Title: Increasing Wellbeing through Trauma Informed Practices

Webinar Description

The Full Frame Initiative (FFI) believes that every person in this country has a right to wellbeing. And all of us - from janitor to judge, senior executive to senior citizen, adult to adolescent - share a set of universal needs that are critical to our wellbeing. These essential human needs are what FFI defines as The Five Domains of Wellbeing – social connectedness, stability, safety, mastery and meaningful access to relevant resources. While we share a common need for assets in all of these domains, each of us experiences access to wellbeing and the domains in different and deeply personal ways, influenced by many factors, including experiences of and responses to trauma. And survivors of trauma are more than just that experience and success often means more than just addressing safety concerns and healing from trauma. How would our advocacy be different if we used trauma informed practices as one important strategy toward the larger goal of supporting whole people to increase their wellbeing?

This webinar will provide an overview of the evidence-informed Five Domains of Wellbeing framework and explore the intersection between wellbeing, trauma and trauma informed practices.

Learning Objectives

1. Deepen understanding of the universal human drive for wellbeing and The Five Domains of Wellbeing; 2. Increase understanding of how experiences of and responses to trauma create barriers to wellbeing; 3. Explore the intersectionality between wellbeing and trauma informed principles; and 4. Begin to identify ways of using trauma informed practices as a key strategy to increasing survivor wellbeing.

Welcome to Our Webinar!

While waiting for the presentation to begin, please read the following reminders:

- The presentation will begin promptly at 10:00 a.m. Pacific Time
- If you are experiencing technical difficulties, email Patricia@allianceforhope.com
- To LISTEN to the presentation on your phone, dial +1 (213) 929-4232
  - Access Code: 591-963-395 or listen on your computer speakers
- Attendees will be muted throughout the presentation
- To send questions to the presenter during presentation:
  - Click on "Questions" in the toolbar (top right corner)
  - Type your comments & send to presenter
- There will be a Q & A session at the end of the presentation.
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Increasing Wellbeing through Trauma Informed Practices

November 16, 2017

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Blue Shield California FJC Study

- 7 California FJC sites agreed to pilot a pretest posttest assessment.
  - Measures included: ACE, Hope, Emotional Wellbeing, Subjective Wellbeing, and Survivor Defined Success.
- 90.1% Female. 16.1% had previously received FJC services.
- Hispanic (47.3%), Caucasian, 28.1%, African American (12.6%), Asian American (3.6%).
- 57% living in own home/apt. 31% living in another's home/apt.

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Adverse Childhood Experience Study (ACES)

- Ten questions/ten trauma experiences
- Predictive of adult illness, disease, and criminality
- www.acestudy.org
- www.acestoohigh.org

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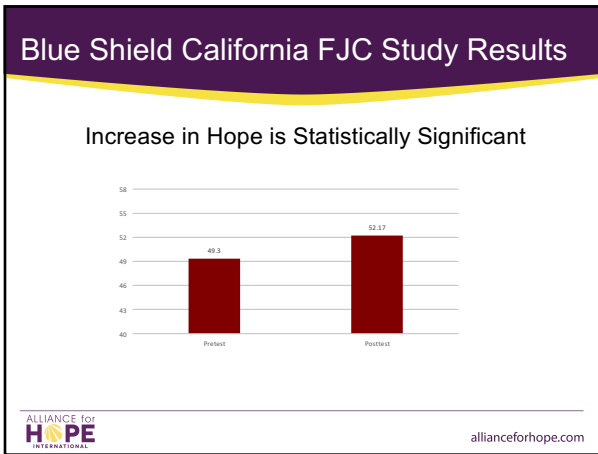INTERNATIONAL

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Blue Shield California FJC Study Results

- Adverse Child Experiences of Participants:
  - 79.6% report a score of 1+.
- Average ACE = 3.30 (significantly higher than national average).

ACE Score	CDC Study (N=17,337)	2016 IFJC Conference (N=234)	Blue Shield FJC Study (N=181)
0	36.1%	25.9%	20.4%
1	26.0%	22.4%	10.5%
2	15.9%	14.9%	11.6%
3	9.5%	13.6%	12.2%
4+	12.5%	23.3%	45.3%

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Blue Shield California FJC Study Results

Increase in Hope is Statistically Significant

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Blue Shield California FJC Study Results

- Statistically significant Increase:
  - Emotional wellbeing
  - Subjective wellbeing
  - Flourishing

- Higher scores in hope:
  - Associated with **improved wellbeing** indicators.
  - Associated with higher success in **survivor defined goal** attainment.

- Family Justice Centers are providing pathways to goal attainment and changing the future expectations of survivors.

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INITIATIVE
changing systems, changing lives

Increasing Wellbeing through Trauma Informed Practices

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Webinar
November 16, 2017

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Today's Webinar Objectives

- Deepen understanding of the human drive for wellbeing – The Five Domains of Wellbeing.

- Explore the intersections of trauma and wellbeing, including how trauma can create barriers to wellbeing.

- Begin to identify trauma informed practices that support survivor wellbeing.

Introductions: Who's in the 'Room'?

Who We Are: Full Frame Initiative

What We're Responding To

- Well-intentioned interventions may have the opposite effect by forcing people struggling with poverty, trauma and violence to make unsustainable tradeoffs
  - Short-term gains at the expense of long-term wellbeing
  - Solidifying inequities

What We Do

- Partner with organizations, systems and communities
- Shift from fixing problems to fostering wellbeing
- National case for wellbeing—everyone has a right to wellbeing
- Promote codified Five Domains of Wellbeing framework

Defining Wellbeing

Having enough assets in and the ability to minimize tradeoffs between our

**social connectedness,
safety,
stability,
mastery, and
meaningful access to relevant resources**

so that we can weather challenges, retain hope, and have adequate physical, mental and emotional health.

I STAND UPON MY DESK TO REMIND MYSELF THAT WE MUST CONSTANTLY LOOK AT THINGS IN A DIFFERENT WAY

Dead Poets Society

Understanding Ourselves and Our Work Differently

Social connectedness

Meaningful access to relevant resources

Stability

Mastery

Safety

The Five Domains of Wellbeing framework helps us:

1. Put **people and their assets,** not their problems, at the center.

2. Recognize that all **behaviors serve a purpose.**

3. Ask, **"Is it worth it?"** And then respond accordingly.

Drawn from practice, validated by research.

Tradeoffs: Is it Worth it to Me?

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Scenario One: Do you move?

