



TEXAS
Department of Family
and Protective Services

Trauma Informed Care Training
An Intro-level Training Provided by DFPS
Print Version of the Computer-Based Training
Updated 2022



Table of Contents

Welcome To Trauma Informed Care _____	4
Objectives _____	5
Why Do We Need This Training? _____	5
What Is Trauma? _____	6
What is Trauma-informed Care? _____	6
What is Toxic Stress? _____	7
What are Adverse Childhood Experiences (ACEs)? _____	7
The ACEs Study _____	8
ACEs Correlations _____	9
Important to Remember About ACEs _____	10
At-Risk Populations _____	10
Traumatic Events _____	12
Race-Based, Historical & Cultural Trauma _____	12
What is Race-Based Trauma? _____	12
What are Historical and Cultural Trauma? _____	12
Disproportionality and Disparity _____	13
Important to Remember About Disproportionality _____	14
What Is A Traumatic Event from a Child’s Perspective? _____	15
Child Trauma and Development _____	15
Types of Trauma _____	16
Trauma and a Child’s Brain _____	16
Early Childhood _____	17
School Age Children _____	17
Adolescents _____	17
Trauma and the Adult Brain _____	17
Correlations _____	18

Common Trauma Responses	18
A Child with Complex Trauma May:	19
Trauma Recovery for Children	20
Mental Health Diagnoses	21
Psychotropic Medications	21
The Importance of Relationships	22
Resilience	22
What Does It Mean to be Trauma-Informed?	23
What Can We Do?	24
Empower Voices	24
Secondary Traumatic Stress	25
Signs of Secondary Traumatic Stress	25
Self-Care for Secondary Traumatic Stress	25
Use a Trauma-informed Lens	27
Address Individual Needs	27
Prioritize Physical and Emotional Safety	28
Meet Basic Needs	28
Strive to view difficult behaviors through a trauma-informed lens.	28
Understand Trauma Reminders	29
Prepare for Transitions	29
Helping Infants and Young Children	30
Helping School-Age Children	30
Helping Adolescents and Young Adults	30
Support, Accept, and Advocate	31
Importance of Relationships	32
Supplemental Information	33
Information and Resources	33

Helpful Media and Videos	34
Bibliography and References	35

Welcome To Trauma Informed Care

This training is a free resource for child welfare system caregivers, professionals, advocates, stakeholders and members of the public who are interested in learning about the impact of trauma.

- Please note this curriculum is a basic introduction to the topics presented. Continuing education is highly encouraged. Please see the information resources provided at the end of the training.
- This DFPS-approved training may be used to meet two hours of required training for foster caregivers under Residential Child Care Licensing minimum standards.
- If you are a residential child care provider, please contact your contract manager for more information about training requirements.

To receive a certificate, you must complete the training activities, post-test, and evaluation.

Talking or reading about trauma can be difficult and may cause strong feelings and reactions. Please take care as you participate in this training. Pay attention to how you are feeling and take breaks as needed.

Objectives

In this training you'll:

- Learn about trauma, secondary trauma, and healing from trauma.
- Understand how trauma impacts the brain, child development, and life functioning.
- Learn how toxic stress and Adverse Childhood Experiences (ACEs) impact health and outcomes.
- Discuss trauma and disproportionality.
- Understand how trauma affects children, adults, caregivers, and child welfare professionals.
- Learn ways to prevent and address secondary traumatic stress.
- Discuss practical strategies for applying trauma-informed knowledge and care.
- Understand the importance of relationships.

Why Do We Need This Training?

This training will help you understand the following:

- Trauma and traumatic stress is higher among children, families, caregivers and professionals involved in the child-welfare system.
- People who care for and help children in the child welfare system must understand the impact of trauma and how to respond with compassion.
- This training will help you understand trauma, learn to recognize it, help cope with it, and share this understanding.

*Becoming Trauma-Informed Means
Making a Perspective Shift.*

Major human service systems like child welfare, juvenile justice, and health care are promoting perspective and policy shifts to recognize and minimize system-related traumatization and disparity.

What Is Trauma?

The word trauma can be used to describe both an *event that is traumatic* and the *after-effects* of experiencing a traumatic event.

Trauma results from experiences that are:

- Physically or emotionally harmful or life threatening.
- Have lasting adverse effects on a person's functioning.
- Impact mental, physical, social, emotional, or spiritual well-being.

-[The Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

What is Trauma-informed Care?

Trauma-Informed Care is a strengths-based framework that:

- Is grounded in an understanding of and responsiveness to the impact of trauma.
- Emphasizes physical, psychological, and emotional safety for both providers and survivors.
- Creates opportunities for survivors to rebuild a sense of control and empowerment.

