Trauma-Informed Care (TIC) Resources

for Leaders and Implementation Committees (IC).

The .pdf packet includes the following handouts, some of which can be challenging to find on the internet:

- 10 Key Ingredients for Trauma-Informed Care (Infographic) and "Laying the Groundwork for Trauma-Informed Care" from the Center for Health Care Strategies, Inc.
- SAMHSA-HRSA Center for Integrated Health Care Solutions TIC IC Work Plan:
    - Project Goals & Objectives Tool
    - TIC IC Implementation Planning Guide
    - Domains & Standards for Primary Care (adapt to your care setting)
    - TIC IC OSA (Organizational Self-Assessment) Scoring & Graphing Guide
    - Professional quality of Life Scale (ProQOL) and scoring

Please contact us at lkendall58@gmail.com with any questions or to explore a path for your organization to embrace trauma-informed, person-directed, and strengths-based services.

Lisa Kendall consulting.com

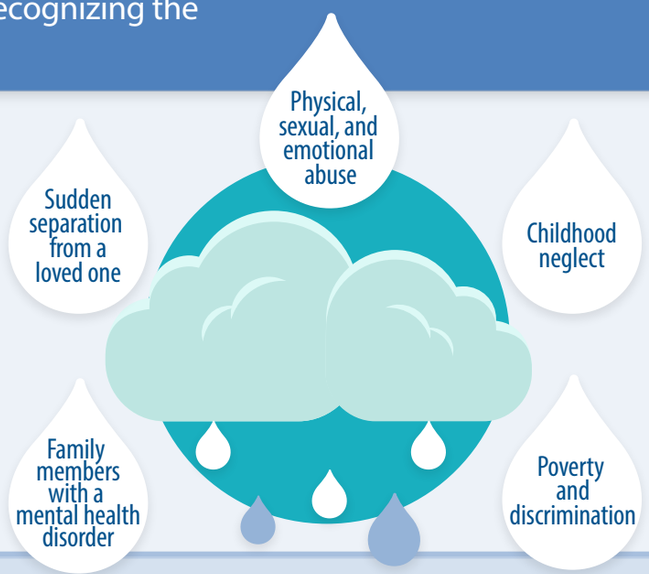
www.LisaKendallConsulting.com

10 KEY INGREDIENTS FOR TRAUMA-INFORMED CARE

As health care providers become aware of the harmful effects of trauma on physical and mental health, they are increasingly recognizing the value of **trauma-informed approaches to care**.

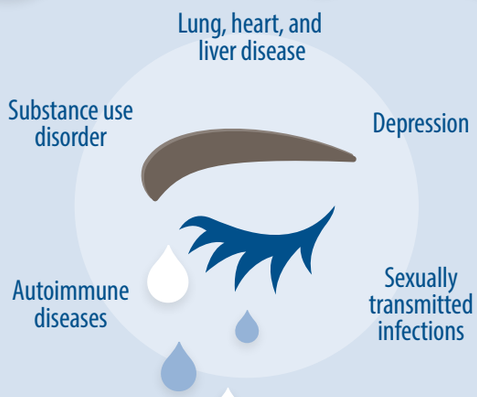
WHAT IS TRAUMA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as **events or circumstances** experienced by an individual as **physically or emotionally harmful** or **life-threatening**, which result in adverse effects on the individual's **functioning and well-being**.



WHAT IS THE IMPACT OF TRAUMA ON HEALTH?

The Adverse Childhood Experiences (ACE) Study, conducted by the CDC and Kaiser Permanente, revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for **chronic health conditions** and **health-risk behaviors** later in life.



HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

Trauma-informed care acknowledges that understanding a patient's life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization.

In order to be successful, trauma-informed care must be adopted at the **organizational *and* clinical levels**.

Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:

1. Lead and communicate about being trauma-informed
2. Engage patients in organizational planning
3. Train both clinical and non-clinical staff
4. Create a safe physical and emotional environment
5. Prevent secondary traumatic stress in staff
6. Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:

7. Involve patients in the treatment process
8. Screen for trauma
9. Train staff in trauma-specific treatments
10. Engage referral sources and partner organizations

For more details, read CHCS' brief, *Key Ingredients for Successful Trauma-Informed Care Implementation.*

Visit **www.chcs.org** for additional resources.

