Slide 1

Trauma-Informed Care for Children & Youth

Assessment & Design of Actionable Systems & Practices

Mental Health Association of Orange County
Meeting of the Minds Conference ~ April, 26 2023
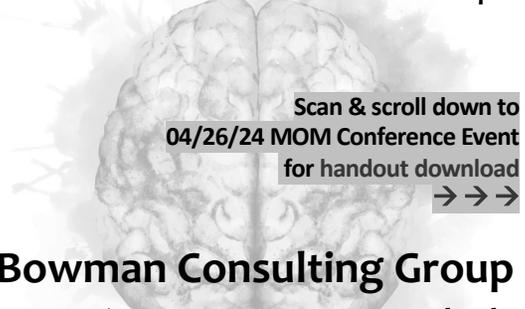
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Bowman Consulting Group

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Rick Bowman, M.A. Clinical Psychol., Certified Trauma & Resilience Practitioner – Clinical (CTRP-C®)
Doris Bowman, M.S. Ed/Spec Ed, Adv Certified Trauma & Resilience Practit – Educ. & Clin. (ACTRP-E®)

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Presenter Bios

Rick Bowman's qualifications include the following:
- M.A. in Clinical Psychology
- Certified Trauma & Resilience Practitioner – Clinical (CTRP-C®)
- Certified Professional of "The Resilient Heart: Trauma-Informed Practices" ®HeartMath Institute
- Certified HeartMath® and "The Resilience Advantage" Trainer
- Certified Trainer in Collaborative Problem Solving ®MGH (Think:Kids, Mass Gen)
- K-12 licensed school administrator in the state of Oregon

Rick's background includes leadership positions in the U.S. Military, business, mental health and education. He's functioned as a clinical consultant for mental health clinics and human service agencies, and has also provided speaking/consultation internationally in Russia, Cuba & Jamaica. He's held positions of Clinical Psychologist, Community College Professor, Assistant Principal, Alternative Education Coordinator, Student Services Director, and Assistant Executive Director of a non-profit organization providing educational services to students with severe behavioral and emotional challenges.

Doris Bowman's qualifications include the following:
- M.S., Education / Special Education
- Advanced Certified Trauma & Resilience Practitioner – Education® (ACTRP-E)
- Advanced Certified Trauma & Resilience Practitioner – Clinical (ACTRP-C®)
- Certified HeartMath® and "The Resilience Advantage" Trainer
- Certified Professional of "The Resilient Heart: Trauma-Informed Practices" ®HeartMath Institute
- PCI Certified Parent Coach® & Appreciative Inquiry Coach
- Certified "Stress & Well-Being Assessment" Provider®HMI
- Certified special educator & administrator in the state of Oregon
- Certified Trainer in Collaborative Problem Solving ®MGH (Think:Kids, Mass Gen)

Doris has co-authored "Going to Bed is Easy Now", and "Going to School is Easy Now", the first two in a series of children's books designed to support children with challenging behavior (www.easynowbooks.com). She has over 20 years' experience working with and supporting children/youth with challenging behaviors and their families.

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Slide 3

What does it mean when we say "My School [*Agency*] is Trauma-Informed"…?

"I'm getting a bit fed up with hearing schools [*agencies*] talk a big game about being "trauma-informed" and "trauma-sensitive" and we have done all these trauma trainings… and then they roll out their behavior contracts, and their motivational procedures, and I hate to say it but I call Bullshit on that!

The fact of the matter is nowhere in any of the literature about being "trauma-sensitive" or "trauma-informed" do people say that the way that you should try to work with kids exposed to developmental trauma is to use power and control to try to manipulate their behavior. No, in fact, that is the antithesis of what we should be doing with kids exposed to chronic toxic stress and trauma."

- *COSA Special Education Conference Keynote, 2018, Dr. J. Stuart Ablon, Director, Think:Kids, Mass General Hospital, Assoc. Professor, Child & Adolescent Psychiatry, Harvard Medical School*

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How we define trauma matters…

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional or spiritual well-being.

It's not up to us to be the judge…

The experience can be REAL or PERCEIVED.

Source: National Association of State Mental Health Program Directors, Inc.; All rights reserved.

Slide 5

STRESS RESPONSE SYSTEM: When needs are predictably met by the caregiver, the SRS is patterned to return back to baseline.

