

Trauma Informed & Developmentally Sensitive Services for Children

Core Competencies for Effective Practice

THE MULTIPLYING CONNECTIONS INITIATIVE

Copyright 2008 by the Health Federation of Philadelphia

1211 Chestnut Street, Suite 801,

Philadelphia, PA

www.multiplyingconnections.org



Development and Review Groups

Cross System Training Institute

Khary Atif, MSS, MLSP, LSW, ACSW, City of Philadelphia, Department of Human Services
Tina Biddle, MEd, School District of Philadelphia
Martha Davis, MSS, Institute for Safe Families
Maria Frontera, MSW, LSW, Health Federation of Philadelphia
Alice Haber, MEd, School District of Philadelphia
Michelle Heyward, MA, City of Philadelphia Department of Behavioral Health and Mental Retardation Services
Renee Queen Jackson, MEd, School District of Philadelphia
Leslie Lieberman, MSW, Health Federation of Philadelphia
Ellen Matz, MSW, Temple University
Stephen Paesani, MTS, Behavioral Health Training and Education Network
Maria Ramos, MSW, Temple University
Amanda Schrieber, MSW, Temple University
Cynthia Shirley, MSW, LSW, Health Federation of Philadelphia
Sandra Kayes Wallace, MEd, School District of Philadelphia
Kalma Kartell White, MEd, CPRP, Behavioral Health Training and Education Network
Marcy Witherspoon, MSW, LSW, Institute for Safe Families, Department of Human Services

Development Consultants

Veronica Bowlan, LSW, Drexel School of Medicine, Behavioral Health Education Program
Lisa Ulmer, MSW, ScD, Drexel University School of Public Health
Yeetay, Emuaneh, MD, Drexel University School of Public Health
Diane Wagenhals, MS, Lakeside Education Network
Ann Riksecker, MPH, Health Federation of Philadelphia

National Review Panel

Leann Ayers, Foundations, Inc., Philadelphia, PA
Sue Badeau, Casey Family Foundation
Jane Berdie, MSW, Jane Berdie Consulting, Denver, CO
Lyndra Bills, MD, The Sanctuary Programs
Sandra Bloom, MD, Drexel University, School of Public Health, Philadelphia, PA
Sherry Burnette, PhD, Vermont Agency of Human Services, Burlington, VT
June Cairns, MSW, City of Philadelphia, Department of Human Services,
Julie Campbell, LCSW, Children's Crisis Treatment Center, Philadelphia, PA
Sean Casey, MSW, First Five Contra Costa, Martinez, CA
Nick Claxton, MSW, City of Philadelphia, Department of Public Health
David Dan, MSW, Child Welfare and Mental Health Consultant, Philadelphia, PA
Suzanne Daub, LCSW, Delaware Valley Community Health, Philadelphia, PA
Gail Edelson, MD, City of Philadelphia, Department of Behavioral Health and Mental Retardation Services
Roger D. Fallot, Phd, Community Connections, Washington, DC
Vincent Filetti, MD, Internist, San Diego, CA
Paul J. Fink, MD, Psychiatrist, Philadelphia, PA
Joseph Foderaro, LCSW, Sanctuary Program, Philadelphia, PA
Jamie Germain, PhD, Illinois Department of Behavioral Health
Gene Griffin, JD, Phd, Child Trauma Academy, Austin, TX
Anne Holland, Phd, Children's Crisis Treatment Center, Philadelphia, PA
Robyn Igelman, PhD, Conrad Center, San Diego, CA
Natalie Levkovich, Health Federation of Philadelphia, Philadelphia, PA
Una Majmudar, LCSW, Health Federation of Philadelphia

