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Pathways Webinar | February 2015

RESEARCH & TRAINING CENTER ON PATHWAYS TO POSITIVE FUTURES



Creating Organizations that
Address the Needs of Youth,
Families, and Staff Who Have
Experienced Trauma



February 3, 2015

Creating Organizations that Address the Needs of Youth, Families, and Staff Who Have Experienced Trauma



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Youth M.O.V.E National

The National Child Traumatic Stress Network (NCTSN)

NCTSN Mission:

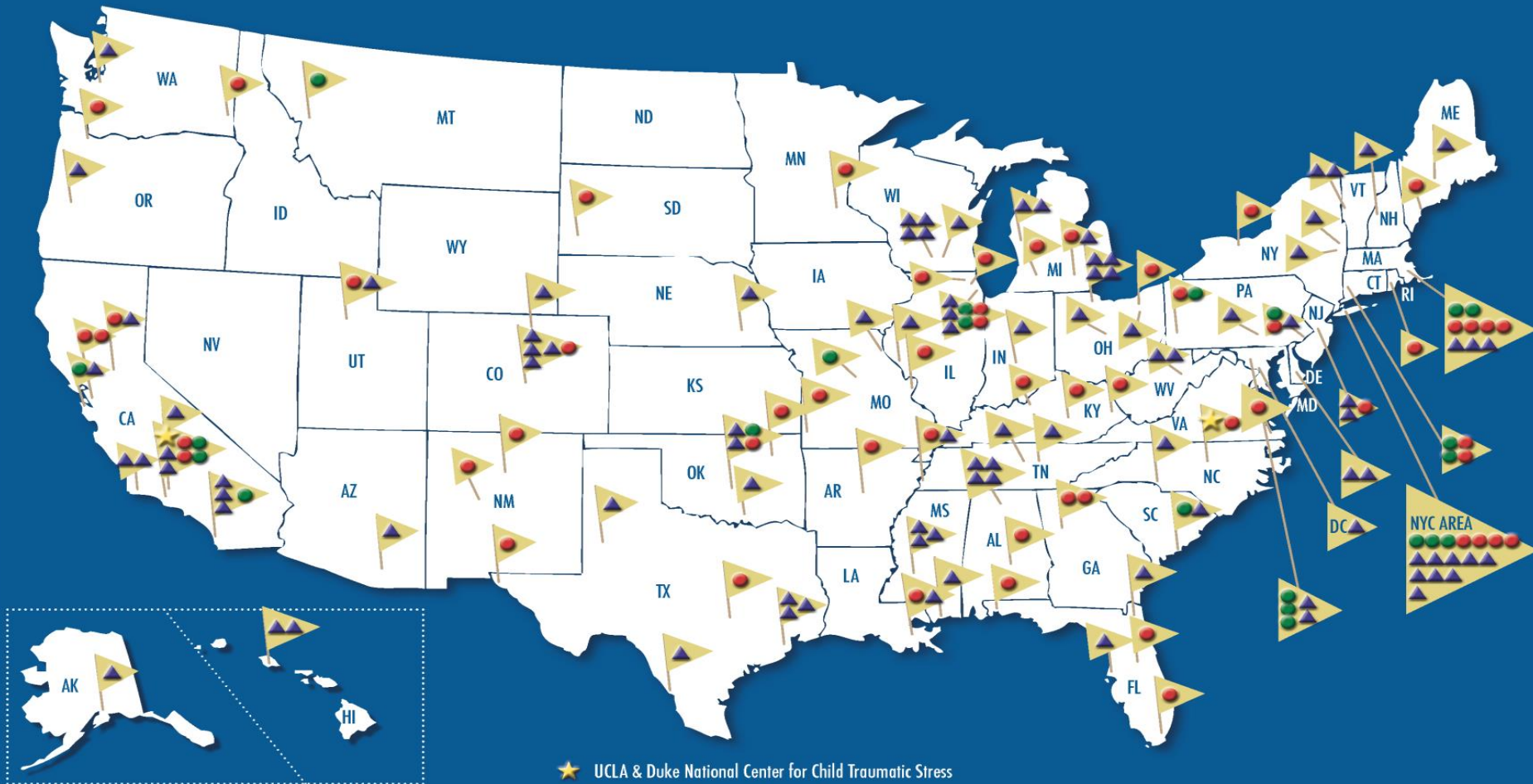
To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.



