Enhancing Trauma-Informed Programming and Systems through Organizational Assessment & Training

The Complex Trauma Treatment Network

What is a trauma-informed system?

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Definition . . .

- *"Trauma-informed" refers to all of the ways in which a service system is influenced by having an understanding of trauma, and the ways in which it is modified to be responsive to the impact of traumatic stress. A program that is "trauma-informed" operates within a model or framework that incorporates an understanding of the ways in which trauma impacts an individual's socio-emotional health. This framework should, theoretically, decrease the risk of retraumatization, as well as contribute more generally to recovery from traumatic stress. (Harris & Fallot, 2001)*

Key Principles. . . . .

- *Trauma awareness:*

   Trauma-informed systems incorporate an awareness of trauma into their work. This may include establishing a philosophical shift, with the overall system taking a different perspective on the meaning of symptoms and behaviors. Staff training, consultation, and supervision are important aspects of organizational change to incorporate trauma awareness. Practices within the agency should also reflect an awareness of the impact of trauma, including changes such as screening for trauma history and increasing access to trauma-specific services and staff self care to reduce the impact of vicarious trauma.

Key Principles. . . .

- *Emphasis on safety*:

  Because trauma survivors are often sensitized to potential danger, trauma-informed service systems work towards building physical and emotional safety for consumers and providers. The system should be aware of potential triggers for consumers and strive to avoid retraumatization. Because interpersonal trauma often involves boundary violations and abuse of power, systems that are aware of trauma dynamics establish clear roles and boundaries developed within a collaborative decision-making process. Privacy, confidentiality, and mutual respect are also important aspects of developing an emotionally safe atmosphere. Diversity is accepted and respected within trauma-informed settings, including differences in gender, ethnicity, sexual orientation, and so on.

Key Principles. . . .

- *<u>Opportunities to rebuild control and empowerment:</u>*

  Because control is often taken away in traumatic situations, trauma-informed service settings emphasize the importance of choice and empowerment for consumers. They create predictable environments that allow consumers to re-build a sense of efficacy and personal control over their lives. This includes involving consumers in the design and evaluation of services.

Key Principles . . . .

- *Strengths-based approach:*

  Trauma-informed systems are strengths-based, versus punitive or pathology driven. This type of system assists consumers in identifying their own strengths and developing coping skills. Trauma-informed systems are future-focused, and utilize skill-building to further develop resiliency.

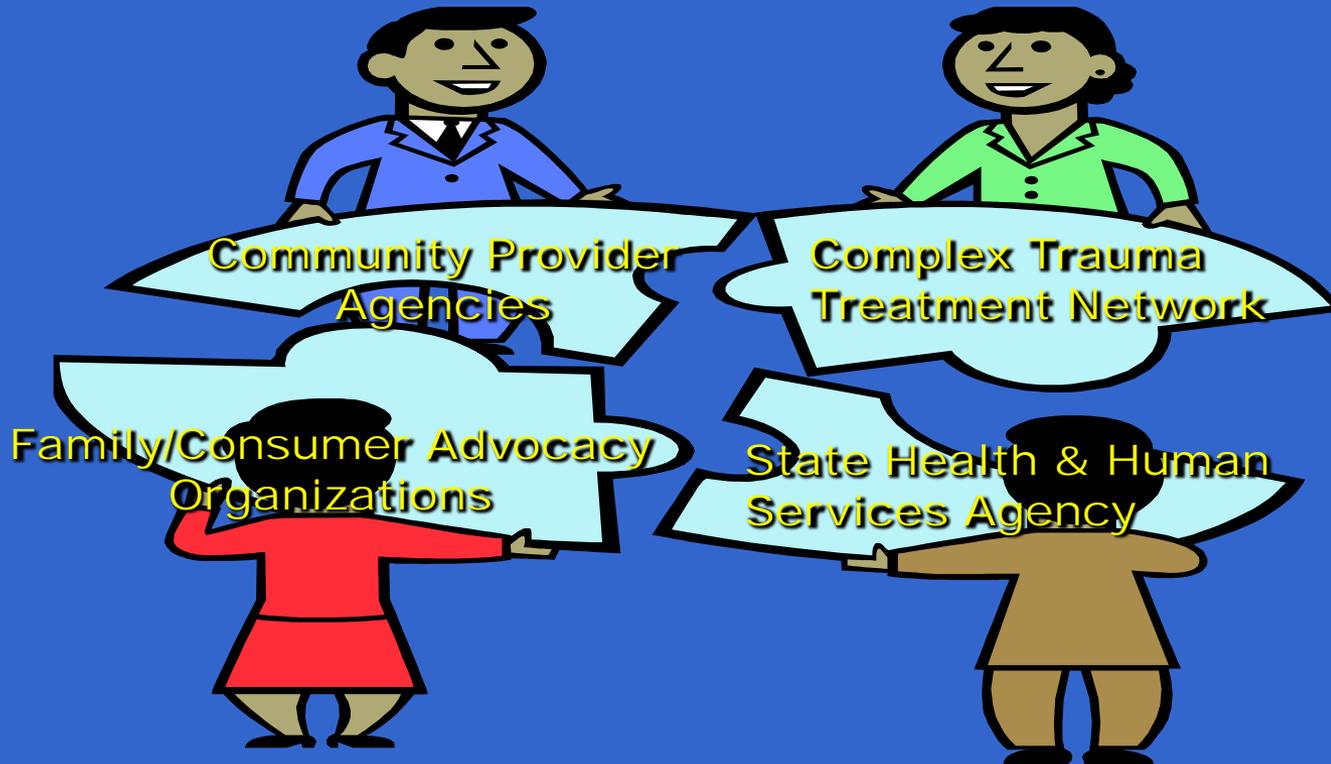# Building Trauma-Informed Systems of Care: A Work in Progress. . .