Kate Maus, MSW, City of Philadelphia, Department of Public Health
Virginia Peckham, LCSW, Child Development Consultant,
Bruce Perry, MD, Child Trauma Academy, Austin Texas
Donna Piekarski, MEd, School District of Philadelphia
John Rich, MD, Drexel University, School of Public Health
Linda Rich, MA, Center for Non-violence and Social Justice, Philadelphia, PA ,
Evelyn Ridgeway, PhD, Clinical Psychologist, Philadelphia, PA
Ruth Ann Ryan, RN, Sanctuary Program, Philadelphia, PA
Rob Sheesley, MDiv, Center for Grieving Children, Philadelphia, PA
Sandy Sheller, MA, Salvation Army, Philadelphia, PA
Craig Strickland, PhD, Behavioral Health Training and Education Network, Philadelphia, PA
Patrica Van Horn, PhD, University of California, San Francisco, CA
Celeste Vaughan-Briggs, MSW, Philadelphia, PA
Charles Zeanah, MD, Tulane University, New Orleans, LA
Margaret Zukoski, JD, MSW, Pennsylvania Council for Children Youth and Family Services, Philadelphia, PA

Trauma Informed & Developmentally Sensitive Services for Children

Core Competencies for Effective Practice

Rationale

Over the last two decades, advances in science have helped us better understand the devastating impact of trauma on young children. Using neuro-imaging technology, PET scans and MRIs, scientists have been able to pinpoint the damaging effects that severe abuse, neglect, witnessing violence, and unremitting exposure to stress have on early childhood brain development. Coupled with this research is the landmark Adverse Childhood Experiences Study (ACE) (Felitti, et al., 1998) which reviewed the health of more than 17,000 mid-life adults and confirmed that early exposure to negative childhood experiences of abuse, neglect and witnessing violence leads to lifelong, debilitating mental and physical health problems, and ultimately, early mortality.

Although significant progress has been made in what we know about the impact of trauma on early childhood development, there remains, as pediatrician Jack Shonkoff (National Research Council and Institute of medicine, 2000) has said, a substantial gap between what we know and what we do. Closing this gap requires a workforce that is knowledgeable about trauma and its impact on development and can employ skills and strategies that prevent, reduce and ameliorate its effect on young children.

Toward this goal, Multiplying Connections (MC), a Philadelphia-based collaborative designed to build capacity for trauma informed children's services, has developed a set of core competencies for trauma informed and developmentally appropriate care for all organizations and individuals who provide services to young children and their families.

The competencies created by Multiplying Connections provide a framework for the critical knowledge, values, attitudes, and skills needed to provide trauma informed care to young children and their families. These competencies are intended to guide workforce development activities including training, curriculum development, and professional standards. The intent of these competencies is that the children's services system workforce shares a common base of knowledge, attitudes and values about trauma and trauma informed care, and is competent in a variety of skills that result in trauma informed and developmentally appropriate practice for all children and families. It is not intended, or even desired, that an individual be competent in all the Multiplying Connections competencies. It is, expected that organizations and systems will be strive to be comprised of individuals that together represent all of the competencies.

Process for Developing the Competencies

In 2007, the Multiplying Connections Cross System Training Institute (CSTI) embarked on a process to define a set of core knowledge, attitudes, values and skills competencies that children's services professionals need to provide trauma informed and developmentally appropriate care.

A working group of the CSTI, began by reviewing numerous competencies from relevant professional fields including behavioral health, child welfare, public health, violence and injury prevention, and early childhood education, as well as conducting an extensive review of literature on trauma informed and developmentally appropriate practice. (Bloom & Farragher, In press; Bloom S. , 2006; Bloom S. , 2010; Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005; Harris & Fallot, 2001; Hodas, 2006; Knox, 2001; State of Maine Department of Health and Human Services-Behavioral and Developmental Services, 2002; Minnesota Association of Education for Young Children, 2004; National Training Initiative for Injury and Violence Prevention, n.d.) (Perry & Szalavitz, 2006) In early 2008, the full CSTI, assisted by several consultants with expertise in workforce competency development, trauma and evaluation, met together and used a nominal process to reach consensus on a draft set of competencies derived from this review. In the spring of 2008, a national group of 35 trauma experts from research, policy and practice engaged in a three-phase review to hone and refine the draft competencies. Input and feedback from this expert panel were used to further refine the competencies and a second draft was returned to the Multiplying Connections CSTI and Steering Committee for final review and approval. The competencies will be updated as needed.