You've been looking for a place to live for a few months and you're staying in a less than ideal situation (with family, or maybe you have an awful landlord). You finally find the right place but it's two towns over from where you wanted to live.

Do you take the house/apartment?

A. Yes
B. No
C. It depends

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Scenario Two: Do you get off the plane?

You are about to board a plane when you hear an announcement that they are looking for volunteers to give up their seats in exchange for a $400 flight voucher and a guaranteed seat on the next flight out.

Do you take the offer based on this information?

A. Yes
B. No
C. It depends

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Tradeoffs:
Decision, Choice and Change

- When we decide if something is 'worth it,' we are balancing tradeoffs.

- Sometimes we make (or are forced to make) change that involves significant tradeoffs that weren't anticipated.

- We are more likely to make change if we **think** the tradeoffs are worth it.

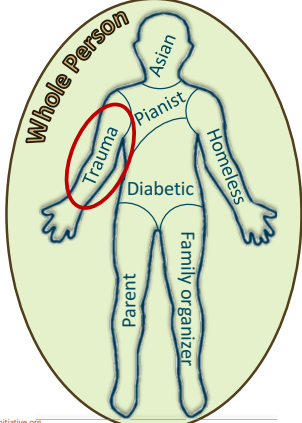- We are more likely to **sustain change** if the tradeoffs indeed *are* **worth it**.

Understanding Trauma and Access to Wellbeing

ALL of our identities and experiences influence our experience of wellbeing.

Whole Person

Asian
Pianist
Trauma
Homeless
Diabetic
Parent
Family organizer

Impact of Trauma on Weighing Tradeoffs and Decision Making

- Trauma affects brain development, as well as perception of and interpretation of social and environmental cues.

- Experiences of trauma linked to higher rates of substance abuse and mental health challenges.

- Increased difficulty thinking through problems calmly, reasoning and thinking clearly.

- Trouble planning ahead or thinking about the future. 'Present-focused' thinking is heightened as a survival mechanism.

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http://www.nationalcenterdvtraumamh.org

The Five Domains of Wellbeing

The **universal** needs and experiences essential to wellbeing:

Social connectedness

Meaningful access to relevant resources

Stability

Mastery

Safety

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Social Connectedness

Key takeaways

- Quantity and diversity of relationships
- Reciprocity—give and get; being valuable and needed
- Sense of belonging
- Foster growth

I wanna help!

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Social Connectedness and Trauma

Survivors of trauma *may...*

- Have little trust in people, particularly those with authority.

- Have few or 'inappropriate' boundaries in terms of self disclosure or physical affection.

- Feel shame and stigma and unlovable.

- Have trouble identifying and responding to social cues.

- Use experiences as a model of expectations for future relationships.

- Experience power as always negative, and be afraid to assert themselves or inappropriately challenge those in power.

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Safety

The degree to which a person can be her or his

auth

phys

Key takeaways

- True to core identity without harm or humiliation

- Physical and emotional

- From people, places and systems

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Safety and Trauma

Survivors of trauma *may...*

- Assume they are being judged negatively.

- Feel conflicted because their core identities created safety challenges in the past.

- Consistently act and make decisions from a place of fear (i.e. 'crisis brain'.)

- Have trouble experiencing power positively.

- Be particularly attuned to changes in other's moods or feelings; hyper focused on other's needs instead of their own.
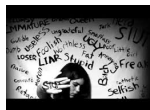
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Stability

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Key takeaways

- Anchors provide daily or weekly predictability
- Familiarity
- Buffer to small problems snowballing to big problems

Stability and Trauma

Survivors of trauma *may…*

- Have a sense of chronic unpredictability and anxiety.
- Use specific routines and hold onto those routines even when they're no longer needed or create other harm.
- Avoid having too many anchors or routines, and express feeling more comfortable or preference for not knowing what's next.
- Feel that missing an anchor is dangerous; isn't just annoying, it creates huge problems.

Mastery

Th_____or
his_____e
sh
ef

Key takeaways

- Goal is attainable but not guaranteed
- Correlation between efforts and outcomes
- Control and choice
- Experience of self-efficacy and sense of empowerment
- Important to self, and recognition and valued by others

Mastery and Trauma

Survivors of trauma *may…*

• Feel helpless or hopeless.

• Use practices and behaviors that are harmful to increase a sense of control, choice and to release anxiety. Ex, cutting, engaging in unsafe sexual practices, eating disorders.

• Be sensitive to situations without control or choice and react strongly.

• Be afraid of taking risks or making changes, or need to be 'perfect' in everything (e.g., due to past punishments).

• Have ways of coping that have helped in the past, but that may be counterproductive or harmful in current situations.
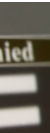
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Meaningful Access to Relevant Resources

Key takeaways

• Services do not equal resources

• Self-determination of what needs are relevant and important

• For access to be meaningful, the resource needs to:

   1. Exist

   2. Be accessible without shame or significant hardship or danger

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Meaningful Access and Trauma

Survivors of trauma *may…*

• Experience particular places, buildings or physical environments as unsafe, even if they meet codes and standards and have security measures.

• Be triggered by smells, tastes, sights, sounds and other things people who aren't trauma survivors might not notice or only find annoying.

• Avoid specific situations or people (e.g. riding a bus; police officers) if they're associated with past traumatic experiences.

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Trauma Informed Practices to Increase Access to Wellbeing

Trauma-Informed Care: SAMSHA's Six Core Principles

1. **Safety**

2. **Trustworthiness and Transparency** *(Social Connections)*

3. **Peer Support** *(maybe Social Connections)*

4. **Collaboration and Mutuality** *(maybe Mastery)*

5. **Empowerment, Voice and Choice** *(Mastery)*

6. **Cultural, Historical and Gender Issues** *(Safety, ALL Five Domains of Wellbeing)*

Trauma-Informed Approach: Key Assumptions and Principles Training Manual -
https://drive.google.com/file/d/0B8cyF8J3J6hRUUUyN1Y3OWx5UVk/view

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Trauma-Informed Pathways to Social Connectedness

Approach even our professional relationships with an emphasis on transparency, reciprocity, and collaboration.

- Practice consistent patience – recognizing that trauma can impact how people read social cues, and the ability to trust and be open.
  - Remember – if survivors don't give you all the information you want right away, they are weighing tradeoffs of sharing, not necessarily lying or manipulating.

- Only make commitments you can keep.

- Be clear and transparent about processes and roles.