When needs are unpredictably met, the SRS remains elevated for far too long, becoming more vulnerable & sensitized

Circle diagram labels:
- Stressor (cold, wet, hungry, scared, etc.)
- Stress Chemicals Rise
- Need gets met OR goes unmet
- SRS returns to "baseline" OR remains activated
- Patterning of Stress Response System (SRS)/ Attachment Cycle
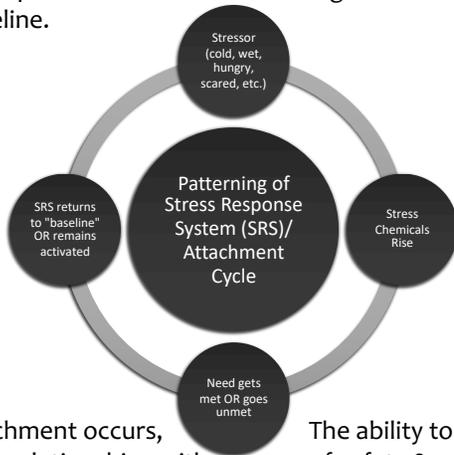
ATTACHMENT:
When healthy attachment occurs, the child associates relationships with safety, developing a template for how they approach all relationships

The ability to experience feelings of safety & connection is built upon ongoing experiences of co-regulation with a regulated adult

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Slide 6

When we use traditional reward/consequence systems, and plans aimed solely at the cortex we neglect to take into account the fact that:

Brain States

- Even in the use of rewards, we are activating the "stress response system" (SRS) in a youth whose SRS is already overactive and vulnerable to stress

- We're causing them to move up the arousal continuum into a higher state of alarm

- We're causing their brain to shut down in the **exact areas** that we want them to access at those times – reflective, flexible, problem-solving types of thinking

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Slide 7

Dosing = Repatterning the Stress Response

Positive doses of "relational stress"

- Supportive
- Non-judgmental
- Often involves a question to engage them
- Infused with empathy/curiosity

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The Power of Understanding Private Logic

If we don't know what their private logic is, we don't know how we can help them…   It's their narrative *("trauma story" and associations)* about themselves and everyone/everything around them based upon past experiences:

- How they see themselves
- How they see others
- How they see the world around them

What does private logic look like?
- They **don't** know why they do the things they do

- They can often do things simply because those things are congruent with their private logic

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Slide 9

Everything we experience has to go through the dumbest part of the brain! – *Dr. Bruce Perry*

Sequence of Engagement

Reason
↑
Relate
↑
Regulate

NME
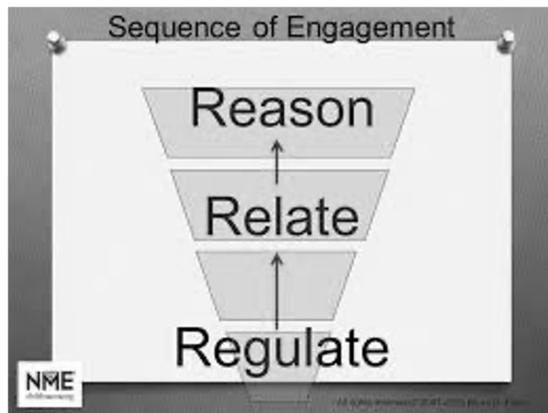
From Dr. Bruce Perry, The Child Trauma Academy

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Slide 10

Principles of Being Trauma-Informed: Conventional vs. Trauma-Informed Treatment & Residential

