



## TRAUMA-INFORMED CHILD WELFARE PRACTICE

**CWS4015W**

Name	Agency	Role	Working w/families
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**Two Half-Day Sessions**


- Each session is 3 hours
- 15 minute break near the middle


**Transfer of Learning Activities**

- Completed after class each day


**Post-Class Test**

- 80% to Pass


**Attention & Participation**

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### COURSE RESOURCES

- ✓ Learner Handouts
- ✓ Learner PowerPoint Slides for Notes
- ✓ Learner Resources
- ✓ Day One Transfer-of-Learning (TOL)
- ✓ Post-class Transfer-of-Learning (TOL)
- ✓ Standalone Resources

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## Practice Profiles

- Use for Day One Transfer-of-Learning (TOL)




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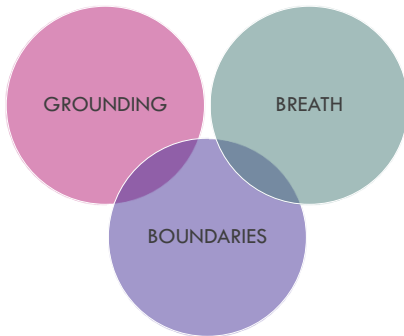
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## BEING RESOURCED




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## A TRAUMA-INFORMED PROFESSIONAL

- Practices **presence**
- Practices **attunement**
- Shows up with her/his/their own **well-regulated neurobiology**




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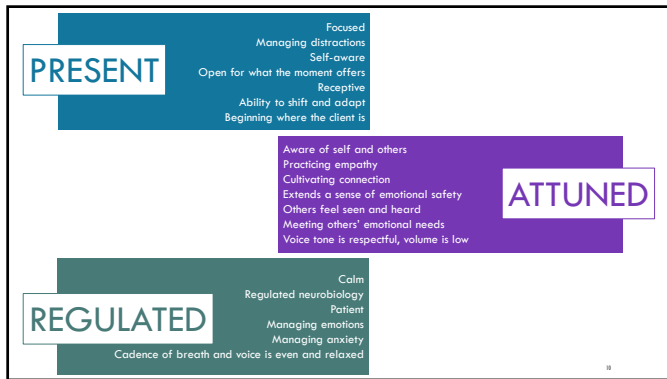
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## AGENDA

Day One

- Defining Trauma
- Types of Trauma
- Neuroscience of Trauma
- TIP 1: Physical and Psychological Safety
- TIP 2: Trustworthiness and Transparency

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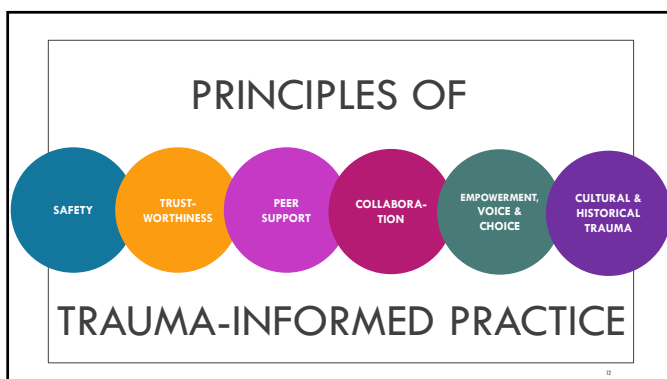
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## TRAUMA-INFORMED PRACTICES

- 🧠 How we show up for others is one of our greatest trauma tools
- 🧠 Practicing presence, attunement, and regulation is key to being a trauma-informed professional
- 🧠 Demonstrating predictability in different ways increases psychological safety

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What does it mean to be  
Trauma-Informed?

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Being trauma-informed is a journey,  
not a destination.

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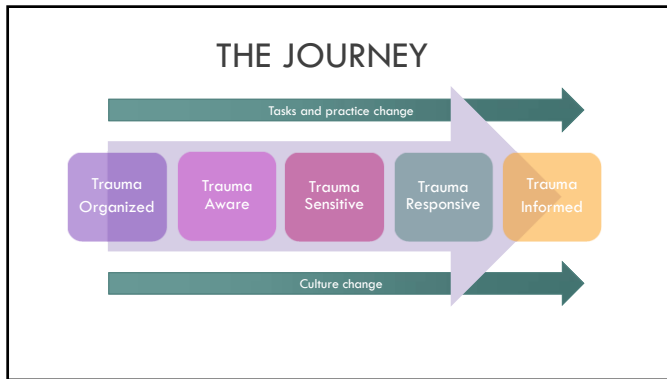
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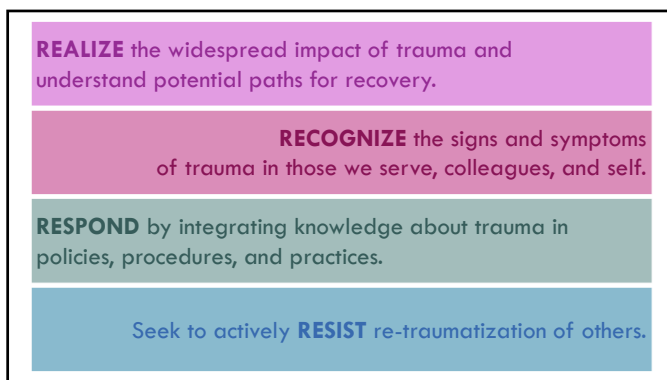
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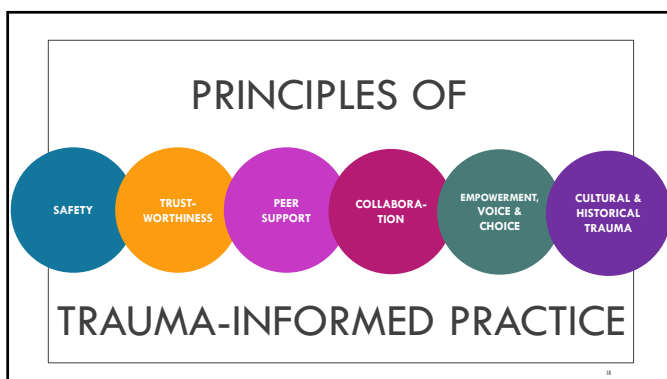
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## WHAT IS TRAUMA?

