Trauma-Informed Care
Change Package for Nursing Centers

Focusing on Person-Centered Care

Updated February 27, 2020
For more information on this guide or any of Healthcentric Advisors other resources, please contact:

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Additional resources to support this change package can be found at www.learnhatch.org
About Healthcentric Advisors

Healthcentric Advisors is a national leader in nursing home quality improvement demonstrating high performance and effectiveness for over twenty years. Using a combination of high-value, clinical consulting coupled with a person-centered approach, Healthcentric Advisors’ teams of experts help health care organizations succeed in creating meaningful and sustainable change.

Healthcentric Advisors is a nationally-recognized nonprofit healthcare quality improvement and patient safety advisory organization, providing clients with superior education, consulting, research, analytical and project management services. Their work ranges from administering multi-million dollar federal contracts to managing state specific programs to providing on-site technical assistance to individual health care providers in the deployment of innovative health care delivery models. Since 1995, Healthcentric Advisors has served as the Quality Improvement Organization (QIO) for Rhode Island through a contract with the Centers for Medicare & Medicaid Services (CMS). In 2014, the organization was awarded the CMS Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract for New England, expanding their QIO work to all six states in the region.

Healthcentric Advisors is widely respected in the health care community as a dynamic leader, neutral convener and partner, with a staff of nearly 60 physicians, nurses, educators, behavioral health providers, analysts and other professionals. The organization’s portfolio of work demonstrates their knowledge of health care systems that includes experience as a national subject matter expert in long-term care, inclusive of dementia care, infection control and prevention, antibiotic stewardship, Quality Measures, pressure ulcers and other nursing home care standards of practice.

Our Approach

At Healthcentric Advisors, the model for care and quality begins with a person. Our person-centered approach is essential to breaking down barriers, and building fluid, effective systems informed by the needs and experience of patients, clients, and residents.

At Healthcentric Advisors, our approach is holistic. We believe that health care must recognize and integrate the spirit, mind, and body of each individual.
This Change Package created at Healthcentric Advisors is designed to support providers in advancing their trauma-informed care process. We believe that Change Packages offer the most efficient and direct way to accomplish systemic and sustainable change. Follow the steps to bring your organization into compliance on trauma-informed care (TIC).

The Rationale:

In 2016, CMS released the new Requirements of Participation for Long-Term Care. They were divided into three phases to allow adoption by organizations over the course of three years. Trauma-informed care is a Phase 3 requirement included in the new “Behavioral Health” requirements which begin on November 28, 2019:

§ 483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident’s whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to § 483.70(e), and

2) Implementing non-pharmacological interventions.

Not a series of boxes to be checked but instead, a culture to be transformed—we recommend a six-part approach to trauma-informed care which is laid out in detail in the following pages. The journey will take you from: Trauma-Aware, Trauma-Sensitive, Trauma-Responsive and Trauma-Informed. There are resources to download for your use.
The Six-Step Journey to Trauma-Informed Care

The Substance Abuse and Mental Health Services Administration (SAMHSA) addresses the impact of trauma on individuals, families, and communities as a behavioral health concern that requires a healing and recovery process.

Trauma and violence are widespread, harmful, and costly public health concerns. SAMHSA describes individual trauma as resulting 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” (SAMHSA, 2019).

Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, or sexual orientation. Trauma is a common experience for adults and children in American communities, and it is especially common in the lives of people with mental and substance use disorders. For this reason, the need to address trauma is increasingly seen as an important part of effective behavioral health care and an integral part of the healing and recovery process.

The effects of traumatic events place a heavy burden on individuals, families, and communities. Although many people who experience a traumatic event will go on with their lives without lasting negative effects, others will have difficulties and experience traumatic stress reactions. How someone responds to a traumatic experience is personal. If there is a strong support system in place, little or no prior traumatic experiences, and if the individual has many resilient qualities, it may not affect his or her mental health (SAMHSA, 2019).

Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood. Substance use (e.g., smoking, excessive alcohol use, and taking drugs), mental health conditions (e.g., depression, anxiety, or PTSD), and other risky behaviors (e.g., self-injury and risky sexual encounters) have been linked with traumatic experiences (SAMHSA, 2019).

Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing.
There are six steps in the journey to becoming a trauma-informed care organization. With a committed team plan out your journey using the table below. Use the following pages and resources to help you advance along the way.

The journey your organization will take is self-paced and will lead you through these four phases.

