

Coaching Caregivers Trauma- Informed Care Guidebook

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SAN DIEGO STATE UNIVERSITY
Social Policy Institute
School of Social Work



TRAUMA INFORMED CARE
TRAINING & COACHING

California Child Care Resource & Referral

N E T W O R K

Acknowledgements

Because of their outstanding work in supporting children and families in California, in 2018, the California Child Care Resource and Referral Network (CCCRRN) was asked by the California Department of Social Services to implement the Emergency Child Care Bridge Program for Foster Children (Bridge Program). Learn more about the Bridge Program from the CDSS website at <https://www.cdss.ca.gov/inforesources/calworks-child-care/ecc-bridge-program>.

The Bridge Program aims to increase the number of children in foster care successfully placed in child care settings, while increasing the capacity of child care programs to meet the needs of children in foster care in their care, and maximize funding to support the child care needs of eligible families. Many (but not all) children in foster care have experienced the kinds of trauma that can make caring for them challenging. It is important for child care providers to recognize how trauma is expressed in a child's behavior and be able to help them manage it and feel safe.

Trauma-Informed Care (TIC) training and coaching for child care providers is a key component of the Bridge Program. To help build capacity statewide, San Diego State University's Social Policy Institute (SPI) conducted workshops on how to coach caregivers in the practice of trauma-informed care at the CCCRRN annual conference in Sacramento in October 2018. The key concepts and tools shared during those workshops are offered as part of this Guidebook. Together with the Network, the Social Policy Institute is working to support local Resource & Referral agencies with the development and implementation of this 'Coaching Caregivers: Trauma-Informed Care Guidebook'.

For additional resources on the implementation of the Bridge Program and Trauma-Informed Care Coaching and Training, please go to the CCCRRN web site at <https://rrnetwork.org/provider-services/trauma-informed-care>.



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Introduction:

Trauma-informed care is a concept that has been present, but not always named among caring early child care professionals. The emerging research and shared learning in the field has elevated the importance of focusing on trauma-informed care in an intentional way now more than ever.

Trauma-Informed Care and Early Childhood

Research shows that the majority of brain development occurs before a child turns three years old. Early experiences have a profound effect on brain architecture and traumatic experiences may disrupt this development.

Trauma is widespread and pervasive, impacting many children on a daily basis.

“Early childhood is both the most critical and the most vulnerable time in any child’s development. In the first few years, the ingredients for intellectual, emotional and moral growth are laid down. We cannot fail children in these early years.”

—Brazelton and Greenspan, 2000

Trauma in childhood results from an event or series of events that are, or a child perceives to be, physically or emotionally harmful or life-threatening to the child or someone close to them. These events can have lasting effects on a child’s functioning and well-being.

When working with young children, it is important to understand that:

- When a young child experiences trauma, they may have a variety of emotional, physical or behavioral reactions.
- It is common for young children who have experienced trauma to exhibit developmental delays, or even to regress to earlier developmental milestones.
- The signs and symptoms of trauma may continue long after the traumatic event is over and may interfere with functioning at home or child care.

Early childhood professionals play a very important role as caring adults in the lives of the young children in their care. **The caregiver-child relationship provides one of the strongest contexts for building a sense of safety and support in the child’s environment.** Understanding trauma and its effects on young children, and knowing how to create a trauma sensitive environment for them, will help buffer against traumatic experiences and its consequences.

Coaching child care providers to play this important role is critical for young children’s healthy development.

Statewide Trauma-Informed Care Resources

Trauma-informed care (TIC) is the adoption of principles and practices that promote safety, empowerment, and healing. Trauma-informed care recognizes that in order to ensure the best possible outcomes, trauma must be addressed in a safe and sensitive way. Trauma-informed care may be practiced in any setting – health care, law enforcement, education, mental health, and early childhood (child’s own home, home or center-based child care setting).

Trauma-informed care has been an emerging best practice in recent years and many resources are available statewide, as well as from national partners, to support training and implementation.

As part of the Bridge Project’s implementation, the CCCRRN has engaged the following partners to develop and provide specific training and tools for California’s childhood professionals:

TIC Training Resources:	
West Ed	WestEd provides training and professional development in Trauma-Informed Practice for early childhood. https://www.wested.org/service/trauma-informed-practices-in-earlyeducation/
ACEs Connection	ACEs Connection supports communities to accelerate ACEs science. ACEs Connection is a social network that supports communities to accelerate the global ACEs science movement, to recognize the impact of adverse childhood experiences (ACEs) in shaping adult behavior and health, and to promote trauma-informed and resilience-building practices and policies in all communities and institutions — from schools to prisons to hospitals and churches — to help heal and to develop resilience instead of retraumatizing people who have been traumatized. https://www.acesconnection.com/
TIC Coaching and Training Resources:	
SDSU/Social Policy Institute	San Diego State University’s Social Policy Institute has provided facilitation at regional CCCRRN meetings as well as workshops at the Annual Conference on ‘Coaching Caregivers’ in Trauma-Informed Care. The conference materials are included in this Guidebook for your use. https://www.sdsusocialpolicyinstitute.org/

The Guidebook

This Guidebook is designed to provide implementation support to Bridge program staff and partners across the state, functioning as a complement to other TIC tools and training provided. The Guidebook puts focus on how Bridge staff can work most effectively with families and child care providers.

