

A Leadership Approach to Trauma-Informed Care in the Context of the Pyramid Model

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Session Objectives:

Review key terms about trauma.

Define Secondary Traumatic Stress and its impact.

Identify what it means to provide trauma informed supervision/leadership.

Cross-map trauma informed supervision/leadership with the pyramid model framework

Identify strategies to embed trauma informed care practices into supervision and staff support.

PADS:

Predictions, Acknowledgments & Disclaimers

Our experience is that different professionals will have individual reactions to either specific pieces or to the presentation as whole.

Each of us have had our own levels of training and experiences with regard to trauma and its impact.

--PADS Concept from Lakeside Global Institute

Assumptions

- That everyone in this room has had some foundational exposure to trauma training
- That everyone in this room is seeking better ways to care for their staff, so that staff can care for children, families and others
- That leadership and supervisor roles are incredibly hard, yet rewarding too
- That everyone in this room has experiences, perspectives, reflections and ideas to share related to supporting staff

Important Terms

Trauma

An individual's response to an event that threatens safety or security



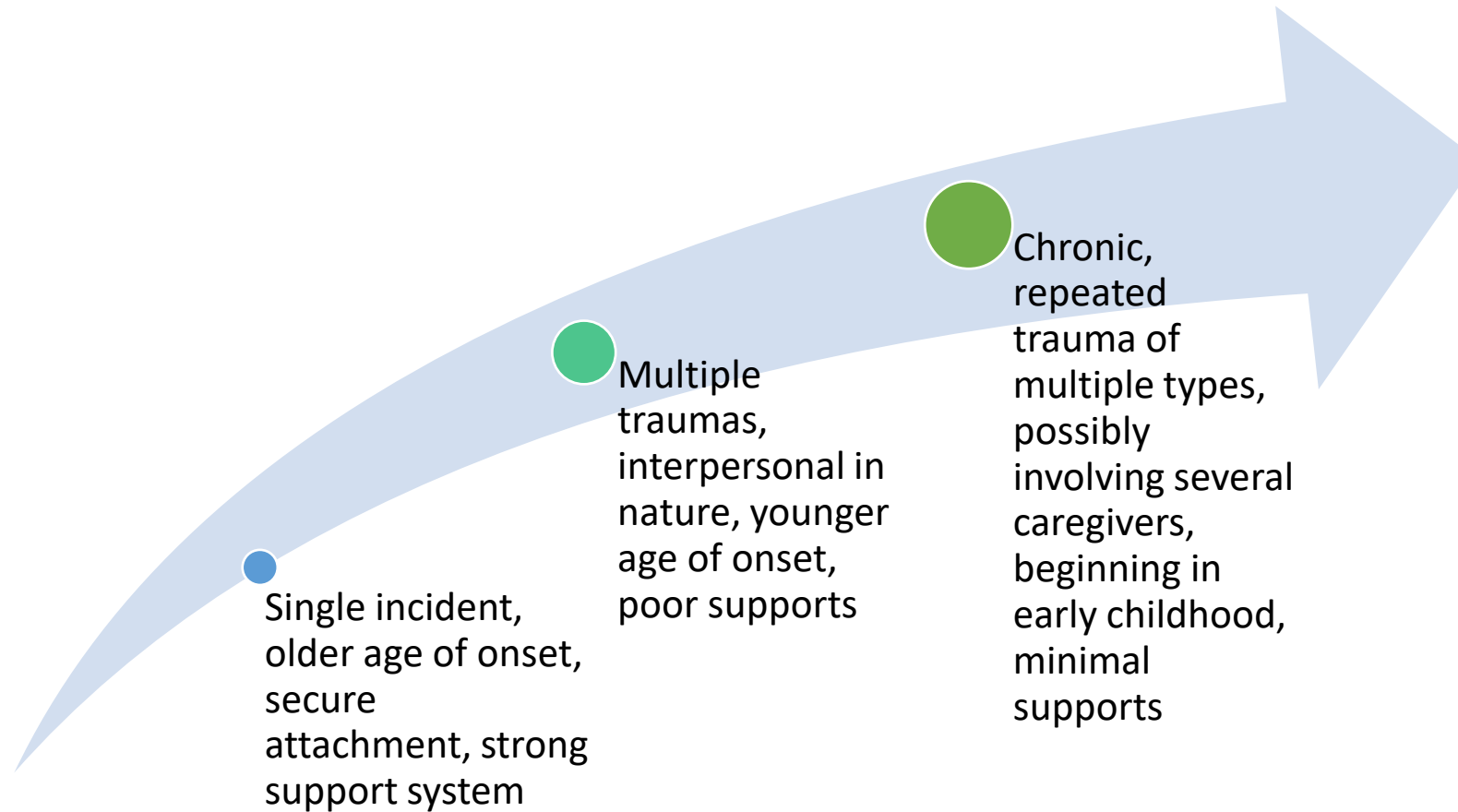
Toxic Stress

Re-occurring negative experiences that threaten safety or security

Traumatic Stress

The event, the experience and the effect combined

Trauma Spectrum



Important Terms Continued:

Trauma-Informed Care:

A framework of thinking and interventions that focus on an understanding of and responsiveness to the impact of trauma

Triggers (Trauma Reminders):

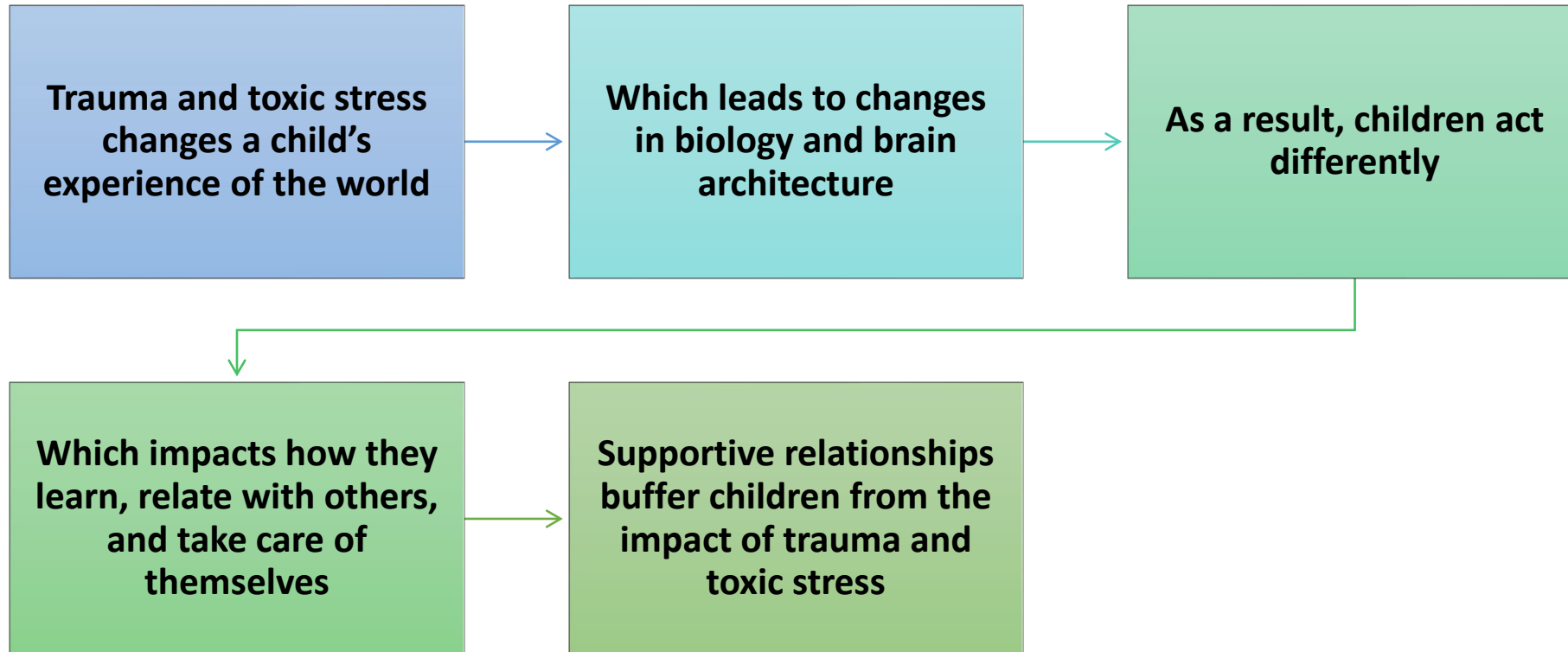
Signals that act as signs that may create behaviors connected to survival responses that cause difficulty for children, adults and the community