- Pay extra attention to what may feel like a loss.
  - Recognize that your (or others in program) relationship with survivors may be social connections – and transitioning out of their lives may be a significant loss.

Trauma-Informed Pathways to Social Connectedness

- Recognize that existing relationships serve a purpose.
  - This includes relationships with people who may be causing harm.

- Help survivors develop new relationships (outside of professionals), when needed and appropriate.
  - And remember, that making new friends or finding additional places of belonging can be especially hard.

- Recognize how your own experiences including trauma may impact power, relationships and belonging.

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Trauma-Informed Pathways to Stability

Increase predictability, emphasize sharing information, and pay attention to anchors.

- Share as much information as possible, to help survivors know what to expect and prepare for new situations or events.

- Schedule and keep appointments/meetings on consistent days and times, to increase predictability.

- Help survivors identify their patterns and routines, and pay attention to which are anchors.
  - Remember that all anchors, even if dangerous or problematic, help create stability. (And not all routines are anchors.)

- Ask about when things have changed before, and try to anticipate and minimize the tradeoffs.

- Recognize that *all* transitions create tradeoffs – help survivors hold on to anchors whenever possible (even if only temporarily).

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Trauma-Informed Pathways to Safety

Recognize safety is individual and complex.

- Signal your openness and appreciation for different identities, cultures and values.

- Pay attention to how identifying with marginalized groups (people of color, LGBTQ community) can create particular barriers to safety.

- Remember that language and labels matter.

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Trauma-Informed Pathways to Safety

- Be curious and check assumptions about differences in perspectives on safety.
  - Ex: a survivor expresses feeling safe in what you feel is an unsafe situation.

- Figure out what people do to keep themselves safe - hypervigilance, overreacting or not trusting may be safety strategies.

- There may be triggers that you or others may not see as a threat to safety.

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Trauma-Informed Pathways to Mastery

Identify what's going well, increase control and choice, and celebrate progress.

- Help survivors identify situations and activities where they feel good about themselves, experience pride and value.

- Help increase control and choice for by providing options whenever possible.
  - Ex. offering choices for meeting days, times and locations

- Help prepare for situations where there is less control and choice.
  - Ex. court; applying for subsidized housing

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Trauma-Informed Pathways to Mastery

- Work together to identify and work towards goals.

- Break plans down into smaller pieces or steps so survivors can experience forward progress and small wins.
  - Explicitly name this progress and these wins, especially when the person can't.

- Remember that mastery requires practice. Celebrate progress, not just successes or final outcomes.

- Recognize that some boundary pushing is normal and appropriate, and may be the only way the survivor experiences mastery.

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Trauma-Informed Pathways to Meaningful Access

Approach with curiosity, emphasize equity, and ensure resources are relevant and diverse.

- Be curious and check assumptions about where and how survivors get their basic resource needs.

- Work to understand barriers to Meaningful Access, especially when they may be barriers you don't personally experience.

- Practice consistent curiosity and patience – recognizing that responses to trauma can impact where, when and how people are willing and able to access resources.
  - Remember – if survivors don't readily follow up on referrals or services, they are weighing tradeoffs and are not necessarily disinterested or unmotivated.

- Ask about and be aware of competing requirements, demands or priorities.

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Trauma-Informed Pathways to Meaningful Access

- Remember that shame and embarrassment are powerful in preventing people from accessing resources.

- Ensure your referral sources are diverse and attend to equity.

- Help survivors negotiate situations where power is an issue.
  - Ex. court orders
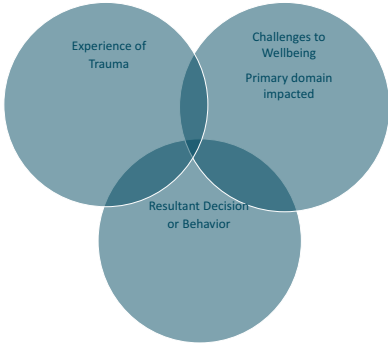
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Examples of Focusing on Wellbeing

Non Trauma Informed	Trauma Informed	Wellbeing
What's wrong with you? What's the matter with you?	What happened to you?	What matters to you?
Behaviors need to be stopped or started.	All behavior has a meaning .	All behavior serves a purpose - towards meeting **universal** needs for wellbeing.
Problematic behaviors are maladaptive.	Behaviors are adaptations and coping strategies in response to trauma.	All behavior serves a purpose - towards meeting **universal** needs for wellbeing.
Focus on problems, crisis response and doing no harm.	Focus on strengths that have helped overcome adversity.	Start with what's going well for the whole person, outside of context of problems and adversity.
They're unmotivated; not ready for change; lazy.	Experiences of trauma make it difficult to want to take risks or make change.	What about this change feels the hardest? What doesn't feel worth it? What would make it more worth it **to you**? (change means weighing tradeoffs.)

Exercise to Try

- Experience of Trauma
- Challenges to Wellbeing
  - Primary domain impacted
- Resultant Decision or Behavior

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Trauma-Informed Pathways to Wellbeing

http://fullframeinitiative.org/wp-content/uploads/2016/09/Trauma-Informed-Pathways-to-the-Five-Domains-of-Wellbeing.pdf

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Questions? Answers? Comments?

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All of us—from janitor to judge, senior executive to senior citizen, adult to adolescent—share a set of universal needs that are critical to our wellbeing. These essential human needs are what the Full Frame Initiative defines as the **Five Domains of Wellbeing.**

We all need: 1) social connectedness to people and communities, in ways that allow us to give as well as to receive; 2) stability that comes from having things we can count on to be the same from day to day, and knowing that a small bump won't set off a domino-effect of crises; 3) safety, the ability to be ourselves without significant harm; 4) mastery, feeling that we can influence what happens to us, and having the skills to navigate and negotiate life; 5) and meaningful access to relevant resources to meet our basic needs without shame, danger or great difficulty.

While we share a common need for assets in these domains, each of us experiences the domains in different and deeply personal ways, influenced by many factors, including our personal history, race, gender, age, community, family, values and context. A returning veteran may feel physically vulnerable sitting in traffic. A young black man may face extra scrutiny from security guards at a department store when he's buying clothes for school. A pick-up soccer game might give one person a sense of belonging and connectedness, but make another feel awkward and isolated.

