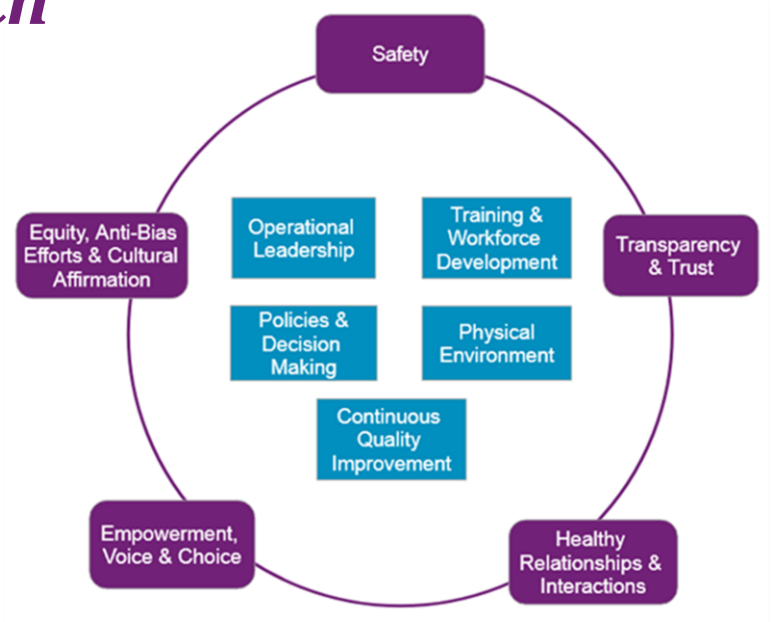
From Aspiration to Implementation:

A Framework for Becoming a Trauma-Informed and Responsive Commonwealth



A Report of the Childhood Trauma Task Force

DECEMBER 2020

https://www.mass.gov/lists/childhood-trauma-task-force-cttf

About the Childhood Trauma Task Force

The Childhood Trauma Task Force (CTTF) was established by *An Act Relative to Criminal Justice Reform* (2018) in M.G.L. Chapter 18C, Section 14. The CTTF, which is chaired by the Child Advocate and is made up of representatives from a broad spectrum of stakeholders involved in the juvenile justice and other child-serving systems, was tasked by the Legislature with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

The Legislature created the CTTF as a permanent entity, recognizing the complexity and scale of the group's assignment. Learn more about the CTTF here: https://www.mass.gov/lists/childhood-trauma-task-force-cttf

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Members of the Childhood Trauma Task Force

Member Name	Appointing Organization
Maria Mossaides	Child Advocate, Chair
Representative Carolyn Dykema	House of Representatives (Speaker of the House Appointee)
Representative Timothy Whelan^	House of Representatives (Minority Leader Appointee)
Senator Joseph Boncore	Senate (Senate President Appointee)
Senator Patrick O'Connor^	Senate (Minority Leader Appointee)
Thomas Capasso^	Juvenile Court
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Commissioner Linda Spears* **Laura Brody***	Department of Children and Families
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***No Appointment Made*[1]**	Massachusetts District Attorneys' Association
*Members with an asterisk next to their names abstained from voting on this report ^Members with a caret next to their names were not present to vote on this report	

The Childhood Trauma Task Force is a Committee of the Juvenile Justice Policy and Data Board.

The CTTF is staffed by the Office of the Child Advocate:

Melissa Threadgill, Director of Juvenile Justice Initiatives
Alix Rivière, PhD, Research and Policy Analyst

[1] Michael Glennon and Sarah Gottlieb of the Suffolk County District Attorney's Office have participated in the work of the CTTF during the period over which this report was compiled.

Guide to Acronyms

Acronym	Definition
ACEs	Adverse Childhood Experiences
CPCS	Committee for Public Counsel Services (Public Defenders)
CTTF	Childhood Trauma Task Force
DCF	Department of Children and Families
DESE	Department of Elementary and Secondary Education
DMH	Department of Mental Health
DPH	Department of Public Health
DYS	Department of Youth Services
EOHHS	Executive Office of Health and Human Services
JJPAD	Juvenile Justice Policy and Data Board
OCA	Office of the Child Advocate
SAMHSA	Substance Abuse and Mental Health Services Administration (federal)
TIR	Trauma-informed and responsive

EXECUTIVE SUMMARY

Childhood trauma is widespread. It is estimated that **26% of children in the United States will witness or experience a traumatic event before the age of four**.[1] Additionally, some children – including Black and Hispanic/Latinx children as well as children living in poverty – face more systemic challenges and are therefore significantly more likely to experience trauma, and to experience it more frequently.[2] That disproportionate experience of trauma is an early source of systemic inequity, the impact of which can be seen in our educational, health care, judicial, and social service systems.

In our 2019 report, *Next Steps for Addressing Childhood Trauma: Becoming a Trauma-Informed and Responsive Commonwealth*, the CTTF described the impact that the experience of trauma can have on a child's development, with long-term consequences for physical, mental, and emotional health that can last into adulthood.

Not every child who experiences a traumatic event will experience traumatic stress with lasting impacts on their development; with the right supports, many are able to recover and thrive. Still, given that the experience of trauma in childhood is, unfortunately, pervasive, every organization that works with children will work with children who have experienced trauma.

As a result, **it is vital that child- and family-serving organizations adopt a trauma-informed and responsive approach** to ensure children are not traumatized or retraumatized as a result of interacting with those systems.

Given this landscape, the CTTF's primary recommendation in 2019 was that Massachusetts should **develop and adopt a statewide framework for Trauma-Informed and Responsive (TIR) organizations,** and **provide implementation supports** to help child-serving organizations adopt the framework.

The following report is the result of the CTTF's second year of work, which focused primarily on developing the aforementioned framework as well as recommendations for implementation. The report lays out the process by which the Task Force developed its *Framework for Trauma-Informed and Responsive Organizations* (see Appendix) as well as our findings regarding supports organizations throughout the Commonwealth need to implement this trauma-informed and responsive (TIR) approach.

Developing a Framework for TIR Organizations

Over the course of the fall of 2019 and throughout 2020, CTTF members developed an initial draft *Framework for Trauma-Informed and Responsive Organizations*, which lays out five Guiding Principles (in purple, below) for establishing a Trauma-Informed and Responsive (TIR) approach as well as five Domains (in blue, below) in which the Guiding Principles should be applied. Once this initial draft was developed, the CTTF collected and

incorporated feedback from experts in childhood trauma and professionals working in child-serving organizations.

Framework for Trauma-Informed and Responsive Organizations

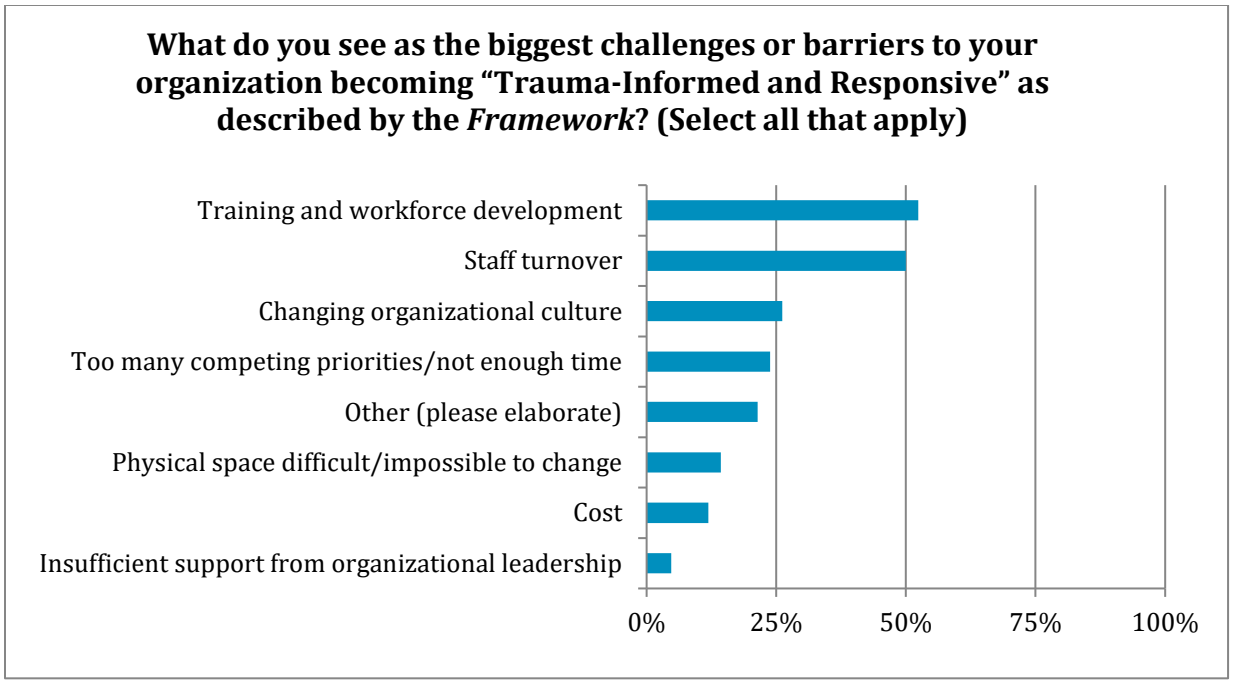
The vast majority of respondents to a CTTF survey of child-serving professionals stated that becoming trauma-informed and responsive (TIR) is a priority for their organizations: over 53% of respondents stated their organization is already TIR (as described in the *Framework*) and close to 42% of respondents shared that they are interested in making their organization TIR. Less than 5% were not interested in becoming TIR (as described in the *Framework*).

Implementing the Framework

To ensure child-serving professionals and organizations who wish to become TIR can implement the *Framework*'s Guiding Principles, we need to understand the challenges they face as well as provide a clear vision and examples of how to operationalize implementation.

Challenges

As part of its effort to collect feedback on the *Framework* and understand what organizations need to implement it, the CTTF sent a survey to professionals working in child-serving organizations in the summer of 2020. Respondents to the survey identified many challenges and barriers their organizations faced in becoming trauma-informed and responsive:



Other challenges mentioned by survey respondents include:

- The lack of diversity in child-serving organizations.
- Leadership's remoteness from frontline workers and lack of knowledge about childhood trauma.
- The Covid-19 pandemic.

Childhood Trauma Initiatives in Massachusetts

There are many existing programs, centers, and initiatives in Massachusetts that aim to increase the availability of trauma services for children and to make systems trauma-informed. They provide training to a variety of child-serving professionals, increase access to assessment and treatment, partner with stakeholders in the child-serving community, and/or disseminate up-to-date scientific knowledge about childhood trauma. By building upon their expertise, experience, and reach, the Commonwealth can increase its capacity to support child-serving organizations in becoming trauma-informed and responsive.

To illustrate and recognize the important work that individuals and organizations throughout the state have done to help children and families who have experienced trauma, the report highlights the work of:

- The Child Trauma Training Center (CTTC) at UMass Medical School
- The Central Massachusetts Child Trauma Center (CMCTC), of LUK Crisis Center, Inc.
- Plymouth County's Drug-Endangered Children Initiative (DECI)

- The Building Resilient Children Initiative (Worcester Trauma and Resiliency Collaborative)
- Trauma-Informed Hampshire County (TIHC)

The CTTF's 2019 report also included information on state agency efforts and initiatives regarding childhood trauma.

Promising Practices from Other States

Massachusetts is not alone in developing statewide initiatives to help children who have experienced trauma. To tackle these challenges, many states, such as Alaska, California, Connecticut, Delaware, Pennsylvania, Missouri, and Tennessee, have developed their own trauma-informed frameworks and initiatives from which the Commonwealth can learn. These states' efforts aim to ensure:

- A shared understanding of trauma.
- Availability of training in trauma-informed care.
- Dissemination of knowledge on trauma and its impact.
- Collaboration within and across sectors.
- Organizational assessment and improvement.

Details on these initiatives are included in the full report.