Hopper, Bassuk, & Olivet, 2010

It's likely that everyone has experienced an event that could be considered traumatic. Many factors influence how a child or an adult will make sense of and cope with traumatic events. Not everyone who experiences a traumatic event shows trauma symptoms or identifies with being traumatized.

What is Toxic Stress?

The term toxic stress describes the excessive activation of stress response systems on a child's developing brain, and its effects on the child's immune system, metabolic regulatory systems, and cardiovascular system.

[Harvard Center on the Developing Child](#)

What are Adverse Childhood Experiences (ACEs)?

The term ACEs came from a medical study in 1999 that measured certain childhood experiences in over 17,000 people.

[The ACEs study](#) was a breakthrough for understanding the connection between childhood stress, trauma and health. This study asked medical patients if, when they were children, they experienced physical, sexual, or emotional abuse or neglect. The patients were also asked if they experienced other specific issues as children, including:

- A mother who was treated violently.
- Substance abuse in the household.
- A home member with mental illness.
- Parental separation or divorce.
- A home member who was incarcerated.

These experiences were linked to increased risk of:

- Risky health behaviors.
- Chronic health conditions.
- Low life potential.
- Early death.

The ACEs Study

The following chart illustrates how ACEs may progress into poor health outcomes.

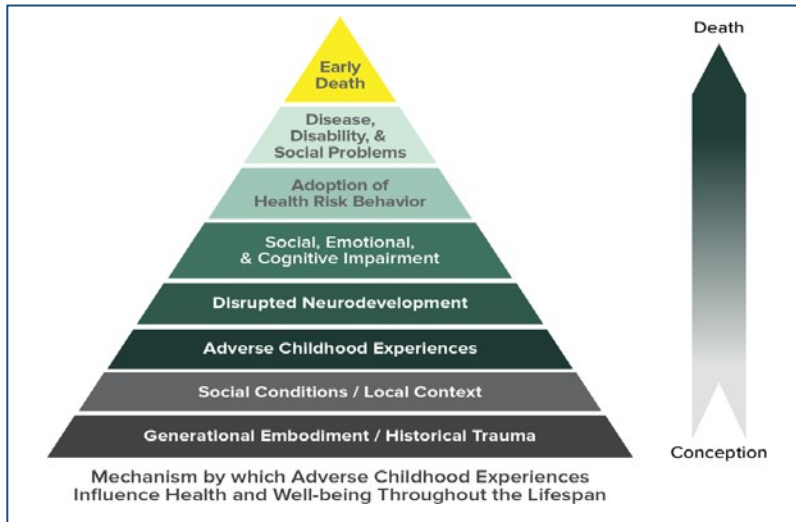
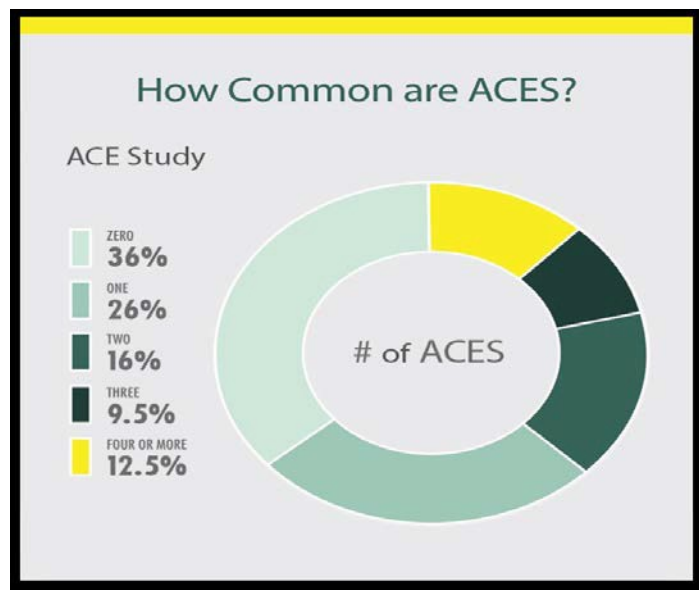


Image: [Center for Disease Control and Prevention](#)

The study found that ACEs are common. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. 64% of participants reported experiencing at least one ACE.



*Participants reflected a cross-section of middle-class American adults.

Image: [Center for Disease Control and Prevention](#)

ACEs Correlations

The more ACEs in a person's history, the more likely they are to engage in risky behaviors, including:

- Smoking (and early smoking)
- Alcohol or illicit drug use
- Early sexual activity
- Sexual activity with multiple partners

The more ACEs in a person's history, the more at risk they are to develop medical problems, including:

- Alcoholism
- Depression
- Heart disease
- Liver disease
- Lung diseases
- Sexually transmitted diseases

The more ACEs in a person's history, the more at risk they are for these outcomes:

- Poor academic achievement and work performance
- Financial stress
- Intimate partner violence
- Sexual violence
- Unintended pregnancies
- Fetal death
- Suicide attempts
- Early death

Important to Remember About ACEs

The ACEs study showed that adverse childhood experiences increase the risk of poor health outcomes. The study did not show that these experiences predict poor outcomes. It is important to understand that outcomes depend on the individual and many other factors.