CHCS Center for Health Care Strategies, Inc.

Robert Wood Johnson Foundation

Laying the Groundwork for Trauma-Informed Care

By Meryl Schulman and Christopher Menschner, Center for Health Care Strategies

IN BRIEF

Adopting a trauma-informed approach to care has the potential to improve patient health outcomes as well as the well-being of providers. While becoming a trauma-informed health care organization can be time and resource-intensive, there are relatively simple, foundational steps that providers can take to move toward fully adopting a trauma-informed approach to care. This brief includes practical recommendations for health care organizations interested in becoming trauma-informed. It draws from the experiences of pilot sites in *Advancing Trauma-Informed Care (ATC*), a national initiative made possible by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies (CHCS). Foundational steps include:

(1) Building awareness and generating buy-in for a trauma-informed approach;
(2) Supporting a culture of staff wellness;
(3) Hiring a workforce that embodies the values of trauma-informed care; and
(4) Creating a safe physical, social, and emotional environment.

Pursuing these activities will help organizations move toward a more comprehensive approach to trauma as outlined in an earlier CHCS brief, ***Key Ingredients for Successful Trauma-Informed Care Implementation***.

Health care providers increasingly recognize how an individual's history of trauma may influence his or her health, relationships, and ability to adopt healthy behaviors. Integrating this recognition into a fully trauma-informed approach, however, requires organizational and clinical practice changes that can be time and resource-intensive.[1,2] While not all health care organizations may be ready to commit to full adoption of trauma-informed care, there are a number of foundational steps that health care providers can take to embrace the core trauma-informed care principles of patient empowerment, choice, collaboration, safety, and trustworthiness.[3]

This brief outlines initial steps for health care organizations interested in adopting a trauma-informed approach to consider. It draws from the experiences of pilot sites participating in *Advancing Trauma-Informed Care (ATC)*, a national initiative made possible by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies. Foundational steps for becoming trauma-informed include: (1) building awareness and generating buy-in; (2) supporting a culture of staff wellness; (3) hiring a workforce that embodies the values of trauma-informed care; and (4) creating a safe physical, social, and emotional environment.

A comprehensive approach to trauma-informed care involves changes at both the *organizational* and *clinical* level. Experts recommend that when transitioning to a trauma-informed approach, a health care organization should start with organizational changes before implementing clinical changes.[4] Well-intentioned providers, however, often train staff in trauma-specific treatments while neglecting to first make changes to fundamental organizational practices, which can undermine overall efforts to becoming trauma-informed. Thus, this brief focuses primarily on organizational opportunities to help health care organizations build a foundation for trauma-informed care.

Made possible through support from the Robert Wood Johnson Foundation.

Building Awareness and Generating Buy-In for a Trauma-Informed Approach

Helping a health care organization's workforce understand the impact of trauma on both patients and staff is a key first step in becoming trauma-informed. Following are strategies for building awareness and generating buy-in:

- **Promote the potential to improve patient outcomes as well as staff wellness** when educating the health care workforce about the impact of trauma on health and the value of trauma-informed care.[10] This should be done prior to the start of any trauma-informed care trainings to encourage attendance and buy-in.
- **Incorporate patient voice and choice** early on in the planning and awareness-building processes and find ways to solicit ongoing patient and community member feedback. Some *ATC* sites have done this through more formal arrangements such as patient advisory boards, focus groups, or the use of peer navigators, while others have created more informal opportunities for patients to share feedback and build relationships with employees. The University of California San Francisco (UCSF) Women's HIV Program, for example, offers a hot breakfast for both patients and staff in an open conference room. Not only does offering breakfast create a more relaxing environment for those waiting for an appointment, it also gives patients the opportunity to build relationships with clinic staff and feel more comfortable in sharing their opinions and experiences and potentially joining a more formal advisory group in the future. In addition, the UCSF clinic convenes a monthly stakeholder meeting to discuss ways to improve the clinic experience that includes a staff member from each discipline (e.g., nursing, social work, medicine, medical assistants, etc.) and four patient participants.
- **Offer trainings for all staff, including clinical, non-clinical, and senior leadership** on trauma and its impact on health and behavior. Ideally, organizations should have buy-in from senior leadership, whose support may be needed to encourage all staff to participate. Because non-clinical staff — including front-desk reception area workers, security guards, and drivers — often interact with patients, they can play an important role in making patients feel safe and welcome and should be included in all awareness-building events or trainings. In addition, trauma-informed trainings can help staff better understand patient behavior and thereby improve patient/staff interactions. The San Francisco Department

