



OFA Webinar: Building a Culture of Trauma-Informed Practice to Serve All Tribal TANF Families

July 28, 2022





Welcome



James Butler
Family Assistance Program Specialist
Office of Family Assistance (OFA)
Administration for Children and
Families (ACF)

Today's Moderator





Webinar Objectives

This webinar will:

- Equip frontline Tribal TANF staff with trauma-informed practices and communication strategies for use during client-caseworker interactions.
- Provide participants with resources and connections to build program capacity.
- Amplify the expertise of experts by sharing strategies and resources relevant for Tribal TANF programs and staff nationwide.

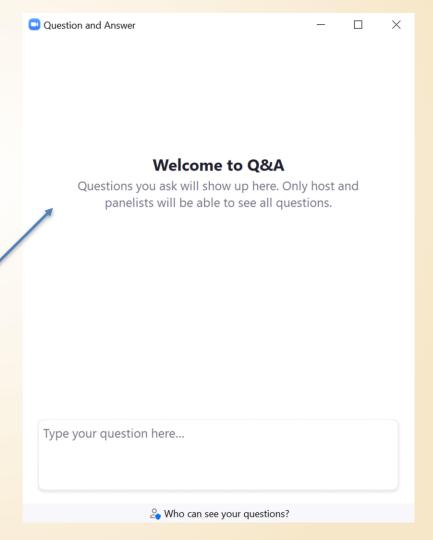
Using Zoom for Today's Webinar





Participation

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Polling Question #1

Which of the following best describes your organization?

- ☐ Tribal TANF program
- State TANF program
- ☐ Family/Social Service Program
- ☐ Federal Government Staff
- Other (Please indicate in the chat box)





Polling Question #2

To what extent does your Tribal TANF program already incorporate
trauma-informed practices? (Select one answer)

- We have programs targeted specifically at addressing trauma in our community
- We have programs that have a broad target audience
- ☐ We are exploring our options and in the works of creating programs to address trauma
- ☐ We are here to learn more

Colonization, Historical Trauma, and Indigenous Culture as a Protective Factor

Heather Sauyaq Jean Gordon, PhD July 28, 2022



Artist: Ken Lisbourn, Iñupiaq



Land acknowledgement

Visit https://native-land.ca, or text your city and state at 1-855-917-5263 to see whose lands you are on.







Learn more about Land Acknowledgements at: https://native-land.ca/about/why-it-matters/



Heather Sauyaq Jean Gordon, PhD

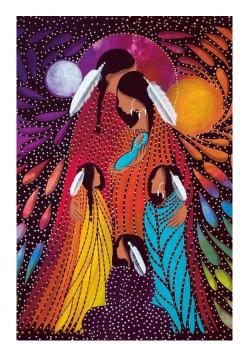
- From Homer, Alaska
- Iñupiaq, citizen of Nome Eskimo Community
- PhD in Indigenous Studies
- Experience in Indigenous Knowledge, culture, self-determination, sustainability, well-being, and research partnerships
- Research Scientist at Child Trends





Indigenous Peoples in the U.S. and Territories

- Indigenous Peoples from:
 - Contiguous 48 states = American Indian
 - Alaska = Alaska Natives
 - Hawaii = Native Hawaiians
 - Guam, American Samoa, and the Northern Mariana Islands = Other Pacific Islanders, including Chamorro, Samoans, and Carolinians
- Common terms: Peoples, Nations, Bands, Pueblos, Tribes, Communities, and Villages



Artist: Betty Albert-Licenz, Cree



Indigenous sovereignty

- Indigenous Peoples are inherently sovereign⁴⁴
- Inherent vs. practical sovereignty
 - Federal Indian statute and case law
 - Termination Era 1953-1968
 - Plenary Power of Congress
- 574 federally recognized Tribes in the U.S.
- Additional state recognized Tribes
- All Pacific Nations are unrecognized



