**Trauma Informed Practice – Hybrid Course Workbook**

Welcome to the Trauma Informed Practice – Hybrid course. In this course we explore how families experience trauma, discuss strategies to recognize the signs of traumatic stress, and identify tools to help regulate distress using trauma informed practices.

These workbook pages will support your learning through this course and aid your supervisor in understanding the purpose of the course (see the Course Learning Objectives below), its sections (see Course Sections below), and how they can support you in your learning.

Throughout the workbook, you will find space to capture your responses to activities within the online modules – some of your responses will be brought to Community Huddles, while others mat be shared with your supervisor or colleague for on-the-job application activities.

**Course Learning Objectives**

Upon completion of this course, child welfare professionals will be able to:

* Recognize symptoms of traumatic stress within a developmental and cultural context.
* Explain how trauma impacts child development and adult functioning, including self-regulation, ability to trust, and healthy self-concept.
* Describe and identify physiological and psychological responses to distress, fear, and trauma.
* Practice techniques that support the professional in regulating their own distress so that they can engage in a trauma-informed and culturally responsible manner.
* Demonstrate effective strategies and practices that regulate distress in others, promote resiliency and prevent re-traumatization.
* Recognize the trauma experienced by families based on their involvement in the child welfare system and identify strategies to help reduce these trauma stressors.

**Course Sections**

This course contains the following sections:

* Prework for Community Huddle 1 – online content (30 minutes)
* Community Huddle 1 – virtual session via Zoom (90 minutes)
* Grounding Activity 1 – online content (30 minutes)
* Packet 1: Beliefs and Behaviors – online content (10 minutes)
* Packet 2: Exploring Different Stories – online content (20 minutes)
* Packet 3: Barriers to Engagement – online content (20 minutes)
* Packet 4: The Disruption of Childhood Development – online content (50 minutes)
* Packet 5: Impact of Childhood – online content (30 minutes)
* Grounding Activity 2 – online content (10 minutes)
* Packet 6: Feeling Safe, Soothed, and Seen – online content (10 minutes)
* Packet 7: Sociocultural Trauma – online content (25 minutes)
* Grounding Activity 3 – online module and on-the-job application (15 minutes)
* Community Huddle 2 – virtual session via Zoom (85 minutes)
* Packet 8: Journey to Engagement: Regulate – online content (25 minutes)
* Packet 9: Journey to Engagement: Relate – online content (20 minutes)
* Packet 10: Journey to Engagement: Reason – online content (20 minutes)
* Culminating Activity – online content (30 minutes)
* Community Huddle 3 – virtual session via Zoom (95 minutes)

**Prework for Community Huddle 1**

In your prework for Community Huddle 1, you are introduced to trauma. You are asked to (1) listen to a 911 call and (2) record your reflections. Complete the online packet first and then return to this page to review the trauma summary and record your reflections on the 911 call beginning on the next page.

**Summary: What is trauma?**

Trauma refers to a person witnessing or experiencing an event (or events) that poses a real or perceived threat to the life or well-being of the person or someone close to them. When a perceived threat becomes trauma, it can:

* Overwhelm one’s ability to cope
* Cause feelings of fear, helplessness, or horror
* Be expressed by disorganized or agitated behavior

There are multiple forms of trauma and a variety of factors that contribute to them. People often experience them in combination and may not recognize their experiences as trauma. Children’s responses to trauma are affected by many factors, including their age at the time of the event, the severity of the traumatic event, their caregiver’s reactions, and a prior history of trauma and other behavioral health conditions. In this course, we focus primarily on childhood developmental trauma and sociocultural trauma as they are most often experienced by families involved with the child welfare system.

* Childhood developmental trauma refers to unsafe feelings within the child and parent or caregiver relationship.
* Sociocultural Trauma refers to the fear or experience of not belonging or being accepted by the outside world.

**911 Call Reflection Entry**

In your Prework for Community Huddle 1, you are asked to listen to an audio clip of an actual 911 call from a 6-year girl named Lisa. As you are listening to the call, you are asked to pay attention to the physical and emotional sensations you experience. Following the audio recording you are asked to reflect on a couple of questions and bring your experiences and reflections to the Community Huddle. Use the next page to capture your experiences and reflections as you listen to the 911 in the online packet.

***Please be aware that the call may trigger a strong reaction for some listeners.***

Take some time to reflect on these questions:

* What physical sensations did you experience while listening to the 911 call?
* What emotional sensations did you experience while listening to the 911 call?
* Other thoughts and observations as you listened to the 911 call?

**Please bring your reflections with you to your Community Huddle.**

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* What do you speculate 6-year old Lisa is feeling physically and emotionally?
* What does she need to feel safe?

