

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



Gabriella Grant, Director
California Center of Excellence for
Trauma Informed Care, Santa Cruz CA

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.**

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>

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!

- Gabriella Grant, Director
- CA Center of Excellence for Trauma Informed Care
- gabbygrant@me.com
- 916-267-4367