

Core Guiding Principles of Trauma-Informed Care

Trauma-informed care (TIC): Is an approach that explicitly acknowledges the role trauma plays in people's lives. TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organization change in responding to the consumers/clients served.

Trauma: Individual trauma results from an event, series of events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

1. Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

- ✓ Safety throughout the organization, staff and people served
- ✓ Physical and psychological safety
- ✓ Physical Setting is safe
- ✓ Interpersonal interactions promote a sense of safety

2. Trustworthiness and transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

- ✓ Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- ✓ Organizational operations and decisions are conducted with transparency
- ✓ Constantly building trust

3. Peer support and mutual self-help

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

- ✓ Understood as the key vehicle for building trust, establishing safety and empowerment
- ✓ Utilizing their stories and lived experience to promote recovery and healing

4. Collaboration and mutuality

There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

- ✓ Maximizing collaboration and sharing of power with consumers and families
- ✓ Leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators
- ✓ Recognition that healing happens in relationships and meaningful sharing of power and decision-making
- ✓ Everyone has a role to play in TIA: “one does not have to be a therapist to be therapeutic.”

5. Empowerment, voice, and choice

Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

- ✓ Strengthens clients and family member's experience of choice
- ✓ Recognizes that every person's experience is unique
- ✓ Individualized approach

6. Cultural, historical, and gender issues

The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

- ✓ Organization actively moves past cultural stereotypes and biases
- ✓ Offers gender responsive services
- ✓ Leverages the healing value of traditional cultural connections
- ✓ Recognizes and addresses historical trauma

SAMHSA's Concept of Trauma

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Six Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues

3 E's of Trauma

THE THREE "E'S" OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

The Four "R's": Key Assumptions in a Trauma-Informed Approach	
Realization	In a trauma-informed approach, all people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.
Recognize	People in the organization recognize the signs of trauma.
Responds	The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning.
Resist Re-traumatization	A trauma-informed approach seeks to resist re-traumatization of clients as well as staff.

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication NO. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Excerpts from pages: 7, 8; 9-12; 14-16.

SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					
Governance and Leadership	<ul style="list-style-type: none"> •How does agency leadership communicate its support and guidance for implementing a trauma-informed approach? •How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports? •How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories? 				
Policy	<ul style="list-style-type: none"> • How do the agency's written policies and procedures include a focus on trauma and issues of safety and confidentiality? • How do the agency's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery? • How do the agency's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training? • How do human resources policies attend to the impact of working with people who have experienced trauma? • What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services, and evaluation? 				
Physical Environment	<ul style="list-style-type: none"> • How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff? • In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this? •How has the agency provided space that both staff and people receiving services can use to practice self-care? •How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities). 				
Engagement and Involvement	<ul style="list-style-type: none"> •How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services? • How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have difficulty processing information? • How is transparency and trust among staff and clients promoted? • What strategies are used to reduce the sense of power differentials among staff and clients? • How do staff members help people to identify strategies that contribute to feeling comforted and empowered? 				

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
Prepared by SAMHSAS's Trauma and Justice Strategic Initiative July 2014

10 IMPLEMENTATION DOMAINS <i>continued</i>	
Cross Sector Collaboration	<ul style="list-style-type: none"> • Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions? • Are collaborative partners trauma-informed? • How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services? • What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?
Screening, Assessment, Treatment Services	<ul style="list-style-type: none"> • Is an individual's own definition of emotional safety included in treatment plans? • Is timely trauma-informed screening and assessment available and accessible to individuals receiving services? • Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services? • How are peer supports integrated into the service delivery approach? • How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? • For instance, are gender-specific trauma services and supports available for both men and women? • Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding? • How are these trauma-specific practices incorporated into the organization's ongoing operations?
Training and Workforce Development	<ul style="list-style-type: none"> • How does the agency address the emotional stress that can arise when working with individuals who have had traumatic experiences? • How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions? • How does the organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions? • How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety? • How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors. • What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work? • What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?
Progress Monitoring and Quality Assurance	<ul style="list-style-type: none"> • Is there a system in place that monitors the agency's progress in being trauma-informed? • Does the agency solicit feedback from both staff and individuals receiving services? • What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency?

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10 IMPLEMENTATION DOMAINS <i>continued</i>	
	<ul style="list-style-type: none"> • How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes? • What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?
Financing	<ul style="list-style-type: none"> • How does the agency's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development? • What funding exists for cross-sector training on trauma and trauma-informed approaches? • What funding exists for peer specialists? • How does the budget support provision of a safe physical environment?
Evaluation	<ul style="list-style-type: none"> • How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach? • How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey? • What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality? • What measures or indicators are used to assess the organizational progress in becoming trauma-informed?