Purpose of the Guidebook

This Trauma-Informed Guidebook is designed to equip you, as an Early Care and Education professional, to effectively coach or train caregivers to provide safe, nurturing environments. While general training tips and tools are provided, the Guidebook is meant to provide you guidance on how to work individually with providers and how to coach them to become more trauma-informed as they provide care to young children entering their programs via the Bridge program, as well as all children in their programs.

We begin by defining key terms that will be used throughout the Guidebook, including key concepts in trauma-informed care. Next, we lay out what Coaches and Caregivers need to know, then follow with a section on what they need to do. Following each of these key sections, we provide opportunities for you to participate in reflection to deepen understanding and encourage you to take a moment to think about and record your responses. We also provide activities, tips, and tools that help explain and support the coaching and training process. Finally, we provide full copies of trauma-informed tools that can be duplicated and used as a personal reference and/or as a tool in working directly with child care providers. Some of the tools provided are useful for both coaches and trainers, however, two of the tools, the Active Learning Strategies and the C-DARC apply largely to training child care providers.

Guidebook Key Terms & Definitions

- *Caregiver:*

While the term “caregiver” is often used to refer to a child’s birth parents, or resource parents, it can be used to identify anyone who is part of the child’s social system and is equipped to send the child signals of safety when they are distressed. The caregiver-child relationship provides one of the strongest contexts for building a sense of safety and support in the child’s environment.

For the purpose of this guidebook, the term caregiver is used interchangeably with child care provider.

- *Trauma-Informed Trainer:*

The Trauma-Informed (TI) Trainer has completed the Trauma Informed Care Training & Coaching Training of Trainers offered by The California Child Care Resource & Referral Network. The trainer collaborates closely with the Bridge Program Navigator and provides trainings and coaching to providers and navigators as needed. In addition, the trainer supports outreach to providers and ensures that providers are prepared to recognize trauma and manage it effectively within the child care setting.

- *Bridge Navigator:*

The Navigator works closely with the Trauma-Informed Trainer to identify providers for placement of children in foster care. The Navigator engages with providers and other members of the child’s caregiving team and partners with providers to address concrete needs. The Navigator models effective problem solving, coaches the provider on how to navigate the system, and keeps providers informed about what to expect with regard to roles, responsibilities, and processes throughout the child’s placement with the provider.

- *Training vs. coaching (advising/consulting):*

Training is the process of teaching knowledge and skills, using a trained facilitator, to provide information to a group of trainees. The goal is for trainees to walk away with newly acquired general knowledge that is hoped to inform choices and actions as a result of the training.

Coaching, also called advising or consulting, usually takes place one-on-one to reinforce the general knowledge that has been taught with the aim of supporting the retention of learning as well as its practical application. Coaching is about helping child care providers apply what they have learned in the specific situations they experience when providing care. Coaching is also about building capacity and providing professional development, providing positive feedback, and meeting providers where they are by not making the assumption that everyone has the same knowledge and experience working with children and trauma.



What Coaches and Caregivers Need to Know

First and foremost, coaches and caregivers need to build their knowledge of Trauma-Informed Care in order to (1) provide safety, support, and nurturing in times of distress, and (2) actively support young children's growth and development, particularly in light of any adverse childhood experiences they may have faced.

The following section provides a working definition of trauma-informed care; lays out the principles and assumptions of trauma-informed care; presents reminders around the importance of trauma-informed care; briefly describes the tools that can be used to build knowledge, and provides information on how to facilitate learning to ensure the knowledge built sticks for the providers you coach and train. As previously mentioned, questions for reflection are offered along the way.

What is Trauma-Informed Care?

The U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administration, which is known by the acronym SAMHSA, finds that trauma-informed care is grounded in four assumptions and six principles.

Assumptions of Trauma-Informed Care

Realize the widespread impact of trauma and understand potential paths for recovery. This means caregivers understand that trauma affects children, adolescents and adults and that there are opportunities for recovery.

Recognize the signs and symptoms of trauma. This means caregivers look for and identify signs of trauma that may be specific in young children.

Respond by integrating knowledge about trauma into policies, procedures, and practices. This means caregivers make an effort to consider trauma when creating and planning for early childhood programs and settings.

Seek to actively **Resist** re-traumatization, which means caregivers take specific actions to avoid causing further stress or trauma to a child in their care who has experienced trauma.

Principles of Trauma-Informed Care

- 1. Safety** – all individuals including families, constituents, staff, and those receiving services feel physically and psychologically safe
- 2. Trustworthiness and Transparency** – commitment to honesty and integrity with families and child care providers by making truthful statements, clearly explaining role, and following through with agreements
- 3. Peer Support** – opportunities for peer support, mentorship, and mutual self-help are encouraged and provided as it supports the building of trust, safety, and empowerment in individuals
- 4. Collaboration and Mutuality** – all relationships are built on equality, provide opportunities for joint decision making, and work towards previously agreed upon goals
- 5. Empowerment, Voice and Choice** – families are provided options and are supported in making their own choices so they feel empowered to make the right decision for their family
- 6. Cultural, Historical and Gender Issues** – acknowledgement and understanding of what may impact an individual's response to both trauma and services and an examination of one's own culture and biases and how they impact their work

What do these principles and assumptions mean for Coaches and Caregivers?

Children under the age of five often display their trauma related reactions in their behavior. Children who are able to communicate with language may also demonstrate their reactions to trauma with words.

