Trauma Informed Care Handout

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

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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

_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: 10-11._

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### 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

### 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. |

SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH

<table>
<thead>
<tr>
<th>Safety</th>
<th>Trustworthiness and Transparency</th>
<th>Peer Support</th>
<th>Collaboration and Mutuality</th>
<th>Empowerment, Voice, and Choice</th>
<th>Cultural, Historical, and Gender Issues</th>
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<tbody>
<tr>
<td><strong>10 IMPLEMENTATION DOMAINS</strong></td>
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<td><strong>Governance and Leadership</strong></td>
<td>• How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?</td>
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<td></td>
<td>• How do the agency’s mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?</td>
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<td></td>
<td>• How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?</td>
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<td><strong>Policy</strong></td>
<td>• How do the agency’s written policies and procedures include a focus on trauma and issues of safety and confidentiality?</td>
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<td>• 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?</td>
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<td>• 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?</td>
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<td>• How do human resources policies attend to the impact of working with people who have experienced trauma?</td>
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<td>• 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?</td>
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<td><strong>Physical Environment</strong></td>
<td>• How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?</td>
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<td>• 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?</td>
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<td>• How has the agency provided space that both staff and people receiving services can use to practice self-care?</td>
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<td>• How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)?</td>
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<td><strong>Engagement and Involvement</strong></td>
<td>• How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?</td>
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<td>• 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?</td>
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<td></td>
<td>• How is transparency and trust among staff and clients promoted?</td>
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<td>• What strategies are used to reduce the sense of power differentials among staff and clients?</td>
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<td></td>
<td>• How do staff members help people to identify strategies that contribute to feeling</td>
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### Cross Sector Collaboration
- 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
- 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
- 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
- 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?
- 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

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### Specific Strategies for Implementing 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 retraumatization.
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.

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Principles of Culturally Responsive Trauma-Informed Care

The Trauma-Informed Organizational Self-Assessment is based on eight foundational principles that represent the core values of trauma-informed care. These principles were identified on the basis of knowledge about trauma and its impact, findings of the Co-Occurring Disorders and Violence Project (Moses, Reed, Mazelis, & D’Ambrosio, 2003), literature on therapeutic communities (Campling, 2001), and the work of Maxine Harris and Roger Fallot (Harris & Fallot, 2001; Fallot & Harris, 2002) and Sandra Bloom (Bloom, 2004).

Principles of trauma-informed care include:

1. **Understanding Trauma and Its Impact**: Understanding traumatic stress and how it impacts people and recognizing that many behaviors and responses that may be seem ineffective and unhealthy in the present, represent adaptive responses to past traumatic experiences.

2. **Promoting Safety**: Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.

3. **Ensuring Cultural Competence**: Understanding how cultural context influences one’s perception of and response to traumatic events and the recovery process; respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions respectful of and specific to cultural backgrounds.

4. **Supporting Consumer Control, Choice and Autonomy**: Helping consumers regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy; keeping consumers well-informed about all aspects of the system, outlining clear expectations, providing opportunities for consumers to make daily decisions and participate in the creation of personal goals, and maintaining awareness and respect for basic human rights and freedoms.

5. **Sharing Power and Governance**: Promoting democracy and equalization of the power differentials across the program; sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures.

6. **Integrating Care**: Maintaining a holistic view of consumers and their process of healing and facilitating communication within and among service providers and systems.

7. **Healing Happens in Relationships**: Believing that establishing safe, authentic and positive relationships can be corrective and restorative to survivors of trauma.

8. **Recovery is Possible**: Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer and former consumer involvement at all levels of the system, facilitating peer support, focusing on strength and resiliency, and establishing future-oriented goals.


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COVID-19 & Trauma Informed Policies

Key Considerations when creating policies, practices, and procedures:

1. Grounding your team in what can and can’t be controlled.
2. Educating your team on the need-to-know signs and symptoms, but don’t overwhelm with research and information.
3. Providing information in simple language (aim for third to fifth grade reading level).
   - Use images to offset excessive text
4. Encouraging and practicing self-compassion.
5. Meeting your team where they are – normalize fear, anxiety and other emotions that may arise (providing a space in the workplace to discuss and process).
6. Evaluating and/or temporarily removing employment norms regulations that may impede an employee from practicing safe behavior or cause them to expose or be exposed to others with disease. For example,
   - Temporarily remove the requirement of a Dr.’s note for sick days
   - Temporarily allow late arrivals due to alternatives to public transit (with a text or call in advance)
   - Temporarily increase the frequency of breaks to allow for additional handwashing, etc.
   - Temporarily stagger shift and break times if possible to minimize the number of employees on shift/on break at a time
   - Establish alternatives to hugs, high-fives, handshakes, or other cultural norms, and involve employees in the creation of these alternatives to ensure cultural relevancy and reduce any traumatic triggers.
7. If possible, including your staff in creating and committing to shared cleaning jobs. Making it a team effort to disinfect commonly touched/used surfaces regularly.
8. Creating personal safety and wellness plans.
   - Creating shared agreements for personal and group safety, office distancing expectations, prevention practices, communication, quarantining expectations, etc.
9. Providing resources for mental health, wellbeing, and resilience.
10. Constantly communicating about changes in public health news and guidelines, as well as any changes in service (you can also do scenario planning with employees to mitigate fears and reduce anxiety).
11. Explicitly providing an explanation (to employees and consumers) for changes to office safety practices/maintenance/sanitation (and asking for input whenever possible).
12. Ensuring that remote work and return-to-work policies are non-discriminatory and fair.
13. Providing or directing employees to training on health practices, safety, and using PPE.
14. Placing educational posters in the office space and on company website about staying home when sick, coughing and sneezing etiquette, and hand hygiene.