The National Child Traumatic Stress Network (NCTSN)

- Established by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for traumatized children, families, and communities
- Funded through SAMHSA and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress
- Grantees include hospitals, universities, and community based programs that are involved in training, service delivery, product development, data collection and evaluation, and public policy and awareness efforts

National Child Traumatic Stress Network Centers



- ★ UCLA & Duke National Center for Child Traumatic Stress
- Treatment and Services Adaptation Centers
- Community Treatment and Services Centers
- ▲ Affiliate Member Organizations and Individuals

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS)

NCTSN

The National Child Traumatic Stress Network

NCTSN

The National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN)

The NCTSN works to accomplish its mission by:

- Providing clinical services
- Developing and disseminating new interventions and resource materials
- Offering education and training programs
- Collaborating with established systems of care
- Engaging in data collection and evaluation
- Informing public policy and awareness efforts



Accessing NCTSN Resources

- **NCTSN Website:** www.NCTSN.org
 - Find current information about child trauma types
 - Search trauma-informed resources
 - Download over 300 Network products
 - Access the Military Families Knowledge Bank
 - View child trauma information en Español
- **NCTSN Learning Center for Child and Adolescent Trauma:** <http://learn.NCTSN.org>
 - Learn from hundreds of trauma experts
 - Earn FREE CE credits
 - Enroll in Speakers' Series
 - Join communities of facilitators
 - Access trauma-informed toolkits
 - Train in Psychological First Aid
 - And much, much more!

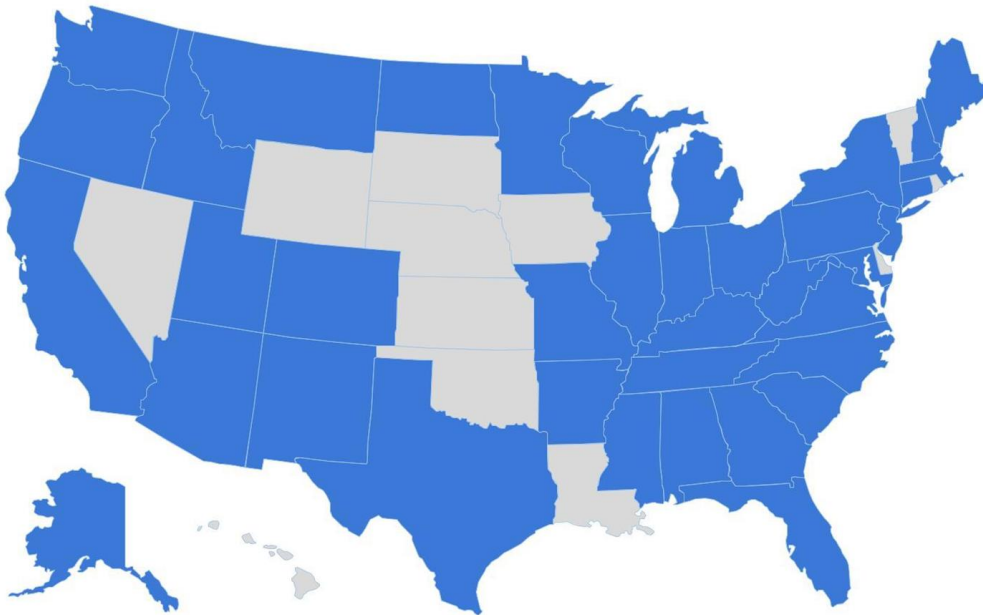




Youth M.O.V.E National is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare.

Youth MOVE Chapter Network

Youth M.O.V.E. Chapters



www.youthmovenational.org

- 37 States, Tribes & DC
- Over 10,000 Youth Advocates
- Multi-System Youth Voice
- National, State & Local Networks



YOUTH MOVE NATIONAL™
WE ARE CHANGE AGENTS "MOTIVATING OTHERS THROUGH VOICES OF EXPERIENCE"

Youth Driven Organization

Purpose Areas

- Recreation and Peer Networking
- Community Involvement and Advocacy
- Social Marketing and Awareness Building
- Youth Voice Development and Leadership
- Personal Development and Empowerment
- Peer Service Delivery





What is a Trauma-Informed Child- and Family- Service System?