Core Principles/ Attributes of being "Trauma-Informed":	Conventional Treatment & Client-Serving (Residential) Programs...	Trauma-Informed Treatment & Client-Serving (Res.) Programs...
Safety	X	✓
☐ Sense of emotional and physical safety *(avoids creating feelings of threat/activating the stress response system)*	• Rarely decrease the sense of threat in a client's day/experience • Often likely to trigger the stress response system	✓ Purposefully avoid creating a sense of threat ✓ Focus on proactively creating a sense of safety
Trustworthiness (Predictability)	✓	✓
☐ Convey clear boundaries & expectations ☐ Convey clearly what kids can expect from their day and from adults	• When well-constructed and implemented, do convey clear boundaries and expectations	Provide whatever level of support is needed for a client to be clear about boundaries & expectations, supported in meeting
Choice (Control)	X	
☐ Use of methods of power and control are minimized/avoided *(there is a recognition that use of power and control can be re-traumatizing and/or triggering)* ☐ Opportunities for choice and control are given high value	• Staff/clinicians are most often making the decisions / plans / solutions; client has little choice or control • Rely heavily on mechanisms of power and control (both + and - consequences designed to gain compliance)	✓ Involve the client ✓ Mechanisms of control (reinforcers) are greatest extent possible to matizing
Collaboration & Mutuality		✓
☐ Shared decision-making is valued ☐ Recognition that healing happens through relationship	• Staff/Clinicians are most often the making most/all decisions • Methods are done "to" "with" clients	ed process is used to determine how to solve problems • Relational approach is at the core of these systems and plans
Empowerment		✓
☐ Focus on individual's strengths ☐ Focus on building self-regulation ☐ Focus on building skills	• Put little fo • Often • Pu skills in brain- • ng compliance	✓ Focus on strengths ✓ Focus on proactively re-patterning the stress response system ✓ Focus on building skills in ways that are compatible with neuroscience
Cultural, Historical & Gender Issues	X	✓
☐ Actively moves past cultural and gender stereotypes and biases ☐ Offers culturally/gender responsive services ☐ Leverages healing value of traditional cultural connections ☐ Recognizes and addresses historical trauma	• Are unaware of cultural or gender stereotypes and/or implicit biases • Often do not offer these services • Often do not include healing value of traditional cultural connections • Often does not consider or address this	✓ Focus on awareness and explicit valuing of cultural, historical and gender values ✓ Purposeful in ensuring that services are culturally/gender responsive & inclusive ✓ Considers how historical trauma may be playing a role in challenging situations

Handout download available on same website page as the powerpoint handout

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Core Principle / Attribute of Being "Trauma-Informed"
Safety
☐ Sense of emotional and physical safety (avoids creating feelings of threat/activating the stress response system)

Traditional Systems	Trauma-Informed Systems
X	✓
▪ Rarely decrease sense of threat in a client's day ▪ Often likely to trigger the "stress response system"	✓ **Purposefully avoid creating a sense of threat** ✓ **Focus on proactively creating a sense of safety**

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WHAT THIS CAN LOOK LIKE:	WHAT TO AVOID:
☐ **Consider times and places and situations that may feel unsafe** or overwhelming: think sensory vs. cognitive	X **Avoid downplaying intimidation or private logic**, or overlooking the depth of impact this may be having
☐ **Create purposeful opportunities (a proactive plan) for an individual to build strong caring connections** – a "felt sense of safety" with others	X **Avoid overuse of punitive practices and/or rewards** for compliance – even offers of rewards may often activate the stress response system
	X **Avoid requiring an explanation from a person for their behavior** (when they often don't have cognitive awareness or verbal explanations to go along with the "why" of that behavior)

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Applying the Power of "Felt Safety"

How can you apply the power of "Felt Safety" to your presence / interactions with children/youth?

- ❑ **Consider:** Am I working off an emotionally stable platform (self-regulated)?
- ❑ **Presence:** Am I present with the child?
- ❑ **Tone:** Is my volume and inflection supportive and safe?
- ❑ **Facial Expression:** Reflective of safety? Compassion? Engagement?
- ❑ **Pacing & Timing:** Approaching according to the child's immediate needs?
- ❑ **Posture & Gestures:** Relaxed and inviting

Source: Beyond Behaviors – Delahooke ©2018 Bowman Consulting Group

Make it actionable…

What is something you might consider **DOING** in the area of **SAFETY** in your school/district:	What is something you might consider **STOPPING** in the area of **SAFETY** in your school/district:
✓	✓
✓ _____ _____ _____ _____ _____ _____	✓ _____ _____ _____ _____ _____ _____

Core Principle / Attribute of Being "Trauma-Informed"
Trustworthiness (Predictability)
❑ Convey clear boundaries & expectations ❑ Convey clearly what clients can expect from a given situation or process

Traditional Systems	Trauma-Informed Systems
✓	✓
▪ When well-constructed and implemented, do convey clear boundaries and expectations	✓ **Provide whatever level of support is needed for the client to be clear about boundaries and expectations and how the client can manage to meet them**

