

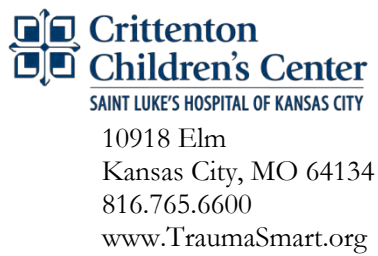


TRAUMASmart®

Administrator Guide



No portion of this guide may be duplicated without written permission of:



For additional information traumasmart@saint-lukes.org

Revised 10/15/2020

General Overview

Purpose

The purpose of Trauma Smart® (TS) is to help educational organizations (agency/school) create trauma informed communities that support the needs of young children who have experienced trauma and the caregivers (parents, staff) who love and care for them. TS also helps organizations create environments that support the development of resiliency skills for all students served. Multiple research studies show that early identification and treatment helps mitigate the long-term negative physical and mental health effects of trauma and develops resiliency.

History/Need

TS was created in 2008 by Crittenton Children's Center, a non-profit organization based in Kansas City, Missouri. Crittenton provides mental and behavioral health services to children and families through child and adolescent psychiatric hospitalization, residential treatment, outpatient, and community-based programs. Crittenton has provided mental health services in schools for over 30 years. From 2004-2007, a single Head Start pre-school program in the Kansas City area, serving approximately 800 children, experienced a total of 40 deaths. Some of these were from acute trauma (i.e., automobile accidents, tornados, fires, sudden death of parent or staff member). Others were due to chronic, complex trauma (i.e., domestic violence, long-term illness, alcohol and drug abuse). As traumatic events occurred, children exhibited increased internalized and externalized behaviors that disrupted classrooms and created high levels of stress for teachers and staff. The intense needs of these children often exhausted both parents and staff. A specialized skill set was needed to help these children become kindergarten ready and prevent adult burnout.

Crittenton began searching for evidence-based training and treatment models for school staff and parents that would increase skills for addressing trauma. At that time, Crittenton was implementing Trauma Focused Cognitive Behavior Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), and the Attachment, Self-Regulation, and Competency (ARC) framework in the hospital and residential setting. We knew that if we could build on these frameworks that were originally designed for use by hospitals, psychiatrists, and therapists, for use with teachers, parents, and children, we could have an impact on communities. We also knew a strong emphasis on self-care was needed in order for parents and staff to remain engaged, energized, and to build resiliency.

In a 2012 study, Briggs-Gowan, et. al, found that across the United States, 25% of children experience at least one traumatic event by the age of 4 (published in the *Journal of Traumatic Stress*, 23,725-733). Children who live in poverty are at higher risk of experiencing multiple traumatic events by the age of 4. Agencies served by TS to date show that approximately 92% of children referred for individual treatment have experienced 1 traumatic event; and 69% of children have experienced 3 or more traumatic events. Research shows that early identification and treatment of children who have experienced trauma helps mitigate these factors.

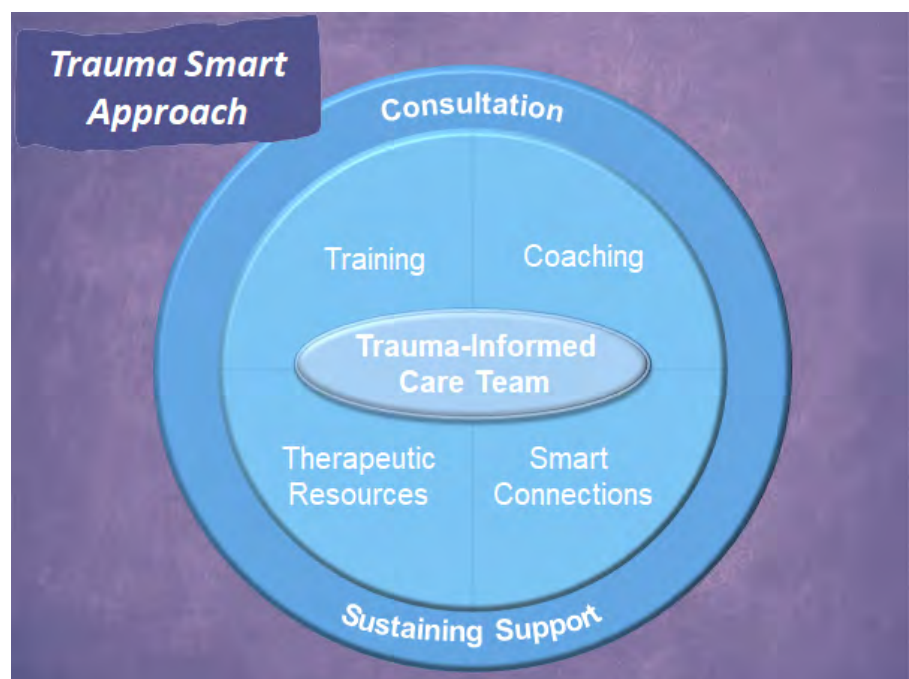
The Crittenton Trauma Smart Approach:

