



March 6, 2020

Senate Bill 918: Human Services – Trauma Informed Care – Commission and Training

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Vice President of Special Operations – Board of Child Care

Position: Support with Amendments

Members of the Senate Judicial Proceedings Committee,

Thank you for allowing the opportunity to express support and share some thoughts related to SB918. I am submitting this testimony as a licensed clinical social worker and certified trauma treatment specialist on behalf of Board of Child Care. My intention is to share our experience and lessons learned related to the implementation of a trauma responsive culture within a large scale organization.

Board of Child Care is an independent, non-profit organization that provides youth and families with community based education, mental health, and therapeutic residential services – our agency was established over 140 years ago and has been providing services to youth and families throughout Maryland ever since. Since 2014, Board of Child Care has been engaged in a process of implementing trauma informed care practices and infusing a trauma responsive culture across our organization. We have invested resources to support training and education for our over 700 staff and have shifted our treatment environments, interventions, approach to leadership as well as policies and procedures to consider individuals past experiences - not only for program participants, but also for our workforce.

We are happy to share some of the lessons we have learned along the way - lessons learned through our missteps and our successes and lessons reinforced by the concepts of implementation science. It is our hope that we can provide some helpful tips upon which the State of Maryland can experience success with the implementation of this as well as future trauma responsive and resiliency building initiatives.

1. Approach to Training

The term “trauma informed” has become a catch all term that can easily be oversimplified in practice. We believe that it is important to emphasize the danger of generalizing this concept and the efforts that it takes to truly engage in the cultural transformation needed to become a trauma responsive system. It is critical that the approach to formal training reflects a



comprehensive, layered curriculum which includes the science of trauma and resilience.

Formal training should:

- Build a foundational awareness related to the science of childhood trauma and why being trauma responsive and building resilience in children, families, and communities is so important.
- Provide steps for how to build a trauma-responsive and resilient system through the creation and evaluation of training, policies, practices, and services.
- Discuss the importance of developing practices that support and promote the wellness and resiliency of the workforce providing care to children, youth, families and communities throughout Maryland.
- Provide guidance on the development of a collaborative process model for ongoing assessment of practice, data gathering, measuring success and quality improvement.

This comprehensive approach to the training of how to build a trauma responsive system is critical to achieving the transformational culture shift referenced within this exceptional legislation.

2. Commitment of Resources

Senate Bill 918 details some of the critical State personnel that shall be committed to the Commission – the list of personnel included is commendable. This kind of transformational culture change is something that requires a strong and durable commitment of personnel, time and resources that must be dedicated to this purpose in order for planning and implementation to move forward in a timely and effective manner. Personnel involved in this process cannot be expected to do this on the side or in addition to their current work and with no resources. The inclusion of community, non-profit and youth serving organizations is imperative for the success of the initiative, but as someone representing a non-profit organization, I feel that it is within my duty to note that the organizations being asked to participate in the initiative will be devoting critical human resources to the process – this is something that should be recognized and commended by the State of Maryland.

3. Importance of supporting the Workforce by addressing Secondary Trauma and Building Resilience.

In order for an organization or a system to become trauma responsive, it must understand the impact of adversity, trauma, and toxic stress on the workforce and use this information to prevent harm and retraumatization as well as promote wellness. The prevalence of secondary traumatic stress and burnout among people that work with traumatized individuals is significant and in the effort to become trauma responsive, it is vital that the systems serving youth, families and communities address the trauma experienced by the workforce caring for others – we cannot expect the people that are doing this incredibly hard work to pour from empty cups and not have it negatively impact the quality of care that they provide to traumatized youth and families. We suggest that as the Commission and Agency



Designees assess and make recommendations related to trauma – responsiveness and trauma-informed care across the varying State agencies, that they take into consideration practices, policies and services and the impact that they have on both consumers as well as the workforce.

4. Development of a True Systems Level Approach

Board of Child Care’s transformation would not have been successful if only 70% of our programs were represented in the process – our transformation process engaged every piece of the organization, from direct service staff, to maintenance and housekeeping, Human Resources, Finance and administrative support staff. It is critical that every system and organization is at the table and engaged in the transformation process. While this legislation includes designated appointments community organizations, non-profit organizations, or youth organizations, it is important to note that several critical partners are not included on the bill.

Both prevention and effective intervention are necessary to reduce the impact of trauma. Including additional community partners, such as lived experience parents (embracing a two generational approach), pediatric health care providers / medical system, the faith based community and key members of State agencies such as the behavioral health administration create the opportunity for a wealth of shared knowledge, expertise and collaborative system development. This true systems level approach moves from a reactive, intervention only strategy, to being able to develop a proactive, prevention-based approach and thus, creates a system that will build and strengthen resilience among youth, families and communities, and ultimately decrease the incidents and long term impact of childhood trauma.

5. Organizational willingness to be open and vulnerable in order to learn from others, as well as flexible and adaptable, recognizing systems change is not one size fits all.

We support and encourage the legislations inclusion of Commission participants that offer varying levels of expertise related to trauma, resiliency and the science of implementation as this will provide an opportunity for mentoring and shared learning across systems, while also building a knowledge base for future members. It is important that all members involved in this process are given permission to be honest and transparent about the challenges facing our systems. Implementation science literature highlights the importance of factors reflecting an organization implementation climate and readiness for change. If we are not being honest with ourselves, and with each other about the context and current climate in which we are bringing forward this transformative approach to way our State operates, any change efforts will be superficial and unsustainable.

6. Recognition of the importance of the community context as it relates to culture shift and transformational change.

It would be naïve of us to disregard the vast and unique nature of the varying community contexts that exist across the State of Maryland. Trauma responsive practice takes into



account various levels of trauma, including acute, situational traumatic experiences as well as chronic unresolved traumas. The historical and generational traumas experienced across communities within our State are very real and poignant. When we talk about trauma and toxic stress, we are talking about experiences such as homelessness, abuse and neglect, untreated mental illness, domestic violence, and experiences of systemic oppression and targeted violence such as racism, ageism, sexism, and ableism. A truly trauma responsive system is one that adapts policies, practices and procedures, physical environments and philosophical approaches in order to remove barriers and promote equity, inclusion, healing, and safety.

In closing, the one take away from our experience that is overwhelmingly evident is that no organization, agency or system will ever be done implementing trauma responsive practices. The understanding of trauma and resilience is not something that can occur in an annual training or a four-week program that can be put in place and walked away from. The development of a trauma responsive culture – one that promotes empathy, equity and builds resilience, is a journey. It requires an ongoing dialogue and a continuous process of reflection, assessment, training and retraining and close monitoring of system culture. When a system is created in a way that truly understands this principle, it has already become more trauma responsive than just simply labeling it as such. Lots of people, organizations and systems say that they are trauma informed, but until they take the necessary steps to change the policies and practices that create harm, it is just lip service.

Thank you for allowing us the opportunity to provide feedback on SB918. We hope it is helpful as this legislation moves forward and with your efforts to truly change the lives of so many children and families across Maryland.

Sincerely,

A handwritten signature in blue ink that reads "K Berger, LCSW-C". The signature is fluid and cursive.

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