7 Steps Toward Success. . .

1. Identify Stakeholders
2. Conduct Needs Assessment
3. Facilitate Team Building
4. Provide Training
5. Implement Evidence Based Practice
6. Evaluate Effectiveness
7. Support Sustainability

Step 1: Identify Key Stakeholders

Key Stakeholders

Community Provider Agencies

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Family/Consumer Advocacy Organizations

State Health & Human Services Agency

Step 2: Entry into a system:
The Needs Assessment Process

Sources of Information

- Interviews with staff and residents

- Weekly observations of structured/and unstructured time including meetings, activities, etc.

- Review of handbook, miscellaneous programmatic forms and select client charts

- Data from a Trauma-Informed Organizational Toolkit (National Center on Family Homelessness)

The Trauma-Informed Organizational Toolkit

The TI Organizational Toolkit was created to provide programs with a roadmap to becoming trauma-informed.

There are 3 parts to the TI Toolkit:
1. The Trauma-Informed Organizational Self-Assessment
2. A Users Guide
3. A How-To Manual for Creating Organizational Change

The Trauma-Informed Organizational Self-Assessment

This was designed to help programs evaluate their practices.

There are 5 key areas to assess:
1. Supporting Staff Development
2. Creating a Safe and Supportive Environment
3. Assessing and Planning Services
4. Involving Consumers
5. Adapting Policies

1. Supporting Staff Development

A. Training and Education - assesses for exposure to training on a variety of trauma-related topics.

B. Staff Supervision, Support and Self Care - Includes assessment of access to supervision, trauma-focused consultation, debriefing and education about vicarious traumatization and self care strategies.

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2. Creating a Safe and Supportive Environment

A. Establishing a Safe Physical Environment

B. Establishing a Safe and Supportive Environment:
   Information sharing practices
   Cultural Competence
   Privacy and Confidentiality
   Safety and Crisis Prevention Planning
   Open and Respectful Communication
   Consistency and Predictability

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3. Assessing and Planning Services

A. Conducting Intake Assessments

B. Developing Goals and Plans

C. Offering Services and Trauma Specific Interventions:
   TF-CBT
   Sanctuary Model
   ARC

4. Involving Consumers

A. Involving Current and Former Consumers:

This section highlights the importance of Empowering consumers by involving them in multiple aspects of programming.

5. Adapting Policies

A trauma-informed program considers the impact of trauma when creating policies.

Trauma-informed policies include a formal acknowledgement that consumers have been impacted by trauma and a stated commitment to trauma-sensitive practices.

Compiling TI Self-Assessment Results

- All Items are rated in the following manner:
- Strongly Disagree (1)
- Disagree (2)
- Agree
- Strongly Agree
- Do not Know
- Not Applicable

- When compiled you will be prioritizing targets that are consistently in the disagree category as well as looking at areas where there is significant inconsistency of response.