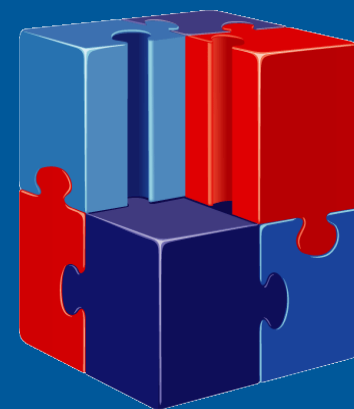
A trauma-informed child and family-service system is one in which all parties involved **recognize** and **respond** to the impact of traumatic stress on those who have contact with the system, including **children**, **caregivers**, and **service providers**. Programs and agencies within such a system **infuse and sustain** this trauma awareness, knowledge, and **skills** into their organizational **cultures**, **practices**, and **policies**. They act **in collaboration with** all those who are involved with the child, using the best available **science**, to facilitate and support the recovery and resiliency of the child and family.

A service system with a trauma-informed perspective is one in which programs, agencies and service providers would:

- Routinely screen for trauma exposure and related symptoms;
- Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;
- Make resources available to children, families, and providers on trauma exposure, its impact, and treatment;
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
- Address parent and caregiver trauma and its impact on the family system;
- Emphasize continuity of care and collaboration across child-service systems;
- Maintain an environment of care for staff that addresses, minimizes and treats secondary traumatic stress and increases staff resilience.

Organizational Assessment Domains and Important Lenses

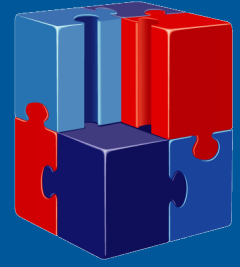
- Based on the NCTSN definition of a trauma-informed program and agency, we've identified the following domains for assessment:
 - Screening – assessment – intervention
 - Strengthening the resilience and protective factors of children and families
 - Trauma competence and awareness
 - Parent and caregiver trauma
 - Continuity of care and collaboration across systems
 - Secondary traumatic stress
- Lenses that go across these domains:
 - Developmental
 - Cultural



Implementation Model to Guide Process

- **Exploration Phase** – This is the stage where information is collected and analyzed to identify the needs, available resources, and potential solutions, and a decision to proceed occurs.
- **Preparation Phase** – Staff and systems plan, prepare and organize to build the necessary supports to promote utilization of the intervention.
- **Implementation Phase** – First implementers are carrying out the new innovation, and teams are monitoring the intervention and implementation supports and making whatever improvements are necessary. By the end of the Implementation phase, the majority of staff use the intervention effectively.
- **Sustainment Phase** – Financial and programmatic sustainability are considered, planned for and executed.

(EPIS Model, Aarons, Hurlburt, & Horwitz, 2011).



Why Do a Trauma-Informed Organizational Assessment?

- Engage staff and families which is critical for implementing new practices
- Identify champions
- Identify areas for improvements as well as things that are working well
- Identify differences in perceptions of existing practices from administrators, clinicians, staff and consumers
- Use as an opportunity to increase trauma awareness and inform staff about how a trauma-lens might help them achieve their goals
- A good assessment is the first step towards implementing new practices: but it is only an effective implementation tool if the organization is willing, able and committed to addressing the results and making necessary changes

Methods of Organizational Assessment

- Interviews with administrators re: policies, programming and procedures
- Review of policies and organization literature
- Survey of front line and clinical staff who play a role in this process (individual variations)
- Focus groups with clients and parents re: their perception of these processes and their impact
- Survey of staff re: use of programming and individual variations
- Pre- and post-tests at trauma-related trainings
- Scan of community resources (parent trauma, other opportunities to build resilience)
- Talking to other agencies and community members about their relationships and agreements with – and perceptions of – agency
- Standardized measure of STS (such as Pro-QOL), burnout, compassion satisfaction



Screening – Assessment – Intervention

- Key Questions – Screening and Assessment
 - Mapping the pathway
 - What tools are used for screening, and what is the process?
 - What measures are used for assessment? What do they include?
 - How are measures used?
 - Who administers? How are they trained?
 - Culturally appropriate? Language?