WHAT THIS CAN LOOK LIKE:	WHAT TO AVOID:
❑ **Having clear, realistic expectations** that are taught, and reviewed regularly	X **Unpredictability**
❑ **Using consistent approaches** (predictability, rituals, routines)	X **Ambiguity**
❑ **Consistent message and demonstration of support**; setting a client up to expect support when they need it	X **Unrealistic expectations** (based on the person's level of regulation and skill set)
❑ **Recognizing/accepting that we have to earn their trust**: their ability to trust us will come with many "doses" of experience that build their trust	X **Asking a client to perform tasks that they don't have the skills for** *(regulatory, organizational, etc.)*
❑ **Following through** when you make commitments, statements, etc.	

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Predictable Empathetic Interactions from Adults

Reassurance & Regulation during CRISIS:
- I can see this is hard/upsetting. You're not in trouble *(unless you know there will be a consequence)*. What do you need from me?
- I know you must have a good reason for being upset / angry / afraid / frustrated / etc...
- I just want to understand what's happening and how I can help...

Source: Collaborative Problem Solving Model®
Mass General Hospital – Think:Kids - thinkkids.org

We're consistent in all responses to the client/student – i.e., use of the same, consistent, non-threatening, empathetic statements by all adults in the environment when they see a particular client/student begin to struggle
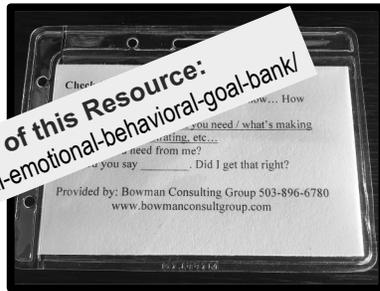
Example: Spontaneous Plan B intervention from the Collaborative Problem Solving®(MGH) approach:

"Something about ___ seems hard/s___ ___... How can I help___ ___thing you need?"

Link to FREE Download of this Resource:
https://bowmanconsultgroup.com/social-emotional-behavioral-goal-bank/

...you need / what's making ...rating, etc...
...need from me?
...you say ___. Did I get that right?

Provided by: Bowman Consulting Group 503-896-6780
www.bowmanconsultgroup.com

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Make it actionable...

What is something you might consider **DOING** in the area of **TRUSTWORTHINESS** in your school/district:	What is something you might consider **STOPPING** in the area of **TRUSTWORTHINESS** in your school/district:
✓	✓
✓ _____	✓ _____

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Core Principle / Attribute of Being "Trauma-Informed"
Choice (Control)
☐ Use of methods of power and control are minimized/ avoided (there is a recognition that use of power and control can be re-traumatizing and/or triggering)

Traditional Systems	Trauma-Informed Systems
X	✓
▪ Staff are most often making decisions / plans / solutions, and the child has little choice or control ▪ Rely heavily on mechanisms of power & control (both + and – consequences with focus on gaining compliance)	✓ **Involve the client in decisions / plans / solutions to the highest degree possible** ✓ **Mechanisms of power and control (including + and – reinforcers) are avoided to the greatest extent possible to avoid re-traumatizing**

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| WHAT THIS CAN LOOK LIKE:	WHAT TO AVOID:
☐ **Involving the client in making decisions** to the greatest extent possible	X **Increasing the power differential** (re-creates the feeling of being a victim)
☐ **Promoting growth mindset;** conveying the belief that the client can make good decisions and solve problems	X **"Telling" vs. "Asking"**
☐ **Opportunities to demonstrate expectations in variety of ways**	X **Lots of staff-generated plans and solutions**
☐ **Focusing on building a sense of autonomy**	X Using lots of **external motivators**
☐ **Focusing on building a sense of competence**	X **Using systems and processes that place all the control in the hands of the staff**
☐ **Method to proactively indicate to others where they are "at"**	X **Rigidly expecting all clients to meet the same expectations in the same ways**

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Client-Controlled Level of Expectations

Private Icons:

Youth can **proactively** indicate

✓ where they're at and
✓ how much they can handle *(instead of having to show us with escalated behavior)*:

❑ Calming in and of itself to have this control

❑ Supports the child's developing awareness of their own state and level of regulation

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Make it actionable...

