

## Trauma Informed Care Certificate

With the implementation of the Family First Prevention Services Act (Family First), Ohio has the opportunity to better respond to trauma in children and their families. Adverse Childhood Experiences (ACEs) and developmental trauma are highly correlated with serious emotional problems, substance abuse, an increased likelihood of becoming a victim of sexual assault or domestic violence, chronic disease and disability, mortality, increased health care costs, social and worker performance problems. If a professional interacts with the public, as a case manager, caseworker, teacher, therapist, police officer, pastor, probation officer, etc., the time is right to change the dialogue from what is wrong with you to what happened to you.

ODJFS Offices of Family Assistance and Families and Children, in partnership with OhioMHAS, announces an Ohio Trauma Certificate program. This certificate program is designed to move staff from being trauma aware to trauma competent. Three certificate levels will be offered (Table #1). The certificate will demonstrate knowledge and skill development in Trauma Competencies (Table #2) adopted by the Family First Leadership Advisory Committee and will be effective for two years.

The certificate recognition program will be housed in the Ohio Child Care Resource and Referral Association (OCCRRA), Ohio Professional Registry (OPR) system, and will be open to anyone in the social or human services field who desires to apply. The OPR will allow professionals to document and track their training and skill development. The Trauma Informed Care Certificate is based upon completion of training that meets the Trauma Informed Competencies as determined by the Ohio Department of Job & Family Services and the Ohio Department of Mental Health and Addiction Services. Training can be completed from several sources.

Resources outlining some of the available training are included in the OPR Resources section for the Trauma Informed Certificate and can be found here <https://occrra.org/our-resources-page/>. A listing of available Trauma trainings with links to the learning modules is available. In addition, several trainings were developed specifically for this certificate and you can find the listing of these learning modules entitled, 'Trauma Training Opportunities available in the Ohio Professional Registry,' on the resource page. There are also other training opportunities that may be applicable to this certificate. On the OCCRRA training search, you can search for training topics using the competency area key words or phrases. You can filter for online training opportunities which ODJFS, ODE, OhioMHAS, DODD, ODH, along with other training organizations, post in the OCCRRA training search.

For assistance with the Ohio Professional Registry, please refer to the OPR User Guide located here <https://occrra.org/our-resources-page/>

**Table #1 Trauma Certificate Program Levels**

	<b>Level 1 Trauma Aware</b>	<b>Level 2 Trauma Informed</b>	<b>Level 3 Trauma Competent</b>
Learning Objectives	<ul style="list-style-type: none"> <li>• This is the first developmental phase on the journey toward becoming trauma informed and eventually trauma competent.</li> <li>• Individuals are aware of the prevalence of trauma among those using services as well as the workforce through a culturally and linguistically aware lens.</li> <li>• Individuals can explain and advocate for the organization and the system to become trauma informed.</li> <li>• Individuals attain information to gain an awareness and understanding of the impact and prevalence of trauma.</li> <li>• Individuals recognize and understand roles in responding to children’s traumatic stress.</li> <li>• Individuals have a basic understanding of trauma-informed care concepts (such as trauma-informed principles, 4Rs of trauma-informed care and Adverse Childhood Experiences (ACEs)) to further increase understanding of the vulnerabilities or triggers of trauma survivors.</li> </ul>	<ul style="list-style-type: none"> <li>• This is the second developmental phase on the journey toward becoming fully trauma responsive.</li> <li>• Individuals recognize the prevalence of trauma.</li> <li>• Individuals recognize how trauma affects all individuals, age groups, families and caretakers of all levels of socio-economic status.</li> <li>• Individuals have a basic understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so services and programs can be more supportive and avoid re-traumatization.</li> <li>• Individuals are able to identify the existence of individual/family behavioral indicators of trauma with an awareness and sensitivity to cultural and linguistic differences.</li> <li>• Individuals recognize how trauma affects all individuals involved with the program, organization, or system, including its own workforce.</li> <li>• Individuals have experience in understanding trauma-informed care concepts (such as trauma-informed principles, 4Rs of trauma-informed care</li> </ul>	<ul style="list-style-type: none"> <li>• This is the highest developmental phase.</li> <li>• Individuals recognize the prevalence and impact of trauma and secondary trauma.</li> <li>• Individuals recognize how trauma affects all individuals, age groups, families and caretakers of all levels of socio-economic status.</li> <li>• Individuals are able to identify behavioral indicators of trauma with an awareness and sensitivity to cultural linguistic differences.</li> <li>• Individuals are able to respond to persons needing trauma intervention and make referrals to appropriate organizations.</li> <li>• Individuals have attained sufficient trauma informed knowledge and experience to include: understanding trauma-informed care concepts (such as trauma-informed principles, 4Rs of trauma-informed care and Adverse Childhood Experiences to further increase understanding of the vulnerabilities or triggers of trauma survivors.</li> <li>• Individuals have obtained knowledge of evidence-based trauma interventions that employ prevention, intervention, and treatment practices which facilitate recovery from trauma and accommodate the</li> </ul>

