



Implementing Trauma-Informed Approaches in Home Visiting

Introduction

Home visiting participants typically face more adverse experiences, such as abuse, food and housing insecurity, or exposure to violence, than their counterparts.¹ Yet many families—and even members of the same family—process negative events differently, with only some perceiving them as traumatic. Possible reasons for variation include a person’s developmental stage and the presence or absence of supportive relationships.

Implementing a trauma-informed approach is one way for home visiting programs to understand the effects of trauma on parents and children. Despite growing interest and investment in trauma-informed approaches across child- and family-serving sectors,² more work is needed to identify and promote promising strategies in the home visiting context.

This brief summarizes available research on trauma and home visiting to address four questions:

- ✔ Why should home visiting programs implement a trauma-informed approach?
- ✔ What does it mean to implement a trauma-informed approach?
- ✔ How can home visiting programs implement a trauma-informed approach?
- ✔ What are the implications for research and practice?

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Defining Terms Related to Trauma-Informed Approaches

- **Adverse childhood experiences:**³ Potentially traumatic events that occur in childhood, including abuse, neglect, caregiver mental illness, and household violence
- **Trauma:**⁴ The emotional or psychological response to an event or set of circumstances that is experienced as physically or emotionally harmful or life threatening and that has lasting adverse effects on functioning and well-being
- **Toxic stress:**⁵ Excessive activation of the stress-response system that can occur when a child experiences adversity that is extreme, long lasting, and severe (e.g., chronic neglect, domestic violence, severe economic hardship) without adequate support from a caregiving adult
- **Retraumatization:**⁶ A conscious or unconscious reminder of past trauma that results in re-experiencing the initial traumatic event
- **Secondary trauma or traumatic stress (also known as compassion fatigue):**⁷ A natural but disruptive byproduct of working with traumatized families characterized by a set of observable reactions that mirror symptoms of posttraumatic stress disorder (e.g., feelings of isolation, anxiety, dissociation, physical ailments, sleep disturbances)
- **Trauma-informed approaches:** A broad term referring to efforts and practices applied to all levels of a community or an organization to prevent and address trauma and promote healing and recovery in children, families, and communities

Why Should Home Visiting Programs Implement a Trauma-Informed Approach?

Adverse experiences can be traumatic for young children who depend on adults for survival and protection.⁸ Children who don't have a trusted adult to help them regulate their emotional response may experience toxic stress and biological reactions that can lead to negative outcomes.⁹ Many studies demonstrate a clear association between adverse childhood experiences (ACEs), childhood trauma, and markers of poor physical and mental health in adulthood.^{10,11}

Unfortunately, adverse experiences are common. One study of mothers enrolled in home visiting found the prevalence of ACEs to far exceed estimates in the seminal ACEs study, with 85 percent of mothers reporting at least 1 ACE and nearly 33 percent reporting 5 or more.¹² More than half of mothers surveyed by the Maternal and Infant Home Visiting Evaluation (MIHOPE) reported that their families had faced two or more adverse experiences in the past year, and more than half reported experiencing food insecurity.¹³ Moreover, 43 percent of mothers in MIHOPE reported symptoms of depression or anxiety.

Home visiting programs may find it challenging to engage, serve, and retain families who have experienced—or who are currently experiencing—trauma. Home visitors often question their role initiating discussions about trauma. Discussions that do occur can cause discomfort and stress for home visitors and families.^{14,15} Home visitors also report challenges engaging families in planned content because of crisis management needs.¹⁶ According to MIHOPE results, families facing more challenges and barriers (e.g., housing and food insecurity) tend to leave programs sooner than families with fewer challenges and barriers.¹⁷ Trauma-informed approaches may help home visiting programs better serve families with trauma exposure while buffering staff against burnout and turnover.¹⁸

What Does It Mean to Implement a Trauma-Informed Approach?

There is no broad consensus on what defines a trauma-informed approach. However, home visiting programs can learn from a foundational framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) as they operationalize and implement trauma-informed strategies (see sidebar). Despite no shared definition, there is some consistency in how programs adopt a trauma-informed approach. Common activities might include—

- ✔ Training staff, service delivery partners, and others who work with trauma-affected clients to strengthen related knowledge, attitudes, and/or practices
- ✔ Screening children and families for trauma exposure to help refer them to appropriate treatment and services
- ✔ Making service improvements to strengthen outcomes for trauma-affected children and families (e.g., increasing the availability of behavioral health services)²⁰

SAMHSA's framework includes Four R's¹⁹ that outline key assumptions in a trauma-informed approach:

- **Realize** the widespread impact of trauma and understand potential paths for recovery
- **Recognize** signs and symptoms of trauma
- **Respond** by integrating knowledge about trauma into policies, procedures, and practices
- Seek to actively **resist retraumatization**

How Can Home Visiting Programs Implement a Trauma-Informed Approach?