Artist: Woody Crumbo, Potawatomi



Dates of first contact in what is now the U.S.43

- 1493: Doctrine of Discovery
- 1500s: Continental U.S., Guam, American Samoa, and the Northern Mariana Islands colonized by Europeans (established as the U.S. and territories 1776-1947)
- 1700s: Alaska colonized by Russia and bought by U.S. in 1867
- 1778: James Cook landed on Kauai, American colonists overthrew Hawaiian kingdom in 1893, and U.S. annexed Hawaii in 1898



Artist: Bobby Von Marten, Choctaw

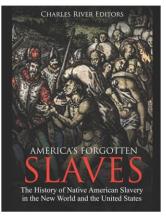


What did/does colonization look like? Genocide. From 1492-Present 13 million deaths⁴⁶

Assimilation¹



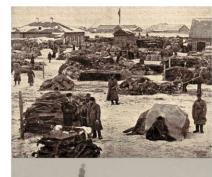
Enslavement²



Removal Policies³



Starvation^{4,5}

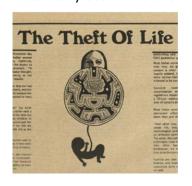


Policies³

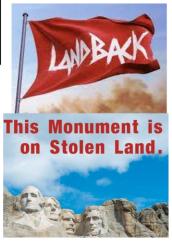
Termination⁶



Involuntary sterilizations⁷



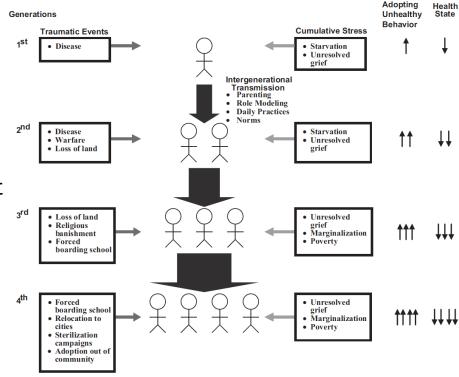
Decolonization/land back^{8,9}





Results of colonization: Trauma¹²

- Historical trauma: Intergenerational, emotional, and psychological¹⁰
- Cultural trauma: Attacks the society and essence of community/members
- Intergenerational trauma: Passed down from one generation to the next
 - Health assaults from traumatic events in Native American history
 - Health assaults from examples of daily cumulative stress (e.g., unresolved grief, poverty)
 - Increasing strength of negative psychological issues onto subsequent generations





Results of colonization: Adverse current community conditions

- Lack/loss of federal Tribal recognition²
- Food insecurity and insufficient nutrition¹³
- Inadequate living conditions^{14,15,16}
- Loss of Native cultures and languages¹⁷
- Poverty^{18,19}
- Low educational achievement²⁰

- Living in violent communities^{21, 22, 23}
- Loss of lands and the rights to manage them^{25,26}
- Overrepresentation in the criminal justice system: juveniles/adults²⁷
- Weakened or ineffective governance structures^{28,29}
- Environmental justice issues³⁰
- Missing and murdered Indigenous relatives crisis⁴⁵



Results of colonization: Adverse current individual and family outcomes

Increased prevalence and disparities in:

- Mental and behavioral health (e.g., higher youth suicide rate, early use of alcohol, tobacco and/or other substances) 31, 32, 33, 34
- Physical health (e.g., higher obesity rate, increased comorbidities) 35,36,37,38,39
- Social/relational health (e.g., domestic/intimate partner violence, prevalence and number of Adverse Childhood Experiences) ^{21, 22, 23}

*Individual/family well-being is further challenged by limited availability and access to healthcare⁴⁰

There is a tendency to focus on deficits but focusing on strengths allows us to draw on culture as a protective and preventative factor.