For example, a child may:

- have poor social-emotional regulation, demonstrated in aggressive outbursts, excessive crying and tantrums.
- be quiet and withdrawn or show signs of insecure attachment.
- be overly focused on their caregiver and become fearful when they are separated from the person caring for them.
- regress to younger behaviors such as bed-wetting, thumb sucking, or baby talk
- be easily alarmed or have disturbed sleep and night terrors.

Additionally, it is very common for young children who have experienced trauma to exhibit developmental delays, as the need to focus on survival can get in the way of developmental tasks, such as the development of language, fine motor skills or social skills.



For Reflection:

1. Which of the assumptions regarding trauma-informed care are you most familiar with? Which do you find easiest to use? Which one is the least strong in your coaching?

2. What is one thing you can do today to more consistently act on these important assumptions? (i.e., to be more trauma-informed in your caregiving)

Why Using a Trauma-Informed Approach in Early Childhood Settings is Important

- If the daily practices of child care providers are not sensitive to trauma, caregivers run the risk of re-traumatizing a child and unintentionally causing harm to the children in their care.
- Trauma-informed care helps child care providers to look beyond the symptoms of trauma and encourages them to look at the underlying cause of these symptoms.
- A trauma-informed approach helps child care providers to understand that trauma impacts a child's behavior.
- Understanding trauma helps child care providers recognize their own trauma experiences, including the stress and trauma involved with working directly with children who have experienced trauma.



For Reflection:

1. Restate one or more of the bullets above on the importance of using a trauma-informed approach in your own words.

2. Why is using a trauma-informed approach important to you personally?

Trauma-Informed Care Key Concept Tools to Build Knowledge

Two tools are offered as part of this Guidebook to build Coaches and Caregiver’s knowledge of trauma informed care:

- Trauma-Informed Care Flashcards
- Trauma-Informed Care “Elevator Speech”

Tool 1: TIC Flashcards (Appendix, pg.25)

Gaining a deep understanding and fluency with key concepts in trauma-informed care can help you as a coach be more effective in working with child care givers, and also helps providers in talking with parents and their support circle. We have designed TIC Flashcards as a tool to reinforce learning. On the front side is a term related to trauma-informed care, and on the reverse side is a working definition. When using the flashcards, it is suggested that you review the key term, define it in your own words, and then check the back side of the card to ensure your response has equivalent meaning, even if it is in different words.

This same process may be used between you and a child care provider during a coaching session. It is hoped that doing so could provide a “jumping off place” for a discussion of children in the child care provider’s care and/or be a helpful resource that brings useful reminders to the forefront when needed in a given situation. When using the flashcards during a coaching session, it is helpful to take turns pulling a card from the deck, define the term in plain language, and say how the term helps child care providers when they know this.

See the appendix, pg. 25 for a sample of the Trauma-Informed Care Flashcards tool. The electronic version is to be printed or duplicated back-to-back, or “two-sided.”

Tool 2: TIC Elevator Speech (Appendix, pg. 29).

The other tool provided is the “TIC Elevator Speech”. Because child care providers typically have limited time, it is important to provide them information and support “just in time” and in small “doses” to make sure they are on point to a current, relevant situation. It is suggested that you follow the instructions provided to formulate your own “elevator speech” on trauma-informed care. An elevator speech is a brief talk (short paragraph) that can be shared quickly to set context and provide brief information. This is a useful way to begin a coaching session, by reminding the child care provider of the context of children they are caring for and by providing an overview of the elements of TIC.



For Reflection:

1. Can you think of a time you recently used your knowledge of TIC to support a child care provider caring for a child?
2. How would you use the TIC flashcards and elevator speech to support a child care provider?
3. What else can you do to maintain mindfulness of what you have learned? Do you need more information? Do you know how to access resources to learn more?



For Reflection:

Can you present the TIC approach and its importance to child care providers in less than 3 minutes? Practice writing out and reciting your elevator speech!

How to Make Learning Stick

It's one thing to teach. It's another thing to learn, and the two don't always go hand-in-hand. As an early childhood professional, coaching child care providers to adopt a trauma-informed approach, your job is to **facilitate learning**, that is, to do what you can to make sure people learn what you want to teach them, which should be based on what they need or have shared with you!

Understand Principles of Adult Learning

Incorporating five basic principles in your program design can ensure that your learners really do learn. These principles are based on years of research in adult learning.

- 1. Personal Benefit.** Adult learners must be able to see the personal benefit of what they are learning, and how it satisfies a need they have. They are motivated to learn if the learning:
 - a. Solves or avoids a problem for them;
 - b. Provides an opportunity or increased status;
 - c. Leads to professional or personal growth.

For example: A child care provider who feels confident and has no/few behavioral issues with children in their care at the moment, may need to understand that adding a TIC approach can help them to avoid problems or issues. Also, they may be receptive to knowing that they are on the frontline of incorporating a new practice that will soon become standard across the board.

- 2. Experience.** Adult learners come to each learning event with a unique background of knowledge and experience. They are motivated to learn if the learning:
 - a. Involves them in sharing what they know;
 - b. Builds on what they know;
 - c. Validates their expertise.

For example: Start your coaching session by asking the child care provider what insights they already have or have recently acquired. Affirm for the provider they are on point and their knowledge is a valuable resource.

- 3. Self-Direction.** Adult learners are self-directed and must have some control over what they are learning. They are motivated to learn if they can:
- a. Take charge of their learning and make decisions about the content and process;
 - b. Contribute to the learning of their co-learners;
 - c. Have some degree of independence in the learning process.