- supports agencies as they create a trauma informed environment that reduces staff turnover and improves family outcomes.
- builds a common framework and language of resiliency that all members of the agency community know, understand, and use.
- provides skills teachers need to address the most challenging behaviors among their students including those not addressed by current social emotional programs. Trauma informed classrooms support children as they build stable attachment and pro-social skills that have been shown to lead to success in school and life.
- supports families as they learn about the impact of trauma, how they can address its effects, and improve family engagement in school.
- reduces the need for suspensions and expulsions which allows children to stay in school and learn.
- integrates best practice for mental health for children, caregivers, and staff to reduce staff burnout and increase child and family success.
- aids school organizations in meeting federal and state regulations, including emphasis on mental health, family engagement, and professional development.
- reduces the impact of adverse childhood experiences, including aggressive or withdrawn behaviors, tantrums, and school phobia.

The Trauma Smart Approach

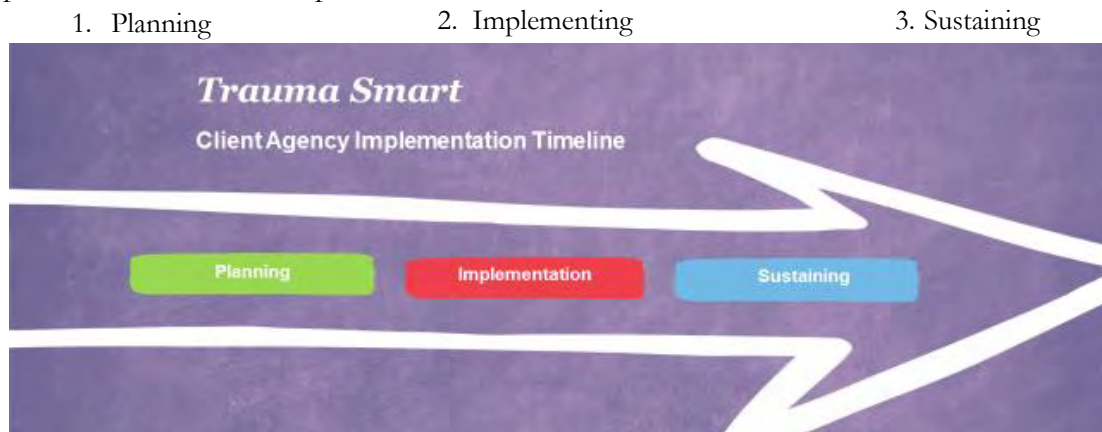
The TS Approach contains the following components:

1. Consultation
2. Trauma-Informed Care (TIC) Team
3. Training
4. Coaching
5. Smart Connections
6. Therapeutic Resources
7. Sustaining Support



Phases of Implementation

The TS Approach has three distinct phases.



Organizations will move through the 3 phases as the agency's/school's goals in each are achieved. All components of the TS Approach will be a part of each of the phases of implementation. Our work with organizations seeking to become trauma-informed has shown that profound cultural change takes two to three years. The goal is to make an overall shift in philosophy and practice. Change happens when adults begin asking "what happened to this child" rather than "what is wrong with this child." Trauma-informed organizations offer the supports adults need to begin to see themselves and their responses as integral and effective in helping children who have experienced trauma to learn and grow successfully. Trauma-informed organizations also focus on building resiliency skills for all students served.

1. The Planning Phase

Goal: The agency/school chooses to become a more trauma informed service provider. Becoming more trauma informed means the agency/school:

- recognizes the importance of teaching all students resiliency skills.
- recognizes the impact that teachers and parents can have in modeling those skills.
- is aware of the prevalence of trauma among the population served.
- is sensitive to the potential impact trauma has on human interactions.
- is ready to respond effectively to the manifestations of trauma, and
- is willing to examine and re-mediate every aspect of how the agency does business to prevent re-traumatizing students and staff.