Trauma Responses: Fight, Flight, Freeze



What do we need to know about trauma?



Behavior is Communicating...

“I’m scared.”

“I’m sad.”

“I’m confused!”

“I’m lonely.”

“I don’t want people near me!”

“I feel like I can’t protect myself!”

“I need extra connection with people in order to feel safe!”

Trauma Shapes Beliefs and Expectations

About Themselves

I am not worthy of
love and care

I am helpless

I must be on constant
alert and in control to
be safe

About the adults who care for them

Adults cannot be
trusted to protect me

Adults hurt me

About the world in general

The world is a
dangerous place

I cannot let my guard
down

Parallel Impact of Trauma:

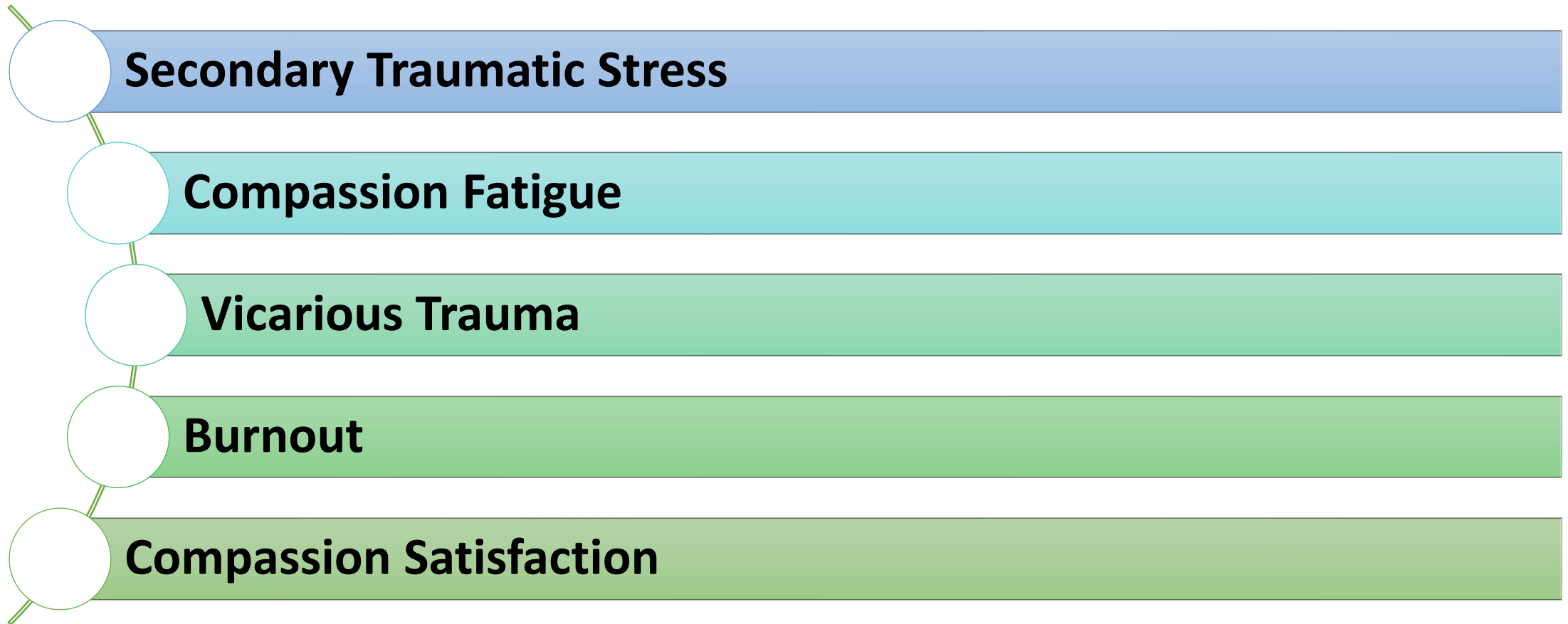


Indirect Trauma Exposure

“...We are stewards not just of those who allow us into their lives but of our own capacity to be helpful...¹”

- Any child/family serving professional who works directly with traumatized children/adults is vulnerable to the effects of trauma
- The essential act of listening to trauma stories (or observing trauma behaviors) may take an emotional toll that compromises professional functioning and diminishes quality of life.

Secondary Traumatic Stress and Related Conditions:



How individuals may experience Traumatic Stress:

Hypervigilance	Hopelessness	Inability to embrace complexity	Lack of curiosity	Inability to listen, avoidance
Anger and cynicism	Sleeplessness	Fear	Chronic exhaustion	Physical ailments
Minimizing	Guilt	Changes in memory or perception	Reduced self-efficacy	Unsafe or lack of trust

Who is at Risk for these Occupational Hazards?

- 6% to 25% of therapists and up to 50% of child welfare workers
- Any professional who works directly with traumatized persons
- Risk appears greater for:
 - Women
 - Individuals who are highly empathetic or have unresolved personal trauma
 - Professionals with heavy caseloads
 - Professionals who are socially or organizationally isolated
 - Professionals who feel professionally compromised due to inadequate training or perceived lack of competence

“How you are is as important as
what you do”

Leading and supporting staff through tumultuous times

What is Trauma Informed Care?



