



***Trauma-Informed Core Components for the
Department of Health and Social Services,
State of Delaware, November 2019***

“By embracing trauma awareness we can better carry out our mission to improve the quality of life for Delaware’s citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations” (Secretary Kara Odom Walker, 2018). Thank you for joining us on the journey to being trauma-informed!

Debra L. Berke, Ph.D., CFLE
Susan Y. Plaza, LMSW, CASAC, CPP
Wilmington University



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Department of Health and Social Services, State of Delaware

“People often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning individuals including service providers” (<http://www.traumainformedcareproject.org/>).

The Department of Health and Social Services (DHSS) collaborated with Wilmington University to describe the core components of trauma-informed so that DHSS employees will better understand the needs of clients statewide, many of whom have experienced trauma in their lives.

Trauma-informed components include knowledge, skills, and attitudes that are typically associated with the trauma-informed continuum. This continuum of becoming trauma-informed begins with becoming trauma aware, moves to trauma sensitive, trauma responsive, and, finally, trauma-informed (see stages defined below). The stages are not always mutually exclusive and individuals may attain competencies in multiple stages.

This document promotes a common understanding of the levels of trauma-informed care. Managers, supervisors, training administrators and others may use this document as a guide for staff to achieve trauma-informed competencies, through training and other methods. The goal is to reach the most appropriate level for one’s position. DHSS employees who have participated in previous trauma-informed care training. “I believe the training provided me with valuable information and tools to be a better employee, family member and citizen.”

TRAUMA AWARE – *This is the first developmental phase on the journey toward being trauma-informed. Organizational staff and leadership are aware of the prevalence of trauma among those using services as well as the workforce itself. They are able to explain and advocate for trauma-informed care.*

TRAUMA SENSITIVE - *This developmental phase builds on the awareness that trauma-informed care is needed. Once the staff and leadership of an organization understand and can speak about the need for trauma-informed care, they move into the trauma sensitive phase where they build knowledge and create readiness for change.*

TRAUMA RESPONSIVE- *In this phase organizations have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff begins re-thinking the routines and infrastructure of the organization and begins integrating trauma-informed principles into behavior and practices.*

TRAUMA-INFORMED - *In this final phase, the staff and organization implement trauma-informed care. Policies and practice support the principles of trauma-informed care and create a culture and environment that feels safe, empowering, trustworthy, and welcoming. This is an ongoing process of continuous improvement and monitoring for both individual employees as well as the organization itself.*

Trauma Aware

	Emphasis in this stage is on building knowledge and beginning to change attitudes
Knowledge	Defines trauma and toxic stress
	Describes the three “E’s” (event, experience, effects)
	Describes prevalence of trauma
	Identifies and describes key signs and symptoms of trauma
	Describes the short and long term impacts of trauma on the mind, body, and spirit
	Recognizes that the impact of trauma can change the way service providers see and interact with others
	Describes the "pair of ACEs" (Adverse Childhood Experiences and Adverse Community Environments)
	Describes resilience
	Recognizes the importance of the role of protective factors in preventing and ameliorating the impacts of trauma
	Recognizes that there are 6 SAMHSA principles of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues)
	Describes vicarious trauma, secondary trauma, re-traumatization, and compassion fatigue
	Describes self-care
Skills	N/A
Attitudes	Open to the prevalence of trauma and the impact of trauma and toxic stress on themselves and people served
	Values the lived experience of peers/participants

Trauma Sensitive

	Emphasis in this stage is continued knowledge building and creating readiness for change (self-examination, self-awareness)
	Knowledge and readiness differs depending on level (basic or advanced)
Knowledge	Understands impact of trauma over the lifespan
	Summarizes the findings of the Adverse Childhood Experiences Study
	Describes the interconnection of violence, trauma, & social issues (Adverse Community Environments)
	Describes the impact of historical and cultural trauma
	Explains how behaviors, including those that appear to be “problems” or symptoms, often reflect trauma related coping skills individuals need to protect themselves and survive
	Understands the complex needs of trauma survivors
	Understands the key assumptions of trauma-informed care (the 4 R's: realization, recognize, respond, resist re-traumatization)
	Understands how protective factors, such as strong emotional connections to safe and non-judgmental people and individual resilience, can prevent and ameliorate the impacts of trauma
	Identifies ways that individuals can be re-traumatized or triggered by the systems and services designed to help them
	Explains the 6 SAMHSA principles of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues)
	Describes how the attitudes and perceptions of service providers may be influenced by trauma
	Understands the role of self-care in a trauma-informed approach
Skills	<i>Basic: minimal interaction with service recipients</i>
	Demonstrates knowledge, attitudes and values of a trauma champion (e.g., enthusiastic about and appreciates the value of a trauma-informed approach)
	Demonstrates ability to maintain healthy boundaries
	Demonstrates ability to maintain confidentiality
	Demonstrates ability to be self-reflective
	<i>Advanced: direct interaction with service recipients</i>
	Demonstrates ability to establish trusting relationships with peers/participants

