Understanding Trauma and Healing in Adults

Brief 5. Creating a Program-Wide 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.

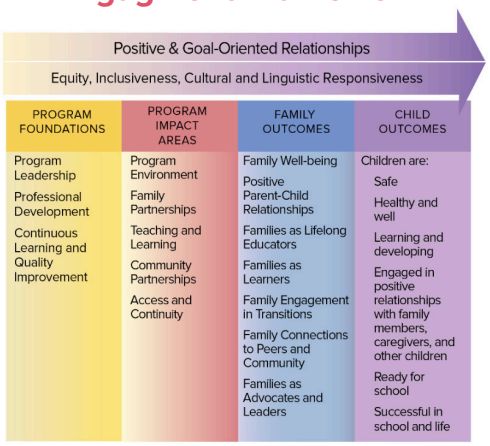
Head Start and Early Head Start managers and staff can explore this brief to learn how to use the Parent, Family, and Community Engagement Framework (PFCE) to build a trauma-informed culture and promote healing in systems of care. Review examples of Trauma-Informed Care program practices.

How to Use the Head Start PFCE Framework to Build a Trauma-Informed Culture

The Head Start Parent, Family, and Community Engagement (PFCE) Framework provides programs with a research-based, organizational guide for implementing Head Start Program Performance Standards (HSPPS) for parent, family, and community engagement.

Leaders and staff can use the Head Start PFCE Framework to consider how to use and link each of the program elements named in the framework to build a trauma-informed culture. Leaders and staff can consider how trauma-informed care can be integrated into each of these program elements. Leaders can use the PFCE Framework to inform program practices, policies and procedures.

Parent, Family, and Community Engagment Framework



For example, programs can use continuous learning and quality improvement (CLQI) to "realize" and "recognize" trauma by examining family and community data for evidence of traumatic experiences and effects.

Professional development can be used to train staff to "realize" and "recognize" trauma, and also to "respond" to and "resist" it. Leadership can make trauma-informed care a high priority and model healing interactions.

Leaders and staff can also consider how the program elements can be aligned with each other to ensure that trauma-informed care is program-wide. For example, CLQI includes assessments of staff knowledge about trauma. CLQI can also examine the quality of staff trauma-informed practices. The program can apply these findings to make choices about trauma-informed training for professional development.

Staff can also use CLQI data such as family and community assessments to engage families in identifying trauma-informed community resources.

Trauma-Informed Care

Look for opportunities to align policies and procedures with what your program is "realizing" and "recognizing" about trauma and the practices you put in place to "respond" and "resist."

According to the Substance Abuse and Mental Health Services Administration (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)"

In this example, the PFCE Framework is used to identify the roles that CLQI, professional development, family partnerships, and community partnerships can play in trauma-informed care. They inform each other to strengthen trauma-informed care across the program.

Examples of Trauma-Informed Care Program Practices

Here are a few examples of ways that programs can make their everyday activities "respond" to trauma's impact and help staff "resist re-traumatization":

- flexible ways of communicating,
- supportive check ins and debriefs,
- regular self-care and mindfulness training,
- using the mental health consultant's expertise to boost trauma-informed care across the program, and
- opportunities for staff to come together.

Flexible ways of communicating. You may notice that a staff or family member is having a hard time expressing themselves calmly or directly. Consider offering to take a break and talk again the next day.

After an intense event at work, provide staff members with time to settle themselves and calmly re-enter the work space. This could be a 15-minute break, a supervisory meeting, time to meet with the mental health consultant, or encouragement to use reflective practice. Remember that our way of handling distress is also by shaped by our cultures.

Supportive check-ins and debriefs. Supervisors and leaders can offer supportive check ins and debriefs. They may know in advance that a specific difficult conversation or challenging event is going to occur. For example, staff might have to tell a parent that another child has bitten that parent's child. Or a family may need to move into a shelter. Other challenging interactions and events may be sudden and unexpected.