For example: Ask the child care provider you are coaching what they already feel strong in, and where they would like to learn more. Go over all the available tools and ask which they would like to start to practice with.

- 4. Application and Action.** Adult learners are busy, practical, and learn by doing.

They learn best when:

- a. There is immediate application for the learning;
- b. They participate actively in the learning process;
- c. They can practice new skills or test new knowledge before leaving a learning session.

For example: Ask where they have seen behaviors in a child in their care who may have experienced trauma. What did they do and how did it go? How might they do something differently to apply a TIC approach?

- 5. Learning Styles.** Adult learners approach learning in a great variety of ways, from hands on and moving to using their eyes, ears, and/or logic to anchor new skills and knowledge. They learn best when:

- a. The learning taps into a mix of learning styles that fit their preferences and stimulate their 'multiple intelligences';
- b. A variety of approaches are used to represent the material being learned.

For example: Ask the child care provider you are coaching about a time they learned something of importance or significance to them. How did they go about learning what it was they learned?



For Reflection:

1. How do the principles of adult learning make sense to you? Do they confirm your own needs as an adult learner?
2. What are some ways that you can incorporate these principles into your coaching sessions?

Adapt to Various Learning Styles

As a coach you need to be flexible, understand how people learn, and be aware of your own preferences while able to attend to all learners, no matter their learning style.

The three primary learning styles are: visual, auditory, and kinesthetic.

Visual learners tend to learn by looking, seeing, viewing, and watching.

Visual learners need to see an instructor's facial expressions and body language to fully understand the content of a lesson. They tend to sit at the front of the classroom to avoid visual distractions. They tend to think in pictures and learn best from visual displays. During a lecture or discussion, they tend to take detailed notes to absorb information, and even like to doodle!

Auditory learners tend to learn by listening, hearing, and speaking.




Auditory learners learn best through lectures, discussions, and brainstorming. They interpret the underlying meaning of speech by listening to voice tone, pitch, and speed and other speech nuances. Written information has little meaning to them until they hear it. They benefit best by reading text out loud and using a tape recorder.

Kinesthetic learners tend to learn by experiencing, moving, and doing.

Kinesthetic learners learn best through a hands-on approach and actively exploring the physical world around them. They have difficulty sitting still for long periods of time, and easily become distracted by their need for activity and exploration.

When taking in information, people retain approximately 10 percent of what they see; 30 to 40 percent of what they see and hear; and 90 percent of what they see, hear, and do. Most individuals have the capability to learn via all three styles, but are usually dominant in one.

The table below shows some of the methods that appeal to visual, auditory, and kinesthetic learners. Training as well as coaching should take into account all three styles.

	Visual learners like to see things written down, so be sure to take a notebook with you to coaching sessions, or if you are a trainer, provide handouts and write out key points on power point slides or flip charts. Visual learners also like pictures, or diagrams.
	Auditory learners like to hear things and say things themselves. As a trainer or coach, be sure to tell stories, give examples, ask reflective questions, and brainstorm out loud together.
	Kinesthetic learners like to learn by doing. Movements such as writing notes themselves, standing and moving are helpful. These learners enjoy engaging in role plays.



For Reflection:

1. What is the preferred way you take in information?
2. What helps you understand concepts and remember what you have learned?
3. Pick one of the modes of learning that is not your strong suit. How could you help a child care provider who has that style? What might you do differently to convey information (as opposed to what you usually do)?

Select Teaching/Coaching Style That Fits Task

The leadership styles highlighted below are relevant to coaches and trainers. Each style has benefits and drawbacks. There is a time and place for each in your work.

As a coach you need to be aware of what your own style is, and how you may be perceived by the early child professionals you are working with. Additionally, a coach's leadership style may create a parallel process and may influence how a child care provider teaches and provides for a child.

Authoritarian is characterized as someone who presents as thinking "I am the leader or expert.

I hold all of the power". Sometimes others want you to lead in this way so they can avoid the risk of making a decision. Other times, people resent this style because they want more influence and control, such as having a say in decisions that affect them.

"Laissez-faire" is almost the opposite of authoritarian; it's like no one is in charge. If everyone is capable and wants to share responsibility, this could be a good choice. The downside is it can make people feel helpless and frustrated.

Democratic refers to a strong leader who shares responsibility. Democratic leaders do not assume they know things the person they are working with does not, but rather asks. In a democratic, or "power with" situation, a coach will respectfully assess what the child care provider needs and is open to.

See appendix, pg. 30 for further descriptions of each leadership style.

What Coaches and Caregivers Need to Do

When coaching and training child care provider, it is important to ensure authenticity, build rapport and engage with the providers you support, and to practice self-care.

Bring Your Authentic Self

Included in bringing your authentic self as a coach and trainer is using emotional intelligence, incorporating a cultural proficiency and a strengths-based approach, and applying the dimensions of results, process, and relationship to your working relationships.

Use Emotional Intelligence: Empathy – Genuineness – Respect

Children need nurturing environments in order to thrive. So do all people. The quality of relationships is central to such environments. As coaches and trainers, the concept of emotional intelligence helps you understand and practice what is required for nurturing environments and relationships with those you coach and train. The most important attitudes and behaviors for all helping relationships are **empathy, genuineness and respect**.

“Empathy” is the ability to put yourself “in the shoes” of another. Different than sympathy, it means you can relate to what another person might be experiencing because you have had a similar experience, or could imagine what it would be like. Rather than blame, or retraumatize, you look for ways to understand deeply what is going on and what is needed.

