

Building a Trauma-Informed and Responsive Workforce

A REPORT OF THE CHILDHOOD TRAUMA TASK FORCE
DECEMBER 2025 | [HTTPS://WWW.MASS.GOV/LISTS/CHILDHOOD-TRAUMA-TASK-FORCE-CTTF-REPORTS-AND-DOCUMENTS](https://www.mass.gov/lists/childhood-trauma-task-force-cttf-reports-and-documents)

About the Childhood Trauma Task Force

The Childhood Trauma Task Force (CTTF) was established by An Act Relative to Criminal Justice Reform (2018) in [M.G.L. Chapter 18C, Section 14](#). The CTTF, which is chaired by the Child Advocate and is made up of representatives from a broad spectrum of stakeholders involved in the juvenile justice and other child-serving systems, was tasked by the Legislature with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

The Legislature created the CTTF as a permanent entity, recognizing the complexity and scale of the group's assignment. Learn more about the CTTF here:

<https://www.mass.gov/lists/childhood-trauma-task-force-cttf>

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Guide to Acronyms

Acronym	Definition
ACE	Adverse childhood event
CCWT	Center for Child Wellbeing & Trauma
CTTF	Childhood Trauma Task Force
DCF	Department of Children and Families
DDS	Department of Developmental Services
DMH	Department of Mental Health
DPH	Department of Public Health
DTA	Department of Transitional Assistance
DYS	Department of Youth Services
EEC	Department of Early Education and Care
JJPAD	Juvenile Justice Policy and Data Board
OCA	Office of the Child Advocate
TLC	Training & Learning Collaborative

Executive Summary

Over a third of Massachusetts children (36%) experience at least one adverse childhood experience (ACE), including violence in their home or community, maltreatment, and discrimination. Adverse childhood experiences are linked to childhood trauma, which is correlated with negative life outcomes.

Public and private organizations across the nation are increasingly **recognizing the importance of building a trauma-informed and responsive workforce** to support individuals who have experienced trauma or are at risk of experiencing trauma. When state employees and contracted providers understand trauma and use trauma-responsive practices in their day-to-day work, they can help individuals and families build resilience and promote positive outcomes.

In 2024, the Childhood Trauma Task Force began researching Massachusetts' child-serving agencies' current training efforts on trauma-related topics to identify ways the state could promote trauma-responsive competencies across its child-serving workforce.

Findings

This report lays out three main findings from the CTTF's research on child-serving state agencies' training requirements and opportunities, namely:

1. While all state agencies reviewed for this report offer some trainings on trauma, resilience, and/or trauma-responsive strategies, **there are great variations in terms of what content these trainings cover and who receives them**. Specifically, there are important variations between agencies, within individual agencies, and in training requirements for contracted providers. These variations can impede the Commonwealth's child-serving workforce from having a common language and a common approach to working with children and families who have experienced trauma.
2. Child-serving state agencies have varying capacity to ensure employees and contracted providers have sufficient knowledge on trauma, resilience, and trauma-responsive strategies. **Agencies face multiple barriers to ensure they can track training completion and identify professional development needs**—both internally and with organizations they contract with to provide services to children.
3. Cross-agency training collaborations are useful to support child-serving staff's professional development. While there have been efforts to promote cross-agency training initiatives that bolster professionals' trauma-responsive practices, **more can be done to ensure professionals employed or contracted by the state have access to cross-agency training opportunities** on these topics.

Recommendations

To promote professional development of staff serving children and families in Massachusetts, the Task Force offers the following recommendations:

- 1. State agencies should strengthen their training requirements on trauma, trauma-responsive practices, and resilience.**

To address variations and gaps in terms of training content and audiences, the CTTF recommends child-serving state agencies:

- Specify content related to trauma and trauma-responsive strategies for trainings required of state employees and contracted providers (recommendations on what topics should be covered are included on p. 26).
- Implement competency-based training curricula, as training participants greatly benefit from understanding how to apply knowledge and skills in their day-to-day practices.
- Strengthen internal systems to ensure employed and contracted providers meet training requirements on trauma, resilience, and trauma-responsive practices.

- 2. The state should support state agencies' training efforts on trauma, resilience, and trauma-responsive practices.** Child-serving state agencies are eager to improve their workforce's competencies related to trauma, resilience, and trauma-responsive practices but lack necessary resources to do so effectively.

The CTTF therefore recommends the state promote agencies' efficient use and coordination of training resources allocated across government. The CTTF also encourages the state to consider concrete ways to ensure recommendations are operationalized in all regions of the state.

Introduction

Overview

The Childhood Trauma Task Force (CTTF) was charged by the Legislature with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement. The CTTF has fulfilled much of its mandate and continues to meet quarterly to understand the landscape of trauma-responsive services for children and families and develop recommendations to improve our systems of support.

To understand ways Massachusetts could improve its child-serving workforce's ability to identify trauma and apply trauma-responsive practices in their day-to-day work, in 2024 the CTTF decided to research what trainings on trauma-related topics agencies required and/or offered to its employees and contracted providers (see [2024 Annual Report](#)).

This annual report presents findings from the CTTF's research project on state agencies' requirements and opportunities related to trainings provided to child-serving state employees and contracted providers on trauma, resilience, and trauma-responsive practices. Based on these findings, this report offers recommendations on how to promote professional development of child-serving state agency employees and contracted providers on trauma, resilience, and trauma-responsive practices.

On the Need for a Trauma-Responsive Workforce

Over a third of Massachusetts children (36%) experience at least one adverse childhood experience (ACE), including violence in their home or community, maltreatment, and discrimination.¹ Adverse childhood experiences are linked to childhood trauma, which is correlated with negative life outcomes.² Not all children in Massachusetts experience ACEs at the same rate. For children living in households with income below the federal poverty level, the rate of experiencing at least one ACE is 63%. Additionally, close to half (48%) of Black non-Hispanic children and Hispanic children (54%) experience at least one ACE, compared to 30% of white children.