Factors that can protect children from poor outcomes include positive relationships, healthy lifestyle, strong community support, and genetics.

For more detailed information on **toxic stress**, please visit the [Harvard Center for the Developing Child website](#).

For more detailed information on **Adverse Childhood Experiences** research, please visit the [Center for Disease Control and Prevention website](#).

*“Risk factors are not predictive factors when
balanced with protective factors.”*

- Center for the Study of Social Policy, 2019

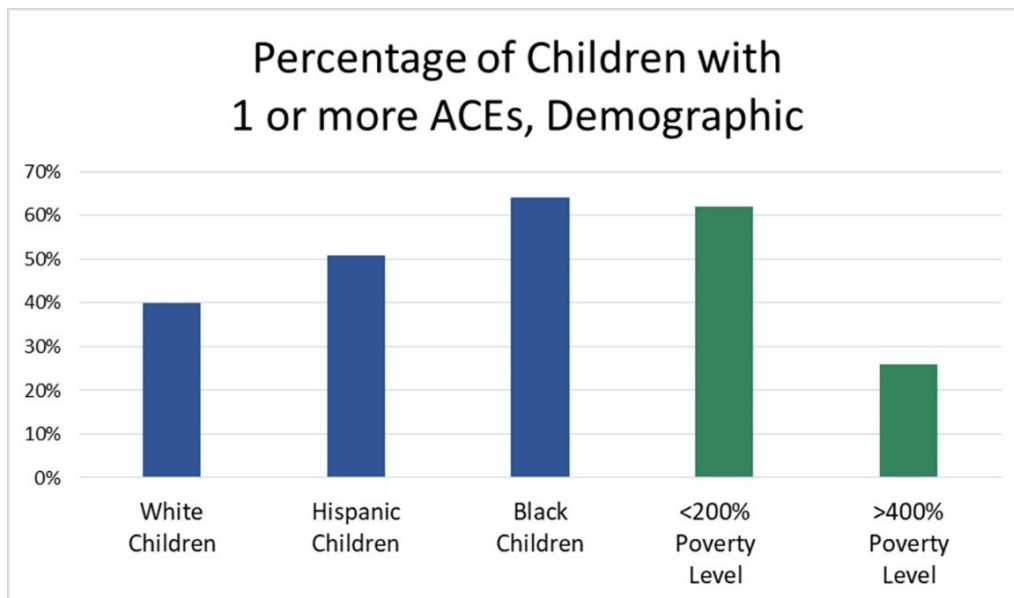
At-Risk Populations

Some groups of children and families are over-represented among people who experience trauma, toxic stress and ACEs. These at-risk populations may be exposed to trauma at high rates and are at increased risk for victimization.

At-Risk Populations include but are not limited to:

- People of Color.
- Persons with Intellectual and Developmental Disorders.
- Persons who are Lesbian, Gay, Bisexual, Transgender, Queer, and/or Questioning (LGBTQ).
- Persons experiencing Homelessness.
- Socio-Economically Stressed Persons.
- Veterans and Military Families.

Chart based on 2016 National Survey of Child's Health



For at-risk populations unique adversities can complicate healing from trauma. They may face significant challenges related to access to services or require services that are specially adapted for their needs.

[National Child Traumatic Stress Network](#)

Traumatic Events

Traumatic events include but are not limited to:

- Human Trafficking and Child Sexual Exploitation
- Bullying
- Community Violence
- Natural and Man-made Disasters
- Terrorism and Violence
- Traumatic Grief
- Medical Trauma
- Serious Accidents (Example: Vehicle Accidents)
- Immigration and Refugee Experiences
- War-related Trauma
- Poverty
- Race-based Trauma
- Historical and Cultural Trauma
- System-related Trauma
- Secondary Trauma

Race-Based, Historical & Cultural Trauma

What is Race-Based Trauma?

- Race-based Trauma is the cumulative negative impact of racism on the lives of people of color.
- It includes the wide-ranging effects of multigenerational and historical trauma.
- Experiences rooted in racism can create severe distress that can overwhelm a person's and a community's abilities to cope.

What are Historical and Cultural Trauma?

Historical and cultural traumas are collective traumas affecting generations and groups with shared identity.

