

Becoming Trauma-Informed: Moving Organizations from Awareness to Action

National Health Care for the Homeless Council
2017 Spring Virtual Training

Kathleen Guarino, LMHC
American Institutes for Research

American Institutes for Research

American Institutes for Research (AIR) is an independent, nonpartisan, not-for-profit organization that conducts behavioral and social science research and delivers technical assistance both domestically and internationally.

AIR's mission is to conduct and apply the best behavioral and social science research and evaluation towards improving people's lives, with a special emphasis on the disadvantaged and most vulnerable populations.

Today

1 What is a trauma-informed approach?

2 How do organizations adopt a trauma-informed approach?

3 What does trauma-informed change look like?

Poll

How would you describe your organization's level of understanding of trauma and its effects on the people you serve?

- High level of understanding
- Moderate level of understanding
- Very little understanding

What is a trauma-informed approach?

Trauma: A Public Health Issue

98%

of **female offenders** have **experienced trauma**, often interpersonal trauma and domestic violence



96%

of **adolescent psychiatric inpatients** have histories of **exposure to trauma**



93%

of **homeless mothers** have a **lifetime history of interpersonal trauma**



90%

of **juvenile justice-involved youth** have experienced trauma, often **multiple traumas from an early age**



75%

of **adults in substance abuse treatment** report histories of trauma



70%

of **children in foster care** have experienced **multiple traumas**



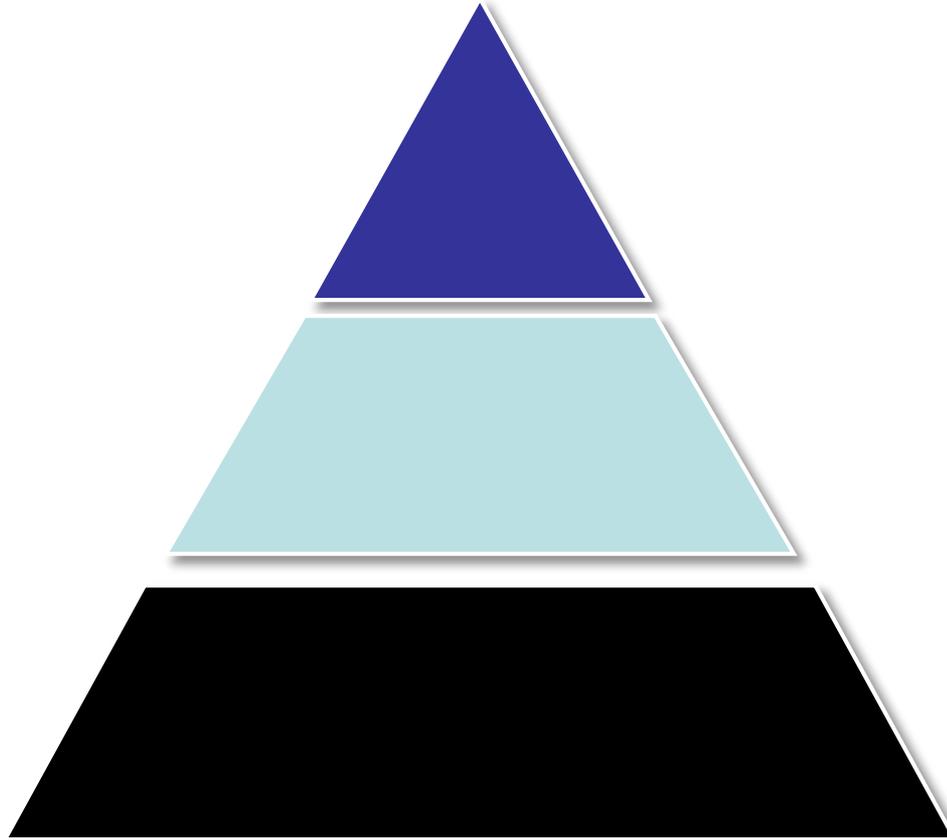
Sources: Green, Miranda, Darowalla, & Siddique, 2005; Havens, Gudine, Diamond, Weis, & Cloitre, 2012; Hayes, Zonneville, & Bassuk, 2013; Abram, Teplin, Charles, Longworth, McClellan, & Dulcan, 2004; Dierkhising, Ko, Woods-Jaeger, Briggs, Lee, Pynoos, 2013; SAMHSA/CSAT, 2000; Greeson, Briggs, Kisiel, Layne, Ake, Ko . . . & Fairbank, 2011

Multi-tiered Approach to Trauma

Individual



Systems



Trauma-specific mental health services or interventions.

Universal approach to addressing trauma provided agency-wide. Requires changes to the policies, procedures, and culture of an agency or service system.

What is a Trauma-Informed Approach?

In a trauma-informed organization, all aspects of a service delivery system - from how the workforce is trained to what procedures and policies are adopted - are grounded in an understanding of trauma and its impact and designed to promote healing and resilience.

This approach can be expanded across service systems and broader communities.

Adopting a trauma-informed approach means all people at all levels of an organization:

- **Realize** the prevalence and impact of trauma on youth, families, communities, and systems.
- **Recognize** the signs of trauma in those they serve.
- **Respond** by integrating knowledge of trauma into policies, procedures and practices.
- **Resist** re-traumatizing youth and families by creating environments that mimic past trauma, cause additional trauma, and compromise resilience and well-being for all.