¹ Data Resource Center for Child and Adolescent Health. (2020). Indicator 6.13: Adverse childhood experiences—Massachusetts. The Child & Adolescent Health Measurement Initiative. Accessed December 16, 2025.

<https://www.childhealthdata.org/browse/survey/results?q=8755&r=23>

² For more information on the impact of childhood trauma over the life course, see Childhood Trauma Task Force. (2019). *Next steps for addressing childhood trauma: Becoming a trauma-informed and responsive Commonwealth*.

<https://www.mass.gov/doc/cttf-2019-report-next-steps-for-addressing-childhood-trauma-becoming-a-trauma-informed-and/download>

Having safe, supportive, and nurturing relationships is key to preventing and mitigating the impact of childhood trauma.³ These relationships include parents, caregivers, and close family friends as well as professionals working with children and families. Indeed, health and human services agencies at the federal and state levels increasingly recognize the importance of building a trauma-informed and responsive workforce to support individuals who have experienced trauma or are at risk of experiencing trauma.⁴

Workforce development is a key strategy to create a trauma-informed and responsive Commonwealth. When child-serving state employees and contracted providers understand childhood trauma and use trauma-responsive practices in their day-to-day work, they can help families build resilience and promote positive outcomes for children. The Childhood Trauma Task Force (CTTF) joins many other public and private stakeholders in their recent calls to promote workforce development in Massachusetts.⁵

As this report details, there are some entities at the state level who are building infrastructures to promote state employees' and contracted providers' professional development in trauma-responsive competencies, including the OCA's Center on Child Wellbeing & Trauma and the recently established Training & Learning Collaborative (see Spotlight on p. 13 below). In addition to the efforts of CCWT and the burgeoning TLC, this report explores additional recommendations to further the key goal of having all state employees and contracted providers have a set of core competencies related to trauma-responsiveness. As discussed later in this report, state agencies also have a key role in promoting professional development and trauma-responsive competencies.

About this Report

Prior to this report, **Massachusetts state government had a limited understanding of child-serving agencies' training efforts related to trauma, resilience, and trauma-responsive practices.** While there is a wide range of training opportunities across the state, there is no one

³ Frederick, J. et al. (2023). Supportive relationships with trusted adults for children and young people who have experienced adversities: Implications for social work service provision. *The British Journal of Social Work* 53 (6), 3129–3145. Accessed December 16, 2025. <https://doi.org/10.1093/bjsw/bcad107> ; Suh B. et al. (2024). Supportive relationships mitigate the effect of cumulative exposure to adverse childhood experiences on depression, anxiety, stress, and suicide considerations: The Arizona Youth Risk Behavior Survey. *Children* 11(2):161. Accessed December 16, 2025. <https://doi.org/10.3390/children11020161>

⁴ At the federal level, see for instance: Substance Abuse and Mental Health Services Administration. (n.d.). Interagency Task Force for Trauma-informed Care. Accessed December 16, 2025. <https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-care> ; Office of Planning, Research & Evaluation. (2023). Considerations for Trauma-informed child care and early education systems. Administration for Children & Families. Accessed December 16, 2025.

<https://acf.gov/opre/report/considerations-trauma-informed-child-care-and-early-education-systems>. At the state level, examples of jurisdictions who have invested in building a trauma-responsive workforce are included in the CTF 2024 Annual Report: [Office of the Child Advocate](https://www.mass.gov/doc/childhood-trauma-task-force-cttf-2024-annual-report/download). (2024). CTF 2024 Annual Report. Accessed December 16, 2025.

<https://www.mass.gov/doc/childhood-trauma-task-force-cttf-2024-annual-report/download>

⁵ At the state level, there have been many policy efforts to promote workforce development in the Commonwealth, including the Healy-Driscoll Administration's [Workforce Agenda](#) and the Executive Office of Health and Human Services' multiple [Workforce Initiatives](#).

entity in charge of overseeing, coordinating, and supporting training requirements and opportunities across child-serving agencies. To understand our state's current training efforts on trauma-related topics and to identify ways Massachusetts could promote trauma-responsive competencies across its child-serving workforce, the CTTF wished to answer the following questions:

- What trainings on childhood trauma, resilience, and trauma-responsive practices are Massachusetts child-serving state agencies offering to their staff? What trainings are provided to (or required of) contracted providers?
- Do child-serving state agency staff and contracted providers feel their training needs are being met?
- What additional supports are needed to improve trainings offered to child-serving state agency staff and contracted providers?

This report provides an analysis of agencies' current strengths and gaps in delivering trainings on trauma, resilience, and trauma-responsive practices, as well as agencies' infrastructure for professional development in these areas. It also makes recommendations for promoting professional development for child-serving agency employees and contracted providers on trauma, resilience, and trauma-responsive practices.

What does the CTTF mean by trainings on “trauma, resilience, and trauma-responsive practices”?

Throughout the report, the CTTF discusses trainings on “trauma, resilience, and trauma-responsive practices.” This phrase is meant to capture trainings that cover the following knowledge and competencies:

- Types of trauma, the ways trauma presents, and trauma's wide-ranging impacts on child development (including how it can impact their behaviors and relationships), families, and professionals who serve them.
- Trauma-informed and responsive practices, aligned with the five Guiding Principles of the CTTF's [Framework for Trauma-Informed and Responsive Organizations](#). These Guiding Principles center on: safety; transparency & trust; healthy relationships & interactions; empowerment, voice & choice; and equity, antibias efforts & cultural affirmation.
- The role Positive Childhood Experiences (PCEs), hope, agency, and protective factors play in helping children and families overcome trauma and build resilience.

