Vision

- What shifts in thinking and practice do you believe your agency needs to make to best meet the needs of trauma survivors?
- How will you know when those shifts are being successfully made? What would be different?
- How will we assess for change?

Domain #1: Key Components

1. All agency staff receives ongoing professional development related to trauma and trauma-related topics.
2. Professional development related to trauma-informed care is built into existing structures (e.g., supervision, staff meetings, case meetings).
3. There is a process in place for monitoring staff knowledge, understanding, and implementation of a trauma-informed approach in their role.
4. There is a process in place for identifying and addressing the impact of secondary trauma on staff.
5. There are structures in place for supporting staff wellness/resilience.
6. The organization integrates a trauma-informed approach to supervision.
7. Expectations related to trauma-informed care are built into existing structures (e.g., hiring processes, job descriptions).
1. Training Topics

**Building Knowledge and Awareness:**
- Definition of trauma and types of potentially traumatic experiences (individual, family, community, society).
- How stress and traumatic stress affects the brain and body and these intersecting systems (self-regulation, executive functioning).
- The effects of early, chronic trauma on adults (complex trauma, ACEs)
- The effects of historical and racial trauma.
- Trauma-related experiences for particular groups (e.g., people of color, LGBTQ, refugee)
- The relationship between trauma exposure and mental health and common mental health disorders associated with trauma.
- Post-traumatic Stress Disorder
- The relationship between trauma exposure and substance use.

**Building Knowledge and Awareness:**
- How trauma affects child development
- How trauma affects attachment and relationships
- The relationship between childhood trauma and adult re-victimization
- Trauma-related reminders/trigger and responses
- Cultural variations in response to trauma
- Cultural variations in service needs
- Culture-specific parenting practices
- Resilience factors
- How working with trauma survivors affects staff (secondary traumatic stress/vicarious trauma)
- How working with trauma affects the collective organization
- Core principles of a trauma-informed approach
- How a trauma-informed approach aligns with/supports/augments other models or paradigms

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The Neurobiology of Stress and Trauma

*Image: “Emotional brain” and “Thinking brain” as part of the brain's structure.*
The Neurobiology of Stress and Trauma

- An experience becomes traumatic when it overwhelms our system for responding to stress.
- The emotional brain continues to sound the alarm and send messages to fight or flee, even after the threat has passed.
- Can lead to prolonged activation of the stress response.
- May have short and long-term effects on daily functioning.

“Thinking brain”

“Emotional brain”

- Emotional brain is over-reactive, constantly in survival mode.
- This leads to changes in the body that include elevated baseline heart rate, body temperature, and level of anxiety, as well as changes in hormone levels.
- As a result, trauma survivors are constantly on guard for potential threat, mistrustful of others, and overly reactive to trauma reminders. Children and adults may be quick to escalate, have more behavioral issues in school, and have increased difficulty learning.

- Thinking brain is underdeveloped. Structures in this region of the brain are smaller, and there are fewer connections in areas responsible for thinking, planning, focusing, problem-solving, and identifying and managing emotions.
- More difficulties with activities related to learning, such as concentrating, processing and remembering new information, acquiring new skills, and regulating emotions.
Guiding Principles of a Trauma-Informed Approach

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Trauma Awareness</td>
<td>Recognize the scope and impact of trauma on service users, providers and</td>
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<td></td>
<td>systems, and adopt effective approaches for supporting healing and resilience.</td>
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<tr>
<td>Safety</td>
<td>Ensure physical and emotional safety for service users and the workforce.</td>
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<tr>
<td>Voice, Choice &amp;</td>
<td>Empower service users to make decisions about the services and supports</td>
</tr>
<tr>
<td>Empowerment</td>
<td>they need and how they are provided.</td>
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<tr>
<td>Cultural &amp; Gender</td>
<td>Ensure culturally relevant and gender-responsive practices.</td>
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<tr>
<td>Responsiveness</td>
<td>Maximize open communication and trust among providers and between providers</td>
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<td>and service users.</td>
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<tr>
<td>Transparency</td>
<td>Maintain a holistic vision of health promotion and service provision.</td>
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<tr>
<td>Integration</td>
<td>Promote power sharing and partnership within and across systems and with</td>
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<td>service users.</td>
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<tr>
<td>Relationship-based</td>
<td>Demonstrate a commitment to establishing safe, authentic and positive</td>
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<td>relationships.</td>
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1. Training Topics

Building Skills/Capabilities:
- How to recognize trauma-related triggers and triggered responses (in self and others)
- How to foster emotional regulation (in self and others)
- How to educate survivors about trauma and its impact
- Mindfulness-based strategies to promote regulation (for self and others)
- Motivational interviewing strategies
- De-escalation strategies
- Professional boundaries and ethics
- Culturally responsive practices.
- Self-care strategies

Core Capabilities: Self-Regulation and Executive Function
- Planning
- Focus
- Self-control
- Awareness
- Flexibility

How do we strengthen staff skills in these areas?
How do we strengthen these skills as an organization?
How do we support service users in strengthening these skills?
1. Training Topics

Core Capabilities: Individual Skill-Building (Staff and Service Users)

- Identifying particularly difficult situations or interactions and planning ahead for how to manage.
- Practice “stop and think” mindfulness exercises to slow down and enhance self-awareness and control.
- Practice imagining stressful scenarios and how to think about them in new ways (alternative explanations) and what your response options are.
- Strategies for recognizing and interrupting automatic responses (breath work, mindfulness training, checking our assumptions about what is happening, being aware of our own biases and triggers.