Guiding Principles and Definitions

The competency development group was guided by the defining principles of the Multiplying Connections Initiative:

- **honor children’s relationships**
- **promote relational health for children and families**
- **close/reduce the developmental gap experienced by many trauma-exposed children by intervening during the 0 to 5 ages**
- **increase (front-line workers’ and families’) knowledge and skills for supporting typical brain development as well as trauma-affected development**
- **build resilience/protective factors for children using evidence-based practice**

Core competency was defined as:

The knowledge, attitude and skills that all adults who work with very young children (0 to 5) need to have to be able to provide care and create a system that is trauma-informed and developmentally appropriate for children and their families.

The workgroup used an adapted definition of trauma informed care based on the work of Maxine Harris and Roger Fallot (Harris & Fallot, 2001) and a definition of developmentally appropriate care from the National Association of Educators of Young Children (National Association for the Education of Young Children, n.d.)

Trauma-informed services are not designed to treat symptoms or syndromes related to adverse experiences including sexual abuse, physical abuse, and witnessing violence. Rather, regardless of their primary mission – to deliver education, health and behavioral health care or provide housing supports or employment counseling, for example – their commitment is to adopt a universal approach to trauma and provide services in a manner that is welcoming and appropriate for all, including individuals and families who have experienced trauma.

Developmentally appropriate services consider the physical, social, emotional, and intellectual development of each child in all aspects of service delivery and understand both universal age appropriateness - predictable sequences of growth in children (e.g. children walk before they run) and individual age appropriateness—the unique sequence of growth of each child which takes into account the personality, learning style and background

and culture of each child (e.g. one child learns to walk at 10 months of age, another learns to walk at 14 months of age).

Competency Domains, Scope and Proficiency Levels

Recognizing that the causes and impact of trauma are complex problems requiring complex solutions at multiple system levels, the MC competencies are clustered into five domains which cross a broad range of professional activities. Adapted from the core competencies for *Youth Violence and the Health Professions: Core Competencies for Effective Practice* (Knox, 2001), The Multiplying Connections competency domains are:

- **Knowledge**
- **Attitudes/Values**
- **Communication**
- **Practice**
- **Communities**
- **Organizations and Systems**

In developing the MC Core Competencies it was recognized that there is a broad diversity of children's services professionals who represent multiple disciplines, educational backgrounds, levels and professional roles. All children's services professionals are not expected to be expert in every MC competency. Organizations will need to identify sets of competencies and proficiency levels specific to the roles that comprise their services.

These competencies were also designed to address multiple aspects of being trauma informed from skills necessary to provide direct practice to those needed to lead organizational and policy change activities. The competencies will have differing applications both across and within organizations.

Current Uses of the Competencies

At present, the MC Competencies are being used to guide development of new training programs and curricula in the public children's services system in Philadelphia. Additionally, existing community and agency based training on trauma and related topics are being mapped to the MC Competencies. In the near future, information about where to find training that meets the MC Competencies will be found on the MC Website www.multiplyingconnections.org. Organizations will also be encouraged to use the competencies to develop performance standards, job descriptions, self-assessments and performance evaluations.

Fortunately, there is significant momentum and growth in the field of trauma informed care and other related areas such as resilience/protective factors, strength based practice, developmentally appropriate care and early childhood education – as such it is expected that the MC competencies will change as we learn more about how to prevent and intervene to reduce the impact of trauma on children and families and strategies to create trauma informed systems of care.

Please visit the Multiplying Connections website, www.multiplyingconnections.org to provide us with feedback and input on the MC Competencies and information about how you are using them.

COMPETENCIES

Knowledge

Core knowledge needed about trauma, trauma informed practice and child development to provide trauma-informed, developmentally sensitive services to young children and their families

Professionals working in the Child and Family Service System will be able to:

- K1. Identify/describe key signs, symptoms, impact and manifestations of trauma, disrupted attachment, and childhood adversity in children and in adults
- K2. Explain how behaviors, including those that appear to be “problems” or symptoms often reflect trauma-related coping skills individuals need to protect themselves and survive.
- K3. Describe the domains and stages of normal childhood development from infancy through adolescence (brain, social, emotional, cognitive, physical) and how they can be affected by trauma, abuse, adversity and stress
- K4. Describe local resources for trauma specific treatment and trauma informed services for children and their families
- K5. Define trauma informed and trauma specific care, including knowing the key elements of a trauma informed system and being familiar with evidence based trauma treatment models.
- K6. Explain the relationship between trauma, adversity and disrupted attachment in the child/caregiver relationship
- K7. Describe the multi-generational nature of trauma and childhood adversity.
- K8. Define re-traumatization and identify ways that children and their families can be retraumatized/triggered by the systems and services designed to help them.