	Demonstrates ability to engage peers/participants with empathy, warmth, and sincerity
	Demonstrates ability to sometimes/occasionally interpret behaviors, including those that appear to be “problems” or symptoms, as trauma related coping skills individuals need to protect themselves and survive
Attitudes	Healing from trauma is transformative
	Healing builds strength in the “broken places”
	Willing to examine personal beliefs about and experiences of trauma and childhood adversity
	Belief that providing trauma-informed/developmentally sensitive care is an appropriate and important role for anyone involved in providing services to others
	Peers and program participants are the experts in their own journey
	Believes that providing trauma-informed/developmentally sensitive care is an appropriate and important role for anyone involved in providing services to others
	Willing to seek out professional development opportunities

Trauma Responsive

	Emphasis in this stage is on integrating trauma-informed principles into behavior and practices
	Knowledge and skill differs by level (basic or advanced)
Knowledge	Understands the differences among various kinds of abuse and trauma (e.g., physical, emotional, and sexual abuse; domestic violence; experiences of war for both combat veterans and survivors of war; natural disasters; community violence)
	Demonstrates knowledge of the impact of trauma on diverse cultures with regard to the meanings various cultures attach to trauma
	Understands the multi-generational nature of trauma and the “pair of ACEs” (Adverse Childhood Experiences and Adverse Community Environments)
	Examines personal beliefs about and experiences of trauma and childhood adversity and the impact these have on interactions with clients, colleagues, organizations, and systems
	Understands the importance of not engaging in behaviors that might activate trauma symptoms or acute stress reactions in self or others
	Explains how the 6 SAMHSA principles of trauma-informed care can be integrated into their work (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues)
	Understands how to use protective factors, such as strong emotional connections to safe and non-judgmental people and individual resilience, to prevent and ameliorate the impacts of trauma
	Understands the building blocks of establishing a trusting relationship
	Understands collaborative decision-making processes and the need to seek common ground
	Understands the importance of early detection and intervention of primary, secondary and vicarious trauma stress reactions
Skills	<i>Basic: minimal interaction with service recipients</i>
	Demonstrates ability to create a safe, welcoming physical environment
	Demonstrates ability to create a safe, welcoming, psychologically and emotionally supportive environment
	Demonstrates ability to establish and maintain transparency in actions and interactions
	Demonstrates ability to establish trusting relationships with colleagues
	Demonstrates ability to communicate and collaborate with peers/participants in a respectful, inclusive manner
	Actively engages in appropriate self-care activities that lessen the impact of primary, secondary, and vicarious trauma reactions on self and others

	<i>Advanced: direct interaction with service recipients</i>
	Demonstrates the practice of thinking "trauma first" in interactions with others
	Actively solicits feedback/reflection on application of trauma-informed care in work
	Demonstrates ability to accurately perceive, assess, and express emotions and model non-violent ways of communicating those emotions in order to maintain a safe environment for self and others
	Demonstrates ability to communicate and collaborate with individuals, families, professionals and communities to establish supportive relationships for growth and healing
	Exhibits an interpersonal style that is direct, willing to change as a result of interactions, reflective, engaging, honest, trustworthy, culturally competent and eliminates the use of labels that characterize people or their behaviors as being abnormal
	Demonstrates ability to use a trauma-informed approach in response to a variety of ways clients express stress reactions both behaviorally (e.g., avoidance, aggression, passivity) and psychologically/emotionally (e.g., hyperarousal, avoidance, intrusive memories)
	Demonstrates ability to support peers in skill development by sharing knowledge and power
	Demonstrates ability to identify individuals' strengths, coping resources, and resilience
	Demonstrates ability to adequately integrate trauma resources into service delivery
	Promotes the active engagement of self-care activities for self and others
Attitudes	Healing happens in relationships
	Adopts a universal approach to trauma and provide services in a manner that is welcoming and appropriate for all, including individuals and families who have experienced trauma