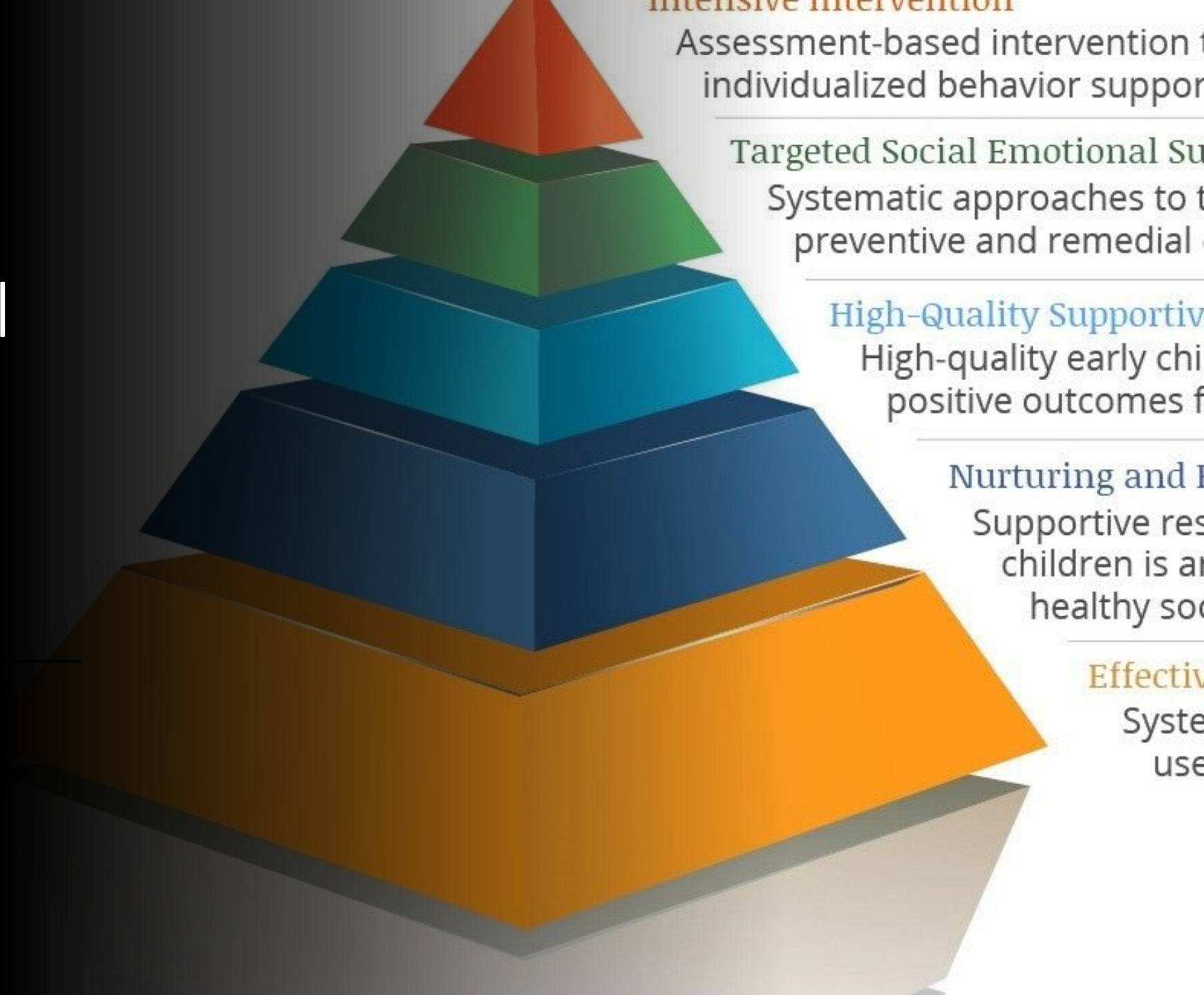
An approach that recognizes the presence and role of trauma

Is not about supervisors or staff doing therapy

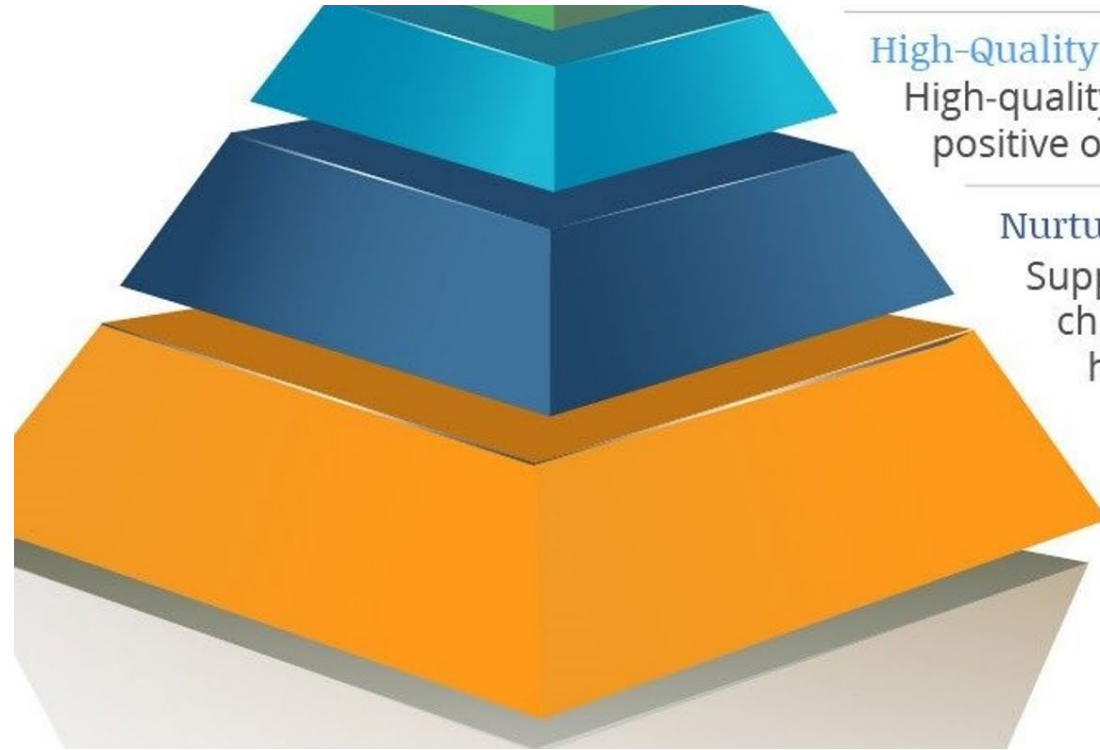
Its about creating a culture that prioritizes safety, trust, choice, and collaboration

Awareness of trauma impacts, motivates and guides environments

Applying the Pyramid Model to Trauma Informed Leadership



A Foundation of Prevention:



High-Quality Supportive Environments

High-quality early childhood environments promote positive outcomes for all children

Nurturing and Responsive Relationships

Supportive responsive relationships among adults and children is an essential component to promote healthy social-emotional development

Effective Workforce

Systems and policies promote and sustain the use of evidence-based practices

An Effective Workforce is.....a trauma informed workforce

“ *We have an obligation to our clients, as well as to ourselves, our colleagues and our loved ones, not to be damaged by the work we do.*¹² ”

How is your organization embedding TIC into:

- Onboarding/Staff Training?
- Supervision Structures and Approaches?
- Organizational Policies and Supports?