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**Community Huddle 1**

Community Huddles are a way to discuss learning and build connections and community with your colleagues.

Community Huddles are held virtually via Zoom. You will find the date, time, and Zoom link for this Community Huddle within the Pre-Training email that you received from WCWPDS.

Please see that email for details about logging in to the Community Huddle and contact information should you have any questions about the Community Huddle.

During this Community Huddle, we will:

* Discuss how trauma informed practice, one of our core values, is critical to all aspects of child welfare practice through our debrief of the two prework activities:
* The range of experiences of childhood developmental and sociocultural trauma
* The psychological and physical responses to trauma using the 911 call
* Discuss the importance of self-care for child welfare professionals
* Preview the course content

In this Community Huddle, we spend time:

* discussing the range of experiences of childhood developmental and sociocultural trauma.
* debriefing the physical and emotional sensations you experienced while listening to the 911 call during Prework.
* reinforcing the importance of self-care for the child welfare professional to mitigate the impact of secondary traumatic stress.

**Managing the Impact of Traumatic Stress on the Child Welfare Professional**

Others’ experiences will impact you. It is not a matter of if, but when. We all experience it, and it is normal.

* It may be a single event or the culmination of several events.
* It may be the result of witnessing an event, interviewing those involved, seeing images or videos, reading details of a police report or medical report, or listening to testimony in court.
* It will be personal and different for each of us. We each have our own past experiences, triggers, and reactions.

Awareness of secondary trauma, and recognizing it as soon as it arises, is important. Because child welfare professionals are at a high risk of secondary traumatic stress, self-care is a must throughout our professional career.

**Resource List for Managing the Impact of Traumatic Stress on the Child Welfare Professional**

Our work with families in crisis can lead to compassion fatigue and secondary traumatic stress. The pace and demands of the work can lead to burnout. But there are strategies to promote and sustain you. Child welfare professionals need to build their resilience and practice self-care, as you can’t help others if you are not at your best.

*For those that completed Case Worker Pre-Service:* In the “Managing the Impact of Traumatic Stress on the Child Welfare Professional” section of the Trauma Pre-Service module, we explored the importance of talking with your supervisor and colleagues, focusing on your boundaries and health, and making connections and building a work/life balance. Don’t hesitate to go back and review that Pre-Service module (available to you in your PDS Online account) now that you have been on the job for a couple of months. The resources listed here were shared with you in the Pre-Service module.

Self-Care Strategy Resources

* Self-Care Strategies: Mindfulness Exercises – available at: <https://media.wcwpds.wisc.edu/preservice/Trauma/docs/Self-Care-Strategies/Mindulness-Excercises-Mayo-Clinic.pdf>
* Self-Care Strategies: Tiny Survival Guide – available at: <https://media.wcwpds.wisc.edu/preservice/Trauma/docs/Self-Care-Strategies/Trauma-Stewardship-Survival-Guide.pdf>
* Self-Care Strategies: Taking Care of Yourself – available at: <https://media.wcwpds.wisc.edu/preservice/Trauma/docs/Self-Care-Strategies/Taking-Care-of-Yourself.pdf>

Impact of Child Welfare Work Resources

* Impact of Child Welfare Work: Secondary Traumatic Stress – available at: <https://media.wcwpds.wisc.edu/preservice/Trauma/docs/Impact-of-Child-Welfare-Work/Secondary-Traumatic-Stress.pdf>
* Impact of Child Welfare Work: Compassion Fatigue Worksheet – available at: <https://media.wcwpds.wisc.edu/preservice/Trauma/docs/Impact-of-Child-Welfare-Work/Compassion-Fatigue-Worksheet.pdf>
* Impact of Child Welfare Work: Symptoms and Conditions of Secondary Traumatic Stress – available at: <https://media.wcwpds.wisc.edu/preservice/Trauma/docs/Impact-of-Child-Welfare-Work/Symptoms-and-Conditions-associated-with-Secondary-Traumatic-Stress.pdf>
* Impact of Child Welfare Work: Indicators of Burnout – available at: <https://media.wcwpds.wisc.edu/preservice/Trauma/docs/Impact-of-Child-Welfare-Work/Indicators-of-Burnout.pdf>

**Taking Care of Yourself Activity**

As you have learned, it is critically important to take care of yourself as you assist families with their challenges.

* Use this checklist to discover what self-care strategies can work for you.
* Consider developing a plan as to how to implement these in your daily routine and discussing your plan with your supervisor.

