



Safety



**Trust &
Transparency**



**Peer Support &
Mutual Self-Help**



**Collaboration &
Mutuality**



**Empowerment,
Voice & Choice**



**Cultural, Historical
& Gender Factors**

Introduction

The six guiding principles of *Trauma-Informed Care and Practice (TICP)* are intentionally woven throughout TRHV. These strength-based concepts are responsive to the impact of trauma by promoting the physical, psychological, and emotional safety of provider organizations, practitioners, and those whom they serve.

By the end of Part 2, you will be able to:

- Identify the six principles of *TICP*.
- Recognize how these principles are or can be used within your organization.
- Recognize how these principles are or can be used within your practice with families.

Babies, toddlers, and their families have a way of evoking strong and deep emotions. Think about times you found yourself in a supermarket checkout line and you observed a proud father cooing back at his infant or were stuck behind a screaming toddler and her mother. If children and families whom you don't know and may never see again can stir up emotions, consider how much the children and families you work with can impact you physically and psychologically.



Part 2 Using Trauma-Informed Care and Practice to Enhance Collaborations

Professionals who work with families at risk for maltreatment are themselves at risk for compassion fatigue and even burnout. Applying the principles of *TICP* to your own professional care and development can buffer these natural consequences of listening, witnessing people's lives, and wanting the best for the families in your caseload.

The principles of *TICP* can lead to a work environment in which you and your colleagues feel safe to discuss, problem-solve, and support one another in coping with the stressors that are an inherent part of your work. This allows each of you to *be your best self* as decision-makers as you implement TRHV.



When it comes to your work with families, the principles of *TICP* support you as you create opportunities for parents and other family members to rebuild their sense of control and empowerment. This is key to creating the trusting, responsive relationships babies and toddlers need to thrive and to make the best possible parenting decisions across *Moments*.

It should be noted that trauma does not need to occur for family patterns to develop a wobble or become dysfunctional. Sometimes, parents may act a certain way or make comments to a co-parent based on unspoken expectations of roles and relationships, and those actions and possible reactions can contribute to that sense of imbalance. For example, if a mother is trying to be a good mom, insists on being in charge, and always takes the lead in caring for and playing with her child, her spouse may feel left out or incompetent. Their family life may eventually grow out of balance as the mom feels put upon, her spouse feels useless, and their child misses out on experiencing the teamwork of her parents and interactions with both that deepen relationships.

With your support, a mom can realize there may be times when she does have to handle it all, for example, when her spouse is sick or away for field exercises or deployed. She may gain confidence and insight into the importance of experiencing adults working together for her child and taking care of herself, which, in turn, leads her to let go of some of the control and be a more collaborative partner and parent. As a result, the family system is in a more sustainable balance.

On the following pages, you will find definitions of each principle and examples of how these principles can enrich your relationships with colleagues and families you serve. In discussing each principle, we begin with you because your work holds the possibility of helping families see, articulate, discover, claim, and build upon their strengths, which can create ripples of positive change long after your visits.

Chances are you have already—intentionally or not—integrated many, if not all, of these principles as they reflect best practices in creating healing relationships.

The principles have been translated into family-friendly language that you may decide to use in conversations with families:

Safety

Family members and home visitors do their best when they feel physically and psychologically safe. Ensuring safety allows home visitors and families to focus on their work together and to interact with the best interests of a young child(ren) in mind.

Working in families' homes means it is possible you could find yourself caught in a potentially dangerous family interaction. Planning ahead with colleagues by identifying and implementing safety policies, procedures, and practices (e.g., making sure someone knows where you are; having a phone contact available; arranging for a phone check-in, articulating the steps to take for your safety and then a family's when things are getting out of control) can give you the security of a safety support network.

Families too can benefit from having safety procedures and practices in place. For example, you may support a family as they develop a safety plan in which parents identify signs that a family member with anger management issues is becoming agitated and have steps in place to take children out of the home if anger escalates.



Trust and Transparency

Decisions are discussed and made with openness and honesty to create and sustain trusting relationships. Home visitors and family members, from the youngest to oldest, will be more open to exploring, questioning, and learning when they feel safe and secure in their relationships and interactions.

