

Facilitator Guide

Trauma Informed Care

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Note to facilitator:

The online training module "Trauma-Informed Care" provides an excellent opportunity for home visitors who appreciate the flexibility of distance learning.

The pairing of the online training with a facilitated discussion (a proven more traditional method of education, whose efficacy is widely recognized) is innovative and provides for added value. The discussion allows for the sharing of personal experiences that help to illuminate the information in the module. It also provides opportunities to use the basic skills that are so essential for communication – “serve and return”, listening, facial expressions, vocal intonation, eye contact - things that are absent from today’s communication using technology. (In these days of emails, text messages, "selfies", and social media, it’s nice to meet face-to-face once in a while!) Also, laughter, stories, music, and role-plays as part of the discussion, injects an emotional component to the learning opportunity. These types of elements are incorporated into this Facilitator Guide.

Home visitors spend time with families that have an array of gifts, skills, cultures and many times challenges. The opportunity to share experiences, strategies, solutions, and successes with other family workers is much more powerful than completing the online education alone.

This Guide provides some ideas for a trainer or supervisor wishing to facilitate a follow-up discussion with a group of home visitors who have completed the module. It assumes that the facilitator has also completed the module and is familiar with its contents and resources. You don't necessarily have to be a content expert to lead the activities and discussions. Feel free to adjust and add your own creative ideas.

We hope you enjoy the process!



Before proceeding, plan for the following:

People often find learning about this content to be somewhat stressful. Acknowledge that everyone has their own histories and life experiences that influence how they take in, handle, and process certain topics. Let participants know that they may signal you if any of the conversations feel upsetting. Allow anyone who needs to take a walk do so as needed. Schedule additional breaks and utilize some of the stress reduction strategies available from the module.

If you are not a clinician, you may want to have one present during and/or after the session so if any of the home visitors need someone to talk to, support will be available.

Introduction/Icebreaker

“Trauma” - The elephant in the room

Show this cartoon:



Prompt participants to reflect:

Why this is such a difficult topic to talk about?

Image used with permission from www.breakthroughvisuals.com

Invite them to find a partner and share their ideas.
Then discuss as a group.

Post this quote:

"It's important that we shine a light on trauma and make it okay to talk about. Because if we don't, then the hundreds of thousands of families who have experienced it will be suffering alone and in silence."

~Jason Lang, PhD, Child Health and Development Institute

Relaxation Breaks

Find a volunteer from the group to be the "Relaxation Coach" for the session. Provide that person with a printout of the Relaxation Techniques from the module. Build in mini breaks throughout the session during which that person will lead the group in breathing, relaxation, grounding and/or mindfulness activities.

Review Learning Objectives

After having completed this module, home visitors should be able to:

- Define trauma and understand the concepts associated with trauma-informed care.
- Understand how to view family behaviors through a trauma lens.
- Describe the possible impacts of a parent's trauma history on their current parenting practices.
- Understand the potential effects that traumatic events may have on young children, both short and long-term.
- Identify the behaviors that may be evidence of a child's response to a traumatic event or chronic stress.
- Have a repertoire of strategies to support families in discussing and buffering the effects of trauma.
- Recognize when to make a referral for additional support.
- Understand the importance of self-care when working with families facing trauma.

Review Vocabulary

In order to review some of the key terms related to this topic, read each definition and have participants call out the answers. Discuss each concept briefly in the context of the home visitor role.

Include the following terms:

Adverse Childhood Experiences (ACEs): Stressful or traumatic events, including abuse and neglect that occur early in life. They are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan.

Trauma: This results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being. These experiences are overwhelming, change our thoughts, and reduce our sense of control/safety. (SAMHSA)

Chronic Trauma: Multiple or continuing traumatic events that have accumulative impact on a person's functioning, interpersonal relationships and sense of personal safety.

Dysregulation: A failure to properly regulate emotions and/or behaviors.

Trauma Reminders: Humans interpret the environment through sensory cues which may become associated with traumatic events. Without being aware of it, these cues may activate automatic survival mode at a later time.

Trauma Reactions: The sudden or extreme behaviors that are a result of experiencing a trauma reminder. The behaviors often don't make sense except in the context of trauma experiences.

Trauma Lens: A perspective of interpreting behavior and situations by understanding the impact of trauma.

Think-Pair-Share

Prompt each participant to think about the following and then share with a partner:

According to the module, 26% of 4-year-olds in the U.S. have experienced trauma.

Were you surprised to learn of that number? If so, did you think the prevalence was higher? Lower? What shaped your perception?

Invite a few teams to share with the group.

Whole Group

Show the image of the iceberg.



Ask participants to describe in their own words why this is a good metaphor for trauma.

Revisit the slide from part 5 – When Children Experience Real Threats vs. False Alarms:

Emphasize that the reactions are the SAME.