**Putting Yourself First**

□ Maintain boundaries and be aware of your limitations

□ Make time for self-reflection

□ Find things that you enjoy or make you laugh

□ Participate in formal help if stress persists for greater than 2-3 weeks

□ Practice faith, philosophy, spirituality

□ Keep a journal

□ Increase leisure activities

□ Spend time with family and friends

□ Write, draw, paint

**Healthy Habits**

□ Stay hydrated

□ Increase exercise

□ Practice good sleep routines

□ Limit caffeine and substance use

□ Pay extra attention to health and nutrition

**Relaxation Techniques**

□ Mindfulness

□ Breath Control

□ Massage

□ Yoga

**Course Content Preview: What’s Next**

* Grounding Activity 1: you will review physical states of regulated (safe and secure) and dysregulated (flight or fight mode or freeze and shutdown mode) and the signs of each.
* Packet 1: Beliefs and Behaviors – how the beliefs and behaviors that we each have impact our ability to co-regulate.
* Packet 2: Exploring Different Stories – we will explore how our beliefs and behaviors impact our ability to co-regulate these through a series of different individual perspectives.
* Packet 3: Barriers to Engagement – ways in which trauma creates barriers to engagement and thus our ability to return to protected mode and to feel safe and secure.
* Packet 4: The Disruption of Childhood Development – how trauma interrupts actual brain development in early childhood and as a result our ability to regulate, reason and empathize.
* Packet 5: Impact of Childhood Maltreatment – the longer-term impact of uninterrupted and untreated trauma and links to continued challenges in the teen years and adulthood.
* Grounding Activity 2: Triggers and Danger Cues.
* Packet 6: Feeling Safe, Soothed and Seen – how being able to feel safe, soothed and seen can change the impact of trauma.
* Packet 7: Sociocultural Trauma – the combined impact of sociocultural trauma on a large percentage of the families who we work with.
* Grounding Activity 3: In this activity, you will explore the range of losses that children, their parents, or both experience when children are removed from the home by considering your most precious item through the “what I miss the most activity”.
* Community Huddle 2: you will reconnect with this group to consider and apply what you’ve learned.
* Packet 8: Journey to Engagement - Regulate – how to regulate the physical (how to calm the lower regions of the brain) by focusing on three key techniques – breathing, movement and connection.
* Packet 9: Journey to Engagement - Relate – how to relate (how to calm the dysregulated emotional brain) by using safety cues and normalizing our feelings.
* Packet 10: Journey to Engagement - Reason – the focus is on organizing our thoughts, processing events differently, considering choices and planning what to do differently.
* Culminating Activity: brings it all together - the causes of protection mode, the impact on behaviors and beliefs, and ways to help a family work on their ability to regulate, relate and reason.
* Community Huddle 3: you will reconnect with this group to consider and apply what you’ve learned.

**Grounding Activity 1**

In the Grounding Activity 1 packet, you review physical states of regulated (safe and secure) and dysregulated (flight or fight mode, or freeze and shutdown mode) and the signs of each.

**Summary of Key Points: Connection and Protection Modes**

Stress, rejection, loss, and fear stimulates a biological response to keep us safe. Our bodies are constantly scanning the inside (our body), outside (the environment), and in-between (cues from people around us) to determine if we feel safe. If a threat is sensed, then we move from a physical mode of *connection* to a physical state of *protection* and disconnect from social engagement.

Connection Mode: secure and social, regulated, a desired state of well-being, allows us to fully connect and engage with the world.

Protection Mode: dysregulated, moves all resources toward survival, fight, and flight (mobilized) or freeze and shutdown (immobilized) states, restricts access to critical thinking and social engagement.

Throughout the day, a healthy nervous system will move between regulation and dysregulation to some degree and recover relatively quickly from setbacks. This is *resiliency* created from safe, healthy connections and *co-regulation* during childhood with regulated caregivers who help gain mastery over the ability to self-regulate.

Unsafe experiences with the world and others with no co-regulation will create a nervous system that is not resilient and struggles with connection. It creates powerful, debilitating barriers to safe, trusting experiences.

While there are no activities within this packet that ask you to record anything within the workbook, space has been made available on this page should you wish to capture any notes or reflections for discussion with your agency supervisor.

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**Packet 1: Beliefs and Behaviors - Connection and Protection Modes**

In the Beliefs and Behaviors - Connection and Protection Modes packet, you review how the beliefs and behaviors that we each have impact our ability to co-regulate.

**Summary of Key Points: Co-regulation**

Trauma impacts both physical and psychological development and that impact can span a lifetime. One useful analogy is to think of every child or family member you engage with as bringing an invisible suitcase along with them. It’s filled with the beliefs they have about themselves, the people who care for them, and the world in general based on their experiences. Child welfare professional bring their own invisible suitcases, too.

