A photograph of a group of people in a modern, wood-paneled meeting room. On the left, a woman in a blue shirt is gesturing while speaking to a woman in a dark patterned top. In the center, a man with a beard is seen from the back. On the right, a man in a blue shirt and a woman in a white shirt are seated, looking towards a large screen displaying data. The room has warm wooden walls and two black pendant lights hanging over the table.

Meeting Families Where They Are

Inclusive and Trauma-Informed Approaches to
Family Support and Supervised Services

Introductions

Agenda

- What is Trauma Informed Services
- Signs of Trauma
- What Makes Engagement Difficult
- Inclusive Engagement Tools
- Practical, Trauma-Informed Strategies
- Case Examples and Real-World Outcomes



What Are Trauma-Informed Services — and Why Do They Matter?

Trauma-Informed Services recognize the impact of trauma, honor lived experiences and prioritize emotional safety in every interaction.

- Understand trauma's effects on brain, behavior, and relationships
- Respond with empathy, structure, and clear boundaries
- Avoid re-traumatization and polarization through policies, tone, and approach
- Build trust, connection, and resilience — not fear

This is not about being “soft.” It’s about being **smart, effective, and human.**



The Families We Serve

Signs of Trauma: Emotional & Behavioral

Emotional Signs

Anxiety or fearfulness (often out of proportion to the situation)

Irritability or anger (quick to react, defensive)

Emotional numbness or flat affect

Shame, guilt, or worthlessness

Mood swings or difficulty regulating emotions

Behavioral Signs

Avoidance of certain people, topics, or environments

Withdrawal or isolation

Hypervigilance (always on edge, scanning surroundings)

Startle responses (jumpy or easily frightened)

Control-seeking behaviors (especially when feeling powerless)

Aggression or **verbal outbursts**, sometimes seemingly “out of nowhere”

Substance use or self-harming behaviors

Signs of Trauma: Physical & Cognitive

Physical Signs

Frequent headaches, stomachaches, or unexplained pain

Fatigue or sleep disturbances (insomnia, nightmares)

Changes in appetite

Disassociation (spacing out, seeming disconnected or “not present”)

Cognitive Signs

Trouble concentrating or remembering

Confusion or disorientation

Negative beliefs about self or others (“I’m bad,” “No one can be trusted”)

Difficulty making decisions

Signs Specific to Child Welfare Cases

Distrust of providers or systems (e.g., child welfare, courts, staff)

Over-explaining or minimizing behavior

Projection of blame
(often rooted in self-preservation or fear)

Heightened sensitivity to perceived judgment

Attempts to control the narrative ("You need to know my side")

Attempts to regain control or credibility



What Makes Engagement Difficult



Breaking the Cycle

Breaking the Cycle Starts with Understanding It

Many Parents Are Repeating the Trauma
They Lived

Abuse, neglect, chaos, or emotional absence in childhood shape a person's understanding of love, safety, and discipline.

What *feels normal* to one parent may, in reality, be a reflection of generational trauma, not healthy parenting.

Many families in supervised visitation are not resisting help, they're functioning within the only patterns they've known.

Mistrust of
the System

CORRUPTION PROBE IN HUMAN SERVICES AGENCY

To sunfirm claims pleading
money to



What You Can Do

1

Lead with
**transparency and
consistency.**

2

Avoid power
struggles — choose
**curiosity over
control.**

3

Don't overpromise.
Do what you say.
Trust is built in
small steps.

**Tragic Death:
4-Year-Old Dies
in Foster Home
Questions Raised**

**System Failure:
Foster Parents Under
Investigation After
Child Fatality**

**Outcry After
Child's Death
in State Care:
"We Trusted Them"**

**Another Child
Lost: Are
Foster Homes
Safe?**



Putting It Into Action: From Principle to Practice



1. Protect the Child's Sense of Safety & Belonging

Greet children warmly by name

Maintain predictable structure in visits

Step in early if conversations become unsafe or uncomfortable

2. Acknowledge the Parent's Grief, Without Compromising the Child's Wellbeing

"I can see how much this is hurting you."

"I know this is hard. It's still important we stay focused on what's best for [child's name]."

"Let's focus on making the most of the time you have with your child right now."

3. Stay Neutral, Calm, and Child- Focused

Avoid taking sides. Narrate what's happening, not why

Speak in a steady tone, even when things escalate

“What does [child's name] need from us right now?”