TS and the agency/school work together to build a common framework of understanding of each other's objectives and resources based on the TS Approach. They agree to common goals and activities and ultimately come to a contractual agreement that describes the affiliation. The contractual agreement may be shown in a Memorandum of Understanding (MOU) or Service Letter Agreement (SLA). During the initial stages of the planning phase multiple conversations are held regarding the following:

- **Commitment:** agency/school awareness of the time, work, engagement, and responsibility of this partnership as we move along their trauma-informed journey. The leaders during this initial commitment will need to be aware of the importance of their roles (leading by example) in actively engaging their agency/school staff.
- **Consultation:** agency/school is assigned a TS Manager and Consultant/Trainer to guide them along their trauma-informed journey. The TS Consultant provides regular, scheduled support, focused on helping the agency/school staff to develop a trauma-informed lens and implement skills learned during staff training. This is completed through monthly TIC team meetings, classroom visits, and scheduled meetings with staff.
- **Leadership Orientation:** agency/school has an opportunity to introduce the TS Approach and their commitment to the partnership with their stake holders, administrators, community partners, and agency/school identified trauma-informed care team.
- **Academies:** agency/school begin discussions around choosing staff to attend the Coaching and Smart Connections Academy and the Facilitator's Academy. These choices may be based on current staff roles, preferences and/or funding. These discussions are held during this time to prepare for the next phase: Implementation.

2. The Implementation Phase

Goal: To create a more trauma-informed agency/school using the TS Approach in order for staff and families to heal and build resiliency for children and their caregivers.

TS Staff work hand-over-hand with agency administrators and staff to increase the understanding of the impact of trauma and how the agency/school can address that impact. This is accomplished through the creation of an agency/school TIC team and training of all agency staff by the TS Consultant/Trainer. TS Consultant also provides training and support for agency/school identified coaches who provide coaching to the teachers, identified caregiver educators who provide training to parents/families, and other staff. Consultation supports therapy/community resources for children most in need, leaders modeling and practicing TS content within their roles, and a commitment by administrators and managers to lead a more trauma informed agency/school. Progress is evaluated on an on-going basis and at the end of the Implementation phase.

Trauma Informed Care (TIC) Team

The Trauma Informed Care team (TIC team) is a group of agency/school staff who are passionate about supporting their agency's/school's efforts to become trauma-informed. The team members are willing to commit to modeling trauma-informed work for their peers. The TIC Team identifies agency/school needs, barriers, and goals to increase opportunities for a successful implementation of the TS Approach. The goal of the TIC Team is to create a unified plan for the agency/school to become more trauma informed for years to come. The TIC Team may include representatives from a variety of roles such as leadership, supervisors, and director service staff

Trauma Smart Training

Staff attend 20 hours of training for all staff involved in a specific program or school. This includes administrators, teachers, paraprofessionals, office staff, kitchen staff, bus drivers, etc. Why? Because each of these individuals affect the lives of children in some manner. Staff training sessions are approximately one-third didactic learning, one-third discussion, and one-third experiential/activity-based learning. Training participants receive a participant manual that highlights the main concepts of each training session and includes activities and tools they can use in the classroom or at home to support TS concepts.



Training Considerations:

Trauma Smart provides a trainer and all staff training materials during the implementation phase. Training sites agree to provide coverage for staff to attend trainings, a projector and screen, and laptop that can accommodate PowerPoint slides, and Internet connection (please let TS know if your agency/school has any technology limitations). A lapel microphone may be requested for the trainer and /or an additional hand-held microphone is helpful for large groups. It is up to the agency/school to choose training location, reservations if applicable, and snacks/refreshments and incur any costs that may be associated.

Trauma Smart Academies

Coaching and Smart Connections Academy

During the initial Planning Phase the agency/school discussed identifying members of its staff who are in a position to provide coaching in TS techniques to peers or employees. These staff members may be administrators, supervisors, education coordinators, curriculum specialists, mental health specialists, or teachers. These staff members will attend one week of training in Kansas City to learn more about trauma-informed care and coaching techniques so they can continue to support learning Trauma Smart concepts in their agency/school. This same Academy will also provide training on how to present Smart Connections, the caregiver education component of the TS Approach.