Implementation Supports Needed

Organizations need an array of supports and services to be able to implement Massachusetts' *Framework for Trauma-Informed and Responsive Organizations*. Based on responses to our survey, research on promising practices, and CTTF members' experiences implementing TIR practices, the CTTF has identified the following high-priority supports that are needed to ensure child-serving organizations and agencies throughout Massachusetts can become trauma-informed and responsive:

1. Child-serving organizations will need **training support and technical assistance (TTA)** to ensure they are effectively implementing the *Framework*'s Guiding Principles in the Domains of their choice. In particular, there is a need for:
    - Training and coaching based in the most up-to-date research.
    - Organizational assessments and implementation technical assistance.
    - Support implementing evidence-based trauma practices.

2. Child-serving organizations would benefit from a **statewide TIR practice advancement resource & coordination hub**, which would provide:
    - A TIR organization network and learning communities.
    - Ongoing identification, evaluation, and dissemination of promising practices.
    - A practitioner resource website and online training platform.

This website could also potentially include the following resources:

- A training platform
- Sector-specific toolkits and organizational assessment checklists
- Resources on secondary traumatic stress
- A directory of resources (e.g. evidence-based trauma interventions)

3. Child-serving organizations will need **quality assurance support** for their trauma-informed and responsive practices. Ways of doing this include:
    - Developing a "TIR" certification process and tracking system.
    - Assisting TIR organizations in their efforts to establish on-going quality assurance programs.

Recommendations

Recommendation #1: State Agencies Should Lead the Way in Adopting the Framework for Trauma-Informed and Responsive Organizations

The CTTF recognizes that becoming a trauma-informed and responsive Commonwealth will take time and effort. Given their reach and position, in many cases, as a funder of services, child- and family-serving state agencies are in a unique position to model trauma-informed and responsive care for other child-serving organizations. State agencies can lead the way by:

- Adopting the *Framework*'s defining Principles for trauma-informed and responsive care.
- Implementing the *Framework* in all Domains, to the extent possible.
- Writing requirements that provider organizations adopt and implement the *Framework* within a reasonable timeframe into Requests for Responses (RFRs).
- Revising any state agency policies or procedures that would conflict with organizations' ability to implement the *Framework.*

The CTTF recognizes state agencies cannot accomplish this without financial support, and, therefore, also recommends the Legislature allocate the funds necessary for state services to be able to become trauma-informed and responsive.

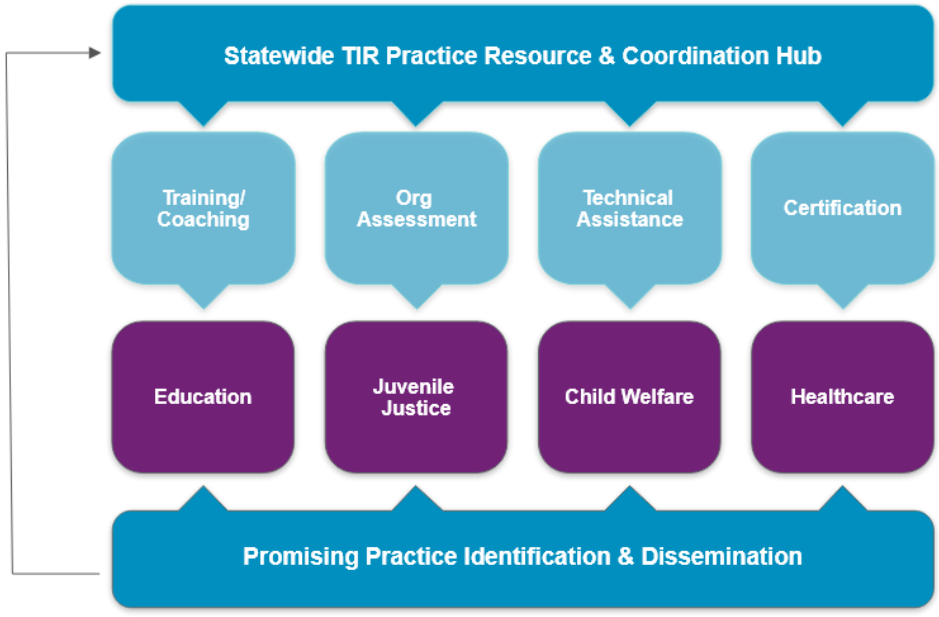
Recommendation #2: Support Child-Serving Organizations in Becoming Trauma Informed and Responsive by Establishing a State Center on Child Wellness & Trauma (CCWT)

The CTTF understands that without concrete, strategic, and sustained support, many organizations and systems will not fully reach the goals outlined in the *Framework for Trauma-Informed and Responsive Organizations*. Of note, without sufficient support, some organizations may successfully become TIR, while others will not, thereby exacerbating existing inequities in services provided to children and families of different communities.

To provide this support, the CTTF recommends the state establish a **Center on Child Wellness and Trauma**. This Center would:

- Provide (or coordinate the provision of) sector-specific implementation training and technical assistance to ensure that child-serving organizations are effectively implementing the *Framework for TIR Organizations.*
- Develop mechanisms to ensure child-serving professionals are able to keep abreast of best practices and innovations in the fast-advancing field of childhood trauma.
- Establish a measurable baseline level of quality for what it means for an organization to be trauma-informed and responsive, and a mechanism (e.g. a certification process) for tracking child-serving organizations that have achieved that level of quality.

Depending on the availability of funding, a Center could follow the model successfully implemented in Connecticut (see the full report for a profile of the work done in Connecticut) and implement the above projects over time. For example, the Center could start with providing training, coaching, and implementation assistance for one key sector at time, and then iterate and add additional sectors as resources permit. When choosing sectors to focus on, the CTTF recommends prioritizing those that interact most frequently with children at the highest risk of having experienced trauma, such as child welfare, juvenile justice, and early and secondary education.



Center on Child Wellness and Trauma

INTRODUCTION

Childhood trauma is widespread. It is estimated that **26% of children in the United States will witness or experience a traumatic event before the age of four**.[3] Almost 60% of American adults report having endured abuse or other traumatic experiences in childhood.[4] For children involved in the child welfare and juvenile justice systems in particular, the experience of severe, repeated, and interpersonal trauma is extremely common.[5]

Some children – including Black and Latinx children as well as children living in poverty – face more systemic challenges and are therefore significantly more likely to experience trauma, and to experience it more frequently.[6] That disproportionate experience of trauma is an early source of systemic inequity, the impact of which can be seen in our educational, health care, judicial and social service systems.

In our 2019 report, *Next Steps for Addressing Childhood Trauma: Becoming a Trauma-Informed and Responsive Commonwealth*, the CTTF described the impact that the experience of trauma can have on a child's development, with long-term consequences for

Why "Trauma-Informed and Responsive"?

Different sectors and organizations use different terms to describe an organization or practice that is, in some way, operating differently as a result of an increased understanding of trauma and its impact on the brain and child development. Commonly used terms include "trauma-informed, "trauma-aware," "trauma-sensitive" and "trauma-responsive."

The Childhood Trauma Task Force has decided to adopt the term **trauma-informed and responsive (TIR)** to describe approaches that are both *informed* by the research on trauma and child development and *responsive* to the needs of children and their families who have experienced trauma.

Specifically, to be Trauma-Informed and Responsive (TIR) means that:

- **Adults** working with children, youth and families realize the widespread impact of trauma on child development and behavior, recognize and respond to the impact of traumatic stress on those who have contact with various systems, including children, caregivers and service providers, actively work to avoid re-traumatization, and take an active role in promoting healing; and

- **Organizations** infuse an understanding of trauma and its impacts into the organization's culture, policies, and practices, with the goals of maximizing physical and psychological safety, mitigating factors that contribute to trauma and re-traumatization, facilitating the recovery of the child and family, and supporting all children's ability to thrive.

their physical, mental, and emotional health that can last into adulthood. Of note, the experience of trauma can have strong repercussions on a child's academic performance, behavior in the classroom, and relationships with peers and staff at school.[7] Having a traumatic experience can also lead to substance use disorders.[8] As a consequence, children who have experienced trauma and who do not have the supports they need to recover and cope can often face disciplinary consequences at school or come into contact with law enforcement.

Not every child who experiences a traumatic event will experience traumatic stress with lasting impacts on their development; with the right supports, many are able to recover and thrive. Still, the experience of trauma in childhood is, unfortunately, pervasive, which means that **every organization that works with <u>children</u> will work with <u>children who have experienced trauma</u>.**

When people experience trauma, it can affect their sense of self, their perception of others, and their beliefs about society. These views can directly influence children and their families' ability or motivation to connect with and utilize services that were developed to help them.[9] As a result, it is vital that child-serving organizations are able to identify and intervene when children have experienced trauma, and that all systems that interact with children are designed to ensure children are not traumatized or retraumatized as a result of interacting with those systems.

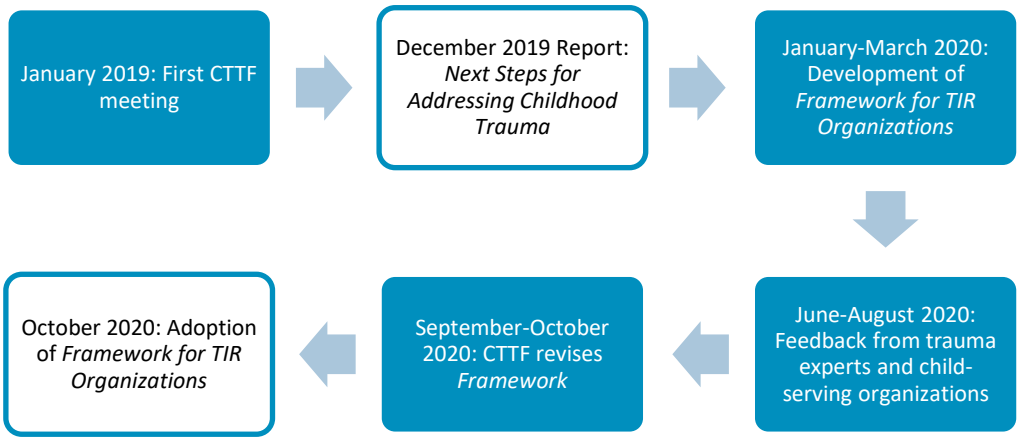
Although there have been numerous, significant, and impactful efforts in recent years to make services and systems "trauma-informed" in the Commonwealth, in our 2019 report the CTTF also found that much work remains. In particular, the CTTF found that:

- There is **no consistent, statewide agreement or understanding** of what it means to be "trauma-informed" in practice.
- There is **no consistent, statewide approach** to identifying or responding to children who have experienced trauma.
- There is **no shared understanding of what systems changes are needed** and will be most impactful.
- **Not all child-serving organizations or systems have undertaken this work**, whether due to lack of awareness or lack of funding/capacity.
- **There is no coordination of efforts and limited communication** across sectors.
- **Limited resources** are available for children and families who have experienced trauma.
- State and local agencies may have **practices or policies that could traumatize or retraumatize** children and families.

DEVELOPING A FRAMEWORK FOR TIR ORGANIZATIONS

Given this landscape, the CTTF's primary recommendation in 2019 was that Massachusetts should **develop and adopt a statewide framework for Trauma-Informed and Responsive (TIR) practice**, and **provide implementation supports** to help child-serving organizations adopt the framework.

The Childhood Trauma Task Force began work on developing this statewide framework in the fall of 2019. To start the process, members of the CTTF reviewed research and frameworks developed by other organizations, including over sixty foundational, sector-specific documents on trauma-informed practices, to understand key themes and models.



In particular, the CTTF used SAMHSA's foundational Framework for Trauma and a Trauma-Informed Approach (2014) as a basis for its work, adapting the concepts in that document to:

- Make it applicable to a broader range of professional sectors beyond behavioral health.
- Tailor the focus and illustrative examples to the specific needs of children, youth, and families.
- Place a greater emphasis on the relationship between systemic discrimination, racism, poverty, and trauma, as well as highlight the importance of addressing discrimination, promoting equity, and practicing cultural affirmation as a part of TIR practice.

Over the course of six months, CTTF members developed an initial draft *Framework for Trauma-Informed and Responsive Organizations*. The scope and content of

the *Framework* was intentionally written to apply to a broad array of organizations in contact with children and youth, from schools, health care providers, community organizations, and service providers to law enforcement agencies, the judicial system, and state agencies.