Values and Attitudes

Core values and attitudes needed to provide trauma informed, developmentally sensitive services to young children and their families

- V1. Believe that providing trauma-informed/developmentally sensitive care is an appropriate and important role for anyone involved in providing services to children and their families
- V2. Recognize that involving clients/parents/caregivers as partners in the process of recovery from trauma and childhood adversity maximizes the potential for healing

V3. Examine personal beliefs about and experiences of trauma and childhood adversity and the impact these have on interactions with clients, colleagues, organizations, and systems.

V4. View childhood trauma and adversity as a significant, complex, and often preventable public health problem with broad ranging effects on children and adults but from which, with proper resources and support, people can recover and heal

Communication

Communication skills needed to provide effective trauma informed, developmentally sensitive services to young children and their families

- C1. Develop an interpersonal style that is direct, willing to change as a result of interactions, reflective, engaging, honest, trustworthy, culturally competent and eliminates the use of labels that pathologize.
- C2. Communicate and collaborate with children, families, professionals and communities to establish supportive relationships for growth and healing.
- C3. Accurately perceive, assess, and express emotions and model non-violent ways of communicating those emotions in order to maintain a safe environment for self and others.

Practice

Core skills and abilities needed to practice trauma informed care with young children and their families

- P1. Facilitate trauma-informed collaborative relationships with children, parents, caregivers and colleagues which include demonstrating care, respect, cultural competence, developmental sensitivity, employing strengths based approaches, maximizing safety for all and opportunities for client/caregiver choice and control.
- P2. Provide trauma-informed screening and assessment including obtaining appropriate client and family histories to determine exposure to trauma/childhood adversity and risk and protective factors associated with trauma/childhood adversity.
- P3. Demonstrate sensitivity to children's parents/caregivers who often have unaddressed trauma issues that can impact their ability to help their children.
- P4. Facilitate referrals and access to trauma informed and trauma specific treatment services for children and their families as needed.
- P5. Demonstrate ability to teach children and parent/caregivers techniques that help children who have experienced trauma including relaxation calming, soothing, and grounding themselves and/or their children and strategies for implementing CAPPD (being calm, attuned, predictable, present and not escalating)
- P6. Create environments that are safe, comfortable, and welcoming for all children, families, and staff

- P7. Educate parents/caregivers about risk and protective factors associated with trauma/childhood adversity, healthy child development, and assist them with developing tools/strategies to strengthen development
- P8. Assist parents/caregivers of children who have been exposed to trauma and childhood adversity to recognize and address their own risk for secondary/vicarious trauma and possible unresolved trauma in their own lives.
- P9. Educate and support all staff about the need to recognize and address their risk of secondary/vicarious trauma and how they may be negatively affected by exposure to detailed histories of trauma and adversity.

Communities

Competencies in working with communities to reduce risk factors and increase protective factors associated with trauma and childhood adversity

Educate and inform community residents, leaders, groups, and coalitions about trauma and childhood adversity including its causes and effects on individuals, along with available resources for recovery and healing.

Organizations and Systems

Competencies in organizational management and policy/system change needed to create and sustain a trauma informed and developmentally sensitive service systems for young children and their families

- O1. Identify and describe effective models of trauma informed care (e.g. Sanctuary model, Community Connections model)
- O2. Introduce changes in organizational procedures, structures, protocols and policies to support trauma informed, developmentally sensitive practices and services.
- O3. Involve clients, families, communities and other systems/practitioners in the process of becoming a trauma informed organization.
- O4. Establish environments that support staff and ensure children's health and safety and are customized to meet each child and family's needs, strengths, capabilities and interests.
- O5. Teach/Train professionals at all levels (administration, management, supervisory, direct service, and support) about core elements necessary for trauma-informed practices and organizations
- O6. Advocate with local, state and federal policy makers for the development of funding streams and policies that support and foster a trauma-informed service system for children and families.