Artist: Sarah Ayaqi Whalen-Lunn, Iñupiaq



Indigenous cultures as protection/prevention to address colonization^{11,43}

Indigenous Knowledge and a growing body of research tells us the following are important:

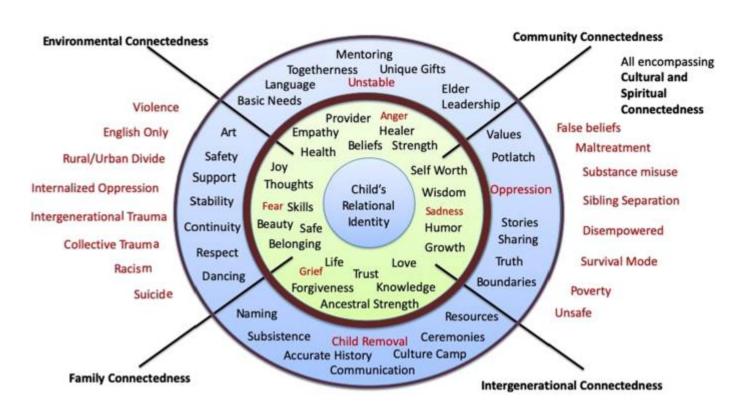
- Enculturation and Indigenous identity formation
- Traditional activities and games
- Relationships with the land including subsistence and traditional foods
- Social connectedness: Family, intergenerational, Elders, and the community
- Native languages
- Spirituality and ceremony



Artist: Chholing Taha, Cree First Nations



Indigenous Connectedness Framework 41, 42





Concluding thoughts

- Indigenous Peoples are inherently sovereign
- Colonization:
 - Is ongoing and a genocide of Indigenous Peoples
 - Leads to historical trauma which has adverse outcomes
- Culture:
 - Serves as a protective/preventative factor
 - Brings Indigenous well-being through relationality and connectedness



Artist: Daniel Ramirez, Saginaw Chippewa Tribe of Michigan



Quyanaqpak!

(Thank you very much in lñupiatun)

Any questions?

Dr. Heather Sauyaq Jean Gordon

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You can also find me on <u>LinkedIn</u> and <u>ResearchGate</u>.



Artist: Rhonda Shelford Jansen, Unungan/Aleut



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Polling Question #3

Which of the following cultural activities do you think may be able to be used as protective factors against trauma in your community? (Can select multiple)

- Native languages
- Spirituality and ceremony
- Traditional activities and games
- Relationships with the land
- All of the above

Building a Trauma-Informed Temporary Assistance for Needy Families (TANF) Program

Andrea Hetling, PhD
Rutgers University – New Brunswick
July 2022

Introduction and Thank You

- Andrea Hetling, PhD, Professor at the Edward J. Bloustein School of Planning and Public Policy at Rutgers University – New Brunswick
- Research interests in human services policy, U.S. safety net, intimate partner violence, and social equity and analysis
- Former program administrator at a domestic violence agency
- My presentation draws on my experiences with collaborative, applied projects:
 - The TANF Trauma-Informed Evaluative Toolkit collaboration with Vermont Department of Children and Families, Economic Services Division, Reach Up/Temporary Assistance for Needy Families program. Contract No. HHSP233201500111I – Peer Based Training and Technical Assistance (OFA PeerTA)
 - Home Safe Home collaboration with Dr. Hilary Botein, based on interviews with staff and survivors affiliated with agencies in Connecticut and New York
 - Other TANF-focused and survivor-centered projects in Maryland and New Jersey

A traumainformed approach to services is based on 4 assumptions:

"a program, organization, or system that is traumainformed <u>realizes</u> the widespread impact of trauma and understand potential paths for recovery; <u>recognizes</u> the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and <u>responds</u> by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively <u>resist</u> <u>re-</u> <u>traumatization</u>."