Framework for Trauma-Informed and Responsive Organizations

Following the development of the *Framework*'s initial draft, in the summer of 2020 the CTTF collected and incorporated feedback from two constituencies:

- **Experts in childhood trauma**, to ensure the *Framework* is in alignment with the most current research and applicable to youth at all developmental stages and from diverse backgrounds.
- **Professionals working in child-serving organizations**, to ensure the *Framework* is clear, useful, and applicable in different sectors, as well as to better understand the ways Massachusetts can help organizations implement the Framework.

The vast majority of respondents to a CTTF survey of child-serving professionals stated that becoming trauma-informed and responsive (TIR) is a priority for their organizations: over 53% of respondents stated their organization is already TIR (as described in the *Framework*) and close to 42% of respondents shared that they are interested in making their organization TIR. Less than 5% were not interested in becoming TIR (as described in the *Framework*).

The CTTF's final *Framework for Trauma-Informed and Responsive Organizations*, included in the Appendix, lays out **five Guiding Principles** (in purple, above) for establishing a

Trauma-Informed and Responsive (TIR) approach in an organization as well as **five Domains** (in blue) in which the Guiding Principles should be applied.

The *Framework* is intended to provide a vision, direction, shared language, and concrete examples for child-serving organizations and agencies seeking to better serve children and families who may have experienced trauma.

IMPLEMENTING THE FRAMEWORK

Having a shared understanding of trauma, its impact on children, and how adults and organizations can help children cope as well as avoid retraumatization is useful, but not sufficient. To ensure child-serving professionals and organizations who wish to become TIR can implement the *Framework*'s Guiding Principles, we need to understand the challenges they face as well as provide a clear vision of how to operationalize implementation.

CHALLENGES

As part of its effort to collect feedback on the *Framework* and understand what organizations need to implement it, the CTTF sent a survey to professionals working in child-serving organizations in the summer of 2020. Forty-seven respondents, representing state agencies, community social services providers, the juvenile justice system, and other child-serving organizations (e.g. education, Early Intervention, Child Advocacy Centers) took this survey. The feedback collected was overwhelmingly positive, with 100% of respondents stating that, after reviewing the *Framework*, they had a better understanding of what it meant to be a trauma-informed and responsive organization and that they believed the *Framework* was generally applicable for organizations like theirs.

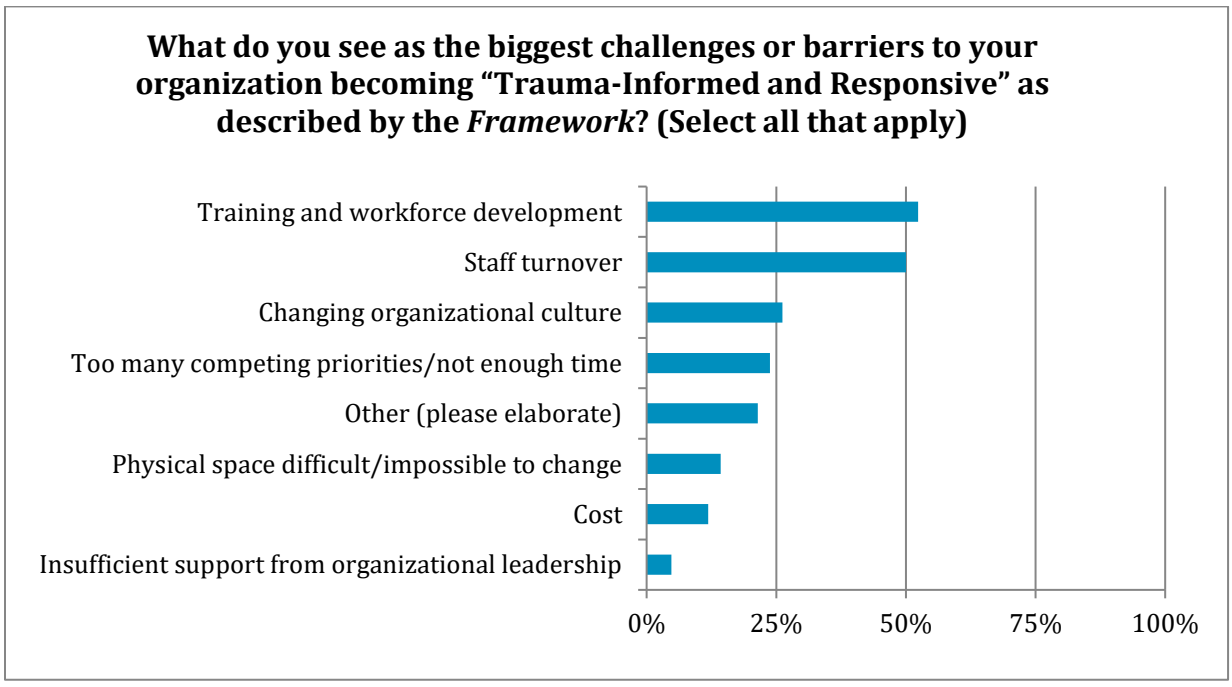
Respondents to the survey identified many challenges and barriers their organizations faced in becoming trauma-informed and responsive. By far, the two biggest challenges that emerged from the survey were:

- **Training and workforce development**, which are not only costly, but can also be logistically difficult for an organization to implement. Many organizations need to maintain minimum staffing ratios at all times, which means the organization may need to find additional staff to cover shifts and/or to pay for overtime to ensure staff receive training. Finally, research shows that "one and done" trainings are unlikely to have the desired effect, particularly in changing organizational culture.[10] To truly shift practice, organizations need to implement both initial and "refresher" trainings (on at least an annual basis) as well as provide on-going coaching of staff as they implement new practices. This may require paying for external coaching support and/or training supervisors to be coaches and ensuring they have sufficient time in their schedule to provide that coaching to their staff.

As highlighted below in "Childhood Trauma Initiatives in Massachusetts," there are organizations in Massachusetts that provide training and workforce development services related to trauma, but cost, capacity, and the logistical issues noted above can be a barrier for many child-serving organizations. Additionally, many organizations and state agencies already provide staff with training on trauma-informed and responsive practices. As such, the following challenges should not be understood as intractable barriers, but rather as areas that many organizations still need support with.

- **Staff turnover** is a major concern for many child-serving organizations, as maintaining a stable workforce is key to providing effective, continuous services for children and their families. For example, throughout the United States, at least one-third of child-care workers leave their jobs each year, a trend nearly double the overall job turnover rate across sectors.[11] This high turnover rate is compounded by a substantial workforce shortage in Massachusetts' human services industry.[12]

  A main cause of staff turnover is organizations' inability to pay their employees a living wage, which in turns poses important financial burdens for organizations who must continuously replace and train new staff.[13] In addition to low pay and high caseloads, staff in child-serving organizations often experience compassion fatigue (i.e. Secondary Traumatic Stress) and lack the needed supports to cope with the emotional and mental toll of working with children and families experiencing poverty, mental health issues, and trauma.



In addition to training/workforce development and high staff turnover rates, respondents of the survey identified other important barriers to becoming trauma-informed and responsive:

- **Changing organizational culture** remains a challenge for over a quarter of respondents. While leadership buy-in is critical to organizations becoming trauma-informed and responsive, a cultural shift must take place at all levels of an organization—a task all the more difficult to achieve without adequate training and a stable workforce.
- **Competing priorities and lack of time** impede organizations' ability to dedicate resources to becoming trauma-informed and responsive. Organizations can also find it difficult to balance the need for work on a project like becoming trauma-informed and responsive with the need to accomplish day-to-day tasks.
- **Difficulty in modifying an organization's physical space** to accommodate a trauma-informed and responsive environment for youth and their families. Accessibility, lighting, availability of private spaces, or even temperature are all aspects of physical environment an organization may need to modify to avoid retraumatizing children seeking services, but making these changes can be difficult and costly, particularly for organizations working in older buildings.
- **Cost** is a challenge tied to each of the above-mentioned barriers organizations face in becoming trauma-informed and responsive. Without appropriate financial supports, child-serving organizations cannot keep a stable workforce, provide staff the necessary financial, mental health, and logistical support, or make the necessary organizational and physical changes for their agency to become TIR.
- Other challenges mentioned by survey respondents include:
  - The **lack of diversity** in child-serving organizations' workforce represents a major challenge in serving children and families from diverse racial, ethnic, religious, and economic backgrounds. Research demonstrates that workers who share or understand a family's culture can better understand their needs.[14]
  - **Leadership** at large government systems or organizations can sometimes be too far removed from frontline workers and lack an understanding of the latter's difficult experiences in the field.

The CTTF's report Protecting our Children's Well-Being During Covid-19 highlights how the pandemic has exacerbated existing racial and ethnic inequities, making it all the more necessary for organizations to examine how their policies affect children and families of color as they adopt a trauma-informed and responsive approach

- The **Covid-19 pandemic** has made it more difficult for staff to have ongoing dialogue with families and to engage colleagues in conversations related to trauma in the workplace.
- **Leadership's lack of knowledge about childhood trauma** and its impact can hinder their understanding of staff's on-the-job experiences as well as the needs of families served.

CHILDHOOD TRAUMA INITIATIVES IN MASSACHUSETTS

There are many existing programs, centers, and initiatives in Massachusetts that aim to increase the availability of trauma services for children and to make systems trauma-informed. They provide training to a variety of child-serving professionals, increase access to assessment and treatment, partner with stakeholders in the child-serving community, and/or disseminate up-to-date scientific knowledge about childhood trauma. By building upon their expertise, experience, and reach, the Commonwealth can increase its capacity to support child-serving organizations in becoming trauma-informed and responsive.

The following section highlights some current larger scale/multi-organizational initiatives to illustrate and recognize the important work that individuals and organizations throughout the state have done to help children and families who have experienced trauma. The CTTF's 2019 report also included information on state agency efforts and initiatives regarding childhood trauma.

- The **Child Trauma Training Center (CTTC)** at UMass Medical School is a state-wide program whose mission is to improve the standard of care for traumatized youth across Massachusetts, with a particular focus on youth involved with the juvenile justice system, youth from military families, LGBTQ youth, commercially and sexually exploited children (CSEC), as well as youth whose parents suffer from substance use issues.[15] The CTTC has a three-pronged mission to:
  - **Train professionals to improve the identification of trauma** and trauma-related symptoms in children and youth.
  - **Increase access to treatment** for youth and families who have experienced traumatic events.
  - **Disseminate training on evidence-based treatments** used by medical professionals who work with traumatized children.

  As part of its mission, the CTTC established LINK-KID, a centralized and continuously updated referral system via a toll-free number (1-855-LINK-KID), to connect children and youth (0-22) with providers who have been trained in these evidence-based trauma treatments. Parents, caregivers, and child-serving professionals can make a single referral to LINK-KID for the child's treatment, rather than make referrals to multiple mental health providers who might not have any

availability, have moved practices, or no longer provide the services needed. Additionally, LINK-KID ensures that parents and caregivers receive materials related to their child's trauma exposure, symptoms, and treatments.

- The **Central Massachusetts Child Trauma Center** **(CMCTC)**, part of LUK Crisis Center, Inc., strengthens and expands access to effective and culturally competent services for children (0-18) who have experienced trauma related to abuse, neglect, domestic violence, suicide, and/or substance use issues, with a focus on military families.[16] To advance its mission, CMCTC:
    - **Provides a wide continuum of services for children and their families**, including placement for foster youth, counseling, prevention through community education, and support services.
    - **Partners with stakeholders in the child-serving community** (e.g. schools, state agencies, non-profit organizations) to improve understanding of and access to trauma services within communities.
    - **Provides training to mental health professionals** that is aligned with recommendations from the National Child Traumatic Stress Network.

In addition to these two centers, individuals and local agencies in the Commonwealth have sought to promote understanding of trauma-informed care in their communities and integrate it within their work. Of note, the CTTF would like to highlight the work of:

- **Plymouth County's Drug-Endangered Children Initiative (DECI)** helps law enforcement, schools, and community partners identify drug-endangered children and develop trauma-sensitive responses to support them.[17] Faced with a significant increase of children witnessing overdoses at the height of the opioid epidemic, the Plymouth County's District Attorney's office developed this program to:
    - **Educate key stakeholders** on trauma and the impact it has on children's development.
    - **Train** law enforcement, school staff, and child-serving professionals to identify and respond to situations when children have witnessed violence.
    - **Provide easy access to services** for children and families through its partnership with United Way of Greater Plymouth County's Family Center.

