

These guidelines are not meant to imply someone is expert in all the areas listed below. These are guidelines suggesting exposure to the information in the categories and openness to improving skills in the area.			
Guideline Area	Examples of Training Resources or Coursework (but not limited to)	Source of training or experience	Supervisor Approval - Initials
Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) course on the National Child Traumatic Stress Network website (see link below)	National Child Traumatic Stress Network; link: http://learn.nctsn.org/login/index.php ; list of courses offered: http://learn.nctsn.org/course/index.php		
Diagnosing Trauma in Children/Youth and Caregivers, including Dissociative Disorders and Reactive Attachment Disorder. Can differentiate between impulse control disorders such as ADHD and Oppositional Defiant Disorders, Mood Disorders such as Bipolar and Depression, and Trauma-induced Anxiety (note: with publication of DSM-5, this area will need revision)	Master's Program course work CEU certificate for coursework offered www.childwelfare.gov/systemwide/assessment/family_assess/childneeds/trauma.cfm		
Trauma 101, ACES Study, Brain Development, Impact of Trauma, and Neuro-Science and recognizes when to screen for Sensory concerns	Bruce Perry Neuro-Sequential Model training Dr. Julian Davies, University of Washington BCN Trauma 101 Phil Fisher trainings, Oregon Social Learning Center www.zerotothree.org		
Recognizing Attachment and Bonding spectrum	Master's Program course work PSU Adoption Certificate Program		
Exposure to idea of limits of behavior modification versus other strategies to manage challenging behaviors in children and youth and know when to refer to Trauma-Informed Parenting	Collaborative Problem Solving or OIS training Wraparound Functional Behavioral Assessment and Crisis Planning training Family Systems Therapy practices		
Understand forensic process all the way through mandatory reporting to court process, includes Liberty House or Juliette's House interviews orientation (or other forensic interview training). Understand difference between mental health assessment and forensic-type interview and role therapist plays.	Training at any Child Abuse Assessment Center		

Guidelines for Child/Youth-Serving Therapists Treating Basic Trauma

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Coaching/ensuring ability to self-soothe	Therapy practice TF-CBT DBT http://depts.washington.edu/hcsats/PDF/TF-%20CBT/CBT_Plus_NB.html		
Understand DHS Visitation Strategies and can offer support and assist to transition children	DHS/PSU training PSU Trauma-Informed Certificate		
Understanding dynamic of domestic violence and sexual abuse and treatment, including: <ul style="list-style-type: none"> • safe personal and household boundaries • promoting healthy sexuality • safety planning including pro-social skill building & impulse control • what sex offender treatment is and isn't • differences between juvenile and adult sex offenders • differences between sexual behavior problems and sexual offending • awareness/sensitivity to cultural differences in understanding abuse and trauma 	CEU certificate for coursework offered Domestic Violence training for victims or offenders Sexual Abuse dynamics training Sexual Offender training		
Ideally would be trained in one other trauma-specific intervention beyond TF-CBT – includes but not limited to PCIT, Filial Therapy, Theraplay, EMDR, Child-Parent Psychotherapy, Circle of Security, SFBT	Certification or CEU certificates of attendance		
Family Systems thinking and practice, understanding the need for a systemic approach to care	Master's Program course work		
Overview of DHS Child Welfare system including awareness of the DHS CW workers' and Caregivers' competencies	DHS has this developed		
Vicarious Trauma understanding	CEU certificate for coursework offered www.childwelfare.gov/responding/secondary.cfm www.childwelfare.gov/management/workforce/re-tention/burnout.cfm http://shiftwellness.org/		

Qualities of Trauma-Informed Therapists:

- willingness to work with bio-family/relatives
- understand caregiver trauma history and impact on parenting
- understands trauma continuum that includes reactive attachment disorder
- can let go of being the therapist (if attunement with team is not what is needed or if trauma-specific strategies are not in tune with team needs)
- if working with children diagnosed with Reactive Attachment Disorder, need to approach the work with focus on strategies seeing caregiver and child dyad as the “client” and minimize contact with the child appropriately; builds therapeutic alliance with the dyad
- systems/family model; minimize individual therapy with child/youth
- personal attributes include managing vicarious trauma with excellent self-care
- flexibility
- openness
- collaborative

I approve _____ who meets the Guidelines to Treat Basic Trauma.
Clinician Name

Signature of Clinical Supervisor/Printed Name

Date

Agency

Trauma is the unique individual experience of an event or enduring conditions in which a person’s ability to integrate his/her emotional experience is overwhelmed. The person experiences (either objectively or subjectively) a threat to his/her life, psychological safety, bodily integrity, or that of a caregiver or family member. Trauma experiences are emotionally painful or distressing, and frequently result in lasting mental and physical effects.

Basic Trauma includes Acute (single incident) and Chronic (multiple incidents) Trauma - (definition for the purpose of this Guideline).

Complex Trauma includes chronic trauma by caregiver entrusted with child’s care with onset in early childhood - (definition for purpose of this Guideline).

Attachment:

- According to psychologist Mary Ainsworth, attachment "may be defined as an affectional tie that one person or animal forms between himself and another specific one – a tie that binds them together in space and endures over time." Attachment is not just a connection between two people; it is a bond that involves a desire for regular contact with that person and the experience of distress during separation from that person.
- Attachment serves a number of important purposes. First, it helps keep infants and children close to their caregivers so that they can receive protection, which in turn helps boost their chances of survival. This important emotional bond also provides children with a secure base from which they can then safely explore their environment.
- Researchers including Ainsworth, Bowlby, Main and Solomon also suggest that *how* a child is attached to his or her caregivers can have a major influence both during childhood and later in life. They have identified a number of different attachment styles to describe the affectional bond children have with their parents or caregivers.
- The failure to form a secure attachment with a caregiver has been linked to a number of problems including conduct disorder and oppositional-defiant disorder. Researchers also suggest that the type of attachment displayed early in life can have a lasting effect on later adult relationships.
- In this context, it is assumed that therapists working with children and youth identified to have an attachment disorder understand their goal is not to have their own primary relationship with the child/youth, but to foster the growing bond between the child/youth and the primary caregiver.

These Guidelines were developed by a Workgroup comprised of Mid-Valley Behavioral Care Network and its Behavioral Health members, DHS District 3, and PSU.