Trauma Informed

	Emphasis in this stage is on continuous improvement and monitoring of trauma-informed knowledge/skills/attitudes
Knowledge	Understands trauma-informed and trauma specific care, including knowing the key elements of a trauma-informed system and being familiar with evidence-based trauma treatment models
	Understands how to automatically integrate the 6 SAMHSA principles into any new policies/procedures (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues)
	Easily identifies and describes relevant resources for trauma specific treatment and trauma-informed services
	Educates and supports peers about the need to recognize and address their risk of secondary/vicarious trauma and how they may be negatively affected by interaction with others
	Understands healthy boundaries within trauma-informed contexts
	Understands the role of staff self-disclosure in trauma-informed settings
	Demonstrates the ability to critically evaluate and apply current science on trauma-informed care
	Demonstrates the ability to effectively and accurately communicate and educate scientific knowledge about trauma to a broad range of audiences, including those impacted by trauma
Skills	<i>Basic: minimal interaction with service recipients</i>
	Facilitates trauma-informed collaborative relationships, as appropriate for the level of interaction, with service recipients and colleagues which include demonstrating care, respect, cultural competence and developmental sensitivity
	Demonstrates ability to practice self-care in an intentional, consistent manner
	Provides expertise as a trainer, mentor, coach, consultant, and role model to promote and support changes, as appropriate, to policies, practices, and employee development
	<i>Advanced: direct interaction with service recipients</i>
	Facilitates trauma-informed collaborative relationships with service recipients and colleagues which include demonstrating care, respect, cultural competence and developmental sensitivity
	Employs strengths-based approaches, maximizing safety for all and opportunities for individual choice and control
	Provides trauma-informed screening and assessment including obtaining appropriate client and family histories to determine exposure to trauma/childhood adversity and risk and protective factors, when indicated

	Facilitates referrals and access to trauma-informed and trauma specific treatment services for service recipients as needed
	Educates others about risk and protective factors associated with trauma, the “pair of ACEs,” and healthy development, and assists them with developing tools/strategies to strengthen development
	Demonstrates ability to practice self-care in an intentional, consistent manner and to promote same ability in all DHSS employees and clients
	Provides expertise as a trainer, mentor, coach, consultant, and role model to promote and support changes to policies, practices, and employee development
Attitudes	Pathways to recovery are diverse and vary from individual to individual
	Recovery is a spiral, non-direct path, not direct, not linear
	Recovery from trauma is possible for all
	Informed choice is central to trauma recovery
	Recognizes that involving clients/parents/caregivers as partners in the process of recovery from trauma and childhood adversity maximizes the potential for healing
	Recognizes the importance of ongoing professional development based on evidence-based and evidence-informed practices

References, Resources and Glossary

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Glossary		
Term	Definition	Source
Adverse childhood experiences	Adverse Childhood Experiences include emotional, physical, or sexual abuse; emotional or physical neglect; domestic violence; parental substance use; parental mental illness; parental separation or divorce; or incarcerated household member. Such experiences are linked to long term health outcomes in a series of studies (Felitti et al, 1998).	<u>Centers for Disease Control and Prevention</u>
Adverse community environments	There are manifestations, or symptoms, of community trauma at the community level. The symptoms are present in the social-cultural environment, the physical/built environment, and the economic environment. They include violence, dilapidated buildings, deteriorating roads, poor transportation, and crippled local economies.	<u>Prevention Institute</u>
Childhood adversity	Childhood adversity includes child abuse and neglect, exposure to violence, and family economic hardship. (see Adverse Childhood Experiences and Adverse Community Environments)	<u>Administration for Children & Families</u>
Compassion fatigue	Compassion Fatigue (CF) is when someone who regularly hears/witnesses very difficult and traumatic stories begins to lose their ability to feel empathy for their clients, loved ones and co-workers. This deep physical and emotional exhaustion has been described as “having nothing left to give” and “an occupational hazard”. Compassion Fatigue can show as a variety of symptoms presenting either behaviorally, emotionally, relationally, physically and spiritually. Sometimes CF is misdiagnosed as depression.	<u>Compassion Fatigue</u>
Cultural trauma	Cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.	<u>Alexander</u>
Four R's	Realization, recognize, respond, resist re-traumatization	<u>SAMHSA</u>