TS Coaching and Skill-Building

After the chosen agency/school staff attend the Coaching and Smart Connections Academy, they will work closely with their TS Consultant and TIC team to formulate a plan for their role as a TS Coach. The TS Consultant will consistently support the agency/school TS Coach to be successful in classroom coaching, skill-building, and modeling TS content with their agency/school staff.

In order for classroom coaching and skill-building to be successful it will be important for teachers to be open to coaching by actively participating in the coaching process. TS has a wide range of classroom lessons/activities/strategies that coaches can use to support teachers.

We encourage agencies/schools to support staff as they implement TS principles and applaud agency efforts to include TS goals in professional development plans, policies, and procedures. We are happy to work with supervisors and administrators on how to evaluate these goals.



Smart Connections and Caregiver Education

During the initial Planning Phase the agency/school discussed identifying members of its staff who are in a position to provide caregiver education workshops/sessions to parent and families. These staff members may be management, teachers, mental health specialists, support specialists, or family advocates. These staff members will attend one week of training in Kansas City to learn more about trauma-informed care, Smart Connections, and facilitation techniques so they can continue to support learning TS concepts in their agency/school and community. This is the same Academy that also provides training on how to coach peers and staff in the TS techniques, the coaching component of the TS Approach.

Smart Connections Facilitators from your agency/school provides caregiver education based on TS concepts. Content for caregiver education has been divided into multiple 30-45 minute segments that can be scheduled individually with parents or in groups. The caregiver education will support families with children of all ages. Training is typically presented in sequential order, as the sessions build upon each other.

Sites with consistent caregiver attendance often offer support such as- translation, meals/snacks, attendance prizes, child care/child care reimbursement, and mileage reimbursement to caregivers. While this is not required, it helps caregivers be able to attend. Some agencies/schools have been successful in engaging local businesses, agencies, churches, etc. to contribute to these costs. Each agency/school is responsible for notifying caregivers of the training opportunities provided.



Facilitator's Academy

TS will offer an educational experience for identified agency/school staff members who will facilitate TS training and booster content for newly hired teachers and staff in years to come.

These staff members may be administrators, supervisors, education coordinators, curriculum specialists, mental health specialist, or teachers.

These staff members will attend one week of training in Kansas City to learn how to present the TS content to their new/returning staff. TS will provide the tools needed so that presentations of the training content can be presented to all staff as well as instruction in facilitating experiential activities with groups and a deeper understanding of TS concepts and tools.



New Hire Staff Training: It is important that newly hired staff are trained in the TS Approach as they are hired. Agency/school staff members who attend the Staff Training Facilitators' Academy will learn to present training and facilitate activities for newly hired staff.

Booster Training: A 2-hour booster training may be provided at least once a year for staff who have completed the initial 20-hours of training. This keeps the TS concepts alive and promotes long-term sustainability.



Therapeutic Resources

During the Planning Phase, TS and the agency will determine how and where children will be referred for individualized intervention. The TS Consultant will facilitate conversations to assess and identify needed gaps in services and problem solve ways to connect community agencies to fill these gaps. The therapist may work for the agency/school or a community partner. Therapists are encouraged to attend TS training. The decision will depend upon preference and funding.

Measuring Outcomes

TS Approach implementation and agency's/school's trauma informed goals may be measured by the following tools:

- Attitudes Related to Trauma-Informed Care (ARTIC) Scale (pre/post data collected).
- Feedback forms administered through out the program year.
- TS Approach satisfaction survey administered throughout the program year.

The agency's/school's TIC Team and TS Consultant will determine any additional measures that could be used to measure their goals and needs along their trauma-informed journey.



3. The Sustaining Phase

Goal: The agency/school has completed the trainings, Academies, and met the goals set out in the Planning and Implementation phases. TS is well integrated in the agency/school, a plan is in place to sustain all components of the TS Approach, and the TIC Team is empowered to move forward in their agency's/school's trauma-informed journey.

The agency/school assesses their resources and needs for continuing their trauma-informed journey. This assessment may lead to the need for continued partnership with Crittenton Children's Center Trauma Smart for services to sustain. The TS Manager will work with the agency/school administrators and TIC Team to determine the next steps for continuing the partnership as needed.

The TS Consultant has worked closely with the TIC Team to be prepared for the time that their TS partnership ends and how they will continue their journey without TS guidance. The TS Consultant has empowered the TIC Team to continue to sustain the TS Approach and its components by using their staff who were trained for the TS Coaching and Smart Connections Facilitator roles. The TIC Team will continue to collaborate with these staff to ensure their plans for coaching and caregiver education are implemented. These roles will ensure that agency/school staff and families continue to be supported in learning and practicing the TS techniques.