"Individual trauma results from an **event**, a series of events, or a 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."

SAMHSA




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## DEFINING TRAUMA

### Traumatic Event

- Different from stressful event
- Physical or emotional harm
- Life-threatening event (real or perceived)
- Event that overwhelms our capacity to respond and cope

### Trauma Impact

- Being "traumatized"
- Repeated traumatic events
- Unable to return to a sense of regulation and safety
- Brain changes

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# TOO MUCH, TOO FAST

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While it's important to recognize  
types of trauma, trauma is not only  
what happened to you.

*It's what happened inside of you  
in response to that event.*

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Trauma is not only  
what happened to us,  
but also what *didn't* happen.

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The event(s) can't be undone.

But the trauma that results  
can be transformed.

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## ASSUMPTIONS

- People are doing the best they can.
- Symptoms are adaptations.
- Trauma shapes a person's basic beliefs about identity, world view, and spirituality or meaning-making.
- Implementing Trauma-Informed **Universal Precautions** improves all outcomes.
- When the worker and client share a trauma perspective, collaboration is more possible.
- Workers need support from one another including respect, information, connection, and hope.
- Working with those impacted by trauma affects the helper too.

Saakvine, et al, 2000

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## TRAUMA-INFORMED PRACTICES

- ☞ The journey to being trauma-informed requires necessary changes to our awareness, practices, and our organizational culture.
- ☞ Our job is to operationalize the six trauma principles of
  - ☞ Safety
  - ☞ Trustworthiness and Transparency
  - ☞ Empowerment, Voice, and Choice
  - ☞ Peer Support
  - ☞ Collaboration
  - ☞ Cultural and Historical Trauma
- ☞ Trauma is subjective and is defined by the person experiencing it.
- ☞ We shift from asking, "What's wrong with you?" to "What happened to you?"
- ☞ We take a "universal precautions approach", using trauma-informed practice with everyone we serve and work with.

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## SAFETY AND THE NEUROSCIENCE OF TRAUMA




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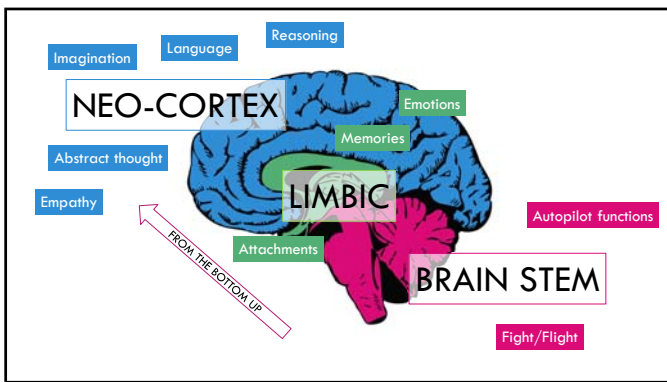
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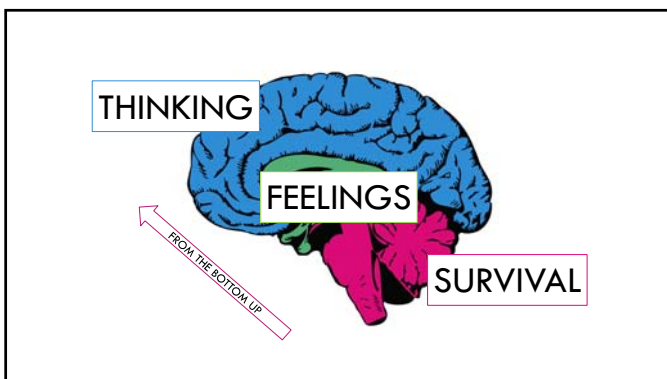
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FIGHT

FLIGHT

FREEZE

FAWN

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FIGHT

- Mobilized (ON)
- Irritable
- Argumentative
- Angry
- Aggressive
- Moving toward and into conflict




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## FLIGHT

- Mobilized (ON)
- Anxious
- Fearful
- Panicky
- Avoidant
- Chronic worrying
- Perfectionism




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## FREEZE

- Immobilization (OFF)
- Collapsing
- Spacing out
- Apathy
- Dissociation
- Depression
- Hopelessness
- Panic attacks




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## FAWN

- Conflict avoidant
- People-pleasing
- Prioritizing others' needs over own
- Overly compliant
- Can't say "no"
- Difficulty setting boundaries
- Codependence
- Perfectionism




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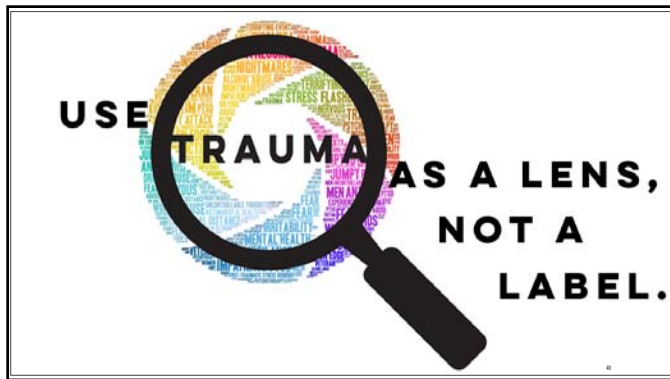
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Negative behavior is often a programmed response to past traumatic and triggering experiences.