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

Trauma-informed care is a holistic, systematic approach grounded in an understanding of, and responsiveness to, the impact of trauma on a person, family, or community



Being a trauma-informed agency is a continual process that requires:

Commitment of leadership

Involvement and engagement with staff and families

Integration of a trauma-informed lens as the foundation in policies, practices, and procedures

regular evaluation and "closing the loop" actions

Taking an Agency and Institutional Perspective

Applying 4 R's to Policy, Practice, and Procedure Reviews

Assumptions	Foundational elements	Notes
Realizes trauma	Document contains language that recognizes the pervasiveness of trauma in the lives of people using services	 How well does the policy match the principle? What are some areas to improve? What steps must be taken to make changes?
Recognizes signs	Document has language that recognizes and addresses trauma and the impact of toxic stress	
Responds	Evaluation of this document (and related ones) uses the 6 key principles of a trauma-informed approach	
Resists re- traumatization	The document expresses a commitment to promoting well-being and recovery	

6 Key Principles

Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice, and Choice

Cultural, Historical, and Gender Issues

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

Evaluative Practices

- Principle is defined and operationalized in the specific context
- Relevant data are collected
- Relevant data are analyzed critically
- Changes are made based on findings

Building Resilience among Agency Staff

Organizational role

- Create structures that provide supervision and supports
- Continually assess staff risk and resiliency
- Provide continual trainings for all staff and leadership
- Assess and implement trauma-informed principles in all agency domains

Supervisor role

- Practice active and reflective supervision
- Model self-care behaviors
- Learn more about secondary traumatic stress
- Advocate for staff needs

What Does this Mean for TANF Agencies?

- Challenges are real
 - Block grant structure
 - Time limits
 - Participation requirements
- Opportunities exist
 - New case management based on strengths-based, goal-oriented, and two-generation approaches
 - Good cause waivers
 - Collaboration with other community organizations
- "Closing the loop" may require advocacy and change at the federal level

Key Takeaways

Being a Trauma-Informed Agency is a Continual Process of Reflection and Improvement

Supporting Resilience Among Families Leads to Well-Being and Growth

Addressing Secondary Trauma Among Staff is an Organizational Responsibility

Resources and Supports are Available

Building a Trauma-Informed TANF Program: An Evaluative Toolkit



The Toolkit – What it is and what it is not

Chapter 1 – Project Background and Introduction

Chapter 2 – Trauma in the Context of Poverty and Human Services

Chapter 3 - How can Trauma-Informed Principles be applied to the TANF Context?

Tool 1: Understanding and Applying Principles of Trauma-Informed Approach in the TANF Context

Chapter 4 – Assessing Agency Commitment and Culture

Tool 2: Evaluative Questions on Agency Commitment and Endorsement

Chapter 5 – Evaluating Policy and Rules

Tool 3: Evaluative Rubric for Trauma-Informed TANF Policies and Rules

Chapter 6 – Evaluating Practices and Interactions with Participants

Tool 4: Practice Reflection Tool for Client Assessment

Chapter 7 – Evaluating Agency and Office Space

Tool 5: Evaluative Rubric for Evaluating Trauma-Informed Spaces

Chapter 8 – Addressing Secondary Trauma Among Staff

Tool 6: Strategies for Building Resiliency and Addressing Secondary Trauma

Chapter 9 – Developing Training and a Culture of Continuous Improvement

Tool 7: Evaluative Rubric for Trauma-Informed Program Evaluation Practices

Resources

- The Evaluative Toolkit available at: OFA Peer TA, https://peerta.acf.hhs.gov
- Center for the Study of Social Policy, Strengthening Families https://cssp.org/our-work/project/strengthening-families/#training
- Trauma-Informed Oregon https://traumainformedoregon.org
- U.S. Department of Health and Human Services, Administration for Children and Families, Resource Guide to Trauma-Informed Human Services https://www.acf.hhs.gov/trauma-toolkit
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach https://ncsacw.samhsa.gov/userfiles/files/SAMHSA Trauma.pdf





Polling Question #4

What are some ways your Tribal TANF program may already implement trauma-informed practices? (Can select multiple)

- Awareness of culture and the importance of incorporating this awareness in daily practice and organizational operations
- Diversity and inclusion training for staff
- Staff training on ethics, boundaries, and expected behavior
- Privacy and confidentiality
- Others (please indicate in the chat box)





Polling Question #5

What else might you like to hear about regarding building a traumainformed Tribal TANF program?

Type your answers in the chat box!