Research Methodology & Limitations

To better understand the current landscape of trainings on childhood trauma and resilience required or offered to child-serving state employees and contracted providers, the CTTF employed a mixed-methods approach, which included:

- **Virtual polling and ongoing engagement of CTTF members** to maintain dialogue regarding needs and opportunities, ensuring that the CTTF's research remained responsive and grounded in current practice.
- **Interviews with Massachusetts state agency stakeholders** to learn about training gaps and opportunities for child-serving professionals. OCA staff interviewed 17 staff working in seven child-serving agencies from October 2024 – March 2025. Interviews included discussion of agencies' training structure and capacity, current practices, and content – including current offerings and “wish list” topics to offer or expand upon. For more on state agency interviews, see the [CTTF March 2025 Meeting Presentation](#) and the [CTTF June 2025 Meeting Presentation](#).
- **Analysis of available training documentation** to map out training provided to state employees and contracted providers. OCA staff collected 36 documents through interviews and independent research (identified between September 2024 – October 2025). The documents yielded over 400 unique trainings, which OCA staff organized by common themes into a matrix of nine distinct training categories. For more on the training documents and topic matrix, see the [CTTF June 2025 Meeting Presentation](#) and Appendix A.
- **A review of training requirements in select contracts and regulations** to analyze how state agencies *identify* and *monitor* training requirements and expectations for child-serving contracted providers. The OCA analyzed 25 documents across seven child-serving agencies. The selection captured a sample of procurement and re-procurement activity (from FY20-current), spanning a range of contracted service types and major agency functions. For more on select contracts and regulations, see the [CTTF October 2025 Meeting Presentation](#).
- **A scan of other states' training requirements and opportunities**, including peer state interviews. The review focused on seven peer states engaged in efforts to promote trauma and resilience training within their child-serving workforce. In addition to analyzing documents available online, OCA staff conducted six interviews with 10 child-serving agency staff from peer states to discuss training implementation. For more on peer state learnings, see the [CTTF December 2024 Meeting Presentation](#) and [CTTF March 2025 Meeting Presentation](#).

The methodology yielded a broad range of learnings, including insights into current gaps in state agencies' training requirements and opportunities that extended beyond the CTTF's focus on trauma and resilience trainings. These findings, while not incorporated in this report, will inform the work of the OCA-led Training & Learning Collaborative (see Spotlight on p. 13).

The CTTF acknowledges that the above-described methodology limits some of our findings:

- **Audience:** Interviews, training materials, and review of select contracts and regulations were limited to seven agencies whose core functions are tied to direct services for children and families. The agencies are the Department of Children and Families (DCF), the Department of Developmental Services (DDS), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Department of Transitional Assistance (DTA), the Department of Youth Services (DYS), and the Department of Early Education and Care (EEC).
- **Sources:** Data collection focused on trainings provided or identified by state agencies for contracted providers and does not examine contracted providers' training materials (e.g., a provider's new hire onboarding curriculum for direct service staff). Additionally, analysis of documents pertaining to training requirements of contracted providers was limited to 18 RFRs, two federal statutes, and five state regulations (see [CTTF October 2025 meeting](#)). Therefore, the data collected may not represent all Massachusetts' child-serving systems statewide.
- **Timeline:** Data was collected from September 2024 – October 2025. The information may not reflect progress to date or represent changes to federal regulations and guidance.⁶
- **Analysis Methodology:** Training content related to trauma was organized by common themes. To do so, each training was assigned to one primary training category. This categorization may not always account for or fully capture intersectionality of trainings that cover multiple topics related to trauma, resilience, and trauma-responsive practices. For instance, a training entitled “Engaging Families Across Difference” was categorized under the training topic “child and family engagement,” although parts of the training cover equity-driven practices.

⁶ State agencies that rely on federal funding or grant support for program operations are required to align staff training with federal regulations and guidance. Accordingly, shifts in federal policy or priorities may affect training content, capacity, and requirements.

Spotlight: Massachusetts' Training & Learning Collaborative

Inspired by the CTTF's work on trauma training requirements and opportunities, the OCA recently launched the Training & Learning Collaborative (TLC), a cross-agency initiative that hopes to answer the call for a unified space to share resources, develop statewide core competencies for child-serving agencies, and leverage agencies' professional development opportunities with the goal of improving outcomes for children across the Commonwealth.

In addition to OCA staff, representatives from across secretariats and child-serving agencies gathered in November 2025 to learn about other state models and begin brainstorming shared goals and focus areas of the TLC. Agencies included at the kick-off meeting were the Executive Office of Education (EOE), Executive Office of Health & Human Services (EOHHS), Executive Office of Housing & Livable Communities (EOHLC), as well as DCF, DDS, DMH, DPH, DTA, DYS, EEC, the Children's Trust, and MassHealth. The OCA will continue facilitating the work of the TLC in the months to come.

Findings

The following section presents three main findings from the CTTF's analysis of child-serving state agencies' training requirements and opportunities related to trauma, resilience, and trauma-responsive practices, namely:

1. While all state agencies reviewed for this report offer some trainings on trauma, resilience, and/or trauma-responsive strategies, there are great variations in terms of what content these trainings cover and who receives them. These variations can impede the Commonwealth's child-serving workforce from having a common language—and a common approach—to working with children and families who have experienced trauma.
2. Child-serving state agencies have varying capacity to ensure employees and contracted providers have sufficient knowledge on trauma, resilience, and trauma-responsive strategies. Agencies have varying capacity to track training completion and identify professional development needs—both internally and with organizations they contract with to provide services to children and families.
3. Cross-agency training collaborations are useful to support child-serving staff's professional development. Child-serving agencies believe cross-agency training initiatives can help them fill gaps in professional development for their staff and contracted providers.

Finding 1: While all state agencies reviewed for this report offer some trainings on trauma, resilience, and/or trauma-responsive strategies, there are great variations in terms of content and audience.

A shared understanding of trauma, resilience, and trauma-responsive practices is crucial for child-serving professionals (be they employed or contracted by the state) to avoid re-traumatization, promote resilience, and improve outcomes for children and families in the Commonwealth. As the former director of the Oklahoma Department of Human Services shared during an interview for this report, "shared language leads to shared action."