The TS trainings are also able to be sustained by the agency/school staff who were trained in the facilitator role. The TIC Team will collaborate with the trained facilitator to ensure their plans for scheduling and facilitating are implemented. The TS Facilitator will present the TS concepts and facilitate activities with all newly hired staff, while also providing boosters to staff who attended the previous TS trainings. The booster sustains the TS concepts within the agency/school for years to come.

We understand due to staff turnover, transitions, funding, grants, etc. there may come a time for agencies/schools to train additional staff in the roles of TS Coach, Smart Connections Facilitator, and TS Facilitator. TS hosts yearly Coaching and Smart Connections Academies and Facilitator's Academies in Kansas City, MO. At the cost of the agency/school these staff members will attend one week of training in Kansas City to learn more about trauma-informed care, coaching, smart connections, and training content so they can continue to support and deliver TS in their agency/school.



Additional Information

Agency/School Administrator Support and Trauma Smart Managers

TS Managers work with administrators, managers, directors, education coordinators, mental health coordinators and/or designated agency/school staff to provide feedback about TS implementation and to develop sustainability of TS concepts within the organization. Trauma Smart Managers and Consultants will work with administrators to create a process for keeping them informed of goals, plans, and schedules.

TS Consultant/Trainer will report to a Crittenton TS Manager for clinical and administrative supervision. This supervision allows for the TS Consultant to share the agency's/school's progress, successes, challenges and barriers in their trauma-informed journey. They will collaborate to ensure that the agency's/school's needs are being met in the partnership.

We request that each agency/school administration designate someone on their staff to act as a local contact. This should be someone who has ongoing availability, expertise, authority to answer questions, and provide guidance regarding how to best function within the agency/school setting. It is the agency's/school's responsibility to educate TS staff providing services about their policies and procedures.

TS Manager and Consultant will meet at mutually agreed upon intervals with the agency/school contact or other designated agency/school personnel to make sure services are being provided in a helpful and timely manner. The TS Manager will also respond to phone or email inquiries promptly, usually within the business day.



Media Requests

TS occasionally receives requests from local and national media to share stories about TS and the trauma-informed journey of agencies/schools like you. This can yield positive publicity for TS as well as the agency/school. TS staff and SLHS media representatives will work closely with school officials to be sure all policies/procedures are followed and that only children/staff with signed consent are filmed or interviewed.

Please Contact

LeAnn Keck, LCSW/RPT, Director of Trauma Smart, at leakeck@saint-lukes.org or the TS Manager/Consultant assigned to your agency/school.



TS Staff: Background Checks/Health/Insurance/HIPAA verification

Crittenton Children's Center carries malpractice insurance and workman's compensation insurance for all employees. The Human Resources Department of Crittenton Children's Center conducts initial and annual background checks and health screenings on all employees and interns completing practicum requirements through Crittenton. While we cannot release the results of an individual's background check or health screening, we can verify that each employee/intern has completed and cleared each screening.

*Upon hire, and annually thereafter, all employees and interns must complete/pass a health physical and TB test. Background checks include the following:

- EDL (Employee Disqualification List/Dept. of Health & Senior Services)
- OIG (Office of Inspector General/US Dept. of Health & Human Services)
- Sterling (City, State, County, Sex offender search; past 7 years)
- MO FCSR (Missouri Family Care Safety Registry)
- KS SRS (Kansas Dept. of Social & Rehabilitation Services) - KS residents only
- License verification (if applicable)
- Education verification

*In addition, Crittenton employees must complete yearly re-certification in the following areas:

- Trauma-Informed Care
- SLHS Annual Compliance Training (HIPAA)
- Information Security
- Privacy
- Ethics and Compliance
- Code of Conduct
- False Claims
- Social Media
- Gift and Business Courtesies



Appendix I:

The Missouri Model: A Developmental Framework for Trauma-Informed Approaches¹

Trauma-Informed Approaches Implementation

The implementation of a trauma-informed approach is an ongoing organizational change process. Most people in the field emphasize that a “trauma-informed approach” is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes, and skills that continues to deepen and unfold over time. Some leaders in the field are beginning to talk about a “continuum” of implementation, where organizations move through stages. The continuum begins with becoming trauma aware, moves to trauma sensitive, then responsive and finally being fully trauma-informed.¹ This continuum remains fluid and allows us to acknowledge movement both and forth among the stages.