<p>Historical trauma</p>	<p>Historical trauma refers to trauma inflicted in the past on members of a certain cultural group that may continue to have effects on the current generation. The concept was originally developed to help explain how generations descended from Holocaust survivors continued to be psychologically affected by the trauma their parents and/or grandparents had experienced (Duran et al., 1998; Sotero, 2006). Clinicians working with other populations, such as Native Americans, observed a similar pattern with regard to how the behavioral health of more recent generations continued to be affected by violence committed against their ancestors (Brave Heart, 2003, 2004; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Other groups who experienced large-scale and well-remembered violence, such as attempted genocide or slavery, also have to deal with historical trauma.</p>	<p><u>SAMHSA</u></p>
<p>Multi-generational trauma/ intergenerational trauma</p>	<p>Multigenerational/intergenerational trauma is a traumatic event (or events) that began years prior to the current generation and has impacted the ways in which individuals within a family understand, cope with, and heal from trauma.</p>	<p><u>Hill</u></p>
<p>Protective factors</p>	<p>Think of these as the opposite of ACEs—the factors or circumstances in a child’s life that buffer her/him from harm and promote stability and resilience. Research has shown that supportive family and social relationships, exercise, adequate sleep, proper nutrition, spending time in nature, listening to music, and meditation are key protective factors for individuals. Protective community factors include adequate housing, access to good health care, support in times of need, involvement with healthy systems (e.g., trauma-informed schools), adequate-paying jobs for parents so that they can spend time with their children, healthy work environments for parents so that they don't bring trauma home with them, and caring adults outside the family who serve as mentors and role models</p>	<p><u>Harvard University</u></p>
<p>Resilience</p>	<p>This is the capacity to cope with stress, overcome adversity and thrive despite (and perhaps even because of) challenges in life. People who are resilient see setbacks and disappointments as opportunities to grow. While some people may seem to be naturally more resilient, research shows that children, adults and even communities can learn skills and ways of thinking that boost resilience and help them grow.</p>	<p><u>Community Resilience Cookbook</u></p>

Re-traumatization	Retraumatization is a situation, attitude, or environment that reminds a person of the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them. This can happen at any time, but is very noticeable in an organization that is supposed to be a caring organization, such as a school, healthcare clinic, substance-abuse clinic, or place of worship.	<u>The New Social Worker</u>
SAMHSA principles of trauma-informed care	Safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues	<u>SAMHSA</u>
Secondary trauma	This refers to the suffering and stress that comes from witnessing, helping, or trying to help a person who has ACEs and exhibits signs of trauma. Nurses, teachers, hospice workers, foster parents, child welfare workers, physicians, police officers, judges and emergency responders may experience secondary trauma. Symptoms of secondary trauma can include sadness, anger, poor concentration, emotional and physical exhaustion, and shame.	<u>Community Resilience Cookbook</u>
Self-care	Self-care refers to actions and attitudes which contribute to the maintenance of well-being and personal health and promote human development	<u>Habits for Well-being</u>
Three E's	Event, experience, effects	<u>SAMHSA</u>
Trauma	Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically and/or emotionally harmful, overwhelming, and/or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. A community (e.g., a neighborhood, a city, a region, a state, or a nation) can also experience trauma that results in lasting adverse effects in the entire community's functioning and well-being. Examples include war (Syria, Sierra Leone), natural disasters (e.g., tornadoes, floods, and earthquakes that destroy parts of a city), and violence (West Virginia Tech campus shooting, shootings of children in Newtown, CT).	<u>SAMHSA</u>

Toxic stress	<p>A toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment well into the adult years.</p>	<p><u>Harvard University</u></p>
Vicarious trauma	<p>When a person is continuously exposed to other people’s traumatic experiences through witnessing and/or hearing others’ stories, vicarious trauma can be experienced. Vicarious trauma (VT) means that you have not been the direct victim of a trauma, but you have experienced it second hand through your client’s stories and may be experiencing post-traumatic stress symptoms similar to the person who experienced it. This can include intrusive imagery (images of trauma popping into your head) dreaming about the traumatic situation or avoiding certain activities and so on. Ongoing vicarious trauma can result in a shift in the helper’s world view and sense of meaning, for example, someone who may regularly feel safe can begin to doubt their safety if they work with victims of crime and hear numerous stories of crimes and trauma. If a helper has a previous history of trauma (and many have as more than 70% of the population has experienced one or more event significant enough to be traumatic) that is unresolved, then you are more likely to experience VT.</p>	<p><u>Vicarious Trauma</u></p>