Integrating Care

Ensuring Cultural Competence

Promoting Safety

Healing Happens in Relationships



RECOVERY IS POSSIBLE

Understanding Trauma and Its Impact

Sharing Power and Governance

Supporting Consumer Control, Choice and Autonomy

TRAUMA INFORMED CARE

Everyone has a role to play.

- Trauma awareness
- Safety
- Choice, control, and empowerment for all
- Cultural competence
- Shared power and governance
- Integration of care
- Belief that recovery is possible and healing happens in relationship



Traditional Perspective

- Challenging behaviors are the result of individual deficits (e.g., what's wrong with you?).
- Understands difficult behaviors as purposeful and personal.
- Focuses on changing the individual to “fix” the problem.
- Service providers need to uphold authority and control.
- Punitive approaches are most effective.
- Support for people exposed to trauma is provided by counseling professionals.

Trauma-Informed Perspective

- Challenging behaviors may be ways of coping with trauma (e.g. what happened to you?).
- Understands difficult behaviors may be an automatic stress response.
- Focuses on changing the environment.
- Service providers need to offer flexibility and choice.
- Positive, strengths-based approaches are most effective.
- Support for people exposed to trauma is the shared responsibility of all who provide support.

Poll

On the traditional to trauma-informed spectrum, where does your organization fall?

- Very traditional
- Somewhat traditional
- Somewhat trauma-informed
- Very trauma-informed

How do organizations adopt a trauma-informed approach?

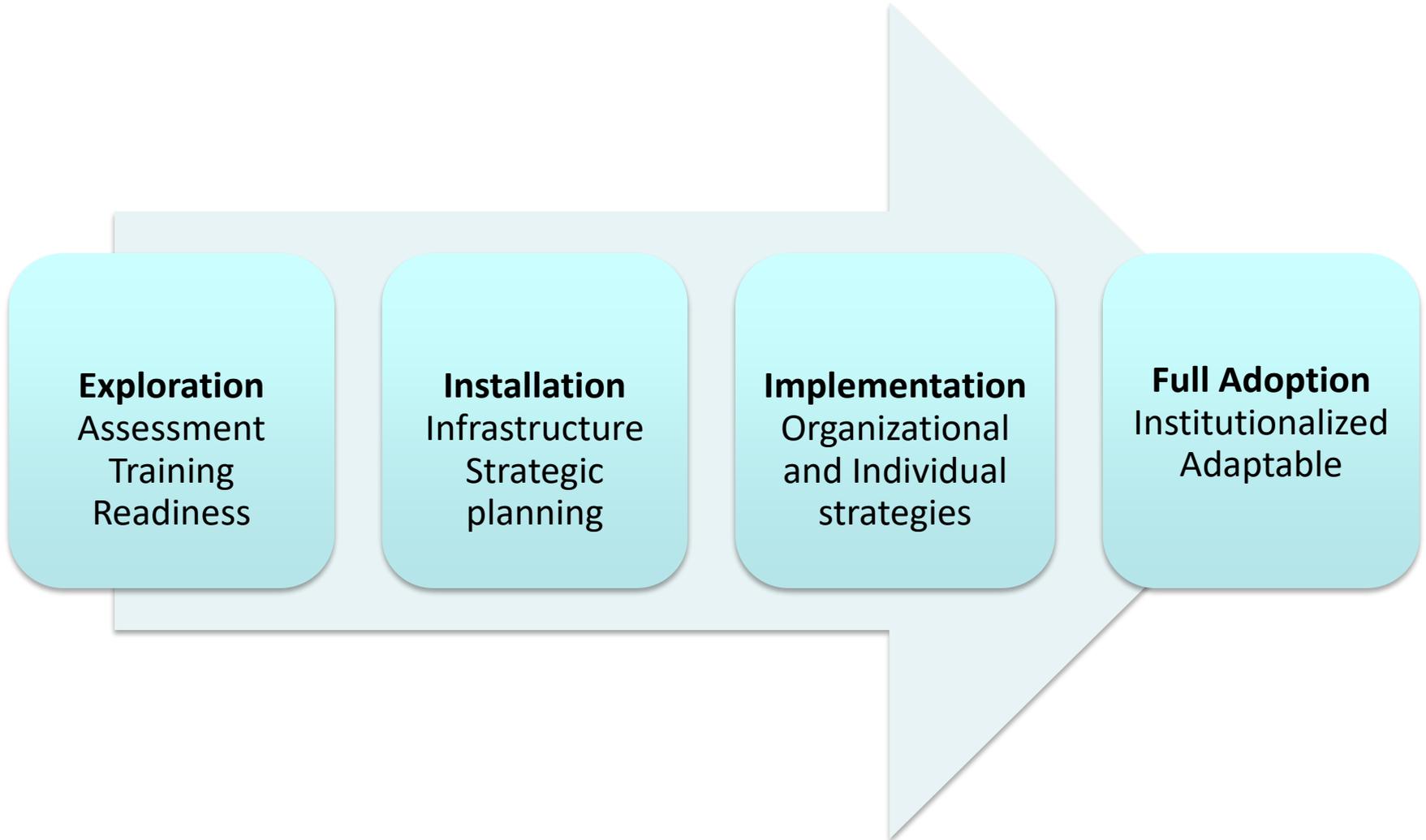


A vision without a plan is just a dream.
A plan without a vision is just drudgery.
But a vision with a plan can change the world.