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#### REALITY CHECK:

- ✓ Trauma behaviors are not chosen
- ✓ Automatic and involuntary
- ✓ No “better choice”
- ✓ Over time they are practiced survival behaviors
- ✓ Perceived by the person as keeping them safe
- ✓ Decision-making is offline

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## OFFER CO-REGULATION

- Pay attention to your own feelings and reactions during stressful interactions
- Pay attention to your own thoughts and beliefs about the behavior of others
- Use strategies to self-regulate
- Stay open and curious
- Respond effectively and compassionately

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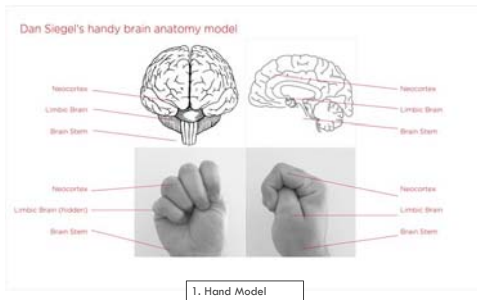
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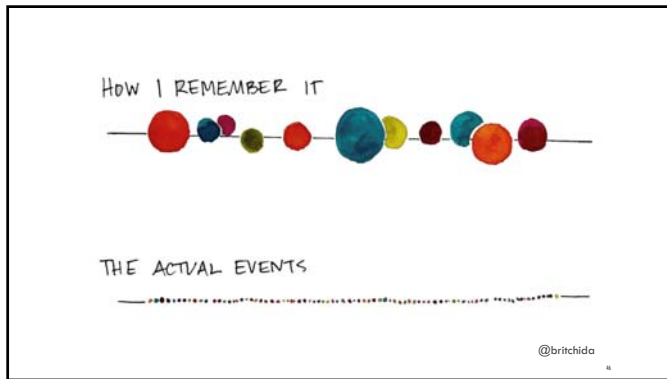
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TRAUMA-INFORMED PRACTICES

- 🧠 Humans are wired for safety
- 🧠 Trauma has a particularly strong impact on the developing brain in young childhood
- 🧠 Understanding what happens in the brain with trauma and trauma triggers helps us understand more about someone's experience and behaviors
- 🧠 Trauma responses are involuntary and physiological—not a choice
- 🧠 Help children, youth, and adults understand the brain and trauma by using hand models
- 🧠 People will not be able to make the changes we are seeking unless they feel safe
- 🧠 Use trauma as a lens, not a label

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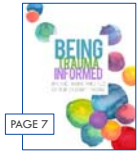
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## PHYSICAL & PSYCHOLOGICAL SAFETY

Throughout the agency, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

The physical setting is safe and interpersonal interactions promote a sense of safety.

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SAFETY IS DEFINED BY  
THE PERSON BEING SERVED

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I AM AS SAFE A PERSON BECAUSE I...




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## TRAUMA IS TRANSFORMED IN SAFE RELATIONSHIPS

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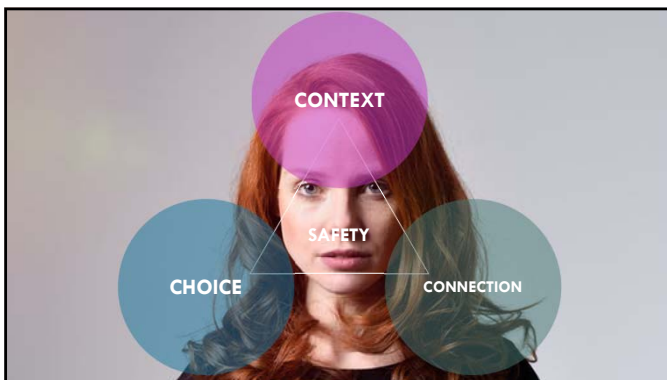
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Give the context the nervous system needs to feel safe to engage in a process of safe connection and exploration:

- Orientation
- Offer predictability
- Ask for and offer information about why, what, and how
- How is context missing in the present moment, current situation?
- In virtual meetings, context may be missing even more.
  - Be more explicit about why, what, and how
  - Provide slower, more spacious timing

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- When choices are limited the nervous system senses danger and activates the survival response
- Having choice allows a person to use personal power and agency
- How are you offering children, youth, and adults choices?
- What are the challenges to this?
- How is the present moment or current situation impacting choice?

**CHOICE**

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- Trauma is transformed in safe relationships
- Being regulated and offering calm, grounded energy to others is an essential part of connection and co-regulation
- Connecting, noticing moments of disconnection, and repairing connection is the foundation of a safe relationship
- What is happening in the present moment/current situation to impact connection?

**CONNECTION**

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**INTERVIEW TECHNIQUES TO INCREASE A SENSE OF SAFETY**

- Offer predictability
- Give choice
- Skillful use of transition
- Avoid trigger words
- Use solution-focused questions

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**BEING SAFE**

**SAFETY ACTIONS**

**FEELING SAFE**

**SAFETY-PROMOTING INTERVENTIONS**

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**BREAKOUT GROUPS**

Room 1: A young child being interviewed about allegations of sexual abuse

Room 2: A parent accused of neglecting their child

Room 3: A mother fleeing domestic violence with her three children

Room 4: A parent and child at the point of removal

## Operationalizing SAFETY

1. Review the trauma-informed practices for SAFETY on Page 8 in your *Being Trauma-Informed* workbook.
2. With your group, discuss a trauma-informed approach to your scenario.
3. What are some potential threats to a sense of safety for the person(s) in your scenario?
4. Document specific ways to increase physical and psychological safety on Page 9 in your workbook.
5. Choose a spokesperson to report 2-3 of your group's practices when you return to the main platform.

HANDOUT D-1

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## SAFETY FIRST

- 🧠 Safety is defined by the person being served
- 🧠 Trauma is transformed in safe relationships
- 🧠 A sense of safety is supported through providing context, choice, and connection
- 🧠 Avoid trigger words
- 🧠 Solution-Focused Questions are inherently trauma-informed because they have choice, power, and agency built in
- 🧠 A sense of safety is subjective: some people find things safe while others feel the opposite