Sample TIC Professional Development Ideas:



Free
PROFESSIONAL DEVELOPMENT
Pyramid Model eModules

- BIRTH TO 5 COURSE (ENGLISH)
- DEL NACIMIENTO A LOS 5 AÑOS (ESPAÑOL)
- CULTURALLY RESPONSIVE PRACTICES TO REDUCE IMPLICIT BIAS, DISPROPORTIONALITY, SUSPENSION & EXPULSION
- WELLNESS: TAKING CARE OF YOURSELF
- TRAUMA-INFORMED CARE & THE PYRAMID MODEL
- PREVENT-TEACH-REINFORCE FOR FAMILIES

Search for each course on the PD Registry. For the Areas of Interest drop down box, use **ePyramid** as a search option to locate these free online courses.



Attachment Vitamins



NCTSN The National Child Traumatic Stress Network

TTEC


Trauma Training for Early Childhood

THE NATIONAL SERVICE OFFICE FOR
Nurse-Family Partnership | child first




NCTSN The National Child Traumatic Stress Network

Secondary Traumatic Stress




NCTSN The National Child Traumatic Stress Network

Sample TIC Pyramid Resources:




The Pyramid Model and Trauma-Informed Care: A Guide for Early Childhood Professionals to Support Young Children's Resilience

Developed by:
 Chelsea T. Morris,
 Amy Hunter,
 Lise Fox, and
 Mary Louise Hemmeter




ChallengingBehavior.org

Published: 06/03/2021



Trauma-Informed Care and the Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children



Early educators are becoming increasingly aware of the importance of understanding the impact of trauma on young children and their families and offering trauma-informed care. Children's responses to trauma can include a child's difficulty in relationships and social interactions with peers and adults, challenges in emotional regulation and social skill development, and challenging behavior. Practices that are recommended for providing a trauma informed educational program (National Child Traumatic Stress Network, 2017) consist of:

- ▶ Implementing a multi-tiered approach that acknowledges the importance of providing a safe and nurturing environment for all children and more intensive and focused prevention and intervention for children who have social, emotional, or behavioral support needs;
- ▶ Prioritizing the establishment of nurturing and responsive relationships with all children and their families;
- ▶ Offering children predictable routines;
- ▶ Teaching children social, emotional, and behavior regulation skills;
- ▶ Responding to challenging behavior by seeking to understand the behavior and use prevention and instructional strategies to address behavior; and
- ▶ Eliminating the use of exclusionary or punishment responses to challenging behavior (i.e., time-out, suspension).

The Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Hemmeter, Ostrosky, & Fox, 2006) provides a multi-tiered approach that has been designed for implementation within early care and education programs. In programs implementing the Pyramid Model, practitioners are guided in how to: 1) establish nurturing and responsive relationships with children and families; 2) provide predictable and supportive environments; 3) promote the development of social, emotional, and behavioral skills; and 4) address challenging behavior through understanding the behavior and designing interventions that are positive and focused on teaching new skills.

Resources for Implementing Trauma-Informed Care

- ▶ Checklist of Early Childhood Practices that Support Social Emotional Development and Trauma-Informed Care
- ▶ All Hands on Deck: Partnering with Infant and Early Childhood Mental Health Consultants to Implement the Pyramid Model
- ▶ Understanding Infant and Early Childhood Mental Health Consultation and the Pyramid Model

References


Fox, L., Dunlap, G., Hemmeter, M. L., Joseph, G. E., & Strain, P. S. (2003). The Teaching Pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children*, 58(4), 48-52.

Hemmeter, M. L., Ostrosky, M., & Fox, L. (2006). Social and emotional foundations for early learning: A conceptual model for intervention. *School Psychology Review*, 35, 583-601.


National Child Traumatic Stress Network, Schools Committee. (2017). Creating, supporting, and sustaining trauma-informed schools: A system framework. https://www.ncstn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf

National Center for Pyramid Model Innovations | ChallengingBehavior.org

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Response Strategies when Families Share Hard Things




Early interventionists often work with families and young children who are experiencing trauma or traumatic events. Sometimes when families of very young children share something upsetting or surprising, early interventionists are unsure how to respond. We might freeze or say something reactive rather than supportive. Having a few strategies ready for those moments that may catch you off guard can be really helpful. This tip sheet provides some in the moment response strategies to use when families share difficult or traumatic experiences. For more information on trauma-informed practices in early intervention, please refer to: [The Pyramid Model and Trauma-Informed Care: A Guide for Early Childhood Professionals to Support Young Children's Resilience.](#)


During the visit


- ▶ Push your "Pause Button."
- ▶ Take a deep breath.
- ▶ Think about what was said.

Then you can...

- ▶ Acknowledge what was said—this validates the family and gives you time to process.
 - "I am so glad you told me that."
 - I appreciate that you shared that with me."
 - "What I hear you saying is..."
- ▶ Write a way to validate and acknowledge what you heard in your own words here: _____
- ▶ Ask questions to clarify the next steps the family would like to take. Below are some reasons families might be sharing information with you:
 - Awareness—the family wants you to be aware of the situation.
 - Validation—the family wants to feel heard and their experience affirmed.
 - Informational support—the family is seeking information.
 - Connection to community resources—the family would like additional services or resources.







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Free Virtual Trauma Training

**Invitation for Free Virtual Trauma Training
for PA Child & Family Professionals**

Sent on Behalf of Lakeside Global, Inc.

**Do you work with children &
families in Pennsylvania?**

You are eligible to register for FREE Lakeside Global Institute trainings sponsored by PA
Office of Children, Youth, & Families (OCYF).

Registration is open! All trainings are virtual.

HOW TO REGISTER FOR WORKSHOPS:
Register for **WORKSHOPS** [here](#).
All trainings are virtual.

Session dates and times are available on the registration page.

TRAUMA (TR) WORKSHOPS
Tr 101: Overview of Trauma-Informed Care
Tr 102: Basic Skills of Trauma-Informed Care
Tr 103: Recognizing Vicarious & Secondary Trauma for Professionals
Tr 104: Grief & Trauma
Tr 107: Trauma-Informed Cultural Sensitivity
Tr 108: Trauma & Racism
Tr 109: Trauma in a Pandemic
Tr 110: Impact of Social Media
Tr 201: Exploring the Legacy of Trauma

**RELATIONAL HEALTH, COMMUNICATION SKILLS & EMOTIONAL HEALTH
(RCE) WORKSHOPS**
RCE 100: The Power of Belonging
RCE 101: Effective Communication (part 1)
RCE 102: Effective Communication (part 2)

*Additional workshops in the RCE series will be added in mid-March 2025.