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Additional Resources for Developing COVID-related Organizational Policies, Practices & Procedures:


- **Oklahoma Center for Nonprofits Best Practices and Considerations for Nonprofit Re-engagement** - Useful guide for nonprofits to implement re-opening procedures, policies, and practices—including guiding principles, how to use organizational vision and values to introduce COVID changes, assessing readiness, tips for communications and public relations, and more. [https://www.oklahomacenterfornonprofits.org/wp-content/uploads/2020/05/okcnpreengagement-may-4-2020-full.pdf](https://www.oklahomacenterfornonprofits.org/wp-content/uploads/2020/05/okcnpreengagement-may-4-2020-full.pdf)
Want to learn more about Trauma, Trauma Informed Care, & Resilience?

A. Adverse Community Experiences

- Be the Spark: Igniting Trauma Informed Change within our Communities: by Laura Kahn - published in ACESConnection –
  https://www.acesconnection.com/blog/be-the-spark-igniting-trauma-informed-change-within-our-communities
- New Study Shows Communities Can Reduce the Effects of Adverse Childhood Experiences
  Washington State - ACES-

B. Broadening/Deepening Understanding of Trauma

- Child Trauma Center* –
  www.childtrauma.org (Bruce Perry)
- Child Trends –
- Community Healing Network –
  www.communityhealingnet.org
- Illinois Childhood Trauma Coalition* –
  http://lookthroughtheireyes.org/ictc/
  https://www.youtube.com/channel/UCbvXpvk7k_7i8Qg13OuNUgg
- Post Traumatic Slave Disorder – Dr. Joy DeGruy* –
  https://www.joydegruy.com/post-traumatic-slave-syndromehttps://www.youtube.com/watch?v=BGjSday7f8
- The National Institute for the Clinical Application of Behavioral Medicine –
  https://clicks.aweber.com/y/ct/?l=4pXaFU&m=3W5yIQrVrH830H&b=qU4Pwb0SZT3JLbdeYXzsUQ (webinars and trainings offered by the leading trauma resources all the time)

C. Building Community Resilience

- Center for Community Resilience Webinars* –
  https://www.youtube.com/channel/UCj1LVGRRxJ_KNQ6_4z99TgA
- Prevent Institute- Adverse Community Experiences and Building Resilience –
- Resilient Communities – The Building Community Resilience Collaborative –
  https://publichealth.gwu.edu/departments/redstone-center/resilient-communities
- University of Washington Center for Child & Family Well-Being – The Bioecological Model -
  https://depts.washington.edu/ccfwb/about-us/the-bioecological-model/

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D. Equity & Resilience

- Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity
- Resilient Wisconsin: Social Determinants of Health –
  https://www.dhs.wisconsin.gov/resilient/social-determinants.htm
- Trauma, Equity and Resilience* –
  https://ccr.publichealth.gwu.edu/tools-resources/trauma-and-equity
  https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/BCR%20Trauma%20Equity%20and%20Resilience%202019.pdf

E. National Child Traumatic Stress Network

- Effective Treatments for Youth Trauma -
  http://www.nctsn.org/sites/default/files/assets/pdfs/effective_treatments_youth_trauma.pdf
- Evidence-Based Trauma-Informed Clinical Approaches/Interventions -
  http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices
- Trauma-Informed Care* –
  https://www.nctsn.org/trauma-informed-care

F. Trauma Informed Resources

- Illinois ACEs Response Collaborative* –
  http://hmprg.org/programs/illinois-aces-response-collaborative/ (site has links to resources and they host regular training, workshops, events)
- Creating Cultures of Trauma-Informed Care (CCTIC) – Fallot & Harris, 2009 –
  https://www.theannainstitute.org/CCTICSELFASSPP.pdf
- SAMSHA Trauma Informed Care for Behavioral Health Organizations –
- Sanctuary: Trauma Informed Organizations –
  http://sanctuaryweb.com/TheSanctuaryModel.aspx
- Urbana Youth Trauma Center –
  http://www.psych.uic.edu/ijr-programs/urban-youth-trauma-center

*Free trainings and webinars

For more information, resources, or questions about training options – please visit www.traumaresilienceinc.org or email traumaresilience.inc@gmail.com.

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