Screening – Assessment – Intervention

- Key Questions – Intervention
 - Is there a trauma-informed safety plan in place?
 - Do you offer a continuum of appropriate T-I interventions?
 - How is tx intervention determined?
 - Supervision from a trauma-informed supervisor?
 - How are treatment models trained and sustained?



Strengthening the Resilience and Protective Factors of Children and Families

- Key Questions
 - How do programs, clinicians and staff provide/support:
 - Peer support with families
 - Outreach to fathers/other caregivers
 - Family strength tools
 - Advocacy for family in other systems
 - What type of work is done around:
 - Strengthening parent/child bond
 - Parenting skills
 - Community connections
 - Identifying family stress
 - Addressing concrete needs
 - Teaching skills to children related to social emotional competence
 - Strengthening sibling relationship



Trauma Competence and Awareness

- Key Topics:
 - Professional training
 - Materials/resources available to children and families related to trauma
- Environmental Scan
 - Does physical environment promote (physical and psychological) safety and well-being?
 - Program walk-through, replicating a client's experience (and their family's)



Parent and Caregiver Trauma

- Key Questions

- Are staff at all levels aware of the impact of birth parent trauma and its potential impact on parenting?
- Do the agency's assessments include measures to assess birth parent trauma?
- What does treatment of parents with trauma histories look like, and how is it accessed?
- What skills and knowledge do staff who work with parents have to help guide parents to appropriate treatment?

- Opportunities for Growth

- This is a likely opportunity for growth in a child-serving agency
- Look for opportunities for community partners, funding sources, clinicians trained in adult trauma treatment, etc.



Continuity of Care & Collaboration Across Systems

- Key Questions to be examined at (1) the Individual/Family and (2) the Organization/System levels
 - Does the agency engage in/promote:
 - Family team meetings
 - Cross-training
 - Jointly developed protocols and collaborative services?
 - Multi-disciplinary teams?
 - Co-locations of staff/hubs?
 - Shared outcomes between systems?
 - Technology for information exchange?
 - Tools to help systems communicate with each other?



Secondary Traumatic Stress

Key Questions

The agency recognizes: the impact of working with trauma survivors on staff; definition of STS and risk factors; how STS can impede staff's ability to do job effectively; how the work may trigger staff's own trauma history; importance of training and supervision to reduce impact of STS

- Staff at all levels receive training on: healthy boundaries between professional and personal life; STS and self-care; managing difficult feelings and reaction that may arise
- Agency: provides supervision to all direct-care staff by a supervisor trained to understand trauma; uses supervision time to help staff member understand own stress reactions and how it impacts work; addresses STS topics in team and administrative meetings.

Engaging youth in the development of a Trauma Informed Organization

- Role of youth groups or organizations in the process of creating change?
 - Provide education and support
 - Ask questions
- Engage youth as true partners in the development of organizational assessment, implementation and quality assurance.
- Think bigger than just clinical implications of trauma informed care

Understanding trauma from a youth perspective

- Learning from life experiences often happens outside of the agency
- Support youth in making sense of their worldview pre and post trauma
- Trauma minimizes one's ability to connect
 - Connection can be seen as both a risk and protective factor youth
 - How to maximize the protective elements of connection



Elements of Trauma Informed Organization

- Listen to the story
 - Shift your approach from asking what is wrong with you to what has happened.
- Understanding one's world view & perceptions maybe different for each family member
 - Understand your bias as a provider
- Provide trauma specific interventions



YOUTH MOVE NATIONAL™

WE ARE CHANGE AGENTS "MOTIVATING OTHERS THROUGH VOICES OF EXPERIENCE"

Elements of Trauma Informed Organization

- Provide education to youth and family around what has happened and what that means for them
 - How they can heal and better understand self
 - Understand triggers and the lasting impact
- Shift from a reactive and punitive structure to a proactive prevention structure.
- Understand risk factors

