TRAUMA
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ORGANIZATIONAL
TOOL KIT
Early Care &
Learning Council
United to Promote Quality
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Council on Children
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Table of Contents

Trauma Advisory Group 3

How to Use this Toolkit 4

Why Now? Reasons to Work Towards Becoming Trauma-informed CCR&Rs 5

Overview of Key Concepts 6

- Definitions of Trauma and Adverse Childhood Experiences
- Impact of Trauma on: Children, Adult Learners
- Principles of Trauma Informed Organizations

Voices from the Membership 10

Trauma-Informed Organizational Domains 14

- Supporting Staff Development
- Creating a Safe and Supportive Environment
- Assessing and Planning Services
- Involving Consumers (Parents, Families, Providers)
- Adapting Policies

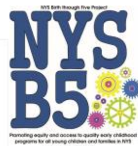
Direction for Future Work and Editions of the Trauma-Informed Organizational Toolkit 22

Appendix A 23

- Statewide Reponses to Each Domain from the Trauma-Informed Organizational Self-Assessment

Appendix B 31

- Resources for Trauma Informed Organizational Practices Implementation



Trauma Advisory Group

We believe that:

It is important for the CCR&Rs to reflect the trauma-informed organizational practices and values that we are working to promote within early care and education.

We envision a CCR&R Network that:

Nurtures practices and delivers services embedded with safety, choice, collaboration, trustworthiness, attention to cultural, historical, and gender issues and empowerment within our statewide network of CCR&Rs.

Together, we strive:

- To support the CCR&R agencies in building knowledge, skill, and practice consistent with best practices in trauma informed organizations
- To develop strategies and an action plan to inform delivery of the ACEs Institute Curriculum
- To ground our organizational practices, trainings, and technical assistance offerings to support our main target audience, adults, who may be survivors of trauma
- To develop strategies to support CCR&R staff, who may not be mental health professionals, in delivering training, technical assistance, and other CCR&R services with sensitive content

The Early Care & Learning Council would like to extend gratitude for the work of the Trauma Advisory Group, past and present, in the efforts of moving towards becoming trauma-informed and elevating knowledge about Adverse Childhood Experiences (ACEs) within our CCR&R network.

How to Use This Toolkit

Becoming a trauma-informed organization is not a destination, but rather a continuous journey, aided by research and practices, past and present. This work requires an intentional dedication to incorporating themes, concepts, practices and policies of trauma-informed organizations in an ongoing and strategic manner.

This toolkit is for any staff member of the statewide network of Child Care Resource & Referral Agencies looking to increase their understanding of trauma-informed organizational practices and/or those looking to embed these themes, values, and practices into their greater agency culture. It is not a specific framework, blueprint, or model of implementation for incorporating a trauma-informed lens for your CCR&R Agency. Instead the first edition of this toolkit was designed to:

- Share the current “state of the state” as it relates to trauma-informed organizational practices;
- Identify current trauma champions in our network;
- Start to create a common language with concepts of trauma and trauma-informed practices to build a shared understanding;
- Share resources and considerations to inform strategies towards the creation of a trauma informed CCR&R statewide network.

Ultimately, the goal of this greater project is to work more intentionally and strategically towards navigating themes, concepts, and practices related to trauma-informed organizations. This work will also allow us to model the trauma-informed and adverse childhood experiences (ACEs) practices that we are sharing with our local early care and education partners and providers through the ACEs Institute trainings.

On behalf of the Early Care & Learning Council, and the CCR&R Trauma Advisory Group, thank you for your dedication to this work for children, families, and communities.

Why Now?

Reasons to Work Towards Becoming Trauma-informed CCR&Rs

Trauma has a widespread impact on communities across New York State. A trauma informed approach acknowledges the impact of trauma and looks at each individual as a whole. The Adverse Childhood Experiences (ACE) study conducted by the U.S. Centers for Disease Control and Prevention and Kaiser Permanente has made us painfully aware of the correlation between childhood trauma and an individual's physical and mental health later in life. We have learned that childhood trauma not only affects our physical and mental health, but it also negatively impacts education and employment status. This does not have to be our fate; we can prevent it with early intervention and education. We have the knowledge and now it is our obligation to ensure that our organizations are trauma informed.

Being trauma-informed does not begin with the populations and communities that we serve, but rather, it begins within our membership and with the staff at our respective organizations. A trauma-informed organization recognizes and responds to the impact of trauma on the mental and physical well-being of the clients it services and the individuals it employs. It allows the organization to provide services in an appropriate and compassionate manner. We are in the position to educate and train both the clients we serve and our employees in every department. Trauma informed practices will have the power to positively transform the culture of the organization by preventing re-traumatization and secondary traumatic stress, increase safety, increase staff retention and satisfaction, enhance engagement, and avoid staff burnout. A trauma-informed organization will not only increase the effectiveness of the services offered, it creates opportunities for choice, resiliency, healthy relationships and healing.