  Of note, one of DECI's key programs is **Handle With Care**, modeled after West Virginia's statewide initiative. The program ensures that law enforcement, responding to a traumatic incident (e.g. domestic violence, overdose, death) where a child was present, notifies schools that the child should be "handled with care" and might need additional support. The one-page form given to schools does not provide details about the event but ensures school personnel are mindful of the potential effects of the traumatic incident, which might impact the child's behavior and ability to learn. Teachers and school personnel (e.g. nurse or counselor) who have been trained through the county's initiative are then able to assess the child's mental

health needs and provide support or, if necessary, refer them to a mental health provider.

- The **Building Resilient Children** initiative[18], a partnership between the Office of the Child Advocate and Commonwealth Medicine at UMass Medical School, was a pilot intervention to support early childhood educators in Worcester and promote resilience in young children. The pilot provided training to 49 teachers and coaching to 25 teachers and teaching assistants to help them:
    - Integrate knowledge about childhood trauma and resilience in their classrooms and engagement with families.
    - Effectively reduce punitive approaches to children's challenging behaviors (e.g. contacting families, removal from classroom, suspensions or exclusions) as well as incidents due to possible trauma-related behavior (e.g. biting, hitting).

  The success of this pilot initiative was measured not only by the decrease in punitive approaches to students' challenging behaviors, but also by the marked increase in educators' knowledge and confidence in identifying and understanding childhood trauma.

- **Trauma-Informed Hampshire County (TIHC)** is a network of organizations and citizens of Hampshire County committed to increasing community understanding of the impact of trauma, promoting trauma-informed policies and practices, and facilitating resilience. TIHC offers a free (in-person and online) training for civic and faith-based organizations, libraries, schools, businesses, and other community organizations to better understanding the impact of trauma and how they can address it. TIHC also offers free organizational assessments and support for community organizations seeking to become more trauma-informed.

PROMISING PRACTICES FROM OTHER STATES

Massachusetts is not alone in developing state-wide initiatives to help children who have experienced trauma. To tackle these challenges, many states have developed their own trauma-informed frameworks and initiatives from which the Commonwealth can learn. These states' efforts aim to ensure:

- A **shared understanding of trauma** and its impact on children and families. Of note, the Missouri Model defines four key stages for organizations (trauma aware, trauma sensitive, trauma responsive, and trauma informed) and provides useful resources to learn about processes and indicators for each stage.[19] **Pennsylvania**'s *Trauma-Informed PA* details the state's plan to become a trauma-informed, healing-centered state.[20] The 72-page document strongly emphasizes repairing the damage caused by systemic racism, as well as communal and historical trauma.

SPOTLIGHT ON CONNECTICUT

In the past twenty years, Connecticut has worked to advance knowledge, practice, and policy around childhood trauma through its Child Health and Development Institute (CDHI), a non-profit subsidiary of the public charitable foundation Children's Fund of Connecticut.

Through a variety of state-funded initiatives, CDHI coordinates and provides **technical assistance and training** on over twenty topics to improve systems of health and sustain innovations for schools and child-serving providers. Since 2007, CHDI has trained more than 10,000 child-serving professionals to better recognize, support, and connect children to trauma-informed care.

Of note, CHDI offers **free training and implementation support to deliver evidence-based treatments for childhood trauma**, including Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Bounce Back (an adapted version of CBITS for grades K-5), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). CHDI also serves as the Coordinating Center for the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT), which has trained over 3,100 child welfare staff on trauma using the NCTSN Child Welfare Trauma Training Toolkit. CONCEPT has also supported training for more than 30 agencies and over 800 clinicians to offer trauma-focused clinical interventions.

The institute has also greatly **advanced the use of trauma screening tools** across child-serving sectors. In partnership with the Connecticut Department of Children and Families and Yale University, CHDI developed a free, brief Child Trauma Screen (CTS) for behavioral health providers, pediatricians, school staff, child welfare workers, and juvenile justice staff to identify children over three who may be suffering from trauma exposure. To date, over 20,000 children have been screened for trauma in Connecticut, including all children over three in the care of child welfare systems.

Additionally, CDHI functions as an **information hub** for child-serving organizations and state agencies. In addition to publishing reports on an array of topics regarding childhood trauma and wellbeing, CDHI provides knowledge on best practices (e.g. screening, assessment, interventions) as well as develops, tests, and incubates evidence-based models and interventions to help children recover from trauma across the state.

- **Availability of training in trauma-informed care: Delaware**'s Trauma Informed Delaware offers state-funded training to state government employees and organizations that wish to recognize and support those dealing with trauma and its impacts.[21] Similarly, in **California**, ACEs Aware, an initiative led by the Office of the California Surgeon General and the Department of Health Care Services, has provided training to nearly 14,000 health care providers, 49% of which work in

pediatrics or family medicine.[22]

- **Dissemination of knowledge on trauma and its impact** on children and families. Some states, such as **Alaska**, promote knowledge on the topic through state-wide information hubs that include general and sector-specific resources.[23] Others, like **Tennessee**, help increase awareness of childhood trauma via Public Awareness Campaigns.[24]

- **Collaboration within and across sectors:** The Alaska Resilience Initiative, a network of nonprofit, tribal, and state government organizations, faith groups, schools, businesses, and community coalitions connects communities with organizations already working on trauma and resilience. Of note, the initiative ensures grassroots and grasstops organizations collaborate on advocating to end child maltreatment and intergenerational, systemic trauma. Similarly, **California** has developed a Network for Advancing California's Trauma-Informed Systems and hosts annual collaborative meeting led by experts across sectors.[25]

- **Organizational assessment and improvement:** Some states have created toolkits to help child-serving organizations assess their progress in the field of Trauma-Informed Care (TIC). California, for instance, developed an ACTS Toolkit as well as an organizational self-assessment guide.[26] Similarly, Tennessee developed the toolkit Building a Trauma-Informed System of Care to help professionals advocate, educate, and collaborate on childhood trauma.[27]

IMPLEMENTATION SUPPORTS NEEDED

Organizations need an array of supports and services to be able to implement Massachusetts' *Framework for Trauma-Informed and Responsive Organizations*. As noted above, in the summer of 2020 the CTTF sent a survey to professionals working in child-serving organizations. As part of that survey, the CTTF asked "What supports/services would you find most useful in helping your organization adopt the 'TIR' Framework? (Select all that apply)."

Survey Results	
Implementation Supports	**Percent that Would Find Most Useful**
An organizational assessment that could identify suggested areas for improvement	52%
A "TIR" resource website with materials targeted toward your professional sector/organization type (i.e. toolkits, checklists, training videos)	48%

Training and/or coaching support for staff	48%
Support identifying and/or implementing specific services for staff to address/prevent secondary traumatic stress	41%
Assistance reviewing and modifying current policies and practices	27%
Support identifying and/or implementing specific trauma screenings, assessments or interventions	27%
Support in the development or implementation of ongoing evaluation of TIR policies and services	20%
Help connecting with other TIR organizations in your community and/or field	18%
Support transforming your organization's physical environment	18%
Assistance incorporating your staff and children/families in creating and reviewing your organization's TIR policies and services	18%
Other (please specify)	9%

Based on the survey responses, the research on promising practices implemented in Massachusetts and other states discussed above, and task force members' personal experiences implementing TIR practices, the CTTF has identified the following high-priority supports that are needed to ensure child-serving organizations and agencies throughout Massachusetts can become trauma-informed and responsive:

1. <u>Sector-Specific Implementation Training and Technical Assistance (TTA)</u>

Some child-serving organizations will need training support and technical assistance to ensure they are effectively implementing the *Framework*'s guiding Principles in the Domains of their choice. Strategic planning and technical assistance can help organizations accurately diagnose internal problems or challenges; without this, agencies may rush to implement a solution without a clear connection to the problem or a path to achieving the desired outcomes.[28]

In our survey, respondents expressed the need for:

- **Training and coaching based in the most up-to-date research:** There is a great need among child-serving organizations for effective training and coaching in trauma-informed and responsive practices: close to half (48%) of our survey respondents indicated that training and/or coaching supports for staff were among the services they would find most useful in becoming trauma-informed and responsive.

- **Organizational assessments and implementation technical assistance:** While many organizations wish to become trauma-informed and responsive, assessing an entire organization's methods and effectiveness in reaching their TIR goals at all levels takes time, knowledge, and financial resources they may not have. Fifty-two

percent of survey respondents said that an organizational assessment that could identify suggested areas for improvement would be particularly useful.

Some child-serving organizations may need more intensive assistance identifying challenges and developing strategies, tools, and protocols that will ensure they meet the TIR goals they have set for themselves. Of note, 27% of respondents stated their organizations would find assistance reviewing and modifying their current policies and practices particularly useful, and 18% stated that assistance incorporating the perspective of their staff and children/families in creating and reviewing TIR policies and services would be a high priority for their organization.

- **Support implementing evidence-based trauma practices:** Twenty-seven percent of survey respondents indicated that support identifying and/or implementing specific trauma screenings, assessments, or therapeutic interventions would be particularly useful. Providing this implementation support could help greatly increase the availability of these services for children across the Commonwealth.

2. Statewide TIR Practice Advancement Resource & Coordination Hub

One of the CTTF's goals in creating the *Framework* is to develop a shared language and theoretical frame of reference for understanding trauma and its impact on children and their families. While there are many significant and impactful initiatives to provide trauma-informed services for children and families at the local level, there is currently no coordination of these efforts at the state level.[29] The CTTF has identified the following resources as key to ensuring child-serving organizations throughout the Commonwealth can continue to educate themselves about best practices as well as learn from each other:

- **Development of statewide TIR organization network and learning communities:** Eighteen percent of our survey respondents expressed the need for a platform that would help their organizations connect with and learn from other TIR organizations in their communities and/or fields. A central coordination hub could host TIR learning communities, which would provide both a space and a structure for child-serving professionals to align around a shared goal of being trauma-informed and responsive as well as connect people, organizations, and systems both within and across sectors to learn from other organizations' successes and challenges.[30] Additionally, a coordination hub could help organizations and professionals connect and avoid working in silos on similar projects and initiatives, and provide a vehicle for sharing information about new promising practices as they emerge.

- **Ongoing identification, evaluation, and dissemination of promising practices:** As the field of childhood trauma continues to evolve and expand, it can be difficult for individuals working in the field to keep up to date on research developments and new trauma-responsive treatments, interventions, and services. In particular, child-

serving professionals need access to clear information on current best practices that take into account the need for culturally affirming services that fit the needs of children and families of diverse backgrounds. This can be provided by experts who can track local and national innovations, evaluate evidence-based studies, and convey important findings in a straightforward way. Our survey reflects this need: 20% of respondents explained they need support in the development or implementation of ongoing evaluation of TIR policies and services.

- **Practitioner resource website and online training platform:** When asked what supports or services would be most useful in helping their organization adopt the *Framework*, 48% of our survey respondents expressed the need for a "TIR" resource website, with materials targeted toward their professional sector and/or organization type.

In addition to hosting the above functions (information about promising practices and local initiatives; online learning communities and networking events), potential resources on this website could include:

- **A training platform,** which could include training videos developed in accordance with adult-learning principles and adapted to the particular needs and goals of different types of child-serving organizations and agencies. Although some amount of live/in-person training is ideal (when it is safe to do so again), this online platform could provide information on the "basics," reducing the overall amount of time spent in live training and/or allowing live trainers to spend more time on sector-specific examples, interactive activities, and answering questions. The platform could also track training participation.

- **Sector-specific toolkits and organizational assessment checklists,** that is, short documents providing guidance on how to apply the *Framework*'s TIR Guiding Principles in specific settings. These documents should include recommendations for ensuring the voices of children and their families are taken into account when organizations embark in structural changes to make their services more TIR.
- **Resources on secondary traumatic stress** to help organizations address their staff's mental health needs. Forty-one percent of our survey respondents indicated the need for support identifying and/or implementing specific services for staff to address/prevent secondary traumatic stress.
- **A directory of resources,** such as specific evidence-based trauma interventions available in Massachusetts.