Those same factors also influence what we are (or are not) willing to give up in order to increase our wellbeing. Increasing wellbeing doesn't happen by making progress in each single domain independently. The domains are interconnected. Sometimes, building assets in one domain means giving up something we value in another: a tradeoff. We all ask ourselves, "Is it worth it?" *Is it worth it to take a job that gives me a big raise?* If it means waking up 20 minutes earlier, maybe so. But if it means always missing visiting hours at a parent's nursing home, maybe not. Sometimes we can find a way to minimize the tradeoff so that what wasn't worth it before, now is: convincing the nursing home to make an exception for visiting after hours twice a week. Being able both to decide for *ourselves* what's "worth it," and to navigate life in ways that build our assets and minimize tradeoffs, fosters wellbeing.

Yet many people, families and communities living at the intersection of poverty, violence and trauma face constant threats to their wellbeing, and services designed to help them address a challenge in one domain—gaining access to housing for example—rarely are set up to take into consideration the tradeoffs that might be an unintended by-product of this progress. And sometimes those tradeoffs aren't worth it, and so the progress doesn't stick. For example, if turning down available housing automatically disqualifies a person who is homeless from other housing options, the system has decided housing is "worth it," no

matter what the cost of the tradeoff. But what if taking that housing means a mother has to move across the state, away from her job and the grandmother who provides care to her child who has a disability? That housing placement probably won't last, even if she takes it.

To create change that *will* last, systems and services must help people minimize tradeoffs and build assets in the Five Domains of Wellbeing. Doing so will begin to break the cycles of poverty, violence and trauma that undermine wellbeing for us all.

WHAT THE FIVE DOMAINS OF WELLBEING MEAN FOR INDIVIDUALS

Social Connectedness

The degree to which a person has and perceives a sufficient number and diversity of relationships that allow her or him to give and receive information, emotional support and material aid; create a sense of belonging and value; and foster growth.
  Related concepts: belonging, social capital, social networks, social support, reduced social isolation and exclusion

Stability

The degree to which a person can expect her or his situation and status to be fundamentally the same from one day to the next, where there is adequate predictability for a person to concentrate on the here-and-now and on the future, growth and change; and where small obstacles don't set off big cascades.
  Related concepts: resiliency, permanency, certainty

Safety

The degree to which a person can be her or his authentic self and not be at heightened risk of physical or emotional harm.
  Related concepts: security; absence of harm, risk or danger

Mastery

The degree to which a person feels in control of her or his fate and the decisions she or he makes, and where she or he experiences some correlation between efforts and outcomes.
  Related concepts: control, choice, self-efficacy, self-esteem, self-confidence, empowerment, applying knowledge

Meaningful Access to Relevant Resources

The degree to which a person can meet needs particularly important for her or his situation in ways that are not overly onerous, and are not degrading or dangerous.
  Related concepts: having knowledge, meeting "basic" needs, cultural competence (of resources), utilization rates, service integration/defragmentation, reduced barriers, information and referral, navigation

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*The Full Frame Initiative believes that everyone needs and has a right to wellbeing.
Our mission is to change systems so that people and communities experiencing poverty,
violence and trauma have the tools, supports and resources they need to thrive.*

*We hope our materials are useful to you. If you would like to reproduce them or use them for your own work,
please contact us first. Using these materials without our consent is not permitted.*

The Five Domains of Wellbeing Definitions and Key Aspects

Each of us experiences the Five Domains of Wellbeing in different and deeply personal ways, influenced by many factors, including our personal history, race, gender, age, community, family, values and context.

Social connectedness: The degree to which a person has and perceives a sufficient number and diversity of relationships that allow her or him to give and receive information, emotional support and material aid; create a sense of belonging and value; and foster growth.

KEY ASPECTS	• Quantity and diversity of relationships • Reciprocity—given and get information, material help, emotional support	• A sense of belonging • A sense of being valuable and needed • Foster growth

MISCONCEPTIONS	TRUTHS
It's only about emotional support.	Social connections are also about information and material support.
It's only about what we get from other people.	It's just as important to have opportunities to give.
It's just nice to have but not essential.	Research shows that social connections are critical for our physcial and mental health. Social isolation is linked to serious health issues and addiction.

Stability: The degree to which a person can expect her or his situation and status to be fundamentally the same from one day to the next, where there is adequate predictability for a person to concentrate on the here-and-now and the future, growth and change; and where small obstacles don't set off big cascades.

KEY ASPECTS	• Anchors, that create a sense of predictability in days or weeks	• Buffer to small problems snowballing to big problems • Familiarity

MISCONCEPTIONS	TRUTHS
Stability is something we either have or don't have.	We can have stability in some parts of our life and feel very unstable in others.
It's about really big things over long periods of time, such as housing stability.	Stability is often created through small routines (anchors) that ground us day-to-day or week-to-week. We can have a house and a job and still feel unstable overall.
Stability comes after all our other needs are met—for example, once we get a place to live, we'll be stable.	We all experience stability through our anchors, and feelings of stability ebb and flow all the time.

Safety: The degree to which a person can be her or his authentic self and not be at heightened risk of physical or emotional harm.

KEY ASPECTS	• Physical and emotional • From people, places and systems	• Ability to be true to core identity without harm or humiliation

MISCONCEPTIONS	TRUTHS
Safety is "objective" and there is only one way to experience it.	What we consider safe or safer may or may not be very different from what others consider safe.
Being our "authentic self" is about being able to feel completely comfortable all the time and not judged in any way.	Safety is about really core parts of ourselves (race, body size, religion, political views, gender). The experience of safety is being able to express our core identities in different settings without fear or danger.
Safety can only be threatened by violence or physical danger and by people.	We can be physically safe but emotionally unsafe. Systems and programs—not just people—can make someone feel unsafe. For example, some people fear the police and not because of a specific person or police officer.

Mastery: The degree to which a person feels in control of her or his fate and the decisions she or he makes, and where she or he experiences some correlation between efforts and outcomes.

KEY ASPECTS	• Goal is attainable but not guaranteed • Correlation between efforts and outcomes • Sense of control and choice	• Important to self, and recognition and valued by others • Experience of self-efficacy and sense of empowerment

MISCONCEPTIONS	TRUTHS
Mastery is only about what we've accomplished—we have to master something to feel mastery.	It's really about our sense of accomplishment, which can come from making progress or getting better at something even if we're not 'the best.'
It's about being in complete control.	It's really about feeling that we have an ability to influence people or situations around us, or our own future.
It's the same thing as self-esteem.	Self-esteem is important, but it's not the same as mastery. We can have high self-esteem and still not have a sense that we can influence other people or our world, or that we have the ability to accomplish something or overcome challenges.