Although having a trauma-responsive workforce is a priority across child-serving agencies, there is no standardized approach to training staff on trauma, resilience, and trauma-responsive practices. The following section explores these variations in greater detail, focusing on differences in training content and target audiences across agencies, and how **these variations can impede the Commonwealth's child-serving workforce from having a common language on trauma, resilience, and trauma-responsive practices.**

1A: There are important variations in the content of training related to trauma, resilience, and trauma-responsive strategies offered to child-serving state employees.

Six out of seven interviewed child-serving agencies provide at least one standalone training on topics of trauma and/or resilience to some of their staff. For instance, most agencies provide training on the impact of trauma and how to integrate trauma-informed practices into service delivery.

However, when delving deeper into actual training content, there are variations in what topics these trainings cover:

- **Four out of seven** agencies identified training on addressing the impact of trauma on staff.
- **Three out of seven** agencies identified training on promoting protective factors.
- **Two out of seven** agencies explicitly identified training on racial trauma.

Even when agencies identify the same training topic, agencies maintain different training practices and requirements, contributing to additional variations. For instance, four agencies report offering training on “Trauma-Informed Care” vary significantly in content:

- One agency provides a required, two-hour onboarding session for all staff
- One agency provides a training required for certain staff
- One agency provides an optional, one-time training for all staff
- One agency provides an optional training for staff from certain regional offices

These differences may create or reinforce gaps in knowledge and skills for professionals who might serve the same populations.

Many child-serving agencies acknowledge these training gaps and recognize the need for more training opportunities. In particular, **stakeholders interviewed for this report highlighted a need for additional or enhanced training on trauma, resilience, and wellbeing.**⁷ When asked to identify training content areas to expand or develop, six of seven agencies named trauma-related topics (e.g., trauma-informed supervision, secondary traumatic stress), and four specifically highlighted resilience as a priority area.

⁷ Responses indicate that wellbeing is an essential component of trauma- and resilience-informed practices. Nearly 20% of the 61 topics interviewees identified wanting more training on involved wellbeing for staff and service recipients, including “Staff and Provider Wellbeing”, “Promoting Resilience and Wellbeing Amongst Caregivers”, and “Psychological Safety and Wellbeing.”

1B: There are important variations in content of training related to trauma, resilience, and trauma-responsive strategies offered to child-serving state employees depending on their roles within their agencies.

Interviews suggest child-serving agencies have varying practices and/or requirements about which staff receive which trainings on trauma, resilience, and trauma-responsive practices. For example:

- One agency provides basic training on trauma-informed care to all staff—from the maintenance staff, cooks, and teachers to the senior staff.
- One agency tailors trainings to staff roles, with distinct training content for agency staff who function as regulators versus contracted providers who deliver or administer programs.
- One agency reported having offered an optional training on self-care in the past and was unable to identify a current training related to trauma or resilience for all staff.

As the textbox below explains, competencies expected from staff should be tailored to their position, role, and/or agency needs. But as the Substance Abuse and Mental Health Services Administration (SAMHSA) argues, **“training for all staff members is essential in creating a trauma-informed organization. [...] All employees, including administrative staff members, should receive an orientation and basic education about the prevalence of trauma and its impact on the organization’s clients.”**⁸

⁸ Substance Abuse and Mental Health Services Administration. (2014). Chapter 2, Building a Trauma-Informed Workforce. In *Trauma-Informed Care in Behavioral Health Services*. Rockville, MD. Accessed December 16, 2025.
<https://www.ncbi.nlm.nih.gov/books/NBK207194/>

From Knowledge to Practice: The Role of Competency-Based Training

Competency-focused professional development is the foundation of a strategic training system. Per the federal Department of Health and Human Services, competencies are “the knowledge, skills, abilities, and behaviors that contribute to individual and organizational performance.” Competencies link knowledge to practice, outlining what professionals *need to know* and be *able to do*.

Competencies are useful to professionals because they are:

- **Actionable**, focusing on observable actions and behaviors.
- **Tailored to an individual's position, role, or agency needs.** Proficiency level for each competency may vary based on an individual's position and the agency or organization's needs.
- **Support consistency and standards** to establish a shared understanding of effective practice.
- **Aligned with best practices** and rooted in research-based evidence.

Source: Centers for Disease Control and Prevention. (2024). *Competencies for Public Health Professionals*. Accessed December 16, 2025. <https://odphp.health.gov/healthypeople/tools-action/browse-evidence-based-resources/competencies-public-health-professionals>.

1C: There are important variations in what state agencies require from contracted providers in terms of training content related to trauma, resilience, and trauma-responsive strategies.

Interviews conducted with key stakeholders in Massachusetts overwhelmingly agree that child-serving agency staff and contracted providers should “speak a common language.” Despite this shared aspiration, there are great variations in what state agencies require from contracted providers in terms of training content, leaving room for important discrepancies in the kinds of trainings contracted providers receive across the state.

OCA analysis of 25 procurements and regulations shows that **child-serving agencies do not consistently or sufficiently detail requirements related to training staff on trauma-related topics**. For instance, of the 18 procurements reviewed, 50% reference training topics related to trauma and 33% reference topics related to resilience. As Figure 1 below shows, some procurements are very clear on their expectations related to training on trauma-specific or trauma-adjacent topics contracted providers should receive, while others include vague language.



Figure 1: Variations in Level of Specificity on Trauma-Responsive Principles within RFRs

The CTTF acknowledges the benefits of provider organizations having flexibility in what trainings they offer their staff on trauma, resilience, and trauma-responsive practices. Yet, variations in training requirements in contracts and regulations could mean that, on the ground, professionals working with similar populations in different regions of the state might have varying levels of competency in trauma, resilience, and trauma-responsive practices.