SAMHSA developed six steps in the journey to becoming a trauma-informed care organization. With a committed team, plan out your journey using the table below. Use the following pages and resources to help you advance along the way. The six steps:

<table>
<thead>
<tr>
<th>The Six-Steps to Trauma-Informed Care</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>1. Complete the organizational self-assessment. Identify your gaps and with your team create a work plan.</td>
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<tr>
<td>2. Educate staff to attain a sustainable trauma-informed workforce</td>
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<td>3. Engage Leaders, department heads and board members to infuse trauma-informed values throughout the center’s policies, procedures, and practices</td>
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<tr>
<td>4. Screen, assess and create a system by which your trauma system will be measured, reviewed and improved upon.</td>
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<tr>
<td>5. Ensure environment is safe, nurturing, and empowering</td>
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<tr>
<td>6. Encourage the residents’ voice and choice, monitor their perception of care, and sustain the work</td>
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Phase 1 - TRAUMA-AWARE

1. Complete the Organizational Assessment

**Trauma-aware organizations:**
Complete an organizational assessment and, based on their findings, develop an implementation plan (page 24). The organization explores this new information and decides on next steps and implementation strategies that are needed to move toward trauma-sensitive.

**Processes:**
Use the accompanying resource to conduct the self-assessment. The gaps form the basis for your implementation plan.

Through this self-assessment and reflection process, the organization identifies existing strengths, resources and barriers to change.

Develop an implementation plan.

Leadership understands that knowledge about trauma could potentially enhance their ability to fulfill their mission and begins to seek out additional information on the prevalence of trauma for the population served.

Awareness education is offered (including definitions, causes, prevalence, impact, values, and terminology of trauma-informed care.)

People are made aware of how and where to find additional information, and are supported in further learning.

**Indicators:**
Most staff:
1) know what the term trauma refers to; and
2) are aware that knowledge about the impact of trauma can change the way they see (and interact with) others.
3) The impact of trauma is referenced in informal conversations among staff

**Goal: Awareness & Attitudes**

Within two months, the organization will develop a strategy for assessing, educating, responding and evolving from trauma-aware to trauma-sensitive.
Phase 2 - TRAUMA-SENSITIVE

2. Educate staff to attain a sustainable trauma-informed workforce

**Trauma-sensitive organizations:**
Emphasize and educate staff around the five foundational principles of trauma-informed care - safety, trustworthiness, choice, collaboration and empowerment using a recovery orientation.

Build consensus around the principles.

Determine ways of adopting and promoting the principles within the organization.

Prepare for change.

**Process:**
All staff, volunteers, board members and administrative staff should receive basic training about trauma and its impact with a primary goal of sensitization to trauma-related dynamics and avoidance of retraumatization.

Commit to and act on the core principles of safety, trustworthiness, choice, collaboration and empowerment.

Values of a trauma-informed approach are processed with staff.

The organization begins to identify internal trauma champions and finds ways to hire people who reflect in their attitudes and behavior alignment with the trauma-informed principles.

The organization begins to review tools and processes for universal screening of trauma and identifies potential resources for trauma specific treatment.

**Goal: Knowledge Application & Skill Development**

Within two months of completing Phase 1, the organization will deliver vital education to inform all staff and establish a team who will take ownership and execute the TIC implementation plan to ensure its sustainability.
**Indicators:**

Trauma training for all staff is institutionalized, including within new staff orientation.

The organization values and prioritizes through trauma lens; a shift in perspective happens.

Trauma is identified in the mission statement or other policy documents.

Basic information on trauma is available and visible to residents, staff and families.

Management recognizes and responds to compassion fatigue in staff.

<table>
<thead>
<tr>
<th><strong>Posters:</strong></th>
<th>Hang these posters in your staff lounge area and nursing stations to generate conversations about trauma-informed care.</th>
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</thead>
</table>
| ![Hope Beyond Hurt Poster](image) | “Hope Beyond Hurt” Poster  
[English](#)  
[Spanish](#) |
| ![Shift Your Perspective Poster](image) | “Shift Your Perspective” poster |
| ![Be A Trauma-Informed Champion Poster](image) | “Be A Trauma-Informed Champion” Poster |

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<tr>
<th><strong>Education</strong></th>
<th>Show these videos during a lunch and learn, staff meeting, or new employee orientation</th>
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| **Curriculum** | Program leaders arrange for a consultant(s) with expertise in trauma-informed systems change to provide training on:  
• General trauma theory.  
• The impact of trauma including behavior and relationship.  
• An overview of trauma-informed principles and domains.  
• The effects of trauma on staff  
• Practical strategies organizations can use to infuse Trauma-Informed Care competent principles into daily practice. |

