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Developing a Framework for Implementation of Trauma Informed Care Approaches

What are we doing?

I am the clinical supervisor of the JOBS (Jump on Board for Success) and Youth Transitional Services Program (YTS) with Rutland Mental Health. Throughout my professional career my focus has always been on working with those who've experienced severe trauma and adversity. Within the JOBS program my role consists of direct service with 16-22-year olds as they transition from school to work; providing them with community based clinical and case management supports. We work one-on-one with youth to develop employment skills as well as assist them in accessing higher education goals while simultaneously addressing mental health needs that often impede their ability to thrive. The goal is to aid young people in becoming successful, efficacious adults who contribute to the community in positive ways.

An example of a young adult I serve: *I have worked with a 22-year-old for the past 2 years until just recently when she was successfully discharged from our program. She had a long history of abuse. She was sexual abused by a parent starting in infancy, witnessed domestic violence as well as substance use by both parents. When she was placed into foster care around 4-years-old she later alleged that her foster mother was physically, verbally and emotionally abusive. She has an ACE score of 10. Astonishingly, this young lady never got onto drugs or alcohol. She successfully graduated high school and went on to study at CCV. She became pregnant when she was 19 years old. The father did not support her decision and has not provided any support to her or their child. Prior to her time with the JOBS program she had been unable to maintain employment for more than 1 week. Since the birth of her daughter she has been working full-time, attending classes at CCV and will soon be earning an associates degree while singled-handily raising her daughter. She is also working on developing her own business*

In addition to my work with JOBS, I am currently collaborating with a small team of providers in Rutland County (AHS, Community Health Center, United Way, and CCV). We call ourselves the Trauma Avengers and have made a goal of identifying and addressing gaps in our community service network around trauma and ACES. Our team formed after we began showing the documentary Resilience to local providers and agencies. From these film screenings we gleaned feedback about the desperate need for more tangible resources on how to implement trauma informed approaches. It seems, while many service professionals have been inundated with information on trauma, most know little to nothing about how to employ trauma informed approaches or strategies in the work they do with their clients. As such, this is a significant unmet need of providers whose work is with those most directly impacted by adversity. How can we expect to curtail the long-term effects of trauma if we aren't utilizing the right tools?



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What we know about what makes someone resilient is that the following components are needed: Pro Social Bonding, Clear and Consistent Boundaries, Life Skills, Caring and Support, High/Supported Expectations, Opportunities for Meaningful Participation. Additionally, we know that children prosper from having a competent, caring adult in their lives. The JOBS program is a terrific example of all these components at work, which is why I believe our model is successful in targeting at-risk youth and imparting lasting results.

While many of the programs needed to address trauma and toxic stress are already available, more specialized training and consultation is needed by professionals in these roles. It is also imperative to remember that services providers in a “helping field” often have their own traumatic experiences that can negatively influence their work with clients. More specialized trauma informed trainings, providing tangible strategies, could address this need among service providers.

How Can the Legislature Help?

It is easy to lament about the lack of funding in mental health, which is an ever-pressing need. However, I see the real challenge lies in obtaining, training and retaining quality service providers. Community mental health is constantly threatened by high rates of burn-out and traditionally low salaries that. Providers also come to the field with their own adversity. Although, there are many excellent services and programs in place there is not a common framework or language to use across providers/agencies or consistency in training models.

This legislation is imperative for the continued promotion and further understanding of how to take adversity/trauma and provide concrete support on implementation of trauma informed approaches into our service delivery model. AHS allocated funding could be used as a means to offer these focused efforts in training and supports for service professionals.



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