DEFINING A TRAUMA-INFORMED ORGANIZATION, PROGRAM, OR SYSTEM

An organization, program, or system that is trauma-informed:

- **Realizes the impact of trauma,** including how it can emotionally, behaviorally, and physically affect children, families, staff, and volunteers, as well as the organizations that work with them.

    o Understands a person's behavior in the context of coping strategies that are designed to survive adversity, including responses to primary and secondary trauma. For instance, what presents as anger may be fear, and what presents as disruptive behavior may be self-preservation.

    o Understands that the need for a trauma-informed response is not limited to mental and behavioral health specialty services, but is integral to all organizations and systems involved in children's lives. It may prevent healing and wellness if not addressed across the entire web of these systems.

    o Understands that a pharmacological response and/or reducing the risk of repeat trauma alone cannot meet the needs of vulnerable children. Building relationships, community, and the feeling of safety are necessary for neuro-development and healing from early trauma.

- **Recognizes the signs of trauma** and consistently incorporates trauma screening and assessment into all aspects of work, including interactions with children, families, staff, and volunteers.

- **Responds by applying the principles of a trauma-informed approach** to all areas of functioning. This includes:

    o Staff and volunteer training on trauma and trauma-informed practices.

    o Leadership that realizes the role of trauma in their staff and the children/families they serve.

    o Policies and practices that ensure three core pillars of trauma-informed care are addressed:

        ▪ **Connection:** focusing on the relational needs of children, with special attention towards building and strengthening secure attachments between caregivers and children.

        ▪ **Safety:** creating an environment of physical, social, and psychological safety and meeting the child's physiological needs; enhancing caregivers' mindful awareness and their ability to use proactive strategies for behavioral change. It is not enough that the child *is* safe – the child must also *feel* safe.

        ▪ **Regulation:** providing structured experiences to enhance emotional and behavioral self-regulation in children; this includes good nutrition, adequate sleep, attention to sensory needs, and regular physical activity.

- **Avoids re-traumatizing** children, caregivers, and staff by recognizing how organizational and system practices such as placement disruptions, seclusion, restraints, and abrupt transitions can cause additional harm and interfere with healing. Relationships and nutrition are not used as part of a system of awards/consequences.

Examples of What Trauma-Informed Looks Like In:

Court Rooms	• Judges and attorneys are informed of research-based, trauma-informed responses. • Where possible, court orders allow adequate time for children and families to prepare for a transition to a new placement. • Placement decisions are based on ensuring connection, safety, and regulation.
Caseworker Environment	• Caseworkers are connected emotionally with the children they serve. • Caseworkers have sensory items available for children to use if desired. • Nutritious snacks and water are available. • Caseworkers have skill-sets that are informed by research-based and trauma-informed responses and practices.
Medical Provider Offices	• Medical providers are aware of how trauma can emotionally, behaviorally, and physically affect children. • Medical providers understand that pharmacological response alone cannot meet the needs of vulnerable children.
Residential Treatment Centers	• Nutritious snacks are available on request, not locked or used as rewards for good behavior. • Sensory rooms are available for children to use when they request or choose. • All staff and volunteers are trained on research-based, trauma-informed responses and practices. • Behavioral correction strategies are trauma-informed; caregivers and staff understand the role of fear in behavior. • Children may use sensory techniques/items during instructional time; they may move and use other strategies to help them feel in control physically.
Homes	• Caregivers focus on the relational needs of children, with special attention towards building and strengthening secure attachment. • Behavioral correction strategies are trauma-informed; caregivers understand the role of fear in behavior. • Caregivers create an environment of physical, psychological, and social safety. • Children have nutritious food and water available at regular intervals throughout the day to maintain stamina and focus. • Children are given the opportunity for a break and "re-do" after disruptive behavior. • Caregivers are self-aware and are able to use proactive strategies for behavioral change.
Houses of Worship	• Wrap around support is available for children and families who have experienced trauma. • Learning and worship settings are conducive to physical, psychological, and social safety.
Classrooms	• Students may use sensory techniques/items during instructional time; they may move and use other strategies to help them feel in control physically. • Students have nutritious food and water available at regular intervals throughout the day to maintain stamina and focus. • Students are given the opportunity for a break and "re-do" after disruptive behavior rather than having a mark moved or other penalty imposed.