

Independent Study – Day 3

Trauma-Informed Care and Practice Principles in Everyday Moments Chapters

Assignment:

1. Select one *Everyday and Special Focus Moments* chapter from Part Six in the TRHV manual (The chapters begin on page 65.). Read the chapter and the accompanying *Family Pages* set.
Note: Please choose a chapter other than the *Sleep* chapter.
2. The *Teaching About [Your Selected Topic]* pages at the beginning of your selected chapter will delineate how the six Trauma-Informed Care and Practice principles relate to the chapter topic. The chapter will also offer suggestions for modeling and helping families to navigate thoughts, feelings, and actions related to the chapter topic. Study the chapter and then, read the Trauma-Informed Care and Practice principle examples in this worksheet.
3. Answer the questions in this worksheet for your selected chapter topic. This handout is a reference only. Your actual answers are to be entered and submitted in Qualtrics. See the Training Syllabus for the link.



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. Very young children experience their first feelings of safety by how consistently and effectively their daily needs are met. Parents who can anticipate and respond to their child's needs appropriately and in a timely manner foster their child's sense of security, connection, and stability. Parents who struggle with appropriate, consistent, or timely responses can generate a sense of insecurity and doubt in their children's budding understanding of their caregiving world. The care young children receive shapes their sense of being a relationship partner and understanding who can be relied upon to meet their needs. Parents who have a low sense of safety, whether physical or emotional, can transmit those stressful feelings to their young children. Examples of increasing safety include sharing where to go or who can be contacted for support with a particular need and building problem-solving skills and strategies. Helping parents and other family members identify ways to increase their sense of safety fosters a healthier daily environment for young children and their caregivers.

How does the principle of safety relate to your selected chapter topic?

How have you applied the principle of safety in the past to families you have worked with?



**Trust &
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 the oldest, will be more open to exploring, questioning, and learning when they feel safe and secure in their relationships and interactions. Honesty, openness, and transparency contribute to relationship-building. Building trusting relationships start immediately and changes over time. As one example, early infusion of care and connection into diapering routines supports bonding and a growing sense of trust between an infant and their caregivers. This forms a foundation for emotional and physical support as the child grows into toddlerhood and starts taking steps to gain greater bodily awareness (e.g., recognizing the sensations that one needs to use the potty) and body control (e.g., the ability to hold one's bladder until at a toilet and clothing is out of the way). Young children who can trust their parents and caregivers when accidents occur are less likely to experience punishment or shame. As a result, this, in turn, can lessen the likelihood of a young child developing fears about toileting.

How does the principle of trust and transparency relate to your selected chapter topic?

How have you applied the principle of trust and transparency in the past to families you have worked with?



**Peer Support &
Mutual Self-Help**

Home visitors and families support each other with information, lessons learned, and/or emotional and hands-on help.

Supports are necessary for building trust, safety, and people's growing confidence about their decisions and about their capacity to take control of their professional and personal or home lives. Parents' self-care activities can include building a Circle of Support (e.g., people who can be counted on to provide connection, resources, or respite when things are tough). Support teams can include partners, extended family, friends, neighbors, religious mentors, health care and childcare providers, and home visitors. Parents who build connections can also provide support to others within their circle (e.g., trading afternoons of child care, so each can have a few hours to run errands; showing empathy and doing household tasks for a parent who is struggling with an illness). Home visitors can help families to identify and fill gaps in their Circle of Support.

How does the principle of peer support and mutual self-help relate to your selected chapter topic?

How have you applied the principle of peer support and mutual self-help in the past to families you have worked with?