- Historical and cultural trauma can have a cumulative effect on an individual and generations in a family or group. For example:

- The legacy of slavery among African Americans.
- The impact on American Indians and Alaskan Natives removed from their homelands.
- The impact of the AIDS epidemic on the LGBTQ community.

Historical, cultural, and race-based trauma and are related. When present, they increase the impact of additional traumatic experiences. For example, events like removing children from home may trigger reminders of trauma in an individual's family or community history.

Disproportionality and Disparity

Disproportionality means a particular race or cultural group is over-represented in a program or system.

For example, in Texas:

- A higher percentage of African American children are removed from their homes compared to children of other races and ethnic groups.
- A lower percentage are successfully reunified with their families.
- A higher percentage age out of foster care without an adoptive family or other permanent placement.
- African American and Latinos are less likely to be adopted within 12 months of termination of parental rights.

Disparity refers to differences in outcomes for some groups of people because of unequal treatment or services.

Meeting the needs of children of color requires understanding the disparities in:

- Knowledge about services.
- Access to services.
- Use of available services.
- Quality and appropriate available services.

Important to Remember About Disproportionality

Everyone helping children in the child welfare system has a background. Our backgrounds impact our perception of child traumatic stress. Our backgrounds also affect our decisions about how to respond or intervene.

Therefore, helpers throughout the child welfare system must understand trauma and equity. We should always take into account our own backgrounds and the viewpoints of those we serve.

For more information please visit the [DFPS Disproportionality website](#).

What Is A Traumatic Event from a Child's Perspective?

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

Trauma reactions may persist long after the event. The intensity of physical and emotional responses can overwhelm children.

Several factors affect how a child will respond to a traumatic event, including:

- The age and developmental level of the child.
- How the child perceived the danger.
- The role the child played in the event.
- Previous trauma the child has experienced.

The protective responses of adults involved in the child's life – or lack thereof.

[National Child Traumatic Stress Network](#)

Child Trauma and Development

From birth to early adulthood, the brain is developing and rapidly changing.

- Traumatic events can cause lasting changes in the brain - especially in children, teenagers, and adults under 25-30 years old.
- How a child heals – or doesn't heal – from trauma may impact the child's development, and the effects can last into adulthood.

Types of Trauma

Trauma is often described in three categories: Acute, Chronic, and Complex.

Acute trauma is a one-time traumatic event. Acute trauma is usually short term and recovery is likely. Some examples of acute trauma are an automobile accident, or a natural disaster such as a flood or a hurricane.

Chronic trauma describes multiple traumatic events, which may vary in circumstance. For example, a child may be a victim of a physical assault at school, then be in a car accident, then endure medical trauma related to the accident. Chronic trauma can have a cumulative effect.

Complex trauma often begins early in life and may impact a child's development. It can also affect the ability to form secure attachment bonds – a main source of safety and stability. Events that cause complex trauma are severe and often invasive and interpersonal. For example, ongoing abuse by a parent or profound neglect.

Complex trauma is often related to **relational trauma**. It occurs when a parent or primary caregiver is the cause of traumatic stress, abuse, or neglect in early childhood. Infants and young children rely on their parents and primary caregivers to meet their needs, including feeding, soothing and bonding. When primary needs are not met, or attachment bonds are unhealthy or broken, a child's brain changes. These changes may negatively impact development and coping skills into adulthood.

Trauma and a Child's Brain

How can toxic stress and traumatic events affect a child's brain?

Please take a moment to watch this [video](#) from the Harvard Center for the Developing Child, "[Toxic Stress Derails Healthy Development.](#)"

Early Childhood

In early childhood, trauma can reduce the size of the cortex, which controls complex functions, such as language and memory.

It can also impact the brain's ability to work between the hemispheres. This includes the parts of the brain that control emotions, which can lead to impaired ability to manage – or regulate – emotions as children grow older. This may also lead to a child feeling constantly fearful and unsafe.

School Age Children

In school-age children, trauma can impact the parts of the brain that are responsible for managing fears, learning, and impulse control. These children may also experience:

- Problems managing behavior or learning.
- Disrupted sleeping patterns.
- Significant difficulty in relationships with others, including caregivers, family, and siblings.

Adolescents

In adolescents, trauma can impact the development of the prefrontal cortex of the brain, which is responsible for:

- Connecting behaviors and consequences
- Problem solving
- Inhibitions
- Impulse control

An under-developed prefrontal cortex increases the likelihood of:

- Risk-taking behavior
- Poor decision-making
- Poor school performance
- Involvement in criminal activity

Trauma and the Adult Brain

When a child does not receive successful intervention for trauma, they are more likely to experience long-term effects into adulthood.

Positive and negative coping skills from childhood continue into adulthood.

When childhood trauma is not healed, individuals may continue to live life in a conscious or unconscious state of fear, alarm, depression, or disassociation.