3. Quality Assurance Support

Even when equipped with the above-mentioned training and resources, child-serving professionals will need ongoing support to ensure the continuous quality of their trauma-informed and responsive services. Ways of doing this include:

- **Developing a "TIR" certification process**: Although many organizations consider themselves to be trauma-informed and responsive, there is currently **no objective way of measuring this and no established system for tracking** professionals or organizations that meet this standard. An organizational certification process would standardize this process and, ultimately, provide families with a directory of TIR organizations whose services they could seek.

  A certification process for individuals could also help address some of the training and workforce development issues that organizations face. An organization hiring a "TIR certified" individual could feel confident in knowing they already have a baseline understanding of trauma, which could reduce the need to repeat basic/introductory trainings. Educational institutions in Massachusetts could also start to align curricula in a way that would allow an individual to graduate with a "TIR certification."

  Longer term, state agencies should consider requiring TIR certification as a part of licensure and/or procurement processes. It must be emphasized, however, that any certification requirements *must* be accompanied by funding and support for organizations and individuals to meet that standard. Failure to provide this support would create or exacerbate systemic inequities, disadvantaging smaller and less well-funded organizations, including many led by individuals of color.

- **Assisting TIR organizations in their efforts to establish on-going quality assurance programs:** Continuous quality improvement efforts are central to ensuring child-serving organizations are making progress in their adoption of the *Framework* Principles and sustaining that progress over time. While some organizations may already have sophisticated quality assurance procedures, others may need help identifying mechanisms for measuring the efficacy and quality of TIR improvement efforts. This help may include:

  - Assistance in **identifying specific domains and interventions that require sustained efforts to become TIR.** For instance, some organizations may find that they need to improve policies to support staff's mental health or decrease turnover, while others might want to ensure the efficiency of clinical interventions (e.g. a new screening protocol or treatment).

  - Identify which **quantitative and qualitative methods they should use to evaluate progress on their identified goals, as well as helping develop a**

reliable system to collect and synthesize that information. The methods and metrics used will depend on the goals and services of organizations. Some might collect information on staff training completion rates or appointment no-shows, while others might focus on consumer or staff surveys.

RECOMMENDATIONS

Recommendation #1: State Agencies Should Lead the Way in Adopting the *Framework for Trauma-Informed and Responsive Organizations*

The CTTF recognizes that becoming a trauma-informed and responsive Commonwealth will take time and effort. Given their reach and, in many cases, position as a funder of child and family services, child- and family-serving state agencies are in a unique position to model trauma-informed and responsive care for other child-serving organizations. State agencies can lead the way by:

- Adopting the *Framework*'s defining Principles for trauma-informed and responsive care.
- Implementing the Framework on multiple levels, including:
    - Ensuring l**eadership** actively demonstrate an understanding of childhood trauma and commitment to TIR practices.
    - Reviewing **training and workforce development** policies to continue building a diverse, well-supported TIR workforce.
    - **Reviewing policies and procedure** to ensure they are in alignment with the *Framework,* particularly those that may be in conflict with the agency's ability to implement the *Framework.*
    - Ensuring **families' and staff's voices** are included in policy changes.
    - Remodeling their **physical environments** to meet the needs of staff and families, to the extent possible given financial constraints.
    - Incorporating the *Framework*'s guiding Principles when conducting **organizational assessments**.

The CTTF also recommends state agencies which are procuring services for children and families ensure that provider organizations share a commitment to trauma-informed and responsive care as delineated in the *Framework*. This can be done by:

- Writing requirements that provider organizations adopt and implement the *Framework* within a reasonable timeframe into Requests for Responses (RFRs).
- Revising any state agency policies or procedures that would conflict with organizations' ability to implement the *Framework.*

Finally, the **CTTF recommends the Legislature allocate the funds necessary** for state services to be able to become trauma-informed and responsive. This includes allocating

sufficient funding for procured services, to ensure provider organizations are able to train and retain staff, maintain sufficient staffing ratios to provide TIR care, provide support for staff dealing with Secondary Traumatic Stress, and create TIR physical environments.

Recommendation #2: Support Child-Serving Organizations in Becoming Trauma-Informed and Responsive by Establishing a State Center on Child Wellness & Trauma (CCWT)

If Massachusetts is to become a trauma-informed and responsive Commonwealth, our child-serving organizations and systems will need considerable support identifying policies and practices that need to change, choosing and implementing targeted strategies, and, ultimately, transforming organizational and systemic culture. The process will take time and effort, and transformation will not come by decree alone: without concrete, strategic, and sustained support, many organizations and systems will not fully reach the goals outlined in the *Framework for Trauma-Informed and Responsive Organizations*. Of note, without sufficient support, some organizations may successfully become TIR, while others will not, thereby exacerbating existing inequities in services provided to children and families of different communities.

Inspired by the considerable progress made in this area by the state of Connecticut (profiled above), the Childhood Trauma Task Force believes this work needs a dedicated home, supported by state government: a **Center on Child Wellness and Trauma that can provide ongoing leadership and coordination of efforts to help organizations become "TIR**."

This function could be established in a variety of ways, including authorizing and funding a state agency to play this role, or establishing a dedicated center at a state university. However this function is ultimately operationalized, the Childhood Trauma Trask Force recommends that a Center on Child Wellness and Trauma (CCWT) be established to do the following:

- **Provide (and/or coordinate the provision of) sector-specific implementation training and technical assistance** to ensure that child-serving organizations are effectively implementing the *Framework for TIR Organizations.* In doing so, the CCWT would ensure that:
    - Organizations have access to training and coaching to support implementation of the Framework.
    - The training and coaching are based on the most up-to-date research.
    - There is a centralized process for tracking who has received training, and when.
    - Child-serving organizations have support choosing and implementing evidence-based trauma practices (e.g. screening, assessment, therapeutic interventions).

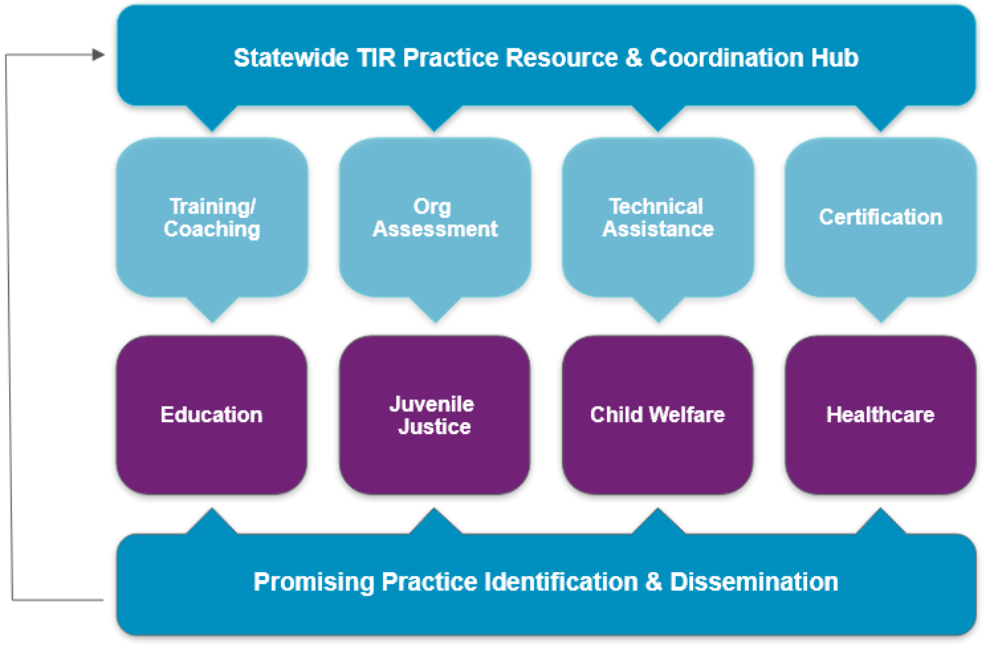
Although the Center may provide some training and technical assistance directly, it would ideally also partner with other organizations in Massachusetts doing similar training and technical assistance work, particularly those with expertise in specific sectors. This could help increase coordination of curricula and tracking of who has received training, and when, while expanding overall capacity and reach.

- **Ensure child-serving professionals are able to keep abreast of best practices and innovations in the fast-advancing field of childhood trauma.** To do so, the CCWT would:
    - Act as a central hub for information on childhood trauma in Massachusetts and a convener of TIR organizations.
    - Identify, evaluate, and disseminate information on evidence-based practices in the field of childhood trauma and across sectors.
    - Establish learning communities to ensure child-serving professionals can engage each other in meaningful collaboration and further their knowledge of childhood trauma and best practices in trauma-informed and responsive care.
    - Host an online training platform and a practitioner resource website, with sector-specific toolkits, organizational self-assessment checklists, resources on secondary traumatic stress, and a directory of resources available in Massachusetts.

- **Establish a measurable baseline level of quality for what it means for an organization to be trauma-informed and responsive, and a mechanism for tracking child-serving organizations that have achieved that level of quality.** To do this, the CCWT would:
    - Develop a TIR certification (and re-certification) process for child-serving organizations and professionals, based on the principles established in the *Framework for TIR Organizations*.
    - Work with local educational institutions to establish opportunities for individuals to receive TIR Certification through post-secondary education.
    - Track individuals and organizations who have received TIR Certification.
    - Identify the level of support needed to ensure all organizations have the opportunity to become TIR and, when that level of support is reached, work with state agencies to incorporate TIR certification as part of licensure and/or procurement processes.

Depending on the availability of funding, a Center could follow the model successfully implemented in Connecticut and implement the above projects over time. For example, the Center could start with providing training, coaching, and implementation assistance for one key sector at time, and then iterate and add support for additional sectors as resources permit. When choosing sectors to focus on, the CTTF recommends prioritizing those that

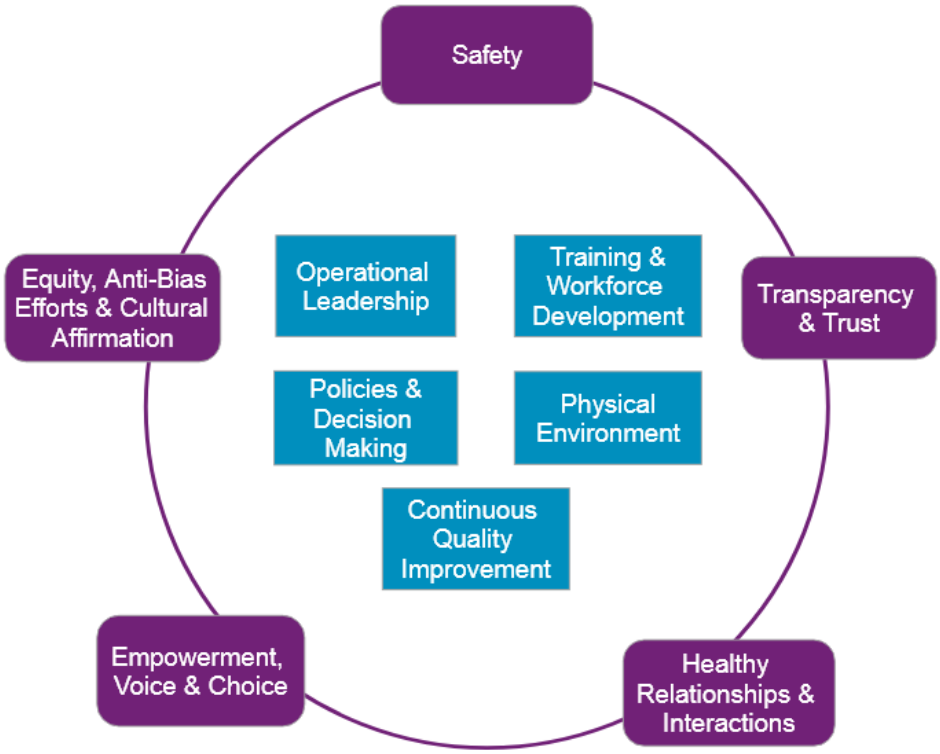
interact most frequently with children at the highest risk of having experienced trauma, such as child welfare, juvenile justice, and early and secondary education.



