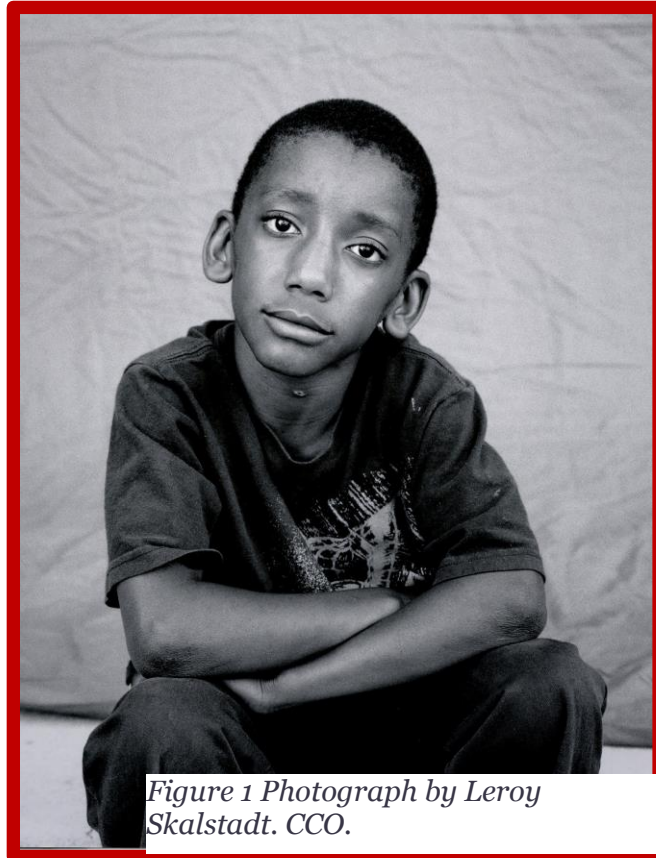




## What is Trauma-Informed Care: An Example

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The Child Health and Development Institute (CHDI) works in collaboration with state agencies, providers, families, schools and academic partners to integrate a trauma-informed approach across multiple systems of care. Research has shown that at least 71% of children experience a



*Figure 1 Photograph by Leroy Skalstadt. CCO.*

potentially traumatic event by the time they are 18 years old (1), and childhood trauma and adversity is associated with chronic health and behavioral health problems (2). Therefore, supporting organizations in their ability to care for children who may have experienced trauma is necessary. Schools are increasingly becoming important locations to deliver trauma-informed care, as children frequent these places on a regular basis. However, while we can all agree about the necessity to prevent and address childhood trauma, the practical application of what a trauma-informed organization or system looks like is more complex.

### Highlights

**Trauma-informed care is not solely or even primarily a clinical treatment approach.**

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**Many children who experience trauma are resilient and can recover with support of others without clinical intervention.**

There are many frameworks and descriptions of a trauma-informed approach, including SAMHSA’s widely cited guidance. (3)

“School settings are increasingly becoming important locations to deliver trauma-informed care.”

CHDI integrates the SAMHSA framework into a simplified approach with four key elements important to consider when thinking about creating a trauma-informed system (4):

- workforce development
- trauma screening
- use of evidence-based practices, practice change
- collaboration and communication across child-serving systems.

### ***An Example***

Here is an example to help you better understand what a trauma-informed organization might look like. Here, we utilize CHDI’s key elements to develop trauma-informed systems.

John is an 8-year old in the 3rd grade. John is having a tough year in school so far; his teacher has noticed that he has a difficult time paying attention in class, is disruptive and becomes easily agitated when she tries to correct his behavior. At first, John’s teacher thought his attentional and behavioral issues were limited to the classroom, but after speaking with the cafeteria staff and to John’s bus driver about John’s inappropriate behavior, she now realizes John also has difficulty regulating his behavior in other settings. John’s teacher consults with the school social worker, who meets with John to better understand the teacher’s concerns. During this meeting, John discloses that he recently witnessed a shooting in his neighborhood, is worried about his little sister walking to school, and is having trouble sleeping. He also thinks about the shooting a lot in class. Further, his bus stop is just a block from where the shooting occurred, and he is very scared while waiting for the bus. The teacher and social worker, concerned that other students might be struggling with traumatic stress and behavioral health concerns, discuss John’s recent experience at the next staff meeting. Other teachers and staff members, recognize that they too, have

## **HOW DID A COMMUNITY PSYCHOLOGY PERSPECTIVE INFORM YOUR WORK?**

One of the core competencies of Community Psychology, *prevention and health promotion*, aims to identify multi-level resources within an organization and work with community partners to set change in motion. This is the core of a trauma-informed system; to integrate an understanding of trauma at every level so that individuals who interact with children and adolescents understand trauma, understand the impact that trauma has on social emotional development and are able to intervene before the need for more intensive services are required.

