

(CREATING SAFE SPACES)



A Facilitator's Guide to Trauma-Informed Programming for Youth in Optimal Health Programs

INTRODUCTION

This guide complements an organization-wide, trauma-informed approach.

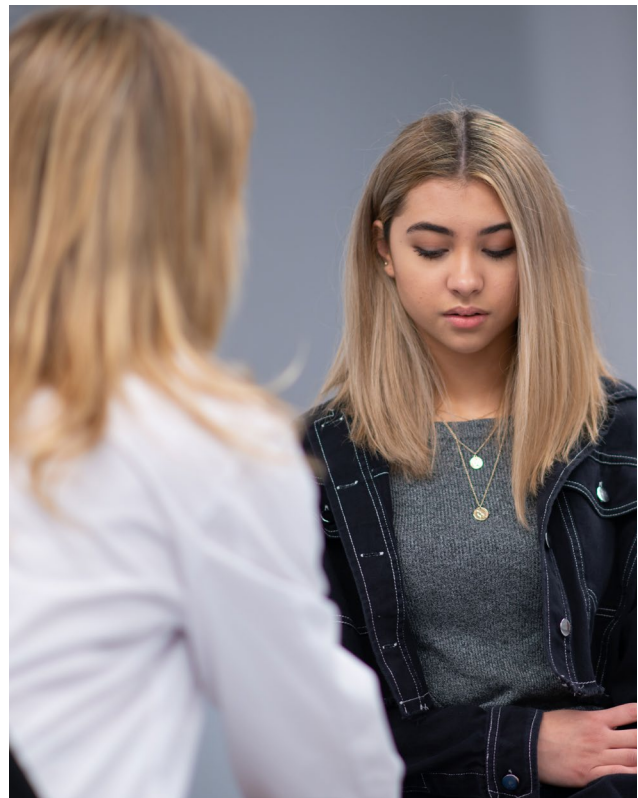
Programs that teach young people about personal responsibility, self-regulation, goal setting, forming healthy relationships, and healthy decision making can help them achieve optimal health. When such programs are delivered in a trauma-informed way, participants feel safe and supported and are more likely to remain engaged in program activities. This guide to trauma-informed programming is for facilitators who deliver school- and community-based or one-on-one optimal health programs to young people.

Using a trauma-informed approach requires ongoing attention, awareness, and sensitivity to program participants. This approach also requires an organizational-level commitment to be successful, as many strategies for incorporating a trauma-informed approach rely on organizational-level policies and procedures for success. This guide is for facilitators who work directly with youth and is intended to complement other activities, policies, and procedures that support this approach.

What Is Trauma?

Trauma refers to experiences that cause intense physical and psychological stress reactions. Specifically, trauma is defined as something that results from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” (SAMHSA, 2014).

Trauma can result from physical, psychological, or sexual abuse; neglect; family violence; grief from the death of a loved one or other loss; a natural disaster, pandemic, or war; or other emotional experiences. People of any age, gender, race, ethnicity, geography, or socioeconomic status can experience trauma. It is also important to recognize the historical and intergenerational trauma sometimes experienced by populations that have a history of being systematically oppressed. Likewise, high rates of trauma may exist among refugee families affected by war or persecution. Studies show that adverse childhood experiences (ACEs), including traumatic events, can have long-lasting health effects (Felitti et al., 1998; Sacks et al., 2014).



What Is a Trauma-Informed Approach?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-informed approach as one that is based on the knowledge and understanding of trauma and its far-reaching implications. A trauma-informed approach is grounded in four key assumptions known as the “four Rs” (SAMHSA, 2014), which specify that a program, organization, or system is trauma-informed:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery.
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the program, organization or system.
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
4. **Resists** re-traumatization.

