

# Trauma Informed Community Network of Greater Richmond: A Collective Success

September 2015

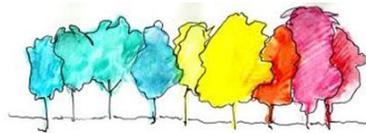
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The Trauma Informed Community Network (TICN) in Virginia is a diverse group of professionals in the Greater Richmond area who are dedicated to supporting and advocating for continuous trauma informed care for all children and families within the Child Welfare system in the City of Richmond and surrounding counties. Agencies, organizations and institutions identified within the local child welfare system are: Department of Social Services, Juvenile and Domestic Relations Courts, School Systems, Behavioral and Mental Health organizations, Law Enforcement, Universities and Medical Facilities. The TICN initiated in the fall of 2012 and is comprised of trauma-informed experts from different non-profit, for-profit and government agencies.

## History

The Greater Richmond TICN was inspired in the spring of 2012 by work and publications around the United States about trauma-informed care and trauma-informed practices. Namely, the work of Dr. Bruce Perry, Dr. Bessel van der Kolk, Dr. Rick Gaskill, The Chadwick Center, the National Child Traumatic Stress Network (NCTSN), Substance Abuse and Mental Health Services Administration (SAMHSA) and Brian Samuels, the Commissioner of the Administration on Children, Youth and Families. The Executive Director of Greater Richmond Stop Child



Abuse Now (GRSCAN), Jeanine Harper, believed that this national work could inform local efforts and knew from practice experience at GRSCAN that improvement was needed. Ms. Harper convened a group of seven professionals to begin a conversation about what could be done to improve trauma-informed care in the Richmond, Virginia area.

Attendees of these early meetings varied in their initial responses. Although everyone agreed that a movement towards improvement of practice in child and family serving agencies in the Richmond, Virginia area was needed, some found the information from national sources and ideas to be exciting while others were unsure and thought that workers within the Child Welfare system were already overwhelmed and unable to take on an additional initiative. After further discussion and with a sense of urgency from some members, the group was guided by the belief that improvement was needed for children, families and workers within the local Child Welfare system. We formed the “Trauma Think Tank” and began to discuss how to go about creating change.

## Collective Impact Framework

The Trauma Think Tank began working together with the goal to improve trauma-

informed informed practices. Trauma-informed is defined as: “An organization, system, or community that incorporates an understanding of the pervasiveness of trauma and its impact into every aspect of its practice or programs. It emphasizes physical and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild/maintain a sense of control and empowerment.”

Retrieved September 23, 2015 from <http://www.traumainformedcareproject.org/>.

Trauma Think Tank members brainstormed about how they would begin the task of improving trauma-informed care and discussed changes that were needed. Trauma Think Tank members, Lynne Edwards and Rebecca Ricardo with C2Adopt and Allison Jackson with Family Preservation Services, had previously engaged two local Child Welfare agency leaders in discussion about assessing their agencies related to trauma-informed practice and shared a proposal that they formed for this work. While the intention of the Trauma Think Tank was to facilitate a broad based movement towards change within all Child Welfare serving agencies and institutions in the area, we began with the specific task of assessing these two local Departments of Social Services given their prior interest in becoming more trauma-informed.

The Trauma Think Tank developed a list of individuals to invite to join the initiative which included Child Welfare leaders, local experts, agencies with supportive funding and professionals from different areas of practice. Invitations were extended and accepted with enthusiasm. A buzz began within our community with support of the initiative and an immediate willingness from local Child Welfare leaders to participate. We quickly outgrew the “think tank” phase and became a

network of professionals working together towards a common goal. We renamed our group the Trauma Informed Community Network to reflect our mission towards trauma-informed care and the community network that we were building among professionals. We have continued to actively recruit members across disciplines to ensure that all entities involved within child welfare work in our area are represented.



(Retrieved September 12, 2015 <http://www.collaborationforimpact.com/collective-impact/>)

The Collective Impact model provides a framework for the Trauma Think Tank (later named TICN) initiative. In a collective impact model, there is “commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem” (Kania & Kramer, 2011).

John Kania & Mark Kramer first wrote about collective impact in the Stanford Social Innovation Review in 2011 and identified five key elements:

1. All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2. Collecting data and measuring results consistently across all the participants

ensures shared measurement for alignment and accountability.

