

# Understanding Trauma and Healing in Adults

## Brief 5. Strengthening Trauma-Informed Staff Practices



Explore this series to learn about trauma and how traumatic events can impact families and staff. Find information to guide your conversations with families. Use these resources to promote healing, resilience, and family well-being. When families know they are understood, they can be more engaged and responsive to support.

Head Start and Early Head Start leaders and staff can use this series to learn about adult trauma and strategies for self-care and healing. This series can help build knowledge and skills for a program-wide trauma-informed culture.

Brief 1. Defining Trauma

Brief 2. Caring for Ourselves as We Care for Others

Brief 3. Coping and Healing

Brief 4. Strengthening Trauma-Informed Program Practices

**Brief 5. Strengthening Trauma-Informed Staff Practices**

Head Start and Early Head Start managers and staff can explore this brief to learn about how to strengthen trauma-informed practices for staff. Review three strategies staff can use to practice trauma-informed care. Find examples of how managers can support staff in a trauma-informed program.

### How to Strengthen Trauma-Informed Practices for Staff

In a trauma-informed culture, leaders work to strengthen trauma-informed care (TIC) and practices for both the program and the staff. Supervisors and coaches can help staff build on families' strengths—and their own. They can help staff prepare for their emotional reactions to families who have experienced trauma. Leaders and supervisors can work with staff to reflect on their practice. They can encourage staff to ask for help, focus on what they can do, and let go of what they can't.

Leaders can help staff to value their own passion and the healing power of their relationships—for the families they work with and for themselves. (See Brief 2. **Caring for Ourselves as We Care for Others** in this series.)

Leaders and staff can use three key strategies to strengthen their TIC practices: strengths-based attitudes and practices, reflective practice, and reflective supervision.

## Strengths-based Attitudes and Relationship-based Practices for Trauma-Informed Care (TIC)

Using strengths-based attitudes and relationship-based practices can support TIC. See the **Building Partnerships with Families Series** in Related Resources to learn about these strategies and how you can use them.

These attitudes and practices offer strategies to help you develop positive relationships with families when traumatic events and adversity are part of their experience. These strategies can help you become aware of assumptions and judgments about concerning behaviors and interactions that may prevent you from recognizing underlying trauma. These attitudes and practices can help strengthen fragile relationships with families who have experienced past trauma or who are experiencing current trauma.

You can use these strategies to help build positive relationships that offer a safe emotional space for families to share with you. The attitudes and practices can help you understand families' perspectives and support them in their healing process. As you gain experience in applying the strengths-based attitudes and relationship-based practices, you will find your own words for a healing response. Use reflection to help you apply the attitudes and practices for TIC.

## Reflective Practice for Trauma-informed Care

Reflective practice means considering what we and others bring to an interaction before acting. As we think before we act, we can reflect on thoughts and feelings—both our own and those of the individuals we are interacting with. We can consider how these may influence what we decide to do or say. Reflective practice can be an everyday practice.

Trauma-informed reflective practice can help staff respond to the signs and symptoms of trauma. It can help staff integrate and implement what they learn in TIC trainings. Trauma-informed reflective practice can also be used to help staff and families actively resist re-traumatization. (See Brief 2. **Caring for Ourselves as We Care for Others** in this series for more about resisting re-traumatization.)

We can use reflective practice to keep trauma in mind as a possible explanation for thoughts, feelings, and behaviors. We can use it when we try to understand behaviors—in other staff, parents, family members, or children—that we find distressing or don't know how to respond to. Here are some questions we might ask ourselves in reflective practice:

## Trauma-Informed Care

According to the Substance Abuse and Mental Health Services Administration (SAMSHA), trauma-informed care . . .

“. . . realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization” (SAMHSA, 2014).

Staff and supervisors are rarely trained as mental health professionals. They are not expected to play that role for families or for each other. Staff can use reflective practice to notice the thoughts and feelings they have when working with families who have experienced trauma. These thoughts and feelings may become confusing, distressing, and overwhelming. You may become concerned that these thoughts and feelings are making it hard for you to function at work or at home. It can be helpful to share them with the mental health consultant connected with your program, a mental health professional, or faith-based counselor.

- Why is this behavior bothering me so much?
- What might this person really be trying to say?
- Why am I finding myself thinking so much about this interaction?
- Is there something about this interaction that reminds me of others in my life?
- What may have happened in this person’s past that might be driving this behavior?
- What has this person’s past experiences with “helpers” been?

