



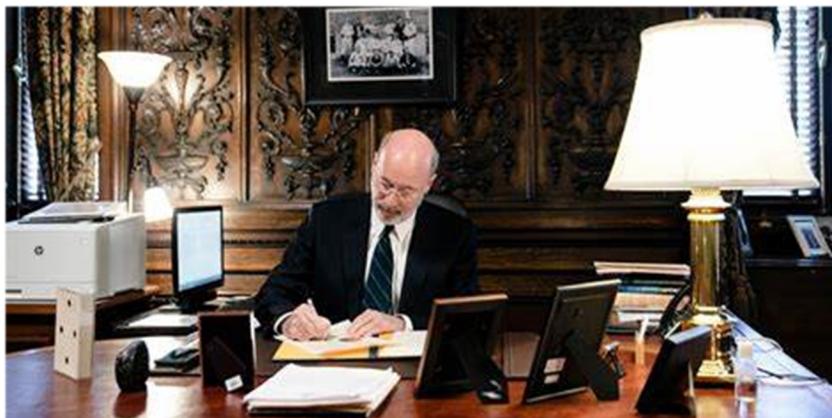
Trauma Informed Care

Understanding, Commitment, & Practices

Written & Compiled by

PA Council of Children, Youth & Family Services

2021
Summary



Executive Order 2019 05

Governor Tom Wolf

On July 30, 2019, Governor Wolf declared that Pennsylvania would become a trauma informed state. The process will be introduced over the next 10 years and will occur in a phased approach. The four phases include: trauma aware, trauma sensitive, trauma informed and healing centered.

Pennsylvania's process for becoming a trauma-informed state was created over a 4-month period and included work by a vast group of individuals with various areas of knowledge and expertise relating to a trauma-informed approach. The result of their work is a plan to guide the Commonwealth and licensed residential stakeholders to an understanding of what it means to be a "trauma informed and healing centered state."

Scientific studies have confirmed untreated trauma has negative and costly effects on a person's physical and mental health. It impacts their ability to learn and experience healthy relationships as well as their ability to reach their full potential. This team is tasked with assigning accountability and advancing recommendations to achieve the desired outcome.

The plan focuses on six key areas:

- Ensuring that the culture in the state of Pennsylvania is trauma-informed through universal training.
- Ensuring all state agencies' policies and practices are trauma-informed and more focused on prevention and healing.
- Mandating that all licensed and funded entities become trauma-informed.
- Building and supporting grass roots / community-based efforts to become trauma-informed in every part of the Commonwealth.
- Recognizing and healing from the traumas of a major crisis like COVID-19.
- Preventing and healing racial, communal, and historical traumas, whether they be individual or systemic.

Office of Advocacy and Reform

The Office of Advocacy and Reform (OAR) announced the launch of a volunteer think tank consisting of 25 experts representing a diversity of fields and backgrounds who will develop a plan to make Pennsylvania a trauma informed state, in congruence with Governor Tom Wolf's executive order.

This group of experts is comprised of participants from urban, suburban and rural communities that represent fields of psychiatry, psychology, law enforcement, county government, clergy, social work, counseling, mindfulness, community development, education, sexual assault recovery, addiction recovery, domestic violence services, child maltreatment solutions, nursing, public health, pediatric medicine, prison re-entry and philanthropy. This group will focus on setting guidelines, benchmarks and goals for trauma-informed care across PA.

For additional information and updates, see <https://www.governor.pa.gov/about/office-of-advocacy-and-reform/>



Trauma informed care (TIC) involves three aspects, understanding, commitment, and practices. All three of these must be organized in a way that they are serving the goal of successfully addressing the trauma-based needs of anyone receiving services. Trauma is defined as what results from an event, 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. Trauma informed care can then be considered a strengths-based approach. TIC recognizes the impact of trauma as well as the paths to recovery. TIC also recognizes the symptoms and signs of trauma in clients, families, staff, and others involved within these systems. TIC responds by integrating trauma into policies, procedures, and practices to actively resist re-traumatization.

Agencies will be required to address how fidelity to the trauma informed care model will be monitored and maintained. Identification of the staff trauma training model and curriculum, including the agency defined qualifications of those providing the training, must be included in the program description with dates and documentation of training completion maintained in staff training files.

The five models included in this document are not the only available trauma-informed care models in Pennsylvania.