- **Trauma Aware:** organizations have become aware of how prevalent trauma is and have begun to consider that it might impact their clientele and their staff.
Key Task: Awareness and Attitudes
- **Trauma Sensitive:** organizations have begun to: 1) explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment) within their environment and daily work; 2) build consensus around the principles; 3) consider the implications of adopting the principles within the organization; and 4) prepare for change.
Key Task: Knowledge, Application, and Skill-Development
- **Trauma Responsive:** organizations have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff begin re-thinking the routines and infrastructure of the organization.
Key Task: Change and Integration
- **Trauma Informed:** organizations have made trauma responsive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. The organization works with other partners to strengthen collaboration around being trauma-informed.
Key Task: Leadership

¹ Missouri Model: A Developmental Framework for Trauma-Informed Approaches, MO Dept. of Mental Health and Partners (2014).

Appendix II: SAMHSA 6 Key Principles of a Trauma-Informed Approach¹

Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”

Empowerment, Voice, and Choice

Throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience and in the ability of individuals to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development, and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible, by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases (e.g. based on race ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical **trauma**.

¹Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No.(SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Appendix III: Trauma Smart Training Modules and Learning Targets

#	Title of Training	Learning Targets
1	Why Become Trauma Smart?	<ol style="list-style-type: none"> 1. Participants will become aware of the ACEs study and potential life long consequences of trauma on mental and physical health. 2. Participants will identify the Trauma Lens, Trauma Continuum, Universal Precautions, and the philosophical shift that must occur. 3. Participants will recognize the Trauma Smart goals and the ARC building blocks. <p>Why Become Trauma Smart: The overview introduces the caregiver to the Adverse Child Experiences (ACEs) study by Anda and Felitti and its relevance for both children and adults. Concepts explored include the trauma lens, universal precautions, the Trauma Smart Approach and the ARC blocks.</p>
2	Developing a Common Language	<ol style="list-style-type: none"> 1. Participants will become familiar with the Trauma Smart framework. 2. Participants will become familiar with the definition of trauma and how trauma impacts a child's ability to learn. 3. Participants will be able to identify the parts of the brain involved in the trauma response. 4. Participants will be able to identify situations that trigger emotional responses for them in the classroom. <p>Developing a Common Language: This topic provides more information from the Adverse Child Experiences (ACEs) study with emphasis on the importance of early intervention in mediating the negative impact of trauma. It also teaches a simple analogy to explain complex brain science. This module sets the stage for the ARC concepts that follow.</p>
3	*Caregiver Affect Management	<ol style="list-style-type: none"> 1. Participants will be able to identify causes of reactive versus responsive behaviors. 2. Participants will be able to identify symptoms of secondary trauma. 3. Participants will practice Preventative and In-the-Moment self-care skills. <p>Caregiver Affect Management: This topic helps caregivers (agency staff, teachers, parents, guardians, etc.) develop skills to manage their feelings, particularly in times of stress so that caregivers can provide calm, consistent nurturing and limit setting to children affected by trauma.</p>
4	*Attunement	<ol style="list-style-type: none"> 1. Participants will be able to identify the purpose and goal of using the attunement steps 2. Participants will be able to name the four attunement steps. 3. Participants will be able to use the attunement steps with the children in their classroom. <p>Attunement: Attunement is the ability to accurately read another person's verbal and non-verbal cues in order to build relationship. This helps caregivers learn how to identify the child's feelings/energy and validate feelings prior to setting limits around behavior.</p>