To ensure that providers offering similar services in different parts of the state share knowledge and competencies, some agencies have established training infrastructures. Examples include:

- MassHealth's [Behavioral Health Workforce Training Clearinghouse](#) is a statewide resource to support the training of providers serving children through Community Behavioral Health Centers, Massachusetts Mental Health Centers, and Children's Behavioral Health Initiative as well as staff working at the Behavioral Health Help Line. In addition to live trainings, the Clearinghouse offers a variety of self-paced, asynchronous training modules on trauma-informed care, cultural humility, and the impact of trauma on child development.
- DMH's [Children's Behavioral Health Knowledge Center](#) provides trainings and resources for professionals working for children within the behavioral health system, regardless of employment affiliation (i.e., contracted v. employed). The center offers training programs, workshops, and resources aimed at helping mental health professionals, caregivers and other stakeholders to understand and address the unique challenges faced by youth and families receiving services in our system of care. Trainings cover trauma-related topics such as suicide prevention, secondary traumatic stress, reflective supervision, as well as safety, hope, and healing.

In addition to directly providing trainings to contracted providers, **some agencies actively work towards establishing shared knowledge on trauma, resilience, and trauma-responsive practices among agency employees and contracted providers**. For instance, approximately 90% of DYS contracted providers go through the same 80-hour Basic Training Curriculum as DYS agency staff, which covers topics related to trauma, such as Trauma-Informed Care, De-escalation, and Positive Youth Development.

Recognizing the benefits of shared trainings among employed and contracted professionals who serve children across sectors, New Jersey established a [Training and Technical Assistance](#) program for professionals providing a range of services to children within the state's [Children's System of Care](#) (CSOC). The CSOC Training and Technical Assistance program offers free trainings to child-serving professionals, regardless of their employment affiliation. The training program hosts an average of 30 training courses per month, drawing on competency-based design and development of local expertise. Trainings aim to promote a common language and core practice values around trauma, resilience, and trauma-responsive practices.⁹

Despite existing discrepancies between required trainings for state employees and contracted provider knowledge on trauma, resilience, and trauma-responsive practices, **all agencies interviewed expressed interest in expanding agency-provider co-training efforts**.

Finding 2: Child-serving state agencies have varying capacity to ensure employees and contracted providers have sufficient knowledge on trauma, resilience, and trauma-responsive strategies.

Research conducted for this report shows that agencies have varying capacity to ensure that the professionals they employ or contract with have the necessary knowledge and competencies to be trauma-informed and responsive. Of note, most (but not all) agencies have policies and practices for professional development—generally or specifically on topics related to trauma, resilience, and trauma-responsive practices. This section examines variations in agencies' capacity to track training completion and identify professional development needs—both internally and with organizations they contract with to provide services to children and families.

2A: Child-serving state agencies are not consistently able to track *who*, within their agency, is receiving *what* training.

Across agencies, trainings are delivered in a variety of formats (e.g., in-person sessions, virtual trainings, asynchronous and synchronous learning opportunities, train-the-trainer). This

⁹ Examples of trainings offered include Navigating Trauma and Promoting Resilience; Work with a Trauma Lense in Crisis Intervention; and Painful Passages: Immigrants, Refugees, and Trauma. See: New Jersey Department of Children and Families. (2025). September 2025 training calendar. Children's System of Care Training and Technical Assistance Program at Rutgers Health. Accessed December 16, 2025. <https://www.nj.gov/dcf/providers/csc/training/September2025.pdf>

flexibility allows agencies to reach a wide range of audiences and tailor training opportunities to staff's professional development needs. However, **not all state agencies have established mechanisms for tracking their employees' completion of trainings.**

Overall, **there is greater consistency in monitoring compliance with required trainings than in tracking broader, ongoing professional development activities.** Of note, agencies and staff diligently maintain licensure and continuing education (CEU) credits. Most agencies maintain some level of internal recordkeeping, often through sign-in sheets, completion certificates, or LMS tracking.

In many cases though, tracking systems are decentralized, resulting in individual area offices, divisions or supervisory teams using varying practices and tools to document training completion and staff development. For instance:

- One agency tracks **all completed** trainings in MassAchieve and uses internal verification protocols to ensure that LMS compliance reports are reviewed and confirmed by staff supervisors.
- One agency tracks **all required trainings** in MassAchieve, while the tracking of additional trainings varies by bureau or department.
- One agency relies on regional offices to track required trainings but does not regularly collect that data at the statewide level.
- One agency does not have any formal mechanism for tracking trainings outside of those required by federal and state regulations and policies.

2B: Child-serving state agencies are not consistently able to track trainings required of contracted providers

Additionally, **state agencies do not always have strong mechanisms to monitor whether contracted providers complete the trainings required under their contracts.** Providers are typically responsible for maintaining their own training records, as required either by the authorizing legislation or specified within the Request for Response (RFR). While many reviewed RFRs reference staff development and general training expectations, it is less common for providers to regularly report these records to agencies. Seven out of 18 (~40%) RFRs reviewed **do not** require providers to report training records to state agencies on a predetermined schedule.

The OCA's analysis of RFRs identified other mechanisms of accountability:

- Two RFRs require providers to take attendance and maintain training records for licensing purposes, but there is no established schedule for providers to report these records to the agency.

- Three RFRs require providers to complete an annual training attestation but generally do not request submission of detailed training records.
- Two RFRs require providers to track staff attendance at agency-led trainings but do not track participation in any additional training provided by the contractors themselves.

This approach can limit not only the state's ability to ensure contracted providers have necessary competencies on trauma, resilience, and trauma-responsive practices, but can also limit the state's ability to identify unmet professional development needs related to these topics.

2C: Child-serving state agencies face multiple barriers to modifying and/or expanding training efforts.