SOUTHWEST TRAUMA COLLABORATIVE that net-WORKS!

June 22, 2016

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OBJECTIVES

- 1) Describe the impact of networking and collaboration in order to implement trauma-informed approaches to the region, county and community.
- 2) Review and discuss how to enhance community based capacity to deliver trauma-informed evidence-based practices.
- 3) List and discuss the steps in technology transfer of trauma-informed care approaches to support communities, counties, and regions in developing work-force investment strategies.





NETWORKING:
The exchange of
information or services
among individuals, groups,
or institutions.

Webster Ninth New Collegiate Dictionary

ACTIVITY

Table Groups- Share one of the following:

1. Your best trauma-informed care accomplishment.
2. What you've learned about trauma-informed care.
3. What you would like to know about trauma-informed care.

One example per table.

10 STEP TECHNOLOGY TRANSFER

1 Identify Problem

2 Organize team

3 Identify outcome

4 Assess system of care

5 Assess target audience



Strategic Prevention Framework



Southwest Trauma-Informed Care Collaborative Functions

**Offer Trauma Informed Care
Training**

**Serve as Trauma Informed Care
Clearinghouse**

**Strengthen Trauma Informed Care
Collaboration**

**Stimulate Trauma Informed Care
Systems' Change**

10 STEP TECHNOLOGY TRANSFER