**TIC Organizational Consultant**

Jenn McCarthy, EdD, EdM, MS, LCPC, Senior Program Coordinator, Healthcentric Advisors, (207)406-3950 or (401)528-3200

**What is Trauma-Informed Care?**

This [video](#) will give a basic understanding of Trauma-Informed Care

**3:33**

**What is Trauma?**

This [video](#) will give a basic understanding of the different types of trauma

**4:01**
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<thead>
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<th><strong>Show these videos during a lunch and learn, staff meeting, or new employee orientation</strong></th>
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<tbody>
<tr>
<td>Empathy: Cleveland Clinic</td>
<td>This video on <strong>Empathy</strong> is key to developing a trauma-informed culture.</td>
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<tr>
<td>Changing Perceptions. Changing Care.</td>
<td>This video reinforces the change organizations will experience is a change in perception.</td>
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<tr>
<th><strong>Conversation Starters</strong></th>
<th><strong>Place these tools on the tables in the break room or other common space as conversation starters.</strong></th>
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<tbody>
<tr>
<td>TIC Fact or Fiction cards</td>
<td><em>Page 31</em></td>
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<tr>
<td>TIC Table Tent topics</td>
<td><em>Page 32</em></td>
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</tbody>
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<tr>
<th><strong>Other Resources</strong></th>
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<tr>
<td>ACES Adverse Childhood Experiences (ACEs)</td>
<td><strong>Take the Aces Quiz</strong></td>
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<tr>
<td>Competencies</td>
<td><strong>Clinical Practices</strong></td>
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Phase 3 - TRAUMA-RESPONSIVE

3. Engage leaders, department heads, & boards to infuse trauma-informed values throughout the facility’s policies, procedures, & practices

**Trauma-responsive organizations have begun to:**

- Change their organizational culture to highlight the role of trauma.
- At all levels of the organization, staff begins re-thinking the routines and infrastructure of the organization.

**Processes:**

- Begin integration of principles into organizational structures.
- Revise policies and procedures to align with the principles of trauma-informed care.
- Develop and implement mechanisms for compliance with, and quality assurance of, TIC principles.
- Introduce trauma-related questions into the new hire interview process (ex. What do you know about child abuse and its potentially long-term impacts?).
- What do you know about different types of trauma?
- Emphasize physical and emotional safety for all: residents and care providers.
- Begin integration of principles into staff behaviors and practices: addressing staff trauma, self-care, supervision models, staff development, and staff performance evaluations.

**Indicators:**

- Self-help and peer advocacy incorporated.
- Training on the Role of Peer Support.

**Goal: Systems & Infrastructure**

Trauma-informed care will be infused into the infrastructure, policies and practices of the organization.
Staff applies new knowledge about trauma to their specific work.

People with lived experience are engaged to play meaningful roles throughout the agency (employees, board members, volunteers, etc.).

**Mission & Vision**

Use these resources when aligning your mission and vision statement

SAMHSA’s [Mission/Belief Statement](#)

Wisconsin Community Services, Inc. (WCS) wrote this [Mission/Belief Statement](#)

**Conversation Starters**

Place these tools on the tables in the break room or other common space as conversation starters

[Tips for Supervisors](#) The first section has strategies for “tuning” in as a Supervisor. Here are some sample interview questions

[Tips for Supervisors](#) Here are some questions you can use to assess trauma-informed supervision.
Phase 3 - TRAUMA-RESPONSIVE

4. Screen, assess, and create a system so your trauma system will be measured, reviewed, and improved upon.

Trauma-responsive organizations:
Design a clearly articulated trauma screening process

At all levels of the organization, staff begins re-thinking ways that care and support can be delivered.

Processes:
The organization establishes a gentle, unassuming, thoughtful process for screening.

The organization recognizes a resident’s right not to share their trauma and honors their privacy.

The organization considers the necessary balance of confidentiality with delivering high value Trauma-informed Care.

The organization invites staff to consider their own trauma.

A committee of passionate staff members develops a Process Improvement Project (PIP) that outlines the process that supports trauma-informed care and reviews it quarterly for the first 18 months at Quality Assurance and Performance Improvement (QAPI) meetings.

Indicators:
Trauma-specific assessment and treatment models are being utilized.