SAMHSA also establishes the following six key principles of a trauma-informed approach (SAMHSA, 2014):

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

Organizations that use a trauma-informed approach in their work apply these principles across their organizations. It is important for program facilitators to consider how these principles can be actualized during program implementation. For example, they can begin to develop trust and transparency with youth by establishing ground rules at the beginning of the program and reinforcing them in their sessions. Engaging program participants in the development of these ground rules can increase collaboration, empowerment, and voice. Being clear about mandatory reporting requirements for child abuse and neglect is also important for developing trust and transparency so that youth understand what kinds of information facilitators are required to report (Child Welfare Information Gateway, 2014).

Facilitators of curricula that aim to delay the onset of sexual activity and prevent pregnancy and sexually transmitted infections especially will need to carefully frame discussions and avoid language that may trigger survivors of sexual trauma. Being sensitive to participants’ experiences with trauma will help create a safe environment for them to learn. Knowing the behavioral indicators of trauma will prevent you from engaging in any activities or disciplinary techniques (e.g., punitive measures that deprive participants of a sense of control) that may trigger or re-traumatize a participant. It will also help you to find ways to empower participants so they are better able to manage their feelings and focus on the content of your lessons.

Effects of Trauma

Trauma can significantly affect adolescents' bodies, brains, emotions, and behaviors (see Table 1). The checklists in this guide include programmatic considerations to help you address the effects of trauma that may impact a participant's ability to fully benefit from your sessions. Not all youth who exhibit these behaviors have necessarily experienced trauma; however, all youth exhibiting these types of behaviors will benefit from a trauma-informed approach.

Table 1

Trauma May Affect	In These Ways	Programmatic Considerations
Bodies	<ul style="list-style-type: none"> • Inability to control physical responses to stress • Chronic illness, even into adulthood (heart disease, obesity) 	<ul style="list-style-type: none"> • Offer a safe space for participants to calm down and relax. • Consider alternative program strategies if there are chronic absences.
Brains (Thinking)	<ul style="list-style-type: none"> • Difficulty thinking, learning, and concentrating • Impaired memory • Difficulty switching from one thought or activity to another 	<ul style="list-style-type: none"> • Offer ample instructional time and varied instructional methods, including hands-on activities and activities involving multiple senses. • Consider ways to assess learning beyond memorization. For example, you could have students create a skit, video, or other product to show they have learned the concepts.
Emotions (Feeling)	<ul style="list-style-type: none"> • Low self-esteem • Feeling unsafe; feeling intense fear • Inability to regulate emotions • Difficulty forming attachments to caregivers • Trouble with friendships • Trust issues • Feeling hopeless • Depression, anxiety 	<ul style="list-style-type: none"> • Establish group ground rules to create a safe environment. • Offer space for participants to leave the group and take care of their own needs if necessary. • Avoid assumptions that it will be easy for participants to talk with peers or adults about sensitive topics. • Understand that it will take time to build trust with participants.
Behaviors (Acting)	<ul style="list-style-type: none"> • Being hypervigilant (constantly tense and on guard) • Having frequent nightmares and/or sleeplessness (leading to tiredness during the day) • Constantly recounting a traumatic event or denying that it happened • Wanting to leave the room (which could signal discomfort with content) • Appearing disengaged with the lesson (which could be a defense mechanism) • Lack of impulse control • Fighting, aggression • Engaging in other risk-taking behaviors, including running away, getting in trouble with the law, or acting out in class • Abusing substances • Expressing suicidal thoughts or attempting suicide 	<ul style="list-style-type: none"> • Seek support from a licensed mental health professional or social worker if behavioral issues are a challenge.

How to Use This Guide

On the following pages, you will find the following three checklists:

Pre-Implementation Checklist

Use this checklist to prepare for program implementation.

This checklist should be completed before each series of sessions with a new group of students. It will help you to review the curriculum, assess the program environment, and identify trauma-specific student needs or challenges to consider. Some changes (e.g., modifying a curriculum component) may require meeting with your supervisor/program director before implementation.

Implementation Checklist

Use this checklist during program implementation.