Overview of Key Concepts

Childhood trauma will affect more than five million children each year (Perry, 2006). These experiences include psychological, physical, or sexual abuse, neglect, or household dysfunction (divorce or separation, violent treatment of parent, substance abuse, mental illness, or criminal behavior) and are often referred to as adverse childhood experiences or ACES (Bucci, et al., 2016). The implications of exposure to severe traumatic experiences such as these, can lead to changes in brain chemistry (overproduction of hormones), architecture (reduction in size and underdeveloped cortex), and function (irritability, excitability, impulsiveness, and cognition) (Bucci et al., 2016; Howard & Crandall, 2007; Perry, 2006; Rossen & Cowan, 2013).

Trauma: A subjective experience of extreme stress that overwhelms an individual's ability to cope. (Giller, 1999) Traumatic experiences are subjective in that the trauma survivor determines whether the event was traumatic or not based on their experience. An event may be considered traumatic if the person's ability to integrate their emotional experience is overwhelmed or if the person experienced a threat to life, bodily integrity or sanity. (Pearlman & Saakvitne, 1995)

Traumatic experiences may be a singular event, or repeated events. They may be naturally occurring (natural disaster) or man-made (abuse). Typically, traumatic events that are man-made, repeated and that happen in early childhood have the likelihood of more negative long-lasting effects on a person.

Adverse Childhood Experiences: The CDC-Kaiser Permanente Adverse Childhood Experiences (ACEs) study of the 1990's had profound and far-reaching impacts, likely beyond what was imagined or intended. Today, momentum continues, and communities strive to promote universal understanding and skill building as it relates to the findings, themes, and concepts. Committed to promoting and nurturing healthy childhood environments which support development and reduce adversity, the CDC specifically has developed guidelines such as *Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments; Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence; and the Technical Package for Preventing Child Abuse and Neglect to identify strategies, approaches, and best practices for the national audience.* Attention to, and strategies that support the provision of quality early

care and education are explicitly identified, and thus early care and education providers, and those who support them, are key partners in this work.

Impact of Trauma on Children

One in four children have been exposed to a traumatic event that can affect their learning or behavior. The impact of trauma on children varies. As we have learned by the definition, trauma is a subjective experience. It is understood, however, that early trauma impacts children's brain development, their social and emotional functioning, physical health and their overall life outcomes. From prenatal through the first year of life the developing brain is most sensitive to the external influences of a child's experience. This period is associated with the most rapid brain development and external experiences, good or bad, will impact the brain's architecture. Chronic and/or severe exposure can interrupt typical brain development. Exposure to chronic trauma or ACE's in early childhood can drastically increase the likelihood of negative impacts on an adult's physical and mental well-being. For example, the higher one's ACE score in early childhood greatly increases the likelihood there is of one developing a condition like heart disease, diabetes or cancer, engage in risky health behaviors like smoking or substance abuse, or to develop depression, anxiety or other mental disorder. Children who experience high ACE's are more likely to be suspended and expelled from school, in fact, children who have experienced high ACE's are three times more likely to be expelled from their early childhood program that children K-12. Roughly 17,248 children are expelled annually from their early childhood education program. Children with high ACE scores tend to engage in more bullying and argumentative behaviors, have a harder time attending to and finishing tasks, and a more difficult time making and maintaining friendships.

Impact of Trauma on Adult Learners

The effects of trauma are real. Over half of all adults have experienced at least one traumatic event in childhood (ACES); many experiencing three or more (Bucci, et., al, 2016). As discussed, traumatic events can lead to changes in brain architecture which can impair learning in adulthood. Starting in early childhood, the effects of trauma can be seen through changes in brain architecture and functioning. The amygdala which controls our emotions, especially fear, leads to a heightened state of arousal (Rinne-Albers, et al., 2013). The hippocampus (important for cognitive functioning) which controls new memory formation and memory retrieval can be impaired by changes in its volume and levels of cortisol that are produced, and the prefrontal cortex which plays a role in the ability to pay attention and in stimulus response, can be reduced

in size and symmetry (Rinne-Albers, et al., (2013). These changes in brain architecture have implications that last a lifetime.

The effects of these changes lead to implications for adult learning. Adults who have experienced a traumatic event, especially in childhood, learn to live in a state of fear. This fear leads to the inability to focus attention, learn new material, miss classes, avoid tests, disassociate, or space out, fear risk taking, have an inability to concentrate, have difficulty starting new tasks, have low self-esteem or confidence, and may experience panic attacks. For the adult learner who is returning to the classroom, the implications from this can affect their ability to participate in class and learn new material. According to Horseman (2004):

> Unless educators at all levels acknowledge the violence in the lives of women and children and its impact on learning, many students will not only fail to learn, but may also experience the educational setting as a silencing place, or another site of violence, where they are controlled, diminished, and shamed by institutional structures or classroom interactions. (p. 5)

There is a need for change in adult education to meet the individual needs of students. The effects of trauma may not be readily seen so the adult educator needs to stay vigilant in observing student behaviors to meet those needs. This can be done by providing culturally relevant adult learning opportunities within a holistic perspective to learning; including the mind, body, spirit, and emotions, providing a safe environment where everyone feels comfortable, by implementing strategies of storytelling which can prove to be therapeutic, collaboration and referrals by knowing reporting requirements and laws, educator self-care by enlisting the help of a trusted colleague or supervisor, and advocating for policy change and funding structures needed to make those changes (Kerka, 2002).

