

Coaching Guide Introduction

The Goal of the Coaching Relationship

To build skills based on Trauma Smart training to help children and families who have experienced trauma.

The Trauma Informed Lens

Among the general population, fully 25% of people experience a traumatic event by the time they enter kindergarten. Among children referred for treatment to the Trauma Smart Program during the 2013-2014 school year, 89% experienced one trauma and fully 69% experienced 3 or more. These young children experienced trauma including: family members who are incarcerated, living apart from their caregivers, drug and alcohol abuse, mental illness, family members who kick, hit, punch or threaten to kill each other, and unexpected death in their families.

When children experience trauma, the three areas of their development that are most affected are:

1. Attachment-the ability to form safe and appropriate relationships with adults and other children
2. Self-Regulation-the ability to successfully regulate their energy and emotions
3. Competency-the ability to integrate the scary, painful things that have happened to them into the fabric of their lives so that they can grow, learn, and live the life they would choose unencumbered by the lasting affects of trauma.

(Blaustein and Kinniburgh, 2010)

Children who have experienced pain, fear, chaos, rejection, and neglect from the people they depend on for their safety and support may not feel safe with adults or in their environments. Children and adults who have experienced trauma come into relationships alert at all times for danger.

When you put on your trauma lens, you are ready to consider what is happening to, for, and inside of the family or child who is experiencing difficulty.

Consider these questions that will focus your trauma lens.

1. What has the child learned about relationships?
2. What has the child learned about himself or herself?
3. How has the child learned to survive?

The Trauma Informed Implementation Continuum

The state of Missouri Department of Mental Health is developing a Trauma Informed Implementation Continuum to help each of us and the agencies we work for bring knowledge, understanding, and solutions that really work to children and families who have experienced or who continue to experience the impact of trauma.

1. Trauma Aware: The first step in that continuum is to become aware of the existence of trauma in the lives of the children and their families – mothers, fathers, grandparents, aunts, uncles, foster parents, etc. Think for a moment about some of the experiences that you know the children you care for have had. Now consider what might have happened to their parents when they were children that is still having an impact on them and their children today?
2. Trauma Sensitive: The second step in the continuum is to become sensitive to the impact trauma has on the children. Do you think a child or adult who is experiencing the type of events listed above comes into the coaching relationship ready to learn what you have to teach? Is listening carefully to your ideas possible for the parent whose nervous system is on high alert? What kinds of things could you easily change today to let her/him know she/he is welcome and safe with you? How could you let her/him know that you care about her/him?
3. Trauma Responsive: The third step in the continuum is to become responsive to the family member’s trauma. This includes referring her/him for trauma focused mental health services. It also includes making some shifts in your attitudes toward discipline, the motivations and behaviors of children, your routine, and your expectations. Being trauma responsive requires each of us to become detectives to try to understand how trauma could be present in the behavior of another person or in the responses and behavior of their families. It requires each of us to be endlessly creative, flexible, and compassionate as we search for new ways of doing our work so that every child and family can be successful.
4. Trauma Informed: The final step in the continuum is to become trauma informed. When we are trauma informed we have integrated the knowledge of trauma and how it affects the families we serve into every aspect of our classrooms and agency, every policy, procedure, and expectation. It also means that we approach our co-workers with the same respect and understanding that we bring to our work. It is hard to imagine an agency that is 100% trauma informed all of the time but we can make progress!

References

Blaustein, Margaret, and Kristine M. Kinniburgh. Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-regulation, and Competency. New York: Guilford, 2010. Print.

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