What is something you might consider **DOING** in the area of **CHOICE (CONTROL)** in your school/district:	What is something you might consider **STOPPING** in the area of **CHOICE (CONTROL)** in your school/district:
✓	✓
✓ _____ _____ _____ _____ _____	✓ _____ _____ _____ _____ _____

Core Principle / Attribute of Being "Trauma-Informed"
Collaboration & Mutuality
❑ Shared decision-making is valued   ❑ Recognition that healing happens in the context of relationship

Traditional Systems	Trauma-Informed Systems
X	✓
▪ Staff are most often the ones making most/all decisions ▪ Methods are done "to" clients and not "with" clients	✓ **Shared process is used to determine how to solve problems** ✓ **Relational approach is at the core of these systems and plans**

WHAT THIS CAN LOOK LIKE:	WHAT TO AVOID:
❑ **Responding to challenging behavior in a relational way** when it comes to working on a solution	X **Staff -directed solutions**
❑ **Doing as much as possible "with" a client** and not "to them	X **Choosing response to client's challenging behavior without assessment** of why they're unable to meet expectations
❑ **Promoting the belief that clients can come up with good ideas & solutions**	X **Assessing why a client behaves in a certain way based upon our assumptions**, and without input from them
❑ **Promoting the belief that client's ideas, opinions, concerns, perspectives and beliefs are valid and valuable**	X **Employing methods that are solely for the benefit of staff/** agency rather than the client
	X **Applying same (uniform) solutions based upon our adult logic and assumptions** about cause and/or motivation (over-generalizing and over-personalizing

Why choose Collaborative Problem Solving?

Because CPS has operationalized the sequence that the brain needs to <u>heal trauma</u>, <u>repattern the stress response system</u>, and <u>build skills</u> in a simple process that can be used by any professional who works with or serves youth:

- Administrators
- Clinicians/Therapists
- Teachers
- Counselors
- Skills Trainers
- Educational Assistants
- Secretaries
- Parents
- Caregivers
- Even peers will catch on and begin to use it with one another!

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The **Collaborative Problem Solving**®MGH approach tells us that chronic challenging behavior is a result of a lack of skill (not will) in **5 areas of neurocognitive skills**:

➢Language and Communication Skills

➢Attention and Working Memory Skills

➢Emotion- and Self-Regulation Skills

➢Cognitive Flexibility Skills

➢Social Thinking Skills

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Why choose Collaborative Problem Solving (CPS) Model?

The primary CPS intervention builds skills

within the context of a collaborative interaction that activates

the brain with **moderate**, **predictable**, **controlled** doses of stress because it must:

- First **REGULATE**
- Then **RELATE**
- Then **REASON**

Dr. Bruce Perry, The Child Trauma Academy

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What's SO special about the CPS intervention?
It mirrors the way the brain processes information

The CPS Intervention is an interaction in which the staff:

Collaborates on Solution = **Reasons**

Shares the adult concern = **Relates**

Empathizes (with the child's concern/perspective) = **Regulates**

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Make it actionable…

What is something you might consider **DOING** in the area of **COLLABORATION / MUTUALITY** in your school/district:	What is something you might consider **STOPPING** in the area of **COLLABORATION/ MUTUALITY** in your school/district:
✓	✓
✓ _____ _____ _____ _____ _____	✓ _____ _____ _____ _____ _____

Core Principle / Attribute of Being "Trauma-Informed"
Empowerment
❑ Focus on individual's strengths   ❑ Focus on building self-regulation   ❑ Focus on building skills

Traditional Systems	Trauma-Informed Systems
X	✓
▪ Put little focus on strengths (in the face of challenging behavior) ▪ Often cause dysregulation ▪ Put little focus on building skills in brain compatible ways ▪ Focus on gaining compliance	✓ **Focus on strengths (even in face of challenging behavior)** ✓ **Focus on proactively re-patterning stress response system** ✓ **Focus on building skills in ways that are compatible with neuroscience**