Trauma-Informed Care Online Training Resources

There are a number of web-based, publicly available foundational trauma-informed care training resources that may serve as a starting place for organizations lacking the financial resources to hire a trainer or the capacity to create their own materials.

- ✔ **ACEs Too High**, a news site that compiles trauma-informed care related research and articles, catalogues resources on adverse childhood experiences and the neurobiology and epigenetics of trauma, and contains online courses and presentations on early adversity and TIC.[5]
- ✔ **Substance Abuse and Mental Health Services Administration's** "Concept of Trauma and Guidance for a Trauma-Informed Approach" is a comprehensive resource that defines trauma and the implementation domains of a trauma-informed approach.[6]
- ✔ **Center for Health Care Strategies'** brief, "Key Ingredients for Successful Trauma-Informed Care Implementation," identifies the clinical and organizational key ingredients necessary for successful trauma-informed care implementation. Companion slide decks and an infographic can serve as handy training tools.[7,8,9]

of Public Health (SFDPH), a county health agency dedicated to promoting the health of all San Franciscans, is focused on training all 9,000 employees — from entry-level to senior executives — through its Trauma-Informed Systems (TIS) initiative.[11]

- **Identify early champions or natural leaders to help build awareness about trauma** and its impact on health and general wellness. These individuals are often in a position to identify the greatest needs within an organization, and they should be encouraged by leadership to develop their knowledge-base and skills on issues related to trauma, adverse childhood experiences (ACEs), toxic stress, and trauma-informed care. Examples of ways that champions can generate further interest in trauma-informed care include employee workgroups, book clubs, or staff brown bag lunch sessions. Early champions are critical to sustaining momentum when adopting new organizational practices, and can act as resources for staff with questions about trauma, trauma-informed care, and how these efforts relate to them and their work.

- **Identify opportunities for sustaining upfront investments in trauma training**. Some organizations, for example, adopt a "train-the-trainer" model to extend training opportunities to more staff. The Greater Newark Healthcare Coalition (GNHCC), a group of community leaders seeking to improve health care quality and access in Newark, New Jersey, trained a staff member in the Nurtured Heart Approach, which is focused on improving how individuals work with academically, socially, and behaviorally challenged children.[12] This team member will introduce the Nurtured Heart Approach to GNHCC's ACE Impact Team, the stakeholder group leading efforts for Newark to become a trauma-informed city. The SFDPH's TIS initiative is also using a robust train-the-trainer model. Trainings may be recorded to sustain initial investments made in hiring outside consultants. The UCSF Women's HIV Program videotaped its series of employee training sessions on trauma-informed primary care to share with future hires during the onboarding process.[13]

  Because non-clinical staff often interact with patients, they can play an important role in making patients feel safe and welcome and should be included in all awareness-building events or trainings.

- **Incorporate trauma training into regularly scheduled staff meetings** since it is often difficult to find time slots to accommodate new staff training programs. Montefiore Medical Group, for example, a large health care system located in the Bronx, built trauma-informed care trainings into existing monthly meeting times for clinical staff, who likely have the least time available due to the daily demands of seeing patients.