Step 3: Build a Multidisciplinary Implementation Team

Build an Implementation TEAM

- Build a multidisciplinary team of "Champions" to lead the TI effort.

  - This core group should come together to take what they have learned about trauma and to develop a plan to support the application of this knowledge into daily practice.
  - This team should develop a work plan with identified needs, goals and implementation tasks critical to the initiative.
  - The team should meet at least on a monthly basis if not more frequently to work on tasks.

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Step 4: Training & Ongoing Support on Trauma Impact

Training Elements

- Staff Orientation & Ongoing Consultation
- Ongoing Consultation
- Experiential Learning
- Train the Trainer Model
- Short, sweet, relevant!

Core TI Topics for Training

- Understanding Traumatic Stress: "What is Trauma"?
- Understanding the Impact of Trauma on the Brain and the Body: The Human Danger Response and Triggers
- Understanding the Impact of Trauma on Development
- Understanding the Impact of Trauma on Self Regulation
- Tools to Help Individuals Impacted by Trauma
- Impact of Secondary/Vicarious Trauma on Providers and Strategies for Self-Care

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Step 5: Implement Principles of Trauma-Informed Care and/or Trauma Specific Practice

Key Targets

TRAUMA-INFORMED PRACTICES:

- Trauma Awareness (will overlap with training but this may include incorporating trauma language into ongoing meeting forums)

- Emphasis on Safety: Internal and External

- Opportunities to rebuild control and empowerment:

- Strengths Based Approaches

TRAUMA SPECIFIC PRACTICES:

- Consider assessing for acute vs. complex trauma- who is your population? What are you primarily treating?

- Select Intervention (s) that are most applicable to your population and that will likely enhance the approaches that you are currently using.

Step 6: Evaluation

Key Variables To Measure:

Overall Goal: Select outcome measures related to your overall strategic plan.

- Program Level: Repeat TI Self-Assessment to look at Trauma-Informed practices

- Staff Level: Staff Self Care: Turnover, Pro QRL, Competency measures.

- Individual Level: Restraint Reduction, Reduced Incidence of Self-Harm, Symptom Reduction, Enhanced Functioning, Permanency

Step 7: Supporting Sustainability

Key Targets

- Sustainable Products:
  - Training curriculum and video
  - Group curriculum
  - Caregiver workshop curriculum
  - Assessment Batteries

- Orientation Process and Materials

- Updated Policy and Procedures (Debriefing, Reparation, Supervision)

- Ongoing Meeting Forums

Lessons Learned to date . . .

Lessons Learned: Assimilation & Accommodation

- Needs Assessment is crucial to the process- hear the voices of those who are doing the work
- Strengths based approach—work from strengths of partner programs and agencies
- Trauma-focused assimilation-build on what's already working
  - Trauma-focused work may include putting trauma framework around existing skills protocols
- Trauma-informed accommodation
  - Trauma-informed work may be critical first step for some agencies

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Lessons Learned: Barriers to implementation

- Program leadership resistant to change
- Getting buy-in from everyone to reduce fragmentation and increase consistency
- Limited training access and/or inadequate training
- Staff turnover
- Supervision Issues
- Vicarious Trauma
- Policy and/or larger system demands that do not support trauma-informed intervention
- Cost

Lessons Learned: Strategies to Overcome Barriers

- Buy in from the top
- Incorporating Trauma-Informed goals into program goals, objectives, outcomes, etc
- Bottom-Up vs. Top-Down Training Approach
- Creating a Safe Environment
- Build Internal Sustainability
- One Size Doesn't Fit All
- Staff Self Care
- Consumer Involvement

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Lessons Learned: Sustainability

- Integrate new services into standard programming & staff orientation

- Build redundancy in training/ implementation staff in anticipation of turnover

- Continue to motivate staff
  - Offer reinforcements for ongoing participation
  - Analyze data/ positive results

- Managing behavioral drift and assuring fidelity to the model adopted

- Ongoing CQI after implementation is complete

Conclusion/Summary Slide

- MEET PROGRAMS WHERE THEY ARE!
  - Buy-in from the outset is critical
  - Strengths-based
  - Attunement
  - Bottom-Up Approach
  - Incremental Process—be patient!
  - Target outcomes of relevance to key stakeholders
  - Reinforce effort!
  - Always, always attend to self-care

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Breakout Groups: Agency/Program TI Self-Assessment

- Supporting Staff Development

- Adapting Policies