We can use reflective practice to help us see beyond the behavior to recognize the underlying trauma. Recognizing behaviors driven by trauma can help prevent us from responding in ways that re-traumatize those engaging in these behaviors. We can use reflective practice to help us engage with the whole person, that person’s strengths, and their unique individuality.

We can use reflective practice to resist being re-traumatized. This means protecting ourselves from being traumatized. It also means ensuring that we do not traumatize or re-traumatize the staff and families we work with. For example, reflective practice can help us think before we

- reject a person whose distrust or distancing behavior we’ve judged as aloof or uncaring,
- bring up a topic with violent content that may be triggering,
- express caring and concern that, for someone who has experienced trauma, may be felt as uncomfortably close or too invasive, or
- show irritation or frustration, which may be perceived as a warning sign of impending violence for someone who has experienced trauma.

## Reflective Supervision for Trauma-informed Care

Reflective supervision is an ongoing conversation between a staff member and a supervisor who is trained in reflective supervision. These conversations are dedicated to promoting reflection on thoughts and feelings that arise in our work with families. Reflective supervision is key to supporting staff when working with families who have experienced trauma. It can be used to address staff’s vicarious trauma and to support staff who have experienced trauma.

Supervisors trained in reflective supervision learn specific skills that create a culture of safety. They learn, for example, how to

- turn mistakes into learning opportunities,
- protect confidentiality, and
- help staff turn their vulnerabilities into sources of strengths.

We can bring to reflective supervision our ideas and questions about the behaviors of the families we work with that may be driven by past experiences of trauma.

We can also discuss our assumptions and reactions with our supervisor. Then we can determine how best to put aside any judgment and respond in ways that create safety and build trust.

**Reflective supervision** is not therapy. But it is common for our work with families to bring up memories of our own traumatic experiences. If these memories fill our thoughts most of the day for more than a few days, it may be helpful to talk about them privately with a mental health professional. This can help us resist being re-traumatized.

---

Supervisors can help us find ways to respond that do not just focus on concerning behaviors but also honor families' strengths and positive intentions. This can help us help the person we are working with to feel safe, overcome the urge to withdraw, and be fully present with us.

Reflective practice can help us identify when we are experiencing vicarious trauma or trauma triggers. (See Brief 2. **Caring for Ourselves as We Care for Others** in this series for more information about vicarious trauma and trauma triggers.) With reflective practice, we may become aware of interactions with children, families, or staff that have traumatized us or may have triggered us.

We may want to discuss these reflections with a supervisor trained in reflective supervision. Or we may choose to seek out a mental health professional with whom to share these reactions. Remember that TIC includes "resisting re-traumatization," and that also means protecting ourselves from trauma triggers that can re-traumatize us.

## **How to Support Staff in a Trauma-Informed Program**

Here are some examples of other ways that leaders and supervisors can support staff in a trauma-informed program:

- Promote flexible ways of communicating
- Offer supportive check-ins and debriefs
- Plan regular self-care and mindfulness training
- Use the mental health consultant's expertise to boost TIC across the program
- Create opportunities for staff to come together

### **Promote flexible ways of communicating**

You may notice that staff or family members are having a hard time expressing themselves calmly or directly. Consider offering to take a break and talk again the next day.

After an intense event at work, provide staff members with time to settle themselves and calmly re-enter the work space. This could be a 15-minute break, a supervisory meeting, time to meet with the mental health consultant, or encouragement to use reflective practice.

Remember that our ways of handling distress are also shaped by our cultures.

### **Offer supportive check-ins and debriefs**

Supervisors and leaders can offer supportive check-ins and debriefs. They may know in advance that an especially difficult conversation or challenging event is going to occur. For example, staff might have to tell a parent that his child has said that someone at home has been hurting her. Or a family may need to move into a shelter. Other challenging interactions and events may be sudden and unexpected.

Either way, staff, supervisors, and leaders can talk with staff before and after both the challenging conversations they expect and those that are unexpected. Supervisors and leaders can offer follow-up check-ins and debriefs. These conversations are important. Challenging circumstances or events can lead to emotional reactions that change over time. Regularly checking in about these reactions and feelings is a way to honor staff and their own humanity as they face difficult circumstances at work. Check-ins can help staff sort out what is in their power to change and what is not.

---

## **Plan regular self-care and mindfulness training**

Programs can encourage staff to practice skills for coping and self-regulation in moments of calm. That way they can use these skills during more charged or challenging times. When programs establish regular times for reflective practice, self-care, and/or mindfulness, they communicate to all staff how important these skills are. This action also shows staff how important staff wellness is when providing TIC.