The experience of co-regulation is imperative in developing a regulated nervous system. It is the supportive process between caring adults and children, youth, or young adults that fosters the development of self-regulation. Co-regulators are people whose warmth, responsiveness, and sensitivity supports a child’s self-regulation development or helps another move from dysregulated to regulated.

The regulation process is disrupted when caregivers do not consistently help children learn how to self-regulate or the experiences that cause trauma are still present, resulting in a range of behaviors. Often these behaviors are labeled as impulsive, bipolar, unapproachable, aggressive, hyper, unmotivated, unsensitive, or checked out. Caregivers who have not learned appropriate self-regulating techniques may also stay in protection mode, leading to compromised judgements and unregulated emotions.

What if we started to interpret behaviors as the need to be safe? How would that change the story we are making?

We are all co-regulators. However, we cannot be co-regulators if we are not feeling safe within ourselves. *To be regulating to others, we need to be regulated*. Understanding how to ground ourselves in connection mode is imperative to building trusting relationships with families.

While there are no activities within this packet that ask you to record anything within the workbook, space has been made available on this page should you wish to capture any notes or reflections for discussion with your agency supervisor.

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**Packet 2: Exploring Different Stories**

In the Exploring Different Stories packet, you explore how our beliefs and behaviors impact our ability to co-regulate through a series of different individual perspectives. You are asked to (1) review the three scenarios and their accompanying videos and (2) record your thoughts. Use the sections starting below to record your activities as you complete the online packet.

**Summary of Key Points: Story Follows State**

After fear enters our body and moves us to a physical state of protection, then our mind catches up with what is happening and needs to make meaning, or story, of the fear. Therefore, *story follows state*. The story we make is only as good as the physical state.

A story made in protection mode, or while dysregulated, is going to be a story of danger, defenselessness, victimhood, or self-loathing. Without co-regulation or processing, the story may get stuck as a toxic belief about the self, others, or the world.

The invisible suitcase holds all the negative beliefs and expectations, behaviors, and feelings initiated by trauma that a person carries with them throughout their life.

These negative beliefs and expectations often lead to challenging behaviors that keep them stuck in the physical and emotional states of not being safe.

**Story Follows State Activity**

You are introduced to three scenarios in the packet and will listen to each individual’s perspective on what is happening, or how *story follows state*.

For each scenario, you will consider how protection mode is influencing how the individual makes sense of their experiences, what meaning and beliefs they may have stored in their invisible suitcases, and how it is impacting their behavior.

There are spaces below each scenario for you to record your thoughts. We will use these scenarios in upcoming sections.

* 1. **Scenario 1: Ben and Darrell**

Read the scenario in your online packet and listen to Ben and Darrell’s perspectives.

In the box on the next page, record your thoughts on how protection mode is influencing how Ben and Darrell make sense of their experiences, what meaning and beliefs they may have stored in their invisible suitcases, and how it is impacting their behavior.

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* 1. **Scenario 2: Tiffany and Tessa**

Read the scenario in your online packet and listen to Tiffany and Tessa’s perspectives.

In the box below, record your thoughts on how protection mode is influencing how Tiffany and Tessa make sense of their experiences, what meaning and beliefs they may have stored in their invisible suitcases, and how it is impacting their behavior.

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* 1. **Scenario 3: Jake and Silas**

Read the scenario in your online packet and listen to Jake and Silas’ perspectives.

In the box below, record your thoughts on how protection mode is influencing how Jake and Silas make sense of their experiences, what meaning and beliefs they may have stored in their invisible suitcases, and how it is impacting their behavior.

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Space for any additional notes or questions about Story Follows State that you’d like to capture for discussion with your agency supervisor.

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**Packet 3: Barriers to Engagement**

In the Barriers to Engagement packet, you explore barriers to engagement, including what is happening within the family, approaches used by the child welfare professional, and inherent challenges within child welfare. You are asked to (1) revisit the three scenarios from the previous packet in the Story Follows State Activity and (2) record additional reflections. If necessary, refer back to the Exploring Different Stories online packet for a refresher. Use the sections starting below to record your reflections as you complete the online packet.

**Personal Reflection Activity**

In the online packet, you saw listed some statements that may reflect potential worries about those stories that each family voiced and barriers to engagement. Which potential worries may be most difficult for you? Record your reflections in the box below.

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* 1. **Reflection Part 1**

With those worries on the surface, a child welfare professional may make their own story about the family based on reactions from protection mode. Reflect on the worries that stood out to you the most and respond to the following questions in the following boxes beginning on the next page.

When you are a child welfare professional in protective mode, what story might you create about those worries?

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How could that become a negative or inaccurate story about the family or their experiences?