Community Example: Maine

- Youth were at the table from day 1:
Asking to be secret shoppers
 - Crafting questions and asking questions
 - Informing practices screening, assessment and Interventions
- Youth partnered on providing trauma informed training to others, including youth, families and other systems partners

Community Example: Maine

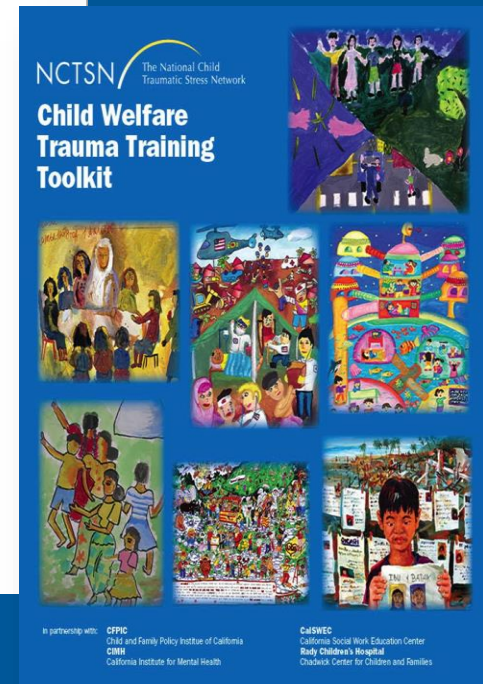
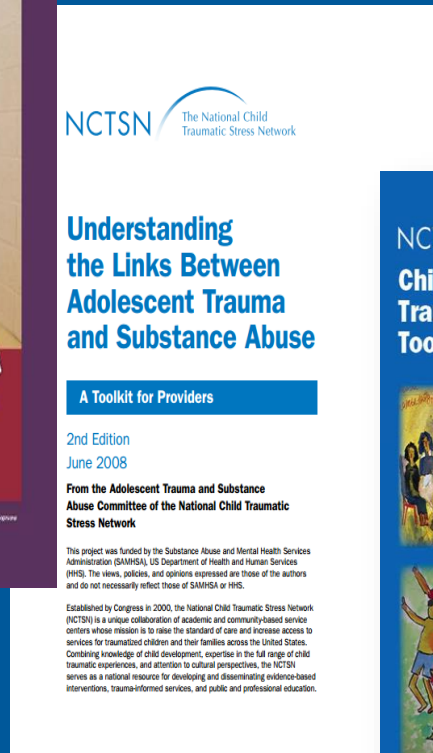
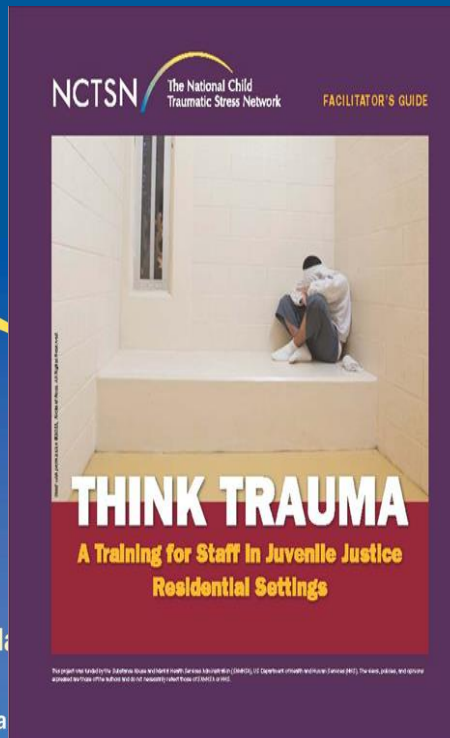
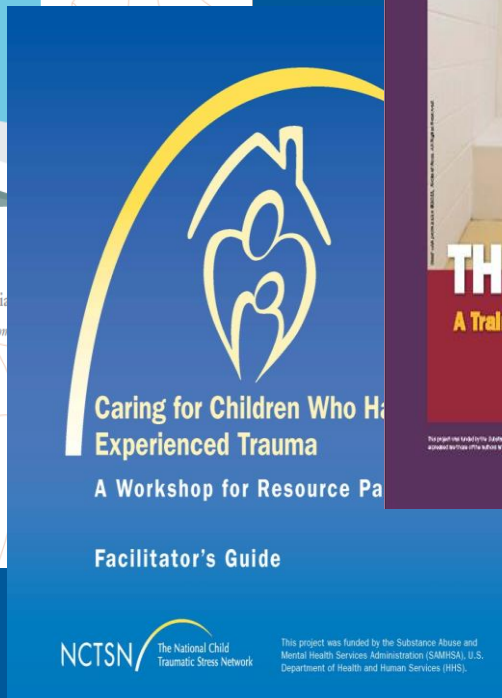
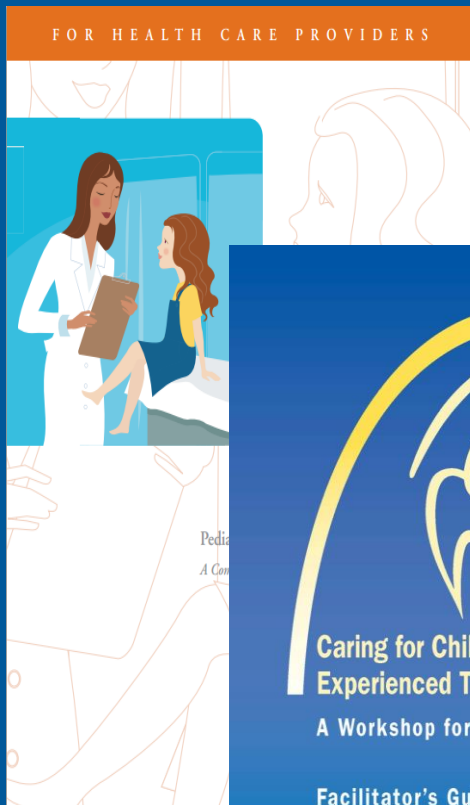
- Youth were strong partners in selecting interventions and development of screening protocols.
- Development of a best practice guide for trauma informed organizations
- Development of self -care materials for families
- Embedded requirement in to annual contracts



