
CHAPTER FOUR

Aligning Organizations for Family Resilience and Healing



The third level of our social-ecological model recognizes that organizations can and often must make changes to their own programs and policies to better align with communitywide prevention approaches and to more effectively build protective factors within families.

The well-being of children cannot be separated from the well-being of their families and communities. When we support caregivers and other adults, in addition to providing services directly to children, we naturally enhance well-being and help prevent child abuse and neglect (along with other poor outcomes). This is often described as taking a **“two-generation approach”** or a **“whole-family approach.”** Two-generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives together.

IN THIS CHAPTER:

- Employing Two-Generation Approaches to Strengthen Families
- Implementing Trauma-Informed Care for Children and Their Families
- Federal Focus: National Child Traumatic Stress Network
- Understanding the Protective Effects of Positive Childhood Experiences

In working with the whole family, it is important to recognize how trauma can impact both children and their caregivers. [ACEs](#) research has shown that exposure to traumatic experiences—including divorce, domestic violence, parental incarceration, mental illness, and substance misuse—can have lifelong health impacts. Recent discoveries in neuroscience demonstrate that a prolonged, unresolved [“toxic” stress](#) response triggered by ACEs and other traumatic experiences can physiologically alter the structure of the brain. Becoming more **trauma-informed and healing-centered** helps organizations and systems meet parents and caregivers where they are and support them in building capacity to protect and nurture their children. Becoming more trauma-informed can also help organizations better understand and support their own staff, many of whom have personal

trauma histories and/or are exposed to secondary traumatic stress (STS) through their day-to-day work with families.

Research is now identifying **positive childhood experiences** (PCEs) that may reduce the long-term effects of ACEs. These findings underscore the importance of focusing on the critical early relationships between children and their caregivers, while also suggesting evidence-informed ways to build resilience for children into adolescence. We know that changes in the brain continue to occur at key periods throughout our lifetimes. Healing is possible at any age, and there is always room for hope. Understanding the factors that support resilience, including protective factors and other PCEs, helps organizations develop and maintain a positive focus.



STATE CBCAP EXAMPLE

Pennsylvania Office of Child Development and Early Learning

Pennsylvania’s Department of Human Services, **Office of Child Development and Early Learning** (the State’s CBCAP lead agency) supports [responsible fatherhood programs throughout the State](#), many of which receive CBCAP funding. These programs take a 2Gen approach to supporting, counseling, and challenging fathers to become strong and positive role models within their families. Studies have shown that involved fathers provide practical support in raising children and serve as models for their development. Children with involved, loving fathers are significantly more likely to do well in school, have healthy self-esteem, and exhibit empathy and prosocial behavior compared to children who have uninvolved fathers. Fatherhood programs help fathers achieve the following:

- Strengthen positive father-child engagement
- Improve employment and economic mobility opportunities
- Improve healthy relationships (including coparenting)

Some agencies implement fatherhood classes; others provide more direct one-on-one interventions. In Allegheny County, the Promoting Responsible Fatherhood (PRF) program conducts outreach to target populations and participates in a quarterly community dinner, hosting a table with activities and information for both children and families. In Lancaster County, PRF collaborates closely with Head Start and Parents as Teachers to ensure targeted outreach. The program also collaborates with Teen ELECT to identify and support teen fathers.

EMPLOYING TWO-GENERATION APPROACHES TO STRENGTHEN FAMILIES



Image courtesy of Ascend at the Aspen Institute

The protective factors framework has long recognized the interdependence of child and family well-being, noting the importance of parental resilience, concrete support, and social connections to the prevention of child abuse and neglect. However, many human service organizations still offer support in exclusively a child-focused or parent-focused way. 2Gen approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives.

For example, at the onset of the [COVID-19 pandemic](#), many jurisdictions faced a choice in how to respond to a sudden decline in child protection hotline calls and accompanying concerns about child safety. Some took a strictly child safety-focused approach by alerting mandatory reporters to stay mindful and ensuring they understood when and how to report safety concerns. Others took a 2Gen approach, working collectively with their communities to promote both child safety and family well-being through concrete supports, warmlines and other mental health services for adults, testing and treatment for COVID-related illness, and child care for essential workers.