- [Promoted by the PA](#)
- Funded by OCYF for 2025
- Facilitated by Lakeside Global
- [Register Here](#)

Resources to Provide Support Around Traumatic Experiences

In response to traumas within communities, the PA Office of Child Development and Early Learning (OCDEL) offers the following resources for early learning programs, schools, community partners and families.

www.pakeys.org/resources-to-provide-support-around-traumatic-experiences/



Ways to Support Everyone

**Nurture
relationships**

**Consistent
routines**

**Identify and label
emotions**

**Reassure and
validate**

Create safe places

**Positive language,
positive
reinforcement**

**Reinforce coping
skills**

**Collaborate with
others**

**Take care of basic
needs – food,
exercise, rest**

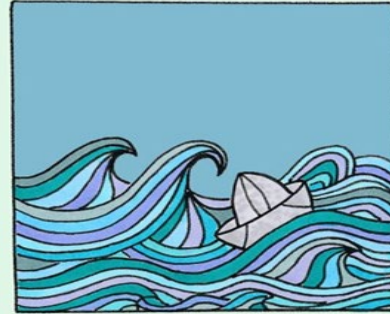
Take a break

**Talk to
others/social
supports**

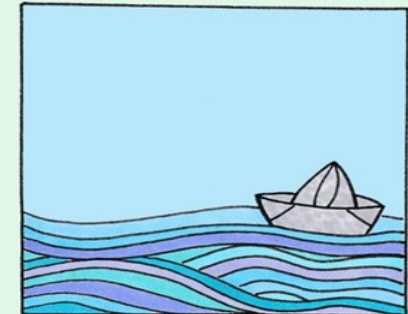
**Recognize if MORE
is needed**

Responsive Relationships and Supportive Environments

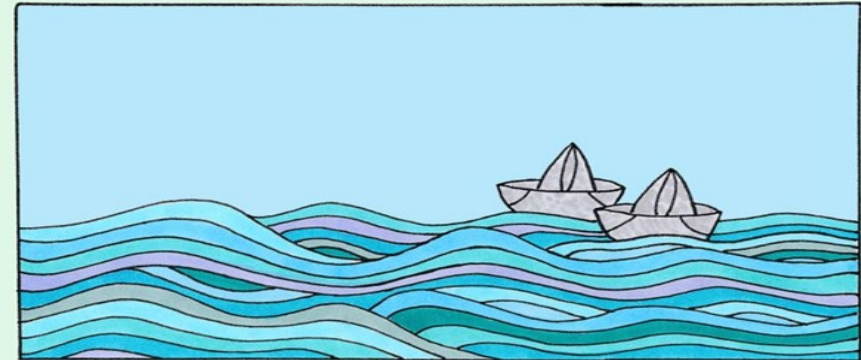
WHEN THEIR STORM



MEETS OUR CALM



CO - REGULATION OCCURS



@kwiens62

Enhancing Supervision with Reflection

- Fosters professional and personal development in the context of the supervisory relationship.
- Attentive to emotional content of the work
- Staff responses as they affect interactions (aka parallel process)
- Can promote greater awareness of trauma exposure
- Provides a structure for assessing emerging signs of secondary traumatic stress
- On going opportunities to address stress-related issues

Reactive versus Reflective Practices

- Immediate
- No planning
- Reacting based on own feelings
- Limited consideration of other's feelings, perspectives and history
- Culture of "putting out fires"

- More time to consider nuance
- Intentional
- Self-awareness
- Increased openness to other's feelings, perspectives and history
- Culture of identifying and addressing the underlying cause of "fires"

The Story of the O's

by Chandra Ghosh Ippen, Ph.D.

Illustrations by Erich Ippen



Free download available at Piploproductions.com


Copyright © Chandra Ghosh Ippen, 2003. All rights reserved

3:07

- [The Story of the O's \(youtube.com\)](https://www.youtube.com/watch?v=...)

Sample Reflective Supervision Resources:

Best Practice Guidelines
for Reflective Supervision/Consultation




Alliance for the Advancement of
Infant Mental Health

Michigan Association for
Infant Mental Health
Learning and growing together.