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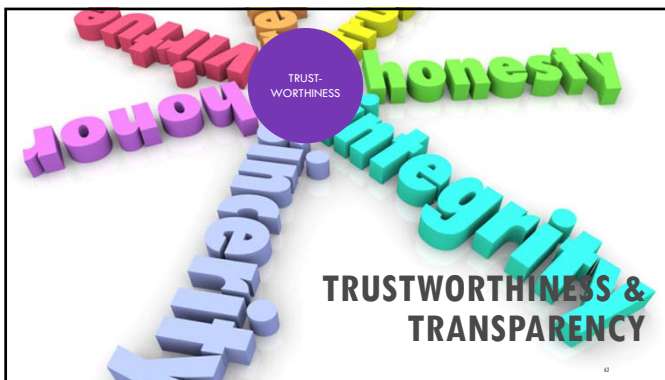
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STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
I BELIEVE MY NOTES ABOUT THE CASE/FAMILY ARE MY NOTES AND THE FAMILY DOES NOT NEED TO HAVE ACCESS TO THEM.			
I BELIEVE ANY PLANS, INCLUDING SAFETY AND SERVICE PLANS SHOULD BE CO-CREATED WITH THE FAMILY AND/OR YOUTH PHYSICALLY PRESENT.			
I BELIEVE MY MOTIVATIONS AND PERSONAL PHILOSOPHY ABOUT MY WORK SHOULD BE A PART OF INITIAL DISCUSSION WITH FAMILY OR YOUTH.			
I BELIEVE IT IS MY RESPONSIBILITY TO EXPLORE, IDENTIFY, AND DISCUSS WITH FAMILY AND YOUTH POSSIBLE FEELINGS THAT MY RACE, CULTURE, OR POSITION MAY TRIGGER.			
I BELIEVE SOME CASE INFORMATION ABOUT THE INDIVIDUAL, FAMILY, OR YOUTH SHOULD REMAIN A SECRET.			

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STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
I BELIEVE FAMILY AND YOUTH HAVE A CHOICE ABOUT WHICH PIECES OF INFORMATION ARE SHARED.			
I BELIEVE INFORMATION SHOULD ALWAYS BE PROVIDED TO YOUTH AND FAMILY MEMBERS ABOUT THE NATURE OF TREATMENT AND SERVICES, WITH A CLEAR EXPLANATION ABOUT BOUNDARIES AND EXPECTATIONS.			
IF REMOVAL IS NECESSARY, I BELIEVE PARENTS SHOULD BE A PART OF TELLING THE CHILD(REN).			
I BELIEVE FOSTER PARENTS AND BIOLOGICAL PARENTS SHOULD CONNECT WITHIN HOURS OF THE CHILD BEING PLACED (WHEN SAFE).			

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Integrity is choosing courage over comfort; choosing what is right over what is fun, fast, or easy; and choosing to practice our values rather than simply professing them.

-Brené Brown



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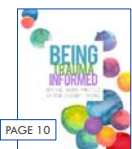
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**TRUSTWORTHINESS & TRANSPARENCY**

A trauma-informed agency recognizes how trust has been violated and seeks to earn trust.

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## Operationalizing TRUSTWORTHINESS & TRANSPARENCY

Individual professionals and the agency must demonstrate:

- truthfulness
- appropriate boundaries
- clarity on tasks and consequences
- clear and consistent policies
- reasonable expectations for providers, families, and youth.

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What are some ways to increase Trust and Transparency?

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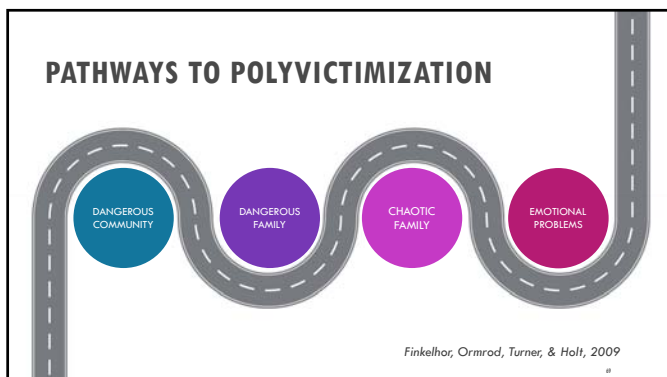
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## ADVERSE CHILDHOOD EXPERIENCES (ACE)




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## INTERNAL "DANGER GAUGE"

Our built-in gauge that cues us to danger can malfunction when we experience:

- Repeated exposure to trauma
  - Overactive sense of danger
  - Underactive sense of danger
- Disconnect from senses (disembodied)
- Restricted access to practicing discernment
- Loss of personal power and agency
- Diminished trust in self




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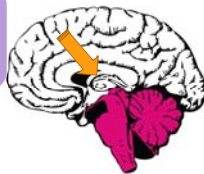
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Diminished Protective Capacity (behavioral, emotional, and cognitive)

Demonstrating behaviors of Fight, Flight, Freeze, and Fawn

See danger where there is none and be overly protective of child

Not understand if a situation or person is unsafe, which can put child at risk



Diminished capacity to imagine something safer

Ability to plan is impacted

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## TRUST AND TRANSPARENCY

- 💡 When we can, and that is most of the time, we need to provide full information to the families we serve.
- 💡 Trauma-informed professionals provide clarity around our scope of practice, our purpose, and our legal obligations.
- 💡 Trauma-Informed professionals develop the skill of maintaining safety, connection, and respect while having conversations about hard and difficult things.
- 💡 A trauma-informed agency recognizes how trust has been violated in the past and seeks to earn trust with honesty, transparency, and integrity.
- 💡 Many people we serve have suffered Polyvictimization; there is a connection to trauma.
- 💡 Trauma-Informed practices can help traumatized or triggered caregivers more fully participate in assessment and planning.