Community Example: Maine

- Participate in YMN policy initiative What Helps What Harms
- Has expanded trauma informed into their youth organizations and peer to peer program
- Has expanded the idea of organizational assessment into Department of Corrections, Juvenile Services

Implementation Strategies: Staff Training



Implementation Strategies: Secondary Traumatic Stress

THE RESILIENCE ALLIANCE

Promoting
Resilience
and
Reducing
Secondary
Trauma
Among
Child Welfare
Staff

ACS-NYU
CHILDREN'S
TRAUMA
INSTITUTE
SEPTEMBER 2011

PARTICIPANT
HANDBOOK



Guide to promoting
resilience and
reducing STS
among child
welfare staff

NCTSN The National Child
Traumatic Stress Network

Secondary Traumatic Stress A Fact Sheet for Child-Serving Professionals

"...We are stewards not just of those who
allow us into their lives but of our own
capacity to be helpful..."

Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events.¹ These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child-serving systems. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life. Individual and supervisory awareness of the impact of this indirect trauma exposure—referred to as **secondary traumatic stress**—is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them.



Our main goal in preparing this fact sheet is to provide a concise overview of secondary traumatic stress and its potential impact on child-serving professionals. We also outline options for assessment, prevention, and interventions relevant to secondary stress, and describe the elements necessary for transforming child-serving organizations and agencies into systems that also support worker resiliency.

How Individuals Experience Secondary Traumatic Stress

Secondary traumatic stress is the emotional distress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Fact sheet on
Secondary
Traumatic Stress for
child-serving
professionals

LEARNING CENTER
FOR CHILD AND ADOLESCENT TRAUMA

NCTSN The National Child
Traumatic Stress Network

Secondary Traumatic Stress Speaker Series

Secondary Traumatic Stress... What is it?