Meaningful access to relevant resources: The degree to which a person can meet needs particularly important for her or his situation in ways that are not overly onerous, and are not degrading or dangerous.

KEY ASPECTS	• Self-determination of what basic needs are relevant and important • Resources exist	• Resources are accessible without shame, danger or significant hardship

MISCONCEPTIONS	TRUTHS
"Resources" are social services.	While social services often can help us get resources, the Five Domains of Wellbeing are what everyone needs. We all need relevant resources, but we don't all need services to get those resources. A food bank (service) can provide access to food (relevant resource), but we don't all need a food bank to get food.
If resources are available, they are accessible.	Resources can exist, but still not be meaningfully accessible. A free health clinic next door isn't meaningfully accessible if the staff speak a language we don't understand.

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TRAUMA INFORMED PATHWAYS TO THE FIVE DOMAINS OF WELLBEING

Missouri Department of Social Services

CHILDREN'S DIVISION **&** THE fullframe INITIATIVE

September 2016

TRAUMA INFORMED PATHWAYS TO THE FIVE DOMAINS OF WELLBEING

Missouri's Children's Division is creating a new foundation to shape the work of preventing child abuse and assisting children and families that have experienced child abuse and neglect. The framework of the Five Domains of Wellbeing is being used to promote a universal perspective that identifies the core functions of Social Connectedness, Stability, Safety, Mastery and Meaningful Access to Relevant Resources. These domains are critical for all people and families, not only those served by Children's Division. How a person meets their needs in each domain may look different depending on family culture, economic status, caregivers' capacities and family structure to name a few. When moving forward in one domain creates problems in another domain, having wellbeing means that families have enough in place so that they can balance tradeoffs.

Trauma is a common thread for children and families involved with Children's Division. It interrupts wellbeing and also creates significant barriers to increasing wellbeing. Being trauma informed is also foundational to Children's Division work. Trauma impacts children and families in a multitude of ways. For example, children who have been exposed to high levels of trauma may have changes in their brain structures and functioning that limit the capacities of their brain in the areas of learning, attachment, or emotional and behavioral regulation because their brain's energy is focused on survival or safety functions. Not only can current trauma impact an individual's or family's approach to relationships and the world, but historical and intergenerational trauma continues to impact this. However, trauma doesn't have to control a person's future. For child welfare services to actually help families where there has been trauma, we need to attend to the five core principles of Trauma Informed Care:

- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear and maintaining appropriate boundaries
- **Choice:** Prioritizing developmentally appropriate choice and control for children, youth, families and adults
- **Collaboration:** Maximizing collaboration and sharing of power with children, youth, families, and adults
- **Empowerment:** Prioritizing child, youth, family and adult empowerment and skill-building

Child welfare staff need to be able to engage parents and children to understand their history, perceptions and needs, and to be active partners in their plan and future, recognizing that engagement may be influenced by a person's trauma history.

This document was created to help integrate the two foundational pieces of Children's Division as we help keep children and families safe and healthy. Through these actions we can help children and families take new, meaningful and lasting steps within an environment of emotional and physical safety.

> *"Be sensitive to the person's readiness to answer questions and don't bombard with lots of questions, especially at a time when the person is in distress."*
>
> *"There is a growing tendency to misdiagnose and label as ADHD children who have been traumatized by abuse. Rather than addressing the recent and/or ongoing abuse and helping the child, the child is viewed as defective, labeled and prescribed medication."*

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* The quotes throughout this document are taken from IN THEIR OWN WORDS: Trauma Survivors and Professionals They Trust Tell What Hurts, What Helps and What Is Needed for Trauma Services, Maine Trauma Advisory Group, Ed. by Ann Jennings, Ph.D. and Ruth Ralph, Ph.D, 1997. A link to the document can be found at www.TheAnnaInstitute.org

SOCIAL CONNECTEDNESS

Our drive to feel connected to people and groups is very strong. Wellbeing requires we feel we have:

- Relationships where we can give and get information, emotional support, material aid
- Places and groups where we feel a sense of belonging: where we are valued and that help us grow

Trauma impacts social connectedness. Science tells us that trauma can impact an individual's **relational capacity**. For example:

- People with trauma histories may have little **trust** in people in general and specifically, may not **trust** anyone with authority.
- A trauma history may lead to an individual's becoming overly reliant on others, which impacts **choices** in their relationships.
- People with trauma histories may feel shame and stigma that inhibits their sense of belonging or leads them to feel unlovable.
- Trauma can impact a person's ability to accurately identify and respond to social cues.
- The models people experience as children for how relationships "work" often determine their expectations for future relationships. For example, a person who grew up in a home with domestic violence may, in adulthood, experience the same relational pattern.
- Social isolation is a risk factor for many problems, including maternal depression and child abuse and neglect. Trauma survivors may face additional challenges in addressing social isolation if they feel they do not deserve relationships or have challenges navigating relationships.
- Trauma affects people's experiences of power—they can lose all power in relationships and can be afraid of the consequences of asserting themselves. Power can be seen as always negative.

> *"Establish some relationship and trust before asking questions."*
>
> *"A chance to contribute to the community is helpful..."*
>
> *"Being a survivor is feeling isolated, not daring to share that part of my life (trauma) with people for fear of being rejected, feeling defective, feeling powerless, lack of understanding from professionals that whatever behaviors we took on was our way of calling for help even if it doesn't fit society's view of what is 'normal' behavior."*

A trauma informed pathway to social connectedness includes:

Approaching our relationships with an emphasis on honesty, trustworthiness and collaboration:

- **Intentionally** building **trust** with the family and children by being genuine, responsive, reliable and honest.
- Only making commitments/promises that we are positive we can meet—making promises that we cannot keep, even with the best intentions, can feel like a violation.
- Asking for someone's opinion to signal that they have value, their perspective matters and they have information that is important.
- Being aware that trauma can change how people read social cues and make them very responsive to perceived anger or frustration (if that was a signal for danger in their earlier relationship) and adjusting our interactions.
- Recognizing how our own histories of trauma, if we have them, influence how we perceive power, relationships and belonging.

- Recognizing that making new friends or finding additional places of belonging is hard even for people who aren't trauma survivors, so trauma survivors may need additional help and support (e.g., going with someone to an event or finding a buddy).