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* 1. **Reflection Part 2**

Now imagine yourself as a child welfare professional in connection mode, feeling safe and regulated. How does that change the story you make about those same worries? Record your insights in the box below.

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* 1. **Reflection Part 3**

Write down one or two statements that reflect curiosity about each family’s experience and the stories that the families made while in protection mode. Record your statements in the box below each family.

Ben and Darrell

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Tiffany and Tessa

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Jake and Silas

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Space for any additional notes or questions that you’d like to capture for discussion with your agency supervisor.

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**Packet 4: The Disruption of Childhood Development**

In The Disruption of Childhood Development packet, you explore how trauma interrupts actual brain development in early childhood and as a result our ability to regulate, reason and empathize. You are asked to (1) listen to Pa’s childhood experiences at different points in her childhood and (2) identify items that should be placed in Pa’s invisible suitcase. Use the sections starting below to record your reflections as you complete the online packet.

**Summary of Key Points: The Brain and Trauma**

You learned about the sequence in which the brain develops, the functions of each region of the brain, impact of trauma on brain development, and ways we can support caregivers in the development of each region. We can think about the brain in 3 regions: the physical brain, the emotional brain, and the thinking brain.

**The Physical Brain:** controls our physical experiences and functions, such as: heart rate, body temperature, blood pressure, sleep, appetite, arousal, and motor regulation. This region of the brain is attached to the autonomic nervous system, what we refer to as connection and protection modes. Healthy development of co-regulationdevelops this region. At this stage of development, “memories” are stored in the body and are experienced on a physical level.

**Emotional Brain:** responsible for emotional reactivity, sexual behavior, and attachment, and is also connected to our autonomic nervous system. Children experiencing danger more than connection mode would be inclined to develop fears around connection as they lack the experiences of safety and connection that would allow connection mode to develop more fully.

**The Thinking Brain:** responsible for things such as abstract thought, concrete thought, a sense of self, and empathy. Our ability to move to the higher regions of the brain is compromised when we do not feel safe. An unsafe physical and emotional brain makes it very difficult for our thoughts to navigate to the highest regions of the brain. We also lose the ability to empathize, think of others, and be curious, and we are more likely to have critical judgments of others.

**Pa’s Invisible Suitcase Activity**

In this activity, listen to the story of Pa’s childhood experiences in the online packet and then return to this page to record your responses at each stage of development.

***Please be advised that the audio recordings of Pa’s experiences may trigger a strong reaction for some listeners.***

For each checkpoint of experiences, enter two items into Pa’s invisible suitcase. Note the items in the box below.

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|  | 0-3 months:  3 months to 2 years:  3-5 years:  6-8 years:  8-13 years:  13-16 years: |
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**Please bring your responses with you to your next Community Huddle.**

Space for any additional notes or questions that you’d like to capture for discussion with your agency supervisor.

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**Packet 5: Impact of Childhood Maltreatment**

In the Impact of Childhood Maltreatment packet, you explore the longer-term impact of uninterrupted and untreated trauma and links to continued challenges in the teen years and adulthood. You are asked to (1) review the Never Give Up video featuring youth discussing their experiences of complex trauma and the impact on their beliefs, emotions, and behaviors, and (2) respond to the reflection questions. Use the sections starting below to record your responses as you complete the online packet.

**Never Give Up Video Reflection**

In what ways do you think each teen’s family or community culture had an impact on their experience? Capture your response in the box below:

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What about their response to healing? Capture your response in the box below:

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Children who have experienced trauma may have reduced ability to parent as adults, creating intergenerational trauma. What problems do you think the teens in this video may encounter? Capture your response in the box below:

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**Please bring your responses with you to your next Community Huddle.**

Space for any additional notes or questions that you’d like to capture for discussion with your agency supervisor.

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**Grounding Activity 2: Triggers and Danger Cues**

In the Grounding Activity 2 packet, you explore the concepts of interpretation, understanding, response, and expectations.

While there are no activities within this packet that ask you to record anything within the workbook, space has been made available on this page should you wish to capture any notes or reflections for discussion with your agency supervisor.

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**Packet 6: Feeling Safe, Soothed, and Seen**

In the Feeling Safe, Soothed, and Seen packet, you explore how being able to feel safe, soothed and seen can change the impact of trauma.

**Summary of Key Points: Feeling Safe, Soothed, and Seen**

It’s never too late to develop a secure attachment or rewire the brain. It can begin at the first interaction with child welfare. We, as helpers with families and youth, are in a unique position to be part of this new, safer experience. By creating predictable, safe interactions and expectations with families, we can initiate this new experience which can start to repack their invisible suitcase. We have the ability in our work to become co-regulators with children and families, helping to make them feel *safe, soothed and seen*.