6

Identify Approach to achieve desired outcome

7

Design Action and Maintenance Plans for Change Initiative



10 STEP TECHNOLOGY TRANSFER

8

Implement Action & Maintenance Plans for Change Initiative

9

Evaluate Progress of Change Initiative

10

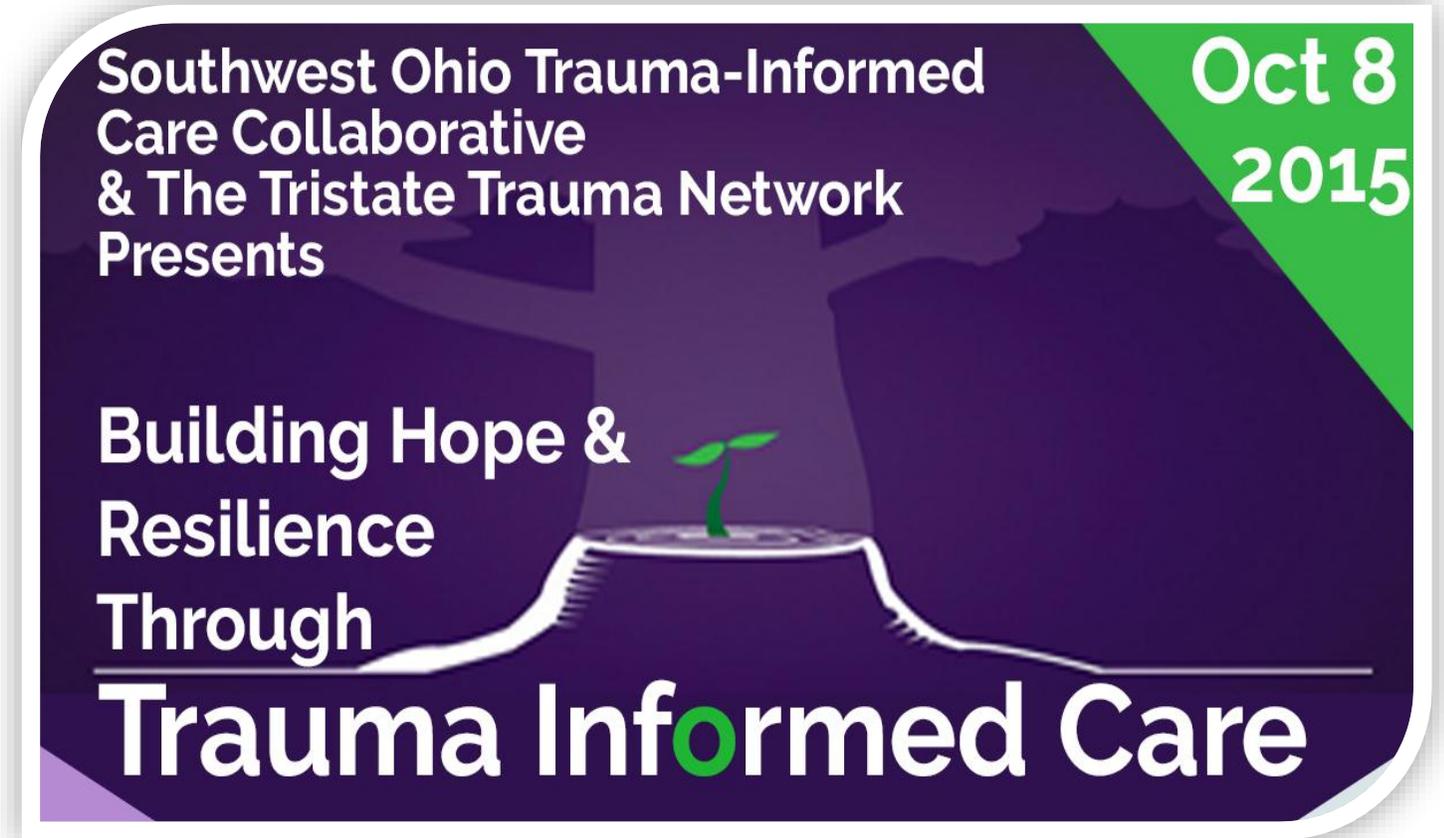
Revise Action & Maintenance Plans



The Change Book: A Blueprint for Technology Transfer
Addiction Technology Transfer Center (ATTC)

Increase Community Based Capacity

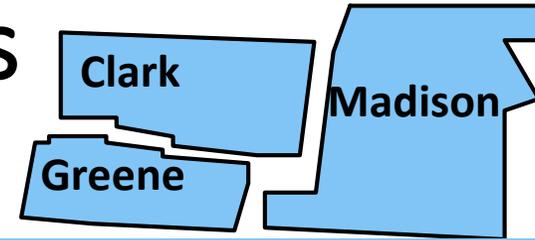
- Over 300 attended
- Targeted to varying levels of knowledge
- Break-out sessions
- Keynote speaker Lived Experience



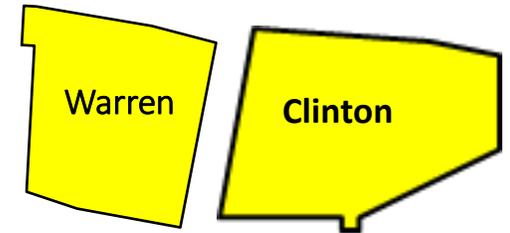
Collaborative Accomplishments

Montgomery

- Women's Therapeutic Court
- Aug 2014 SAMHSA Trauma training 75 MC Court, Sheriff, Probation, police, prosecutor, providers
- May 7, '16 Disney movie "Inside Out" shown to 130 children & families
- TIC part of Kettering Health Network EE Orientation
- Dayton Police TIC Training During Roll Call
- Public Health Dayton-Montgomery Co Nurses Trained
- Eastway BH National Council's Trauma Informed Care Learning Community
- Train the Trainer "How Being Trauma Informed Improves Criminal Justice System Responses" Trained:
 - MC Adult Probation Staff & Jail Corrections Officers
 - MC Reentry Staff & University of Dayton Grad Students
 - Dayton Prosecutors & Adult Probation Staff