3. A plan of action that outlines and coordinates mutually reinforcing activities for each participant.
4. Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
5. A backbone organization(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.

### Common Agenda

The TICN common agenda is the goal of improving trauma-informed care within the child and family serving agencies in the Greater Richmond area. This goal includes educating professionals system-wide about using a trauma lens when working with children and families. To improve trauma-informed care across the system, we knew that we needed to make improvements for children, caregivers and workers. We began with the specific task of assisting local Departments of Social Services and believed that the work would have a ripple effect outwards to other professionals who interact with DSS workers.

All participants agreed to work towards the common goal by beginning with a joint approach of following the Trauma-Informed Child Welfare proposal and timeline documents. Click here to see the [TICW Proposal](#) and here for the [TICW Proposal Timeline](#).

The benefits of this work vary for TICN members as it relates to their agency involvement within the Child Welfare system. Yet ultimately, we believe that better coordination and collaboration will not only benefit children and families but all professionals involved within this system.



### Shared Measurement System

There are a few shared measurement systems that have been utilized by the TICN. The initial item adopted by the TICN was the TICW Proposal and Timeline. The timeline was organized by outlining activities to be performed, time commitment for Child Welfare workers, benefits from the activities and the projected time commitment for each activity.

The activities initially proposed were:

1. Conduct Trauma System Readiness Organizational Assessment with each local Child Welfare agency,
2. Develop and Convene Trauma Informed Community Network,
3. Conduct Trauma Informed Practice Training and Education Module(s),
4. Implement the use of the Brief Trauma Screening Tool,
5. Development and implementation of TIC family assessment process,
6. Outcome-oriented Case Plans and Feedback Reports, and
7. Evaluation Phase.

The TICN selected the Trauma System Readiness Tool (TSRT) designed by the Chadwick Center as the organizational assessment tool for the first action item of the TICW Proposal. The TICN received permission from the Chadwick Center staff who developed a Trauma System Readiness Tool through their Chadwick Trauma Informed Systems Project (CTISP) that was sponsored by the National Child Traumatic Stress Network (NCTSN). TICN members formatted this survey to Survey Monkey. TSRT

Surveys were completed for two local Departments of Social Services. Results of these surveys were analyzed, summarized, and then shared with leaders from both Departments of Social Services.

The TSRT focuses on the following areas related to trauma-informed Child Welfare systems:

Training and Education, Screening and Referral Practices, Knowledge Regarding Trauma-Focused Treatment/Interventions, Availability and Accessibility of Trauma-Focused Treatment, Parent/Caregiver Trauma and its Impact, Child Welfare System's Ability to Assess Parent Trauma and its Impact, Child Welfare System's Understanding of its Role in Mitigating Impact of Trauma, Psychological Safety for Children and their Families, Promoting Positive and Stable Connections in Lives of Children, Child Welfare System's Provision of Education and Support to Caregivers, Agency's Understanding of the Impact of Vicarious Trauma on Professionals, Agency's Efforts to Reduce the Impact of vicarious Trauma in Workers and Systems Integration/Service Coordination with Other Child Serving Entities.

To access the TSRT online, go to the Chadwick Trauma-Informed Systems Project – Dissemination and Implementation Resources Page at [CTISP-DI](#) and follow prompts to request access to the tool.

TICN members then facilitated Focus Groups with Child Welfare Front Line Workers, Child Welfare Supervisors, Resource (Foster/Adoptive) Parents and Mental Health Professionals. Focus Group questions were based on CTISP/NCTSN format. Feedback from focus groups was shared with DSS leaders and TICN members developed specific recommendations based on focus group

feedback. Examples of recommendations given are as follows:

1. Develop a trauma-informed leadership (TILT) team,
2. Hire outside licensed mental health professional consultant,
3. Connect staff to leadership and
4. Develop Trauma-Informed Care benchmarks and outcome measurement.

One additional shared measure of the TICN is the Project Broadcast Brief Trauma Screening Tool. The TICN received generous support from the North Carolina Project Broadcast Coordinator and we were given permission to modify the tool to reflect language specific to practices in the Richmond, Virginia area.