“Genuineness” means you are sincere and authentic as professionals. When working with child care providers/caregivers, you stay true to yourself, understand the hard work that child care provider do on a day to day basis and provide as much support as possible or needed.

“Respect” is important for all relationships and as you work together with child care provider, it is important to validate each other’s expertise and recognize the passion and skills they bring to this work.

In addition to building relationships with the importance of empathy, genuineness and respect in mind, it is important to also consider culture and strengths of everyone you work with, including child care providers and the children they care for.

Incorporate Cultural Proficiency and a Strengths-Based Approach

Cultural proficiency requires individuals to not only “see their differences” but to know how to respond effectively and affirm those differences in order to provide person and family centered care (Lindsey et al., 2003). As an Early Childhood professional, you understand that culture is an ever present force that shapes behaviors, personal and societal values, and institutions. As a culturally proficient professional, you not only respect and value cultural differences, but actively learn and grow because of these differences in culture that the children and families you work with bring to you.

A strengths-based approach focuses on what is working well to support the growth of individuals and communities, but specifically of the children in their care. Child Care Providers help children and families identify their strengths, help promote family strengths, and build upon them. This is especially important during times of stress, tension or trauma.

Apply the Dimensions of Success

Additionally, in your work as coaches and trainers, you must have a balance between **results** (the goal or outcome; what you want to have happen), the **process** (how you go about getting something accomplished), and the **relationship** (how you care about and interact with people).

Applying the dimensions of results, process, and relationship to child care provider coaching helps to ensure success.

Results - As a result of the coaching provided, the caregiver will be confident in their ability to care for the children placed with them.

Process - Supporting the child care provider to be the best for the children in their care is a process that must be adapted to fit each provider's style.

Relationship - As coaches, you use your relationship with the child care provider to engage them and to relate to their work.





For Reflection:

1. Which leadership style best describes the way you lead coaching sessions?
2. How can you adjust your leadership style to better fit the environment and needs of the child care providers you work with?
3. How do you convey genuineness, empathy, and respect with those you work with?
4. How can cultural proficiency and a strength-based approach enhance your relationship with a child care provider? And then the relationship with the children in their care and their families?

Engage with Others

It is important to build rapport and engagement with the child care providers you coach and train. The following techniques are presented to assist in building rapport to strengthen your working relationships and the support you provide: OARS, Learning Circles, Active Learning Strategies, and C-DARC.

Practice OARS

OARS is an acronym for person-centered communication skills that can be used to engage and validate providers during coaching sessions. OARS stands for **O**pen-Ended Questions, **A**ffirmations, **R**eflections, and **S**ummaries. OARS is important because it can help you as a coach to understand an individual or family's perspective, create an environment where change talk is likely to occur, and it can provide a check-list for self-evaluation. Additionally, when you utilize OARS during a coaching session, you are modeling for the provider a person-centered approach they can use when meeting and working with a parent, creating an exemplary parallel process. See appendix, pg. 31 for an example of OARS used during a coaching session.

Open-Ended Questions

- Require more than one word to answer
- Invite individuals and child care providers to tell their story
- Prevent coach from unintentionally leading answers

Affirmations

- Statements and gestures that recognize a child care provider's strengths and hard work
- Acknowledge effort and accomplishments
- Help child care provider to build confidence in their ability to change

Reflections

- Statements that repeat or rephrase what an individual has said
- Relay an understanding of the message that is being conveyed

Summaries

- 2-3 sentences that connect various statements
- Provide an opportunity for an individual to review, provide feedback and make corrections

Engage in Learning Circles

Learning Circles can be used by coaches and navigators to bring child care providers together when available, to share experiences, build knowledge, and support their growth as providers. Learning circles provide a supportive, confidential environment, that encourages participation from all members and is especially helpful when a child care provider has a recent or burning issue they need help with and needs support in small doses or "just in time". During a learning circle, you as the coach or navigator can encourage the providers to share about any challenges they may be experiencing and seek support from their colleagues or peers. This creates an environment of peer to peer support which helps to encourage and empower providers. We have provided a learning circles activity guide that can be used to structure and facilitate meaningful, supportive conversations when learning circles take place (See appendix, pg. 32).



For Reflection:

1. How might you use OARS or a Learning Circle to enhance the support your providers receive?

2. Is it feasible to schedule consistent learning circles for your providers? When and where would they take place?

Utilize Training Session Tools

Two tools are offered as part of this Guidebook to support trainers during training sessions with child care providers. These tools promote learning and engagement during training sessions.

- Active Learning Strategies
- C-DARC

Training Session Tool 1: Active Learning Strategies (Appendix, pg. 33)

Active learning techniques are strategies to engage participants during lecture portions of a training to improve participant retention of content. They are helpful in injecting energy and maintaining participant engagement during training sessions. The activities include a variety of work in pairs, small groups discussions, and large group involvement and can be tailored to fit the needs of the learners.

Training Session Tool 2: C-DARC (Appendix, pg. 35)

C-DARC is a training tool that helps to structure a presentation or training from beginning to end. C-DARC provides an acronym for **C**ompelling **C**apture, **D**ynamic **D**elivery, **A**ctive **A**pplication, **R**evealing **R**eflection, and **C**onclusive **C**hange and includes a step by step planning template that involves questions to assist a trainer in identifying compelling openings, engaging delivery, application, and reflection, and effective closings.