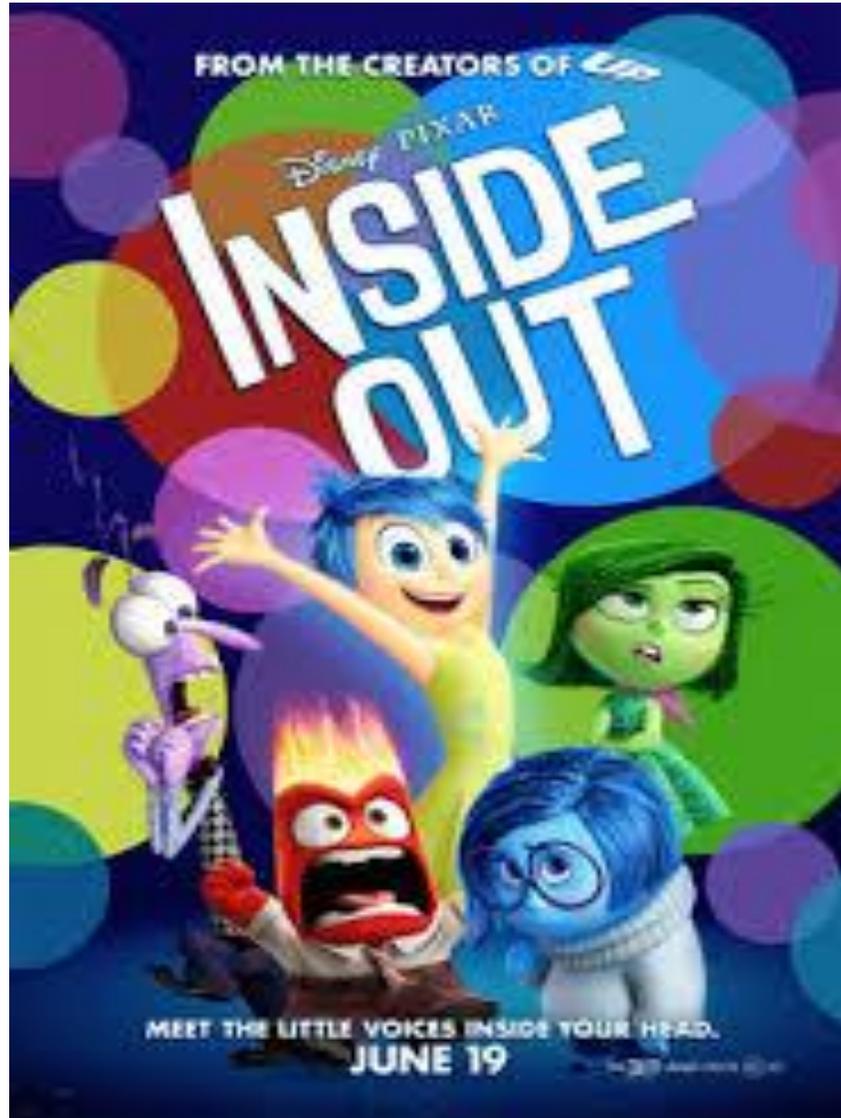
- TIC in Springfield City Schools' Strategic Plan
- Oct 7, '15 SAMHSA Trauma training – Springfield Fire & Police, Clark Co Sheriff & Providers
- Oct 10, '15 Kris Buffington Trauma training
- PAX- Good Behavior Game
- Beavercreek Schools trained in TIC



Butler

**Disney Movie
Healing Neen
90 in attendance**





Healing Neen - feature length



Hamilton County

- Tristate Trauma Network (TTN) established
- UMADOP and Beech Acres work in the schools
- TTN Feb '16 - Cincinnati "Paper Tigers" Documentary Screening & Discussion
- Tristate Trauma Network - National Council's Trauma Informed Care Learning Community.
15 Agencies Participating



Southwest Ohio Trauma-Informed
Care Collaborative
& The Tristate Trauma Network
Presents

Oct 8
2015

Building Hope &
Resilience
Through

Trauma Informed Care

Tristate Trauma Network's Trauma Informed Care Learning Collaborative

1. Child Focus, Inc.
2. Family Nurturing Center
3. YWCA of Greater Cincinnati
4. Talbert House
5. Center for Addiction Treatment (CAT)
6. Women's Crisis Center
7. Central Clinic Behavioral Health
8. BHN Alliance
9. Catholic Charities Southwestern Ohio
10. Greater Cincinnati Behavioral Health
11. Lighthouse Youth Services
12. Youth Encouragement Services, Inc.
13. Butler County Educational Service Center/
Grant Early Learning Center
14. St. Joseph Orphanage
15. Positive Leaps

Trauma-Informed Community

- Trauma-Informed Workforce
 - Recruitment, Hiring, & Retention
 - Training TIC
 - Continuing Education in TIC
 - Staff TIC Competencies
 - TIC Responsibilities & Ethics
 - Provide TIC Supervision and Consultation
 - Avoid Secondary Traumatization (Risk & Protective Factors)

TRAUMA-INFORMED CARE
TOP TEN
 A CHECKLIST FOR BEHAVIORAL HEALTH ORGANIZATIONS

Trauma is pervasive. Up to 95% of women in the public mental health system report a history of trauma. An individual's experience of trauma impacts every area of human functioning — physical, mental, behavioral, social, spiritual. When we don't ask about trauma in behavioral healthcare, harm is done or abuse is unintentionally recreated by the use of forced medication, seclusion, or restraints. Addressing trauma helps your organization improve the quality and impact of behavioral health services, increase safety for all, reduce no-shows, enhance client engagement, and avoid staff burnout and turnover. Start today by answering these questions to determine if your organization is truly committed to trauma-informed care.