As shared in interviews conducted for this report (see table on p.22), child-serving agencies face multiple barriers to modifying and/or expanding their training efforts, namely:

- **Staffing:** Child-serving state agency training capacity is significantly affected by ongoing staffing challenges, including shortages among both general staff and dedicated training personnel. As a result, state agency's capacity to produce training materials and identify training opportunities for staff is limited. Specifically, staffing issues include:
 - Internally, agencies often have a limited number of professional development specialists. For instance, one agency only recently had capacity to establish a training division for its employees—and this training division only has one staff member.
 - High turnover rates and ongoing retention challenges means that, when faced with limited human resources and competing priorities, many agencies understandably must prioritize onboarding and new hire training at the expense of professional development for existing staff.
- **Resources/funding:** Child-serving agencies lack resources to fully address training capacity gaps. In particular, agencies lack sufficient (or consistent) funding to ensure they have enough space for training as well as technology to provide and track trainings (e.g., LMS).
- **Structural and/or policy decisions:** Interviews for this report highlighted that training in and of itself is not systematically embedded within staff workload and/or contracted providers' rate setting. For example, while some divisions offer reimbursement for approved conferences or professional development activities, others provide little to no comparable incentives. On the provider side, interviewed agencies explicitly referenced contract structures and rate setting mechanisms (such as fee-for-service contracts) as a

barrier. Agencies referenced a tension between “doing the work” and participating in trainings that might help with long-term professional development but takes them away from the floor/field.

Table 1: Barriers to Modifying and/or Expanding Training Efforts

Barrier Mentioned in Interviews with State Agencies	Count (N=7)
Staffing	7, 100%
Staff Shortage (General staff/providers)	7, 100%
Staff Shortage (Training Staff)	4, 57%
Retention and Turnover	3, 43%
Working with Unions	2, 29%
Resources/Funding	7, 100%
More Funding/Resources (e.g., physical space)	7, 100%
Technology (e.g., LMS) and staff’s ability to use said technology to create trainings	4, 57%
Lack of Stable Funding (e.g., one-time grant)	2, 29%
Structural/Policy Decisions	6, 86%
Fragmented/Lack of Training Structure (e.g., regional, county-level)	6, 86%
Contract Structures and Rate Setting (e.g., fee for service contracts)	3, 43%
Lack of Accountability/Enforcement Mechanism (e.g., no penalties for failing to fulfill training requirements)	2, 29%

States across the U.S. have addressed these barriers in multiple ways:

- **Staffing:**
 - Connecticut’s Academy for Workforce Development is partially staffed by DCF social workers seconded on a one-to-four-year rotational schedule. This model

provides a reprieve from direct service work and allows agency staff to use their subject matter expertise and frontline experience to produce training content. It also strengthens the agency's capacity to think beyond onboarding and regularly develop training aligned with emerging best practices (see [CTTF 2024 Annual Report](#)).

- As part of its statewide, cross-agency initiative to promote hope-centered and trauma-responsive practices for agency employees and contracted providers, Oklahoma instituted a “hope navigator” train-the-trainer initiative. Once trained, “hope navigators” provide ongoing leadership and consultation to educate agency staff and to cultivate a hope-centered and trauma-informed culture throughout the agency (see [CTTF 2024 Annual Report](#)).
- **Resources/funding:** Oregon allocates dedicated funding to support the Trauma Informed Oregon collaboration. These funds are specifically intended to address early life trauma and bolster trauma-informed care and prevention resources across the human services system, including state agencies and providers.

Finding 3: Cross-agency training collaborations are useful to support child-serving staff’s professional development

Cross-agency training collaborations are key to ensuring professionals have a shared understanding of trauma, resilience, and trauma-responsive practices. **All child-serving agencies expressed interest in more cross-agency training efforts.** In Massachusetts, initiatives that promote cross-agency collaboration for staff training have been successful in helping staff “speak a common language” and implement child-centered competencies.

As discussed in the introduction of this report, in recent years, CCWT has increased opportunities for child-serving state agencies to participate in cross-sector trainings on topics related to trauma, equity, and trauma-responsive practices. For more details on CCWT’s training initiatives, see the OCA’s [FY24 annual report](#). The recent establishment of a Training & Learning Collaborative (TLC), led by the OCA, should continue to improve training collaboration among state agencies.

Outside of CCWT-led trainings, there are/have been multiple initiatives that promote cross-agency collaboration for staff training on topics related to trauma and trauma-responsive practices, but they are often time-limited or issue-specific. Examples of such initiatives include:

- The Restraint & Seclusion Prevention/Reduction Initiative organizes trainings and in-person forums, which are available to state agencies, providers, consumers, and parties interested in creating positive and trauma-informed cultures of care.

- Training partnerships on various topics between two agencies (e.g., DCF-DDS, DTA-MassHire, DMH-MassHealth).

Other jurisdictions have established entities to support cross-agency professional development efforts. For instance:

- **Hawaii's Office of Wellness and Resilience** was directed by an [Executive Order](#) to work with all state departments to make Hawaii a trauma-informed state. As the lead, the Office provided training and technical assistance to support trauma-informed practices, programs, and policies. By coordinating training and policy development across agencies, the Office was empowered to develop a cohesive trauma-informed framework, assess workforce gaps and needs related to trauma training, and make targeted recommendations to advance trauma-informed care across Hawaii.
- **Virginia's Office of Trauma and Resilience Policy** serves as a resource for state and local agency staff to provide training and technical assistance on trauma-informed and resilience-centered policies and practices. Of note, this entity convenes a cross-agency Community of Practice and helps state and local agencies implement the [Virginia HEALS Trauma-Informed Model of Service Delivery](#).