Shifting from Judgment to Curiosity

Trauma Reactions
Can Look Like
Defiance or
Disinterest

Missed visits,
emotional distance,
or angry outbursts
may actually be
trauma responses,
not apathy or
refusal to parent.

If a parent learned
“love = control” or
“discipline = fear,”
they may struggle
to connect in safe,
nurturing ways.

Our role is not to
excuse harm. It is to
see the full picture
and support new
patterns through
structure, support,
and modeling.

Trauma-Informed ≠ Excusing Harm

Being trauma-informed means we understand where behavior comes from — not that we allow it to continue unchecked.

A trauma history **explains behavior**, but it does not **excuse cruelty, manipulation, or harmful conduct**

We can be both **compassionate** and **clear**

Abuse, threats, or demeaning behavior toward staff or children is **never acceptable** — no matter the backstory

Use calm, direct language to set boundaries and hold structure — **not power struggles, not shame**

Clear is Kind.

Being clear is one of the kindest, most respectful things you can do, especially when working with families experiencing trauma.

Clarity removes confusion.

When we aren't direct, we leave space for assumptions, resistance, or manipulation to fill in the gaps.

Kindness doesn't mean sugarcoating.

It means setting honest expectations, using respectful language, and holding consistent boundaries.



Trauma-Informed Does Not Mean...

- ✗ Letting people act however they want
- ✗ Avoiding hard conversations
- ✗ Excusing harmful behavior
- ✗ Doing everything *for* the parent
- ✗ Giving up your own boundaries

- ✓ Seeing behavior through a lens of history
- ✓ Staying curious, not reactive
- ✓ Setting clear expectations with empathy
- ✓ Supporting safety *and* accountability
- ✓ Practicing self-awareness as a provider

Trauma Informed Tip

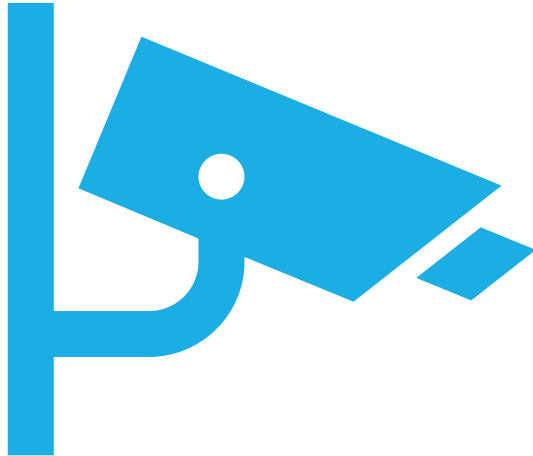
Don't ask "What's wrong with them?"
Ask: **"What happened to them—and how
can I respond in a way that doesn't re-
traumatize?"**

The 4 R's of Trauma-Informed Practice

(SAMHSA)

| R | Definition | What This Looks Like in Supervised Visitation |
|---------------------------------|--|--|
| Realize | Widespread impact of trauma and paths to recovery | Staff understand trauma affects behavior, trust, and parenting style |
| Recognize | Signs and symptoms of trauma in clients, families, staff | Hypervigilance, mistrust, numbing, power struggles, grief |
| Respond | Integrate knowledge into policies, procedures, and practices | Consistent routines, safe language, emotional regulation modeling |
| Resist Re-Traumatization | Avoid triggers that re-activate trauma | No yelling, no shaming, avoid abrupt separations or surprises |

When Trauma-Informed Means Saying No



Scenario:

- A caseworker requested to remotely observe a parenting time visit — along with another professional — through our cameras, without informing the parent until afterward.

Why We Declined:

- It would violate transparency and emotional safety
- It risks re-traumatizing the parent
- It misuses our role as a neutral, supportive service provider

What We Did Instead:

- Offered transparent observation with parental awareness
- Encouraged clear documentation and direct involvement, not secretive evaluation

Staff Reminder:

- Being trauma-informed means building trust, not breaking it.
- If you have to hide it, it probably isn't trauma-informed.

Being Trauma-Informed with the Child During Parenting Time

Our role is to support the parent-child bond, not interrupt it.