Correlations

Scientific research shows the correlations between trauma experiences and the following:

- Changes in brain function
- Physical and behavioral health issues
- Mental health issues and diagnoses
- Substance use disorders
- Risk-taking behaviors
- Other concerning behaviors

Common Trauma Responses

Traumatic reactions can include a variety of responses, including but not limited to:

- Behavioral changes
- Anxiety
- Intense and ongoing emotional upset
- Depression symptoms
- Difficulties with self-regulation (managing emotions and needs)
- Problems relating to others
- Problems forming attachments with others
- Regression or loss of previously acquired skills
- Attention and academic difficulties
- Nightmares
- Difficulty sleeping and eating
- Physical symptoms, such as aches and pains

A Child with Complex Trauma May:

- Believe that the world is and will always be an unsafe place.
- Have trouble depending on a caregiver or other adults, such as teachers or police officers, to keep them safe.
- Have trouble building and maintaining healthy relationships with others.
- Be suspicious or untrusting in relationships.
- Overreact or feel betrayed by a minor misunderstanding or squabble with a friend.
- Respond negatively to seemingly positive events, such as praise.
- Have trouble developing skills and learning.
- Have trouble focusing and processing information.
- Frequently be flooded by overwhelming and unbearable emotions.
- Seem distracted because of trying to predict or avoid the next “bad thing” that will happen.
- Seem very nervous, emotionally intense, or to have a “hair-trigger” response.
- Seem “shut down,” numb, and unable to experience or express any emotions.

These responses may seem like:

- Loss of control
- Tantrums
- Outbursts
- Being too sensitive
- Defiance
- Verbal and physical aggression
- Zoning out
- Ignoring
- Not listening
- Nervousness
- Laziness
- Detaching
- Pretending to be ill
- Manipulation

- Other difficult behaviors.

Older youth may also engage in risk behaviors like drug or alcohol use, unhealthy sexual activity, or running away.

Trauma Recovery for Children

Children recovering from trauma often display negative behaviors or signs of emotional stress that are normal responses to what they have been through.

Most children will heal with stability, consistency, nurture, and support of caregivers knowledgeable in trauma-informed care.

For more detailed information and training resources related to childhood trauma, please visit the [National Child Traumatic Stress Network website and learning center](#).

Mental Health Diagnoses

Children with significant and ongoing trauma responses have often been diagnosed with mental health disorders including:

- Reactive Attachment Disorder (RAD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Bipolar Disorder
- Conduct Disorder

Increased awareness of the impact of trauma has expanded understanding of mental health diagnoses, and treatment options for children and adults with trauma symptoms.

Trauma-related stress disorder (TRSD) diagnoses, such as Adjustment disorder, and Post Traumatic Stress Disorder (PTSD), are now more widely understood and used to describe symptoms specifically related to trauma.

Psychotropic Medications

The use of psychotropic medications for children in foster care must be carefully considered by the child's caregiver and medical team.

- Most children in DFPS conservatorship never need psychotropic medications.
- Evidence-based psychosocial therapies, behavior strategies, and other non-medication interventions should be considered *before* or along with psychotropic medications.
- When needed, psychotropic medications may help children function in the short-term to help with emotional regulation, or long-term to treat life-long mental health disorders.

For more information, please see the [DFPS Psychotropic Medication website](#) and [training](#) for Medical Consenters.

The Importance of Relationships

Positive, stable relationships are necessary for everyone to thrive.

Researchers are learning more each day about the role of early attachment bonds and ongoing positive relationships in strengthening our abilities to be healthy and cope with life and its stressors.

Children are especially in need of positive relationships to promote healthy brain development and functioning.

For children experiencing toxic stress and complex trauma, healthy secure relationships are a key factor in:

- Repairing development
- Improving functioning
- Increasing resilience

Resilience

Please take a moment to watch this video from the Harvard Center for the Developing Child, [“The Science of Resilience.”](#)

What Does It Mean to be Trauma-Informed?

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

- **Realizes** the widespread impact of trauma and understands potential paths for recovery.
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system,
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and
- **Seeks** to actively resist re-traumatization.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

Trauma-informed care or services are characterized by an understanding that problematic behaviors may need to be treated as a result of the ACEs or other traumatic experiences someone has had, as opposed to addressing them as simply willful or punishable actions.

[Harvard Center on the Developing Child](#)

Trauma-informed individuals and systems acknowledge the compounding impact of structural inequity and are responsive to the unique needs of diverse individuals and communities.

Eliminating disparities in trauma services requires culturally responsive approaches in order to:

- Overcome stigma
- Reduce barriers
- Address social adversities
- Strengthen families
- Encourage positive ethnic identity

What Can We Do?