		<p>and Adverse Childhood Experiences) but seeks to further increase understanding and application.</p> <ul style="list-style-type: none"> <li>• Individuals are able to respond to persons needing trauma intervention and make referrals to appropriate organizations.</li> <li>• Individuals can identify coping responses, strategies, strengths, and protective factors which promote resilience among children who have been impacted by trauma.</li> <li>• Individuals are able to explain and advocate for individuals, families, caretakers and systems to become trauma informed.</li> <li>• Individuals are educated in trauma-informed alternatives to seclusion and restraint.</li> <li>• Employees, contractors, volunteers and interns within a Qualified Residential Treatment Programs (QRTP) are required to achieve this level if meeting the requirement via the trauma certificate program.</li> </ul>	<p>vulnerabilities of trauma survivors.</p> <ul style="list-style-type: none"> <li>• Individuals are educated in service delivery modalities that avoid inadvertent re-traumatization.</li> <li>• Individuals have an understanding of services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.</li> <li>• Individuals have obtained information on methods of consumer participation in treatment with a keen focus on culture and gender.</li> <li>• Individuals are educated in trauma-informed alternatives to seclusion and restraint.</li> <li>• Individuals embrace the concepts of culture, linguistic and trauma-competent care and implement these informed practices throughout the organizational system, in regard to interventions, treatment services, workforce development, support, and financing.</li> <li>• Individuals understand that current service systems can retraumatize individuals and avoid retraumatization.</li> <li>• Individuals recognize the importance of providing evidence-based services and promising practices which facilitate recovery from trauma.</li> </ul>
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Number of training hours	5 hours approved content	10 hours approved content	15 hours approved content
Minimum educational requirement	No minimum	No minimum	Primarily for clinical staff; Bachelor's Degree or Master's Degree level recommended and who also may hold License/certification from a State of Ohio Licensure Board in a content related field

**Table #2 Trauma Competencies**

Competency	Knowledge/Skill Development
Impact of trauma	<ul style="list-style-type: none"> <li>• Child's behavior</li> <li>• Child's development</li> <li>• Child's relationships</li> <li>• Understand how traumatic experiences affect brain development and memory</li> <li>• Impact of trauma on health outcomes</li> <li>• Recognize the importance of trauma-informed practices in achieving safety, permanency, and well-being for children and families in the child welfare system</li> <li>• Respecting autonomy of those exposed to trauma and also protecting survivors as appropriate</li> <li>• Demonstrate knowledge of the current science on research-supported interventions (psychosocial, pharmacological, and somatic) for trauma-related disorders/difficulties</li> <li>• Demonstrate enhanced attention to ethical issues that are relevant to trauma survivors and appropriate boundaries in trauma work</li> </ul>
Responding to children's traumatic stress	<ul style="list-style-type: none"> <li>• Recognizing role</li> </ul>
Demonstrate how to identify trauma-related needs of children and families, and account for individual, cultural, community, and organizational diversity	<ul style="list-style-type: none"> <li>• Screening</li> <li>• Assessment</li> <li>• Demonstrate understanding and ability to tailor assessment and interventions to account for developmental lifespan factors at the time(s) and duration of trauma</li> </ul>
Identify strategies to enhance well-being and resiliency-	<ul style="list-style-type: none"> <li>• Child</li> <li>• Family</li> <li>• Response, strengths and protective factors</li> <li>• Understanding the importance of partnering with children, youth and families</li> <li>• Identify coping responses, strengths, and protective factors that promote resilience among children who have been impacted by trauma</li> <li>• Demonstrate the ability to assess strengths, resilience, and growth both pre-existing and post-trauma</li> </ul>
Understanding how cultural factors influence	<ul style="list-style-type: none"> <li>• Identify traumatic events</li> <li>• Interpret traumatic events</li> <li>• Responding to traumatic events</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrate the ability to consistently recognize how cultural, historical, and intergenerational transmission of trauma influences the perception of providers</li> </ul>
Understand secondary traumatic stress and impact providers	<ul style="list-style-type: none"> <li>• Impact</li> <li>• Coping strategies</li> <li>• Ethical responsibility for self-care</li> </ul>
Reduce the use of Seclusion and Restraint *	<ul style="list-style-type: none"> <li>• Articulate leadership's vision, values and program expectations on S/R</li> <li>• Create environments grounded with knowledge of trauma</li> <li>• Recognize signs of distress in youth to help reduce the use of S/R</li> <li>• Use debriefing techniques after every S/R</li> </ul>

**\*Reduce the use of Seclusion and Restraint** (*for agencies that have opted to use S &/or R and have an approved policy*) **Competency #7**

- **Articulate leadership's vision, values and program expectations on S/R**, defining what is acceptable and what is not and modeling these values with all staff, youth and families.
- **Collect data on S/R** incidents by living unit, time of day, and staff member. This information must be collected and used in a non-punitive manner to establish baselines of use, set performance improvement goals, and continually monitor to inform and improve practice. Ensure that data are collected on youth feedback about what could have prevented seclusion/restraint.
- **Create environments grounded with knowledge of trauma** including its biological, neurological, social, and psychological effects. Agencies should also gain the ability to recognize that these issues may also be present in the families and the staff that serve the youth, recognizing that staff can themselves be impacted by trauma; create on-going strategies to train, supervise and support them in their work with youth.
- **Recognize signs of distress in youth to help reduce the use of S/R** through the use of trauma assessments, detection of early warning signs, and the development of calming/soothing plans and other strategies to help youth self-regulate. Include knowledge of culturally influenced signs of and triggers of distress.
- **Use debriefing techniques after every S/R** and incorporate the knowledge gained through the debriefing to inform improvements in practice, policies and procedures.
- **Use a crisis management training program** that embraces principles of trauma-informed care, restraint reduction and elimination, and using restraints as a last resort.