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## NEXT STEPS

### Transfer-of-Learning (TOL)

1. Connect TIP Principles and Practice Profiles
2. Self-Care
3. Return to \_\_\_\_\_ by 8pm

CWS4015W Day One TOL

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## AGENDA

- Day One Review
- Secondary Trauma
- Building Resilience
- TIP 3: Peer Support
- Uncovering Trauma
- TIP 4: Collaboration
- TIP 5: Empowerment, Voice, and Choice
- TIP 6: Cultural and Historical Trauma

Day Two

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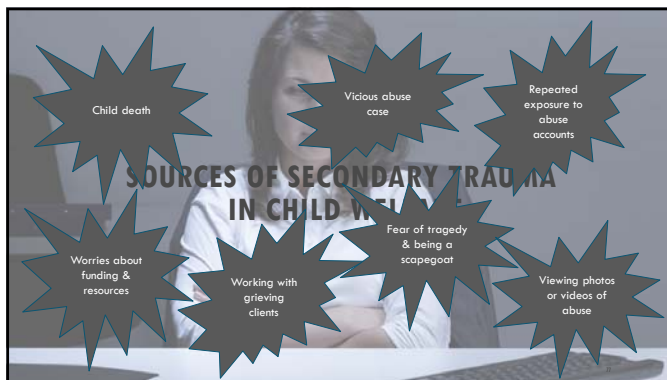
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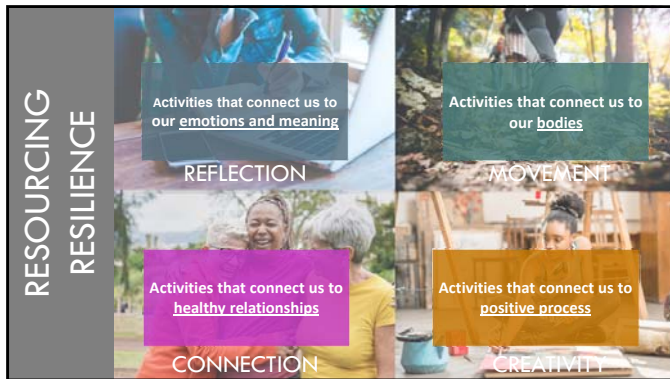
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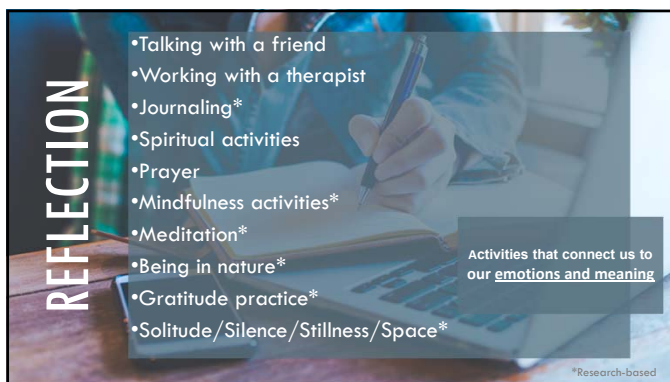
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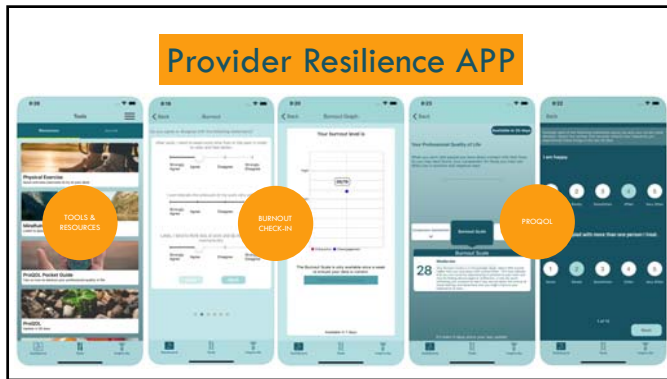
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## RESILIENCE CASE PLANNING

- Consider non-traditional services/think outside the box
- Look beyond risk to explore how services can build families' resilience and sense of competency
- Choose trauma-informed services and service providers
- Address caregivers' trauma
- Educate the Network about trauma
- Build Protective Factors in addition to Protective Capacity

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## TITRATION

- Remember, trauma is "too much, too fast".
- Resilience is ideally grown with the opposite force: small bits, delivered in a slow and measured manner.
- Overwhelming a trauma survivor with too much relationship and too many services jammed into restricted timeframes can echo that sense of being out of control and disempowered.

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## RESILIENCE

- 💡 Exposure to Secondary Trauma is part of our jobs
- 💡 We have an obligation to care for ourselves and attend to both our regulation skills and our resilience
- 💡 There are more similarities than differences with the trauma response in the brain for primary trauma and secondary trauma
- 💡 The foundational resilience model is to reduce harm and increase positive life experiences
- 💡 Resilience is developed in relationships
- 💡 The single most important factor for a child's resilience is at least one stable relationship with a safe and predictable adult
- 💡 We must address adult trauma and resilience

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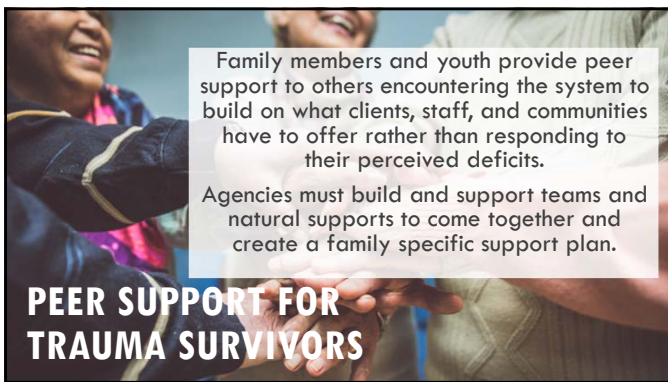
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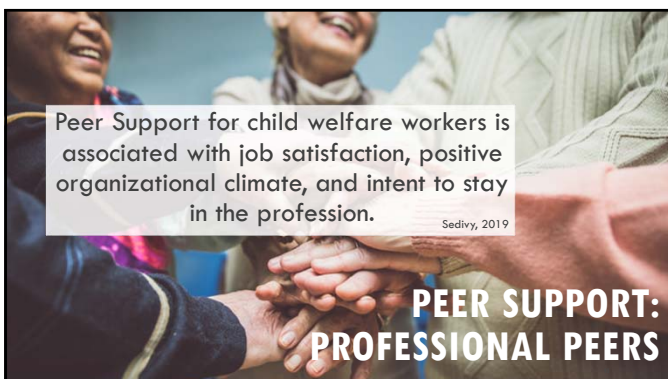
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**SLIMING**

LISTENER HAS NO CHOICE IN WHAT INFORMATION IS SHARED

LISTENER IS AMBUSHED WITH INFORMATION WITHOUT WARNING

SLIMING SPREADS SECONDARY TRAUMA




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**LOW-IMPACT DISCLOSURE/DEBRIEFING**

- Sharer carefully chooses how much information to release
- Sharer has good self-awareness
- Sharer provides fair warning
- Sharer asks for consent to disclose traumatic information
- Sharer gradually moves toward sharing traumatic details
- Sharing them only as necessary




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**PEER SUPPORT**

- Peer Support partners individuals with shared lived experiences in a mutual relationship of support and guidance.
- It is one of the least utilized of the trauma-informed practices, but very powerful.
- Includes official and unofficial supports such as youth and parent mentors, natural supports, and cultural or agency guides.
- Peer Support for workers is associated with job satisfaction, positive organizational climate, and our intent to stay.
- Low-Impact Disclosure or Debriefing is a safe way to offer peer support that does not spread secondary trauma.

