendix F

Technical Assistance with Trainings

Liza Patchen-Short, Children's Mental Health Liaison, Snohomish County-Behavioral Health liza.patchen-short@snoco.org

Laura Mote, Mental Health Community Support Specialist, Snohomish County-Behavioral Health laura.mote@snoco.org

Mary Cline-Stively, Restorative Practice Trainer, ChildStrive, mary.cline-stively@childstrive.org

Appendix G

Definitions

Trauma Informed Care

Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes relationships, being curious, non-judgmental, holds accountability, and creates space for physical, psychological, and emotional safety for all. This paradigm shift builds and allows for opportunities to rebuild and keep a sense of empowerment and resiliency.

Restorative Practices

A way of thinking and being focused on creating safe spaces for real conversations that deepen relationships and build stronger more connected communities.

~Mark Vander Vennen

An emerging social science that studies how to strengthen relationships between individuals as well as social connections within communities.

~International Institute of Restorative Practice

Adverse Childhood Experiences (ACE) Study

A late 1990's groundbreaking Kaiser Permanente weight loss research study conducted by Dr. Vincent Felitti, Dr. Rob Anda and colleagues that showed the high prevalence of adversity in childhood (ACEs), and a relationship between ACEs and negative health outcomes throughout the lifespan.

Burnout

A gradual process of experiencing feelings of hopelessness, fatigue and being overwhelmed as a result of a lack of support, excessive workloads and expectations.

Champion

An individual or individuals who are trained specifically to take on roles such as educator, trainer, mentor, coach and/or advocate for a trauma informed approach to ensure sustainability.

Compassion Fatigue

A combination of secondary traumatic stress, vicarious trauma and/or burnout that manifests. One loses empathy, this fatigue is extremely common. It is critical to get support when this happens to prevent harm.

Guiding Values and Principles

A framework for individuals, organizations, and systems to consider their day-to-day activities in a way that prevents re-traumatization. This includes safety, trustworthiness, choice, collaboration, inclusion, and empowerment.

Re-Traumatization

When a policy, procedure, interaction, or the physical environment replicates someone's original trauma literally or symbolically-triggering the emotions and thoughts associated with the original experience.

Secondary Trauma

The onset of trauma-related symptoms in a worker as a result of witnessing the trauma/adversity of another.

Trauma Informed Care Stages

The first component of the trauma informed organizational model that defines the things to consider, needs and resources for trauma informed organizational change. Includes Pre-Implementation, Implementation and Sustainability.

Resiliency

The ability to bounce back from adverse situations. Resiliency can trump Adverse Childhood Experiences.

Appendix H

Domains of Consideration (SAMHSA, 2014a)

1. **Governance and Leadership** – Leadership supports and invests in implementing and sustaining a trauma informed approach.
2. **Policy** – Written policies establish the trauma informed approach as a key part of the organizational mission.
3. **Physical Environment** – Everyone experiences the setting as inviting, collaborative and physically/emotionally safe.
4. **Engagement and Involvement** – All stakeholders in the organization have significant involvement and voice in all areas of organizational functioning.
5. **Cross Sector Collaboration** – Collaboration with others is built on mutual understanding of trauma and the guiding values and principles of a trauma informed approach.
6. **Screening, Assessment, Treatment Services** – All practices/services of the organization reflect the values and principles of a trauma informed approach.
7. **Training and Workforce Development** – Organization believes that ongoing training on trauma, a trauma informed approach and self-care is essential.
8. **Progress Monitoring and Quality Assurance** – Organization has ongoing assessment, tracking and monitoring of the guiding values and principles of a trauma informed approach.
9. **Financing** – Financial structures are in place to support resources needed for implementation and sustainability of a trauma informed approach.
10. **Evaluation** – Evaluations of implementation and service provision reflect an understanding of trauma and a trauma informed approach.



Terms of Use:

The CARE Train the Trainer Training and training material are expressly for the purpose of the CARE Designation and not to be used for financial gain.