Research shows that supporting children and their caregivers together through a 2Gen approach yields benefits for generations:⁵

- A college degree doubles a parent's income.

- A \$3,000 increase in family income during early childhood is associated with a 17-percent increase in a child's future earnings as an adult.
- High quality early childhood education offers a 14-percent return on investment.
- Parents with health insurance are more likely to seek care for their children.

There are [five key components](#) of the 2Gen approach: postsecondary education and employment pathways, early childhood education and development, economic assets, health and well-being, and social capital. For child-focused programs (e.g., early childhood development programs), embracing a 2Gen approach means building in supports for caregivers, such as parenting skills training, family literacy, and health screening. Similarly, for caregiver-focused programs (e.g., workforce education), it means incorporating child-focused supports such as early learning or food and nutrition programs.

2Gen programs and policies are ultimately measured by how well they meet the needs of the whole family. However, not all programs can serve the needs of both children and the adults in their lives. In many cases, taking a 2Gen approach may require connecting with other organizations in your community to ensure that the communitywide system of care supports the full continuum of child and caregiver needs.

⁵ Ascend, Aspen Institute. *Advancing family economic mobility. A 2Gen approach.*

The Yurok Tribe established [Joint Jurisdiction Family Wellness Courts](#) with Del Norte County and Humboldt County, CA. The partnership developed a 2Gen prevention program to help young families struggling with maternal substance use disorders stay together and thrive.

County child welfare agencies are often unable to develop a plan of safe care or provide services to families struggling with substance misuse until after an infant is born. Too many of those infants are then separated from their families, at a critical time for bonding and development, until the care plan can be implemented. Through this partnership with the Tribal court and Tribal service providers, Tribal members who are pregnant or have just given birth and who are struggling with substance use are now offered a voluntary, strength-based, and culturally grounded family wellness plan and can begin receiving support before their infants are born.

These comprehensive plans provide opportunities to decrease harm to an unborn infant and address the needs of *all* family members. When a child welfare agency is notified of an infant affected by prenatal substance exposure, it can factor the plan into its decisions, often preventing separation of the infant from the family. The plans include linkages to services such as medication-assisted treatment, substance use disorder counseling, and child care, as well as programs that promote healthier connections to family, Tribal identity, and culture.

The program is new but has already shown some promise in preventing family separation and strengthening infant well-being. Partners hope that early successes will help destigmatize support and encourage more women with substance use disorders to come forward for treatment during their pregnancies.

Ascend at the Aspen Institute Offers A Roadmap for a 2Gen Approach

Ascend, one of 36 policy programs at the Aspen Institute, is a hub for breakthrough ideas and collaborations that move children and their parents toward educational success and economic security using a 2Gen approach. Ascend describes a 2Gen/whole-family organization continuum that many organizations progress through as they deepen their 2Gen work:

- **Approach:** A 2Gen approach first requires a new mindset for designing programs and policies that serve children and parents simultaneously. This often begins with culture-change initiatives, training, and professional development to help staff reenvision services and supports for families.
- **Strategy:** In the next phase, organizations begin aligning and coordinating services with other community partners to meet the needs of all family members. Piloting new approaches to services also occurs during the strategy phase.
- **Organization:** In the third phase, organizations provide services to both children and the adults in their lives simultaneously, tracking outcomes for both.

The [Ascend National Network](#) includes more than 420 partners active in all 50 states, the District of Columbia, and Puerto Rico. There are a number of case studies and resources to advance 2Gen approaches available on the [Ascend website](#).

“The birth of a child is a time of biological and neurological change, not just for infants but also for their primary caregivers. If you reach a parent at just the right moment, they are often much more open, ready, and motivated to access education or job training because they want to provide for their kids.”

—Anne Mosle, vice president, Aspen Institute, and executive director, Ascend



STATE CBCAP EXAMPLE

Colorado Department of Human Services

Texas (El Paso County) Joint Initiatives for Youth and Families

Colorado's Department of Human Services kicked off a departmentwide 2Gen approach, 2GO, in 2015. The department employs an integrated framework of economic supports, education, skills building, early childhood education, and social supports.