5	<p>*Routines, Rituals and Consistent Response</p>	<ol style="list-style-type: none"> 1. Participants will be able to identify the importance of routines and rituals. 2. Participants will be able to ‘fine tune’ a current routine. 3. Participants will be able to identify a ritual that creates feelings of connection and builds a sense of community. 4. Participants will be able to identify reasons that consistent response is important for children who have experienced trauma. <p>Routines, Rituals and Consistent Response: Trauma Smart teaches these ARC concepts together. Daily routines are critical to a child’s ability to feel safe. Rituals provide a sense of belonging. Responding consistently is critical to establishing trust, especially with children whose lives have been filled with inconsistency. This training also includes information about the importance of utilizing praise, positive reinforcement, limit setting and behavior management strategies that are non-shame based.</p>
6	<p>*Affect Identification</p>	<ol style="list-style-type: none"> 1. Participants will be able to explain how trauma affects children's ability to identify their feelings and energy. 2. Participants will be able to name four key skills used to identify feelings and energy. 3. Participants will select an activity they can use with children to help them identify their feelings and energy. <p>Affect Identification: Children with traumatic stress often live with their brains and bodies on high alert. Affect identification helps children and caregivers learn how to identify and label their feelings and energy accurately. It teaches children/caregivers how to discriminate the emotional cues of others and link their emotions to current life experience.</p>
7	<p>*Affect Modulation / Affect Expression</p>	<ol style="list-style-type: none"> 1. Participants will be able to explain how trauma affects children’s ability to modulate their feelings and energy. 2. Participants will be able to name key skills required for affect modulation. 3. Participants will be able to identify activities they can use with children to help them increase or decrease their feelings and energy. 4. Participants will be able to explain how trauma impacts children’s ability to express their feelings in effective ways. 5. Participants will be able to name 3 activities they can use at home or in the classroom to help children express their feelings. <p>Affect Modulation/Affect Expression: Inability to modulate emotions is often a key deficit for children who have experienced trauma. Children affected by traumatic stress have a tendency to over-control or shut down emotional experience (constriction, numbing, avoidance, isolating, distraction, fantasy/daydreaming, etc.) or manage emotional arousal through heightened behaviors or physical stimulation (physical movement, jumping, running, rocking, aggression, sexualized behaviors, etc.). Teaching children how to increase or decrease their arousal states in safe ways is crucial for on-going developmental progress. Sharing emotional expression is a key aspect of human relationships. An inability to communicate affect prevents children from being able to form and maintain healthy attachments. Learning appropriate ways to express themselves in verbal and nonverbal communication is primary to children’s ability to develop healthy relationships.</p>

8	Grief and Loss	<ol style="list-style-type: none"> 1. Participants will be able to define grief. 2. Participants will be able to support children and families who are grieving in helpful ways. 3. Participants will understand how children experience the grieving process. 4. Participants will be able to recognize signs of grief. <p>Grief and Loss: This topic is not part of the original ARC framework. It has been added by Trauma Smart to explain how children grieve. It provides insights that help adults attune to the emotional distress of children who have suffered loss and describes the differences between normal grief and traumatic grief.</p>
9	*Executive Function	<ol style="list-style-type: none"> 1. Participants will be able to identify functions that occur in the “Front Seat” (prefrontal cortex) of the brain. 2. Participants will be able to teach children a model for solving problems. 3. Participants will learn strategies to help children develop executive functions. <p>Executive Function: Executive functions help us navigate the world in a goal directed, thoughtful way. These skills include the ability to delay or inhibit response, participate in active decision-making, anticipate consequences, evaluate outcomes and generate alternative solutions to problems. These skills are often delayed in children who have complex trauma, yet they are crucial to the child’s future success. Strengthening executive function also helps adults identify and counteract cognitive distortions children often hold about themselves and the world that can impede healthy development.</p>
10	*Self Development and Identity Trauma Integration	<ol style="list-style-type: none"> 1. Participants will be able to identify how trauma impacts identity formation. 2. Participants will be able to name four facets of identity. 3. Participants will be able to name common traumatic belief of children who have experienced trauma. 4. Participants will be able to support children with integration of past trauma. <p>Self Development & Identity Trauma Integration: In infancy and early childhood, identity formation begins as a basic awareness of self as separate from but related to others. Trauma impacts the development of a coherent, positive identity and sense of self due to the internalization of negative experiences, fragmented experiences, and lack of safety to allow for normative exploration. Children who have experienced trauma need help from caring adults to develop an integrated sense of self, social skills, motor skills, learning readiness, personal responsibility, independent functioning, and community connections.</p>

*Adapted from *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency*, by Margaret E. Blaustein, Ph.D. and Kristine M. Kinniburgh, LICSW (2010).

References

Blaustein, Margaret E, and Kristine M Kinniburgh. Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency. The Guilford Press, 2010.

Cohen, Judith a, et al. Treating Trauma and Traumatic Grief in Children and Adolescents. The Guilford Press, 2006.

Linehan, Marsha. Cognitive-Behavioral Treatment of Borderline Personality Disorder. The Guilford Press, 1993.

Missouri Model: A Developmental Framework for Trauma-Informed Approaches, MO Dept. of Mental Health and Partners (2014). Substance Abuse and Mental Health Services Administration.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No.(SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.