Lucie Ron, PsyD – Children's Institute, Inc. (CI)
James Henry, PhD – Western Michigan University
Sunday, January 31, 2012
1pm EST / 7pm CST / 8pm PST

Organizational Secondary Traumatic Stress

Lucie Ron, PsyD – Children's Institute, Inc. (CI)
Fred Strider, PhD – University of Maryland School of Social Work
Cynthia Hubel, MD – Mental Health Services, Inc.

Friday, March 30, 2012

1pm EST / 7pm CST / 8pm PST

Secondary Traumatic Stress and Provider Self Care

In Disaster and Terrorism Settings

Melissa Byrnes, PhD, PsyD – UCLA Neuropsychiatric Institute

Patricia Watson, PhD – UCLA Neuropsychiatric Institute

Steve Berkowitz, MD

Penn Center for Youth and Family Trauma Response and Recovery

Thursday, May 31, 2012

2pm EST / 7pm CST / 8pm PST

Cultural Implications of Secondary

Traumatic Stress—In English

Blanca Nalle Hernández, PhD, LPC – DePaula Children's Center

Marta L. Casas, MA – Child Witness to Violence Project

Suzanna Rivers, PhD, LPC

Serving Children and Adolescents in Need (SCAN)

Sunday, July 17, 2012

12pm EST / 7am CST / 8pm PST

Cultural Implications of Secondary

Traumatic Stress—In Spanish

Blanca Nalle Hernández, PhD, LPC – DePaula Children's Center

Marta L. Casas, MA – Child Witness to Violence Project

Suzanna Rivers, PhD, LPC

Serving Children and Adolescents in Need (SCAN)

Moderator: Adriano E. Molina, MS, LMFT – Children's Institute, Inc.

Wednesday, July 18, 2012

12pm EST / 7am CST / 8pm PST

Secondary Traumatic Stress for Educators

Richard R. Gentry, PhD

Louisiana State University Health Sciences Center School of Medicine

James C. Corbett, PhD

National Marine Children's Trauma Center Institute

Robin H. Gurwicz, PhD – Duke University Medical Center

Ree Lawrence, MEd – Assistant Superintendent of the

St. Bernard Parish Schools, Chalmette, Louisiana

Monday, September 24, 2012

3pm EST / 7pm CST / 72pm PST

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<http://learn.nctsn.org/learn/signup>
Step 2: Check your email and confirm your account (link on link)
Step 3: Return to <http://learn.nctsn.org>
and enroll in this Speaker Series
Step 4: On the day of presentation, login
and return to the Speaker Series homepage
for Learning Center technical assistance email help@nctsn.org

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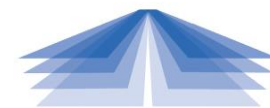
Speaker series
providing foundation
of knowledge on
STS, including
cultural implications
of STS (English and
Spanish)



Implementation Strategies: Partnering with Youth and Families

- ✓ Self-Assessment Tools (1) for clinicians to use in their daily practice and (2) to assess the level that your program/organization partners with youth and families.
- ✓ Suggested goals and activities for increasing partnerships with youth and family at every organizational level
- ✓ Strategies for Partnering with Families at every level of your program/organization

Pathways to Partnerships with Youth and Families in the National Child Traumatic Stress Network



NCTSN The National Child
Traumatic Stress Network

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National Child Traumatic Stress Network
Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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Resources and References

Creating Trauma-informed Child Welfare Systems: A Guide for Administrators, 2nd Edition

<http://www.chadwickcenter.org/CTISP/images/CTISPTICWAdminGuide2ndEd2013.pdf>

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National Development and Research Institutes. (2014). Self-Assessment for Administrators on Trauma Informed Care.

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Southwest Michigan Children's Trauma Assessment Center Trauma Informed Child Welfare Systems Trauma Informed System Change Instrument

http://muskie.usm.maine.edu/helpkids/telefiles/011013tele/Trauma_Informed_System_Change_Instrument_2010_final_1%5B1%5D.pdf

Traumatic Stress Institute Informed Care in Youth Serving Settings: Organizational Self Assessment

<http://traumaticstressinstitute.org/wp-content/uploads/2010/06/Trauma-Informed-Care-Self-Assessment-Final.pdf>

For more information, please contact me at:

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National



Text YouthMOVE to 22828