Self-care is the deliberate act of taking care of one’s wellbeing, and it occurs at the personal, professional, and organizational levels. Self-care is intentional, practical, restorative, and individual. There is no one-size-fits-all approach that will work for everyone. Self-care is not just for our wellbeing. It is also for the wellbeing of the families we partner with. When we are in secure and social, we will have access to our best selves.

While there are no activities within this packet that ask you to record anything within the workbook, we encourage you to reflect on the key points. Space has been made available on this page should you wish to capture any notes or reflections for discussion with your agency supervisor.

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**Packet 7: Sociocultural Trauma**

In the Sociocultural Trauma packet, you explore the combined impact of sociocultural trauma on a large percentage of the families who we work with. You are asked to (1) reflect on generational and cultural approaches to resilience in your own families, community, and culture and (2) respond to the reflection question. Use the sections starting below to record your responses as you complete the online packet.

**Key Term Definitions**

* Sociocultural trauma refers to the trauma that can accompany being marginalized, socially oppressed, or subject to various forms of institutional and systemic bias. Marginalized people often live with the distress of enduring discriminatory behavior as a result of an inherited characteristic or association with a particular group. The “allostatic load,” or the wear and tear on the body that accumulates over time on a person who is continuously exposed to stress, takes its toll on the heart, arteries, and other internal organs. Chronic illnesses and perpetual poor health can result.
* Racial trauma, also called race-based traumatic stress, is one type of sociocultural trauma that has a deleterious impact on a targeted group. Racial trauma refers to the stressful impact one experiences with racism, micro-aggression, discrimination, and racial terrorism. Stress “pile up” occurs when multiple unresolved stressors or stress results in the inability to manage future stressful events. People of color experience racial stress in many forms and the impact is intensive.
* Historical trauma is a type of cultural trauma that can be defined as the collective and cumulative emotional wounding across generations that results from massive cataclysmic events including slavery, removal from homelands, ethnic cleansing, and genocide.
* Intergenerational trauma is defined as trauma that gets passed down from those who directly experience an incident to subsequent generations.
* Continuous Trauma Stress refers to a type of traumatic stress that recognizes that, for many people in the world today, trauma exposure is both current and to be accurately anticipated to occur in the future.

Remember: To build trust, child welfare professionals must be respectful, cognizant of different reactions to traumatic events within communities, and focus on community strengths and resilience. Just as our culture can impact how we experience and interpret trauma, it can shape our beliefs about how and where we seek help, share the details of our experiences, or approach the healing process.

**Generational and Cultural Approaches to Resilience Personal Reflection**

Trauma does not have a defined timeline. It is not about when or how long ago an event occurred because the impact is always with us. It is about the tools and approaches that that we find most helpful that allow us not only to endure but to become more resilient as a result.

Reflect on generational and cultural approaches to resilience in your own family, community, and culture.

What do you do to honor history, remember the legacy of those who have combatted trauma, and also move forward? Capture your response in the box below:

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Space for any additional notes or questions that you’d like to capture for discussion with your agency supervisor.

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**Grounding Activity 3: What I Miss the Most Activity**

In the Grounding Activity 3 packet, you explore the range of losses that children, their parents, or both experience when children are removed from the home by considering your most precious item through the “what I miss the most activity”. You are asked to (1) listen to four children talk about the losses they experienced and what they missed the most, (2) identify your most precious items, and (3) reflect on what you would miss the most and what you would do to protect it. Use the sections starting below to record your responses as you complete the online packet.

**What I Miss the Most Activity**

Write down six items that you consider to be the most precious in your life. *[Hint: items typically include names of family members or loved ones, your home, family heirlooms, hobbies or skills, or abstract items such as religion, cultural identity, or other forms of identification.]* Capture your response in the box below:

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|  | Item #1:  Item #2:  Item #3:  Item #4:  Item #5:  Item #6: |
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Select one item listed above that you consider to be the most precious to you – what would you miss the most? Capture your response in the box below:

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Describe what you would do to protect your most precious item. Capture your response in the box below:

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**Please bring your responses with you to your next Community Huddle.**

Space for any additional notes or questions that you’d like to capture for discussion with your agency supervisor.

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**Community Huddle 2**

Community Huddles are a way to discuss learning and build connections and community with your colleagues.

Community Huddles are held virtually via Zoom. You will find the date, time, and Zoom link for this Community Huddle within the Pre-Training email that you received from WCWPDS.

Please see that email for details about logging in to the Community Huddle and contact information should you have any questions about the Community Huddle.