WHAT THIS CAN LOOK LIKE:	WHAT TO AVOID:
❑ **Finding ways for them to engage in their areas of strength** so that they have some sense of success/ accomplishment ❑ **Approaching regulation from a proactive stance**: rather than a plan for "when they have a meltdown", having a plan to help ensure they don't get there ❑ **Focusing on internal motivation** and building a sense of competence ❑ **Focusing on increasing numbers of experiences in a day that are brain-compatible** for building regulation and skills (these are VERY short doses) ❑ **Using goals and objectives in IEP's and Behavior Plans that are skills-based** rather than behavior-based	X **Setting the staff goal or focus as being "compliance"** *(rather than taking a view of being about process, and small incremental bits of growth toward regulation and engagement)* X **Failing to view regulation as a top priority** / necessity X **Focusing primarily on external motivation** to gain compliance or control X **Failing to use approaches based in neuroscience** to build executive functioning & social engagement skills

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Social-Emotional-Behavioral Goal Bank (CPS-Based)

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Note: The following goals are based upon the list of skill categories individual neurocognitive skills from the Think:Kids Collaborative ~~~ing model® that is the property of Massachusetts General H~~~ ~~~ric skills that form the basis for these goals are taken directly f~~~ ~~~orative Problem Solving Assessment and Planning Tool" f~~~ ~~~us Collaborative Problem Solving model. This document has b~~~ ~~~nd shared for the purpose of aiding professionals in the us~~~ ~~~del to formulate goals that are focused on building these s~~~

Language and Communic~~~

Given instruction, fe~~~ ~~~pport, _____ will be able to restate and/or explain ~~~ctations back to the teacher in _____% of (___ out of _____) o~~~ ~~~asured by the end of one academic (IEP) year.

Giv~~~ ~~~eedback and support, _____ will be able to enga~~~ ~~~eers in conversation, making relevant contributions, for a minimu~~~ ot ____ exchanges in _____% of (___ out of _____) opportunities measured by the end of one academic (IEP) year.

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Emotion- and Self-Regulation Skills

Given instruction, feedback and support, _____ will be able to think rationally, even when frustrated, as demonstrated by using verbal/physical restraint and choosing from a range of appropriate options to self-manage in _____% of (___ out of _____) opportunities measured by the end of one academic (IEP) year.

Given instruction, feedback and support, _____ will be able to manage irritability in an age-appropriate way as demonstrated by using verbal/physical restraint and choosing from a range of appropriate options to manage irritation in _____% of (___ out of _____) opportunities measured by the end of one academic (IEP) year.

Given instruction, feedback and support, _____ will be able to manage anxiety in an age-appropriate way as demonstrated by using verbal/physical restraint and choosing from a range of appropriate options to manage anxiety in _____% of (___ out of _____) opportunities measured by the end of one academic (IEP) year.

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Make it actionable…

What is something you might consider **DOING** in the area of **EMPOWERMENT** in your school/district:	What is something you might consider **STOPPING** in the area of **EMPOWERMENT** in your school/district:
✓	✓
✓ _____ _____ _____ _____ _____ _____	✓ _____ _____ _____ _____ _____ _____

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Core Principle / Attribute of Being "Trauma-Informed"
Cultural, Historical and Gender Issues
❑ Actively moves past cultural & gender stereotypes
❑ Offers culturally/gender responsive services
❑ Leverages healing value of traditional, cultural connections
❑ Recognizes and addresses historical trauma

Traditional Systems	Trauma-Informed Systems
X	✓
▪ Are often unaware of cultural or gender stereotypes and/or implicit bias	✓ **Focus on awareness and explicit valuing of cultural, historical and gender values**
▪ Often do not offer these services	✓ **Purposeful in ensuring that services are culturally/gender responsive and inclusive**
▪ Often do not include healing value of traditional cultural connections	✓ **Considers how historical trauma may be playing a role…**
▪ Often doesn't consider/address this	

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WHAT THIS CAN LOOK LIKE:	WHAT TO AVOID:
❑ **Finding ways for clients to recognize and engage in areas of cultural strength**	X **Making assumptions about a client's experience** based on culture, race, gender, etc
❑ Create ways for clients to find their **unique voice**	X **Showing (overtly or subtly) lower expectations** of clients from minority backgrounds/ groups
❑ **Create a sense of safety around voicing resistance**, speaking out, etc.	X **Not examining one's own perspectives** for implicit bias
❑ **Create inviting opportunities for clients to share experiences** they, parents, grandparents, etc have had that relate to their needs being met	X **Setting expectations for agency norms that may violate cultural norms** (i.e., You need to look me in the eye when we speak to one another.")
❑ **Demonstrate humility** by asking about a client's experiences (vs. assuming)	

