



Understanding Trauma and Healing in Adults

Brief 4. Building Knowledge and Skills for a Trauma-Informed Culture



Explore this series to learn about trauma and how traumatic events can impact families and staff. Find information that may help guide your conversations with families. Use these resources to promote healing and resilience and to increase family well-being. When families know they are understood, they can be more engaged and responsive to support.

Head Start and Early Head Start leaders and staff can use this series to learn about adult trauma and strategies for self-care and healing. This series can help build knowledge and skills for a program-wide trauma-informed culture.

[Brief 1. Defining Trauma](#)

[Brief 2. Caring for Ourselves as We Care for Others](#)

[Brief 3. Coping and Healing](#)

[Brief 4. Building Knowledge and Skills for a Trauma-Informed Culture](#)

[Brief 5. Creating a Program-Wide Trauma-Informed Culture](#)

Head Start and Early Head Start staff and managers can use this resource to enhance their knowledge about:

- [Trauma-Informed Care](#)
- [Providing Trauma-Informed Care training](#)
- [Putting Trauma-Informed Care training into practice](#)

Training about trauma and healing can help program leaders and staff understand trauma. To put training into practice, they can use trauma-informed reflective practice and supervision. The Strengths-Based Attitudes and Relationship-Based Practices can also build trauma-informed practice skills.

Leaders and staff can also use the *Head Start Parent, Family, and Community Engagement (PFCE) Framework* to align their program's policies, procedures, and practices with trauma-informed care. Together, these can be coordinated to build a trauma-informed culture—in the program and the community. (See *Understanding Trauma and Healing in Adults: Brief 5. Creating a Program-Wide Trauma-Informed Culture* to learn more about the Head Start PFCE Framework and creating a program-wide, trauma-informed culture.)

What Is Trauma-Informed Care?

Trauma is common. All of us show up to work bringing our histories, our experiences, our whole selves. We may bring our own history of trauma, and so may the staff with whom we work. Trauma-informed care includes understanding this—about ourselves, and the staff, community partners, families, and children we work with. Program leaders and supervisors can help create a trauma-informed culture in which all staff work to build and share this understanding, and apply it to their everyday interactions.

Trauma-informed care (TIC) recognizes the role that trauma may play in the lives of families and staff. When behaviors and interactions raise concerns, TIC considers the possibility that these behaviors may actually be strategies developed to cope with trauma. TIC asks, “What happened to you?” Instead of, “What’s wrong with you?”

Trauma-Informed Care

According to the Substance Abuse and Mental Health Services Administration ([SAMSHA], 2014), trauma-informed care

“**Realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization** (p. 9).”

SAMSHA (2014) has identified six key principles of a trauma-informed approach:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues (p. 10)

Providing Trauma-Informed Care Training

Trauma-informed care begins with learning about trauma. Trauma-informed programs help all staff and families sustain hope in the face of trauma and adversity. Programs can offer training about key topics in trauma-informed care and healing, including:

- Trauma signs and symptoms
- Healing
 - What healing is
 - How the process of healing unfolds
 - What program staff can do to promote healing in themselves, their peers, and the children and families they work with
- Self-regulation, or coping with thoughts and feelings
- Conflict and repair in relationships
- Vicarious trauma
- When trauma around us triggers our trauma history

See *Understanding Trauma and Healing in Adults: Briefs 1, 2, and 3* for more information on these topics. This series is available on the Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.

Putting TIC Training into Practice: Trauma-Informed Reflective Practice and Supervision

Trauma-Informed Reflective Practice

Reflective practice means considering what we and others bring to the interaction before acting. As we think before we act, we can reflect on the thoughts and feelings—our own and those of the individuals we are interacting with. We can consider how these may influence what we decide to do or say. Reflective practice can be an everyday practice.

Trauma-informed reflective practice and supervision can be used to “respond” to the signs and symptoms of trauma. They can help staff integrate and implement what they learn in TIC trainings. Trauma-informed reflective practice and supervision can also be used help staff and families actively resist re-traumatization. (For more about **resist re-traumatization**, see “*Trauma-Informed Care*” text box on page2).

We can use reflective practice to keep trauma in mind as a possible explanation for thoughts, feelings, and behaviors. We can use it when we try to understand behaviors—in other staff, parents, family members, or children—that we find distressing or don’t know how to respond to. Here are some questions we might ask ourselves in reflective practice:

- Why is this behavior bothering me so much?
- What might this person really be trying to say?
- Why am I finding myself thinking so much about this interaction?
- Is there something about this interaction that reminds me of others in my life?
- What may have happened in this person’s past that might be driving this behavior?
- What has this person’s past experiences with “helpers” been?