Understanding and honoring as much as possible how children and families meet their needs for social connectedness:

- Recognizing that existing relationships serve a purpose and to change these, if necessary, we must still meet the need in an emotionally and physically safe context.
- Shifting our perspective in understanding the role certain people or relationships play in meeting the child's or family's needs and not placing immediate restrictions.
- Being aware that someone we see as an abusive partner, parent, pimp or trafficker may be an important social connection to a child or other family member.
- Beginning where the child or family is in their relationships and assist them through development of a safe relationship with us to build the same with others.
- Making sure that our relationship with a family is not a stand-in for other social connections.
- Being aware of how a child or family meets their need for belonging.
- Being aware of who a child and family relies on and who relies on them—even if these are relationships we do not think are healthy.
- Be aware of relationships beyond immediate family or really strong ties. Is there a neighbor, teacher, store clerk or someone else who cares for a child or a parent?

Being aware of the cost of change:

- Helping families identify the costs and barriers to creating social connections and providing real support in addressing them.
- Being sensitive to the tradeoffs a family may have to make for these changes and help them weigh and manage those tradeoffs.
- Recognizing that making new friends or trying new relational patterns may bring up old feelings of worthlessness or shame.
- Assisting them in managing the anxiety engaging in new relationships may bring. For example, children may be reluctant to develop new connections as in their experience, it will likely lead to another loss down the road.
- Knowing that simply expecting people to start trusting others or to change their patterns of relationships is not realistic.

Being careful not to add new trauma:

- Recognizing that removing a child from a family may be necessary for safety, but needs to be done in a way that doesn't take away assets in other domains when we're also taking away a relationship (for example, if a child must be removed from a family, making sure anchors are kept in place for that child—see stability).
- Being careful not to talk about biological parents in ways that make a child feel they have to pick between loyalty to their family or loyalty to foster parents or CD.
- Paying extra attention to situations that may feel like loss to a child in foster care (e.g., a resource family going on vacation and leaving the child in foster care behind.)
- Helping people to feel cared for, even when they are imperfect, is part of helping them heal. Trauma survivors may have been punished for not being perfect; allowing them to make mistakes and helping them grow from mistakes is important.

STABILITY

In order to feel comfortable making change, we need some things in our life to feel certain and unchanging. Wellbeing requires we feel we have:

- Anchors, which are small routines or habits that we do on a daily or weekly basis that help us establish predictability and help our brains mark time, provide daily or weekly predictability. (For example, a person might always check the news online in the morning, or change from work clothes to jeans right after work. If the internet is down, or if something happens right when the person gets home so they can't change clothes, they'll feel "off" and unsettled)
- Things or places that feel familiar to us
- Enough slack in our lives so small hiccups don't snowball into huge problems

Trauma impacts stability:

- When we know what to expect, we then feel better prepared or more **empowered** to handle that situation, decreasing our anxiety. Trauma affects a person's sense of predictability. For example, a child may spill milk one day and his parent is helpful in cleaning it up, but the next day the child might be beaten by the same parent for the same kind of spill. Within the framework of trauma we often talk about predictability and sharing of information as a way to decrease a person's anxiety and increase their sense of **safety**.
- Surviving trauma often means having very specific routines to create **safety**. For example, a child might need to check multiple times to make sure that all the lights in his room are off when he leaves the house because he had been hurt for leaving lights on the past. We must recognize the importance of these practices even if they may seem trivial to us as they may allow the individual/ family to get through the day.
- For many people, missing an anchor feels unsettling. For a trauma survivor, it can feel dangerous, so their reactions to missing an anchor can be even more heightened.
- For children, disrupting school, being exposed to their perpetrator, meeting new people and/ or changes in placement can all challenge a child's sense of stability either by changing important routines or by introducing unhelpful uncertainty and surprises instead of needed predictability.
- Trauma survivors often have excellent mechanisms for assessing when one small hiccup is going to snowball into a huge problem. This can look like "hyper vigilance" when a person is no longer being traumatized, but it has been important for keeping things stable in other circumstances.

> *"There needs to be consistency. People should know what will happen, what they need to do..."*

A trauma informed pathway to stability includes:

Increasing predictability and minimizing surprises:

- Openly sharing all information and helping to prepare the child and/or family for every new event, activity or change. This would include fully preparing them for court hearings and meetings.
- Working with biological and resource parents on the importance of predictability in children's lives, and helping parents think about where they can create predictability even when there is chaos.
- Only using "unannounced visits" when absolutely necessary.

Understanding and honoring as much as possible how children and families meet their needs for stability:

- Being aware when a child is placed in another home what his or her anchors are and what feels familiar, and working with the resource parents to keep these in place during transition. For example,

if a child always slept on the floor in a corner, he may need to do that for a while until he feels other things are predictable enough to try a new sleeping arrangement.

- Being aware that routines of staying safe may become anchors, and we need to be careful of disrupting these for children and adults.
- Identifying where a family's patterns are, even if they are patterns that are dangerous or destructive.
- Recognizing that biological parents have important information about stability, even if they can't keep their children safe. Asking a biological parent about anchors and routines, and communicating this to placement providers can be valuable.

Being aware of the cost of change:

- Talking with families about what it will take for them to participate in new events, as the habits and patterns (anchors) that have provided a sense of stability may interfere with their participation.
- Addressing what they have to change or give up and the ripple effects that may cause. Such issues as transportation, childcare and time-off from work for parents may disrupt their tenuous level of stability.
- Breaking things down into really small, manageable steps that don't lead people to fear a negative "snowballing" effect or things getting out of control.
- Asking children and parents about what has happened when they've made changes in the past and being aware of whether change has come to mean danger.
- Knowing that change for children and families means breaking patterns, which means disrupting what is familiar and reducing stability. For families who have little stability, this can feel impossible or dangerous, unless we help buffer them and create more familiarity within the change.
- Being aware that we can be experienced as the person/system forcing changes in patterns that are scary and hard.

Being careful not to add new trauma:

- Supporting change by keeping as many anchors and as much predictability as possible during change. For example, making sure that a child being put into placement has his or her security blanket, toy or other items that feel familiar and safe, and documenting these for other caretakers and workers.
- Helping people name what is staying the same when a lot is changing.
- Recognizing the cascading changes that happen when a child transitions from placement to placement, and making it more likely that a placement will "stick" by minimizing surprises.
- Focusing on providing **detailed** information to placement providers, and discussing how needs will be met **prior** to placing the child.

SAFETY

We experience safety in very personal and individual ways. Wellbeing requires that we feel we have places and relationships where we can be true to our core identities without physical or emotional danger, harm or humiliation.

