



# HEAL PA

HEALING - EMPOWERMENT - ADVOCACY - LEARNING - PREVENTION - ACTION

## CRITERIA FOR “TRAUMA AWARENESS” TRAININGS

### INTRODUCTION

These criteria were developed by the HEAL PA Training and Organizational Support Action Team (TAOS) as part of our team’s charge to identify and make available to all Pennsylvanians free, foundational training about trauma and trauma-informed care. This training is designed to help people become “trauma aware,” the first level of the HEAL PA continuum. It was important to TAOS members that the criteria be expressed in simple, easy-to-understand language and that they not be too prescriptive. The criteria are intended to help ensure trauma awareness trainings are sharing a consistent and comprehensive message across the Commonwealth of Pennsylvania. TAOS collaborated with the Commonwealth’s Office of Mental Health and Substance Abuse Services (OMHSAS), as they were working on a similar effort identifying objectives that “Basic Trauma Awareness” trainings should strive to meet. The TAOS criteria are similar in intent and content as much as possible to those proposed by OMHSAS.

The criteria were drafted by a sub-committee of TAOS, then reviewed and refined by all TAOS members and several other experts. TAOS members who currently provide foundational training then pilot-tested these criteria by using them to evaluate their own trainings. All reported that the process was validating and illuminating.

The next step for TAOS is to develop an inventory form that can be used to gather information about trainings that are designed to raise awareness about trauma and that are offered across the Commonwealth of Pennsylvania. Trainers will be able to use the criteria to evaluate, describe and refine their curricula as needed to meet the needs of audiences that may not yet have a solid foundational knowledge of trauma and trauma-informed care. The results of this inventory will be accessible on the [HEAL PA website](#) so that people can easily locate foundational trauma trainings that meet their needs.

Developed August 2022.



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## CRITERIA

The following are suggested criteria for trauma awareness trainings, meaning that any training identified as covering “trauma awareness” should include these five topics:

### Trauma

- Defines trauma in formal and simple definitions.
- Introduces the concept that there are many types of traumas. At a minimum, briefly describes and makes distinctions among major categories of trauma: acute, complex, chronic, and also individual vs. group/collective trauma. May also include references to other types of traumas such as developmental, historical/generation/communal, secondary/vicarious trauma, sexual trauma etc.
- Includes discussion of why trauma-awareness is important to the specific audience being trained, and also as a universal concept with applicability to everyone.

### Prevalence of Trauma

- Provides relevant and representative statistics regarding the frequency and pervasiveness of trauma.
- Provides examples and prevalence of specific types of trauma and traumatic experiences, including Adverse Childhood Experiences (ACEs).
- Provides an overview of the ACEs study, including why it is important to understand the impact of ACEs on health and human development.
- References replications of the ACEs study that demonstrate how the rates of ACEs and traumatic experiences are higher among some groups – particularly those historically marginalized and oppressed.
- Identifies other important sources of trauma and adversity for individuals and families that might not be included in the initial ACEs study and its formal replications, with particular attention to the impact of the social determinants of health on individuals, families, and communities.

## OVERVIEW OF FIVE (5) "TRAUMA AWARENESS" TRAINING TOPICS

1. Formally and simply defines trauma.
2. Provides information on the prevalence of trauma.
3. Describes the impact of trauma as a wide range of reactions and responses.
4. Explains that trauma-informed practices are implemented at multiple levels and settings.
5. Defines resilience, recovery, healing, and growth.



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## CRITERIA CONTINUED

### Impact of Trauma

- Explains that trauma is experienced at the sensory level (e.g., by the brain and body) and may impact social, emotional, spiritual (including beliefs, sense of purpose, and sense of connection) and the economic well-being of individuals.
- Explains that individual, social, cultural, and historical factors can result in a wide range of reactions and responses to trauma, and that two people can experience and react to the same event very differently.
- Describes risk and protective factors affecting both individuals and collective trauma responses and recovery.
- Explains the importance of maintaining “a trauma lens” and remaining non-judgmental and empathetic.

### Trauma-Informed Practices

- Explains that trauma-informed practices are implemented at multiple levels (e.g., individual, community, organizational, and systemic) and in multiple settings (e.g., human services, education, healthcare, job settings, etc.).
- Explains that trauma-informed practices involve numerous components/parts, including:
  - Realizing the widespread impact of trauma and the need for prevention.
  - Recognizing the signs and symptoms of trauma and realizing that these result from “what happened to” someone rather than “what is wrong with” them.
  - Developing a system that can respond to trauma and provide resources for recovery, while encouraging self-care to reduce the impact of vicarious trauma in caregivers and responders.
  - Recognizing the impact of triggers and resisting re-traumatization.

### Healing and Recovery

- Defines resilience (including the role of both personal and community supports and resources), recovery, healing, and post-traumatic growth.
- Describes simple tools for self-care regardless of gender, income, etc. (e.g., nutrition, sleep, hydration, physical activity, healthy relationships) for trauma survivors, caregivers, and other helpers.



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## TRAINING AND ORGANIZATIONAL SUPPORT ACTION TEAM COMMITTEE

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