### Mutually Reinforcing Activities

In order to complete the TICW Proposal activities, TICN members decided to form committees. Committees are led by TICN members and membership is voluntary. Initial committees formed were: Trauma-Informed Brief Screening Tool Committee, Trauma-Informed Practice Training Committee, and Trauma-Informed Quality Enhancement Committee. We quickly realized that more work would be needed to enhance the knowledge base for professionals within the workforce so that everyone was speaking the same trauma-informed language. We therefore formed the Trauma-Informed Workforce Development (TIWD) Committee and TIWD Education Subcommittee. In addition, the TICN recently added one committee specific to the City of Richmond to focus efforts previously accomplished within the two outer

lying counties to the Child Welfare system in Richmond City.

Along the TICN journey, we were afforded an opportunity to participate in the National Technical Assistance Center for Children's Mental Health Trauma-Informed Care video project through the Georgetown University Center for Child and Human Development. Several TICN members were able to share their expertise through this national venue. Participation in this video series served as an additional mutually reinforcing activity. To access the series, go to Trauma Informed Care: Perspectives and Resources, go to [Trauma Informed Care: Perspectives and Resources](#).



### Continuous Communication

Communication has been a key factor in the success of the TICN. We meet for full network meetings every other month for 90 minutes. The agendas provide updates, reports from each committee and often highlight new initiatives. In recent months, we have had professionals from outside of the Greater Richmond Virginia area come to observe meetings as they are working to establish a similar network in their area. The committees meet on the alternating months from the larger meeting. There is e-mail and phone communication among committee members in order to collaborate and complete tasks at hand.

The TICN established a Yammer site that allows for a communication stream among members where we often share resources and pose questions related to our work. The Yammer site also serves as our repository for all shared documents. The site is free to use

and has a significant capacity for holding information. Members have found the site easy to use once receiving a brief tutorial.

In order to continue momentum for the project and to maintain regular connection, we decided to send out a TICN monthly eNote that provides updates and trauma-informed resources to TICN members. The TICN eNote is well received and seems to serve as a prompt for communication as many members tend to reply to eNotes with follow up questions and requests.

In addition, the TICN has actively fostered collaboration with others outside of the network. We have openly shared information with others, invited professionals to our meetings who have provided education about their work and attempted to coordinate efforts that overlap with the work of the TICN. When learning about two state initiatives, the Vision 21 Project and the VDSS current Learning Collaborative, we invited their staff to join the TICN and have requested to have TICN members join committee work of the Vision 21 Project. We believe it is crucial to combine efforts to reduce duplication and maximize resources.



### Backbone Support Organization

The main backbone support agency for the TICN project is Greater Richmond SCAN. GRSCAN is a private non-profit agency and our mission is to prevent and treat child abuse and neglect throughout the Greater Richmond area by protecting children, promoting positive parenting, strengthening families and creating a community that values and cares for its children. With the flexibility of our

organizational structure and support from the Executive Director, we have been able to adjust the schedule of this author, the TICN Coordinator and Trauma-Focused Treatment Program Coordinator for GRSCAN's Child Advocacy Center, to allow for time to dedicate to TICN efforts. The TICN Coordinator has adopted the roles of project manager and data manager. Both the TICN Coordinator and GRSCAN's Executive Director serve as facilitators for the work that is carried out. Each committee is led by a chair or co-chairs who provide leadership and facilitation within these smaller groups.



## Collective Accomplishments

**Trauma Informed Practice Training Committee** members facilitated two trainings on the NCTSN Child Welfare Trauma Toolkit (CWTT) Vicarious Trauma training module for approximately 140 Child Welfare workers from both DSS agencies. The Training Committee also developed a survey that was sent to TICN members which gathered information about trainings that members were able to provide to DSS agencies. Based on the feedback from DSS leaders, the training committee established two subcommittees to develop training on Trauma-Informed Supervision and Vicarious Trauma.

TICN member and Department of Behavioral Health and Developmental Services representative advocated for funding for a pilot training for the two DSS agencies involved with the TICN. Funding was provided through

DBHDS Systems of Care funding for Duke University faculty to facilitate the NCTSN CWTT Training for workers from these DSS agencies. To access the Child Welfare Trauma Toolkit go to [NCTSN CWTT](#).