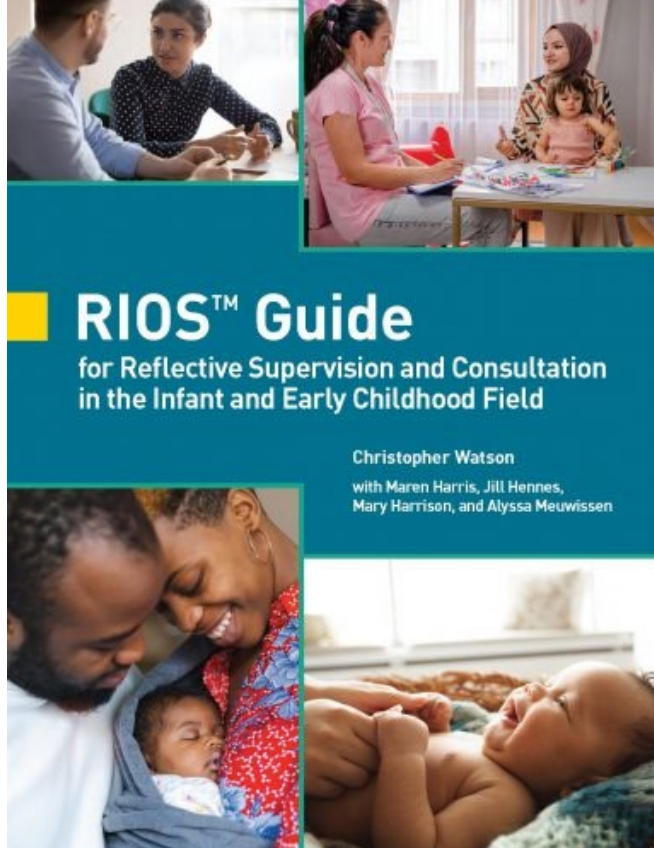
**DIGGING
DEEPER**

DE-COLONIZING OUR UNDERSTANDING
AND PRACTICE OF REFLECTIVE SUPERVISION
THROUGH A RACIAL EQUITY LENS

DECEMBER 2022



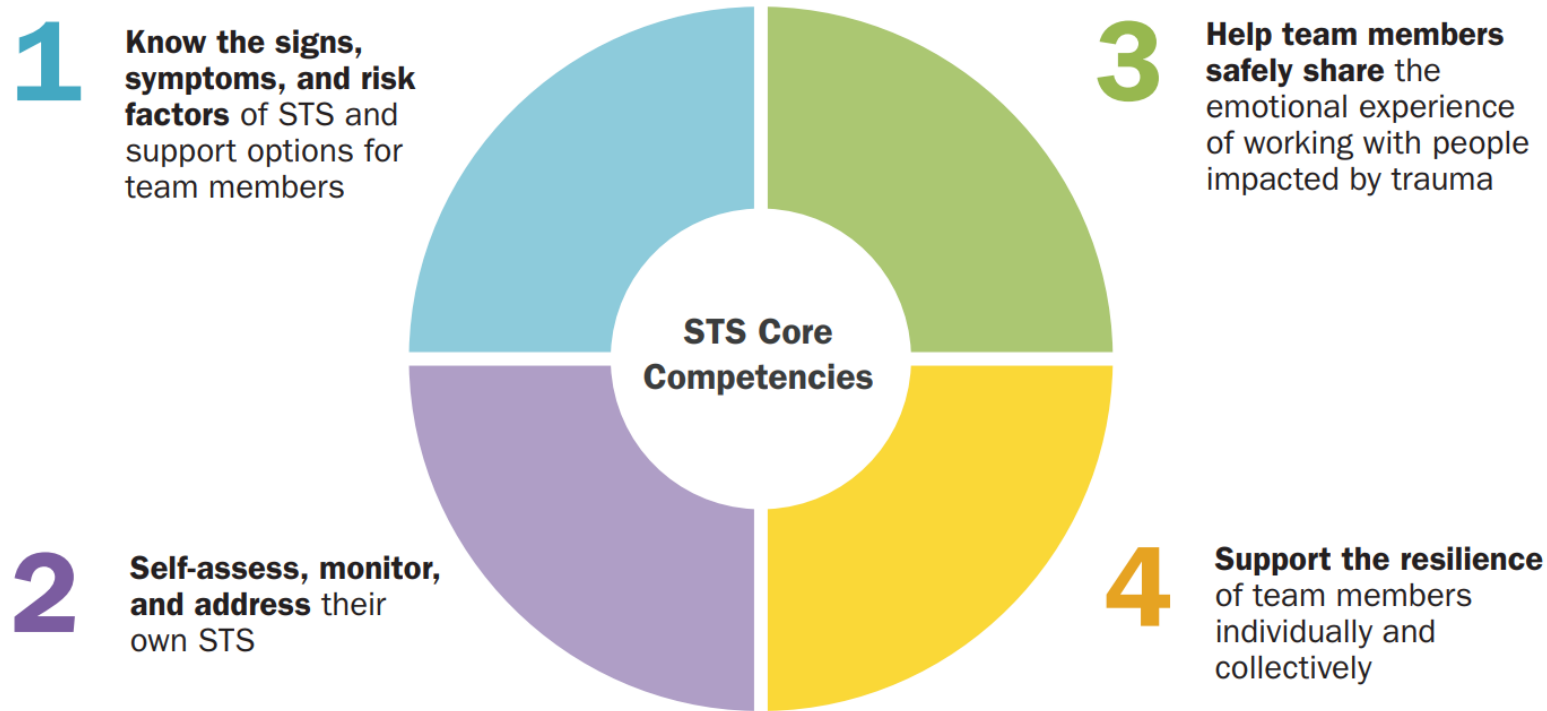
INDIGO
CULTURAL CENTER



RIOS™ Guide
for Reflective Supervision and Consultation
in the Infant and Early Childhood Field

Christopher Watson
with Maren Harris, Jill Hennes,
Mary Harrison, and Alyssa Meuwissen

NCTSN: Secondary Traumatic Stress Core Competencies for Trauma-Informed Support and Supervision:



[NCTSN STS Cross Disciplinary Version](#)

Help staff safely share their emotional experiences:

2 Use active listening skills to help understand and validate team members' experiences.

Active or reflective listening is a communication strategy that involves seeking to understand the speaker's true message (attending to words, tone of voice, body language, etc.) and then offering the understood message back to the speaker to confirm that the message has been understood correctly. Reflective listening also attends to the feelings being communicated by the speaker.

Help staff safely share their emotional experiences:

4 Discuss and normalize common emotional responses to working with people impacted by trauma.

Strategies for normalizing common emotional responses to trauma work include:

- Identifying and sharing emotional responses you have experienced
- Describing common reactions you have observed in others
- Referring to fact sheets, research articles, and other STS resources that list common responses
- Emphasizing that these are normal and expected responses to an abnormal event which is an occupational hazard and in no way suggests anything wrong with the team member for having these responses

Help staff safely share their emotional experiences:

5 Provide consistent emotional support to team members, considering their individual needs, histories, identities, and experience.

Strategies for providing emotional support include:

- Validating and normalizing their feelings and responses
- Expressing empathy
- Allowing expression of emotions and sitting with the team member in the emotion
- Thanking the team member for sharing
- Calling attention to team member's strengths in coping with the situation
- Asking if there is anything the supervisor can do to provide additional support



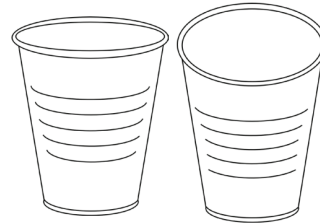
Targeted Social Emotional Supports

Systematic approaches to teaching social skills can have a preventive and remedial effect

Helping Staff Feel Seen and Heard

- In what ways are you “seeing” and “hearing” staff?
- In what ways are you ensuring the “well” is pouring into your staff?
- What role do leaders have in creating opportunities for shared leadership?

The Path of Resilience



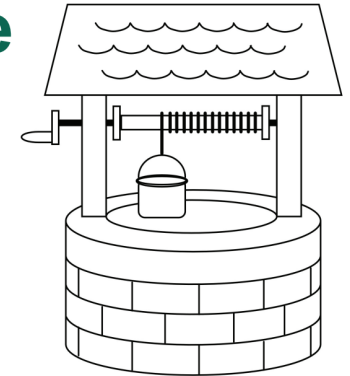
The “Cups”

Children need support from all of the adults in their lives in order to build resilience and to develop, both socially and emotionally. Children are the “cups” waiting to be filled each day, in order for them to become resilient adults.



The “Pitcher”

