Truly Trauma-Informed: Assessing the Agency Through the Trauma Lens

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Trauma-informed services

Trauma

+ Information

= Transformation
The trauma-informed framework

- **Trauma-specific**: services whose primary task is to address the impact of trauma and to facilitate trauma recovery
- **Trauma-informed**: create a milieu that acknowledges the impact of trauma and attempts to create a sense of safety

Why we need trauma-informed social services

- Some people require more specialized trauma recovery services, but many do not, benefiting from a trauma-informed service provider who is not necessarily a trauma specialist.

- People already receiving services are often referred out to specialized services after disclosing trauma, thus fragmenting their care and potentially sending a powerful, negative message.

- Trauma seems to heighten service providers’ anxiety, which clients undoubtedly sense, reinforcing their belief that something is wrong with them. This discomfort reflects the general level of fear and ignorance that permeates the system around trauma issues.
• For people in need of longer-term counseling, **limited resources are available and waiting lists are growing.**
  – Many services and even clinicians are reluctant to take trauma clients because they believe it requires a long-term commitment.
  – The health care and social services systems appear reluctant to expand their involvement, focusing instead on short-term crisis-driven services as well as punishment and compliance.
  – It is increasingly difficult for people seeking trauma recovery services to find and access them.

• There is growing frustration with **policies and practices** within various institutions that seemed to retraumatize clients rather than provide a safe, healthy environment for recovery.

• There is concern about the **lack of resources and information for people affected by trauma in remote, rural and underserved areas.**

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**Benefits of trauma-informed services**

• Evidence-based and effective
• Cost-effective
• Humane and responsive to real needs
• Aligned with over-arching goals
• Highlights glitches in the systems and offers solutions
• Works with other best practices
Dimensions of care

1. Self-care

2. Consumer and staff (direct [customer] services)

3. Structure and design (program)

4. System interaction (policy/advocacy)

The trauma informed staff person’s toolbox

1. Trauma theory and evidence-based practices
   - Theory: e.g., Harris and Fallot
   - Manual: e.g., Seeking safety (WCDVS)
   - Model: e.g., Institute for Health and Recovery

2. Motivational interviewing

3. Strengths-based advocacy

4. Effective program design and P&P
Agency assessment tools

- South Bay Community Services quick screen
- Community Connections -- in binder
- National Center on Family Homelessness (electronic version)
- The Anna Institute
  - [http://www.theannainstitute.org/TIC-RESOURCES.html](http://www.theannainstitute.org/TIC-RESOURCES.html)

A quick agency assessment

Jot down yes or no to the following 10 questions…
Is your agency trauma-informed?

1. Has your program identified trauma as a key factor in what ails the population you serve?
   • At the service-level?
   • At the administrative level?

2. Have you reviewed your policies, procedures and materials to ensure they create a sense of safety for trauma survivors?

3. Does your agency and staff seek to minimize the possibility of re-traumatization?

4. Has your program considered how engaging and non-threatening contacts are likely to be for people with a history of inter-personal abuse?

5. Does your program value the physical and emotional safety of clients/ participants above compliance?

6. Does your program emphasize self-care, positive coping and non-violent communication among staff?
7. Does your program maximize client/participant experiences of choice and control, including listening to complaints?

8. Does your program prioritize client/participant empowerment and strengths?

9. Does your program build upon coping-skills?

10. Does your program minimize rules as much as possible and review rules regularly?

Discussion

• Feedback?
• Anyone 7 or above?
• Areas you think are crucial to improve?
Consumer assessments of agency

• Do you have a feedback form?
• How is it used?
• How is criticism received by agency?
• What other tools can you use?
  – WCDVS Consumer perception survey

Areas to develop to be trauma-informed  
(Hodas 2006)

1. **Understanding Trauma:** develop a plan of care that incorporates the person's trauma history, and that seeks to address the relationship between trauma and current symptoms and behaviors.

2. **Understanding the Consumer-Survivor:** understanding the person's familial, social, and community contexts. It is also important to try to understand the problem from the person's perspective, while also appreciating – and eventually helping the person to appreciate – that symptoms arise "as attempts to cope with intolerable circumstances." (Harris and Fallot, 2001)
3. **Understanding Services**: services need to promote understanding, self-control, and skill building.

4. **Understanding the Service Relationship**: appreciation by staff that “trust and safety, rather than being assumed from the beginning, must be earned and demonstrated over time” (H&F).

5. **Values that differentiate trauma informed services from traditional services**: 4 clusters of values differentiate trauma informed services.
   - **Power and Control**: focus of services is on empowerment, not management and control
   - **Authority and Responsibility**: responsibility for staff to offer psycho-education to the consumer, not just expert interventions.
   - **Goals**: the goal of trauma informed services involves growth and change – the promotion of a “safer environment and better life” – not just stabilization of symptoms (p. 78).
   - **Language**: language should convey that staff view consumers as human beings, not as impaired cases.
6. **Administrative Commitment to Change:** commitment to trauma informed services become part of an organization’s mission statement.

7. **Universal Screening (or universal precaution):** beyond providing clinically relevant information about violence and trauma in the lives of consumers, use of screening conveys to them that “histories of violence and victimization matter” (p.7).

8. **Staff Training and Education:** Provision of such introductory information to all staff is seen as more meaningful than having an intensive training for a cadre of special staff, although an agency can, over time, do both.

9. **Hiring practices:** an agency to actively hire and designate a few staff who can serve as “trauma champions” (p. 8). Hodas (2005) proposes that hiring practices, as well as training, supervision, and staff performance evaluation, incorporate 3 sets of broadly based standards that incorporate the principles and practices of trauma informed care.
   - These standards involve: values and beliefs; job-specific expectations and competencies, including relationship building and de-escalation skills; and professional self-awareness and self-control (2005).

10. **Review of Policies and Procedures:** need to determine if any policies or procedures are damaging and replicate past abusive practices. There is special need for alertness to “traumatic reenactments masquerading as benign practice,” and policies and procedures that may inadvertently permit and rationalize abusive responses and relationships (p. 9).
Next steps for your agency

• Discussion
  – Does TI transformation sound feasible?
  – What are the main challenges?
  – Where do you start?
    • Checklist in binder
  – How do you measure success?
• What is the first action you will take at your agency?

Thank you!

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