The organization has policies that support addressing staff’s initial and secondary trauma.

Goal: Screen & Assess
Trauma-informed care will be demonstrated through fluid, well-articulated systems that result in quality care.
### Tools

Use these resources when deciding with staff what prescreening/screening tools or questions to ask residents

#### Two prescreening questions to consider

1. Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically or behaviorally?
   For example, leading to problems: sleeping, eating, completing daily tasks, being around others ongoing places, (behavioral) - with excessive physical body pain/discomfort (physical) - periods of prolonged sadness/tearfulness, increased fear or irritability/anger (emotional)

2. Do you think any of these problems bother you now? If so, do you want to discuss the problems now?

The [Life Events Checklist](#) developed by Weathers, Blake, Schnurr, Kaloupek, Marx, and Keane (2013) for the National Center for PTSD.

This is the [ACE tool](#) (Adverse Childhood Experience (ACE) Questionnaire)

### QAPI questions to consider:

What mechanisms are in place for information collected to be incorporated into the organization’s quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?

How does the organization incorporate attention to culture and trauma in organization operations and quality improvement processes?

Is there a system in place that monitors the organization’s progress in being trauma-informed?

Does the organization solicit feedback from both staff and residents receiving services?

What strategies and processes does the organization use to evaluate whether staff members feel safe and valued at the organization?

### QAPI tracking outcomes to consider:

- Numbers of patients screened
- Numbers of patients with a positive screening
- Numbers of patients with trauma-informed care plan
- Interventional outcomes & creative solutions that support residents
- Pre-and post-training survey results
- Survey of patients’ perception of safety and satisfaction with care
- Collect and monitor progress related to work plan
Phase 3 - TRAUMA-RESPONSIVE
5. Ensure environment is safe, nurturing, and empowering

**Trauma-responsive organizations:**
Ensures physical environment promotes a sense of safety and collaboration.

Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety.

The physical setting also supports the collaborative aspect of a trauma-informed approach through openness, transparency, and shared spaces.

**Process:**
A committee of staff members and residents does a physical scan of the environment to identify ways in which the environment can be made to feel more inviting and safe.

The organization establishes practices of warmth and welcoming that invite new people and visitors into their setting.

The organization makes a quiet space that can be reserved for peace, de-escalation and solace.

**Indicators:**
The organization as a whole makes a conscious effort to create a peaceful, stress reduced ethos.

Staff recognize their affect can play a role in creating stress for residents and others.

Staff use coping skills and self-regulation to help maintain the peace.

**Goal: Fostering an Environmental Change**
Establish an environment where the five foundational principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment are fostered.
QAPI Questions to consider:

How does the physical environment promote a sense of safety, calming, and de-escalation for residents and staff?

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?

How has the organization provided space that both staff and people receiving services can use to practice self-care?

How has the organization developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)?
Phase 4- TRAUMA-INFORMED

6. Encourage residents’ voice & choice, monitor their perception of care, and sustain the work

Trauma-responsive organizations:
Are driven by the voices and choices of residents to create a setting that adapts to their needs.
Residents play a vital role in planning and decision-making.
Are on the path of a sustainable TIC setting and continuously growing awareness.

Processes:
Include residents on committees and work groups.
Provide opportunities for residents to teach, share, and offer their thoughts.
Develop resident-led workgroups.
Ensure a variety of ways for residents to provide reports and offer suggestions on issues and conditions.
Administration has a feedback loop to capture suggestions and responses.

Indicators:
Residents lead.
A palpable sense of trust and respect exists between residents and staff.

Goal: Inclusion & Sustainability
Residents play a vital role in the organizations on-going efforts to sustain trauma-informed care.
QAPI Questions to consider:

How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?

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 a difficulty processing information?

How is transparency and trust among staff and residents promoted?

What strategies are used to reduce the sense of power differentials among staff and residents?

How do staff members help people to identify strategies that contribute to feeling comforted and empowered?
Nursing Homes Share Their Interventions

Bathrobes
Upon admission, one home presented each resident with a hotel quality, fluffy bathrobe in which they could wrap themselves for a sense of comfort and modesty.

Weighted Blankets
An organization is experimenting with weighted blankets that are used to offset anxiety. Weighted blankets were first used as therapeutic tools for children with severe anxiety, autism and post-traumatic stress disorder (PTSD). Much like the purpose of its origin story, which started in the mental health community, the weighted blanket is used for achieving mental health balance and well-being today.