Trauma impacts safety:

- To be open and honest with someone without feeling judged is a major issue for everyone. For families involved in the child welfare system, a perception of being judged negatively is frequently present whether they were the perpetrator or unable to provide for their child's **safety**.

- An individual's trauma history can directly impact their feelings of **safety** with others and within their environment.

- When people do not feel safe, this raises their anxiety, which creates a physical reaction that can lead to being behaviorally or emotionally dysregulated or out of control. People acting from a place of fear will often make decisions that they wouldn't make if they were calmer.

- Trauma survivors often feel that their core identities is what made them unsafe and as a result, feel very conflicted (e.g., someone who was targeted for bullying because of race or sexual orientation).

- Trauma survivors may have strong reactions to people in positions of authority and power. If they don't have models of the appropriate, safe and supportive use of power, they may have difficulty experiencing power positively.

- We must **intentionally** work to create a safe relationship and safe spaces for the family and children to try new things and progress.

- Children who are exposed to trauma from a very young age can become particularly attuned to changes in adults' moods.

> *"You can need help, and be afraid to ask for it."*

A trauma informed pathway to safety includes:

Recognizing that what is safe for one person may not be safe for another:

- Signaling our openness and appreciation of different cultures and identities in recognition that someone may have been targeted in the past for a core part of their identity (e.g., an adolescent who is gay).

- Intentionally exploring LGBTQ issues and attitudes among resource parents, particularly those who foster adolescents. Adolescents who are LGBTQ or are questioning their sexuality should be placed in a family and in a community where it is safe to have that identity. This is not limited to LGBTQ issues but other issues such as race, spirituality, ethnicity, etc.

- Being curious, not judgmental, when someone expresses that they feel more or less safe than we feel is warranted.

- Knowing that people with lived experience of trauma may have individualized triggers or reminders of past trauma that others may not recognize as a threat to safety. For example, being lightly touched on the shoulder or other "neutral" body part may lead to responses that others see as out of proportion to any threat.

Understanding and honoring as much as possible how children and families meet their needs for safety:

- Recognizing that what may be seen as a negative behavior may actually be the person's way of regaining a sense of safety (e.g., drug usage, failure to attend to basic personal hygiene, etc.). If we attempt to prohibit these behaviors without understanding the role each plays and without giving the

person an alternative to address their anxiety or fears related to safety, we and the child or family will not be successful.

- Recognizing that what seems an overreaction or "hyper-vigilance" may be behavior that kept a person safe, even alive, and that giving that up may feel too dangerous.
- Asking ourselves or the child and family what made them feel unsafe and what they do to feel safe.
- Recognizing that to some people, maintaining a sense of a lack of safety is what keeps them safe—if we don't let our defenses down, we cannot be hurt.
- Exploring boundary issues with the placement provider and child prior to placement, seeing it as the norm for all and not specific to the child (how affection is shown, use of bathroom, sleeping arrangement, privacy).
- Allowing parents and children to pick where they sit at a table or a meeting so that they have more control and choice and can see the door or be near the door if that's important to their feeling safe.

Being aware of the cost of change:

- Understanding trigger responses as part of how people meet their need for safety. Even if trigger responses cause problems, giving them up may be very hard and feel very unsafe until a person feels more generally safe. For example, a person may use drugs so that she can sleep without nightmares, even if the drug use is causing other problems, because for her, it's preferable to nightmares or flashbacks.
- Working to help children feel safer during change. Sometimes, the actions we take to increase a child's safety, such as placement in out of home care, can lead to a child's feeling unsafe (e.g., the child's religion isn't respected in the resource family or the child is the only person of color in the community) and dysregulated. Addressing these issues is important.
- Working with resource parents to understand how a child felt safe and if that isn't appropriate in the resource family's home, a plan for transitioning from using that safety strategy into using another safety strategy, rather than having a requirement that the child just give up the safety strategy or change the behavior immediately.

Being careful not to add new trauma:

- Being particularly aware of "broadcasting" our mood—if we're annoyed about something in the office, being clear with the child that we're not annoyed with her.
- Remembering how much language and labels matter—a child who overhears his mother referred to as a "dope-fiend" may not feel safe disclosing information about his family and may feel abandoned all over again if he overhears her discussed as a "mother who picks drugs over her kids." Remaining neutral (a "mom who is struggling with addiction") is important.
- Recognizing not only the child's safety, but also how the child is focused on others' safety. For example, an older sibling may have kept younger siblings safe in a violent home. If these children are placed into care separately, all siblings, including the caretaking sibling, may experience tremendous anxiety and the caretaking sibling may worry about the sibling(s) who were being protected. Keeping these siblings together may be essential for a sense of safety.
- Being very mindful and intentional in helping parents cope with the reality when their child has been sexually assaulted or abused. Many parents who learn their child has been sexually abused or assaulted have very strong feelings and need support and help parenting their child moving forward.

MASTERY

We all seek to have an impact on other people, our lives and our environment: a sense that "if I do something, something else will change because I acted (or chose not to act)." Wellbeing requires we feel we have:

- Experiences of self-efficacy and a sense of empowerment
- Some control and choice over our lives and decisions
- The ability to improve at something that matters to us and is recognized by others, through practice and perseverance

Trauma impacts mastery:

- Individuals with trauma histories often feel helpless and/or hopeless. They may have been or perhaps still are in relationships or situations that did not allow them to build a sense of mastery because they had little control or **choice**. For the most part there were "forces" beyond their control that did harm, whether that was another person or a natural disaster, war, crime victimization, etc.

- When they haven't felt a sense of control and choice, trauma survivors may create opportunities to have control and choice. For example, some people who were sexually or physically abused as children may develop eating disorders partially to feel some control over their bodies.

- Trauma impacts people's ability to cope with anxiety and extreme stress, and some people harm themselves through cutting or other practices to re-center themselves and feel a sense of control over their thoughts and to release anxiety.

- Trauma survivors may be particularly sensitive to situations where they feel like they have no control or **choice**. They may feel cornered, or without options, and may react strongly to try to regain some sense of control or **choice**.

- Even after a trauma has happened, intrusive thoughts, rages, flashbacks or other strong feelings may make a person feel unable to control his or her emotions or actions. A key function in addressing trauma is to help the person gain the skills and feel **empowered** to manage their emotions, behaviors, relationships and environments.