Observe without hovering

- Let the relationship unfold naturally while remaining alert to emotional cues

Engage only when necessary or invited

- Respond to the child without pulling focus from the parent
- Use warm, calm presence, not command-and-control tone

Be a safe, stable presence

- Narrate or reassure only if a child appears unsure or overwhelmed
- Support emotional regulation gently, not disruptively

Preserve dignity

- If intervention is needed, model emotional safety without shaming either parent or child



Why
Inclusivity &
Adaptability?

Emotional Safety



```
graph TD; A[Emotional Safety] --> B[Dignity & Respect]; B --> C[Child-Centered Approach]; C --> D[Reflective Practice];
```

Dignity & Respect

Child-Centered Approach

Reflective Practice

Core
Principals

Emotional Safety

- Trauma often leaves people hypervigilant and distrusting of systems.
- Emotional safety is about reducing fear, shame, and judgment during service delivery.
- Build trust by being predictable, calm, nonjudgmental, and clear in your communication and follow-through.

Dignity & Respect

- Every family deserves to be seen as worthy and capable of change.
- Use people-first language and avoid labeling or shaming behaviors.
- Respect means honoring culture, identity, lived experience, and family history, even when it includes harmful patterns.

Child-Centered Approach

- A trauma-informed lens means understanding how all decisions impact the child, short- and long-term.
- Services should be structured to support the child's voice, safety, and healing, not just parental compliance.
- We must actively resist re-traumatization during visits, court involvement, and transitions.

Reflective Practice

- Trauma-informed providers reflect often:
What's going on with me? With this family? What might I be missing?
- Reflective practice requires slowing down, engaging in supervision or peer support, and being open to feedback.
- This reduces burnout and bias while increasing compassionate, ethical decision-making.

How This Looks in Practice

01

Adjusting language at intake to reduce fear (“We’re here to support connection—not to catch mistakes”)

02

Creating calm, neutral spaces for parent-child connection

03

Supporting co-parenting *only when safe and appropriate*

04

Working alongside counties, not around them

Reducing Structural Barriers



Flexible hours & locations



Interpreters & visuals



Literacy-conscious materials



Remote options

Reducing Structural Barriers & Protecting Staff Capacity

Reducing Structural Barriers

Helps families engage and participate more fully

Focuses on changing systems or logistics

Asks: “What can we remove to help families access services?”