Three promising strategies can help home visiting programs adopt a trauma-informed approach:

- ✔ Training staff on the prevalence, causes, and consequences of trauma
- ✔ Implementing trauma screening
- ✔ Strengthening service coordination

Promising Strategy 1: Training Staff on the Prevalence, Causes, and Consequences of Trauma

To implement a trauma-informed approach, home visiting supervisors and staff must first understand how trauma can affect individuals, families, groups, organizations, and communities.²¹ Research shows that training can improve staff knowledge of and attitudes toward trauma-informed approaches. An online training called Lemonade for Life found notable increases in home visitors' understanding of ACEs' lifelong impacts and where to refer impacted families.²²

There is also a need to promote greater awareness of trauma in the home visiting workforce. Service professionals who work with families experiencing trauma are at greater risk of secondary traumatic stress and compassion fatigue.²³ Trauma-informed approaches encourage providers to reflect on their experiences of secondary traumatic stress and to use supervision to support their [mental health and well-being](#).²⁴ In 2016, the Florida Maternal, Infant, and Early Childhood Home Visiting Program initiated a Mindfulness-Based Stress Reduction training for frontline staff. Participants gained skills and knowledge to help them develop positive attitudes and communications, empathy, emotional self-regulation, and other traits that support a healthy work environment. Florida's home visitor retention rate has since remained roughly 99 percent.²⁵

Other strategies for [addressing sensitive topics](#) in home visiting can be applied and modified to meet program needs. Ongoing coaching and supervision may be needed to promote deep, sustained organizational change that might not occur through training alone.^{26,27,28}

Promising Strategy 2: Implementing Trauma Screening

Trauma-informed approaches emphasize the need to recognize trauma risk, exposure, and symptoms in children and adults. But trauma and its symptoms are diverse and complex, making them difficult to identify without specialized training. This is particularly true of young children. For example, children suffering from traumatic stress may have difficulty regulating their behaviors and emotions. They might scream or cry excessively, act clingy or fearful, be easily frightened, or act aggressively and impulsively. Screening measures can help home visitors formally assess adverse and traumatic experiences and should be incorporated into the standard protocol for all families.²⁹

Home visitors should use a high-quality screening tool that is culturally sensitive, age appropriate, reliable, and valid. They should also take care to avoid causing families undue stress or retraumatization. The literature includes several notable strategies for initiating discussions with families while avoiding stigmatization or retraumatization:

- ✔ State intentions clearly, explicitly, and without judgment.
- ✔ Avoid asking families to share details about the experience.
- ✔ Encourage families to use grounding techniques such as deep breathing.
- ✔ Be aware of and discuss the limits of confidentiality due to mandated reporting requirements prior to screening.^{30,31}

Trauma screening is just one component of a comprehensive trauma-informed approach.³² Home visitors should keep in mind that screening should be coupled with plans for next steps as needed. Screening should not occur unless home visiting programs can help families access evidence-based treatment and supports based on their results.

Promising Strategy 3. Strengthening Service Coordination

Families with significant trauma histories often need services from multiple providers. A successful trauma-informed approach requires [coordinating and collaborating across systems](#) to support families' complex needs. Home visiting programs can learn from strategies used by past service coordination efforts, including [collaborations between home visiting programs and pediatric primary care providers](#).³³ They can also benefit from experiences in other service sectors. For instance, the Philadelphia Alliance for Child Trauma Services created linkages among behavioral health agencies, pediatric hospitals, the child welfare and juvenile justice systems, and child advocacy centers, among others.³⁴ Lessons learned from these and other efforts include—

- ✔ Obtain buy-in from agency leadership.
- ✔ Promote awareness of service coordination benefits.
- ✔ Establish communication processes and procedures.
- ✔ Develop policies and mechanisms to encourage service coordination.

What Are the Implications for Research and Practice?

This brief offers promising strategies for home visiting programs seeking to adopt a trauma-informed approach. There are several key implications for practice and research:

- ✔ Home visitors need specialized training and support to serve, engage, and retain families with histories of adversity and trauma exposure.
- ✔ Research is needed to identify how much and what kind of ongoing support (e.g., coaching, supervision) home visitors need to increase comfort and ability in this role.
- ✔ There is a need for greater awareness of secondary traumatic stress among home visitors.
- ✔ Research is needed to understand strategies to mitigate secondary traumatic stress and to promote well-being in the home visiting workforce.
- ✔ A successful trauma-informed approach requires home visiting programs to coordinate and collaborate across early childhood systems of care, including pediatric care, child welfare, and child and adult behavioral health services, among other services.

Conclusion

Trauma can significantly impact the lives of children and families receiving home visiting services. Empowering home visitors to recognize and respond to trauma can improve participant outcomes and reduce stress, both for home visitors and the families they serve.

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