TRAUMA-INFORMED CARE
TOP TEN
 A CHECKLIST FOR BEHAVIORAL HEALTH ORGANIZATIONS

Organization Name _____ Website _____

Contact Person _____ Email _____ Phone _____

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1 | We are committed to increasing our awareness and understanding of the principles and practices of trauma informed care. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2 | We want to ensure that we address the needs of our clients affected by trauma as an integral part of our strategic plan. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3 | We want to screen and assess for trauma for all our clients in a sensitive and respectful way. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4 | We want to offer our clients a range of evidence-informed services – through knowledgeable, skilled, and culturally respectful staff – to address trauma-related adaptations and difficulties. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5 | We want our policy and procedures to be informed by the experience and perspectives of consumers and would like to involve them as employees/volunteers/advocates. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6 | We want to ensure that our social and physical environment promotes healing and avoids re-traumatizing clients. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7 | We want to ensure that our entire workforce is educated about trauma-informed care and know how they contribute. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8 | We want to raise awareness of trauma-informed care with other organizations, programs and service systems that interact with our consumers. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9 | We want to create an environment that supports staff who may experience work stress and vicarious trauma. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10 | We want to use data to monitor and sustain our improvements. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

TOTAL SCORE: YES _____ NO _____

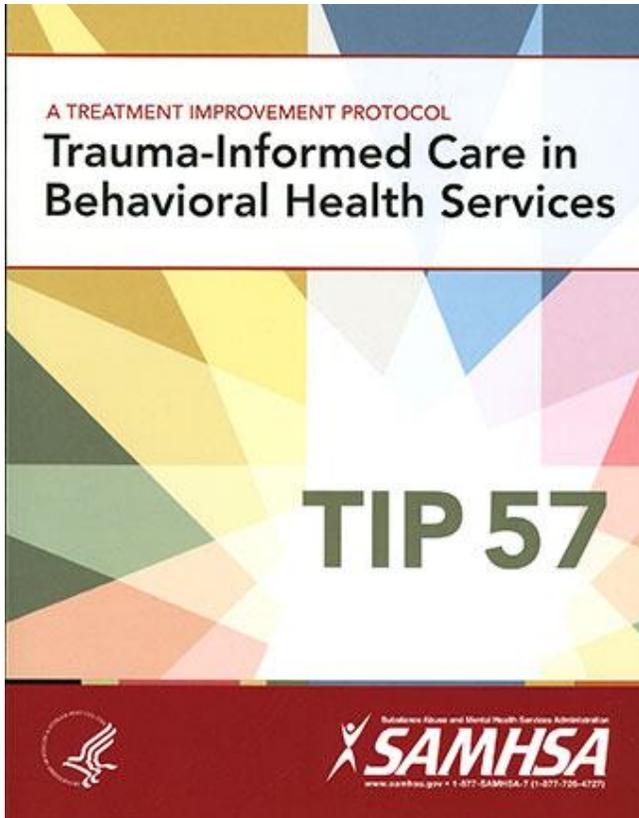
What next? The National Council for Behavioral Health's trauma-informed care initiatives have helped hundreds of behavioral health organizations across the country map out and operationalize a plan for delivering trauma-informed care. Our experts can help you devise and implement a complete A-Z trauma-informed care plan for your organization and are available for short-term and long-term consulting and training engagements at your site and can work hands on with your core implementation team.

To engage our consultants, email Daisy Wheeler, Consulting Manager at DaisyW@TheNationalCouncil.org or call 202.684.7457.

Graphics based on art by E.M. Filson



Reference



Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication NO. (SMA) 13-4901. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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Strategies for Trauma Informed Care (TIC)

1. Show organizational and administrative commitment to TIC.
2. Use trauma-informed principles in strategic planning.
3. Review and update vision, mission and value statements.
4. Assign a key staff member to facilitate change.
5. Create a trauma-informed oversight committee.
6. Conduct an organizational self-assessment of trauma-informed services.
7. Develop an implementation plan.
8. Develop policies and procedures to ensure trauma-informed practices and to prevent re traumatization.
9. Develop a disaster plan.
10. Incorporate universal routine screenings.
11. Apply culturally responsive principles.
12. Use science-based knowledge.
13. Create a peer-support environment.
14. Obtain ongoing feedback and evaluations.
15. Change environment to increase safety.
16. Develop trauma-informed collaborations.



Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: substance Abuse and Mental health Services Administration, 2014. <http://store.samhsa.gov>