This checklist will serve as a reminder of steps to take during each session to ensure that participants feel comfortable and prevent triggering or re-traumatization. When possible, either between sessions or at the end of the day, note any concerns you have about your group or any specific challenges you have encountered.

Post-Implementation Checklist

Use this checklist after program implementation.

Use this checklist to reflect on program implementation and plan improvements in your trauma-informed approach for the next cycle of program implementation.

These checklists should complement other training and activities that build on the skills and expertise of facilitators and enable your organization to use a trauma-informed approach.



PRE-IMPLEMENTATION CHECKLIST

As a facilitator, there are several activities that you can complete to increase the responsiveness of your programming to the needs of participants who have experienced trauma. Use this checklist to determine if and when these activities have been completed and note any challenges or considerations for each activity. For example, make a note if you are not allowed to make program adaptations.

Class Description:	Session Dates:	
Trauma-Informed Approach Activity	Date Completed	Notes
<p>Review the curriculum and identify any potential triggers for survivors of trauma. Pay particular attention to language that may re-victimize participants. This step should be repeated each time the curriculum is revised.</p> <p>For example: Language that implies that sexual experiences make a person dirty, damaged, “used up,” irresponsible, or unable to bond with future partners could be triggering for survivors. Language that implies that previous traumatic sexual experiences could have been avoided or that all trauma can be prevented may make survivors think the abuse was their fault.</p>		
<p>Consider making adaptations to address anything in the curriculum that may upset a trauma survivor. Be sure you have approval from your program director and/or curriculum developer to make adaptations if required (Family and Youth Services Bureau, n.d.).</p>		
<p>Meet with the classroom teachers, school counselors, and/or after-school or community-based organization program directors to learn more about any publicly available information about events that have occurred at school or in the community that could affect students’ reactions to the content of your sessions.</p>		
<p>If possible, get in touch with participants and their families before the program to introduce yourself and develop a rapport with them. You can do so by sending a text or email or by visiting the classroom where students are based to say hello.</p>		

Trauma-Informed Approach Activity	Date Completed	Notes
<p>Visit the space where the program will be implemented and ensure that it is an environment that is as comfortable and accommodating as possible for all participants. Simple ways to enhance the space may include</p> <ul style="list-style-type: none"> • asking the classroom teacher or organization representative if you can rearrange the tables and chairs; • providing coloring materials or other items that participants can manipulate during the session; • bringing program-specific posters or signs to personalize the space; or • bringing a small speaker to play music at the beginning or end of a session. 		
<p>Develop a plan for how to respond if a participant has a negative reaction to the content and needs support. This could include the following options:</p> <ul style="list-style-type: none"> • Designate spaces in and outside of the room for participants to go if they feel upset and need to take a break. Ensure you are following site-specific policies about allowing students to leave the room and that supervision will be provided. • Have an experienced adult on hand, such as a mental health professional, to support students and help them get any help they might need. 		
<p>Develop a list of community-specific referrals to distribute to participants and their caregivers. Use this template to create a list for your community. Use this template to create a version that can be folded into a pocket guide.</p>		
<p>Speak with your supervisor/program director to discuss any anticipated challenges with regard to trauma and ensure that you have the necessary training and resources based on your role.</p>		

Additional Notes:

IMPLEMENTATION CHECKLIST

Class Description:	Session Dates:
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Trauma-Informed Approach Activity	Notes <i>(e.g., concerns about your group or specific challenges encountered)</i>
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Welcome each participant as they arrive or greet the group at the beginning of the session (if you are entering an existing group).

Work with program participants to establish “group agreements,” which should provide for the physical and emotional safety and confidentiality of all participants. Review the agreements at the beginning of each session.

- Common group agreements include the following:
- Keep all discussions confidential (within the group only).
 - Step up/step back (i.e., encourage people who do not often participate to contribute and those who often contribute to listen).
 - Take a break when needed.
 - Respect others’ opinions and refrain from criticizing others.