Educators and trainers should allow students and training participants the opportunities to work cooperatively on assignments and activities, and to share stories through art, movement, songs, poetry, theatre, and dance. Creating collaborative ground rules and allowing for the choice of opting out of activities, eliminating classification testing, and enabling students to take ownership of their space provides a sense of safety. Artfully honoring silence as well as words, being a caring listener, and creating activities that allow learners to share as much or as little of their stories as they feel comfortable will help create a sense of caring and community. Knowledge of community resources and reporting laws is critical should outside resources deem necessary. This, combined with professional development that focuses on understanding and recognizing trauma in the classroom, will help provide educators and trainers with the tools

needed to provide a safe learning environment for students and training participants (Kerka, 2002).

Trauma Informed Organizations

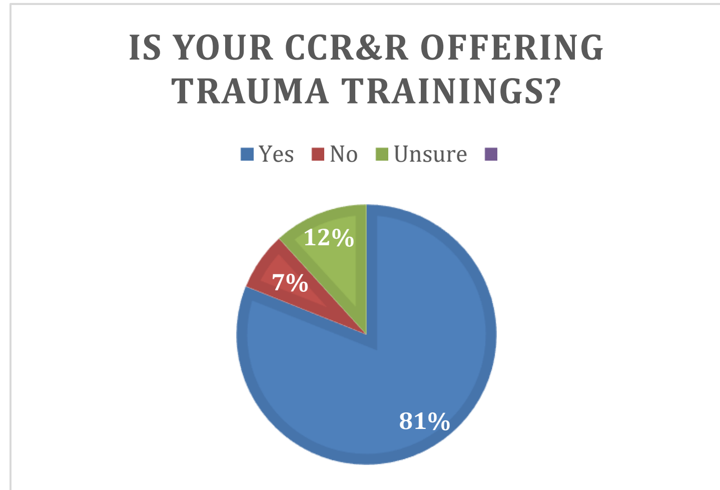
Research continues to show that roughly 62% of adults surveyed have experienced at least one ACE before the age of 18, meaning that these experiences are still common and have potential impacts for children, families, providers, CCR&R staff and our local communities. Having a high ACE score, although does not equate to “destiny”, does increase one’s risk for social, emotional, and physical health problems, which ultimate can impact not only the well-being of individual staff members, but the organizational culture and climate, as a whole.

Embedding trauma-informed practices, policies and values allow us to implement universal precautions with all staff and those served by the organizations. Guided by the principles of safety, choice, collaboration, empowerment, trustworthiness, and attention to cultural, historical and gender issues, this includes:

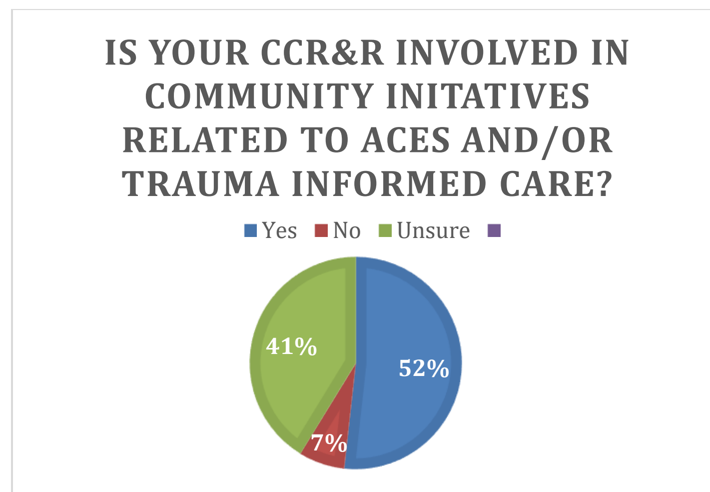
- Realizing and understanding the widespread impact of traumatic experiences and understanding the potentially harmful or helpful practices in your organization to support both the clients and the staff members;
- Recognizing the signs and symptoms of trauma, secondary or vicarious trauma, and burnout in themselves, coworkers, and the families they serve;
- Seek to resist re-traumatization and;
- Incorporate the science of trauma and resiliency into policies, procedures and practices.