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### #1: SOLUTION-FOCUSED QUESTIONS



- Inherently Trauma-Informed: the answerer has power, choice, and agency for how to answer
- Uniquely crafted to uncover information at a safe pace: wording reaches the parts of the brain that are naturally more insightful
- Can be better at reaching implicit memories
- Less triggering than Yes/No questions and WHY questions

Resource H-1: Solution-Focused Questions Practice Guide

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### #2: THREE HOUSES

- Trust-Building
- Empowering
- Collaborative
- Safe



Resource H-2: Three Houses Practice Guide

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### #3: TRAUMA SCREENING

- Every child, every caregiver, every case
- Screen for potentially traumatic events and symptoms of traumatic stress
- Use a standardized tool

**Psychological Evaluation**  
Designed to answer a specific referral question and conducted by court-approved evaluator

**Trauma Assessment**  
In-depth assessment of trauma symptoms and psychosocial functioning completed by a mental health provider

**Trauma Screening**  
Universally administered by front-line worker to determine a child or parent's trauma history and related symptoms

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### BENEFITS OF USING A SCREENING TOOL

- Structure for documenting trauma exposure and severity of traumatic stress reactions
- Developmental perspective on the child's trauma history
- Guideline for making referral decisions, rather than arbitrary decision-making
- Basis to facilitate case discussions between workers and supervisors and/or professionals in other systems – AND with caregivers




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- Many biological parents and caregivers have histories of trauma, both in their childhoods and as adults.
- Trauma can impact attachment, parenting, and the ability to build and sustain Protective Capacity and Protective Factors.
- Trauma and being triggered interfere with decision-making, collaboration, and follow-through.
- Awareness of a parental trauma history helps workers better understand parents and link them to appropriate services.

### TRAUMA SCREENING FOR ADULTS




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**TRAUMA SCREENING TOOL**

Module 4, Activity 4F, Module 4, Activity 4G

### Child Welfare Trauma Referral Tool

This measure is designed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through initial intake and by informants (i.e., natural parent, foster parent, child therapist, school-aged children or adolescents, and other significant individuals in the child's life).

Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and indicate the age range (past and present) of the child's exposure to trauma. Section B allows the child welfare worker to document the severity of the child's trauma. Section C allows the child welfare worker to document exposure to trauma. Section D allows the child welfare worker to document the child's other trauma-related behaviors. Section E allows the child welfare worker to document the child's other trauma-related behaviors. Section F provides strategies for making recommendations to general or trauma-specific mental health services by rating the child's exposure to these experiences.

Form Completed by: (Child Welfare Worker) \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Number of Months in Current Placement: \_\_\_\_\_

Reason for Current Evaluation Check all that apply:

☐ Baseline Assessment, New Child ☐ Problematic/Recurring Behaviors Reported

☐ Change in Placement Situation ☐ New Trauma Reported ☐ Other (Specify): \_\_\_\_\_

**Instructions:** Please fill out Sections A through E before checking the box that corresponds to your answer.

**Legend:**

- YES:** If there is absolutely NO information about the trauma factor in the vignette, you must answer **UNKNOWN**.
- NO:** If there is SOME information about the trauma factor in the vignette, you have three choices:
  - YES:** If the information suggests that this trauma factor likely occurred.
  - NO:** If the information suggests that this trauma factor did not occur.
  - SUSPECTED:** If the information suggests that this trauma factor could have occurred but more information is needed for a decision.

(Child Welfare Trauma Training, Child Welfare Trauma Referral Tool, March 2009)  
The National Child Traumatic Stress Network  
(www.NCTSN.org)

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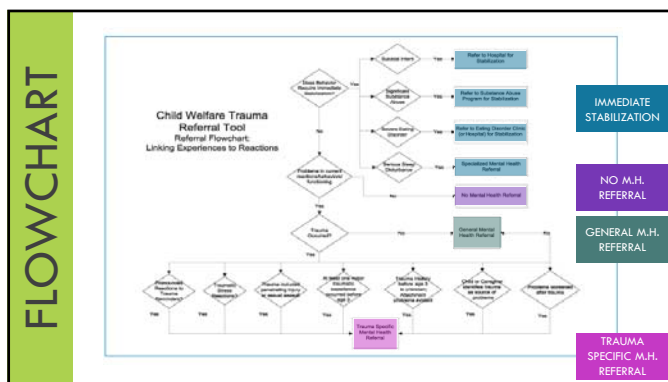
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**Post-Screening:**

- Explain to caregivers that the child's symptoms/behaviors may be related to trauma.
- Help the caregiver understand that the child's behaviors are common and non-purposeful.
- This understanding will help most caregivers be more tolerant and less triggered.
- It can be an important part of a safety intervention.