Provide an explanation for all program rules and requests.

For example: If you are conducting a pre-session survey with participants, let them know why the survey is important and how the information will be used. Let participants know about mandatory reporting requirements for child abuse and neglect and why these are important.

Provide warm, nonjudgmental, empathetic, and genuine interactions at all times. Strategies may include asking and remembering participants’ names; taking events that have occurred in the community or school into account when teaching a lesson; and avoiding the use of language that criticizes, blames, or judges. This also means remembering and recognizing that all youth have strengths and resources that can be shared and learned about.

Provide an opportunity for participants to share their stories and insights and allow all youth to be heard during the program.

Trauma-Informed Approach Activity

Notes

(e.g., concerns about your group, specific challenges encountered)

Use an anonymous system (e.g., shoe box with slot, free version of Poll Everywhere app [2020]) to elicit questions from participants who might be concerned about confidentiality. If you use a question box, give each student a slip of paper at the beginning of each session and ask them to place their slips in the box at the end of the session, regardless of whether they wrote a question or comment. This will help ensure confidentiality.

Provide youth with relevant information about mandatory reporting of child abuse and neglect.

If classroom behavior is disruptive or students are not engaged, determine if it is a recurring challenge or one-time occurrence. Explore potential root causes for the issue (e.g., a particular lesson plan, something that happened in the school or community that day, a challenge among the participants in the group because of interactions outside of the group). If necessary, check in with the school social worker or site director.

Try new strategies, such as incorporating movement into the session, providing an opportunity for different participants to lead different aspects of the session, or providing an opportunity for youth input (e.g., through stories, spoken word, or visual media).

Ensure that youth are able to step away during implementation if needed (see instructions on designating a place they can go where there is supervision in your Pre-Implementation Checklist).

Have support staff (e.g., counselors, social workers) ready and available in case they are needed during the session, particularly if you are covering topics that may trigger youth.

Share your list of national hotline numbers and community-specific referrals with all participants at the beginning of the session. You can also post hotline numbers on the board or in the Chat function of your videoconferencing platform. Use your primary form of communication with parents to provide them with access to all hotline numbers and community referrals as well. Follow up on specific referrals you make if needed. If a student shares information indicating that they or another minor may be experiencing abuse or neglect, be sure to follow your agency's protocols for reporting your concern to the appropriate authorities. Provide a complete, honest account of what you observed that led you to suspect abuse or neglect.

Additional Notes:

POST-IMPLEMENTATION CHECKLIST

Class Description:	Session Dates:
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Trauma-Informed Approach Activity	Date Completed	Notes
If your session is virtual, be aware that students may be dealing with additional challenges relating to their home lives while learning remotely. Privacy may be limited, and they may be uncomfortable sharing information that they might otherwise share in an in-person discussion. If you are concerned about a participant's safety, reach out and help the participant connect with a trusted adult or counselor and be sure to follow mandatory reporting requirements for child abuse and neglect.		
Seek additional training for challenges related to trauma that came up during program implementation.		
Revisit your list of referral resources and ensure that they remain appropriate and current, updating with additional resources as needed. If you receive feedback from participants about particular referral sources, take that into account when you revise your list.		
Review organizational resources for secondary traumatic stress and personal coping strategies to address it. Secondary traumatic stress disorder can happen to service providers who work with people who have been traumatized. Service providers can experience cognitive, behavioral, emotional, and physical symptoms from this disorder (Administration for Children & Families, n.d.).		
Revisit curriculum notes to determine if additional adaptations are necessary to decrease the potential for re-victimization of program participants.		

Additional Notes:

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Resources

The following resources, available on the Exchange, may help you incorporate a trauma-informed approach into your work:

- [Sex Trafficking and Adolescents: What Adults Need to Know training](#)
- [Closing the Loop: Developing Effective Referral Networks for Youth webinar](#)