**Collaboration &
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.

Collaboration happens in relationships through the meaningful sharing of power and mutual decision-making. This is true whether in an organization, a meeting of home visitors, or in a family's home. As one example, parents who are able to discuss the challenges of a parental injury may be better able to anticipate and address how they work together as parents and partners after an injury. The dynamic nature of the injury-recovery process may mean that collaboration and mutual decision-making look different from before the injury. Finding a new normal that provides ways for both parents to collaborate and learn together can feel 'bumpy', but it can also be very satisfying to find new ways of being a family, partners, and co-parents. Home visitors can provide support to families after an injury by listening to a family's concerns and understanding how the family's needs may have changed (or remained stable) and, then, tailoring information and resource connections to meet a family's unique blend of circumstances, challenges, and strengths. Meeting a family at their current levels of need and resilience and helping them find their way forward are the actions of collaboration for the benefit of the family.

How does the principle of collaboration and mutuality relate to your selected chapter topic?

How have you applied the principle of collaboration and mutuality in the past to families you have worked with?



**Empowerment,
Voice & 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.

This principle encourages a strengths-based perspective. Rather than responding to perceived weaknesses, focus energy on building strengths – both your own and those of the family members you work with. Doing so reflects a belief in resilience and in the ability of individuals, organizations, and communities to prevent, heal, and recover from toxic stress and trauma. Consider the example of discipline and guidance. Infants, toddlers, and twos are discovering so many things about themselves and their world. As part of this learning and growing, they are developing likes and dislikes – and how to communicate about them! They are learning about choices, consequences of actions, and limits – whether limits of their abilities or limits placed on them by others. Parents and important adults can use nurturing guidance strategies to help young children navigate these experiences; this allows children to work through challenges and to build their growing skills of self-regulation and confidence. Families may feel uncertain or overwhelmed when thinking about changing discipline and guidance strategies. Helping parents recognize current patterns and reflect on their long-term goals for raising healthy, resilient children creates chances to make different guidance and discipline choices for their family. Change, while often uncomfortable and not straightforward, can empower parents to make conscious decisions and be proactive in guiding their children instead of relying on habits or being reactive.

How does the principle of empowerment, voice, and choice relate to your selected chapter topic?

How have you applied the principle of empowerment, voice, and choice in the past to families you have worked with?



**Cultural, Historical
& Gender Issues**

Be aware of and move past stereotypes and biases.

Interacting respectfully and responsively to individuals means looking beyond cultural stereotypes and biases (e.g., race, ethnicity, sexual orientation, age, geography). It means recognizing and supporting the healing values of one's cultural connections and addressing toxic stress and trauma that took place in the past. As one example, parents may have different perspectives on what comprises a safe environment due to their unique

cultural values and own experiences as a child. Parents, who grew up in high-density, urban housing, may expect to use local parks for outdoor play, connect with neighbors for short-notice child care, or keep children inside most of the time to keep them safe from harmful elements like traffic or strangers. In contrast, parents who grew up in the suburbs or more rural areas may feel their yards are suitable, safe play environments and expect older children to watch over younger ones. In addition, every culture brings gender roles and expectations into a child's exploring and learning. For example, parents may have ideas about which toys and types of play are appropriate for their child based on the child's gender. Boys may be given more freedom to explore but less freedom to express emotions and needs. Girls may be encouraged to play nurturing roles in pretend play or be expected to play more quietly. Parents bring their histories and expectations into the parent-child relationship, and home visitors bring their own histories, expectations, and training. Engaging in conversations around these contexts can help parents make active choices in shaping their child(ren)'s exploration and learning opportunities while keeping them secure.

How does the principle of cultural, historical, and gender issues relate to your selected chapter topic?

How have you applied the principle of cultural, historical, and gender issues in the past to families you have worked with?

Tying It All Together!

Identify two of the Protective Factors listed in your selected chapter. For each one, explain a link between the Protective Factor and a Trauma-Informed Care and Practice principle.

Example: In the Sleep chapter, one of the named Protective Factors is Social and Emotional Competence of Children. A link can be made with the Trauma-Informed Care and Practice principle of Empowerment, Voice, and Choice. If a parent teaches a toddler the social-emotional competency of identifying and naming feelings, the parent is empowering the child to more effectively express and address emotions.

1.

2.

How will your increased understanding of Trauma-Informed Care and Practice principles strengthen your home visitation interactions?