CBCAP funds supported several 2GO grant opportunities. Focus Points Family Resource Center's Huerta Urbana program worked with immigrant women in northeast Denver through an "earning while learning" model. The program taught technical agricultural skills, business development skills, and transferable soft skills through a healthy eating and nutrition curriculum with activities for adults and children, both separately and together. Participants experienced at least a 15-percent increase in income during and after the program.

A second CBCAP-supported program, Joint Initiatives for Youth and Families in **El Paso County, TX**, sought to reduce child maltreatment and improve economic and educational success for parents in neighborhoods with concentrated poverty. This was accomplished by building neighborhood-level leadership and maintaining its Shared Leadership Consortium, which is composed of at least 51 percent parent leaders. The project gathered data about effective family support through focus groups, Parent Cafés, and community forums and created 2Gen services to meet the community's identified needs.

IMPLEMENTING TRAUMA-INFORMED CARE FOR CHILDREN AND THEIR FAMILIES

According to the [National Child Traumatic Stress Network \(NCTSN\)](#), a trauma-informed child and family service system is

... one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.

Agencies and programs within such a system regularly screen children and families for trauma exposure and provide or refer to evidence-based, culturally responsive treatment for symptoms of traumatic stress. They also engage in efforts to strengthen resilience and protective factors for children and families vulnerable to trauma.

The following are characteristics of trauma-informed organizations:

- **Understand that families play an important role in preventing and recovering from trauma.** Carrying out rituals and traditions, sharing memories and feelings, and working together to solve problems, manage stress, and plan for the future are all ways that families can weather a traumatic event and grow stronger together.

- **Acknowledge that all families experience trauma differently.** Many factors, including a child's age and the family's culture or ethnicity, may influence how a family copes and recovers from trauma. Trauma-informed systems acknowledge structural inequalities and respond to the unique needs of diverse communities with cultural awareness and humility. Even within families, different members may have different reactions to the same event.
- **Encourage partnership among families, youth, and providers.** Such partnerships benefit from both professional expertise and personal experiences to achieve more successful and meaningful outcomes that are codefined by all members of the relationship. True partnerships require mutual respect and shared responsibility for planning, selecting, and evaluating services and supports.
- **Attend to staff trauma and [STS](#).** When individuals hear about the traumatic experiences of others, they can experience empathetic emotional distress. Exposure to clients' trauma may also activate trauma

triggers from the staff member's own past. These experiences can lead to symptoms of STS, which is common among helping professionals. Unaddressed, STS can negatively affect staff's professional and personal lives. Organizations can address STS through supervisory support, training, and policies that encourage self-care (e.g., flex time, caseload management).

"When you have a workforce that understands what trauma is, the impact of it, and what they can do about it in their role, and when they feel supported and have some skills to help them cope with their own emotions and trauma history, then you have a staff who can engage, connect, and be compassionate with families. In simple terms, that's what it's all about."

—Jane Halladay Goldman, director of service systems, NCTSN



STATE CBCAP
EXAMPLE

Northwest Ohio Regional Prevention Council

The **Northwest Ohio Regional Prevention Council** provides trauma-informed consultations and train-the-trainer trainings in early childhood settings throughout the region. Consultation services take a collaborative approach that allows the child care providers to better understand and problem-solve challenging child behaviors, both in and outside of the classroom. As early child care providers assess children for behavioral services, they are able to ensure that children who have experienced trauma can be appropriately referred for services.

Trauma-informed consultants work onsite to help centers provide family-focused technical assistance to parents and child care providers and to reinforce best practices through modeling and activities with children. The training includes a unit on STS called "Understanding Your Own Trauma and Building Resilience."

FEDERAL FOCUS: NATIONAL CHILD TRAUMATIC STRESS NETWORK

NCTSN was created by Congress in 2000 to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the United States. NCTSN is administered by the Substance Abuse and Mental Health Services Administration and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS).