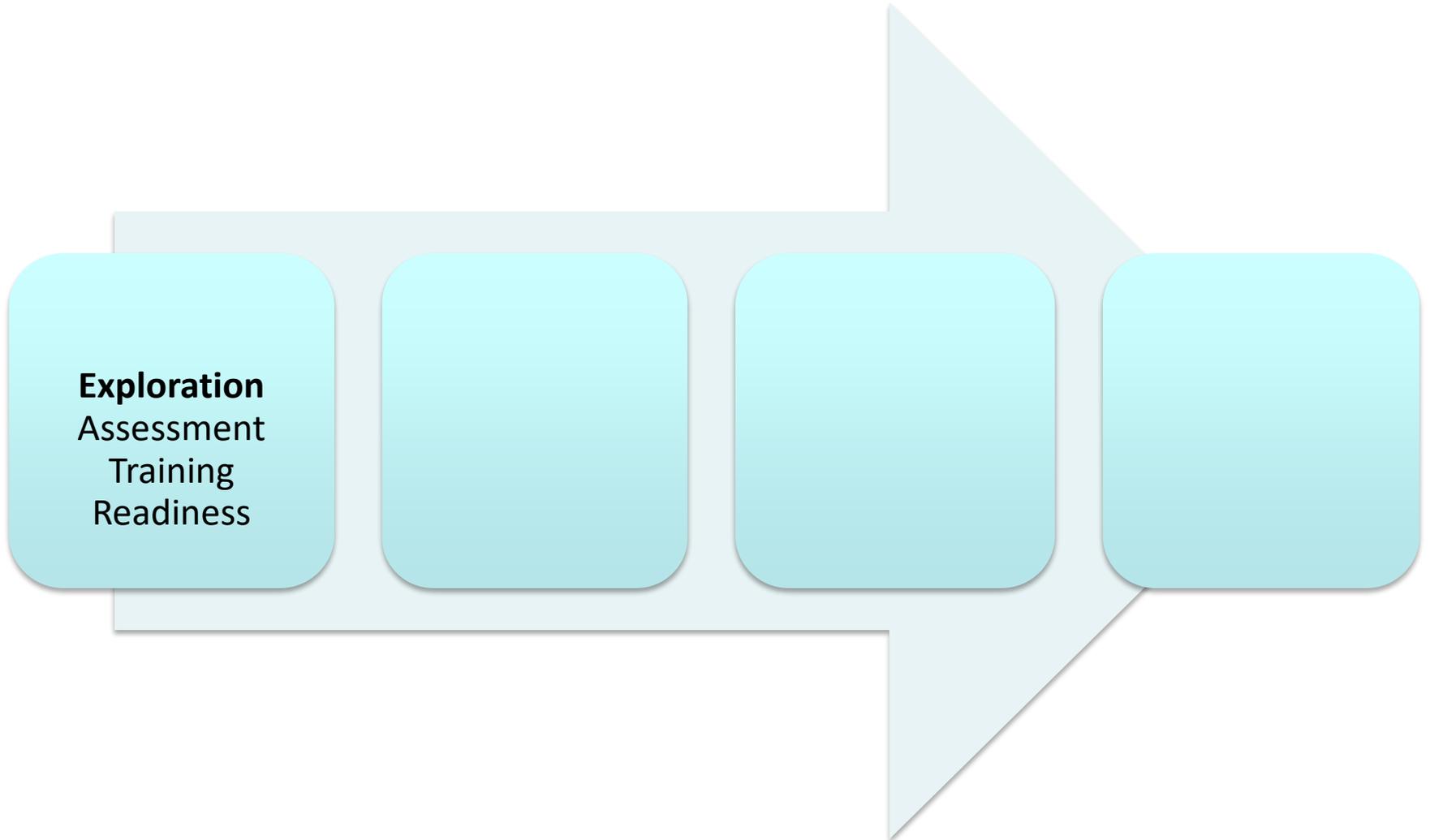
What's next?

- Adopt formal, research-informed implementation processes.
- Measure degree of adoption and level of trauma-informed care.
- Identify the universal components of trauma-informed care across systems.
- Connect universal trauma-informed care with organization and service-user outcomes.