Elastic Band Bracelets
For people who find themselves ruminating on traumatic or intensely painful events, a common elastic band bracelet can be used. When becoming aware that they are engaged in this activity, the person can snap the bracelet to break the pattern of thought and bring themselves back to healthful awareness.

Spinner Rings
Spinner rings can help subdue anxiety. Spinner rings also can help people find their center while meditation.

Yoga
Residents are trained in a series of yoga exercises that they can practice to strengthen their defenses.

Meditation
Residents can be trained in meditation, which has been proven to offer remarkable benefits.

Snoezelen® Multi-Sensory Environment (MSE)
A Snoezelen® Multi-Sensory Environment (MSE) incorporates a specialized selection of sensory equipment and materials that can help clients adapt their responses to sensory stimulation and to advance education and therapy goals. Each Snoezelen MSE is tailored to meet the needs of specific populations according to age and ability. The blends of sights, sounds, textures, aromas, and motion provide stimulation of the primary sensory systems and can be modified to meet each participant’s sensory needs.
Trauma
An event or series of events, an experience or prolonged experiences, and/or a threat or perceived threats to a person’s well-being. The individual’s daily coping mechanisms can be negatively impacted by trauma. Subsequent behavioral responses to daily life may be filtered through this perspective.

Trauma-Informed Care
A framework of thinking and interventions that are directed by a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on an individual—recognizing that person’s constant interdependent needs for safety, connections, and ways to manage emotions/impulses.

Triggers
Signals that act as signs of possible danger, based on historical traumatic experiences and which lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety (e.g., sights, sounds, smells, touch). Triggers are all about one’s perceptions experienced as reality. The mind/body connection sets in motion a fight, flight, or freeze response. A triggered individual experiences fear, panic, upset, and agitation

Psychological Trauma
Psychological trauma occurs when a child experiences an intense, recurring and/or prolonged event(s) that threatens or causes harm to his or her emotional and/or physical well-being

Physical Trauma
Physical trauma refers to an injury of sudden onset and severity which requires immediate medical attention. Physical traumatic injuries are the result of a wide variety of blunt, penetrating, and burn mechanisms. They include motor vehicle collisions, sports injuries, falls, natural disasters, and a multitude of other physical injuries which can occur at home, on the street, or at work or school and require immediate care. (Adapted from University of Florida Health website)

Adverse Childhood Experiences (ACEs)
Adverse Childhood Experiences include emotional, physical, or sexual abuse; emotional or physical neglect; domestic violence; parental substance use; parental mental illness; parental separation or divorce; or incarcerated household member. Such experiences are linked to long term health outcomes in a series of studies (Felitti et al, 1998). Recent additions include death of a parent, community violence, and poverty.

Five Foundational Principles of Trauma-Informed Care
1. SAFETY: Ensure physical and emotional safety
2. TRUSTWORTHINESS: Maximize trustworthiness through task clarity, consistency, and interpersonal boundaries
3. CHOICE: Maximize consumer choice and control
4. COLLABORATION: Maximize collaboration and sharing of power
5. EMPOWERMENT: Prioritize empowerment and skill-building
References


Menschner, Christopher and Maul, Alexandra, April 2016 Center for Health Care Strategies Key Ingredients for Successful: Trauma-Informed Care Implementation


Substance Abuse and Mental Health Services Administration, SAHMSA’s *Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication NO. (SMA) xx-xxx. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.


Resources

Staff training modules  [https://traumainformedoregon.org/tic-intro-training-modules/](https://traumainformedoregon.org/tic-intro-training-modules/)

Trauma-Informed Care Resources Guide  
[https://www.crisisprevention.com/CPI/media/Media/download/PDF_TICRG.pdf](https://www.crisisprevention.com/CPI/media/Media/download/PDF_TICRG.pdf)

Seeking Safety - brief interventions for de-escalation [https://www.treatment-innovations.org/seeking-safety.html](https://www.treatment-innovations.org/seeking-safety.html)


A TREATMENT IMPROVEMENT PROTOCOL  [Trauma-Informed Care in Behavioral Health Services](#)


Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score  
[https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf](https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf)

Belief Statement example  [https://www.wiscs.org/about/commitment_to_trauma_informed_care/](https://www.wiscs.org/about/commitment_to_trauma_informed_care/)


Organizational Assessment

STANDARDS OF PRACTICE FOR TRAUMA-INFORMED CARE

I. Organization Commitment and Endorsement. Organization leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly [includes Governance and Leadership, Policy, Finance and aspects of Engagement and Involvement*].