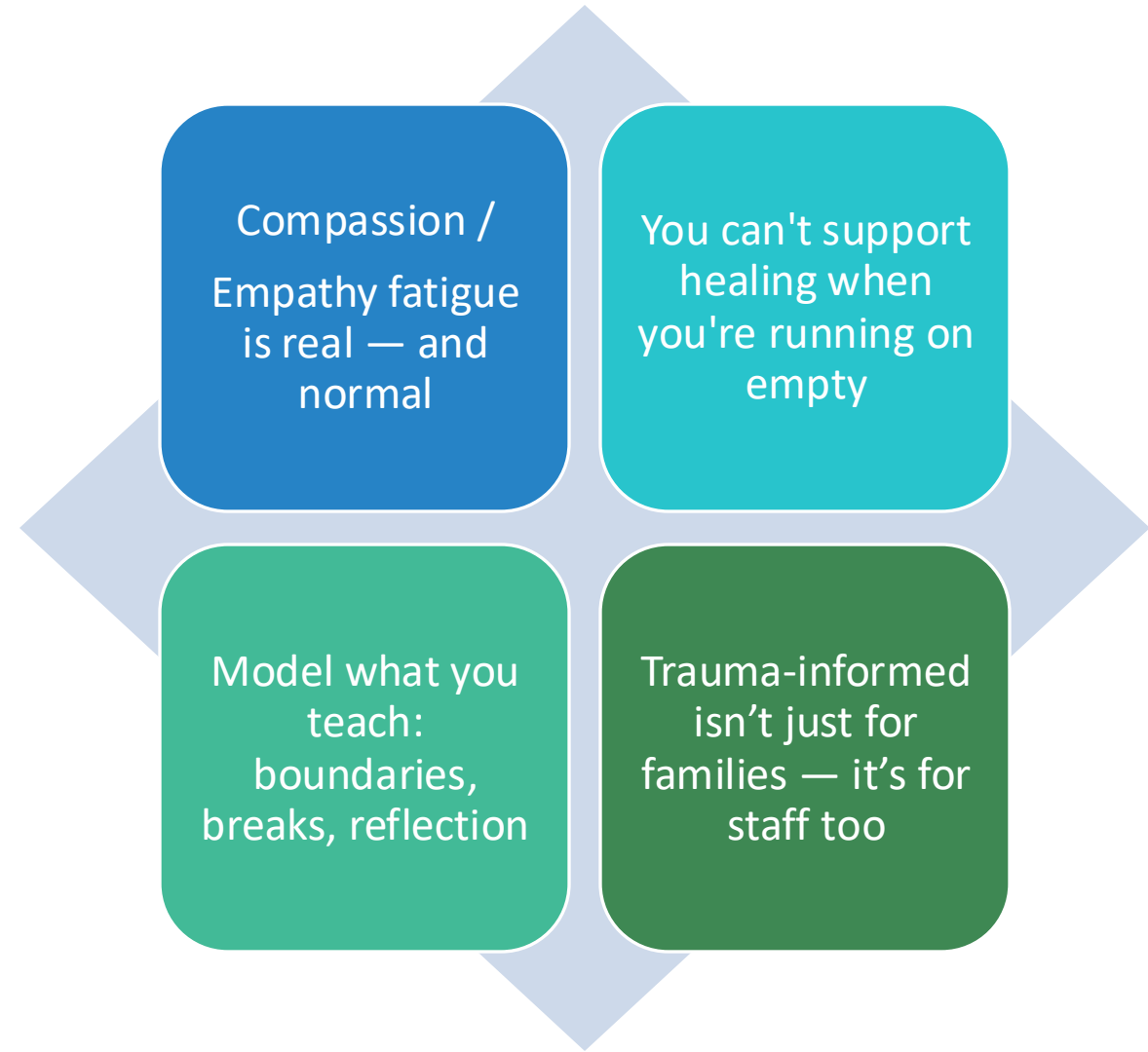
Protecting Staff Capacity

Helps providers stay regulated, healthy, and present

Focuses on honoring your limits and working sustainably

Asks: “What can I do without sacrificing my well-being?”

You Matter Too: Wellness in Trauma- Informed Work





Building Rapport

Soften the power dynamic:

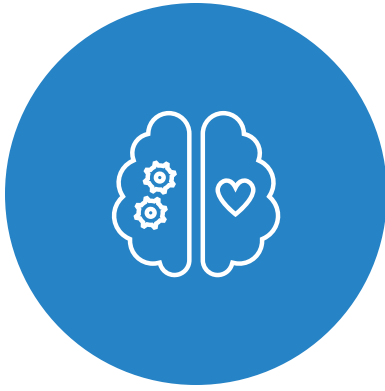
- Clear communication (no jargon)
- Transparent expectations
- Acknowledge this may feel like “another hoop”

Build credibility early

You Are Part of the Visit: The Power of the Observer Role

- Your facial expressions, tone, and presence influence the emotional climate.
- Children may look to you for reassurance. Parents may overperform or underperform because you're there.
- Trauma-informed means staying steady, not stiff. Warm, neutral, and predictable is the goal.

Cultural Humility in Trauma-Informed Practice



TRAUMA DOESN'T SHOW UP THE SAME
ACROSS CULTURES.



WHAT LOOKS LIKE "NONCOMPLIANCE" MIGHT
BE CULTURALLY ROOTED COMMUNICATION
STYLES, MISTRUST OF SYSTEMS, OR LANGUAGE
BARRIERS.



BE CURIOUS. ASK BEFORE ASSUMING. ALWAYS
PAUSE TO REFLECT: *IS THIS ABOUT SAFETY, OR
IS THIS ABOUT DIFFERENCE?*

Partnering Across Systems

Effective collaboration with:

- County caseworkers
- GALs and court partners
- Probation Officers or Juvenile Justice Workers
- Public Health
- Housing Advocates
- Family Resource Centers
- Domestic violence advocates and therapists





Navigating Resistance

De-escalation through:

- Empathic language
- Offering choice where possible
- Staying regulated as staff

When a parent
is upset or
angry

Instead of: “You need to calm down.”

Try:

“I can see this is really upsetting for you. Let’s take a minute together.”

“This situation feels really hard right now — and it makes sense you’d be frustrated.”

“I hear how strongly you feel about this. Let’s figure out what we *can* control right now.”

When a parent
feels judged or
misunderstood

Instead of: “We’re just following policy.”

Try:

“I know it can feel like people are making decisions *about* you instead of *with* you.”

“This process can feel unfair. I want you to know my role is to support you and your child as best I can.”

