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