- focused on survival
- thinking impaired
- increased breathing and heart rate
- feeling fear or terror
- loss of control
- hyper-vigilant
- reality confusion
- not ready to learn
- disconnected



It may also be helpful to show a video on the "Fight Flight Freeze Response" and discuss the implications for their work.

Ask:

- *How would it feel to live in a constant state of “danger”?*
- *Could you do your best thinking in that state?*
- *Were you surprised to learn that trauma can change a person’s underlying neurological makeup?*

It is important that this information be shared with families – as part of preventive education about brain development.

Have them identify when it would be useful to talk with parents about trauma:

- As a Preventive Measure – **with all families**. Share effects of children’s good or bad environment/experiences and influences on their development and well-being
- After a known event that may be impacting a particular child.
- After a disclosure by parent that there is a history of trauma (either parent or child). Explore how this knowledge might affect their relationships with families.

Small Groups

Ask home visitors to talk in their small groups about whether or not they think it may be more difficult to engage a father in a conversation about Trauma.

Prompt them to consider:

1. *What challenges do fathers face with talking about trauma?*
2. *What challenges do you face with talking with them about difficult issues?*
3. *What strategy could you use to start the conversation?*

-----RELAXATION BREAK-----

Whole Group

Review SAMHSA's 3 Es:

- **Event**
- Individual **Experience** of it
- **Effects**

Remind that not every bad experience will be traumatic for someone. Two people could experience the same thing – even within the same family and be affected very differently.

Have participants identify some factors that might explain these differences.

Walkabout

Trauma Responses

Part 3 in the module lists four examples of possible trauma responses:

- Hyper-Arousal
- Avoidance
- Intrusive thoughts
- Re-experiencing

Write each of these terms on a separate chart paper and provide markers. Post each chart on walls throughout the room. Divide the group into 4 and have each group begin at a different paper. Allow 5 minutes for each discussion then rotate. Have each group add their responses/ideas to the paper as they go. Allow a few minutes for each group to read the final list of responses. Then ask each group to choose one idea to report out on.

Prompts to include:

Think about ways this response might manifest (either by child or adult) during a home visit – how would you recognize (or suspect) this is occurring? Then generate some ideas for how to respond or adjust if this happens.

Whole Group

Show the Iceberg image again.

Talk with participants about balancing concern with a recognition of families' strengths.

As you consider the adversity that might lie beneath the surface, also reflect on the hidden strengths and gifts that an individual possesses. By identifying those, we can better focus on and strengthen their resilience.

Small Groups

At their tables, ask home visitors to discuss their thoughts about resilience.

- *What does this word mean? How do you “know” when someone has it?*
- *Brainstorm a list of “gifts” that your families possess.*

-----RELAXATION BREAK-----

Whole Group

Ask home visitors:

Why is it important for the early childhood workforce to be trauma-informed?

The early childhood workforce needs to infuse knowledge about trauma in their day-to-day interactions with children and families – regardless of their role. (This is not just important for MH clinicians to know about.)

Small Groups

Divide into 3 groups. Provide each group with one of the following topics:

- ❖ Prevention
- ❖ Early identification/intervention
- ❖ Understanding behaviors (of parents and children)

Ask them to consider the importance of being trauma-informed for the purpose they were assigned. Have them record their ideas and report out to the larger group.

Partner conversation

Self Care

Caution home visitors:

It is well documented that those who work with traumatized families can experience “secondary traumatic stress.” This can compromise your ability to function at work, and it can diminish your quality of life. It’s critical for you to be aware of how this can affect you so that you can protect your physical and mental health.

If they are comfortable to do so, have them share with a partner some strategies they use to manage this stress. Alternatively, they could reflect quietly and journal their thoughts. Provide the option.

Practice

Group participants into small groups of 4.

Pass out copies of “Shayna’s Story Activity” (last pages of this guide).

- ❖ Have participants recall some key aspects of this family’s behaviors – you might prompt them with: *If someone were to describe what’s wrong with Shayna and her children, what might they say? Develop a list.*
- ❖ Then ask them to reconsider her family using a “Trauma-Informed Lens.” (A prop or visual might be useful – pair of glasses or magnifying glass – to represent the lens shift.)
- ❖ Help them to reframe those statements by considering from a trauma-informed perspective: *What happened to Shayna?*

Optional Activities:

1. Provide each group with the “Trauma-Informed Action Plan” from the module and have them use to guide a discussion about Shayna’s family and plan for support. -OR-
2. Provide each home visitor a copy of “Supporting a Child who has Experienced Trauma” from the module. Ask them to identify the ways they might help Shayna utilize each of the strategies to support her children.

After providing ample time for this activity, debrief with each group and invite them to share their insights.

-----RELAXATION BREAK-----

Small Groups

Sharing what worked

Invite home visitors to share ways they either have or might use the relaxation techniques from the module to help families. What other self-soothing strategies do they know of?

Action Plan

Provide a few minutes and ask each participant to:

Develop an Action Plan which includes 3 things you will try in the next week related to our work here today.