Pathway for Adopting a Trauma-Informed Approach



Pathway for Adopting a Trauma-Informed Approach



Exploration

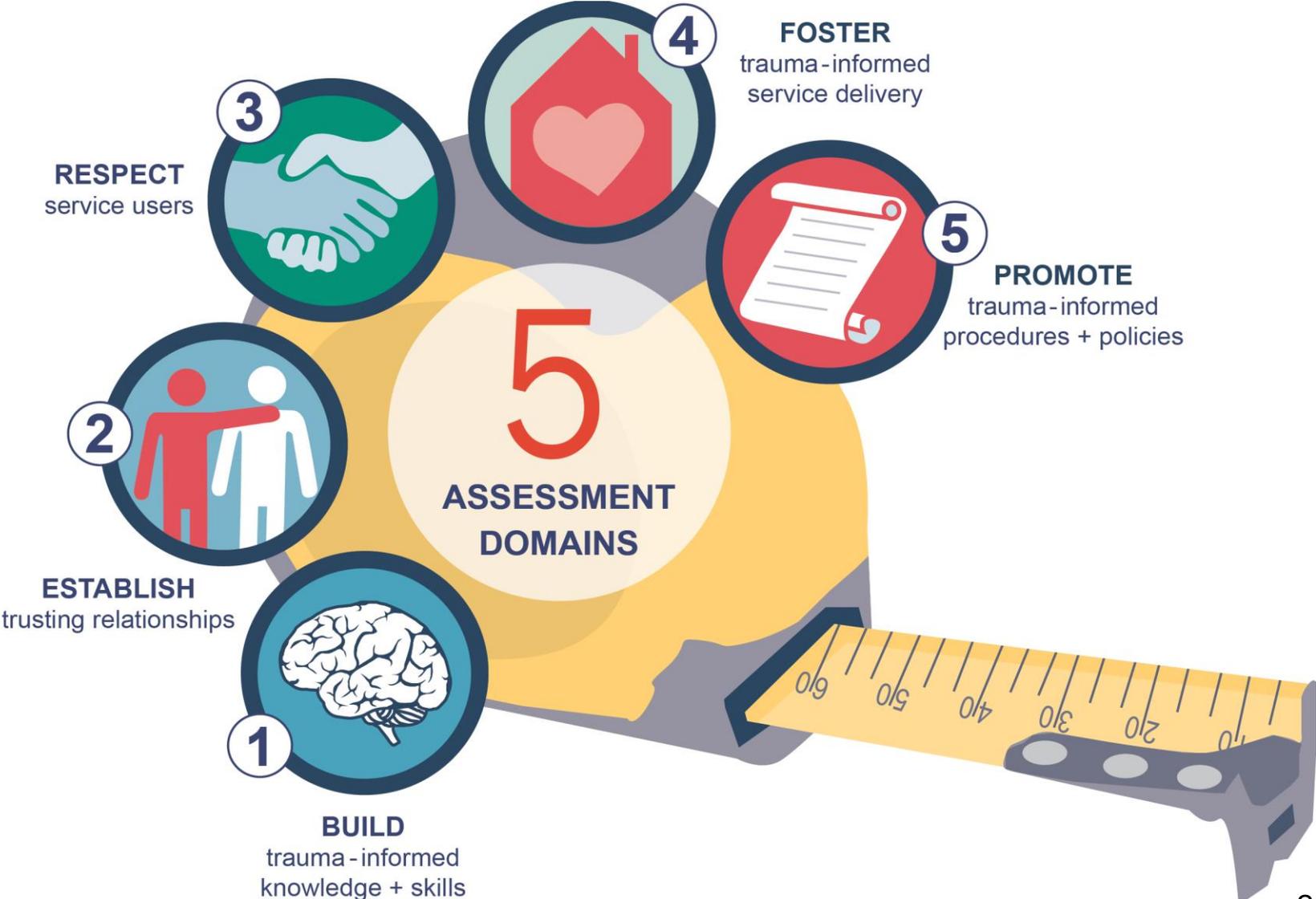
- What is our current capacity in trauma-informed care?
- Are we all on the same page in understanding trauma and a trauma-informed approach?
- How ready are we to more fully adopt a trauma-informed approach?

AIR's Trauma-Informed Organizational Capacity Scale (TIC Scale)



- First psychometrically validated instrument to measure organizational trauma-informed care across health and human service settings.
- Tested with service providers across behavioral health, housing and homelessness, child welfare, domestic violence, and community health and hospitals.
- Includes 35 items across 5 domains that represent the strongest indicators of a trauma-informed organization.

TIC Scale



How is the tool completed?



- Administered online.
- Takes approximately 15-20 minutes to complete.
- Can be completed by all staff at all levels, across all programs or departments within an agency.
- Staff are asked to rate the extent to which they agree that their organization incorporates each of the measure's 35 items (response categories strongly agree to strongly disagree).
- If staff are only familiar with their particular program or department within a larger agency, they answer for their program/department as a whole.

Screen shot of online tool

Trauma-Informed Organizational Capacity Scale (TIC Scale)

Trauma-Informed Organizational Capacity Scale (TIC Scale)



Domain 1: Build trauma-informed knowledge and skills

	Strongly Disagree	Disagree	Agree	Strongly Agree
The organization has a written policy that supports staff knowledge-building aimed at understanding trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing training on trauma is required for all staff and administrators (including clinical and non-clinical staff, peer support staff, and volunteers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organization offers training that describes the impact of trauma on brain and body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge gained about trauma is assessed through pre/post evaluation of training sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TIC Scale Results



- Organizations receive a total score for each domain and a total score across domains.
- Overall score and domain-level scores determine an organization's capacity to provide trauma-informed care.
- Capacity ratings include: insufficient, fair/needs improvement, good, and excellent.
- Scores can be analyzed by different factors as part of a more detailed analysis (e.g., program/department, staff role, type of service, etc.).
- Individual organizational scores can be analyzed collectively to determine the extent to which a larger system is trauma-informed.

Who can use and for what purpose?



- Health and human service agencies (e.g., behavioral health and substance abuse programs; state and local child welfare agencies; homelessness and housing programs; community health centers and hospitals; domestic violence programs; multi-service agencies; other organizations serving populations with high rates of exposure to trauma).
- Determine baseline capacity in organizational trauma-informed care, target strategic planning and professional development, monitor change over time, assess relationship between a universal intervention for trauma and outcomes for service users.
- Can be administered across health and human service agencies as a common measure of trauma-informed care.