These questions can help us uncover assumptions and judgments we may be making that can interfere with our trauma-informed care and healing relationships. Remember that the ways that thoughts and feelings are expressed can vary from culture to culture.

We can also use reflective practice to help us see beyond the behavior that we or others may find confusing or upsetting and to see the underlying trauma. We can use reflective practice to help us engage with the whole person, that person’s strengths, and their unique individuality.

We can pause before we interpret or respond to behavior that we find distressing or challenging. We can ask ourselves whether the behavior might be an expression of the effects of trauma. Feelings such as anger, fear, sadness, anxiety, or distrust may underlie behaviors that result from trauma. Behaviors that result from trauma may also include:

Reflective Practice

Staff and supervisors are rarely trained as mental health professionals. They are not expected to play that role for families or for each other. Staff can use reflective practice to notice the thoughts and feelings they have when working with families who have experienced trauma. These thoughts and feelings may become confusing, distressing, and overwhelming. You may become concerned that these thoughts and feelings are making it hard for you to function at work or at home. It can be helpful to share them with the mental health consultant connected with your program, a mental health professional, or faith-based counselor

- Avoidance
- Numbing of feelings
- Over-reactions to conflicts
- Misinterpretation of interactions as threatening or dangerous

Such feelings and reactions can underlie behaviors in others that we may find distressing, confusing, or hard to understand. Recognizing behaviors driven by trauma can help prevent us from responding in ways that re-traumatize those engaging in these behaviors. It can also protect us from being re-traumatized by these behaviors.

We can use reflective practice to resist re-traumatization. This means protecting ourselves from being traumatized. Even though we would never do so intentionally, reflective practice can also help ensure that we do not traumatize or re-traumatize the staff and families we work with. For example, reflective practice can help us think before we

- reject a person whose distrust or distancing behavior we've judged as aloof or uncaring,
- bring up a topic with violent content that may be triggering,
- express caring and concern that might be misunderstood by someone who has experienced trauma as too close for comfort, or
- show irritation or frustration that might be misunderstood by someone who has experienced trauma as a warning sign of violent behavior.

Trauma-Informed Reflective Supervision

Reflective supervision is an ongoing conversation between a staff member and a supervisor trained in reflective supervision. These conversations are dedicated to promoting reflection on thoughts and feelings that arise in work with families. Reflective supervision is key to supporting staff when working with families who have experienced trauma. It can be used to address staff's vicarious trauma and to support staff who have experienced trauma.

Supervisors trained in reflective supervision learn specific skills that create a culture of safety, for example, how to:

- turn mistakes into learning opportunities,
- protect confidentiality and
- help staff turn their vulnerabilities into sources of strengths.

We can bring our ideas and questions to reflective supervision about the behaviors of families we work with that may be driven by past experiences of trauma. We can also think about our assumptions and reactions with our supervisor. Then we can determine how best to put aside any judgment and respond in ways that create safety and build trust.

Supervisors can help us find ways to respond that focus not just on concerning behaviors, but also honor strengths and positive intentions. This can help the person we are working with to feel safe, overcome the urge to withdraw, and be fully present with us.

Reflective Supervision

Reflective supervision is not therapy. As we have said, our work with families may bring up memories of our own traumatic experiences. This is common. If these memories fill our thoughts most of the day for more than a few days, it may be helpful to talk about them privately with a mental health professional. This can help us “resist” being re-traumatized.

Reflective Practice and Vicarious Trauma

Reflective practice can help us identify when we are experiencing vicarious trauma. It can help us notice:

- our reactions to the experiences of trauma that others tell us about,
- our reactions to other’s behaviors that may result from their traumatic experiences, and
- the feelings that these stir up in us, such as fear, sadness, overwhelm or hopelessness.

We can use reflective practice to remember that these feelings, as painful as they may be, show just how empathic we are. They show our sensitivity to the feelings of others. These feelings help us join those who are expressing the effects of trauma.

See *Understanding Trauma and Healing in Adults Series: Brief 2. Caring for Ourselves as We Care for Others* for more information about vicarious trauma.

Reflective practice and trauma triggers: Staff and family members who have experienced trauma may react to reminders of that experience in distressing ways. They may not always be aware of these reminders or their reactions. These reminders are referred to as trauma triggers.

We can bring our questions to reflective supervision about the trauma triggers and re-experiencing that we observe in others. With reflective practice, we may also become aware of interactions with children, families, or staff that may have triggered us. We may want to discuss these reflections with a supervisor trained in reflective supervision. (See below for more on reflective practice and reflective supervision.)