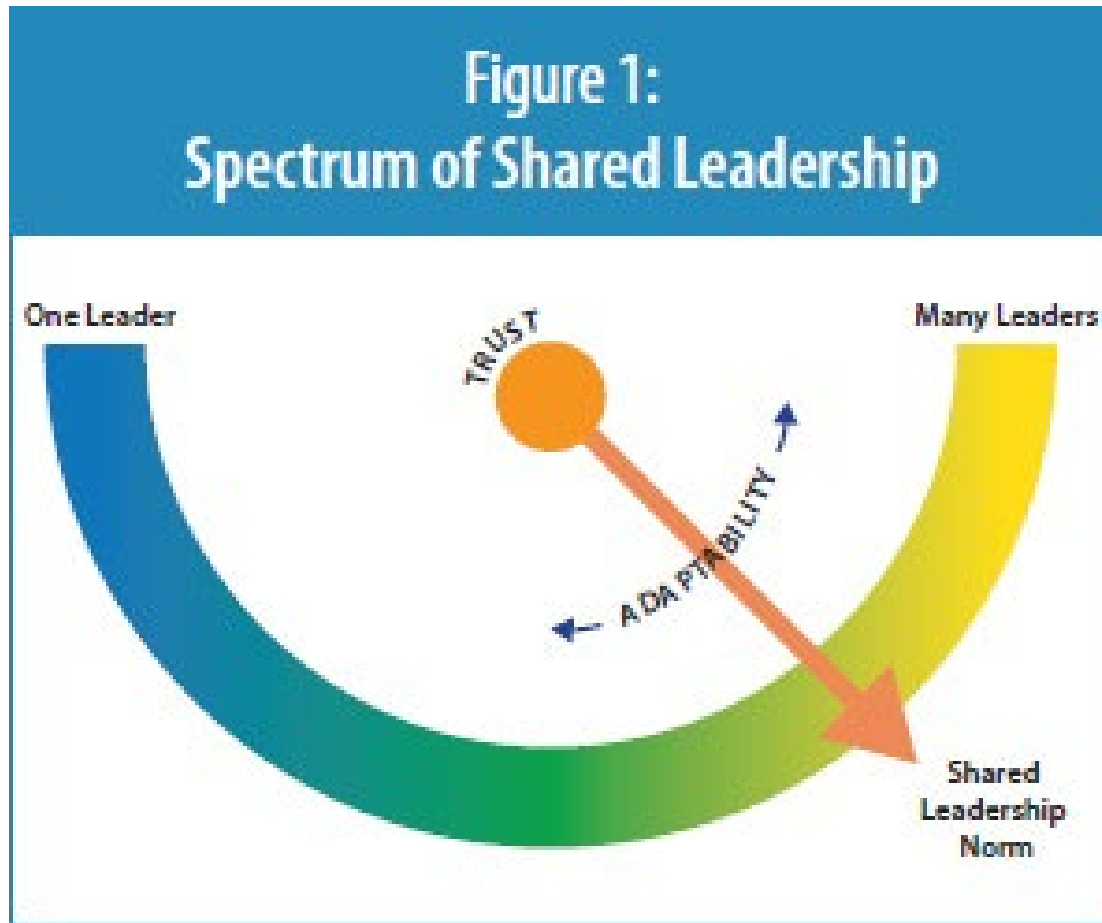
Resilient children need resilient adults. Adults working with and caring for young children can think of themselves as “pitchers.” Every day, adults pour and pour into the “cups” – the children. But as the famous saying goes, “you cannot give what you do not have.” So, it’s important for adults to focus on their own resilience and social-emotional health, in order to keep those pitchers full.



The “Well”

Adults working with and caring for young children need support and guidance, too. Those in positions of leadership in the early care and education field who provide that support can think of themselves as the “well.” With the “pitchers” pouring and emptying out on a daily basis, there must be some way for them to be refilled. Serving as the “well” means that you focus on not only your own resilience, but that of your fellow caregivers.

Providing a sense of control and power:



IECMHC Examples in Shared Leadership:

- Stories from the Field
- Collaborative CQI Approach:
 - Case Consultation
 - Consumer Surveys
 - Professional Development
 - Peer to Peer Support(s)

Support the resilience of team members individually and collectively:

3 Offer opportunities for team members to connect with their team and other professional supports, in order to guard against isolation and develop a sense of shared responsibility to address difficult circumstances.

Strategies for creating and maintaining a caring community include:

- Enhancing emotional safety within the team
- Fostering positive communication and conflict resolution skills
- Encouraging peer support

Help team members identify sources of team support and/or mentorship.

Encourage “accountability partners”: colleagues who collaborate to set and achieve wellness goals and support and encourage each other.

Support the resilience of team members individually and collectively:

BENCHMARK

4a Promote the development of compassion satisfaction by supporting acceptance of the complexity of the work and the things that cannot be changed.

EXPLANATION AND STRATEGIES

Strategies for normalizing common emotional responses to trauma work include:

- What can you do within the scope of your role?
- What can we do together to respond to this complex situation?
- What are some of the factors that are beyond your control?
- What can you do or say to yourself to cope with factors that are beyond your control?

Support the resilience of team members individually and collectively:

4b Promote the development of compassion satisfaction by helping team members recognize partial successes, their professional growth, and their increased skill levels.

Questions that can help recognize successes and growth include:

- What are the gains that have been made?
- Can you tell me one thing that is going well with this family or situation?
- What is something you learned from this situation?
- What is something you have done that has made a positive difference for this child and family?
- What about this child or family inspires you?

Sample Resources to Promote Resiliency



Devereux Resilient Leadership Survey (DERLS)

By Rachel Wagner, MSW, & Nefertiti B. Poyner, Ed.D.

This survey was created to support leaders as they reflect on how to promote the capacity for resilience in staff. Take time to reflect and complete each item on the survey below. There are no right answers! Once you have finished, reflect on your strengths and then start small and plan for one or two things that you feel are important to improve. For more information about resilient leadership and the DERLS, visit our website at centerforresilientchildren.org, and go to *Adults → Resilient Leadership*.

[Link to DERLS](#)