Training

- Foundational training for leaders and staff on trauma and its effects and a trauma-informed approach.
- Supports buy-in.
- Allows for a collective decision to adopt.

Readiness

Readiness: The extent to which an organization is both **willing** and **able** to implement a particular practice.

(Readiness = Motivation x General Capacity x Intervention-Specific Capacity)

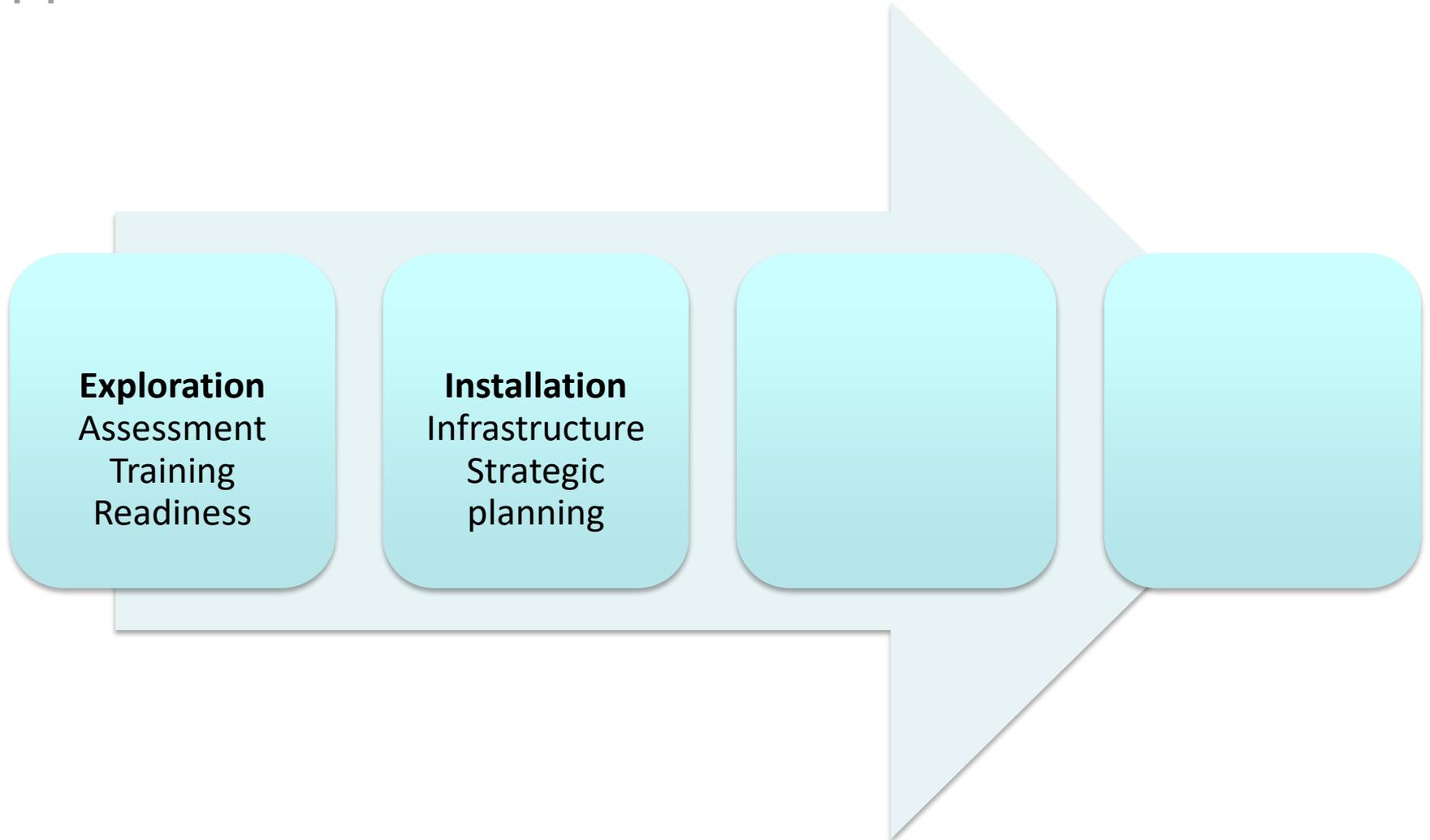
- How is a trauma-informed approach different than what is already in place universally to support service users?
- To what extent does a trauma-informed approach add value to the way we currently provide services?
- How difficult will it be to implement a trauma-informed approach agency-wide?
- How well does the organization currently operate (communication, transparency, staff morale, existing supports for staff)?
- How supportive is the leadership to trying new things?
- How receptive is the staff to change?
- What knowledge, skills, and abilities are needed to become a trauma-informed organization?
- Who in the organization will lead the process and champion this approach?

Poll

How ready do you believe your organization is to adopt a trauma-sensitivity approach?

- Very ready.** The investment of time, resources, and energy is there.
- Somewhat ready.** People see the need and want to invest but are not at the point where they have developed a formal plan and process.
- Not ready.** More work is needed to see the value and be willing to invest in the process.