“It’s okay to feel angry. I want to understand where you’re coming from.”

When a parent
expresses
hopelessness or
shame

Instead of: “Don’t say that — you’ll get through this.”

Try:

“That sounds really heavy. You’ve been carrying a lot.”

“You’re not alone in this — it’s okay to talk about what’s feeling impossible right now.”

“Sometimes things don’t go how we hoped. That doesn’t mean you aren’t trying or don’t care.”

When setting limits or holding boundaries

Instead of: “You can’t do that — it’s against the rules.”

Try:

“I want to support you in having a positive visit, and part of that is following the expectations we agreed on.”

“I hear that you’re upset, and it’s still important that we keep the visit safe for your child.”

“We can take a break and come back when things feel more manageable. I’m here to work with you, not against you.”

To reinforce
dignity and
hope

Try saying:

“You’re the expert on your child. Your relationship matters so much.”

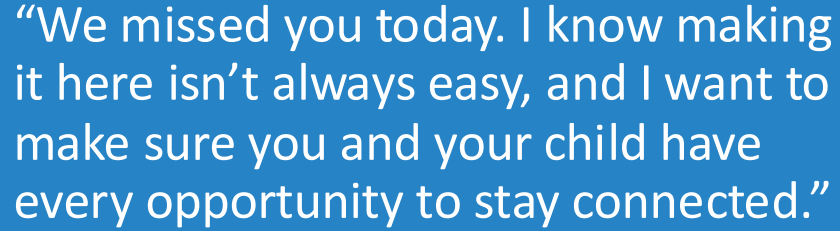
“Change is hard — and showing up today took courage.”

“I see the effort you're making, even when it's not easy.”

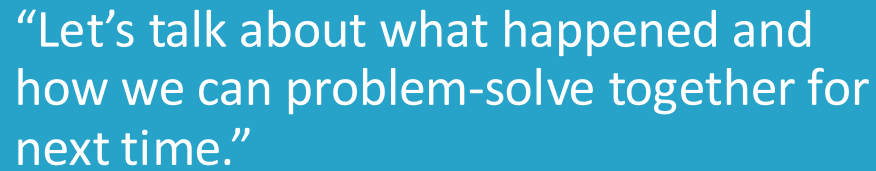


Real-Life Scenarios with Empathic Responses

“We missed you today. I know making it here isn’t always easy, and I want to make sure you and your child have every opportunity to stay connected.”



“Let’s talk about what happened and how we can problem-solve together for next time.”



“Showing up for visits matters — not just for the schedule, also because your child really looks forward to seeing you.”



Scenario: No Show for Parenting Time Visit

Scenario: Parent Pushes Back on a Policy (e.g., not bringing gifts)

“I can tell you want to do something special for your child, and that shows how much you care.”

“This policy is here to keep things consistent and fair for all families. Let’s talk about other ways you can show love during your visits.”

“It’s okay to feel frustrated with the rules — I’ll explain the ‘why’ behind them so we’re on the same page.”

Scenario: Addressing a Parenting Concern (e.g., harmful comments)

“I want to bring something to your attention because it impacts your child’s emotional well-being.”

“You clearly care about your child, and part of my job is to help make visits feel emotionally safe for them.”

“Let’s talk about what was said and how we can work together to make future visits more positive.”

Case 1: The Masked Mom

Background: Parent would “play perfect” during visits, overly cheerful and performative, but child seemed withdrawn and confused.

Observation: Child made a comment: *“Mom didn’t even yell at me today!”*

Response: Staff gently affirmed child’s observation and noted pattern to the team. Later supported mom with coaching on attunement and genuine connection.

Result: Less performance, more natural engagement. Child began initiating affection.

Case 2: The Angry Dad with a Backstory

Background: Dad arrived hostile and combative with staff. Still, he always showed up.

Observation: Staff learned he had grown up in group homes and been wrongly accused of abuse before.

Response: Instead of labeling as “noncompliant,” staff used trauma-informed framing, consistent tone, and routine check-ins.

Result: Decrease in blowups, increased participation, child expressed feeling safer with Dad.

Measuring Success

01

Child well-being and comfort

02

Caregiver follow-through and engagement

03

Feedback on environment and process

04

Safety isn't just incident-free—it's emotionally grounded

Reflections and Q&A

“What’s one pain point you consistently see in family engagement—and how could trauma-informed care shift that?”



Thank you

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