The NCTSN Trauma-Informed Organizational Assessment is a tool to help organizations assess their current practices in the context of serving children and families who have experienced trauma. Results from the assessment can drive change to facilitate the recovery of the child and family, maximize physical and psychological safety, provide for the needs and well-being of staff, and support the child's and family's ability to thrive. Created by NCCTS, the assessment is arranged by domains and maps onto the NCTSN definition of a trauma-informed child and family service system. The following domains are included in the assessment:

- Trauma screening
- Assessment, care planning, and treatment
- Workforce development
- Strengthening resilience and protective factors
- Addressing parent and caregiver trauma
- Continuity of care and cross-system collaboration
- Addressing, reducing, and treating STS
- Partnering with youth and families
- Addressing the intersections of culture, race, and trauma

When the **Salt River Pima-Maricopa Indian Community** recognized that its social services programs were seeing recurring struggles in multiple generations of the same families, the Tribal Council undertook a new initiative to become better informed as a community about historical and intergenerational trauma.

They began with focus groups, an organizational survey, and interviews with staff in three departments (social services, the family advocacy center, and health and human services) that encounter many of the same families. All staff, as well as all members of the Tribal Council, received training on trauma, historical trauma, and developing a healthy racial and ethnic identity.

The community's behavioral health services and family advocacy center now employ trauma-trained therapists who offer evidence-based, culturally responsive treatment. They use the Medicine Wheel, familiar to many American Indian/Alaska Native people, to explain the impact of trauma on families and encourage healing. The Department of Social Services created the Circles of Support program, which accepts referrals from multiple Tribal departments, including education, to identify and wrap services around families at risk before they reach a crisis. When a crisis does occur and child protective services are needed, a trauma response team provides advocacy and support to the family involved.



Once deployed, the assessment will contribute to the body of evidence around the importance of being trauma informed. If you are interested in using this tool, please contact TIOA@nctsn.org.

The Intermountain Healthcare (Utah) care process model, [*Diagnosis and Management of Traumatic Stress in Pediatric Patients*](#), is another tool funded by NCTSN. The guide cites the high prevalence of traumatic experiences, their disproportionate impact

on children of color, and poor health and mental health outcomes as the reason the guide was developed. It offers best-practice recommendations for primary care and children's advocacy center settings, age-appropriate screening tools and road maps for care, and specific guidance for immediate in-office interventions for specific trauma symptoms. Care providers are urged to follow up with children and families at regular intervals.

UNDERSTANDING THE PROTECTIVE EFFECTS OF POSITIVE CHILDHOOD EXPERIENCES

In the same way that protective factors balance our understanding of risk factors, it is important to understand how *positive* experiences, as well as adverse ones, influence brain development. Recent research has begun to explore the ways in which positive childhood experiences (PCEs)—including supportive environments and strong relationships with family and peers—help children develop normally and become resilient to adversity. Adding these findings to the body of research around ACEs provides useful insight into how families, communities, and organizations can help children thrive.

The Wisconsin Behavioral Risk Factor Survey examined the impact of seven PCEs:

- Feeling able to talk to family members about feelings
- Feeling that family stood by them during difficult times
- Enjoying participating in community traditions
- Feeling a sense of belonging in high school
- Feeling supported by friends
- Having at least two nonparent adults who took genuine interest in them
- Feeling safe and protected by an adult in their home

An [analysis of the data](#) demonstrated that, compared to people with none of the PCEs included in the study, those who had six or seven PCEs had a 72-percent lower chance of having depression or poor mental health. Adults with three to five PCEs experienced a 50-percent reduction in the odds of adult depression. The analysis also found that, although risk and resources are unequally distributed in our society, the effect of positive experiences to mitigate poor health outcomes was similarly strong for all income groups. These findings led the researchers to conclude that PCEs can protect children from developing toxic stress in the face of adversity and help them heal.

The family strengths and positive experiences measured in this study are accessible to all families. Agencies and staff working directly with families can use this information, alongside a protective factors framework, to support families and adolescents in creating more opportunities for these evidence-informed PCEs.

The HOPE Framework: Building Child-Level Protective Factors

HOPE (Healthy Outcomes from Positive Experiences) combines insights from a public health approach to preventing child maltreatment with a broader understanding of how children grow to become strong, healthy, and resilient adults. HOPE focuses on the buffering effects of PCEs and builds on preexisting strengths in children and families.