<table>
<thead>
<tr>
<th>1= we haven’t started yet</th>
<th>2= we’ve done a little</th>
<th>3= we’ve done quite a bit</th>
<th>4= we’re stellar!</th>
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<tr>
<td>Ia. Leadership team (including administration and governance) has received information/training on trauma and trauma-informed care. Describe the process.</td>
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<td>Ib. Trauma-informed care appears as a core principle in organization policies, mission statement, written program/service information. Describe or provide examples:</td>
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<tr>
<td>Ie. Individuals with lived experience in your organization have leadership roles in the organization. What roles?</td>
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<td>Id. There is a process in place for regular feedback and suggestions from staff and service recipients related to trauma-informed care, e.g., perceived safety, welcoming environment, transparency, shared decision making, helpful/supportive staff, etc. Describe process. Examples of feedback and change(s) that resulted?</td>
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<tr>
<td>Ie. Decisions about changes in policy, practices, procedures, and personnel are made in a way that minimizes negative impact on workforce and on individuals/families receiving services. How do you achieve this? What processes are in place?</td>
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<tr>
<td>If. Organization budget reflects a commitment to trauma-informed care (e.g., resources for specialized training, flexible funding for staff wellness, peer specialists, staff time to coordinate or serve on workgroup, etc.). How is this commitment reflected in the budget?</td>
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<td>Ig. Organization-wide workforce wellness program is in place. Describe the program. How many staff participate?</td>
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<td>Ib. The organization has made a commitment to diversity and equity within the organization and with the population served. How is this reflected in policy and practice?</td>
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II. Environment and Safety. There is demonstrated commitment to creating a welcoming environment and minimizing and/or responding to perceived challenges to safety [includes Physical Safety, aspects of Engagement*].

1= we haven’t started yet  
2= we’ve done a little  
3= we’ve done quite a bit  
4= we’re stellar!

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<td>Ila. Physical space (external environment, exits and entrances, waiting room, offices, halls, lighting, restrooms, etc.) has been reviewed (see NOTE below) for actual and perceived safety concerns that may affect staff and residents. What was the process? Who was involved? When did this last occur? What changes were made as a result?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Ilb. Physical environment has been reviewed for ‘welcoming’ quality, e.g., cleanliness, odor, color, furniture (in good repair and arranged for comfort), access to water, etc. What changes have been implemented?</td>
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<td>2</td>
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<tr>
<td>Ile. Physical environment has been reviewed for cultural responsiveness. Describe modifications made.</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Ild. There is a designated 'safe space' (permanent or temporary) for staff to practice self-care. Describe.</td>
<td>1</td>
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<td>Ilf. Physical safety and crisis protocols for staff and for residents are in place and are regularly practiced. What’s the protocol? How do you ensure information is available when needed?</td>
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<td>Ilg. Residents from the organization have helped develop and/or have reviewed decisions about physical environment and/or safety protocols. What was the process?</td>
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<td>Ilh. There is a process in place to hear and respond to safety concerns that arise. Describe the process and how it is trauma-informed.</td>
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NOTE: The term 'reviewed' can mean many things. Please consider, throughout this document, who was involved in the process of reviewing aspects of the physical environment or practices/policies, and what perspectives were represented.

*Substance Abuse and Mental Health Services Administration, **SAHMSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.** HHS Publication NO. (SMA) xx-xxx. Rockville, MD: substance Abuse and Mental Health Services Administration, 2014
III. **Workforce Development.** Human Resource policies and practices reflect a commitment to trauma-informed care for staff and the population served [includes Training, Hiring and Onboarding, Supervision, Personnel Policies*].

1= we haven't started yet 2= we've done a little 3= we've done quite a bit 4= we're stellar!