Pathway for Adopting a Trauma-Informed Approach



Multi-disciplinary Trauma Work Group

- Institutionalize the commitment to being trauma-informed.
- A structure with dedicated staff/time to develop strategic plan & monitor progress towards goals.
- First concrete step to support systems change.
- Small organizations or programs: the trauma work group can include all staff; topics included in regular staff meetings.
- Larger programs: create a smaller multi-disciplinary work group that is representative. Reports back to all staff.

Sustained Leadership Involvement

- Attending training events (for leadership and staff levels).
- Talking to staff about the agency commitment to trauma-informed care.
- Attending or getting regular reports from trauma working group.
- Supporting working group members to make programmatic changes.
- Ensuring that champions and staff are able to fully engage in the process (e.g., providing adequate resources, time, coverage).

Develop a Strategic Plan



Plan across five domains:

1. Build Trauma-Informed Knowledge and Skills
2. Establish Trusting Relationship
3. Respect Service Users
4. Foster Trauma-Informed Service Delivery
5. Promote Trauma-Informed Procedures and Policies

You may choose to focus on one or several. Staff development (Domain 1) is a critical place to begin.

Develop a Strategic Plan

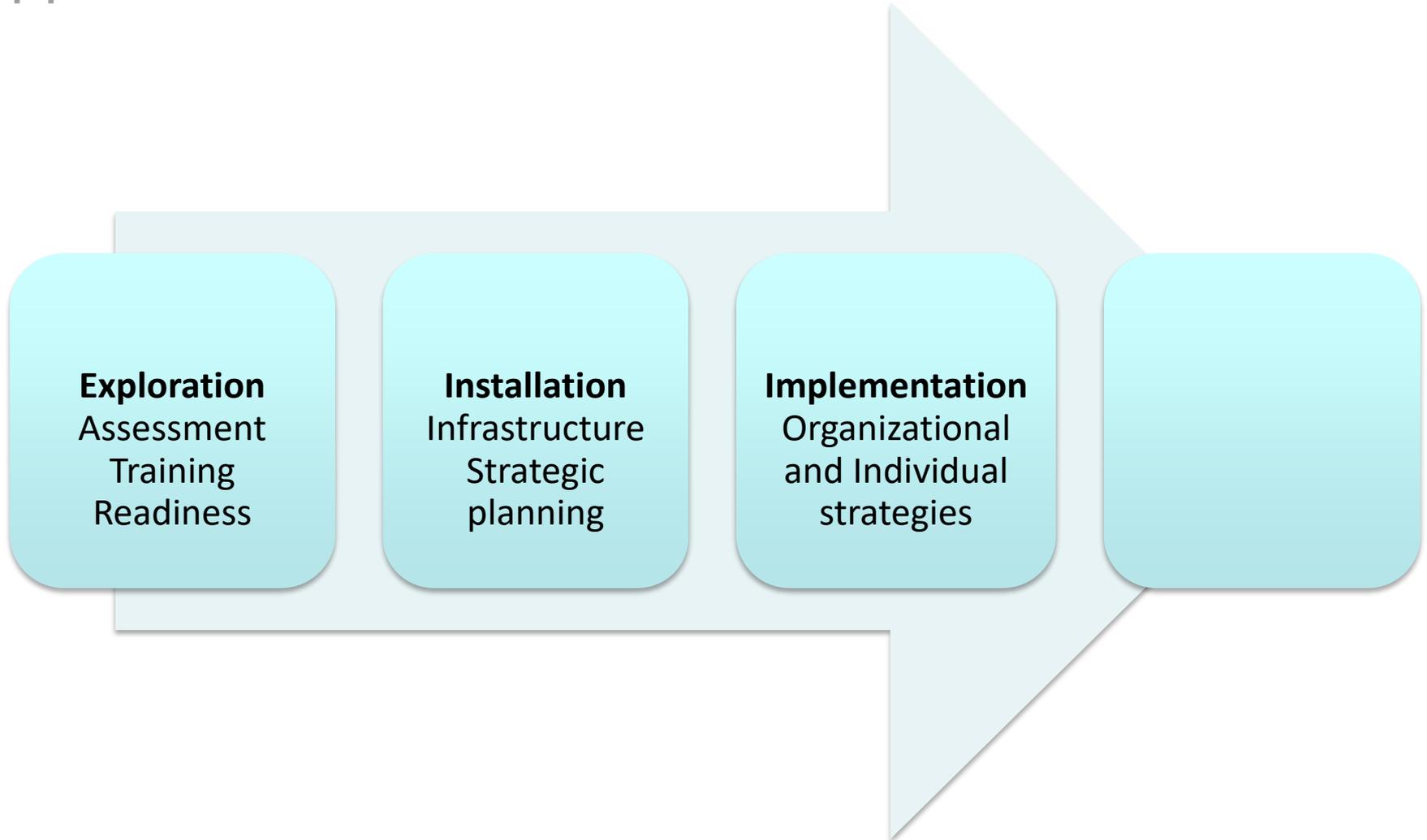


Short and long-term goals should be included, along with concrete action steps, resources, and benchmarks of success.

Plans can be started by the work group and presented to all staff for feedback and input before being finalized.

Organizations develop feedback loops between the broader agency and the work group activities, plans, and progress towards goals.