Practice Self-Care

As mentioned, you and the child care providers you coach and train play a vital role as caring adults in the lives of young children. Children who have the support of a stable, committed parent, caregiver, or other adult are the most likely to develop resilience. Because the role of early childhood professionals is so important, it is critical for providers to care for themselves and for their own health and well-being.

There are both positive and negative aspects of helping others. When caring for children who have experienced trauma, you as a coach and trainer and the child care providers you support may experience secondary traumatic stress or vicarious trauma, referred to as emotional duress, and can lead to burn out or compassion fatigue, that an individual may experience as a result of hearing about or observing the impact of trauma experiences of others.

It is important to recognize the signs and symptoms of secondary traumatic stress in providers and offer support when it is recognized. We have provided two tools for use for yourself as a coach and trainer and for the providers you support to measure levels of vicarious trauma and to serve as a reminder of ways to care for oneself when faced with difficult work.

- Adapted Professional Quality of Life Scale (ProQOL)
- ProQOL Helper Pocket Card

Self-Care Tool 1: Adapted Professional Quality of Life Scale (Appendix, pg. 36)

The Professional Quality of Life Scale serves as a questionnaire to measure the benefits and challenges of helping others. We have provided an adapted version of the scale to apply strictly to measuring levels of secondary traumatic stress.

The questions listed ask the user to provide a rating of “never” to “very often” based on their work situation and experiences in the last 30 days. The ProQOL Scale tool then provides instructions on how to score the questionnaire based on the answers provided and what each individual’s score means. Once the questionnaire is completed, the user will be provided a measurable level of secondary traumatic stress.

This tool is helpful to use with the providers you coach and train to measure the level of vicarious trauma they may be experiencing and can be used to determine where support is likely needed. Following completion of the tool should come a discussion with the individual’s supervisor (or other supportive person) around addressing the vicarious trauma that individual may be experiencing.

Self-Care Tool 2: ProQOL Helper Pocket Card (Appendix, pg. 37)

The Professional Quality of Life (ProQOL) Helper Pocket Card provides a list of ten activities that coaches or child care providers can choose from to care for themselves. It also provides tips for how to switch on and off. When actively coaching or providing child care one’s feelings are typically “switched on” to enable them to provide direct care or support to others. When not “on the job” it is a good time to practice “switching off” so that the coach or child care provider can rest, reenergize, and feel supported and safe, which helps avoid burn out and compassion fatigue.

This tool is a great resource you can use as a coach and trainer, to remind yourself of things you can do each day to practice self-care. It can also be used at any time to support your providers.



Appendix: Working Tools for Coaching and Training

Trauma Informed Care Flashcards Trauma-Informed Care Flashcards

Trauma

Types of Trauma

Complex Trauma

SAMHSA's Assumptions of Trauma-Informed Care

ACEs Study and Its Findings

Long-term Impact of Trauma

- Community Violence
- Domestic Violence
- Medical Trauma
- Disasters
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect
- Separation
- Death/Grief
- Historical Trauma
- Oppression-Based Trauma
- Complex trauma

Trauma is an event or series of events that are, or are perceived to be, physically or emotionally harmful or life-threatening to an individual or someone close to the individual and has lasting effects on an individual's functioning and wellbeing.

“A program, organization or system that is trauma informed:

- **Realize** the widespread impact of trauma and understanding potential paths for recovery
- **Recognize** the signs and symptoms of trauma in clients, families, staff, families, and others involved in the system
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seek to actively **Resist** re-traumatization”

Exposure to multiple or prolonged traumatic events. Involves simultaneous and/or sequential occurrences of trauma.

- Alcohol and other substance abuse, dependence, or addiction
- Depression; anxiety disorders; suicidality
- Heart disease; pulmonary disease; liver disease
- Perpetrating or experiencing intimate family violence
- Sexual promiscuity and unintended pregnancies

The Adverse Childhood Experiences, or ACEs, study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente is one of the largest investigations ever conducted to assess associations between childhood trauma and later-life health and wellbeing.

The ACEs Study found that childhood traumas, or adverse childhood experiences, are major risk factors for serious illnesses, poor quality of life and early death. Additionally, as the number of traumatic experiences increase, the risk for health and behavioral problems in adolescence and adulthood increase.

Secondary Traumatic Stress

6 Key Principles of a Trauma-Informed Approach

Strategies to Resist Re-traumatization

Strategies for Helping Children Who have Experienced Trauma

The impact of a potentially traumatic event is determined by both:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues

Secondary Traumatic Stress is the trauma experienced by providers as a result of working closely with trauma survivors. Secondary Traumatic Stress can result from repeated exposure to other's trauma or only one exposure.

1. Create and maintain consistent daily routines.
2. Tell children when something out of the ordinary is going to occur.
3. Offer children developmentally appropriate choices.
4. Anticipate difficult periods and transitions during the day and offer extra support during these times.
5. Use techniques to support children's selfregulation.
6. Be nurturing and affectionate, but also sensitive to children's individual triggers.
7. Use positive guidance to help all children.

- Create a safe environment
- Use a strengths-based approach
- Build protective factors
- Enhance provider resilience

1. The objective nature of the event
2. The child's subjective response to it



Elevator Speech Activity

Follow the instructions below to formulate your own “elevator speech” on trauma-informed care:

- Think about the most important aspects of TIC
- Write out 2-4 sentences in your own words in the space below
- Practice your elevator speech (with a coworker, supervisor, or friend)

Leadership/Coaching and Teaching Styles

Authoritarian

- “Leader as expert” model
- Group members are not given enough information to make decisions so expect leaders to make decisions for them.
- Group members may see themselves as less responsible and less valued than the leader.
- To get power, members must oppose the leader and his/her plans.
- Leaders have a great deal of responsibility but no control over people’s behavior.