Racism as toxic stress/trauma

Source:
"Racism and its Impact on Children's Health"
October 13, 2015
From:
American Academy of Pediatrics: American Public Health Association

Psychological and biological responses
↓
Psychological distress:
- Decreased self-efficacy
- Depression
- Hopelessness
- Anxiety
- Anger/aggression
- Perceptions of injustice/lower levels of empathy

Changes in allostatic load:
- Decreased immune function
- Increased cortisol levels
- Increased blood pressure
- Increased heart rate
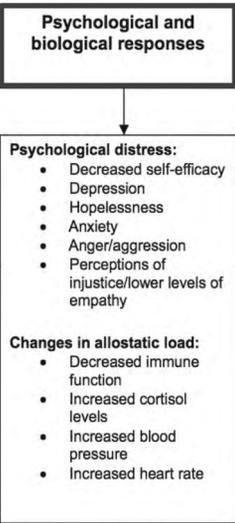
Interconnection & Strength of Community

Create an agency/school/setting culture that is grounded in the principle of Restorative Justice that **all people are interconnected and our strength is dependent upon the well-being of all members.**

Make checking in on how one another is doing a norm in the setting, and provide lots of opportunity for kids to be the ones to help each other – socially, emotionally, behaviorally, academically

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Make it actionable…

What is something you might consider **DOING** in the area of **CULTURAL, HISTORICAL & GENDER ISSUES** in your school/district:	What is something you might consider **STOPPING** in the area of **CULTURAL, HISTORICAL & GENDER ISSUES** in your school/district:
✓	✓
✓ _____	✓ _____

The Power of Skill-Building

"A key principle of neuroplasticity is 'specificity'; you cannot intentionally change a neural network unless you activate that _specific_ network.

→ Similarly, you cannot change a relational pattern unless you activate **the same neural networks** involved in that pattern of interaction."

"…This lack of generalizability of skills results from the fact that **artificial circumstances do not recruit the _specific_ neural networks** involved in developing these skills.

→ Thus, if one wants to change a child's stress response, **one has to activate the stress response in a naturalistic manner**."

Dr. Bruce Perry, The Child Trauma Academy

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The Power of Small Successes

Small successes create experiences of
Competence/Confidence → → Intrinsic Motivation

Intrinsic Motivation = Engaged Client/Learner

INTRINSIC MOTIVATION

| Competence | Autonomy | Relatedness |
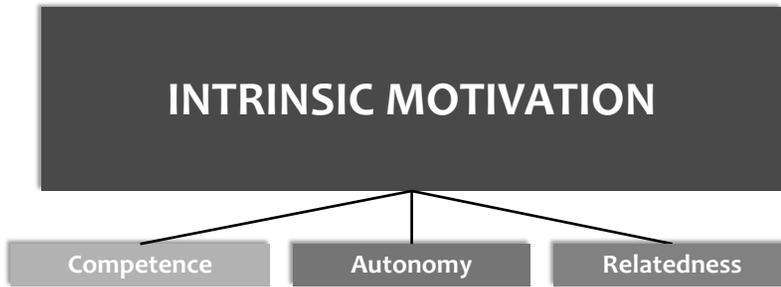
From: Think:Kids Collaborative Problem-Solving Tier 1®MGH

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Principles of Being Trauma-Informed: Conventional vs. Trauma-Informed Treatment & Residential