Empower Voices

People must be seen, heard, and engaged to know that they are valued.

Being trauma-informed also means being sure to include people in the decision-making and action-taking that affects their lives.

It is important to involve children, older youth, families, communities, and their advocates in the big and small decisions about their lives.



Secondary Traumatic Stress

Put on your own oxygen mask first

Perhaps the most important first step in being trauma-informed is understanding and supporting your own well-being. In order to care for others, we must first care for ourselves.

As a helper in the child welfare system, it is not a matter of *if* you will experience secondary traumatic stress, it is a matter of *when*.

Secondary traumatic stress (STS), is also known as vicarious trauma or compassion fatigue. It refers to the experience of people who are exposed to others' traumatic stories.

As a result of this exposure, people can develop their own traumatic symptoms and reactions. Burnout is a term often used to describe the experience of being overwhelmed by STS and compassion fatigue.

Signs of Secondary Traumatic Stress

- Irritability
- Apathy or Lack of empathy
- Loss of Motivation
- Fatigue
- Irritability
- Apathy or Lack of empathy
- Loss of Motivation
- Fatigue

Self-Care for Secondary Traumatic Stress

There's good news! You can use healthy coping skills to buffer secondary traumatic stress.

“It’s not the load that breaks us down...it’s the way we carry it.”

- Anonymous

Use these healthy coping skills to buffer secondary traumatic stress.

- Eat as healthfully as you can, and stay hydrated.
- Exercise and stretch as often as you can. (Even if that’s not much!)
- Play! It’s just as important for adults as kids.
- Seek out sources of enjoyment and inspiration.
- Allow yourself to feel your emotions, and give yourself time to process through them.
- Stay engaged with your support system.
- Make and keep appropriate boundaries.
- Make a plan. Write it out or use technology! Look up self-care strategies that appeal to you. Many modern self-care approaches are accessible, and simple.
- Practice mindfulness, for example conscious breathing or meditation. Research shows that regular practice can improve brain function and help with stress.
- Prioritize work and life balance. Advocate for it – for yourself and others.
- Expect and request regular supervision and supportive consultation.
- Observe and learn how supporting others in trauma is affecting you, emotionally, behaviorally, and physically.
- Work to understand your background, and how it impacts your well-being and coping.
- Learn your triggers, and warning signs.
- Ask for help!

- Take advantage of any behavioral health benefits available to you.
- Consider individual or group counseling.
- Let others know when you are overwhelmed and need help to maintain your balance.
- Strive to overcome stigma you may feel about taking care of yourself.

It is critical to address secondary traumatic stress early and often. When secondary trauma is not addressed, it can impact physical, behavioral, and emotional well-being.

If you are concerned with your level of secondary traumatic stress, please seek support.

Use a Trauma-informed Lens

How can we be trauma-informed in our care and work with children who have experienced trauma? No matter what role you have in a child's life, your knowledge of the effects of trauma allows you to apply a trauma-informed way of viewing and doing things.

Address Individual Needs

- Understand and respond to diverse individual needs, including but not limited to a person's culture, race, ethnicity, language, sexual orientation, and ability.
- Understand that backgrounds and differences shape an individual's healing process after trauma.
- Know that your life experiences and perspective affect how you view and respond to others.
- Apply the individual's perspective to your understanding and way of working with them.
- Seek out ways to enhance children's connections to their background, communities and individual supports.

Prioritize Physical and Emotional Safety

Ensure the child feels as safe as possible in any situation or setting.

Plan ahead and check in with the child, based on developmental level and individual needs.

Look and listen for any indications that they do not feel safe.

Have a plan to address emotions and triggers in unavoidable situations, such as a court-ordered event. If you can, include the child in the plan.

Meet Basic Needs

Children, especially those with complex trauma, need help regulating their emotions and bodies. They may not be able to tell you in the moment that they *really* need food, water, rest, play, exercise, or comfort to help calm their minds and bodies. Remember that ensuring basic needs are met can prevent and help address concerning behaviors. At home, on a visit, transporting, or at court

- Be proactive.
- Keep healthy snacks and drinks handy. Offer them freely.
- Plan for ample physical activity and rest. Make these easy to do when needed.
- When calm, practice strategies like deep breathing to use when needed to calm down.
- Be creative! Prepare care kits for children and youth. Keep the kits in your home, car, and office. Fill care kits with crackers, juice, lollipops, coloring books, music and headphones, comfort items, books, blankets, pillows, etc.

Strive to view difficult behaviors through a trauma-informed lens.

For example, ask yourself or the child:

- What is really going on behind the behavior?
- What is the child feeling?
- Does the child need food, rest, or exercise?