Center on Child Wellness and Trauma

Appendix: ***Framework for Trauma-Informed and Responsive (TIR) Organizations***

Framework for Trauma Informed and Responsive Organizations in Massachusetts



Massachusetts Childhood Trauma Task Force

October 2020

About the Childhood Trauma Task Force (CTTF)

The Childhood Trauma Task Force, which was established by the Legislature in "An Act Relative to Criminal Justice Reform" (2018), is charged with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

The CTTF is chaired by the Office of the Child Advocate and comprised of members representing a broad spectrum of child-serving state agencies and organizations. Learn more at: https://www.mass.gov/lists/childhood-trauma-task-force-cttf

Framework for Trauma Informed and Responsive Organizations[2]

To support healthy development and improve life outcomes for all children in the Commonwealth, the Childhood Trauma Task Force envisions a future in which all organizations and systems in Massachusetts are Trauma Informed and Responsive (TIR), which means:

- **Adults** working with children, youth, and families realize the widespread impact of trauma on child development and behavior, recognize and respond to the impact of traumatic stress on those who have contact with various systems, including children, caregivers and service providers, actively work to avoid re-traumatization, and take an active role in promoting healing.

- **Organizations** infuse an understanding of trauma and its impacts into the organization's culture, policies, and practices, with the goals of maximizing physical and psychological safety, mitigating factors that contribute to trauma and re-traumatization, facilitating the recovery of the child and family, and supporting all children's ability to thrive.

The Childhood Trauma Task Force recognizes that many children, youth, and families in our state have experienced trauma, whether as a result of a one-time incident or ongoing series of traumatic events or situations. The experience of trauma can have a significant impact on a child's development, with long-term consequences for physical, mental, and emotional health that can last into adulthood. The impact of trauma on the developing brain can often lead to short- and long-term emotional, behavioral, and learning challenges that must be addressed by our educational, healthcare, judicial, and social services systems.[3]

All of these systems should be critical positive intervention points for children who have experienced trauma, but in some situations, these same systems can also cause or amplify trauma. Removing a child from their family, arresting a youth, or restraining a youth at school are all traumatizing actions that can have long-term adverse effects, even when doing so is deemed necessary. At the same time, with the proper supports, systems, environments, and opportunities to heal, children, youth, and families have the ability to cope with the trauma they have experienced.

The purpose of this document is to help organizations foster healing and avoid amplifying traumatic stress by articulating a broad framework for what it means to be a **Trauma-Informed and Responsive (TIR) Organization.** The framework, as illustrated in Figure 1, below, includes five *Guiding Principles* (in purple) for establishing a Trauma Informed and Responsive (TIR)

[2] This document is informed by numerous reports, frameworks and guides to providing trauma-informed care in various sectors. In particular, however, the CTTF drew from the trauma definition, principles, and domains as described by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), adapting them for use across sectors and for organizations working specifically with children. See: SAMHSA's Trauma and Justice Strategic Initiative. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. U.S. Department of Health and Human Services. https://store.samhsa.gov/system/files/sma14-4884.pdf. This document is also heavily informed by the work of the National Child Traumatic Stress Network, specifically *Creating trauma-informed systems*. https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems.

[3] For more information on childhood trauma and its impacts, please see the CTTF's 2019 Report *Next Steps for Addressing Childhood Trauma.*

approach in an organization and five *Domains* (in blue) in which these *Guiding Principles* should be applied.

Figure 1: Guiding Principles and Domains of TIR Approach

The audience for this framework is *any* organization that comes into regular contact with children, youth, and families[4], including schools, early childhood programs, health care providers, community organizations and service providers, law enforcement agencies, the judicial system, and state agencies.[5] Although the material is relevant for anyone working with children, youth, and families, it is drafted with governmental and organizational leaders – those who have the most ability to impact organizational policies and practices – in mind.

Finally, it should be noted that this document is aspirational: a vision of what the CTTF believes is needed to support healthy development and improve life outcomes for children. The CTTF recognizes that implementing this framework will require time, effort, support and financial resources. Some organizations have already adopted many of the practices in this framework; for others, these ideas may be newer and require more effort to implement.

[4] This document uses the terms child, children, and youth interchangeably. In all cases, the term refers to individuals age 0 to 18. Although this document is geared toward organizations working with those under 18, many of these organizations work with youth into their early twenties. The information in this document is generally applicable for those working with young adults as well.
[5] From this point forward, we will refer to these entities collectively as "organizations."

Definitions of Key Terms

Trauma: The CTTF has chosen to use the definition of individual trauma developed by the federal Substance Abuse and Mental Health Service Administration (SAMHSA) in 2014, as this is a commonly referenced definition that is meant to be used across multiple sectors:

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

When a child experiences a traumatic event or series of events, they may have a traumatic response, which could be acute or chronic. When the traumatic response persists, it can interfere with the child's development across a number of domains (e.g. social, emotional, physical, cognitive, and sexual), which may result in changes in the child's behavior or cognitive functioning. Common cognitive issues associated with trauma include problems with memory, attention, and emotional regulation. In addition, some children will experience physical symptoms such as headaches, stomachaches, and muscle pain. It is important to remember that no two children will react to the same traumatic event in the same way.

For more information, see:
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Complex Trauma: According to the National Child Traumatic Stress Network (NCTSN), a person with complex trauma has experienced multiple traumatic events in their lives. These events are often severe, pervasive, and interpersonal in nature, such as abuse or neglect by a parent or other trusted adult. Persistent poverty and structural racism can also contribute to complex trauma. Complex trauma can be particularly disruptive to a child's development due to its chronic nature, its impact on multiple domains of functioning, and the extent to which trusted caregivers can be involved in ongoing exposure.

For more information, see: https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma

Secondary Traumatic Stress: Secondary traumatic stress is the emotional duress that can develop from exposure to the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). For more information see: https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf

Adverse Childhood Experiences (ACEs): ACEs are potentially traumatic events that occur in childhood and which are, at the population level, linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs include experiencing violence, abuse, or neglect, witnessing violence, and having a family member attempt or die by suicide. ACEs also include aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or household members being imprisoned. For more information see: https://www.cdc.gov/violenceprevention/acestudy/index.html

Racial Trauma: Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes—whether it is experienced directly or vicariously (e.g. through second-hand stories, social media, or the news). Any individual who has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury. For more information see: https://www.mhanational.org/racial-trauma

Cultural Affirmation: Being culturally affirming means appreciating the diversity of cultures that make up our society as well as seeing an individual's culture as a potential source of strength or comfort. Other terms often used to describe behaviors and attitudes that emphasize mindfulness of other people's culture include cultural competence, cultural sensitivity, cultural humility, cultural responsivity, and cultural inclusivity. While these terms vary somewhat in their definitions and focus, they share the same general purpose of validating others' cultural backgrounds and not presuming that one culture is better or more appropriate than another.

Cultural Brokers: Individuals who bridge, link, or mediate between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change. For more information on the role of cultural brokers see: http://www.fresnostate.edu/chhs/ccassc/documents/TheRoleofaCulturalbrokerrevpubvers.pdf

Guiding Principles of a TIR Approach

The CTTF has developed five *Guiding Principles* for TIR organizations that are generalizable across settings and sectors.

How an organization applies each *Guiding Principle* will vary depending on the role, responsibilities, and purpose of that organization, as well as the age range and circumstances of the children the organization serves. Some organizations may have only short-term interactions with children, while others may develop long-term relationships. Some may provide intensive assessment and treatment interventions, while others will make referrals when appropriate. Despite these differences, the CTTF believes that each of these *Guiding Principles* is relevant for any organization that interacts with children.

Principle #1: Safety

All people require safety to survive and thrive, but children who have experienced trauma have had their sense of safety disrupted. Therefore, it is vital for TIR organizations to ensure a child's physical, social, and emotional safety.

Ensuring a child's **physical safety** means making sure that any spaces where children may be are designed to prevent physical injury and are properly maintained, and that there are measures in place to prevent items that could be dangerous (e.g. firearms, drugs) from being brought into the environment. It also means ensuring that children are protected from physical or sexual abuse.

Ensuring a child's **social and emotional safety** can include:

- Providing a nurturing environment that takes into account the ways in which a child's trauma history might impact their sense of safety/safety needs. For infants and very young children in particular, this includes considering how physical contact may help establish a sense of safety or trigger a possible traumatic response.
- Supporting connections to loving, consistent caregivers.
- Fostering predictability for children and their caregivers whenever possible.
- Empowering children to be their authentic selves and allowing children to express their ideas, thoughts, beliefs, needs, identities, self-concepts, and emotions without fear of ridicule, shame, or dismissal.
- Validating children's feelings and responding to their expressed needs without judgement or criticism.
- Taking a culturally affirming approach, which includes celebrating the child's culture as a potential source of strength and support and validating any experiences of overt and covert discrimination based on culture.
- Modeling and encouraging children to build healthy relationships and be empathetic towards others.
- Taking action to prevent bullying, coercion, gender policing, sexual harassment, sexual exploitation, and other abuses of power.

- Examining the role that historical and racial trauma may play in the child's life and their ability to feel safe in their environment.
- Working to reduce trauma triggers/trauma reminders in their environment.

Physical, social, and emotional safety are deeply intertwined; one cannot exist without the other.

Safety is important for staff, as well. Indeed, staff may be living with their own unaddressed trauma, which may inhibit their ability to respond appropriately to the children in their care. Staff who do not experience the setting as physically, socially, and emotionally safe are less likely to be able to follow the *Guiding Principles* of a TIR approach in their work with children and families.

Things to consider in ensuring staff safety can include:

- Ensuring the staff work environment is designed to prevent physical injury and is properly maintained.
- Developing appropriate safety protocols for staff whose work takes place in the community or in other people's homes.
- Maintaining safe staffing levels.
- Teaching staff procedures/techniques designed to protect their physical, emotional, and social safety as appropriate for the work environment.
- Demonstrating an awareness of how listening to the trauma experiences of others can have an impact on work satisfaction, relationships, and performance by regularly checking in with staff and offering support, especially after a potentially traumatic event.
- Creating a culture of encouraging self-care within the organization, providing opportunities for self-care for staff, and ensuring staff have sufficient training in recognizing and addressing trauma in their own lives.
- Including staff from all levels of the organization and key stakeholders in the development of policies and procedures that impact them.
- Providing supportive staff supervision, including providing staff the opportunity to openly discuss experiences, challenges, and concerns.
- Effectively addressing instances of workplace harassment or bullying.
- Providing staff with livable wages that provide economic stability and security.

Principle #2: Transparency and Trust

Building and maintaining trust with children, youth, and their families is an important foundation for a healthy relationship. Building this trust requires active effort from staff and organizations.

In many situations, there is a power imbalance between staff/organizations and the children/families with whom they are working, with the staff/organization having real or perceived leverage and/or authority over the child/family. Power imbalances can also exist within a family system.

It's also important to note that entire communities, such as Black, Hispanic/Latinx, Asian, Native American, LGBTQ+, people living with disabilities, and immigrant/refugee communities, have

historically been and may continue to be subjected to abuse, harm, and exploitation by powerful institutions and individuals.

Given all of the above, children and/or their families may have reason to be distrustful of those who have power to make decisions that can impact their lives. This distrust can manifest as anger, opposition, resistance, and/or non-compliance.

It is essential that TIR organizations are mindful of these dynamics and take active steps to build and maintain trust. One effective tool in building trust is transparency.