Recommendations

The Childhood Trauma Task Force (CTTF) recognizes that professionals who understand childhood trauma and implement trauma-responsive strategies are key to creating a trauma-informed and responsive Commonwealth that promotes better life outcomes for children and families who have experienced trauma. To promote professional development of staff serving children and families in Massachusetts, the Task Force offers recommendations centered around three goals:

1. Creating shared knowledge and competencies on trauma, resilience, and trauma-responsive practices for all professionals working for child-serving agencies. Given that a large share of state services are provided by contracted providers, rather than state employees, the following recommendations highlight the state's responsibility to promote shared standards for professional development on trauma, resilience, and trauma-responsive practices. Additionally, while the findings of this report rely on data from seven child-serving agencies, these recommendations are meant for all state agencies that serve children in Massachusetts.
2. Promoting data-driven Continuous Quality Improvement systems to ensure professional development initiatives effectively meet both agencies' goals and professionals' needs related to trauma, resilience, and trauma-responsive practices.
3. Strategically using state resources to support agencies' continued efforts to promote their workforce's knowledge of childhood trauma and trauma-responsive practices. Given the current budgetary constraints, the CTTF's recommendations strive to effectively use existing resources by increasing collaboration, information-sharing, and sharing of training resources.

While the below recommendations focus specifically on increasing professionals' knowledge and competencies on trauma, resilience, and trauma-responsive practices, the CTTF recognizes that implementing some of these recommendations would require changes in agencies' overall professional development infrastructure.

Recommendation 1: State agencies should strengthen their training requirements on trauma, trauma-responsive practices, and resilience.

As described in the findings of the report, there are important gaps in the content, delivery, and audience of child-serving agencies' training on trauma, resilience, and trauma-responsive practices. The recommendations below offer a three-pronged approach to strengthening training requirements and professional development opportunities for our state's child-serving professionals.

1A. Child-serving state agencies should specify training content

Given important content variations in state agencies' current trainings related to trauma and resilience, **the CTTF recommends child-serving agencies specify training content related to trauma and trauma-responsive practices** to be covered in trainings for their employees and contracted providers. The Task Force does not aspire to strictly define how trainings should approach trauma-related content. Trainings should be adapted to the professional development needs and responsibilities of professionals attending them.

That said, at minimum, trainings on trauma and resilience should include instruction on the following topics:

- Types of trauma, the ways trauma presents, and trauma's wide-ranging impacts on child development (including how it can impact their behaviors and relationships), families, and professionals who serve them.¹⁰
- Trauma-informed and responsive practices, aligned with the five Guiding Principles of the CTTF's *Framework for Trauma-Informed and Responsive Organizations*. These Guiding Principles focus on: safety; transparency & trust; healthy relationships & interactions; empowerment, voice & choice; and equity, antibias efforts & cultural affirmation.¹¹
- The role Positive Childhood Experiences (PCEs), hope, agency, and protective factors play in helping children and families overcome trauma and build resilience.
- The intersectionality of trauma and broader societal factors, including the structural roots of trauma, the influence of social determinants of health in exacerbating or mitigating trauma, and how state systems can both perpetuate trauma (or retraumatization) and promote resilience at the individual and community levels.

As a first step in clarifying training content, the CTTF recommends state agencies bolster their capacity to assess employee and contracted providers' training needs related to trauma-responsive practices. Examples of how state agencies can do this include:

- For state employees, establishing processes within each agency to annually identify staff professional development needs in this arena if such a system does not already exist. For example, DPH recently surveyed and interviewed staff to map out available trainings across divisions. The agency then compared results with competencies it expects its

¹⁰ Types of trauma include witnessing or experiencing: abuse, neglect, household dysfunction (e.g. parental incarceration, parental mental illness or substance misuse, domestic violence), housing/placement instability, identity-based violence, sexual violence, community violence, complex trauma, secondary traumatic stress, traumatic grief (i.e. loss of a loved one), natural disaster, serious accidents.

¹¹ In addition to cultural affirmation, trauma-informed and responsive practices should center on identity-affirming care.

workforce to have in order to identify potential professional development and training gaps.

- Identifying opportunities where employees and contracted providers jointly discuss professional development needs. For instance, DDS created a “statewide family support implementation group” composed of DDS staff and contracted providers who meet regularly to identify training needs at the regional level.

Recommendations for how agencies can specify training content for employees as well as contracted providers and embed them in existing structures are further discussed in Recommendation 1C.

1B. Child-serving state agencies should implement competency-based training curricula

In recent years, competency-based training curricula have become the gold standard of professional development for child-serving professionals.¹² Competencies represent the ability to understand knowledge and skills acquired through professional development opportunities (e.g., trainings) and effectively apply them in day-to-day practices. California, for example, has implemented a competency-focused [Integrated Core Practice Model](#) to promote trauma-informed service delivery across its Children and Youth System of Care (see pp. 20-22 of [CTTF 2024 Annual Report](#)).

The Task Force thus recommends state agencies be supported to develop and integrate core competencies for trauma-responsive practices in their professional development plans.

Examples of trauma-informed and responsive competency frameworks include:

- The Multiplying Connections Initiative’s [Core Competencies for Effective Practices](#), developed through a public-private partnership in Philadelphia, PA, and reviewed by a panel of nationally recognized experts in child development and trauma.
- Delaware’s [Developmental Framework for Trauma-Informed Individuals](#), developed for the state’s Department of Health and Social Services. This competency-based framework details knowledge, skills, and attitudes professionals should master to be trauma-informed and organizes these by roles (i.e., degree of interaction with service recipients).

¹² McDonald, C. et al. (2022). A national review of child welfare competency models. *Children and Youth Services Review* 142. Accessed December 16, 2025. <https://doi.org/10.1016/j.chlyouth.2022.106631> ; National Association for the Education of Young Children (NAYEC). (2019). *Professional Standards and Competencies for Early Childhood Educators*. Accessed December 16, 2025. <https://www.naeyc.org/resources/position-statements/professional-standards-competencies> ; Council on Social Work Education. (2022). *Educational policy and accreditation standards for Baccalaureate and Master’s social work programs*. Accessed December 16, 2025. [https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-Educational-Policy-and-Accreditation-Standards-\(EPAS\).pdf](https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-Educational-Policy-and-Accreditation-Standards-(EPAS).pdf)

- Arizona's [Social and Emotional Learning Competencies](#), developed by the state's Department of Education, to foster "intrapersonal, interpersonal, and cognitive competence in K-12 students." The framework integrates trauma-informed practices throughout its five core competencies.