Pathway for Adopting a Trauma-Informed Approach



Domain 1: Build Trauma-Informed Knowledge and Skills



- Ensure ongoing trauma training, and assessment of knowledge transfer and application of concepts/skills development is built into exciting structures (e.g., supervision, staff meetings, case scenarios or questions, a concept or skill of focus for a particular month).
- Educate staff on types of trauma and unique experiences of particular subpopulations (e.g., LGBTQ youth, refugee groups, communities of color).
- Identify core adult skills/competencies needed to address trauma and support resilience.
- Ensure a commitment to trauma-informed care is articulated and operationalized in job descriptions.
- Consider how to integrate a trauma-informed approach to supervision to reinforce concepts and mirror trauma-informed principles with their staff.
- Establish formal processes for regularly addressing the impact of secondary traumatic stress and vicarious trauma on staff and supporting staff resilience.
- Incorporate commitment to trauma-informed care into the hiring process/candidate interviews across programs in the agency.

Domain 2: Establish Trusting Relationships



- Develop a formal mechanism for involving service users in decision-making about programming and supporting program development.
- Consider what challenges to involving service users may lead to resistance from staff and develop strategies to address these issues.
- Ensure there are processes for gathering ongoing feedback from service users about their experiences with the agency/program. This includes informal and formal measures of feedback (e.g., focus groups, interviews, anonymous surveys, formal measures of organizational culture, client satisfaction).
- Ask the following questions and develop concrete practice changes related to establishing trusting relationships: How can we be more open and transparent with service users throughout their time with our agency? How can we convey more respect in our language and actions?
- Identify potentially re-traumatizing practices in helping relationships and how to model safe, healthy, resilience-building interactions.
- Consider how to support culturally responsive environments.

Domain 3: Respect Service Users



- Consider generating a set of expectations for maintaining safe and welcoming environments consistent across programs (e.g., wait times, level of privacy in the space, how service users are greeted).
- Ensure that all physical spaces are well lit, well maintained, and comfortable.
- Physical spaces include materials and decorations that reflect the participants being served (e.g., culture, gender, age).
- Develop a formal process for identifying and minimizing potential triggers for participants stemming from agency environment and/or practices.
- Identify and eliminate potentially re-traumatizing practices in the service environment.
- Explore additional steps needed to ensure privacy and confidentiality.
- Consider how you involve others who have had similar lived experiences to those being served by the agency/program (informally and formally via hiring practices).
- Identify ways to offer peer-led programming and ensure that this perspective informs service design.

Domain 4: Foster Trauma-Informed Service Delivery



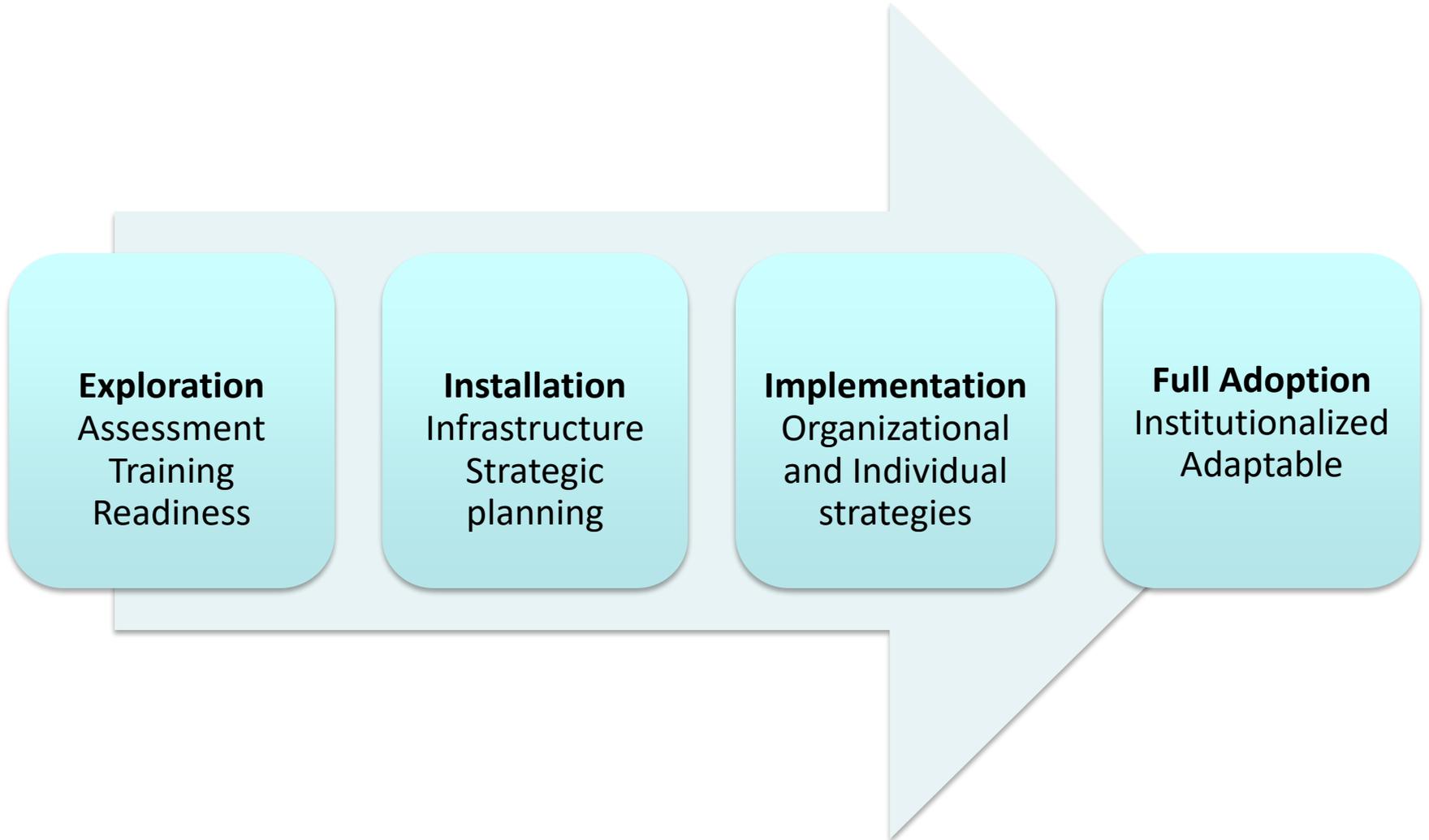
- Consider how trauma is addressed in program-level assessments.
- Consider how to assessments are conducted across programs to ensure a process that upholds the principles of trauma-informed care (safety, choice and control, shared power, holistic view, strengths-based).
- Consider whether formal changes to assessment processes are needed across programs to support a trauma-informed approach.
- Ensure the process for goal setting with service users is collaborative in all programs.
- Adopt consistent strategies for educating service users on trauma as it relates to the particular program and services being provided.
- Consider how the agency can more consistent and predictable in its service delivery across divisions, programs, and staff.