An effective trauma-informed organization recognizes the need to collaborate with other community resources with a systems-level approach. This approach helps increase the likelihood that a child receives the appropriate resources and treatment, doesn’t duplicate care, and integrates best practices to better effectively treat each child.

students who have experienced traumatic events. Upon realizing that students at their school could benefit from both preventative intervention and treatment, the school administrators and staff decide that the school needs to invest in becoming a trauma-informed organization in order to effectively help all students. School administrators and staff reach out to a local children's behavioral health center to help develop a comprehensive, trauma-informed program. This program, they decide, should include staff training in children's mental health and trauma, staff wellness and secondary traumatic stress. *Workforce Development* first begins with assessing the school's strengths and weaknesses, understanding that all staff (including cafeteria workers and bus drivers) as well as caregivers, play an important role helping students. *Trauma Screening* is implemented to identify students who have trauma-related concerns that may impact their lives at school. Screening also allows staff to engage with caregivers in order to inform and normalize the traumatic stress reactions and to emphasize the important role they have in supporting their children.

John is screened, using a validated screener, as part of his school's

“John’s teacher now realizes that his distractibility and agitation is due to him witnessing this traumatic event.”

universal (i.e. Tier 1) approach to identifying children with behavioral health and/or trauma-related needs. John's teacher now realizes that his distractibility and agitation is due to him witnessing this traumatic event. As a result, John's teacher works with the school counselor, who determines which evidence-based mental health interventions would be most effective and develops a plan of action for treatment (*Use of Evidence-Based Practice*).

Components of what John learns in therapy have wide implications. They can be applied to other settings, like his classroom, so the school counselor teaches John how to utilize specific strategies when he is feeling anxious or scared and lets John's teacher know so she can also play a supportive role. As a result, John's teacher works with him to develop a signal he can give her when he's experiencing intrusive thoughts or anxiety, which allows him to leave the classroom for a few minutes to check in with the school counselor and practice the relaxation skills he's learned. John is also able to use therapeutic techniques in other settings like his home, on the bus, and at basketball practice. He gets support from adults in his life like his mother and his coach that allow him to regain a sense of control over his anxiety and enjoy his experiences. John's school spoke with the bus company and arranged to have John picked up at a different stop temporarily, until he felt more comfortable and in control in the area near the shooting.

In addition to school staff working collaboratively to help students, they also identify what community-level resources exist, and develop a plan to collaborate with them, thus utilizing the strengths that exist within their community. This *Collaboration and Communication Across Child-Serving Systems* ensures that John and his family members, who have also been exposed to trauma, are receiving coordinated care, while not duplicating services. By assessing their

capacity for treating trauma, engaging in all-staff training and collaborating with local agencies, John's school is effectively leading him to a healthier childhood.

### What Does This Mean For Practice?

- In a systems-wide approach to trauma, all individuals within the organization play a role in helping treat a child.
- In a successful trauma-informed organization, all individuals understand the impact of trauma on children and offer basic supports/mechanisms in place to prevent traumatic stress symptoms from interfering with social and emotional development as well as academic functioning (Tier 1).
- If early intervention doesn't work effectively, clinical resources (e.g. trauma-focused Evidence Based Practices) are available to treat the child with a higher level of care (Tier 2/3).
- Development of trauma-informed care also means collaborating with other organizations within the local community, as a way of providing support and comprehensive care to the child and their family.

### References

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For more information, see [For more information, see \*The Child Health and Development Institute of Connecticut's website\* about](#)

[A Systems Approach to Implementing Trauma-Informed Care](#) and [Healthy Students and Thriving Schools: A Comprehensive Approach for Addressing Students' Trauma and Mental Health Needs](#).

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