## **Use the mental health consultant's expertise to boost TIC across the program**

Mental health consultation is a part of every Head Start and Early Head Start program. Mental health consultants engage staff regularly in reflective practice. They may provide encouragement for staff who are seeking the help of a mental health professional.

Mental health consultants also can partner with program leaders to help identify and understand trauma-related challenges in staff and families. They support programs in implementing program-wide supports.

## **Create opportunities for staff to come together**

Trauma can affect the way we perceive ourselves and others, and how we are in our relationships. That is why it is important to keep trauma in mind when we come together for staff meetings, supervision, training, and informal interactions.

In trauma-informed programs, leaders and supervisors create safety by setting clear expectations for communication. They co-create ground rules with staff about how meetings will be conducted. They model fairness, reliability, and trustworthiness. Leaders and supervisors work on their own self-regulation. To do this, they pay attention to their own feelings and reactions. They learn and use soothing strategies that help them to settle themselves. They also respect and welcome differences among staff, families, and children.

Leaders keep trauma in mind as they design opportunities for staff to meet. When leaders, supervisors, and staff come together, there may be differences in power—real or perceived. For people who have had experiences of trauma, it is common to feel powerless. For example, many people who have experienced interpersonal trauma might fear that those with power may use it in ways that are unpredictable, unjust, or harmful.

In trauma-informed programs, leaders, managers, and supervisors understand this. They share power whenever possible. They are clear and straightforward about how, why, and when they use the authority of their roles. They do so in ways that are fair and just.

Programs can consider these and other ways to make their everyday activities respond to trauma's impact and help staff resist re-traumatization. They can use these ways, along with program-wide practices and strategies, to strengthen TIC and healing for families—and staff. See Brief 4. **Strengthening Trauma-Informed Program Practices** in this series for more details.

---

## Related Resources

Learn more about the topics in this brief. Explore the following resources available on the Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.

### **A Collection of Tips on Becoming a Reflective Supervisor**

Review this resource to learn how to become a reflective supervisor. Includes examples of the three components of reflective supervision: regularity, collaboration, and reflection.

### **Building Partnerships with Families Series**

Explore this series to learn about ways to strengthen goal-oriented relationships and partnerships with families.

- Building Partnerships: Guide to Developing Relationships with Families
- Strategies for Family Engagement: Attitudes and Practices
- Family Engagement and Cultural Perspectives: Applying Strengths-based Attitudes
- Partnering with Families of Children Who Are Dual Language Learners
- Preparing for Challenging Conversations with Families
- Engaging with Families in Conversations About Sensitive Topics

### **Family Connections: A Mental Health Consultation Model—Short Papers for Staff**

Use these short papers as handouts in training workshops and in parent groups:

- Supportive Supervision: Promoting Staff and Family Growth Through Positive Relationships
- Self-Reflection and Shared Reflection as Professional Tools

### **Head Start Parent, Family, and Community Engagement Framework**

Explore this research-based, organizational guide for implementing the Head Start Program Performance Standards for parent, family, and community engagement.

### **The Mental Health Consultation Tool—Reflective Practice Module**

Explore the Infant and Early Childhood Mental Health Consultation (IECMHC) learning module. Find lessons with realistic scenarios and short video clips. Each lesson has its own resources designed to provide extensive support around IECMHC.

### **Reflective Supervision: Putting It Into Practice**

Watch this webcast to help you implement reflective supervision in your Early Head Start, Head Start, or Migrant and Seasonal Head Start program. Find a mini-training with Early Head Start practitioners.

### **Using Reflective Supervision to Build Capacity (video)**

Watch this webinar to learn how reflective supervision can be used to build reflective capacity for education staff and improve program quality and practice.

## Reference

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884 (p. 9). Rockville, MD: Substance Abuse and Mental Health Services Administration.

This document was developed with funds from Grant #90HC0014 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, and Office of Child Care, by the National Center on Parent, Family, and Community Engagement. This resource may be duplicated for noncommercial uses without permission.

For more information about this resource, please contact us:  
PFCE@ecetta.info | 1-866-763-6481

Suggested citation: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement. (2020). *Understanding Trauma and Healing in Adults: Brief 5. Creating a Program-Wide Trauma-Informed Culture.*



NATIONAL CENTER ON  
Parent, Family and Community Engagement