

TRAUMA-INFORMED CARE (TIC): MOVING INTO ACTION

The following information was adapted from *Trauma-Informed Services: A Self-Assessment and Planning Protocol, Community Connections* and reflects characteristics of trauma-informed organizations and programs.

Meaningful Consumer Involvement

People with lived experience of trauma and subsequent services are involved in organizational management and oversight, program development and evaluation.

Action Steps:

- Create a Consumer Advisory Committee
- Assess services by holding a consumer focus group
- Integrate peer support into programming
- Create a list of 'consumer suggested and approved' mental health resources
- Create a consumer-led recovery group
- Create a consumer-run speaker's bureau
- Pay consumer 'graduates' for involvement in organizational development

Organizational Leadership

Leadership endorses and actively supports TIC culture change. Leadership creates inclusive process to develop and implement TIC policies. The organization has a common language to understand TIC.

Action Steps:

- Perform TIC organizational assessment
- Organize TIC 'kick off' event
- Identify and problem-solve staff's concerns regarding TIC transformation
- Integrate TIC into mission statement
- Maintain a TIC work group which includes past clients and representatives from all aspects of the organization
- Develop forums/structures for staff to talk about vicarious trauma
- Form a TIC study group using TIC books, articles and other resources
- Consult with leadership from other agencies who have made TIC changes

Human Resources

TIC concepts are integrated into HR practices, e.g., hiring, training, supporting, supervising, rewarding staff.

Action Steps:

- Develop basic TIC training for all in-coming staff
- Develop agency train-the trainers model for sustaining TIC education
- Provide trainings on self-care, boundaries and compassion fatigue
- Designate one or more staff to serve as TIC Champion who acts as internal TIC consultant trauma
- Integrate mastery of TIC skills into hiring process and staff evaluations
- Incorporate metrics for 'relational' staff behavior into performance evaluations
- Review critical incidents with the intention of learning and growing vs. blaming and reprimanding
- Raise trauma topics in staff supervision; offer enhanced supervision for people who are working closely with people who have severe trauma histories
- Ensure that all staff have a wellness plan



Environment

The program/setting ensures client and staff physical and emotional safety. The setting is welcoming, cared for, clean and comfortable. A person walking in to the organization for the first time would view the environment as 'healing.'

Action Steps:

- Perform and environmental survey to assess safety and 'healing' aspects of environment
- Assess building location for safety and accessibility
- Remove designated staff/client bathrooms
- Use sound reducing materials (e.g., carpeting and ceiling tiles)
- Ensure that bathrooms are clean and accessible
- Create a reception area that is welcoming, clean, quiet and safe

Direct Services

Safety:	Staff is skilled and knowledgeable. Staff and clients feel valued, supported and empowered. Staff boundaries are ethical. Program boundaries (e.g., length & frequency of contact, dual relationships, rules, schedules) serve as safe 'frame.' Staff uses person-first language. Trauma histories are considered an essential component in learning about a person.
Trustworthiness:	Providers are responsive, on time, attentive and compassionate. Clients understand how information will or will not be shared (e.g., harm to self or others).
Choice:	Clients have choice and control over their involvement in activities.
Collaboration:	The client's relationship with service providers is based on mutual respect, shared decision-making and compromise.
Empowerment:	Clients experience hope with each interaction. Opportunities to build skills and participate in peer-run activities are integrated into agency contact.

Action Steps:

- Implement universal trauma screenings and trauma assessments
- Hire peer specialists
- Inform consumers about how the program responds to personal crises, e.g., suicidal and/or homicidal statements, child abuse, medical emergencies
- Incorporate one or more trauma-specific interventions as a recovery option
- Incorporate sensory strategies into programming
- Ensure that every consumer has a wellness/safety/de-escalation plan

Harris, M. & Fallot, R.D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services, Volume 89. San Francisco: Jossey-Bass.

National Association of State Mental Health Program Directors (NASMHPD) (2006). *Creating trauma informed systems of care for human services setting: Curriculum*. Alexandria, VA. www.nasmhpd.org.