<table>
<thead>
<tr>
<th>Training</th>
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<tr>
<td><strong>Ill.a.</strong> Employees have received core training in trauma-informed care. Check the content that staff has had: <strong>A</strong>= all staff; <strong>M</strong>= management/admin; <strong>OS</strong>= direct service staff.</td>
<td>1</td>
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<tr>
<td>☐ The Adverse Childhood Experiences study_</td>
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<tr>
<td>☐ The prevalence and impact of trauma on individuals in our organization</td>
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<td>☐ The neurobiology of trauma_</td>
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<td>☐ Issues of power and oppression related to the experience of trauma_</td>
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<td>☐ Historical oppression; intergenerational trauma_</td>
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<td>☐ Principles and implementation of trauma-informed care_</td>
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<tr>
<td>☐ The role and benefits of peer support services_</td>
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<td>☐ Trauma in the workforce; secondary trauma_</td>
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*If you provide (or make available) more in-depth training, please describe.*

*Other trauma-related training regularly offered/required (including on trauma specific services)?*

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<tr>
<td><strong>Illb.</strong> Core training is offered at least annually. Which modules? How frequently? How many staff attend? How is annual training delivered, by whom?</td>
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<td><strong>IIic.</strong> Training is provided on supporting, managing, and responding to reactivity (e.g., de-escalation training). Describe. How often is this training offered and to whom? How many staff have participated?</td>
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<td><strong>IIId.</strong> Organization is building internal capacity to ensure that ongoing training and education for staff on trauma-informed care is available. How? What is the current status?</td>
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<td><strong>IIle.</strong> Alternative opportunities for staff to learn about TIC (e.g., webinars or videos, community events) are offered regularly. Examples? How many staff have utilized?</td>
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</table>

*Substance Abuse and Mental Health Services Administration, *SAHMSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication NO. (SMA) xx-xxx. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014
### Hiring and Onboarding Practices

**III.f.** Screening and interviewing protocols include applicant’s understanding and prior experience/training regarding the prevalence and impact of trauma and the nature of trauma-informed care.

*What questions are asked during the interview process? How do you gouge an applicant’s ability to respond in a trauma-sensitive way to the individuals you serve (some organizations are hiring for ‘warmth and emotional intelligence’)?*

**III.g.** Individuals with lived experience of our organization participate in the hiring process.

*How? How is their feedback utilized?*

**III.h.** New employee orientation and training includes the core principles of trauma-informed care and affirms the organization's commitment to ongoing trauma-awareness and education for staff.

*Describe.*

### Supervision and Support

**III.i.** Staff receives regularly scheduled supervision.

*Which staff? How often does this process happen?*

**III.j.** Peer Support personnel, whether contracted or on staff, also receive regular support and guidance.

*What is the process?*

**III.k.** Supervision includes discussion of staff care and wellness.

*Describe or provide example.*

**III.l.** Supervision includes learning and application of knowledge about trauma and TIC.

*Example of how this happens?*

**III.m.** Supervisors have had training/consultation on supervising for TIC.

*When and how does this occur?*

**III.n.** Performance reviews expect increased awareness, understanding and practice skills related to trauma-informed care.

*Describe.*

**III.o.** Supervisors and staff can explain personnel policies; disciplinary actions reflect principles of transparency, predictability, and inclusiveness insofar as possible, given legal or contractual considerations.

*Examples of how this is ensured?*

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*Substance Abuse and Mental Health Services Administration (SAMHSA)’s *Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication NO. (SMA) xx-xxx. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014
IV. Services and Service Delivery. Service delivery reflects a commitment to trauma-informed practice [including activities related to Screening, Assessment, Treatment Services, Peer Support, Cross-Sector work and aspects of Engagement and Involvement of those receiving services*].

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</tr>
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<td><strong>IVa.</strong> The first point of contact is as welcoming and engaging as possible for individuals seeking support or services. This includes reducing distress related to referral, self-referral, intake, etc. <strong>Describe or provide examples of how this is achieved.</strong></td>
<td>1 2 3 4</td>
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<tr>
<td><strong>Vb.</strong> Intake and all direct service staff are able to talk with individuals seeking services about the prevalence and impact of trauma and how it can affect engagement and involvement. <strong>How is this information delivered in a trauma-informed way? Do you have a script or coaching for staff?</strong></td>
<td>1 2 3 4</td>
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<tr>
<td><strong>IVc.</strong> Direct service staff understand the heightened risk of suicide for trauma survivors and are able to respond appropriately and get appropriate help. <strong>What is the protocol? What ensures that staff are able to implement?</strong></td>
<td>1 2 3 4</td>
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<td><strong>IVd.</strong> Intake forms and processes have been reviewed and modified to reduce unnecessary detail that might be triggering to individuals who are seeking or entering services. <strong>What has been modified to improve the intake process for the consumer?</strong></td>
<td>1 2 3 4</td>
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<tr>
<td><strong>IVe.</strong> Organization has written easy-to-read documentation for staff and service recipients that explain core services, key rules and policies, and process for concerns/complaints. <strong>Describe or provide documentation. How it is available in the Organization? Note if service recipients have reviewed.</strong></td>
<td>1 2 3 4</td>
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<tr>
<td><strong>IVf.</strong> Policies related to treatment services (cancellations, no-shows, other rules) have been reviewed and modified as needed to reflect an understanding of trauma and its impact. <strong>What was the review process used? What has happened as a result of these changes?</strong></td>
<td>1 2 3 4</td>
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| IVg. | Residents have the opportunity to provide input/feedback and/or to grieve policies that affect them.  
*What is the process or structure for this to happen? How is the process trauma-informed?* |
| IVh. | In organizations providing direct service, the importance of the primary relationship is recognized and supported through policy and practice.  
*How do you work towards continuity of care?* |
| IVi. | In organizations providing direct service, trauma-specific services are offered, preferably reflecting promising or best practices.  
*What services are offered?* |
| IVj. | In organizations not providing direct services, staff has up-to-date informed providers and services.  
*How do you ensure this information is available and used?* |
| IVk. | Peer support is available and routinely offered to clients.  
*If yes, what services are offered? What is the role of peers in the organization (paid staff, volunteer)?* |
| IVl. | Residents are not terminated without notice and direct contact (unless precluded by circumstances).  
*How do you ensure this? What’s the protocol?* |