Core Principles/ Attributes of being "Trauma-Informed": Date: _____ Team Members: _____ _____ _____ _____	1.) Rate your current agency systems & practices in each of these areas on the scale of 1 – 4. 2.) Then circle two areas you view as high priority.			
	1 = Have not yet addressed this area in our systems and practices	**2** = Have begun trying to address this areas in our systems / practices	**3** = Have made this a formal part of our systems and practices	**4** = Have made a formal part of our systems, & have staff at a to support implementation
Safety				
☐ Sense of emotional and physical safety *(avoids creating feelings of threat/activating the stress response system)*	____	____	____	____
Trustworthiness (Predictability)				
☐ Convey clear boundaries & expectations ☐ Convey clearly what clients can expect from their day and from adults	____	____	____	____
Choice (Control)				
☐ Use of methods of power and control are minimized/avoided *(there is a recognition that use of power and control can be re-traumatizing and/or triggering)* ☐ Opportunities for choice and control are given high value	____	____	____	____
Collaboration & Mutuality				
☐ Shared decision-making is valued ☐ Recognition that healing happens through relationship	____	____	____	____
Empowerment				
☐ Focus on individual's strengths ☐ Focus on building self-regulation ☐ Focus on building skills	____	____	____	____
Cultural, Historical & Gender Issues				
☐ Actively moves past cultural and gender stereotypes and biases ☐ Offers culturally/gender responsive services ☐ Leverages healing value of traditional cultural connections ☐ Recognizes and addresses historical trauma				

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Principles of Being Trauma-Informed: Conventional vs. Trauma-Informed Treatment & Residential

Core Principles/ Attributes of being "Trauma-Informed": Date: _____ Team Members: _____ _____ _____ _____	1.) Rate your current agency systems & practices in each of these areas on the scale of 1 – 4. 2.) Then circle two areas you view as high priority.			
	1 = Have not yet addressed this area in our systems and practices	**2** = Have begun trying to address this areas in our systems / practices	**3** = Have made this a formal part of our systems and practices	**4** = Have made this a formal part of our systems/ practices, & have trained staff at a level to support implementation
Safety				
☐ Sense of emotional and physical safety *(avoids creating feelings of threat/activating the stress response system)*	____	2	____	____
Trustworthiness (Predictability)				
☐ Convey clear boundaries & expectations ☐ Convey clearly what clients can expect from their day and from adults	①	____	____	____
Choice (Control)				
☐ Use of methods of power and control are minimized/avoided *(there is a recognition that use of power and control can be re-traumatizing and/or triggering)* ☐ Opportunities for choice and control are given high value	1	____	____	____
Collaboration & Mutuality				
☐ Shared decision-making is valued ☐ Recognition that healing happens through relationship	____	2	____	____
Empowerment				
☐ Focus on individual's strengths ☐ Focus on building self-regulation ☐ Focus on building skills	____	②	____	____
Cultural, Historical & Gender Issues				
☐ Actively moves past cultural and gender stereotypes and biases ☐ Offers culturally/gender responsive services ☐ Leverages healing value of traditional cultural connections ☐ Recognizes and addresses historical trauma	1	____	____	____

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Need help or training? Have questions?

Reach us at: team@bowmanconsultgroup.com   www.bowmanconsultgroup.com 503-476-1778

California Office: Tustin, CA   N. Carolina Office: Charlotte, NC   Oregon Office: Newberg, OR

Events Coming Up with Public/Open Seats: *(Virtual Open Events Highlighted)*

→ **3/7/23** – Knowledge Ctr at Chaddock "Trauma-Informed Relationship-Focused Schools Conf." – Quincy, IL
→ **3/18/24** – *Your FBA is a Fantasy: Creating Trauma-Informed FBAs & Behavior Plans* – **Virtual**
→ **4/19/24** – Truly Trauma-Informed? Assessment & Design of Actionable Systems & Practices – Eddyville, OR
→ **4/20/24** – CA Assoc of Early Childhood Educators 2024 Conference – Pasadena, CA Conference Center
→ **4/24-25/24** - Truly Trauma-Informed? Harbor Learning Center North – Anaheim, CA (In-Agency Only)
→ **4/26/24** – Mental Health Assoc of Orange County 2024 "Meeting of the Minds" Conf – Anaheim, CA
→ **Summer TBD** – *I'm a Teacher, NOT a Therapist! Decreasing Overwhelm & Empowering Educators* – **Virtual**
→ **Summer TBD** - *Your FBA is a Fantasy: Creating Trauma-Informed FBAs & Behavior Plans* – **Virtual**
→ **8/28 – 30/24** – Rethinking Challenging Behavior - Collaborative Problem-Solving Level 1 – **Tempe UHSD, AZ**
→ **9/16 & 18/24** – Revolutionary Resilience for Educators, Providers & Students – Virtual

See EVENTS tab of **www.bowmanconsultgroup.com** for registration links & more upcoming trainings
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