“Laissez-faire”

- Leadership pattern generally implies “no one is in charge”.
- Is empowering if people are ready and able to make responsibility and provide self-direction.
- Members can feel incompetent, overwhelmed, or frustrated because no one defines or maintains boundaries.
- Leaders are not likely to feel empowered because they have no responsibility and thus gain no reward.

Democratic

- Leader provides guidance with control, and shares responsibility for informing and including members in decision-making.
- Leaders give as much information as possible without overwhelming members with more than they need.
- Assumption is that everyone has information and knowledge to contribute.
- Leader provides a framework with which people can take responsibility for their own learning.

Sample OARS Dialogue

CHILD CARE PROVIDER WITH RESOURCE PARENT (LYDIA):

Provider: Since Sophia (child in foster care) was placed with you, how have you been managing the interaction with Sophia's birth mother? **(Open ended question)**

Lydia: In the very beginning, Sophia was not able to visit with her mom. Since the regular visits started, it has been difficult. Sophia gets very anxious on the visitation days. I am trying to be supportive and make her feel excited, but then after the visit is over, Sophia struggles to transition back into our (foster) home. It's just not clear where this situation is leading to.

Provider: You have been trying hard to support Sophia and to make the visitation with her birth mom be successful. **(Affirmation)**

Lydia: It's been very difficult lately. I have been trying my best but Sophia's behavior and her moods are really hard to deal with. And I think the visits make it even harder to deal with her.

Provider: It sounds like this has been a challenge for you and you're feeling overwhelmed. **(Reflection)**

Lydia: Yes, it has been. I wish the social worker could tell me clearly what the next steps are. The transitions are so hard for Sophia.

Provider: Here's what I've heard so far- let me know if I've missed anything. Your main priority is caring for Sophia, having her be integrated in your family, and you want her to be happy, at home and when she is with me in child care. Lately things are very difficult for you at home due to the frequent visitation taking place with her birth mom and the fact that the transitions are really hard for Sophia. **(Summary)**

Learning Circles Activity Guide

Purpose

To create a supportive, safe, learning space for child care providers to share about any challenges they may be experiencing and seek support and feedback from their colleagues and peers.

Learning Objectives

Gain support regarding challenging situations and provide peer support to others

Estimated Time

Varies, usually up to 60 minutes, on a reoccurring schedule

Materials

- Private meeting space/room
- Conference table or chairs set-up in a circle

Process

1. Begin session by welcoming members and establishing norms and agreements for the session with all members. You may wish to provide/suggest a few group agreements and ask if any of the members have any to add.
 - a. For example: active participation, respect for others, confidentially.
2. Start by going around the circle, one by one, allowing each child care provider to share a recent or pressing challenge or issue they have experienced and need support in.
 - a. Ensure all members of the circle have an opportunity to present a challenge or ask a question for feedback from the other members.
 - b. Ask members to be specific about the feedback they would like.
3. After each person shares their challenges and receives feedback, they should determine a short-term action step they can use to address and resolve the issue.
4. Before concluding, each member should confirm the action they committed to doing between now and the next meeting.

Debrief

1. Ask the learning circle members what was helpful about the session and what changes could be made to make improvements for the next session.
2. Confirm when and where the next learning circle will take place.

Optional: provide an evaluation after each session.

Active Learning Strategies

Active Learning Strategy	What You Need	How It Works	Ways to Incorporate in My Delivery
Chart Fill Up	Chart Paper Markers	<ul style="list-style-type: none"> • Provide each table with a piece of chart paper and markers. • Provide the room with an assigned topic or question. • Groups are challenged to fill the paper with words/pictures related to the topic. 	
Think-Pair-Share	Ability to pair up participants	<ul style="list-style-type: none"> • Pose a question that requires analysis, evaluation or synthesis. • Participants think and write possible responses for a minute or two. Each person then discusses their ideas with a partner. • You may wish to have them share key ideas with the entire group. 	
Pop Up		<ul style="list-style-type: none"> • To introduce a section of material and learn what participants already know, invite them to “pop up” out of their seats one by one and state something they know or believe to be true about the topic. • For instance, ask them what they know or believe about adult learners. • Allow at least 30 seconds of wait time after giving the question and before asking for responses. 	
Use This	Ability to group participants	<ul style="list-style-type: none"> • Divide participants into groups of 2-6 • Instruct participants to list ways that they will use the presented material back at work. • If the group cannot come up with any application, you can throw their problem out to the whole group. 	