Voices from the Membership

Although the 10th Training Topic Area related to Adverse Childhood Experiences was formalized with a *Dear Provider Letter* that was shared on January 8th, 2021, trainings about trauma and childhood are not new to the statewide network of CCR&Rs:



Additionally, CCR&Rs have been working at a systems level to engage in trauma-informed work in their respective communities. Specifically, 52% of respondents in a recent trauma-informed organizational survey identified that their agency is involved with ACEs and trauma-informed work on a larger scale:



Some examples that were shared of the ways in which CCR&Rs are engaging in this work on a community, regional and/or state-level include, but are not limited to:

- Attention to Trauma Informed Care During New Staff Orientation
- Initiating Trauma-Informed Care Committees Internally, at the CCR&R
- Resilience in Action Grant, Health Foundations for Western & Central New York
- County-Specific Resilience Initiatives (IE Chautauqua County Resilience Initiative; Oswego County Trauma Informed Collaborative, Dutchess County ACEs Task Force)
- Collaborations with:
    - Local United Way Foundations
    - Regional Networks of Child and Family Service Agencies
    - Local Departments of Mental Health
    - County-Specific Trauma Informed Collaboratives (IE - Oswego County Trauma Informed Collaborative, Allegany County Coalition, Schoharie County ACEs Committee, Building Resiliency in Essex Families)
- Participation in Coalitions Such As:
    - New York State Infancy Leadership Circles
    - Drug Free Irondequoit
    - Pyramid Hubs
    - NYS HEARTS Initiative
    - Local "Be the One" Committees with Child and Family Welfare Organizations
- Participating in Statewide Awareness and Prevention Efforts, Such As:
    - Pinwheels for Prevention
    - Screening of Documentaries (IE: "Resilience")

Finally, during March 2021, the following staff and departments have been identified by their peers as trauma informed champions locally, regionally, and statewide:

<u>Region 1:</u>

- Amy Lehman, Belinda Knight, Jennifer Morgan Burt, Allegany County Community Opportunities and Rural Development, Inc.
- Beverly McArthur, Niagara Community Action Programs, Inc
- Beth Faulkner, Chautauqua County Child Care Council
- Infant & Toddler Specialists and Infant and Toddler Mental Health Consultants, Child Care Resource Network

- Community Opportunities Staff, Allegany County Community Opportunities and Rural Development, Inc.
- Training Staff, Niagara Community Action Programs, Inc

Region 2:

- Jeff Pier, Rose Shufelt, Child Care Council, Inc
- Carla Hibbard, Elizabeth Ryder, and Margie Lawlor, Child Care Aware of Steuben and Schuyler
- Infant and Toddler Mental Health Consultant Staff, Child Care Council, Inc

Region 3:

- Richelle Singer, Tammy Ablang, Ellen Olsen, Lindsey Behr, Child Care Council of Oneida County, Cornell Cooperative Extension
- Casey Miner, Kristy Sherman, Lisa Potter, Child Care Solutions
- Cori Lesher, Angie Vanwormer, Community Action Planning Council of Jefferson County, Inc
- Executive Director and Program Coordinator, St. Lawrence Child Care Council Inc.
- Jude Rose, Melissa Perry Child Development Council of Central New York, Inc.
- Christina Wilson, Brandi Korproski, Integrated Community Planning Council of Oswego County, Inc
- Leslie Vermaat, Family Enrichment Network, Inc.
- The Family Support Services Staff, Child Development Council of Central New York, Inc
- Infant Toddler Mental Health Consultants, Infant Toddler Mental Health Specialist, Child Care Solutions
- The Training Department, Child Care Solutions

Region 4:

- Kim Polstein and the Mental Health Team, Brightside Up
- Shelly Bartow, Demetra Alberti, Delaware Opportunities, Inc.
- Adverse Childhood Experiences Training Staff, Brightside Up

Region 5:

- Sumon Chin, Amy Eng, Chinese-American Planning Council

Region 6:

- Kathy Halas, Child Care Council of Westchester, Inc
- Kathleen Murphy, Child Care Council of Dutchess & Putnam, Inc.

- Professional Development Staff, Registration Department, Child Care Council of Westchester, Inc
- Infant Toddler Specialists, Child Care Council of Dutchess & Putnam, Inc.

Region 7:

- Joy Conolly, Child Care Council of Nassau, Inc.
- Joan Rocchetta, Colleen Farrell, Emily Torres, Denise Ham, Child Care Council of Suffolk, Inc.

Trauma-Informed Organizational Domains

> *Organizational Domains Explored by the Self Assessment*
>
> 1. Supporting Staff Development;
> 2. Creating a Safe and Supportive Environment;
> 3. Referral, Assessing and Planning Services;
> 4. Involving Parents, Families, Providers
> 5. Adapting Policies

In March 2021, the Early Care & Learning Council launched a survey to executive directors and senior staff at the CCR&R agencies, which was adapted from an agency self-assessment that was created by the Trauma Informed Care Project, out of Iowa. The purpose of this survey was twofold. First, this gave the opportunity to survey the current landscape of trauma-informed organizational practices in the network, and also to provide an idea of where support could be offered by providing training and technical assistance. Secondly, if a CCR&R and/or region was or is in a place where they were/are considering creating and implementing a trauma informed organizational plan, this gave them a starting place or a roadmap of where to begin.