TICN member, Allison Jackson, provided an additional two day training for DSS staff on *Trauma and Youth: Understanding the Impact of Trauma*. Highlights of this training included: Importance of trauma-informed youth and family service systems, prevalence of trauma in the youth and caregivers each systems serves, brain dysregulation, learning to respond to the need and not reacting to the behavior in child welfare case planning and family engagement, building resilience and healthy behaviors, Child Welfare as an organizational system experiencing Fight/Flight/Freeze behaviors, specific knowledge regarding TIC mental health therapeutic service partners, screening for trauma and resilience factors in youth and families, practice with Brief Trauma Screen Tool, importance of creating a TIC culture change, vicarious trauma, and building self-care plans.

**Trauma-Informed Brief Screening Tool Committee** members initially reviewed a variety of other screening measures and found the Project Broadcast Brief Screening Tool (BST) to be the best fit for the identified need. The BST committee received permission for local DSS agencies to use the Project Broadcast Trauma Screening Tool. Committee members organized a webinar on the Project Broadcast Trauma Screening Tool that was facilitated by Project Broadcast Coordinator, Jeanne Priesler. Committee members modified the GRTICN version of the Brief Screening Tool based on feedback from DSS leaders and

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specifically to contain language that is consistent with terms/roles used in Virginia. BST committee members will assist with data collection as the BST is piloted. This committee is awaiting the piloting of the Brief Screening Tool with one DSS agency and will join meetings with their staff to learn how the implementation of the tool is working.

**Trauma-Informed Workforce Development Committee** members informally surveyed what other states are doing in terms of creating a more trauma informed workforce and researched trauma certifications, coursework and trauma informed initiatives at universities across the country. The committee focused on the development of recommendations for a local university's School of Social Work as they embark on a transformation of their curriculum. They also researched universities involved in the National Center for Social Work Trauma Education and Workforce Development and inquired about how they have integrated trauma informed information into general practice and trauma certifications. They found the information that has been developed by the University of Buffalo School of Social Work (UB SSW) to be the most comprehensive. In addition, one TICN member developed a handout on trauma terms which includes definitions for Trauma Informed and Trauma-Focused. TIWD Committee members reviewed nationwide trauma certifications for mental health providers and plan to make recommendations about which certification trainings to bring locally. Committee members developed and posted an online survey which is designed to take approximately 5 minutes for mental health providers to complete and to learn more about outpatient providers in the Greater Richmond

area with regards to training and trauma-informed practices. Information gathered will provide a landscape of practitioners in our area and help to identify training gaps which will help to give us a better understanding of what services are in our area as well as areas where providers need additional training.

**The TIWD Education Subcommittee** members decided upon their common agenda, which is to inform current educators about trauma informed practice with the second goal to transform statewide policies for new teacher and annual (prior to school year) trainings to include trauma informed information. They are working on surveying current practices to learn about what is currently provided. Subcommittee co-chairs met with Anne Holton, Virginia Secretary of Education, and shared a briefing book they developed that included a variety of resources related to trauma-informed education. Subcommittee members found that local schools are able to respond to acute traumas but the more complex and chronic types of trauma, which are more common, are not addressed as well. Many teachers don't have an awareness of the impact of trauma but know it is impacting the children they work with. They have also found that teachers experience secondary trauma and that it has a significant impact on how they interact with students. Secondary trauma is not addressed often enough, but more commonly used terms like burnout and compassion fatigue may be the doorway in to discussing secondary trauma among teachers. The goal is to offer teachers support and to normalize the experience of secondary trauma. They have discussed what basic education should be given to educators about trauma. Currently, all teachers in Virginia receive training on

recognizing child abuse and the committee is wondering if this training can be expanded to include the impact of trauma.

**Trauma-Informed Quality Enhancement Committee** members developed a survey for TICN members regarding trauma-focused assessments and found that there were varied responses given that members are from several different agencies and disciplines. The committee is looking at a comprehensive list of assessment measures and plan to make recommendations for measures that are cost effective. Committee members also plan to create a common language for treatment providers and Child Welfare workers from which to discuss the data gathered. The group discussed focusing more on quality assurance and not solely outcomes.

#### **Additional Efforts**

Outside of committee work, the TICN has provided resources, education, and consultation to a variety of child welfare, juvenile justice, and mental health stakeholders to promote the utilization of strengths based trauma informed best practices in their work with children and families.

We believe that our work will be complete once all child and family serving entities have embraced and embodied a trauma-informed approach.