**Cross-Sector Collaboration**

| IVm. | Organization is working with community partners and/or other systems to develop common trauma-informed protocols and procedures.  
*Describe efforts and progress in this area, including any shared or cross-training that occurs.* |
V. Systems Change & Progress Monitoring. There is demonstrated commitment to planning, implementation and continuous improvement [includes Quality Assurance, Evaluation, and aspects of Engagement and Involvement*].

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| Va. The Organization has a structure/process in place to further develop and sustain trauma-informed care (for example, a multi-level/cross program workgroup that meets regularly). *What does this structure/process look like? Who participates?*
|   | 1 2 3 4 |
| Vb. Organization has initiated or completed an Organization self-assessment. *What process was/is used? What priorities have been established as a result?*
|   | 1 2 3 4 |
| Ve. The perspective of persons with lived experience was or is being included in the Organization self-assessment process. *How?*
|   | 1 2 3 4 |
| Vd. Organization policies have been reviewed through a trauma-informed lens and modified to meet TIC principles. *Example of policy change that was made? Changes that resulted?*
|   | 1 2 3 4 |
| Ve. There is a regular mechanism for communicating out to staff and stakeholders about emerging TIC practices and the Organization's efforts to promote and sustain TIC. *How does this happen? How often?*
|   | 1 2 3 4 |
| Vf. Senior Management receives regular updates on progress and priorities for systems change to ensure trauma-informed care. *Describe the process? How often does it occur?*
|   | 1 2 3 4 |
| Vg. Senior Management and/or TIC implementation team is using Organization data to help establish priorities and measure impact (e.g., staff retention, absenteeism, engagement and retention of service recipients, etc.). *What data?*
|   | 1 2 3 4 |
| Vb. The self-assessment or quality assurance process for trauma-informed care is ongoing. *Provide examples of objectives met and current priorities.*
|   | 1 2 3 4 |

VI. Please add anything else you would like stakeholders to know about how the organization/program is implementing trauma-informed care.

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Trauma-Informed Care Fact or Fiction Fun:

1) Between 55 and 90% of people in the United States have experienced some type of trauma

2) There are more than 100,000 Holocaust survivors still living in the United States

3) Anyone who experiences a trauma will eventually have PTSD

4) Post-traumatic stress disorder only affects soldiers.

5) Only weak people get PTSD

6) You only experience trauma after a life-threatening event

7) People with PTSD try to avoid reminders of the traumatic events

8) People with PTSD are always on high alert

9) Witnessing a fire could be a traumatic event

10) Learning about someone dying can be traumatic

Answer Key:

1) True
2) True
3) False
4) False
5) False
6) False
7) True
8) True
9) True
10) True
Positive Stress
What is this?

Tolerable Stress
What does this look like?

Toxic Stress
Have you heard of this?

Trauma
What do you think of when you hear this word?
Empathy
What does this mean? Why is it important?

Burnout
What does this mean to you?
How can you prevent this?

What is Person-Centered Care?
What does this look like?

What does it mean to be Trauma-Informed?
What is a trigger?

What does de-escalation mean?

What is a Safety Plan?

Have you ever worked with a resident who experienced trauma? What did you notice?