Reflect: Where are you on your journey to becoming “trauma informed” and what more do you need for your own professional learning in this area?

Closing

Show the video from Part 7 of the module with slide titled “Why is Self-Care Important?”

Acknowledge the challenges of this work and commend home visitors for all they do to support families. Remind them of the importance of getting their own needs met as well. This is especially crucial when chronic stress is a factor.

If positive relationships have developed within the group, you might recommend that they share contact info with someone in the room with whom they can provide mutual support in addressing self-care.

Also remind them that there are additional resources in the module that they can refer to.

This document was created for the Connecticut Office of Early Childhood by the Center for Early Childhood Education at Eastern Connecticut State University with contributions from Doug Edwards. The document is meant to support facilitated discussion groups for home visitors who have completed the online learning module.

Shayna's Story

Shayna was referred to our agency for home visitor services when her son Jacob was born 10 months ago. She also has a 4 year old daughter, Amy. Stressors on the family are that Shayna is feeling more overwhelmed taking care of both kids on her own. While her mother and sister are supportive, they do not live close by. Jacob has recently had difficulty sleeping, is difficult to soothe, and is not meeting developmental milestones. He cries if the noise level in the apartment gets loud, if Amy is loud while she is playing, or if they are around other children. Shayna is frustrated because she needs Jacob to be cooperative and this is increasing her stress level. She doesn't understand why he is doing this, so she feels helpless to make it better for him.

Amy recently started having trouble sleeping and wants to sleep with Shayna. She seems more insecure and clingy and has difficulty separating from her mother. They recently went to a town kid's fair with family friends. Amy had a tantrum when her mother went to buy ride tickets and left her with the friends. Both children attend the Young Children Center three days a week. They have attended the center since Jacob was 6 months old.

There is financial strain on the family since Shayna's boyfriend moved out of state 2 months ago. Prior to his moving out, there had been increasing arguments, which led to him pushing Shayna while the children were present and then his leaving the family. Shayna is worried that she can no longer afford the apartment they live in. She is worried that she will not be able to keep the kids at the Young Children's Center. This will also mean that she will have to stop attending the classes she has been taking to become a hair stylist. They may even have to move back in with her mother or sister in another town.

Shayna grew up living with her mother and sometimes with her father. Her parents separated because of many, escalating domestic violence incidents that also included her father being physically abusive to both Shayna and her sister. Shayna was sent to live with her father when her mother could not deal with the arguing and fighting between Shayna and her sister. Shayna was good at hiding what was going on at home, did have some difficulty sleeping, and didn't have close relationships with peers. She was a very good student and graduated from high school. Shayna is jumpy when she is out in the community. When she is returning to her hometown, she always gets a knot in her stomach. Shayna still becomes very anxious if she hears loud voices outside the apartment- her whole body tenses and she lies down in bed. She also has difficulty focusing and taking care of the kids when this happens. This has become more difficult as Jacob is sensitive to loud noises as well. Shayna gets very angry and defensive often and doesn't know why. These episodes are sometimes followed by feeling very sad and crying.

Shayna's Story Activity Notes

Some events in Shayna's childhood that may have been traumatic for her:

- Shayna was witness to domestic violence at home.
- She was also physically abused by her father.

Some possible trauma reminders for Shayna:

- loud noises
- returning to her home town
- situations when she feels that she is not in control
- relationship with boyfriend
- Jacob's crying

The following information might be useful to share with Shayna about trauma:

- Alarm System explanation - help her realize what happens when she experiences trauma reminders.
- She didn't know how her trauma history affected her and how it still impacts her. There is no blame for her not understanding.
- Let Shayna know that there is help and that she can learn to cope with her feelings.

Shayna's reactions to her trauma reminders:

- She feels helpless.
- Her body tenses.
- Sometimes she just goes to bed.
- She feels a knot in her stomach when returning to her home town.
- She feels angry or sad without knowing why.
- She doesn't know what to do with the kids.

Here are some ideas for how you might help Shayna recognize and respond to the effects of her trauma reactions:

- Ask Shayna to talk about what happens when she feels less in control of situations.
 - How does she interact with her children?
 - How do they respond?
 - How does she feel about what happens?

Helping Shayna manage her reactions:

- During each home visit, spend time practicing with Shayna strategies for reducing trauma reactions (e.g., remember to breathe, pull down your shoulders). Discuss when and how often to practice these strategies.

Reactions for Shayna's children:

Jacob

- difficulty sleeping
- difficult to soothe
- cries if noisy
- some delay in developmental milestones

Amy

- sleeping with Shayna
- clingy
- difficulty separating

Strategies you could teach Shayna to better support her children:

- Provide developmental information so that Shayna is better informed about what to expect for each child (increases competency).
- Help Shayna to better establish routines at home to help children feel more secure.

Approaching a conversation with Shayna:

- Have a conversation and listen to Shayna's feelings about what she needs.
- If she is open to it, offer a referral for housing assistance and possibly domestic violence counseling.