Minute Papers	Blank paper or scratch paper Pens/ Pencils	<ul style="list-style-type: none"> • At the end of section of material, ask participants to free write for two to three minutes. Questions such as, “What were the most important points from this section of the workshop?” or “What questions do you still have about the material?” give you important feedback about participant learning • You may ask a few participants to share, if time permits. 	
Toss Up	Small ball or bean bag	<ul style="list-style-type: none"> • Use this activity to provide opportunities short comments about a topic. • Participants throw a ball, bean bag or other object “ to someone in the group. • When that person is finished, they throw the ball to someone else to speak. Rules are: Only the person with the ball can talk; no interruptions, corrections or helping; suspend judgement. 	
How Many		<ul style="list-style-type: none"> • Ask a series of “How many of you have ever ...” questions during your presentation. • This technique spotlights the background of the audience and connects them to the information being taught. • The process creates personal meaning for the participants. 	
What It Is/ Why It’s Good/ What Could Go Wrong	Chart paper Markers Ability to divide participants into groups	<ul style="list-style-type: none"> • Divide the room into three sections. Have the first section prepare a list of the key points presented. • Have the second group create a list of ways in which they could use what has been presented. • Have the third list what could happen if they don’t use what has been presented. 	
Turn and Talk	Ability to pair up participants	The trainer gives the instruction “turn to your neighbor and talk about...” and follows with a question or statement. Some examples: <ul style="list-style-type: none"> • Identify the key points from the last few minutes • Discuss what I just said • Generate practical examples for the point I just made • Share a time when you’ve encountered examples of these ideas • Decide which of the options I listed is the best and why 	

C-DARC

“Seeing Through the Dark of Planning a Phenomenal Presentation”

C-DARC PLANNING TEMPLATE

C

COMPELLING CAPTURE

What will I do to:

- a. Create a safe, secure learning environment?
- b. Inspire curiosity about my content

D

DYNAMIC DELIVERY

- a. How will I organize my delivery to maximize attention?
- b. How can I organize my content around compelling questions my audience wants answered?
- c. Can I create controversy around my topic?

A

ACTIVE APPLICATION

- a. What application activities will I use?
- b. What recall activities will I use?

R

REVEALING REFLECTION

- a. How will I get my audience to reflect on what they have learned?

C

CONCLUSIVE CHANGE

- a. What process will I use to get my audience to commit to a change in thinking, behavior and practice?
- b. What is my signature closing?



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Professional Quality of Life Scale (ProQOL)

Secondary Traumatic Stress Scale

Rate each item below using the following scale:

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

1. _____ I am preoccupied with more than one person I help.
2. _____ I jump or am startled by unexpected sounds.
3. _____ I find it difficult to separate my personal life from my life as a helper.
4. _____ I think that I might have been affected by the traumatic stress of those I help.
5. _____ Because of my [helping], I have felt “on edge” about various things.
6. _____ I feel depressed because of the traumatic experiences of the people I help.
7. _____ I feel as though I am experiencing the trauma of someone I have helped.
8. _____ I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
9. _____ As a result of my [helping], I have intrusive, frightening thoughts.
10. _____ I can't recall important parts of my work with people who have experienced trauma.

Copy your rating on each of these questions on to this table and add them up. When you have added them up, you can find your score on the table below.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
- Total _____

The sum of my Secondary Trauma question is...	And my secondary traumatic stress level is...
22 or less	• Low
Between 23 and 41	• Average
42 or more	• High

ProQOL Helper Pocket Card

Caring For Yourself In The Face Of Difficult Work

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do for each day

1. Get enough sleep.
2. Get enough to eat.
3. Do some light exercise.
4. Vary the work that you do.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For more information see your supervisor and visit www.psychosocial.org or www.proqol.org

Beth Hudnall Stamm, Ph.D., *ProQOL.org and Idaho State University*
Craig Higson-Smith, M.A., *South African Institute of Traumatic Stress*
Amy C. Hudnall, M.A., *ProQOL.org and Appalachian State University*
Henry E. Stamm, Ph.D., *ProQOL.org*

Switching On And Off

It is your empathy for others helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

How to become better at switching on and off

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

We encourage you to copy and share this card. This is a template for making the pocket cards. You may make as many copies as you like. We have heard from some organizations that they have made thousands of copies. Some people find that it is helpful to laminate the cards for long-term use. The ProQOL helper card may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold. www.proqol.org

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Resources & References

Administration for Children and Families

<https://www.acf.hhs.gov/trauma-toolkit/early-childhood-programs>

This resource provides information on the impact of early adversity on child development, the importance of trauma informed services, positive parenting and family wellness, interventions to buffer toxic stress for children and families, and sources and consequences of trauma.

Substance Abuse and Mental Health Services Administration

<http://www.traumainformedcareproject.org/resources/SAMHSA%20TIC.pdf>

This resource provides a guide for implementing Trauma Informed Care in an organization or community provided by the Substance Abuse and Mental Health Services Administration.

Centers for Disease Control and Prevention - Adverse Childhood Experiences (ACEs)

cdc.gov/violenceprevention/acestudy/

This resource provides background information on the CDC-Kaiser ACE study including the demographics and key findings as well as resources and journal articles on ACEs.

California Evidence-Based Clearinghouse

cebc4cw.org

This resource provides an overview of the latest empirical evidence, information, resources, and evidence-based practices for children and families involved with the child welfare system.

The National Child Traumatic Stress Network

<https://www.nctsn.org/>

This resource provides information and resources regarding types of trauma, evidence-based trauma treatments, and Trauma informed Care.

University of Buffalo School of Social Work – Our Self-Care Starter Kit

socialwork.buffalo.edu/resources/self-care-starter-kit.html

This resource provides steps for developing a self-care plan as well as self-care assessments, exercises, and resources.

Center on the Developing Child

<https://developingchild.harvard.edu/about/>

This resource provides accessible scientific information in the form of briefs, multimedia, presentations, reports, working papers, tools, and guides around understanding and supporting early childhood development to improve outcomes for children and families.

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