- Mastery requires practice and sometimes false starts, but a trauma survivor may have been punished or hurt for making mistakes in the past and may feel afraid to take risks necessary for change.

- Some trauma survivors experience mastery in coping with overwhelming feelings of pain or fear. These coping mechanisms may have helped in past or even current experiences but may create significant tradeoffs or be counterproductive in other situations.

> *"I was treated like I was hopeless."*
>
> *"Sometimes they do for the client what the client can do for themselves."*
>
> *"It hurts to have providers making decisions for instead of with clients."*

A trauma informed pathway to mastery includes:

Helping a person feel control and choice as much as possible, and being prescriptive only when absolutely necessary:

- Collaborating with someone to set and achieve goals, rather than just setting goals for them.
- Providing practical support to children and families in helping them achieve their goals and cope with setbacks, not just telling them what they need to do, and recognizing that there may be many false starts or relapses.

- Helping a person who feels they have no options identify if there are, in fact, options, even if they choose not to take them.

- Teaching older youth to facilitate their own Family Support Team meeting.

- Remembering that mastery requires practice, and helping trauma survivors see where they've made progress even if there is still a long way to go. To develop adaptive mastery in diverse situations, the person must learn in an emotionally and physically safe environment, one in which there is no judgment or irreversible repercussions.

- Teaching people how to think through choices and tradeoffs while they still have a supportive safety net.

- It may be necessary to work with other systems a family is involved with to help the workers in those systems also think through and understand the tradeoffs a family is facing.

- Understanding the child's emotional maturity may not match their cognitive, physical or chronological level, so we can understand what level of mastery is appropriate.

- Supporting children and teens in getting involved in extracurricular activities and celebrating their progress, not just their successes.

- Breaking down service plans into smaller pieces so people see themselves making progress.

- Having a deeper understanding of a person's needs and not assuming a service will increase mastery. We may believe that a parent needs a parenting class, but learning parenting skills may not be the issue. Rather, being stressed and overwhelmed may be the underlying issue and engagement in a support group, Parent Café or even social events may be what are needed.

- Helping the child identify and access extracurricular activities that matter to them and where they can be coached and supported in working at something to get better can enhance their skills and experiences of mastery.

Being aware of the cost of change:

- Helping people obtain new, adaptive skills for coping before they let go of old ones. For example, if a person is self-medicating through the use of alcohol or drugs, if we want them to change we must understand the role the drug use serves and assist in developing and using a new adaptive skill.

- Helping people prepare for situations where they may have less control and choice, such as a court hearing.

- Realizing that the behavior we need a parent to change may be how they meet their need for mastery (for example, playing online video games all day or selling drugs) and that we need to help them find other ways of meeting their need for mastery if they are going to change. Improving their parenting may not meet that need, although it's necessary they do so.

Being careful not to add more trauma:

- Giving children options when possible (e.g., asking a small child, "Would you like me to carry you or would you like to walk holding my hand?") can help us avoid triggers around touch and increase choice.

- Recognizing that adolescents' behavior can be driven by a sense of mastery and some boundary pushing is normal and appropriate. Trauma survivors may take risks to find mastery that are particularly unsafe, and we work with them on changing that behavior rather than assuming, for example, that a placement should be changed because a child stayed out after curfew.

MEANINGFUL ACCESS TO RELEVANT RESOURCES

We all need basic things like food and shelter, and we may also have needs specific to us, such as child care, playgrounds for children, etc. Wellbeing requires we feel we have some self-determination of what resources meet these needs (what's relevant). Additionally, the resource needs to exist and be within our means (financially), and be accessible without shame or significant hardship or danger.

This domain is defined using the specific terms of **meaningful** and **relevant**. Meaningful access goes beyond simply the presence of a resource, hours of operation and affordability. It must be a safe and welcoming environment where a person is treated with respect and understanding. To be relevant, the service must actually meet the person where they are and meet the real needs identified.

Trauma impacts what resources are relevant and whether access is meaningful:

- A trauma survivor may find the layout of a building (hard to find exits, etc.) unsafe, even if by traditional fire codes and other standards it is safe. The trauma survivor wouldn't feel safe accessing resources in the building, so access isn't meaningful.
- Trauma survivors can be triggered by smells, tastes, sights, sounds and other things people who aren't trauma survivors might not notice or only find annoying.

> *"I have no transportation to get to groups."*
>
> *"I work full time and have insurance, but it doesn't cover enough of the therapy."*

A trauma informed pathway to meaningful access to relevant resources includes:

Working to make access meaningful:

- Accompanying or helping parents find people in their social networks to accompany them to appointments, shopping for food or other things that they don't feel safe to do on their own.
- Helping parents negotiate IEPs and other situations regarding children where power is an issue.
- Requesting, accepting and validating the child's or family's experience with the resource.

Recognizing the cost of change:

- Being aware of competing demands and priorities: what doesn't get done or paid for if we ask people to spend time or money on something. For example, knowing that the regular times for parent-teacher conference might mean a parent has to miss work which might create problems at work, so finding a time to meet that is outside of the parents' working hours.
- Understanding the tradeoffs a parent was balancing in not addressing children's access issues. For example, if parents' sending their 12-year to school means no one is home to babysit their toddler while the parents are at work, they need help accessing child care for the toddler.

Being careful not to add more trauma:

- Not shaming someone for being afraid to access a resource because of their trauma response.
- Taking people's triggers seriously and not labeling them as excuses, and then helping people when possible find alternatives.
- Being knowledgeable about and having relationships with services we refer to in order to assure the quality of the services that are helping people access resources. Making a referral or recommendation without knowing the service undermines trust and collaboration. We should assess and assure a provider's knowledge related to trauma and the cultural needs.

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Anna Melbin has more than 25 years of experience working with non-profit organizations and on state and federal policy issues. As the Director of Strategic Capacity Building at the Full Frame Initiative, she leads the organization's work with diverse partners and systems (child welfare, juvenile justice, sexual and domestic violence, courts) to orient themselves around wellbeing by applying the Five Domains of Wellbeing framework. Previously, she led FFI's multi-year statewide project in CA documenting how different stakeholders understand success for domestic violence survivors. Prior to joining FFI, Anna was the Housing Director at the National Network to End Domestic Violence. She began her career by providing direct services in homeless shelters, domestic violence shelters, and long-term transitional housing programs for families. She is an invited keynote speaker and expert panelist at conferences across the country, and holds a Masters in Social Work and a Masters in Public Policy from the University of Michigan, Ann Arbor.

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