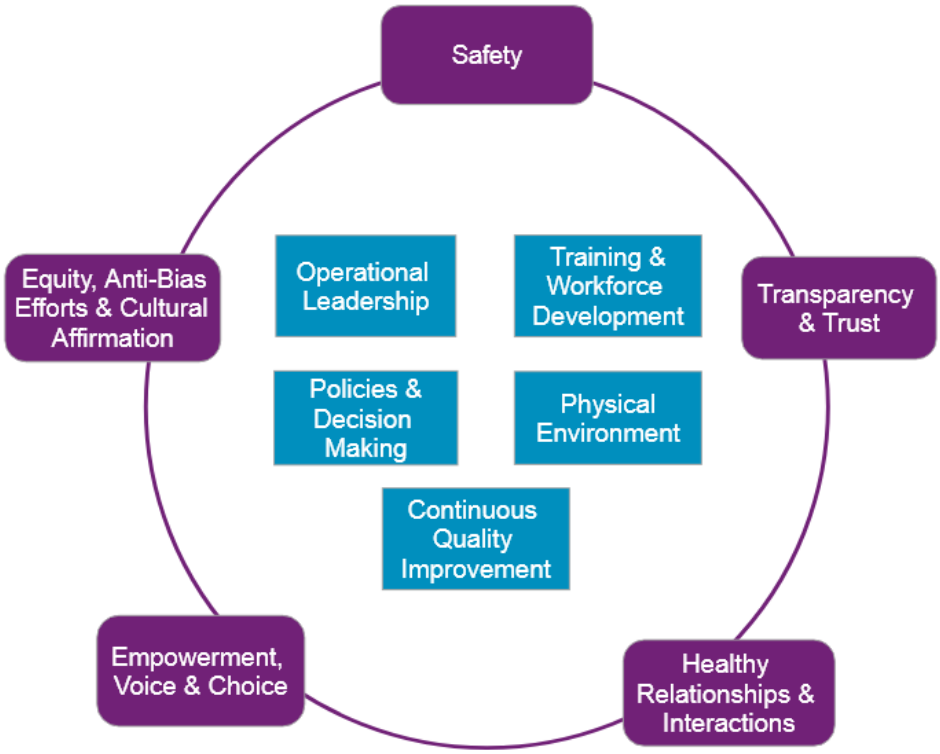
Framework for Trauma Informed and Responsive Organizations in Massachusetts



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[1]

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.[2]

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**

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[1] 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.

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

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) 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[3], including schools, early childhood programs, health care providers, community organizations and service providers, law enforcement agencies, the judicial system, and state agencies.[4] 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

[3] 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.
[4] From this point forward, we will refer to these entities collectively as "organizations."

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.

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.[5]

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 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.[6]

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.[7] 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.[8]

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

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

[6] 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.

[7] 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.

[8] 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

has a history of being systematically oppressed, such as American Indians/Alaska Natives, descendants of enslaved Africans, or immigrants, it is called historical trauma.[9]

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 symptoms of post-traumatic stress disorder (PTSD).[10] 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.

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[9] 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

[10] 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.

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.[11] 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.

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.

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[11] 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

- 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:[12]

- Lighting and color
- Noise and smell

[12] 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

- Temperature
- Seating options (comfort, accessibility for all types of bodies) and a dedicated play space for very young children
- Direct access to exits
- 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.[13] 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.

[13] 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/

    - 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.
- 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:

Melissa Threadgill, Director of Juvenile Justice Initiatives
Office of the Child Advocate
Email: melissa.threadgill@mass.gov

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