How family members relate to you (or any service provider) may be impacted by their experience of, or concern about, trauma. You and your colleagues can help each other remember that symptoms, such as fears, heightened watchfulness, and distrust are adaptive and protective behaviors rather than affronts to you and the services you offer. Knowing these reactions are possible will support you and help you feel more positive about your work and be more open to creating trusting relationships with families.

Transparency is another key to *Building Trusting Relationships*, especially given that you wear two hats: one of supporter and the other of mandated reporter. Transparency begins during the consent process as you explain, “I do have a legal and ethical obligation to report if I see or hear something that would put a child or other family member at risk.” It continues with transparent, shared decision-making throughout the implementation of TRHV (e.g., developing a family’s goals or the most helpful *Moments* to focus upon) and allows parents to see you in your other hat: a thought partner. This is a very different stance than portraying you as an expert telling families what they need to know and do.

Peer Support and Mutual Self-Help

Home visitors and families support each other with information, lessons learned, and/or emotional and hands-on help. This is necessary for building trust, safety, and people’s growing confidence about their decisions and taking control of their lives—at work and at home.

When you and colleagues share information and assist each other (e.g., by setting up a system which allows you to record and exchange tips and resources for the *Moments* section of TRHV), you build trust that will form the foundation of your ongoing work together. You also help to buffer your relationship from the bumps that naturally occur in all work settings.

When you and family members share information and assist each other (e.g., by each supplying recyclable materials to make a toy), the same is true.



Part 2 Using Trauma-Informed Care and Practice to Enhance Collaborations



Collaboration and Mutuality

TRHV fosters a home visitor-parent relationship where each person is a decision-making partner, working and learning together for the benefit of the family. Healing happens in relationships and in the meaningful sharing of power and decision-making. This is true whether in an organization, a meeting of home visitors, or in a family's home.

Because TRHV is grounded in a family's *Everyday and Special Focus Moments*, working together as genuine learning and decision-making partners is the only way this curriculum can be implemented effectively. Only when you listen and learn from each other and make decisions together can the information and resources you have to share be individualized to respond to a family's unique blend of circumstances, challenges, and strengths.



Empowerment, Voice, and Choice

Seeing and building upon individuals' strengths and what they have to say and offer paves the path for you to promote new skills as needed. Building on strengths—of home visitors and family members—rather than responding to perceived weaknesses reflects a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

When you choose to view colleagues as resourceful and resilient, even in the face of challenging times, you convey your belief and confidence in them to succeed and thrive. This makes it more likely your colleague will be able to problem-solve and to explore and integrate new information or skills.

When you have a similar mindset in your interactions with families, it is as if you reflect back to them their hopes and dreams. They are better able to focus and to see and think about themselves and others in a strengths-based light. (This is true for all of us.) This is key to moving ahead to reach their goals for themselves and their child(ren).



Cultural, Historical, and Gender Factors

Be aware of and move past stereotypes and biases. Interacting respectfully and responsively to individuals means looking beyond cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography). It means recognizing and supporting the healing value of one's cultural connections and addressing trauma that took place in the past.

We all have stereotypes and biases. Being aware of them is a first step to not letting them interfere with seeing others for whom they are. In work environments where this is addressed up front, conversations are more likely to be respectful and lead to helpful insights about working effectively with individual families.

Everyday and Special Focus Moments in a family are steeped with values, family and cultural traditions, and expectations about children's behavior and parenting. Only by putting aside your assumptions and keeping an open mind will you be able to understand what the *Moments* in TRHV mean for a family and use that insight to support parents in making the *Moments* you focus on during your visits work for them and for their child(ren).

Take a Moment: Reflecting on Your Practice

What is an example of a current *TICP* practice(s) of yours in working with colleagues or families that was affirmed in Part 2?

Is there something new you want to experiment with regarding your interactions with colleagues or families? What might that be?

Part 2 Using Trauma-Informed Care and Practice to Enhance Collaborations

In Summary

The principles of *TICP* can be integrated in your work organization and in your work with families. These principles imply an intentional thought process to honor and respect others in daily interactions and hold judgments and assumptions loosely.

TICP is an on-going practice, and *Moments* hold opportunities to recognize one's own actions and progress in implementation.

The next two sections of this guide, Parts 3 and 4, will take you step-by-step through implementing TRHV.

