

## **Trauma Competencies**

### **Impact of trauma – Competency #1**

- Child's behavior
- Child's development
- Child's relationships
- Understand how traumatic experiences affect brain development and memory
- Impact of trauma on health outcomes
- Recognize the importance of trauma-informed practices in achieving safety, permanency, and well-being for children and families in the child welfare system
- Demonstrate knowledge of the current science on research-supported interventions (psychosocial, pharmacological, and somatic) for trauma-related disorders/difficulties

### **Responding to children's traumatic stress – Competency #2**

- Recognizing role
- Understanding children's need for physical and psychological safety
- Knowing when, how, and where to refer children for evidence-based trauma treatment or early intervention services
- Follow up on referrals to ensure progress being made
- Trauma- sensitive approaches to families; How to work with parents and caregivers who have been traumatized
- Identification of trauma and early intervention services
- Awareness of intergenerational trauma
- Supervision, including case review, fidelity monitoring, and accountability
- Utilizing coaching and mentoring to ensure appropriate responses
- Children's need for physical and psychological safety
- Resiliency case planning (i.e., using services to build a child's resilience and sense of competency)
- Respecting autonomy of those exposed to trauma and also protecting survivors as appropriate
- Demonstrate enhanced attention to ethical issues that are relevant to trauma survivors and appropriate boundaries in trauma work

### **Demonstrate how to identify trauma-related needs of children and families, and account for individual, cultural, community, and organizational diversity – Competency #3**

- Screening
- Assessment
- Demonstrate understanding and ability to tailor assessment, services and interventions to account for developmental lifespan factors at the time(s) and duration of trauma

#### **Identify strategies to enhance well-being and resiliency – Competency #4**

- Child
- Family
- Response, strengths and protective factors
- Understanding the importance of partnering with children, youth and families
- Identify coping responses, strengths, and protective factors that promote resilience among children who have been impacted by trauma
- Demonstrate the ability to assess strengths, resilience, and growth both pre-existing and post-trauma

#### **Understanding how cultural factors influence trauma – Competency #5**

- Identify traumatic events
- Interpret traumatic events
- Responding to traumatic events
- Demonstrate the ability to consistently recognize how cultural, historical, and intergenerational transmission of trauma influences the perception of providers

#### **Understand secondary traumatic stress and impact on providers – Competency #6**

- Impact
- Coping strategies
- Ethical responsibility for self-care

#### **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

### **References**

American Psychological Association. (2015). *Guidelines on Trauma Competencies for Education and Training*. Retrieved from: <http://www.apa.org/ed/resources/trauma-competencies-training.pdf>

National Childhood Traumatic Stress Network. (2013) *Child Welfare Trauma Training Toolkit*.

National Childhood Traumatic Stress Network. (2016) *Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators*

Center for Advanced Studies in Child Welfare, School of Social Work University of Minnesota. (2013). *Trauma-Informed Child Welfare Practice*

Administration for Children and Families. *Resource Guide to Trauma-Informed Human Services* [https://www.acf.hhs.gov/trauma-toolkit?utm\\_source=blog&utm\\_medium=blog](https://www.acf.hhs.gov/trauma-toolkit?utm_source=blog&utm_medium=blog)

*Best Practices for Residential Interventions for Youth and their Families: A Resource Guide for Judges and Legal Partners with Involvement in the Children’s Dependency Court System*, February 2017, Association of Children’s Residential Centers

*Six Core Strategies for Reducing Seclusion and Restraint Use*©; National Association of State Mental Health Program Directors (NASMHPD), 2008 NASMHPD Publications