Ways of building trust and promoting transparency can include:

- Engaging in open, clear, and collaborative conversations with children and their families, especially regarding decisions that directly impact the child.
- Involving children and their families in conversations regarding information sharing, including:
    - Explaining the legal and practical implications of information-sharing and disclosures.
    - Being transparent and open about what information must be shared, and with whom, by law and/or policy.
    - Giving children and their families the opportunity to specify what information should remain confidential and what can be shared, within legal and policy boundaries.
- Providing information in a timely and developmentally appropriate manner and in the method (e.g. letter, text, email, voicemail, video message) and language chosen by the child/family, when possible.
- Being honest and realistic with children/families about challenges and barriers (e.g. waiting lists for services, legal limitations) and taking care not to make promises that cannot be kept.
- Admitting to children/families when a mistake has been made and making efforts to repair any harm caused.
- Providing multiple opportunities for youth/families to communicate with senior management if they do not feel heard by staff, without fear of reprisal.
- Connecting children/families with interpreters (as needed), family partners and/or peer support, and involving these individuals in conversations when possible to promote open and clear communication.
- Hiring staff from backgrounds that reflect the diversity of families served, including staff who have the lived experience to act as liaisons between families and care providers.
- Ensuring that all staff who have contact with families are adequately trained to create a respectful and welcoming environment.
- Using language that promotes the belief that children and families who have experienced trauma can heal and thrive and that they have many strengths already in place. When interacting with pre- or non-verbal children, TIR adults can communicate this through their tone of voice, body language, positive physical contact, and play.
- Maintaining consistency throughout the relationship with the youth and their family to the extent possible (e.g. avoiding missed appointments, following through).

- Following the other *Guiding Principles* will also help organizations build trust.

Principle #3: Empowerment, Voice, and Choice

Trauma Informed and Responsive adults know that children who have experienced trauma are not *just* victims. They have strengths, capabilities, and talents that should be nurtured throughout their lives and that can help support recovery and healing.

Children and youth who have experienced trauma may feel a loss of control and that they are powerless to do anything to change their situation. In truth, however, they each have agency and the capacity to play an active role in their own healing process. Adults who interact with children and youth should work with them and their caregivers to empower them to make decisions about their own lives whenever possible and developmentally appropriate.

Ways of empowering children and their caregivers can include:

- Using a strengths-based, resiliency-focused perspective and choosing language that is culturally sensitive and recognizes that there is much more to a child than their circumstances or the trauma they have experienced.
- Including children and their caregivers in decision-making processes (e.g. giving them choices, helping them set goals).
- Developing input and feedback mechanisms for children, families, and communities.
- Recognizing that youth and families may bring different yet equally valid values and perspectives to a decision, some of which may be rooted in differences in background, upbringing, experiences, or culture.
- Recognizing that a family's culture can be a source of strength and support as they heal from trauma.
- Learning to differentiate between decisions that are actively harmful and those that are simply not the ones a staff member would make for themselves.
- Connecting children and families with interpreters, family partners, and peer support.
- Creating space for youth and families to have a role in organizational decision-making.
- Supporting youth and families in advocating for themselves.

In situations where a youth has caused harm, adults can also empower them by adopting a restorative approach rather than responding in a punitive manner. In doing so, adults can help the youth identify ways of addressing the situation, accepting responsibility for their actions and, where possible, repairing the harm that was done, while also helping the youth recognize that having done a "bad" thing does not make them a "bad" person. Restorative responses seek to repair and improve relationships and, as such, empower youth to become a part of the solution.[6]

TIR organizations should also engage children and families throughout the process of developing, implementing, and evaluating policies and programming. Organizations can do this by giving them the opportunity to provide feedback on what is and is not working well for their child/family and how services can be improved, and taking that feedback seriously as part of

[6] For more information on restorative practices, see: https://zehr-institute.org/what-is-rj/

ongoing quality improvement work. Giving children and youth a voice in the process empowers them and makes them feel like they belong, they are valued, and their contributions matter.

Principle #4: Equity, Anti-Bias Efforts, and Cultural Affirmation

TIR organizations recognize that a variety of systemic inequities can cause and reinforce trauma. For example, individuals may experience trauma as a result of systemic discrimination based on race, sex, gender identity, sexual orientation, national origin, religion, socioeconomic status, weight/obesity, age, or disability. This can be a result of directly experiencing these kinds of discrimination and/or from witnessing or reading about discrimination experienced by others like you. Research suggests, for example, that the increased presence of social media in daily life has led people to vicariously experience secondary traumatic stress.[7]

Life circumstances associated with poverty and economic stress can also be traumatic. Economic and housing insecurity are among the most commonly reported traumatic experiences and affect more than one in five children in the nation.[8] Research shows that the chronic stress of living with housing and/or food insecurity is likely to affect or impact children's bodies and minds and their capacity to overcome other traumatic experiences. Poverty acts as a reinforcing mechanism, burdening families with more stressors, meaning children living in poverty are disproportionately at risk of Adverse Childhood Experiences (ACEs), such as exposure to abuse, neglect, family violence, drug use, or parental incarceration.[9]

In addition to trauma experienced on an individual level, entire groups of people can experience trauma and pass the effects down through multiple generations. This is referred to as intergenerational trauma, a term originally developed to describe the impact of the Holocaust on children of survivors. When intergenerational trauma is experienced by a specific group that has a history of being systematically oppressed, such as American Indians/Alaska Natives, descendants of enslaved Africans, or immigrants, it is called historical trauma.[10]

Adults working in TIR organizations should be mindful of the fact that children and families may have experienced systemic discrimination, poverty, intergenerational trauma and/or historical trauma, and may therefore exhibit symptoms of trauma. Studies have shown, for example, that overt and covert experiences of discrimination based on race, ethnicity, gender, and sexual orientation, as well as experiencing economic disadvantage, are associated with showing

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[7] Comstock, C. and Platania, J. (2017, March). The role of media-induced secondary traumatic stress on perceptions of distress. *American International Journal of Social Science 6*(1): 1-10. https://docs.rwu.edu/cgi/viewcontent.cgi?article=1252&context=fcas_fp.

[8] Sacks, V., Murphey, D. and Moore, K. (2014, July). Adverse childhood experiences: National and state-level prevalence. *Child Trends Research Brief.* https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf; Brooks-Gunn J., & Duncan G. J. (1997). The effects of poverty on children. *The Future of Children 7*(2): 55-71. https://pdfs.semanticscholar.org/08aa/8e3f8e2220865b06bbc9449726a38e22c3bd.pdf?_ga=2.59930221.1711285520.1584540651-532492774.1584540651.

[9] Hughes, M., & Tucker W. (2018, March). Poverty as an adverse childhood experience. *North Carolina Medical Journal 79*(2): 124-126. https://doi.org/10.18043/ncm.79.2.124

[10] Administration for Children and Families. (n.d.). *What is historical trauma?* U.S. Department of Health and Human Services. https://www.acf.hhs.gov/trauma-toolkit/trauma-concept

symptoms of post-traumatic stress disorder (PTSD).[11] Of note, adults working in TIR organizations should acknowledge that children and families of color who have experienced systemic racism might be distrustful of systems of services, such as child welfare and juvenile justice systems, that have, historically, disproportionately impacted families of color.

Adults and organizations should also actively resist re-traumatizing children and families by addressing discrimination, promoting equity, and practicing cultural affirmation. **Ways to do this include:**

- Listening and learning from children and families as well as community cultural brokers about their experiences of discrimination as well as the specific values, resources, and strengths they derive from their cultural background and self-identification.
- Acknowledging our own personal and implicit biases, privilege, and power.
- Being aware of how these biases and positions of power/privilege may influence interactions with children and families.
- Working to undo personal and implicit biases and taking corrective action to minimize the impact they have on decisions that affect children and families.
- Creating opportunities for staff members to educate themselves about issues of race, gender, class, sexual orientation, and other cultural factors, as well the impact of privilege and power.
- Creating safe spaces for staff members to engage in open, honest dialogues about these issues, grounding discussions in established shared norms for courageous conversations.
- Taking concrete actions to address systemic discrimination within organizations and systems, such as identifying and reviewing policies that may systematically impact individuals based on demographic characteristics.
- Supporting policies and structures that promote the eradication of racism, poverty, and unequal distribution of resources among communities.

Principle #5: Healthy Relationships and Interactions

Developmental research shows that having one or more caring adults in a child's life increases the likelihood that they will flourish and become productive adults themselves.[12] TIR organizations place a high priority on modeling healthy relationship behaviors and, when possible, developing caring mentoring relationships and helping children build healthy relationships with their peers and family members.

[11] Holmes, S.C., Facemire, V.C., and DaFonseca, A.M. (2016). Expanding criterion A for posttraumatic stress disorder: Considering the deleterious impact of oppression. *Traumatology 22*(4): 214-321. https://www.apa.org/pubs/journals/features/trm-trm0000104.pdf Bradley-Davino, B. and Ruglass, L. (n.d.). Trauma and posttraumatic stress disorder in economically disadvantaged populations. *American Psychological Association*. https://www.apatraumadivision.org/files/58.pdf.

[12] Murphey, D., Bandy, T., Schmitz, H., Moore, K. A. (2013, December). Caring adults: Important for positive child well-being. *Research Brief 54.* Child Trends. https://www.childtrends.org/wp-content/uploads/2013/12/2013-54CaringAdults.pdf

Some TIR adults will have short-term interactions with children that may last a few minutes to a few weeks. These brief interactions can still have powerful effects on the lives of children and families.

Examples of ways to have Trauma Informed and Responsive short-term interactions with children include:

- **Respect:** Treat children and their caregivers with respect, which can include introducing yourself, explaining your role, sharing which pronouns you use, and providing clear information about what to expect regarding any process they are going through. For infants and very young children, getting down to their eye level is an effective way of demonstrating respect and understanding.
- **Effective Communication:** Practice active listening, ask questions in a curious, non-judgmental manner, provide information in a developmentally appropriate manner in the child's preferred language, and be mindful of your tone, body language and the nonverbal cues you may be giving off.
- **Validation & Compassion:** Recognize that children's feelings are valid, support their capacity to regulate them successfully, demonstrate compassion and patience, identify and build upon children's and families' strengths, and provide positive reinforcement of behaviors that demonstrate resiliency.
- **Control & Choice:** Consistently signal opportunities for children and families to have control and choices in the matters that pertain to them. For instance, offer children opportunities to pause or stop the process so they can have a sense of control and agency.

Other TIR adults will have ongoing relationships with the child and their family that could last throughout their lives. **TIR adults with longer-term relationships with children and families can build and promote healthy relationships by:**

- Paying close attention to what children and families say and asking intentional questions to get to know them and understand their perspectives more.
- Talking with children and families about trauma and potential reactions to it.
- Explaining to children and families that their thoughts, feelings, and behaviors are normal responses to traumatic situations and may actually have been helpful or critical to surviving difficult circumstances.
- Teaching and modeling healthy ways of recognizing and expressing feelings and coping with stressful situations, which may include addressing family and cultural norms.
- Teaching children and families strategies for effective communication, boundary setting, and other interpersonal skills used across different cultural contexts, as well as role-modeling these strategies and seeking to understand existing communication strategies and skills.
- Identifying and supporting the development of a child's strengths.
- Educating families about how to interact with children in trauma-informed and responsive ways.

- Seeking additional professional help and facilitating connections to services, when appropriate.

People who are survivors of trauma and who have effectively healed from their own trauma are also a vital source of support for others who have experienced trauma. When possible, agencies and organizations should create formal peer support programs that connect children, youth, and families to other individuals in their community who have experienced similar trauma or connect them to existing programs in the community.

Agencies and organizations should actively support their employees and volunteers, especially those who are repeatedly exposed to trauma as a part of their job responsibilities and might subsequently experience secondary traumatic stress or compassion fatigue. Agencies and organizations can do so by creating an organizational culture that acknowledges the effects of working with trauma survivors on staff and avoids stigmatizing or blaming staff who experience those effects, making counseling resources available, and providing formal peer support for staff.

Domains of Implementation

Implementing a Trauma Informed and Responsive approach requires change at multiple levels of an organization and systematic alignment with the five key principles described above in each of the following *Domains*. How an organization applies the *Guiding Principles* in each *Domain of Implementation* will vary depending on the role, responsibilities, and purpose of that organization as well as the age range and circumstances of the children the organization serves.