Either way, staff, supervisors and leaders can talk with staff before and after challenging conversations they expect, and after those that are unexpected. During these pauses for reflection, they can also determine whether it would be helpful to plan follow up conversations.

Regular self-care and mindfulness training. Programs can encourage staff to build skills for coping and self-regulation in moments of calm so that they are ready for use during more challenging ones. When programs establish regular times for reflective practice, self-care, and/or mindfulness they communicate to all staff how important they are.

Follow up check-ins. Supervisors and leaders can also offer follow up check ins and debriefs. These are important for events that can set off a process of emotional reactions that evolve over time. Checking in about these feelings over time can help staff to honor the humanity of their feelings. Check ins can help staff protect themselves from feeling responsible for what is in reality beyond their power.

For example, if suspected child abuse reported by the program is substantiated, staff are likely to experience a range of often conflicting feelings that will change over time. These feelings may be about the child, the family, the person who hurt the child and those who did not protect the child, and themselves.

These feelings may include guilt, self-reproach, failure, anger, and pity, among others. Staff may find themselves wishing that they could have prevented the abuse, or that it had been reported earlier. They may feel anger at the family or concerned about how the situation is unfolding. Staff may even feel that they betrayed the family by making the report in the first place.

Differences in racial or ethnic identity between the staff member and the family can complicate these feelings. It is important to acknowledge these differences and consider the role that they may play in how these feelings are handled.

Engage support from mental health consultants. Mental health consultation is a part of every Head Start and Early Head Start program. Mental health consultants conduct effective reflective practice regularly with staff. They may also provide encouragement for staff who are seeking the help of a mental health professional.

Mental health consultants can also partner with program leaders to help them identify and understand trauma related challenges in staff and families, and support them in implementing program wide supports.

Opportunities for staff to come together. Trauma can affect the way we perceive ourselves and others, and how we are in our relationships. That is why it is important to keep trauma in mind when we come together for staff meetings, supervision, training, and informal interactions and other times.

In trauma-informed programs, leaders, managers and supervisors create safety by setting clear expectations for communication. They co-create with staff ground rules about how meetings will be conducted. They model fairness, reliability and trustworthiness. To do this they work on their own self-regulation. They respect and welcome differences among staff, families and children. They keep trauma in mind.

When leaders, supervisors and staff come together there may also be differences in power – real or perceived. For people who have had experiences of trauma, it is common to feel powerless. It is understandable to fear that those with power may use it in ways that are unpredictable, unjust, and harmful.

In trauma-informed programs, leaders, managers and supervisors understand this. They share power whenever possible. They are clear and straightforward about how, why, and when they must use the authority of their roles. They do so in ways that are fair and just.

How to Promote Healing in Systems of Care

Traumatic events and experiences affect children, families, staff, and programs. They also affect whole systems of care. To make trauma-informed care effective at every level, staff and programs can work together with community partners. Together they can:

- Learn together about the effects of trauma, and the ways they appear in this community,
- Learn from each other how these effects may be similar or different for programs and various community partners, and
- Help whole systems heal through trauma-informed practices.

Here a few insights from one community that engaged in a system-wide, trauma- informed care effort about system-wide trauma and what systems need to heal:

- "Like people, organizations are susceptible to trauma in ways that contribute to fragmentation, numbing, reactivity and depersonalization" (Santa Clara County Cross, 2017, p. 9).
- A system cannot be truly trauma-informed unless the system can create and sustain a process of understanding itself" (Bloom & Farragher, 2013, p.5).
- "Trauma-informed System principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures" (Epstein, Speziale, Gerber, & Loomis, 2014, p. 1).

Closing Thoughts

In a trauma- informed culture, leaders, coaches and supervisors can help staff build on their strengths. They can help them prepare for their emotional reactions to families who have experienced trauma. Those who supervise and support staff can encourage them to ask for help, focus on what they can do, and to let go of what they can't. They can help them to value their own passion and the healing power of their relationships - for the families they work with, and for themselves.

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