In each section for each domain, participants had the opportunity to reflect on and respond based on the experiences at their CCR&R over the past twelve months. Respondents were not asked to evaluate individual performance, but rather the practices of the agency as a whole. Ultimately, the Executive Director and Senior Leadership of a CCR&R determined how much or little their agency would participate.

Overall, the network was responsive to this trauma-informed agency self-assessment, with feedback provided from seven out of seven of the regions. Responses were most received from full time employees (92.2%), although some part time employees did share their feedback as well (7.2%). Specifically, Senior Leadership (15.7%), Licensors and Regulators (13.1%), Trainers (9.8%), Infant & Toddler or Early Childhood Specialists (9.2%) and CEOs/Executive Directors (9.2), and those who identified their roles as “Other” (15.7%) were among staff represented with the highest response rate. Perspectives and feedback were also shared by staff in with the following roles and/or titles: Data Administrators, CACFP, Referral Specialists, State or Local Advocacy Staff, Member of the Finance Department, Marketing and/or Communications Staff, Administrative or Front Office Staff, Director/Coordinator of ITS/ITMHC Services, and Infant and Toddler Mental Health Consultants.

One area to consider is that the survey asked respondents to consider their organizational practices over the past twelve months, a timeline that coincided with a global pandemic and many instances of social unrest.

Consistent with the mission and values of the Trauma Advisory Group, it is the ultimate recommendation that:

CCR&Rs strive to reflect the trauma-informed organizational practices and values that they are trying to promote within early care and education. It would be best practice for CCR&R's to strive to nurtures practices and deliver services embedded with safety, choice, collaboration, trustworthiness, attention to cultural, historical, and gender issues and empowerment within our statewide network of CCR&Rs.

From a broad perspective, guided by the Trauma Informed Organizational Survey and current practices of the CCR&Rs, this includes:

- Developing written statements that outline a commitment to understanding trauma and engaging in trauma informed practices.
- Providing universal training about traumatic stress and adverse childhood experiences to all staff at all levels of the organization.
- Creating opportunities to learn about ways in which their own stress impacts the work they guide with providers, children, and families.
- Creating opportunities for providers, families, and others who utilize CCR&R services to provide ongoing feedback, or to serve in an advisory capacity to improve the agency.
- Providing multiple avenues of information that is digestible to different cultures and languages.

Concretely, this may include:

- Utilizing ACEs Institute Trainers to provide, at minimum, the 101-Level of the ACEs Institute Training to all staff.
- Work with Senior Leadership to build "buy in" and recognition that being trauma-informed is relevant for all staff, regardless of their role or responsibilities.
- Create a timeline, and further create a written commitment to this work.
- Developing a CCR&R-specific, or regional trauma work group to help to guide and pace work related to trauma informed organizational practices, intentionally.

- Review the statewide, regional, and local data shared in this survey. Find ways to continue to enhance the areas of strength and create an action plan to begin to address the areas of improvement.
- Revisit policies and practices that allow those served by CCR&Rs to provide feedback and enhance the quality of services that are provided.
- Review brochures, websites, one-page handouts, and flyers posted in the physical space of the CCR&R. Ask: is there attention to local and trauma specific resources that could benefit not only the community we serve, but also any staff member in need; are our resources available to those who speak and understand the English language? How would those who do not speak English gain full access to our resources?

The subsections that follow will further define, guided by the Trauma Advisory Group, and outline each domain. This will include statewide data, as shared by the CCR&R's in early 2021. Specifically, it will highlight the top areas of strength and the main areas of improvement, as guided by the Trauma Informed Organizational Survey and identified by the CCR&R staff. For a complete list of all topic areas identified within each domain, please refer to Appendix A (Page 22)

Supporting Staff Development

This domain, which includes attention to training and technical assistance, as well as opportunities for supervision, is defined as follows:

> "The process of providing trauma-informed training, education and technical assistance, as well as, supervision, support, and self-care to cultivate each employee's professional and personal growth"
>
> Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- <u>Training and Technical Assistance</u>: "Over the past 12 months, my CCR&R provided training, education, and technical assistance to its staff about…"
- <u>Staff Supervision, Support and Self Care</u>: "Over the past 12 months, my CCR&R provided the following opportunities related to supervision, support, and self care…"

Areas to Consider	Areas of Strength	Areas of Improvement
Training and Technical Assistance	• How trauma affects a child's development • Traumatic Stress • How trauma affects a child's attachment to their caregivers	• Cultural differences in how people understand and respond to trauma • How working with trauma survivors impacts staff • De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis)
Staff Supervision, Support and Self Care	• My CCR&R has a formal system for reviewing staff performance • Staff have regular staff meetings • My CCR&R provides opportunities for staff input into program and/or agency practices	• Outside consultants with expertise in trauma provide on-going education and consultation • Part of supervision time is used to help staff members understand how their stress reactions impact their work with children, families, and providers • Part of supervision time is used to help staff members understand their own stress reactions

Creating a Safe and Supportive Environment

This domain, which includes attention to the physical and emotional environment of the CCR&R, is defined as:

> "The ability to cultivate an environment where employees can safely process topics that come up during interactions with families and providers, as well as during training, education, and technical assistance. This may include attention to the physical setting, staff emotional wellness, ETC."
>
> Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- Establishing a Safe Physical Environment: “At my CCR&R, over the past 12 months …”
- Establishing a Supportive Environment: “At my CCR&R, over the past 12 months …”

Areas to Consider	Areas of Strength	Areas of Improvement
Establishing a Safe Physical Environment	• The common areas within the organization are well lit • The bathrooms are well lit	• The organization provides a space for children to play • The organization provides families, providers and other visitors to the CCR&R with opportunities to make suggestions about ways to improve or change the physical space
Establishing a Supportive Environment	• My program is flexible with procedures if needed, based on individual circumstances • There are private spaces for staff and family members, providers and/or other visitors to the CCR&R to discuss personal issues • My CCR&R has policies in place to handle any changes in schedules (IE - weather related closures, crisis related closers or schedule changes) • Staff does not discuss the personal issues of one family and/or provider with another family and/or provider	• CCR&R and program information is available in different languages • Staff, families, providers and other visitors to the CCR&R are able to be supported and understood in their native languages within the agency • My CCR&R has regularly scheduled procedures and opportunities for families, providers and other visitors to the agency to provide input • Outside agencies with expertise in cultural competence and humility provide on-going training and consultation

Referral, Assessing and Planning Services

This domain, which includes attention to four sub-categories, is defined as:

> "Tools for administrators, providers, and survivor-consumers to use in the development, implementation, evaluation, and ongoing monitoring of trauma-informed programs."
> Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- Referral Services and/or Planning for IT, ITMH, Educational or Technical Assistance Services: "At my CCR&R, our documentation and processes for referral, licensing, regulation, IT, ITMH, Educational and/or Technical Assistance services include questions about…"
- The Process for Starting and/or Engaging in Services with the CCR&R: "At my CCR&R…"
- Referral, Intake and Assessment Follow Up: "At my CCR&R…"
- Developing Goals and Plans: "At my CCR&R…"

Areas to Consider	Areas of Strength	Areas of Improvement
Referral Services and/or Planning for IT, ITMH, Educational or Technical Assistance Services	• Children's achievement of developmental tasks • Social supports in the family and the community	• Cultural Backgrounds • Personal Strengths
The Process for Starting and/or Engaging in Services with the CCR&R	• We inform families, providers and others seeking CCR&R services the reasons why questions are being asked	• We provide an adult translator for the referral and engagement process if needed
Referral, Intake and Assessment Follow Up	• Based on referral services and/or initial processes and discussions with families, providers or others seeking support from my CCR&R, adults &/or children are referred for specific services as necessary	

Developing Goals and Plans	• Staff collaborate with family members, providers and others seeking CCR&R services in setting their goals for the service or support that will be provided	• Before the delivery of any services, supports, training, and/or technical assistance are complete, family members, providers, and other's seeking CCR&R services, together with staff develop a plan to address any future needs

Involving Parents, Families, Providers

This domain, which does not include any sub-categories, is defined as:

> "Families, Providers and Others Seeking CCR&R Services have the opportunity to give feedback on the agency's services using strategies supported by principles of trauma informed organizational practices."
>
> Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompt:

- "Over the past 12 months, at my CCR&R…"

Areas of Strength	Areas of Improvement
• Current family members, providers, and others using CCR&R services are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g. suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc)	• We recruit former family members, providers, and others using CCR&R services to serve in an advisory capacity

Adapting Policies

This domain, which includes attention to written policies and the process of reviewing existing policies, is defined as:

> "Assesses how well the organization creates, or reviews and revises policies that reflect adherence to trauma-informed principles."
>
> Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- Creating Written Policies: "Over the past 12 months, my CCR&R has…"
- Reviewing Policies: "Over the past 12 months, my CCR&R…"

Areas to Consider	Areas of Strength	Areas of Improvement
Written Policies	• A written policy outlining professional conduct for staff (e.g. boundaries, responses to family members, providers and/or others seeking CCR&R services etc). • A written commitment to demonstrating respect for cultural differences and practices	• A written policy outlining program responses to family member, provider and/or staff crisis (i.e. Self harm, suicidal thinking, and aggression towards others • A written statement that includes a commitment to understanding trauma and engaging in trauma-informed practices
Reviewing Policies	• Involves staff in its review of policies.	• Reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors. • Involves family members, providers, and others who have sought out CCR&R services in its review of policies.

Direction for Future Work and Editions of the Trauma-Informed Organizational Toolkit

As we know, research continues to show that roughly 62% of adults surveyed have experienced at least one ACE before the age of 18, meaning that these experiences are still common and have potential impacts for children, families, providers, CCR&R staff and our local communities.