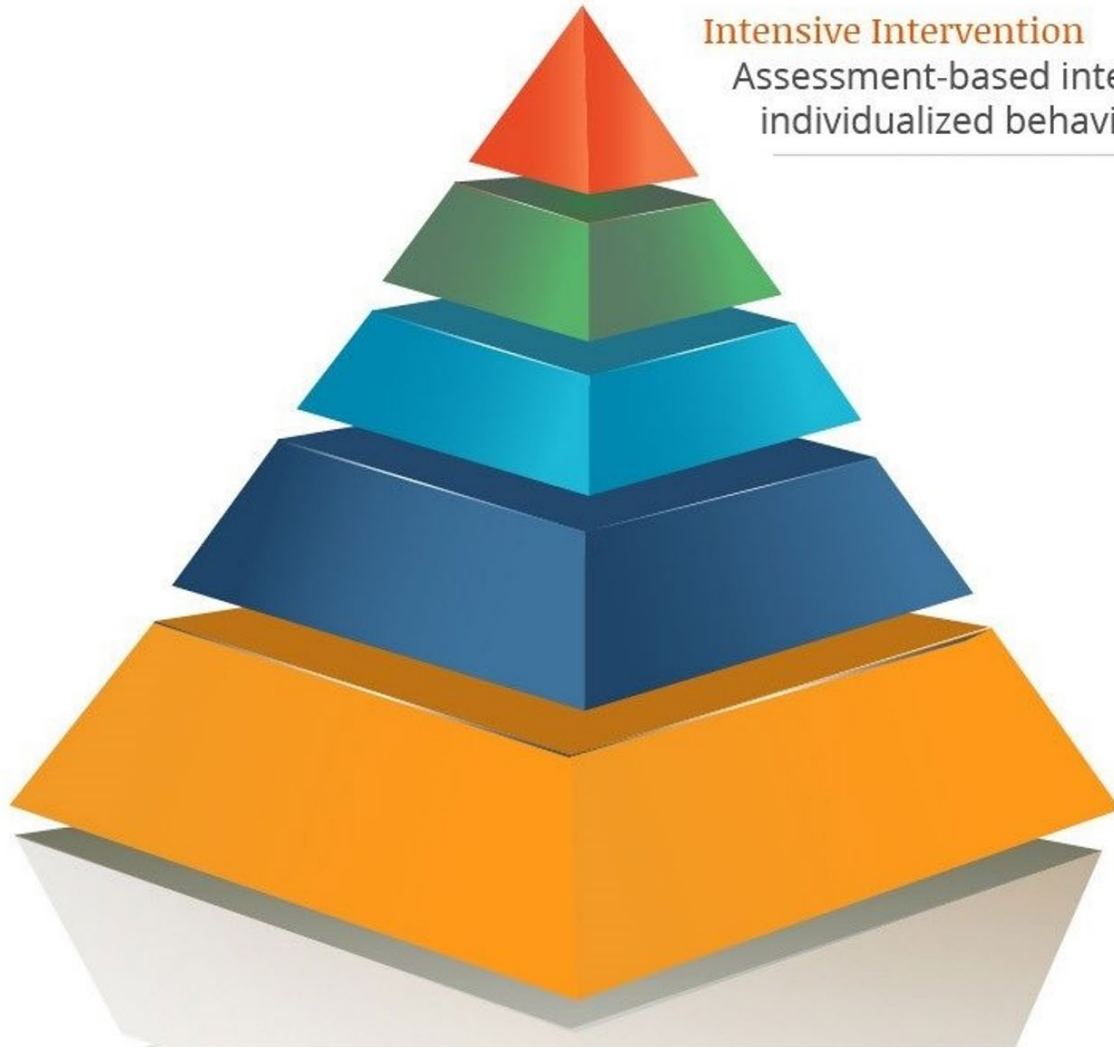


Devereux Adult Resilience Survey (DARS)

By Mary Mackrain, M.Ed.

This survey was created to support adults as they reflect on how to promote the capacity for resilience in themselves. Take time to reflect on and complete each item on the survey below. There are no right answers! Once you have finished, reflect on your strengths and then start small and plan for one or two things that you feel are important to improve. For fun and practical ideas on how to strengthen your protective factors, use the chapters of *Building Your Bounce: Simple Strategies for a Resilient You*.

[Link to DARS](#)



Intensive Intervention

Assessment-based intervention that results in individualized behavior support plans

Where can staff go for additional support in your organization?

Where can staff go for additional support in your organization?

“There is a cost to caring. Professionals who listen to client’s stories of fear, pain and suffering may feel similar fear, pain and suffering, because they care. Sometimes we are losing our own sense of self to the clients we serve.”

- Charles Figley

- Peer support/mentorship programs
- Wellness programs/initiatives
- Mindfulness Supports
- Faith Based Supports
- Text-based Supports
- Employee Assistance Programs
- Mental Health/Behavioral Health Services

Example: PA Keys Organizational Supports

- Insurance Benefits
- Employee Assistance Program
- HealthyMinds App (and other Mindfulness activities)
- Affinity Groups
 - BIPOC
 - Allies
 - LGBTQIA2S+
 - Family of LGBTQIA+:
 - Caregiver Support
 - Nest
 - Faith Based




Employer funded access to staff and their families to TalkSpace.

Worker Resiliency in Trauma-informed Systems: Essential Elements

- Recognize the impact of secondary trauma on the workforce.
- Recognize that exposure to trauma is a risk of the job of serving traumatized children and families.
- Understand that trauma can shape the culture of organizations in the same way that trauma shapes the world view of individuals.
- Understand that a traumatized organization is less likely to effectively identify its clients' past trauma or mitigate or prevent future trauma.
- Develop the capacity to translate trauma-related knowledge into meaningful action, policy, and improvements in practices.

Sample Resources: Trauma Informed Organizations



Principles of an Anti-Racist, Trauma-Informed Organization

BEARING WITNESS, CENTERING VOICES, & HONORING LIVED EXPERIENCE

- We proactively center, amplify, and learn from the voices of those most impacted by racism and trauma, bearing compassionate and non-judgmental witness to their stories and realities.
- We honor each individual's intrinsic value, lived experience, humanity, and innate strengths, including the various unique social identities they embody (e.g., race, gender identity, ethnicity, sexual orientation) and the strengths and protective factors of their communities.

ORGANIZATIONAL VALUES, GOVERNANCE, & STRATEGIC OVERSIGHT

- We commit to equity-based governance, power redistribution, and shared decision-making processes across all staffing levels and with the communities we serve.
- We acknowledge the impact of racism, historical trauma, power dynamics, and systemic inequities.
- We commit to taking sustained steps to dismantle racism, white supremacy, and privilege in our structures, policies, procedures, practices, performance evaluations, and outcomes.
- We promote accountability and transparency in decision-making and leadership with all those who are impacted, including partners and those accessing services.

STRUCTURAL REFORMS, PARTNERSHIPS, & SYSTEMS CHANGE

- We commit to socio-structural reforms and promote practices designed to foster truth, atonement, and collective repair and to enhance radical healing of people who are Black.
- We commit to addressing conflicts when partners and funding sources actively cause harm to Black communities and/or limit anti-racist work.
- We acknowledge the ways in which systems have been used to control and destroy Black bodies and harm Black families, and that understanding informs how we engage with and confront those systems.

HUMAN RESOURCES, STAFF SUPPORT, & LEADERSHIP DEVELOPMENT

- We prioritize the hiring, development, promotion, and retention of people who are Black at all levels of the organization.
- We value, support, and cultivate leaders and managers who continually examine, acknowledge, and address the ways in which they and their organizations may contribute to oppression.
- We support holistic well-being for Black staff.
- We assume responsibility for providing staff with the necessary knowledge and skills required to support staff and deliver care to Black communities.
- We seek, implement, and invest in interventions and innovations designed by Black practitioners and in close collaboration with Black communities.

Powell, W., Agosti, J., Bethel, T.H., Chase, S., Clarke, M., Jones, L.F., Lau Johnson, W.F., Noroña, C.R., Stolbach, B.C., & Thompson, E. (2022). Being anti-racist is central to trauma-informed care: Principles of an anti-racist, trauma-informed organization. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

Competency #1: Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees; Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.

The Supervisor is able to do the following:

Competency	Self-Rating		
Recognize the signs of STS in their supervisees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Address observed STS with symptomatic employees in a supportive manner that normalizes their responses, promotes resiliency, and is supportive of the supervisee and does not pathologize, demean, or threaten the supervisee	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Delineate what the STS-informed services and support options are available from the organization	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Facilitate the referral process for accessing available, quality services for symptomatic employees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify other resources that provide STS prevention or intervention services and is able to assist the employee into accessing those resources	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Encourage the consistent use of organizational supports for the mitigation/prevention of STS symptoms as a normalized part of doing this work	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Act as an advocate within the organization for STS supports, training, or other needed adjustments needed by supervisees indicated by supervisory monitoring of STS symptoms in supervisees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Differentiate STS, PTSD, and burnout symptoms, and describe the differential varying responses to each condition	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify how race, historical trauma, implicit bias, and/or culture impacts the way STS manifests at the individual and organizational levels	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area



| Spring, 2018

- [Other NCTSN Resources:](#)
 - [Trauma-Informed Organizational Assessment \(NCTSN TIOA\)](#)
 - [Secondary Traumatic Stress Informed Organization Assessment \(STSI-OA\) Tool](#)

[Anti-Racist, TI Orgs](#)

[STS Supervisor Self-Rating Tool](#)

In closing...

*How children are treated
changes who they are and
how they will develop.*

*This is parallel to what our
staff need too.*

*We learn how to become
gentle, loving, caring humans
in relationship with adults and
caregivers who are gentle,
loving and unconditionally
caring.*