#### **Current Goals and Future Direction**

The TICN is currently evaluating accomplishments and developing goals for the current fiscal year. Specifically, we plan to:

- Assist with training on the Brief Screening Tool prior to and during the pilot use in the fall of 2015.
- Assist with collecting and analyzing data that is gathered through the use of the Brief Screening Tool.
- Develop a list of TICN trainers and maintain PowerPoint templates for trainings offered (e.g., Trauma 101, Trauma-Informed Supervision).
- Provide ongoing support for DSS leaders and supervisors based on recommendations from TSRT and Focus Groups.
- Assist with curriculum development for a local conference that will be focused on trauma-informed care and resiliency. This conference is inspired by the ACES Summit that was held in California in November, 2014.
- Work collaboratively with a local agency that houses a directory of service providers to ensure that DSS agencies have access to trauma-informed mental health referrals.
- Survey local practitioners regarding trainings they have received in order to identify gaps where continuing education is needed.
- Coordinate training efforts to meet these gaps and ensure that trainings are accessible and affordable.
- Complete an environmental scan of schools to see what they are doing in terms of trauma-informed training.
- Complete phone surveys of thirteen identified state universities to learn about teacher and school counselor education.
- Assist with trauma-informed agency assessments by providing support with survey data system and interpretation of data.
- Review outcome and evaluation measurements during this fiscal year. Our

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hope is to find measures that will provide feedback to Child Welfare leaders and the TICN to evaluate our efforts thus far.

- Continue to provide information and training to community partners on trauma informed care.
- Develop a model to be used by others to form trauma-informed community networks that will assist their local child and family serving agencies to become Trauma Informed Organizations.

## References

Chadwick Center Trauma-Informed Systems Project-Dissemination and Implementation Resources page. Available from:<http://www.chadwickcenter.org/CTISP/images/CTISP-DIResourcespage.pdf>

NCTSN Child Welfare Trauma Toolkit. Available from:  
<http://learn.nctsn.org/enrol/index.php?id=25>

“Collective Impact.” John Kania & Mark Kramer. *Stanford Social Innovation Review*. Winter 2011. Available from:  
[http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact)

Collective Impact graphic. Retrieved September 12, 2015  
<http://www.collaborationforimpact.com/collective-impact/>

National Technical Assistance Center for Children’s Mental Health Trauma-Informed Care video project through the Georgetown University Center for Child and Human Development. Available from:  
<http://gucchdtacenter.georgetown.edu/TraumaInformedCare.html>

University of Buffalo School of Social Work, The Institute on Trauma and Trauma-Informed Care. Available from:  
<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html>

For additional documents referenced, click on the link to view. If unable to find the document, please contact Lisa Wright at [lwright@grscan.com](mailto:lwright@grscan.com) to request a copy.

## Additional Resources

To see the list of GRTICN agencies [click here](#).

Resilience Trumps ACEs, Children’s Resilience Initiative website:  
<http://resiliencetrumpsaces.org/>

For information about the seven domains outlined by the National Behavioral Healthcare Council go to  
<http://dcjs.virginia.gov/trainingevents/juvenile/ChildAbuseandJuvenileJusticeConference/TraumaNationalCouncilSevenDomains.pdf>

To learn more about the Trauma Informed Care Project which is sponsored by The Orchard Place, go to:  
<http://www.traumainformedcareproject.org/>

Center for Advanced Studies In Child Welfare, School of Social Work University of Minnesota publications. Available from:  
[http://ncwwi.org/files/Incentives\\_Work\\_Conditions/Secondary\\_Trauma\\_the\\_CW\\_Workforce\\_CW360.pdf](http://ncwwi.org/files/Incentives_Work_Conditions/Secondary_Trauma_the_CW_Workforce_CW360.pdf) and

[http://cascw.umn.edu/wp-content/uploads/2013/12/CW360-Ambit\\_Winter2013.pdf](http://cascw.umn.edu/wp-content/uploads/2013/12/CW360-Ambit_Winter2013.pdf)

Children's Services Practice Notes for North Carolina's Child Welfare Worker's: Trauma-Informed Child Welfare Practice, Volume 12, Number 2, May 2012. Available from: <http://www.practicenotes.org/v17n2/cspn-v17n2.pdf>

Helping Traumatized Children Learn and Creating and Advocating for Trauma-Sensitive Schools by the Massachusetts Advocates for Children and Harvard Law. Available from: <http://traumasensitiveschools.org/tlpi-publications/>



### Special Thanks:

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