> *"The single most important thing that we need today is the courage to look this problem in the face and say, this is real, this is all of us. I believe that we are the movement"*
>
> Dr. Nadine Burke Harris

Implementing, and considering ways to implement a more intentional focus on trauma-informed values is not an end point, but rather an ongoing effort in continuous reflection and learning. Each CCR&R has a different beginning point. The Trauma Informed Organizational Survey and the launch of this first edition Toolkit, including the strategies shared by the network, are opportunities to start to consider approaches to this work, not only as individual CCR&R agencies, but as a collective statewide network.

Similarly, the recommendations and guidance shared in this toolkit are only the beginning. As opportunities arise to enhance our learning and practices in these areas, the Trauma Advisory Group also recommends, in addition to those strategies identified in previous sections, seeking opportunity to expand knowledge and practices related to:

Integrating Trauma Informed Values and Practices into CCR&R Norms
Enhancing Cultural Humility
Developing Specific Human Resources Guidance (guided by these principles)
Building a Better Understanding of the History of the Trauma Informed Movement
Continuing to Find Opportunities for Attention to Staff Wellness
Identifying Realistic Timeframes for Organizational Change
Evaluating and Assessing Change Process Towards a Trauma Informed CCR&R Network

Early Care & Learning Council
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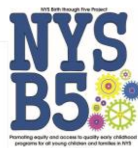

Council on Children and Families

Appendix A

Statewide Reponses to Each Domain from the Trauma-Informed Organizational Self-Assessment

The section that follows identifies all topics identified in the trauma-informed organizational self-assessment, ordered from highest to lowest, based on CCR&R staff feedback. Specifically, each area was ordered based on the highest percentage of staff that responded with “strongly agree” and “agree”.

Supporting Staff Development:

Training, Education, and Technical Assistance	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
How trauma affects a child’s development	70.7%
Traumatic Stress	69.5%
How trauma affects a child’s attachment to their caregivers	68.4%
The relationship between mental health and trauma	66.9%
How traumatic stress affects the brain and body	65.2%
Different cultural issues (e.g. different cultural practices, beliefs, rituals).	62.9%
How to help children, families and providers manage their feelings (e.g. helplessness, rage, sadness, terror) when it is appropriate to do so, or within the scope of ones job responsibilities	60.4%
The relationship between childhood trauma and adult re-victimization (e.g. domestic violence, sexual assault)	55.7%
How to establish and maintain healthy professional boundaries	55.1%
Cultural differences in how people understand and respond to trauma	49.7%
How working with trauma survivors impacts staff	46.1%

De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis)	42.8%

Staff Supervision, Support and Self Care	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
My CCR&R has a formal system for reviewing staff performance	91.6%
Staff have regular staff meetings	90.3%
My CCR&R provides opportunities for staff input into program and/or agency practices	88%
My CCR&R provides opportunities for on-going staff evaluation of the program and/or agency	78.3%
My CCR&R offers help to staff members to debrief after a crisis	68.1%
Topics related to trauma are addressed in team meetings, when it is appropriate to do so	67.4%
Topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, stress-reducing strategies)	65.5%
Staff members have regularly scheduled time for individual supervision	59.9%
Outside consultants with expertise in trauma provide on-going education and consultation	46.2%
Part of supervision time is used to help staff members understand how their stress reactions impact their work with children, families, and providers	44%
Part of supervision time is used to help staff members understand their own stress reactions	42.5%

Establishing a Safe Physical Environment	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
The common areas within the organization are well lit	96.5%
The bathrooms are well lit	94.4%
Agency staff monitors who is coming in and out of the program and/or agency	93.8%
Families, Providers and other visitors to the CCR&R can lock bathroom doors	88.1%
The organization incorporates child-friendly decorations and materials	77.8%
The environment outside the organization is well lit	72%
The organization provides a space for children to play	70.4%
The organization provides families, providers and other visitors to the CCR&R with opportunities to make suggestions about ways to improve or change the physical space	36%

Establishing a Supportive Environment	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
My program is flexible with procedures if needed, based on individual circumstances	95.1%
There are private spaces for staff and family members, providers and/or other visitors to the CCR&R to discuss personal issues	95.1%
My CCR&R has policies in place to handle any changes in schedules (IE - weather related closures, crisis related closers or schedule changes)	90%
Staff does not discuss the personal issues of one family and/or provider with another family and/or provider	88.7%

Staff, Families, providers and other visitors to the CCR&R are allowed to speak their native languages within the agency	85%
Staff does not talk about families and/or providers outside of the agency unless at appropriate meetings	84.5%
Staff does not talk about families and/or providers outside of the agency unless at appropriate meetings	84.4%
Staff uses descriptive language rather than characterizing terms to describe family members and/or providers (e.g. describing a person as 'having a hard time getting her needs met' rather than 'attention seeking').	79.1%
The CCR&R informs families, and providers about the extent and limits of privacy and confidentiality (kinds of records kept, where/who has access, dynamics of mandated reporting)	70.9%
My CCR&R uses "people first" language rather than labels (e.g. 'people who are experiencing homelessness' rather than 'homeless people')	70.7%
Staff members practice motivational interviewing techniques with family members, providers, and/or other visitors to the CCR&R (e.g. open-ended questions, affirmations, and reflective listening)	64.3%
CCR&R and program information is available in different languages	63.9%
Staff, families, providers and other visitors to the CCR&R are able to be supported and understood in their native languages within the agency	58.6%
My CCR&R has regularly scheduled procedures and opportunities for families, providers and other visitors to the agency to provide input	52.2%
Outside agencies with expertise in cultural competence and humility provide on-going training and consultation	51.9%