Trauma-Informed Care in Practice

Crystal Christiansen

Family Preservation Coordinator

Central Council Tlingit and Haida Indian Tribes of Alaska



- From Metlakatla, AK; Currently residing in Juneau, AK
- Deg Hit'an Athabascan
- Nine years of experience in tribal social services
- Family Preservation Coordinator at CCTHITA Tribal Family and Youth Services

Crystal Christiansen

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Understanding the Effects of Trauma



Impairs memory, thinking, learning, concentration, and adaptability Impacts ability to trust, cope, and form healthy relationships Disrupts
emotional
regulation and
expression

Shapes beliefs about self and others, hope, and life outlook Linked to chronic illness and substance use disorders

Key Principles of Trauma-Informed Care



Safety



Trustworthiness and Transparency



Peer Support



Collaboration and Mutuality



Empowerment, Voice, and Choice



Cultural, Historical, and Gender Issues

Implementing Trauma-Informed Principles

Creating a Safe and Welcoming Environment

Physical Environment

- Well-lit common areas
- Monitor who's coming and going from buildings
- Noise levels are minimal
- Ensure work areas are well kept
- Positive messaging

Social-Emotional Environment

- All staff are courteous and respectful
- Maintain clear communication and expectations
- All staff are trained in trauma-informed practices

Building Trustworthiness & Transparency

- Ensure families know their rights and responsibilities
- Be clear, consistent, and dependable
- Acknowledge achievements
- Establish and maintain appropriate boundaries



Recognize Benefits of Peer Support

Encourage community engagement by:

- Offering groups and activities that promote peer interaction
- Knowing and utilizing community resources



Fostering Collaboration & Mutuality



Emphasize

• Emphasize equality

Share

• Share decision-making responsibilities

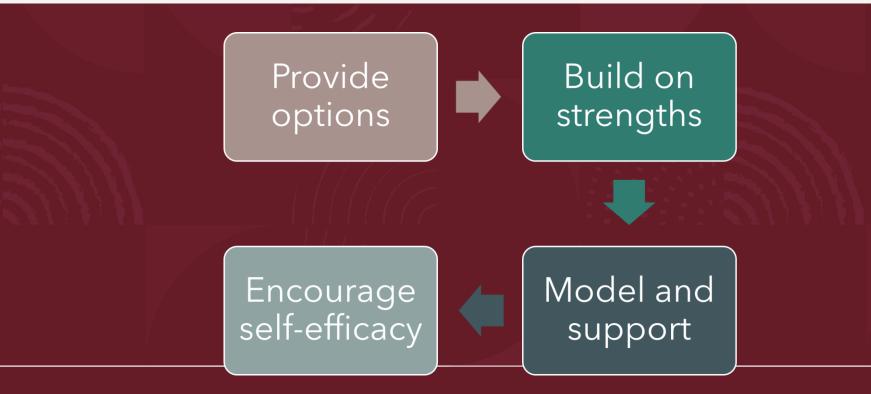
Assess

Assess family strengths and needs

Utilize

• Utilize warm hand-offs

Empowering Families



Cultural Awareness



Understand that cultural factors:

Influence responses to traumatic experiences;

Impact a person's willingness to seek help;

Shape communication style



Encourage cultural connection to promote healing and well-being



Recognize, understand, and address historical trauma

Virtual Trauma-Informed Care



How did we adapt trauma-informed care during the pandemic?

- Active listening
- Frequent contact
- Video conferencing
- Ensuring privacy and confidentiality
- Emotional responsiveness
- Minimizing distractions

Improving Trauma-Informed Response



Provide regular staff training



Utilize a wholistic approach



Recognize triggers



Use appropriate language



Reframe behavior



Practice empathy



Take time to reflect







Q&A Session







Additional Information

- A recording of this webinar will be available shortly on the OFA PeerTA website (https://peerta.acf.hhs.gov).
- We would also like to hear from you about future webinar topics. Please send us your ideas by e-mail to peerta@blhtech.com.





Webinar Feedback

 Send us your feedback via the survey that will launch when the webinar ends.

Thank you!