The Six Principles within Trauma Informed Care

Organizational Safety

Trustworthiness & Transparency

Peer Support

Collaboration & Reciprocal Relationships

Empowerment Among & Between Staff & Participants

Cultural Sensitivity

models

***Positive Behavioral
Interventions and
Supports (PBIS)***

***Restorative Justice/
Practice***

Lakeside

***Trauma Informed
Care (TIC)***

Building Bridges

Positive Behavioral Interventions and Supports

- Evidence-based three-tiered framework for improving and integrating all of the data, systems, and practices that affect student outcomes
- Supports staff behavior, student behavior, decision making, and social competence/ academic achievement
- Focuses on families, students, and school personnel setting goals and working together
- Improves student outcomes such as academic performance and social-emotional competence, as well as reduces bullying and decreases drug/alcohol abuse
- Reduces exclusionary discipline such as office discipline referrals, suspensions, restraints, and seclusions
- Improves teacher outcomes such as the perception of teacher efficacy, school organizational health and school climate, and the perception of safety

Three Tiers of Support

- **Tier 1:** Universal Prevention (All) - Foundation of delivering regular, proactive support and preventing unwanted behaviors. This tier emphasizes pro-social skills and expectations by teaching appropriate student behavior.
- **Tier 2:** Targeted Prevention (Some) - Supports students who are at risk for developing more serious problem behaviors before the behaviors start. This tier involves group interventions with 10+ students. It is more focused than tier 1 but not too intensive.
- **Tier 3:** Intensive, Individualized Prevention (Few) - More intensive, individualized support to improve behavioral and academic outcomes. This tier works for students with developmental disabilities, autism, emotional and behavioral disorders, and students with no diagnostic label.

Cost: <https://www.pbisrewards.com/get-pricing/>

Pros:

- Reduces exclusionary discipline
- Supports staff and student behavior, group decision-making, and social competence
- Reduces bullying and drug/alcohol abuse

Cons:

- Could over-encourage extrinsic-based motivation, students may comply rather than engage
- Implementation at the third tier is statistically losing effect, which is when a student needs effective individualized plans the most

Restorative Justice/Practice

- Collection of engagement practices that encourage growth, choice, and change
- Uses the science of relationships and community
- Emerging social science that restores relationships between individuals and communities
- Encourages less bullying, less violence, and less conflict
- Promotes more safety, belongingness, improved behavior, direct communication, higher performance, greater accountability, collaboration, and the reparation of emotional harm
- Utilized in schools, offices, neighborhoods, and criminal justice
- Promotes inclusiveness, relationship-building, and problem-solving
- Brings victims, offenders, and supporters together to address wrongdoings
- Instead of punishment, students are encouraged to reflect on and take responsibility for their actions and come up with a plan to repair harm
- Focuses on capacities not deficits
- Develops empathy and kindness, caring, and good communication skills

Cost: <https://www.iirp.edu/graduate-education/course-offerings>

Pros:

- Less bullying, less violence, and less conflict
- Improves relationships, problem-solving, and inclusiveness
- Brings victims, offenders, and supporters together
- Focuses on capacities not deficits
- Encourages forgiveness
- Reduces repeat offending

Cons:

- Some view this as a way for offenders to avoid the formal criminal justice system
- Sometimes victims are not only encouraged but pressured to participate even if they don't wish to do so
- Often set in motion by services provided for offenders rather than advocates for victims

Lakeside

- Acknowledges that there is a prevalence of traumatic experiences among the child welfare-system involving children, youth, and families
- Focuses on the importance of understanding trauma and integrating this into practice to serve clients
- Encourages that the trauma-informed child welfare 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, youth, caregivers, and service providers themselves
- Promotes programs and agencies that infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies which maximizes physical and psychological safety, facilitates the recovery of the child and family, and supports their ability to thrive
- Encourages therapeutic processes that promote healing, such as somatosensory activities, yoga and mindfulness, art and music therapy, EMDR (eye movement desensitization reprocessing), TF-CBT (trauma focused cognitive behavioral therapy), and trauma courses
- Driven by social support
- Addresses multiple learning styles
- Avoids punishment and focuses on encouragement
- Focuses on neurology and brain development and how trauma impacts them
- Acknowledges trauma triggers
- Hours of training: Trauma-Aware: 2 - 4 hours, Trauma-Informed: 12 - 15 hours, Trauma-Sensitive: 40 - 50 hours, Trauma-Competent: 120+ hours

Cost: <https://lakesidelink.com/training/pricing/>

Pros:

- Encourages healing and recovery
- Supports a safe environment
- Improves relationships between students, staff, caregivers, parents, family, etc.

Cons:

- Technical assistance
- Time
- Cost

Trauma Informed Care

- Begins with the physical and emotional safety of the children
- Focuses on the triad of understanding, commitment, and practices
- Can be provided to a child within any level of care, such as inpatient treatment, residential treatment facilities, partial hospitals, community-based residencies, foster care, shelters, detention, secure juvenile treatment facilities, schools, homes, and communities
- Based on the public health concepts of prevention
- Can be implemented as part of group interventions and part of individualized responses to specific children
- Operates on two levels, the level of individual physiology with attention to issues of arousal and self-regulation and the larger social-environmental level, so that conditions produce or sustain the mitigation of maladaptive traumatic reactions
- **4 areas:**
 1. Understanding trauma
 2. Understanding the consumer/survivor
 3. Understanding services
 4. Understanding the service relationship
- **4 values:**
 1. Power and control
 2. Authority and responsibility
 3. Goals
 4. Language

Pros:

- Strengths-based
- Promotes physical and emotional safety
- Can be individualized or group-oriented
- Can be provided at any level of care

Cons:

- Cost
- Time

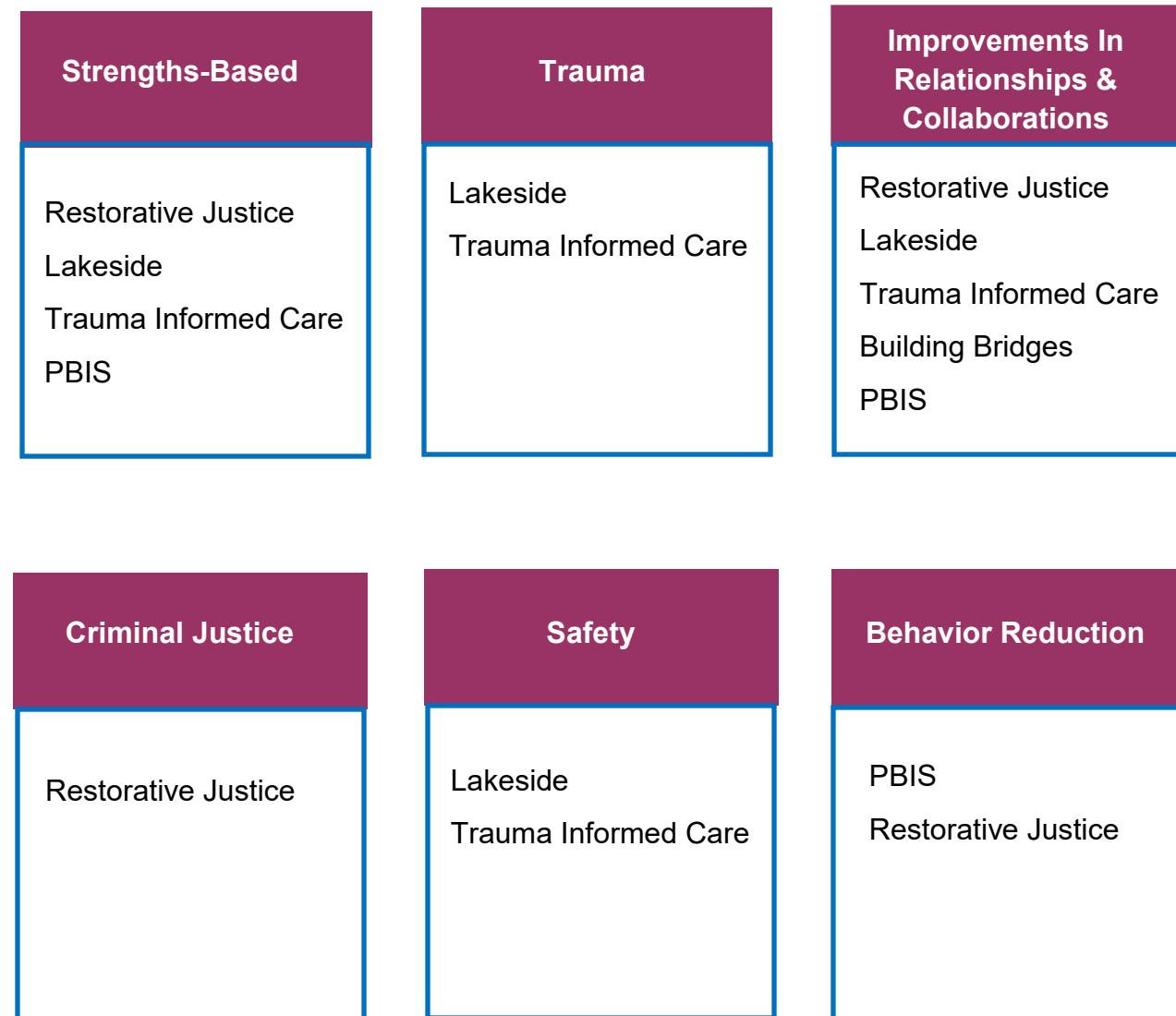
Building Bridges

- The goal is for families and youth that receive residential interventions to realize sustained positive outcomes post-residential discharge, including outcomes such as decreased readmissions to congregate care, improved family relationships and home stability, and successfully living in the community
- Ensures that comprehensive mental health services and supports are available to improve the lives of young people and their families
- Identifies and promotes practice and policy initiatives that create strong coordinated partnerships and collaborations between families, youth, and community, and, residentially-based treatment and service providers, advocates, and policymakers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes
- Promotes that residential and community-based services and supports must be thoroughly integrated and coordinated
- Encourages that residential treatment and support interventions must work to maintain, restore, repair, or establish youths' relationships with family and the community
- States that in the absence of biological family, or when precluded by the courts, family surrogates, adoptive families, as well as peers, school, and community relationships must be fostered in the most normative manner possible

Pros:

- Creates collaboration between children, families, community, advocates, etc.
- Encourages successful living in the community
- Promotes that the child is involved in decision-making and encouraged to make their own choices

major themes of models



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PCCYFS is a leading statewide membership organization serving as a united voice for our valued partners through education, data, resources and advocacy towards achieving a brighter future for children, youth and families.