Observe how a child's difficult behaviors is making *you* feel and ask yourself:

- How is this making me feel?
- Do I need to calm myself before I can respond?

Understand Trauma Reminders

- Work to understand trauma reminders, or “triggers,” and watch for the signs and patterns in the lives of children you serve – and in your own life.
- Triggers can include times of day, anniversaries, seasons, activities, locations, sounds, sights, smells, and other stimuli.
- Use words to help separate the trigger from the person. Help children separate the past and present.
- Avoid words and actions that may cause feelings of shame.
- Seek support from your circle of care or a counselor.

Prepare for Transitions

As much as possible, try to have a predictable routine. Remember that transition times are particularly difficult for children coping with trauma. Schedule, location, and activity changes can be challenging. Think ahead to times throughout the day when a child you serve will have a change or transition, and work on strategies to help ease the transition.

For example, if you are going to pick them up early from school for a doctor's appointment:

- Prepare them by talking about it the night before.
- Talk about it again the morning of the appointment.
- Pack healthy snacks and water in the car.
- Build in extra time for any possible delays.
- Be sure to arrive on time to pick up the child.

Helping Infants and Young Children

- Nurture and help create a connection and a sense of safety and opportunity for learning. Babies learn to self-soothe by being soothed by caregivers.
- Give toddlers acceptable ways of sharing strong feelings. For example: let them rip paper, stomp feet, or throw a soft ball when they are mad.
- Young children process emotions through play. Encourage play, even if they are acting out something that seems upsetting. If play seems to distress them, provide gentle redirection.
- Read to them often: It's is a powerful tool for brain development.

Helping School-Age Children

- Work for the child's trust: Always be truthful and only make promises you can keep.
- Label emotions and make it okay to talk about them openly. Explain and model empathy for others. Teach and model positive self-talk. Use books and educational programs focused on emotional development.
- Validate the child's emotions, but maintain consistent boundaries. For example, acknowledge that it is okay to feel angry but it is not okay to hit people.
- Offer safe ways to express feelings: play, drawing, storytelling.
- Promote safe outlets for anger and stress, like naming feelings, breathing, and exercise.

Helping Adolescents and Young Adults

- Support positive, stable, and enduring relationships in their life.
- Be truthful and upfront about their life and your role.
- Be available. Let them choose a safe, comfortable setting to talk when possible.

- Actively listen without showing judgment. Validate their feelings and emotions – even when they are very hard to hear.
- Lead by example. Encourage positive behaviors and coping skills. Support their interests. Offer appropriate praise regularly.
- Give information and tools to help them understand their own history, trauma responses, and coping skills.
- Address inappropriate and destructive behaviors with consistency and calm – even if you have to calm yourself down first or get support.

Support, Accept, and Advocate

- Give positive feedback, encouragement, and praise.
- Help the child see their own strengths, even little things.
- Praise all efforts to regulate their own emotions.
- Choose words that separate the child's worth as a person from their behavior.
- Teach every child that they are worthy of love and acceptance – always.
- Seek out and share opportunities and resources for comprehensive learning.
- Talk about the impact of trauma and trauma-informed approaches with others connected to the child welfare system.
- Advocate for trauma-informed services, practices, and supports for the children and families you serve.

Importance of Relationships

Remember, YOU can help a child heal from trauma.

“Anyone who has a formal or informal role in a young person’s life, including birth families, foster families, adoptive families, caseworkers, mental health professionals, and judges, can provide the authentic relationships youth need to succeed after leaving foster care.”

Texas Youth Permanency Study

Please take a moment to view this [video](#) from Changing Minds Now. It illustrates the importance of relationships, no matter your role.

Supplemental Information

Information and Resources

- [National Childhood Traumatic Stress Network](#) (NCTSN) Website, Resource Library and free E-Learning Center
- [Substance Abuse Mental Health Administration](#) (SAMHSA)
- [Center for Disease Control and Prevention](#) (CDC) – ACEs Study
- [Foster Care EDU](#), Cenpatico / Superior Health Plan – Free Training for Caregivers and Providers, Several on Trauma and Trauma-informed Care
- [Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities](#) (MHWIDD) , HHSC – Free Training including Trauma-informed Care for Individuals with IDD
- [The Center on the Developing Child](#) , Harvard University
- [Texas Institute for Child and Family Wellbeing](#), University of Texas at Austin
- [Karyn Purvis Institute of Child Development](#), Texas Christian University
- [Casey Family Programs](#)
- [Texas System of Care](#)
- [Child Welfare Information Gateway](#), Trauma-informed Practice Resources
- [Help for Parents, Hope for Kids](#), DFPS Prevention and Early Intervention
- [ACEsTooHigh.com](#) and [ACEs Connection Network](#)