My CCR&R reviews rules, rights and grievance procedures with families and providers regularly	51.1%
The rights of families, providers and other visitors to the CCR&R are posted in places that are visible (e.g. grievance policies, mandatory reporting rules)	41.1%
Families, providers and other visitors to the CCR&R are informed about how the program responds to personal crises (e.g. suicidal statements, violent behavior and mandatory reports).	32.7%
Materials are posted about traumatic stress (e.g. what it is, how it impacts people, and available trauma-specific resources)	28.4%

Referrals, Planning and Services

Referral Services and/or Planning for IT, ITMH, Educational or Technical Assistance Services	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Children's achievement of developmental tasks	70.2%
Social supports in the family and the community	66.2%
Quality of relationship with child or children (i.e. caregiver/child attachment)	65.4%
Cultural Backgrounds	59.7%
Personal Strengths	59.3%

Processes for Starting and/or Engaging in Services with the CCR&R	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
We inform families, providers and others seeking CCR&R services the reasons why questions are being asked	83.8%
We inform families, providers and others seeking CCR&R services about what will be shared with others and why	79.4%

We provide an adult translator for the referral and engagement process if needed	57.8%

Referral, Intake and Assessment Follow Up	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Based on referral services and/or initial processes and discussions with families, providers or others seeking support from my CCR&R, adults &/or children are referred for specific services as necessary	83.3%

Developing Goals and Plans	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Staff collaborate with family members, providers and others seeking CCR&R services in setting their goals for the service or support that will be provided	77.7%
Any goals that are identified are reviewed and updated regularly	71.3%
Before the delivery of any services, supports, training, and/or technical assistance are complete, family members, providers, and other's seeking CCR&R services, together with staff develop a plan to address any future needs	66.7%

Involving Families, Providers, and Others Seeking CCR&R Services

Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Current family members, providers, and others using CCR&R services are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g. suggestion boxes, regular satisfaction	66.9%

surveys, meetings focused on necessary improvements, etc)	
We recruit former family members, providers, and others using CCR&R services to serve in an advisory capacity	41.6%

Adapting Policies

Written Policies	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
A written policy outlining professional conduct for staff (e.g. boundaries, responses to family members, providers and/or others seeking CCR&R services etc).	71.1 %
A written commitment to demonstrating respect for cultural differences and practices	69.7%
A written policy to address potential threats to staff, family members, providers, and/or others seeking CCR&R services from natural or man- made threats (fire, tornado, bomb threat, and hostile intruder).	48.6%
Written policies that are established based on an understanding of the impact of trauma on staff, families, providers, and the community.	36.7%
A written policy outlining program responses to family member, provider and/or staff crisis (i.e. Self harm, suicidal thinking, and aggression towards others	36%
A written statement that includes a commitment to understanding trauma and engaging in trauma-informed practices	29.8%

Reviewing Policies	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Involves staff in its review of policies.	61%
Reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.	36.3%
Involves family members, providers, and others who have sought out CCR&R services in its review of policies.	21.8%

Appendix B

Resources for Trauma Informed Organizational Practices Implementation

Below are additional resources for consideration as it relates to adverse childhood experiences and trauma informed organizational practices:

- The National Child Traumatic Stress Network https://www.nctsn.org/
- Checklist for Early Childhood Providers on Trauma Informed Care https://challengingbehavior.cbcs.usf.edu/docs/Informed-Care-Checklist.pdf
- Fear and Learning: Trauma-Related Factors in the Adult Education https://thereidsread.files.wordpress.com/2015/04/fear-and-learning-trauma-related-factors-in-the-adult-education-process.pdf
- MentalHealth.org
- Traumainformedcare.chcs.org
- Nysaimh.org
- Center on the Developing Child: https://developingchild.harvard.edu/
- Key Ingredients for Successful Trauma Informed Care Implementation: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- SAMHSA's Trauma Informed Care in Behavioral Health Services: https://www.ncbi.nlm.nih.gov/books/NBK207204/
- Thrive, Guide to Trauma Informed Organizational Development: https://nhchc.org/wp-content/uploads/2019/08/thrive-guide-to-trauma-informed-organizational-development.pdf
- SAMHSAs Concept of Trauma and Guidance for a Trauma Informed Approach: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- SUNY Buffalo's Institute on Trauma and Trauma Informed Care: http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html
- National Council for Behavioral Health, Fostering Resilience and Recover: A Change Package for Advancing Trauma Informed Primary Care: https://www.thenationalcouncil.org/wp-content/uploads/2019/12/FosteringResilienceChangePackage_Final.pdf?daf=375ateTbd56