During this Community Huddle, we will:

* Discuss Trauma Informed Practice content completed since Community Huddle 1
* Debrief the Grounding Activity 3: *What I Miss the Most*
* Revisit secondary trauma and self-care
* Preview upcoming course content

In this Community Huddle, we spend time:

* discussing the connections about the key concepts and how you are beginning to think about and apply them to your work in child welfare.
* debriefing the personal feelings you experienced as a result of the What I Miss the Most Activity in Grounding Activity 3 and explore similarities between your feelings and those of the four children.
* reinforcing the importance of self-care for the child welfare professional to mitigate the impact of secondary traumatic stress.

**Summary of Key Concepts from Packets 1-7 and Grounding Activities 1-3**

* Physical and psychological states of Connection Mode (secure and social) and Protection Mode (flight and fight; freeze and shutdown).
* Co-regulation helps develop self-regulation.
* Story Follows State (stories made in response to danger cues or in protection mode are stories of threat, insecurity, and inadequacy.)
* Stories create beliefs that are packed in the invisible suitcase.
* The 3 regions of the brain (Physical, Emotional and Thinking Brains) develop sequentially and are impacted by experiences and co-regulation.
* Trauma responses are often misinterpreted as challenging behaviors.
* Sociocultural trauma has a severe impact on sense of safety and belonging. It is collective emotional wounding across generations and is experienced and expected daily.
* Feeling safe, soothed, and seen (co-regulation) rewires the brain and repacks the invisible suitcase.

**Course Content Preview: What’s Next**

* Packet 8: Journey to Engagement - Regulate – how to regulate the physical (how to calm the lower regions of the brain) by focusing on three key techniques – breathing, movement and connection.
* Packet 9: Journey to Engagement - Relate – how to relate (how to calm the dysregulated emotional brain) by using safety cues and normalizing our feelings.
* Packet 10: Journey to Engagement - Reason – the focus is on organizing our thoughts, processing events differently, considering choices and planning what to do differently.
* Culminating Activity: brings it all together - the causes of protection mode, the impact on behaviors and beliefs, and ways to help a family work on their ability to regulate, relate and reason.
* Community Huddle 3: you will reconnect with this group to consider and apply what you’ve learned.

Use the space below to jot down any personal take-aways from Community Huddle 2.

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**Packet 8: Journey to Engagement - Regulate**

The sequence of **Regulate, Relate, Reason**, or the 3Rs, focuses on the dysregulated brain from the bottom up (Dr. Bruce Perry’s Sequence of Engagement). In the Journey to Engagement - Regulate packet, we focus on regulate. You explore how to regulate the physical (how to calm the lower regions of the brain) by focusing on three key techniques – breathing, movement, and connection. You are asked to (1) practice regulating through breathwork, movement, and connection and (2) reflect on what methods you think will work best for you in regulating yourself and the methods that have worked best with the children or parents you engage with. Use the sections starting below to record your responses as you complete the online packet.

In the box below, jot down notes that you want to take-away from the breathwork, movement, and connection demonstrations.

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|  | Breathwork |
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|  | Movement  Connection |

In the box below, write down what methods you think would work best for you in regulating yourself.

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In the box below, write down what methods have worked best with the children or parents you engage with.

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Space for any additional notes or questions that you’d like to capture for discussion with your agency supervisor.

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**Packet 9: Journey to Engagement - Relate**

In the Journey to Engagement - Relate packet, we focus on relate. You explore how to relate (how to calm the dysregulated emotional brain or quiet the story) by using strategies, including safety cues and normalizing feelings.

While there are no activities within this packet that ask you to record anything within the workbook, space has been made available on this page should you wish to capture any notes or reflections for discussion with your agency supervisor.

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**Packet 10: Journey to Engagement - Reason**

In the Journey to Engagement - Reason packet, we focus on reason and the thinking brain – organizing thoughts, processing events differently, considering choices, and planning what to do differently.

While there are no activities within this packet that ask you to record anything within the workbook, space has been made available on this page should you wish to capture any notes or reflections for discussion with your agency supervisor.

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**Culminating Activity**

Your Culminating Activity provides an opportunity for you to (1) reflect on how the 3Rs can work for you when you are experiencing dysregulation in your work and (2) apply the 3Rs to a scenario. Use the sections starting below to record your responses as you complete the online packet.

* 1. **Consider how you would apply the 3Rs for yourself in the work-related scenario described in the packet and capture your thoughts in the box below.**
* Regulate: How are you going to regulate the sensations you are feeling? What do you need to feel physically safe inside your body?

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* Relate: How are you going to quiet or reframe these stories, worries, and fears that are percolating inside your head? What kind of compassion can you give yourself?