Competency-based trainings would also support agencies' capacity to evaluate the efficacy of their professional development efforts. By identifying specific, job-related skills and knowledge, agencies can more effectively develop data-driven measures for formal performance evaluation.

1C. Child-serving state agencies should strengthen systems to ensure employed and contracted providers meet training requirements on trauma, resilience, and trauma-responsive practices

Currently, there are few systems in place for agencies to track who is receiving what training on trauma, resilience, and trauma-responsive practices. Without measurement and accountability, agencies cannot effectively manage staff knowledge, ensure training compliance, or work to improve outcomes for children and programs. To help agencies systematically embed training requirements in professional development goals and requirements, the CTTF recommends all agencies:

- Clarify training requirements for state employees in policy as well as in state contracts with providers. DDS' [Family Support Program Manual](#), for instance, clearly outlines mandatory provider training for contracted providers based on the agency's core values and principles of family support services.
- Establish systems to track compliance with training requirements. This can be done through an agency's Learning Management System (LMS) or through annual reporting. The Department of Early Education and Care's (EEC) Strong Start LMS, for instance, tracks providers' completion of trainings—be they online modules on Strong Start or in-person trainings offered by the agency's Professional Development Centers (PDCs).
- Establish ways to evaluate the effectiveness of trainings, both in terms of meeting professional development needs of staff and leading to improved child outcomes.

Recommendation 2: The state should support state agencies' training efforts on trauma, resilience, and trauma-responsive practices.

Child-serving state agencies are eager to improve their workforce's competencies related to trauma, resilience, and trauma-responsive practices but lack necessary resources to do so effectively. In particular, state agencies do not always have sufficient:

- Funding (or consistent sources of funding) to strengthen or establish their own learning & development units and have the necessary technology to support professional development (e.g., Learning Management Systems).
- Awareness of training initiatives that could benefit their staff. As finding 3 shows, cross-agency training collaborations are very valuable, but are often time-limited or issue-specific.

Given current state and federal budgetary constraints, the CTTF recommends the state promote agencies' efficient use of training resources allocated across government as well as promote agencies' coordination of training efforts. Specifically, the CTTF recommends one or more state entities be tasked with the following functions:

- Developing a statewide strategy for the state to continuously:
 - Identify gaps and challenges in professional development needs
 - Leverage the state's child-focused subject matter experts (SMEs): Massachusetts benefits from a wealth of SMEs working in academic, public, and private organizations who can inform the development and facilitation of trainings. Within state government, examples of SME that could inform professional development efforts on trauma, resilience, and trauma-responsive practices include the LGBTQ Youth Commission, DMH's Children's Behavioral Health Knowledge Center, and DYS's Juvenile Detention Alternatives Initiative. The CTTF particularly recommends agencies leverage SMEs and entities that amplify the voices of individuals with lived experience to inform the development and facilitation of trainings on trauma, resilience, and trauma-responsive practices. In addition to professional organizations that represent communities (e.g. Parent Professional Advocacy League, Federation for Children with Special Needs), many agencies have Advisory Boards or Youth Councils that can be effectively used to inform trainings.
 - Increase cross-agency collaboration to align training efforts
 - Make effective use allocated resources (e.g., braid funding, enable sharing of resources, promote train-the-trainer models)
- Ensuring child-serving agencies develop and adopt core competencies related to trauma-responsive practices. The recent launch of an OCA-led Training & Learning Collaborative (see Spotlight on p. 13) should help define and promote a child-centered and trauma-responsive competency framework for the state's workforce.
- Consulting with state agencies to help them:
 - Identify training needs and training opportunities

- Develop training plans and establish systems to track training completions. The state should consider if/how MassAchieve, the statewide LMS for state employees, could be leveraged for this.
- Develop CQI systems to ensure efficacy of training efforts
- Facilitate cross-agency coordination of professional development efforts

While implementing the above recommendations would go a long way towards increasing child-serving professionals' knowledge and competencies on trauma, resilience, and trauma-responsive practices, **the CTTF encourages the state to consider concrete ways to ensure recommendations are operationalized in all regions of the state.**

Establishing regional, cross-agency training infrastructure presents one potential solution to overcoming siloed efforts and funding, promoting shared competencies across child-serving sectors, and increasing access to quality trainings. Modeled after Connecticut's Academy for Community Partners (see p. 22 of [CTTF 2024 Annual Report](#)), these local spaces could:

- Ensure more continuity and alignment when it comes to training content, delivery, and audience.
- Promote application of skills by hosting Communities of Practice.
- Increase agencies' internal capacity to train staff by implementing Train-the-Trainer programs
- Use braided funding to maximize the efficient and effective use of federal, state, and grant funding across our child-serving systems.

While this report focuses on promoting professionals' competencies related to trauma and trauma-responsive practices, these spaces could also offer trainings on various topics relevant to the state's child-serving workforce.¹³

¹³ This footnote could serve as a placeholder for training topics that don't specifically align with CTTF's focus on trauma, resilience, and trauma-responsive practices. Examples include trainings on our state's continuum of services or trainings on specific family-serving systems (e.g., the courts).

Looking Ahead: CTTF Work in 2026

At the October 21, 2025 meeting, the CTTF discussed recommendations made by the Governor's [Council to Address Sexual Assault, Domestic Violence, and Human Trafficking](#) to:

1. Improve access to trauma-informed care for medical and behavioral health clinicians who work with youth and families.
2. Improve family and caregiver awareness of youth behavioral health resources that provide trauma-informed care to support children exposed to domestic violence.

Given the previous work of the CTTF to better understand the landscape of trauma services (see [2023 Annual Report](#)) and the Task Force's current focus on workforce development, the CTTF is considering working on the above-mentioned recommendations. The CTTF will develop Work Plan in the coming months and vote on said Work Plan during its first meeting in 2026.

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