A corollary to the CDC's community-level approach to emphasizing safe, stable, and nurturing relationships and environments, the HOPE framework focuses on the individual child level. It echoes and builds upon the protective factors framework.

The tenants of the HOPE framework were derived by looking for common elements among successful programs that help children and adolescents. The framework developers identified four building blocks for HOPE:

- **Nurturing and supportive relationships** with peers, parents, and adults outside the family. In early childhood, the secure attachments that children form with affectionate and responsive parents create the template for all their future relationships. As kids grow up, peer relationships and romantic relationships become more important.
- **Safe and stable environments.** We know that children need protective and equitable places to develop, learn, and play. Positive environments support stable housing, adequate nutrition and sleep, high-quality learning and play, and access to high-quality medical and dental care. When communities provide these spaces, kids can thrive.
- **Constructive engagement and social connectedness.** We all need to know that we matter to other people and to our communities. That starts when children are given responsibilities for family chores. Older children and teenagers benefit from opportunities to volunteer in their communities and participate in their school activities, faith communities, and cultural traditions.
- **Opportunities to develop social and emotional intelligence** through playing and learning with peers and collaboration in art, drama, and music. Social and emotional competencies like self-awareness and self-regulation are key to lifelong resilience and social support as adults.



*Image courtesy of HOPE
(Healthy Outcomes from Positive Experiences)*



"We need to see the people we interact with in a more complete way than we can with ACEs screening alone. Adversity is not destiny—science shows that many people who suffered quite a bit turn out okay. We can use that knowledge to help people so they don't feel that they're doomed or damaged in some way because they've had adversity. And we can begin to identify specific things that parents can do to help promote resilience as their children grow up."

—Robert Sege, M.D., Ph.D., professor, Tufts University School of Medicine



STATE CBCAP
EXAMPLE

**Idaho
Children's
Trust Fund**

Idaho Children's Trust Fund, the State's CBCAP lead, launched its new [HOPE Conquers ACEs](#) initiative to train professionals in organizations and institutions that work directly with families on brain development, trauma, ACEs, and PCEs. Trainers across the State offer presentations that open dialogue and foster community engagement on a variety of parenting topics. They also offer facilitated viewings of the films [Resilience](#) and [Paper Tigers](#), both of which highlight the impacts of childhood trauma and ways it can be successfully addressed.

Questions to Consider

SUMMARY OF CHAPTER 4

The following are questions to consider as you align your work with a whole-family, trauma-informed approach to child abuse prevention.

For Staff Working Directly With Families:

- Which partner agencies in the community provide services that could complement those I provide, to ensure that every family member's needs are met?
- What training have I received in [trauma-informed care](#)? How does my recognition of trauma, including historical and racial trauma, affect my practice with children, youth, and families?
- Am I aware of how the experiences of families on my caseload trigger my own trauma history? How do I care for myself, including seeking support when needed?
- How might an awareness of PCEs change my work with families? Which PCEs [can I help families create](#) for their children and youth?

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For Agency Leaders and Community Collaboratives:

- Is our organization more parent-focused or child-focused, or do we take a **2Gen approach**?
 - How could we partner with other organizations to enhance the range of supports for all members of the families we serve?
 - How could our organization move toward a 2Gen approach? If we provide child-focused services, how might we supplement with services for parents, or vice versa?
- In what areas has our organization become **trauma-informed**? (See the list of domains in NCTSN's self-assessment, referenced on [page 35](#).) What are some opportunities for growth?
 - What are the roots of trauma in our communities? In what areas has our organization become involved in preventing trauma? Are there times when our organization may further traumatize children or families?
 - How does our agency recognize the role of race, culture, ethnicity, and inequality in family and caregiver experiences of trauma and healing?
 - How does our agency partner with families and youth in planning, selecting, and evaluating trauma-informed and healing-centered services and supports?
 - How do our agency's training, supervision, and policies help to prevent and address STS among our workforce?
- How might we create or support **positive childhood experiences** through our programming and outreach?

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