Or we may choose to seek out a mental health professional with whom to share these reactions. Remember that the fourth “R” of Trauma-informed Care is “resisting re-traumatization” and that also means protecting ourselves from trauma triggers that can re-traumatize us.

See *Understanding Trauma and Healing in Adults Series: Brief 2. Caring for Ourselves as We Care for Others* for more information about trauma triggers.

Putting TIC Training into Action: Strengths-Based Attitudes and Relationship-Based Practices for Trauma-Informed Care

You can use the Strengths-Based Attitudes and Relationship-Based Practices to integrate knowledge about trauma. You can also use them to resist being traumatized or re-traumatized, if you have experienced trauma, or to avoid re-traumatizing others. To learn more about applying these attitudes and practices to trauma-informed care, see the *Understanding Trauma and Healing in Adults Series*.

Strengths-based attitudes and relationship-based practices offer strategies that can help you become aware of assumptions and judgments about concerning behaviors and interactions that may prevent you from recognizing underlying trauma. These attitudes and practices can help strengthen fragile relationships with families who have experienced past or current trauma.

You can use these strategies to help you develop and maintain positive and productive relationships with families when traumatic events and adversity are part of their experience.

Strengths-Based Attitudes

- All families have strengths
- Families are the first and most important teachers of their children
- Families are our partners with a critical role in their child’s development
- Families have expertise about their child and their family
- Families’ contributions are important and valuable

Positive relationships can provide a safe emotional space for families to share with you. These strategies can help you understand their perspectives and support them in their healing process. As you gain experience in applying the strengths-based attitudes and relationship-based practices, you will find your own words for a healing response.

Consider these selected relationship-based practices.

- **Value a family's passion wherever you find it.** Traumatic experience may lead to anger, guilt, frustration, sadness, and other negative or difficult emotions. You can strengthen relationships with families by valuing all emotions, listening with compassion, and forming partnerships that contribute to healing.
- **Reflect on your perspective and the family's perspective.** Each person brings perspectives based on experiences. Reflecting on your perspective gives you the chance to recognize what you are bringing to your work. You may discover strengths, talents, assumptions, or biases that can impact how you see families.

By reflecting on families' perspectives, you can also understand more about what they bring to their interactions. This helps you make choices about what you say and do that will strengthen your relationships with all families, including those that are experiencing and healing from traumatic events.

Consider this strengths-based attitude.

Families have expertise about their child and family. All families know their child and family better than anyone. You can observe the family's child with them, listen to what they share, and ask questions that show them that you know they are the experts on their family. While family trauma often affects family relationships, you can focus on the strengths of their connections and foster improved well-being, healing, and resilience.

Relationship-Based Practices

- Focus on the family-child relationship
- Observe and describe the child's behavior to open communication with the family
- Reflect on the family's individual and cultural perspectives
- Reflect on your personal and cultural perspectives
- Support parental competence (the parent's skills and self-confidence)
- Value a family's passion (working with both their positive and negative feelings)

Related Resources

To learn more about the topics in this brief, explore the following resources available on the Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.

[A Collection of Tips on Becoming a Reflective Supervisor](#)

Review this resource to learn how to become a reflective supervisor. Includes examples of the three components of reflective supervision: regularity, collaboration, and reflection.

[Building Partnerships with Families Series](#)

The goal of parent and family engagement is to work with families to build strong and effective partnerships that can help children and families thrive. These partnerships are grounded in positive, ongoing, and goal-oriented relationships with families. The relationships are based on mutual respect and trust. They are also developed over time, through a series of interactions between staff and families. Use the following resources to build, strengthen, and sustain family engagement and partnerships:

- [Building Partnerships: Guide to Developing Relationships with Families](#)
- [Strategies for Family Engagement: Attitudes and Practices](#)
- [Family Engagement and Cultural Perspectives: Applying Strengths-based Attitudes](#)
- [Partnering with Families of Children Who Are Dual Language Learners](#)

[Head Start Parent, Family, and Community Engagement Framework](#)

Explore this resource to learn about the Head Start Parent, Family, and Community Engagement (PFCE) Framework, a research-based, organizational guide for implementing the Head Start Program Performance Standards for parent, family, and community engagement.

[The Mental Health Consultation Tool](#)

The Infant and Early Childhood Mental Health Consultation (IECMHC) learning module is divided into lessons with realistic scenarios and short video clips. Each lesson has its own resource area designed to provide extensive support around IECMHC.

[Using Reflective Supervision to Build Capacity \(video\)](#)

Watch this webinar to learn how reflective supervision can be used to build reflective capacity for education staff and improve program quality and practice.

References

Heller, S., & Phillips, E. (2013). The building blocks for implementing reflective supervision in an early childhood mental health consultation program. *ZERO TO THREE*.

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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