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* Reason: What made you feel what you did and what would make you feel safe again? What might you do to engage those strategies next time?

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**Please bring your responses with you to your next Community Huddle.**

* 1. **Applying the 3Rs to a Scenario.**

For this activity, (1) review each scenario, (2) select one of the family members from one of the scenarios, and (3) apply the strategies for Regulate, Relate, and Reason to that family member to work successfully with them. Use the guiding questions and prompts below to develop your strategy.

**Scenario Summaries**

* Ben and Darrell: Ben is a 23-year-old father to one child, Darrell, who is 5 years old. Darrell’s mother is not involved, and her whereabouts are unknown. At the time of the report, Ben was living with his son in a friend’s single-room apartment as he struggled to find affordable housing for himself and his son.

Darrell has been diagnosed with ADHD and is very energetic. When not using his energy productively, Darrell can become destructive and loud which causes Ben’s friends and family to ask Ben and Darrell to leave.

CPS became involved because Ben and his friend, whose apartment they are staying in, got into an altercation over Darrell trying to play with the friend’s Xbox. Ben got punched in the eye and called the police. Police arrested Ben’s friend, but also told Ben he needed to vacate the residence within 24 hours. Ben was frantic as he packed the few belongings they have, but Darrell continued to calmly play around the apartment.

* Tiffany and Tessa: Tiffany (33) is the mother to Tessa (14). Tiffany called the Children’s Mobile Crisis team to respond to an argument between them that was escalating. Tessa is physically mature and bigger than her mother and struggles with controlling her impulses and can get aggressive when she is angry.

Tiffany grabbed a baseball bat as Tessa started coming toward her, and eventually hit Tessa with the bat several times leaving visible injuries. Tessa got away from her mother and took the only set of house keys with her.

* Jake and Silas: Jake (7) and Silas (3) were removed from their home two weeks ago after their parents were found to not be providing adequate supervision to the children. The parents left the children alone, telling Jake to make dinner and look after Silas. While cooking, Jake grabbed a pot of boiling water off the stove and spilled it on Silas.

Since being placed in out of home care, Jake has been very withdrawn and only responds with yes/no answers. He has also started wetting the bed and having night terrors on a regular basis. Silas has been extremely needy and throwing tantrums when the out of home care providers drop him off at daycare.

**Select One of the Family Members**

* Ben:“I hope CPS will help us, but I am afraid they are just going to take Darrell away from me. If Darrell would just behave and act like a normal kid, we wouldn’t be in this mess. I called the police for help but it’s me and Darrell that are getting punished!”
* Tiffany: “I have a right to protect myself. The police would get here faster, but I don’t want to call them because I’m afraid of what they might do to a young Black teenager.”
* Tessa: “The only time she actually listens to me is when I’m yelling. But then when I yell, she gets even madder. Sometimes I feel like I’m just going to explode.”
* Jake: “I’m old enough to take care of Silas. If I hadn’t been stupid and spilled the hot water, we would still be at home with mom and dad! I’m really worried about Silas.”

**Apply the Strategies**

Apply the strategies for Regulate, Relate, and Reason to your selected family member in order to allow you to work successfully with them. Answer the following questions for that family member:

What strategies could you use the REGULATE their dysregulated fears and feeling?

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How would you RELATE at this moment to create safety in connection?

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Write a statement that reflects a safe approach to REASON to move them forward.

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**Please bring your responses with you to your next Community Huddle.**

**Community Huddle 3**

Community Huddles are a way to discuss learning and build connections and community with your colleagues.

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During this Community Huddle, we will:

* Review the regulate, relate, reason approach
* Debrief our thoughts and strategies from the Culminating Activity
* Share our lingering questions and concerns around trauma informed practice
* Create final reflections and commitments

In this Community Huddle, we spend time:

* exploring, through a small group activity, the regulate, relate, and reason strategies that we applied to allow us to successfully work with Ben, Tiffany, Tessa, or Jake.
* debriefing how we can apply the 3Rs to help ourselves regulate, relate, and reason in our daily work.
* discussing how regulate, relate, and reason will shift our approach to working with families.
* exploring any lingering questions.
* developing an Action Plan to apply what you have learned in this course.

Use the space below to jot down any personal take-aways from Community Huddle 3.

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**Action Plan**

**Trauma Informed Practice – Hybrid**

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| Please list three important concepts, ideas, or skills which you plan to take from the training and implement in your work. | |
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| Identify a plan to implement these concepts upon return to your agency. | |
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| Identify resources that will help you to implement this plan. | |
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| Identify any barriers to the implementation of this plan. | |
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***Please share and discuss your Action Plan with your supervisor.***