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## Parents' Trauma History

- Compromises their ability to make judgements about safety
- Harder for parents to form and maintain secure and safe relationships
- Impairs their ability to regulate their emotions
- Low self-esteem and lack of coping strategies can impair a parent's decision-making
- The parent can be more vulnerable to other life stressors

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## Parents' Trauma History

- Understand parent's anger, fear, resentment, or avoidance as reactions to past trauma
- Screen for trauma history
- No judgement or blame
- Build on the parent's desire to care for their child
- Help parents understand the impact of their own trauma
- Refer parents to trauma-informed services

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## UNCOVERING TRAUMA

- ☞ Uncovering information about trauma goes beyond questioning for evidence of abuse or neglect.
- ☞ Strategically interview using Solution-Focused Questions.
- ☞ Use the Three Houses with children.
- ☞ The Child Welfare Trauma Referral Tool is relevant to all types of DSS cases.
- ☞ The CWTRT is an easy way to document everything you know about a child's exposure to trauma.
- ☞ It is a screening, not an assessment or evaluation.
- ☞ Complete for every child, every youth, every adult on every case.
- ☞ There are other trauma screening tools you can use; ensure that the one you are using is approved by your supervisor.

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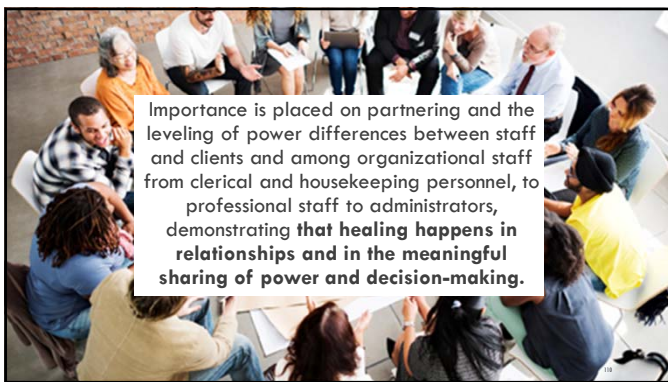
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PSYCHOEDUCATION	WHO	<ul style="list-style-type: none"> <li>• Person experiencing trauma</li> <li>• Caregivers</li> <li>• Safety and Support Network</li> <li>• Foster and Kinship families</li> <li>• Colleagues</li> </ul>
	WHAT	<ul style="list-style-type: none"> <li>• Informal discussion</li> <li>• Brain model</li> <li>• Regulation techniques</li> <li>• Written or published information</li> <li>• Sharing videos</li> <li>• Sharing websites</li> </ul>
	WHEN	<ul style="list-style-type: none"> <li>• Trauma Screening</li> <li>• FPM and CFTM</li> <li>• Resource Family training</li> <li>• During MDT meetings</li> <li>• Staff meetings</li> <li>• FAPT</li> </ul>




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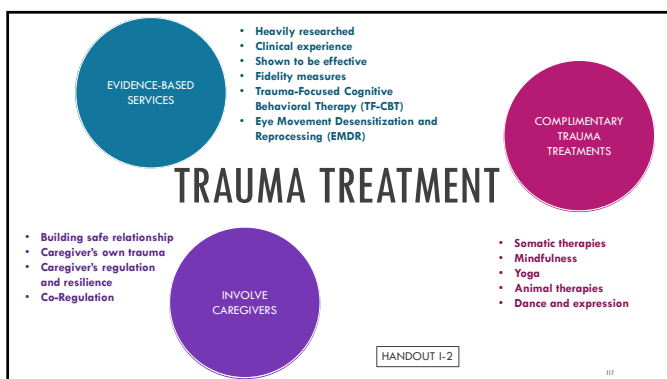
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## TRAUMA TREATMENT

"Nobody can 'treat' a war, or abuse, rape, molestation, or any other horrendous event, for that matter; what has happened cannot be undone. But what can be dealt with are the imprints of trauma on the body, mind, and soul...."

-Bessel van der Kolk, *The Body Keeps the Score*



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## COLLABORATION

- ☞ True collaboration includes mutuality, establishing the mutual exchange of ideas and information.
- ☞ It is up to us to be mindful of power dynamics and work cooperatively with families as equal, engaged partners.
- ☞ Collaboration helps build a sense of control, power, voice, and agency (things that were diminished with trauma).
- ☞ Providing psychoeducation and resources is our role.
- ☞ All collaborative partners should be trauma-informed. We can share information and resources.
- ☞ Collaborate with mental health partners by doing initial screenings, understanding trauma symptoms that overlap, and supporting evidence-based treatment.

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**EMPOWERMENT, VOICE, AND CHOICE**

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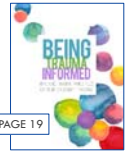
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## EMPOWERMENT, VOICE, AND CHOICE

Throughout the organization and among the clients served, individuals' strengths and expertise are recognized, built on, and validated, and new skills are developed as necessary.

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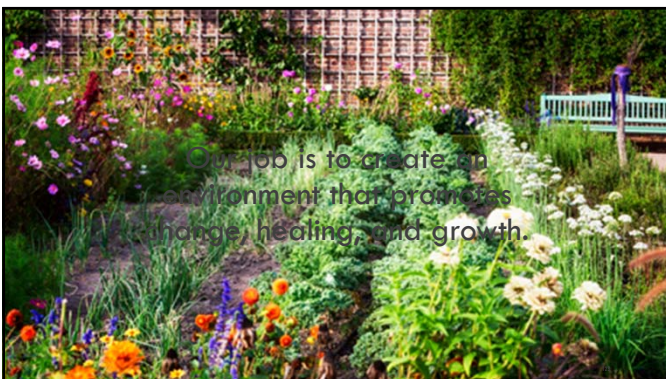
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Our job is to create an environment that promotes change, healing, and growth.