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1. Training Topics

Core Capabilities: Organizational Skill-Building

What does the organization look like in survival mode (dysregulated)?

What situations/pressures trigger survival responses?

“Emotional brain”

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1. Training Topics

Core Capabilities: Organizational Skill-Building

“Thinking brain”

What does the organization look like when operating from a regulated, balanced place?

What is needed to cultivate this balance (to help the agency stay regulated and not trauma-reactive)?
Tools and Resources

Toolkit - Domestic Violence and ACEs – training resources for use with staff and strategies for use with parents and children

2. Training Mechanisms

- Large group
- Small group (possibly by role)
- Team/staff meetings – opportunities to apply
- Supervision
- Real-world application – practice a particular skill or maintain awareness of a particular concept.

3. Post-Training Monitoring

- Pre-post training evaluations
- Supervision monitoring
- Ongoing staff surveys of practice
- Observation
4. Identifying and Addressing Impact of STS

- Educate all staff about the effects of STS and related issues and provide regular opportunities for staff to address potential issues related to STS.
- Identify and monitor level of STS:
  - Compassion fatigue self-test http://www.ptsdsupport.net/compassion_fatigue-selftest.html
  - Professional quality of life scale, ProQOL 5 http://proqol.org/ProQol_Test.html
- Encourage and develop strategies for peer support and mentorship.
- Create a culture that fosters staff resilience.

Tools and Resources

- What about you? – Individual and organizational assessments
  - The Secondary Traumatic Stress-informed Organization Assessment (STSI-OA)
  - Vicarious trauma toolkit – includes many resources - https://vtt.ojp.gov/tools-for-victim-services

5. Structures for Supporting Staff Wellness and Resilience

- Staff members have regular team meetings.
- Trauma-related topics are addressed and reinforced in team meetings.
- Staff members have regular opportunities for individual supervision.
- Supervisors are trained in trauma and trauma-informed care.
- Topics related to self-care are addressed in team meetings and supervision (e.g., STS signs, stress-reducing strategies).
- The organization has a process for helping staff members debrief after a crisis.
- The organization has a formal system for reviewing staff performance.
- The organization provides opportunities for ongoing staff evaluation of the agency.
- The organization provides opportunities for staff input into program practices.
- Staff receives ongoing training and education on trauma and trauma-informed practices.
6. Trauma-Informed Supervision

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Trauma-Informed</th>
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<tbody>
<tr>
<td>Focus on fixing the problem with supervision rather than working through the team or challenges.</td>
<td>Creates a supportive learning environment that reinforces strengths and eliminates the need for professional development. Focuses on the strengths of peer-supervision.</td>
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<tr>
<td>Supervisors are the experts and have the power of authority.</td>
<td>Focuses on strengths and understanding that autonomy is essential for success. Supervisors and supervisors are seen as experts.</td>
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<tr>
<td>Work tends to be collaborative.</td>
<td>Work is collaborative, mutual and non-hierarchical. A collaborative relationship between supervisors and supervisors.</td>
</tr>
<tr>
<td>Top-down process: Supervisors are not involved in the supervision process.</td>
<td>Down to shared, supervisor and supervisee have shared responsibilities and decisions are made in the process of supervision.</td>
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</tbody>
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6. Expectations Built Into Structures

- Trauma language built into hiring practices.
- Trauma language build into job descriptions.
- Trauma language considered in onboarding.


Where are you?

Stage One: Explore

Questions to consider at this stage:
- What is our current capacity in trauma-informed care?
- How are we doing on trauma-informed care?
- How ready are we to fully adopt a trauma-informed approach?

Identify which components are currently in place:
- Are we ready to move forward?
- How can we move forward?
- What is our plan for moving forward?

Tip: Use this document to help answer these questions and develop a plan for moving forward.

The American Institutes for Research

[8/4/2019]
Where are you?

Stage Two: Install

Questions to consider at this stage:
1. Where are we and how do we get there?
2. How do we achieve the outcomes we set out to achieve?
3. What are the key components to support the adoption of a trauma-informed approach?
4. Do we need a plan to make the journey and what is that plan?
5. Do we need a plan to build and sustain it?

Identify which components are currently in place:
- We have a trauma-informed working group committed to lead our organization in adopting a trauma-informed approach.
- We have developed a science- and evidence-based plan for adopting a trauma-informed approach.
- We have structures in place to support these efforts (e.g., leadership support, resources).
- We have a process in place for assessing/evaluating our progress in adopting a trauma-informed approach.

Where are you?

Stage Three: Implement

Questions to consider at this stage:
1. Where are we and why do we need to change?
2. How do we continue to implement the approach as needed?
3. What are the key components to support the adoption of a trauma-informed approach?
4. What else can we do to support a trauma-informed approach within our organization and within the larger system?

Identify which components are currently in place:
- We are implementing the action plan outlined in our strategic plan.
- We are monitoring how these changes are working and gathering feedback from staff regarding needed adjustments.

Where are you?

Stage Four: Sustain

Questions to consider at this stage:
1. What is the current state of the approach?
2. How do we continue to sustain the approach as needed?
3. What else can we do to support a trauma-informed approach?
4. How do we sustain a trauma-informed approach in our agency and beyond?

Identify which components are currently in place:
- We have successfully implemented the plan for supporting a trauma-informed approach.
- We have adjusted and expanded our strategic plans as needed.
- We have a plan for sustaining our progress.
- We are able to articulate outcomes related to adopting a trauma-informed approach.
- We are taking steps to further sustain a trauma-informed approach within our agency and beyond.
Thank you for the work that you do and for your time today.

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

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