Helpful Media and Videos

- [Center on the Developing Child Resource Library](#), Harvard University
- [Changing Minds Now](#), Futures without Violence
- [Complex Trauma Films](#), Center for Child Trauma Assessment, Services and Interventions (CCTASI)
- [Historical Trauma Video](#), Mill City Kids Initiative
- [Introduction to Trust-Based Relational Intervention](#) (TBRI), The Karyn Purvis Institute on Child Development
- [Nadine Burke Harris, MD: How Childhood Trauma Affects Health Across the Lifespan](#), TED.com

Bibliography and References

- About Child Trauma. (2018, November 5). *The National Child Traumatic Stress Network*. Retrieved 2018 from www.nctsn.org/what-is-child-trauma/about-child-trauma
- ACS-NYU Children’s Trauma Institute. (2012). *Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief*. New York: NYU Langone Medical Center.
- Adverse Childhood Experiences (ACEs). (2017, December 12). Retrieved 2018 from www.cdc.gov/violenceprevention/acestudy/index.html
- Center on the Developing Child at Harvard University (2015). *The Science of Resilience* (InBrief). Retrieved 2018 from www.developingchild.harvard.edu/resources/inbrief-the-science-of-neglect-video/
- Center on the Developing Child at Harvard University (2015). *Toxic Stress Derails Healthy Development* (Video). Retrieved 2018 from www.developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/
- Center on the Developing Child at Harvard University (2018). *What are ACEs and How Do They Related to Toxic Stress?* Retrieved 2018 from www.developingchild.harvard.edu/guide/a-guide-to-toxic-stress/
- Childhood Trauma | Changing Minds. (2018). Retrieved 2018 from www.changingmindsnow.org/
- Culture and Trauma. (2018, May 25). *The National Child Traumatic Stress Network*. Retrieved 2018 from www.nctsn.org/trauma-informed-care/culture-and-trauma
- DFPS – Disproportionality in Child Protective Services System: *How Big Is the Problem in Child Protective Services?* (2018). Retrieved 2018 from www.dfps.state.tx.us/Child_Protection/Disproportionality/how_big.asp
- DFPS – Psychotropic Medications - *A Guide to Medical Services at CPS*. (2018). Retrieved 2018 from www.dfps.state.tx.us/Child_Protection/Medical_Services/Psychotropic_Medications.asp
- DFPS – Need for Normalcy: Training for Foster Parents. (2018). Retrieved from www.dfps.state.tx.us/Training/Normalcy/index.html
- Faulkner, M., Belseth, T., Adkins, T., & Perez, A. (2018). *Texas Youth Permanency Project: Preliminary Findings*. Austin, TX: The University of Texas at Austin.
- Ford, J. D., Grasso, D., Greene, C., Levine, J., Spinazzola, J., & Kolk, B. V. (2013). Clinical Significance of a Proposed Developmental Trauma Disorder Diagnosis. *The Journal of Clinical Psychiatry*, 74(08), 841-849.
- Comfort Gestures. (2018). Retrieved 2018 from www.changingmindsnow.org/healing/comfort
- Grillo, C. A., Lott, D.A., Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010). *Caring for children who have experienced trauma: A workshop for resource parents— Facilitator’s guide*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- Grillo, C. A., Lott, D.A., Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010). *Caring for children who have experienced trauma: A workshop for resource parents— Participant handbook*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). *Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings*. *The Open Health Services and Policy Journal*, 3(2), 80-100.
- National Child Traumatic Stress Network. (2014). *Complex trauma: Facts for caregivers*. Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.
- O'Connor, Cailin. (2019, March 20). "Are the words "toxic stress" toxic?" [Webinar]. Digital Dialogue - Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center. Retrieved from <http://cantasd.org/explore-topics/trauma-and-resilience/are-the-words-toxic-stress-toxic/>
- Populations at Risk. (2018, May 25). *The National Child Traumatic Stress Network*. Retrieved 2018 from www.nctsn.org/what-is-child-trauma/populations-at-risk
- Psychiatry Online | DSM Library. (n.d.). Retrieved 2018 from www.dsm.psychiatryonline.org/
- Reunited Films: Chad's Story. (2018). Retrieved 2018 from www.changingmindsnow.org/stories
- Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Trauma and Violence | SAMHSA - Substance Abuse and Mental Health Services Administration. (2019, January 14). Retrieved from www.samhsa.gov/trauma-violence
- Trauma Types. (2018, May 25). *The National Child Traumatic Stress Network*. Retrieved 2018 from www.nctsn.org/what-is-child-trauma/trauma-types
- Traumatic Experiences Widespread Among U.S. Youth, New Data Show. (2018, May 31). *Robert Wood Johnson Foundation*. Retrieved from www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s-youth-new-data-show.html