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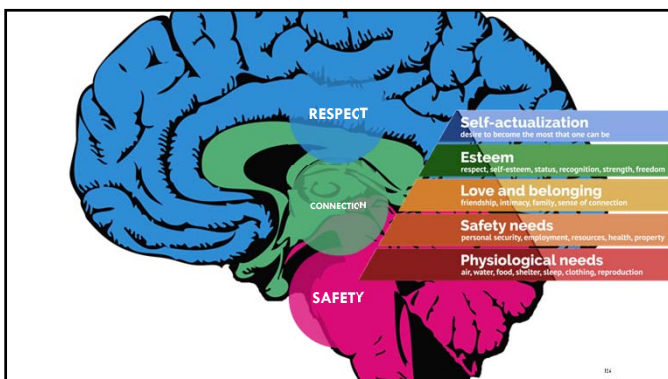
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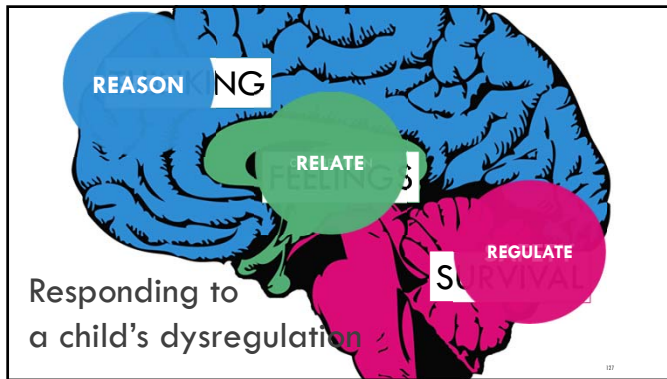
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EMPOWERMENT

- 🧠 We cannot be trauma-informed without being willing to share power with those we serve.
- 🧠 Personal power and agency are two things greatly impacted by trauma; our practices can help people recover those.
- 🧠 Interventions and Services should be individualized and reflect family and youth choices and voices.
- 🧠 Our job is to create an environment and working relationship that promotes healing and resilience.
- 🧠 Children and families heal at their own pace, within their own timeframes.
- 🧠 Brains require safety, connection, and respect to regulate and build resilience.

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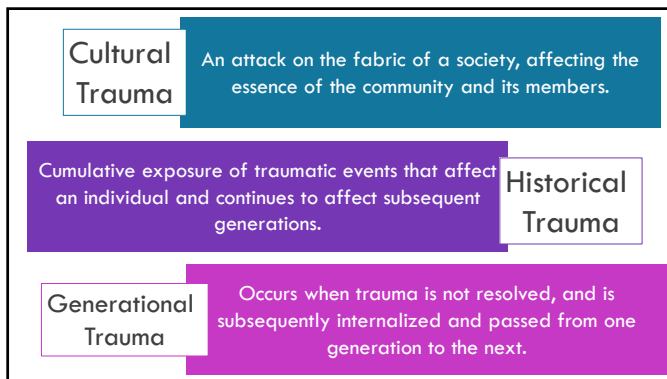
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CULTURAL & HISTORICAL TRAUMA	Cultural & Historical Trauma results in:	Which can lead individuals to experience:
	<ul style="list-style-type: none"> <li>● Discrimination</li> <li>● Stereotyping</li> <li>● Poverty</li> <li>● Community violence</li> <li>● Social &amp; economic marginalization</li> </ul>	<ul style="list-style-type: none"> <li>● Greater risk of experiencing individual trauma</li> <li>● Internalized devaluation</li> <li>● Deprivation</li> <li>● Powerlessness &amp; voicelessness</li> <li>● Rage</li> <li>● More severe traumatic stress following personal trauma</li> </ul> <p>-NCTSN &amp; Healing the Hidden Wounds of Trauma</p>

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“...conventional approaches skirt issues of race and racism, which are powerful dynamics in the lives of youth of color.”

-Dr. Kenneth Hardy, Healing the Hidden Wounds of Racial Trauma

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"The abuse lives in our blood."

-Jaslyn Charger,  
Lakota Sioux youth and Standing Rock activist

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## GENERATIONAL TRAUMA

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## GENERATIONAL TRAUMA

The impact of trauma is passed to subsequent generations via:

- Traumatized parent/grandparent experiences symptoms of trauma that have a negative effect on the child
- Primary caregiver is dysregulated and child does not learn to self-regulate
- Horrific stories are repeated without a context of safety and resolution
- Alternatively, the parent is silent about family history and it remains a powerful secret
- Parents' beliefs and maladaptive survival tactics are taught to children
- Epigenetics

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Can trauma be passed from one generation to another?

Research on Holocaust survivors showed they had lower levels of the chemicals that help the body and mind regulate after trauma.

Their children and grandchildren also had lower than normal averages.

## EPIGENETICS

The traumatic experience leaves a chemical mark, or "epigenetic signature", on the genes of the survivors and that change is passed on to their children.

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## GENERATIONAL and COLLECTIVE RESILIENCE

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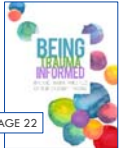
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## CULTURAL AND HISTORICAL ISSUES

The trauma-informed organization:

- actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.);
- offers access to gender responsive services;
- leverages the healing value of traditional cultural connections;
- incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

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BREAKOUT GROUPS

Room 1: Mother accuses the worker of racism.

Room 2: Transgender youth on caseload wishes to dress and live as a gender different than that assigned at birth.

Room 3: Parents are undocumented immigrants who are fearful of authorities.

Room 4: Parent was previously in foster care.



## Operationalizing TIP for Cultural and Historical Trauma

1. Review the trauma-informed practices on Pages 23-24 in your *Being Trauma-Informed* workbook.
2. With your group, discuss a trauma-informed approach to your scenario.
3. What are some potential threats for the person(s) in your scenario?
4. Document specific ways to increase trauma-informed practice with the person(s) in your scenario on Page 25 in your workbook.
5. Choose a spokesperson to report 2-3 of your group's practices when you return to the main platform.

HANDOUT K

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TRAUMA-INFORMED PRACTICES

- 💡 Cultural and Historical traumas are experienced on both an individual level and on a collective level
- 💡 Cultural Trauma, Historical Trauma, and Generational Trauma are often related
- 💡 The long-term impacts of cultural and historical trauma have deep consequences for the people within those cultures and/or time, including a greater risk of experiencing additional individual trauma.
- 💡 There are also many unique areas of strengths and resilience in each group that is impacted by cultural and historical trauma.
- 💡 A trauma-informed professional and agency recognizes how the system plays a role in cultural trauma and actively works toward repair and prevention of bias, discrimination, and other forms of harm.

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## SO MUCH HOPE

- ❶ Trauma awareness
- ❶ Trauma-Informed Practices
- ❶ Trauma screenings
- ❶ Neuroplasticity
- ❶ Learned regulation skills
- ❶ Safe, stable relationships

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