Domain #1: Organizational Leadership

Leaders at all levels and across all organizational types – government, non-profit, for-profit, philanthropic – have opportunities to support organizations that interact with children and families in becoming Trauma Informed and Responsive. For organizations to become TIR, **leaders must actively demonstrate their commitment to a Trauma Informed and Responsive approach on multiple levels:**

Lead by Example:

- Actively demonstrate commitment to Trauma Informed and Responsive care by participating in training on trauma and its effect on children and families.
- Model healthy relationship behaviors and interaction skills.
- Clearly communicate roles, responsibilities, and expectations to youth, families, and staff members.
- Invite input from staff as well as youth and families to provide meaningful, ongoing input and feedback into organizational decision-making.
- Be visible members of the agency/organization and within the community.
- Tend to their own self-care, to ensure they are able to do all of the above in alignment with the *TIR Guiding Principles*.

Funding:

- Leaders who make decisions about funding (e.g. government, philanthropic) should make investments to help organizations and their staff build their capacity to learn about childhood trauma and provide trauma-responsive intervention services.
- Leaders who control organizational budgets should use their decision-making authority to prioritize the financial and time investments needed to implement the TIR domains.

Policies:

- Leaders in government who make decisions about policy should support policies that align with the *Guiding Principles* described above and revise those that conflict or interfere with other organizations' ability to implement the *TIR Principles*.
- Leaders who make decisions about organizational policies should:
    - Articulate the principles of a TIR approach in their mission and/or vision statements and help staff understand how these principles apply in their work.
    - Incorporate TIR principles into all policies, programs, and practices.

- Develop and implement quality assurance procedures to ensure principles are followed.

Staff Hiring, Development, and Support:

- Strive to ensure staff at all levels of the organization – from entry level through senior leadership – as well as organizational materials (curricula, communication materials, etc.) are representative of the diversity of the community being served.
- Understand the negative and potentially traumatic impact high staff turnover rates can have on youth being served as well as the overall organization, and advocate for solutions designed to reduce turnover, such as higher pay rates and supports to mitigate the impact of secondary trauma.
- Institute policies and practices that support self-care activities and positive relationship building among staff.

Domain #2: Training and Workforce Development

Organizations can build a Trauma-Informed and Responsive workforce by:

- Determining what skills are necessary to provide TIR care in the context of that organization's work and prioritizing these skills in hiring and training practices.
- Encouraging diversity, equity, and inclusion in hiring and promotion practices to ensure staff at all levels are representative of the community being served.
- Providing mandatory training on the impact of childhood trauma, secondary traumatic stress, and racism/equity to <u>all</u> employees and volunteers during orientation and as a part of ongoing professional development.
- Developing policies and structures to address secondary traumatic stress in staff, with the understanding that failure to do so can lead to disengagement, staff burnout, and increased likelihood of staff perpetuating trauma within the workplace. One way of doing so is by providing training on trauma and offering concrete referrals for support.

Training on a Trauma-Informed and Responsive approach should include:

- Background on trauma and its impacts, including:
  - Explanations of the different types of trauma (including but not limited to acute, complex, family systems, historical, racial, community, intergenerational and sexual trauma) as well as the difference between trauma and traumatic stress.
  - The biological effects of trauma on brain development and the many ways traumatic stress can manifest—including how it can easily be misinterpreted or misdiagnosed for other issues such as ADHD or behavioral challenges.
  - The effect that trauma can have on a child's sense of safety, sense of self, ability to self-regulate, physical health, and various developmental domains (e.g. social, emotional, cognitive).
  - The impact that trauma can have on a child's behavior, including discussions on internalizing and externalizing behaviors, as well as how these behaviors may vary by age.

    - Information about trauma in vulnerable populations of youth (e.g. LGBTQ+ youth, homeless youth, immigrant youth, commercially sexually exploited children, and children with disabilities).
    - Information on how trauma can manifest in adults/parents/caregivers.
    - Key protective factors and strengths/assets that can help individuals who have experienced trauma survive and thrive, as well as strategies for increasing those factors.
    - Information about how traumatic responses are adaptations to circumstances an individual has experienced and reflect survival and coping mechanisms.

- Information on how to respond to trauma and its impacts, tailored to the role a staff member plays, such as:
    - Identifying potential triggers/activators for the youth/family and understanding the traumatic response those triggers may cause.
    - Teaching de-escalation and other communication techniques.
    - Understanding how a staff member's own experiences and vulnerabilities can impact their response to situations and behaviors as well as create unconscious bias or difficulty responding to a child's needs objectively.
    - Strategies for encouraging healing, including supporting caregivers to ensure the child has nurturing, healthy caregiver/child relationships, building on a child's strengths, and developing protective factors and strategies.
    - Connecting the child and their family with longer-term trauma interventions as appropriate (*see "LINK-KID: A Centralized Referral Service", below, for information on resources to help make these service connections*).
    - Knowing when to seek additional professional help.

- Descriptions of the types of action that can traumatize or retraumatize a child or family, including:
    - Decisions within that staff member's, or their organization's, control, such as restraining a child.
    - Actions that may have previously been taken by other organizations (e.g. schools, treatment providers, law enforcement) that were traumatizing, neglectful, or exploitative and may impact that child or family's interactions with the staff member.

Organizations can inadvertently create stressful or toxic environments that can impact the well-being of staff and, ultimately, the fulfillment of the organizational mission. Staff experiencing secondary traumatic stress are less likely to be able to follow the *Guiding Principles* of a TIR approach, and so **TIR organizations can strive to create a healthy environment for staff by adopting the following practices:**

- Proving staff with information to identify secondary traumatic stress, practices for prevention, and strategies for coping.

- Creating a supportive culture that is understanding and responsive to employees who may experience secondary traumatic stress.
- Providing active support (e.g. time, resources, professional guidance, a physical space to go to) after a traumatic event occurs.
- Creating opportunities for staff to receive reflective supervision and/or group supervision and peer support.
- Providing support for all levels of the workforce, including teaching staff strategies for self-care and building personal resiliency.
- Teaching and encouraging the use of mindfulness exercises and other self-directed attention practices/skills.
- Striving for adequate staffing levels and manageable caseloads, including ensuring that duties that require particular expertise (e.g. clinical training) are assigned to staff with that expertise.
- Providing staff with mental health benefits.

LINK-KID:
A Centralized Referral Service
1-855-LINK-KID

The Child Trauma Training Center at UMass Medical School provides free support to parents, caregivers, and child-serving professionals who need help connecting a child with an appropriate trauma intervention.

LINK-KID staff screen for trauma exposure and trauma-related symptoms, discuss appropriate treatment options with caregivers and/or referral sources, make a referral to an appropriate service, and update caregivers and referral sources on the status of the youth's referral on a regular basis. LINK-KID maintains an active database of providers across the state trained in trauma-focused evidence-based practices, including information about waitlists, language capacity, and insurances accepted.

Learn More:
https://www.umassmed.edu/cttc/cttc-services/link-kid/

Domain #3: Policy and Decision-Making

Policies and procedures establish expected norms of behaviors and decision-making protocols. TIR organizations must review all policies and procedures through the lens of the *Guiding Principles* and revise as necessary. By doing so, organizations can proactively resist re-traumatization by creating policies and procedures designed to avoid traumatizing actions where possible, and to help children and families cope with the impact of those traumatizing decisions when they cannot be avoided. It also ensures the TIR approach becomes "hard-wired" into practice, rather than relying solely on training or individual supervisors.

Trauma Informed and Responsive policies and procedures:

- Recognize that many of the individuals an organization is working with, as well as in many cases the staff themselves, have experienced trauma in their lives.
- Identify agency/organizational decisions and actions that could be re-traumatizing or exacerbate existing traumatic stress for children and families, and take steps to minimize the potential for re-traumatization.

- Are clearly articulated, especially those pertaining to the physical and emotional safety of children, families, and staff.
- Identify clear roles and responsibilities for staff members, such as what role they are expected to play in responding to trauma experienced by individuals they work with.
- Seek to maximize predictability and stability for children to the extent possible.
- Detail expected behavior with regards to confidentiality, including any legal requirements staff must follow.
- Provide opportunities for healing practices to be employed by staff and families as part of their interactions.

Decision-making in Trauma Informed and Responsive institutions:

- Includes children and families in decision-making processes as often as possible. Some examples of opportunities for the inclusion of child and family voice are:
    - In the development of policies and procedures.
    - In creating individual treatment goals.
    - In developing service plans.
    - In designing or re-designing physical spaces.
    - As part of formal advisory boards.
- Provides opportunities for staff inclusion in the development of policies and procedures as often as possible.
- Provides explanations for how and why any decisions that impact the child and family are made.

Trauma-Informed and Responsive organizations also review their policies, practices, and procedures on a regular basis to ensure continued fidelity to the *TIR Guiding Principles*.

Domain #4: Physical Environment

Trauma Informed and Responsive physical environments are designed with the needs and abilities of the individuals using the space in mind, and are regularly re-evaluated with input from youth, families, and staff members.

Aspects of the physical environment to consider include:[13]

- Lighting and color
- Noise and smell
- Temperature
- Seating options (comfort, accessibility for all types of bodies) and a dedicated play space for very young children
- Direct access to exits

[13] For additional guidance on creating trauma-informed physical environments, see: https://www.acesconnection.com/blog/trauma-informed-physical-environments-assessment-tools and https://www.spacesmith.com/blog/trauma-informed-design

- Amount and tone of language on signage (focusing on positive, strengths-based messages when possible)
- Images (e.g. on posters, in magazines)
- Language accessibility
- Individuals (e.g. staff, other clients) occupying the space
- Availability of patient bills of rights and/or privacy, billing, and confidentiality policies
- Availability of private spaces for youth and families to have conversations with staff members and/or regroup after a triggering event
- Respect for the diverse needs (e.g. cultural, linguistic, gender, religious) of clients
- A clean, inviting, and healthy atmosphere for the staff as well as clients

Organizations that do work outside of a physical office (e.g. making home visits, responding to calls for police attention) should consider the impact of all of the above when doing field work, as well.

The physical environment may impact each child differently. Although there are some general steps that can be taken to ensure the environment is comfortable for all children and families, it's also important to take the time to understand any specific triggers or traumatic reminders for individual children and make changes in the environment to the extent possible and appropriate.

Domain #5: Continuous Quality Improvement (CQI)

Implementing a TIR approach can be challenging, and organizations will likely need to re-assess and modify their course of action over time. Trauma Informed and Responsive organizations should develop written processes for regularly assessing the design and implementation of policies, programs and/or practices to ensure they are having the desired impact and are in alignment with the *TIR Guiding Principles*.

In doing so, **TIR organizations should consider doing the following**:

- Identifying specific, desired outcomes that are meaningful in the organization's setting and sector and selecting methods for measuring the extent to which these outcomes have been achieved.[14] These outcomes may include:
    - The extent to which the TIR Framework has been adopted by the organization.
    - The impact adoption of the TIR Framework has had on the quality of services provided.
    - The impact on children, youth, and families served by the organization ("Are they better off?").
- Including the voices of youth, families, and staff in developing and measuring desired outcomes, identifying challenges, and generating ideas for improvement.

[14] For a longer discussion of this topic, see: Traumatic Stress Institute. (2020, February). *Measuring Trauma-Informed Care Series.* New Britain, CT: Steven Brown. Available via: https://traumaticstressinstitute.org/tic-measurement-series/

- Developing a system to collect and analyze data by race/ethnicity, gender, sexual orientation, gender identity, and other demographic information to uncover and address disparities.
- Being ready to adapt policies, programs, or practices in ways large and small, based on feedback and data analysis.
- Designating someone in the organization to be responsible for leading the implementation of the organization's CQI efforts and defining a timetable.
- Training staff involved in these CQI efforts on:
    - The importance of collecting accurate data and participating in other CQI efforts.
    - How the data and information from CQI processes is ultimately used within the agency.

Feedback, Ideas, or Questions?
Contact the Childhood Trauma Task Force:

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https://www.mass.gov/orgs/office-of-the-child-advocate
https://www.mass.gov/lists/childhood-trauma-task-force-cttf

ENDNOTES

[1] Briggs-Gowan, M. J., Ford, J. D., Fraleigh, L., McCarthy, K., & Carter, A. S. (2010). Prevalence of exposure to potentially traumatic events in a healthy birth cohort of very young children in the northeastern United States. *Journal of Traumatic Stress, 23*(6), 725–733.
[2] Sacks, V. & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. *Child Trends*. https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity.
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