REFERENCES

- [Bloom, S. \(1998\). *Creating Sanctuary: toward the evolution of sane societies*. New York: Ruteladge.](#)
- [Bloom, S. \(2010\). Organizational stress and trauma informed systems: A public health perspective of women's mental health. In B. Levin, & M. Becker, *A Public health perspective of women's mental health* \(pp. 295-311\). New York: Springer.](#)
- [Bloom, S. \(2006\). *Organizational Stress as a barrier to trauma-sensitive change and system transformation, white paper for the national technical assi*. Retrieved December 2007, from National Association of State Mental Health Program Directors:
\[http://www.nasmhpd.org/general_files/publications/ntac_pubs/Organizational%20Stress%202010%20formatted%20NTAC.pdf\]\(http://www.nasmhpd.org/general_files/publications/ntac_pubs/Organizational%20Stress%202010%20formatted%20NTAC.pdf\)](#)
- [Bloom, S., & Farragher, B. \(In press\). *Destroying Sanctuary: The crisis in human service delivery*. New York: Oxford University Press.](#)
- [Centers for Disease Control. \(2001\). *Centers for Disease Control and Prevention*. Retrieved January 2008, from <http://cdc.gov/genomics/translation/competencies/process.htm>](#)
- [Elliot, D., Bjelajac, P., Fallo, R., Markoff, L., & Reed, B. \(2005\). Trauma Denied: Principles and Implementation of Trauma Informed Services for Women. *Journal of Community Psychology*, 33 \(4\), 461-477.](#)
- [Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., et al. \(1998\). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, 14, 245-258.](#)
- [Harris, M., & Fallo, R. \(2001\). Envisioning a trauma-informed service system: A vital paradigm shift. In M. Harris, R. Fallo, & \(Eds\), *Using trauma theory to design service systems*. San Francisco: Jossey-Bass.](#)
- [Hodas, G. \(2006\). *Responding to childhood trauma: the promise and practice of trauma informed care*. Retrieved January 2007, from National Association of State Mental Health Program Directors:
\[http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf\]\(http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf\)](#)
- [Knox, L. \(. \(2001\). *Youth Violence and the Health Professions: Core Competencies for Effective Practice*. University of Southern California Department of Family Medicine. University of Southern California.](#)
- [Minnesota Association of Education for Young Children. \(2004\). *Minnesota Core Competencies for Early Education*. Retrieved January 2008, from Minnesota Association for the Education of Young Children: <http://www.mnaeyc-mnsaca.org/associations/9802/files/CoreCompetencies0-5.pdf>](#)
- [National Association for the Education of Young Children. \(n.d.\). *National Association for the Education of Young Children*. Retrieved December 2007, from National Association for the Education of Young Children:
\[http://www.naeyc.org/files/naeyc/file/positions/executive_summary.pdf\]\(http://www.naeyc.org/files/naeyc/file/positions/executive_summary.pdf\)](#)
- [National Research Council and Institute of medicine. \(2000\). *From Neurons to neighborhood: The Science of early childhood development*. \(J. P. Shonkoff, & D. A. Phillips, Eds.\) Washington DC: National Academy Press.](#)

National Training Initiative for Injury and Violence Prevention. (n.d.). *Core Competencies for Injury and Violence Prevention*. Retrieved February 2008, from Safe States Alliance:
<http://www.stipda.org/displaycommon.cfm?an=1&subarticlenbr=41>

Perry, B., & Szalavitz, M. (2006). *The boy who was raised as a dog: what traumatized children can teach us about loss, love and healing*. New York: Basic Books.

State of Maine Department of Health and Human Services-Behavioral and Developmental Services. (2002, November). *General Competencies*. Retrieved 2008 January, from Center for Learning Muskie School of Public Service:
<http://muskie.usm.maine.edu/cfl/Competencies/CORE.htm>