Domain 5: Promote Trauma-Informed Procedures and Policies



- Develop formal policies that reflect a commitment to trauma-informed care.
- Develop formal policies that include a commitment to cultural awareness and culturally-specific practices.
- Develop a formal review process that includes staff and participants.
- Ensure policies and procedures align with the core principles of a trauma-informed approach.

Pathway for Adopting a Trauma-Informed Approach



Strategies for Sustainability

- **Maintain the trauma work group.** Ensure regular meetings of the work group are embedded into organizational processes.
- **Reassess progress regularly:** Review short and long-term goals. Programs can do a yearly re-assessment of their program to identify changes. Other assessment tools include staff and consumer surveys, focus groups, and individual interviews- can be done at various times.
- **Evaluate impact:** Data collection methods should be part of strategic plan. Quantitative data collected via surveys, record reviews, analysis of existing program data (e.g., terminations, evictions, hospitalizations). Qualitative information via focus groups, interviews, observations, case studies.
- **Build communities of practice:** Network with other agencies that are also committed to becoming trauma-informed. Cross-agency collaboration allows people to share new ideas, lessons learned, and strategies for success.
- **Educate others:** Provide community partners with information about trauma-informed care and what the agency has done to support service users.

What does trauma-informed change look like?

Changes in staff understanding and response:

“It has given me the tools to really start to work on a different level with the women and for the women . . . Now I know where they are coming from. [It’s] not just mental health, personality or noncompliant – [there are] really reasons why they’re doing what they are doing.” – Case Manager

“Definitely, I see a change especially in the way our resident advisors treat the clients . . . People tolerate more, they show more empathy, and they try to understand why a client is acting that way is because of this instead of seeing them in a more negative way.”

– Program Director

Changes in staff understanding and response:

“I am listening to my staff – the way they are beginning to talk a little bit differently. In the past, we used the term ‘verbal assault’ – if a veteran got upset and started screaming at staff – and we wouldn’t put up with that. A new way to talk about it – it wasn’t verbal assault – this guy was really upset that someone stole something of his - it was a verbal outburst. Just changing the words rang a bell. We don’t have to kick him out, let’s work with him.” - Clinical Manager

Changes in staff communication and cohesion:

“We tend to be very siloed . . . So a working group together thinking of ideas we can do together and the interactions together has been a big step.” - Administrator

“It helps us to understand one another, to be able to work with each other and understand that we all have trauma.” – Case Manager

“Sometimes it can be a little bit challenging. Security might do things certain ways, clinicians might handle the same situation differently, [trauma-informed care] encourages conversation and a mutual understanding of what’s going on and why.”- Clinical Director

Shifts in awareness of staff needs:

“We have a client that almost died on one of our programs from an overdose and I probably have a dozen staff that came to me as the clinical manager and they were very concerned with what we were doing to support the staff member who came across the client . . . there is much more of an awareness among the staff that a staff member . . . was going to be traumatized from the experience. There wasn’t a heightened awareness and concern before we started this process.”

– Clinical Manager

Lessons Learned

- Trauma-informed systems change requires investment of time and resources.
- Organizations need to be ready to adopt.
- Leadership presence is needed at all stages.
- Adopting trauma-informed care can have a positive impact on all in service environments.

Poll

Where is your organization in the process of adopting a trauma-informed approach?

- We are just learning about this and have not taken formal steps to adopt.
- We are beginning to adopt, but still have a ways to go to make it part of how we operate.
- This is part of our formal mission and practice.

Thank you for the work that you do and for your time today.

For more information, please contact:
Kathleen Guarino, LMHC
kguarino@air.org

To learn more about our trauma work visit our website at
<http://www.air.org/resource/trauma-informed-care-service-systems>