The 3-2-1 newsletter shares three ideas, two quotes, and one question to ponder. In this edition, we focus on developing a prevention mindset and the impact of trauma, and avoiding re-traumatization of families and communities. A special thank you to Theresa Costello, co-founder and Chief Executive Officer of Action for Child Protection for developing this edition of the newsletter.

Future issues are planned for March, May, and June, 2021.

The format, 3-2-1, is based on James Clear’s newsletter that shares ideas related to developing effective habits, drawing from his book, Atomic Habits.

An effective prevention “mindset” must include an **acknowledgement** of the impact of trauma and **recognition** of trauma symptoms; an effective prevention “mindset” must respond by **integrating knowledge into practice**; an effective prevention “mindset” must **resist re-traumatization**.

~Theresa Costello, Chief Executive Officer, Action for Child Protection

Three Ideas:

1. “While child welfare has always had a focus on the physical safety of the child, a trauma-informed child welfare system must go further and recognize that psychological safety of both the child and his/her family is extraordinarily important to the child’s and family’s long-term recovery and social and emotional well-being. Psychological safety is a sense of safety, or the ability to feel safe, within one’s self and safe from external harm. This type of safety has direct implications for physical safety and permanence, and is critical for functioning as well as physical and emotional growth. **A lack of psychological safety can impact a child’s and family’s interactions with all other individuals, including those trying to help them, and can lead to a variety of maladaptive strategies for coping with the anxiety associated with feeling unsafe.”**


2. “In recognizing the impact of childhood adversity on child and adult outcomes, trauma-informed services strive to build trustworthy collaborative relationships with children and the important adults in their lives, as well as improve consistency and communication across linked organizations and sectors, with the aim of mitigating the impact of adversity by supporting and enhancing child and family capacity for resilience and recovery.”

3. **Trauma-informed care** redirects attention from treating symptoms of trauma (e.g., mental health disorders, behavioral problems) to treating the underlying causes and context of **trauma**. Trauma-specific interventions include medical, physiological, psychological, and psychosocial therapies provided by a trained professional that aid in the recovery from adverse trauma exposures. **Treatments are designed to maximize a child’s sense of physical and psychological safety, develop coping strategies, and increase a child’s resilience.** These treatments allow children to attain a sense of balance, make strides in meeting developmental benchmarks, heal deep emotional scars, and achieve stability in their foster placements [or at home with parent(s)].


**Two Quotes:**

“**Trauma Informed Systems’ principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than silo-ed structures.**”


“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.**”

One Question:

How do we move from being “trauma-reactive” to minimally “trauma-informed” and ideally to a “healing organization/system”?