Supporting a Culture of Staff Wellness

Fostering a culture of staff wellness is key to a trauma-informed approach. When working with patients who have trauma histories, it is important that staff take the time to care for themselves, so they are able to provide the best care possible for patients.[14] Staff members may also come to this work with their own histories of trauma. Organizations without safeguards in place to allow staff to safely process their emotions may be exposing employees to secondary traumatic stress, vicarious trauma, and burnout, all of which may inhibit their ability to provide high-quality care and may increase staff turnover.[15] Following are strategies for promoting a culture of staff wellness:

- **Educate staff on secondary traumatic stress**, vicarious trauma, burnout, and the importance of self-care. This can be done through a staff training or by displaying posters[17] around the office that outline the signs of burnout, such as emotional exhaustion and feeling disconnected from one's body or thoughts,[18] and promote wellness, such as the importance of work/life balance and self-care. Organizations can also support staff wellness by giving employees the space to destress. The Center for Youth Wellness (CYW), a San Francisco-based nonprofit organization dedicated to addressing the impact of early adversity on children, has adopted a "listening partners" approach. A listening partner is a designated colleague that each staff member can check-in with on an as-needed basis. This provides support above and beyond weekly supervision, and CYW has noted that these partners are especially beneficial for clinical staff, who are more prone to compassion fatigue and burnout. Furthermore, CYW notes that the use of listening partners has supported a natural progression toward an environment of understanding in which team members can check-in with any colleague about concerns.

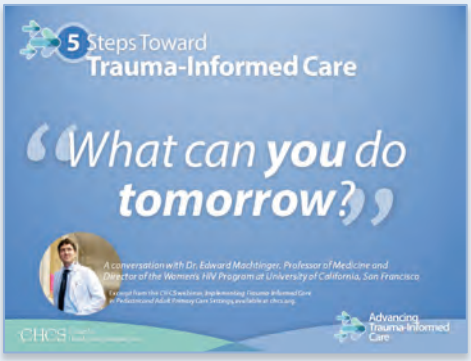
- **Engage leadership to promote a culture of wellness** by demonstrating that they value their employees' well-being. Supervisors should be encouraged to take a liberal stance on approving paid time off (PTO) to demonstrate to employees that they are respected and deserving of time away from work. Leadership should also ensure that staff have adequate PTO to address their health and mental health needs. In doing so, it is important that leadership sets an example by making it clear that taking time off due to stress or anxiety — "mental health days" — is as legitimate as taking time off when physically sick. Managers should encourage their direct reports to use their PTO to mitigate the likelihood of burnout and foster a sense of work/life balance. In addition, managers should be cognizant of increases in stress or anxiety of those they supervise and encourage them to take time away from work as needed.

- **Incorporate staff wellness activities into meetings and daily work/life**. SFDPH has begun to incorporate three-to-five minute facilitated "check-ins," breathing activities, or mindfulness exercises into the beginnings of staff meetings. These exercises allow staff to leave behind the stress that they may carry into a meeting and reinforces the importance of wellness. The SFDPH notes that, as an added benefit, these practices help focus the group on the task at hand and seem to improve meeting productivity. The UCSF Women's HIV Program incorporated a similar approach into their morning clinic huddles. The clinical team starts the huddle by taking a "mindful minute," allowing them to breathe, relax, and get ready for the day's work ahead. The "mindful minute" has been so well-received by staff that some care team members have begun

What Can You Do Tomorrow to Support Trauma-Informed Care?

Eddy Machtinger, MD, director of the Women's HIV Program at University of California, San Francisco, offers a simple roadmap to help organizations promote trauma-informed care:[16]

1. **Realize** that a lot about who we are and what we do is because of things that happened to us.
2. **Embrace** trauma-informed values for yourself.
3. **Distribute literature** in the waiting room about the impact of trauma on health.
4. **Get training (ideally for the whole organization)** about the impact of trauma on health, trauma-informed skills, and screening for interpersonal violence and the impacts of lifelong trauma.
5. **Assemble a team** that is interested in this issue to get educated, collaborate on steps forward, and support one another in the process.



View a related video, *"5 Steps Toward Trauma-Informed Care: What Can You Do Tomorrow?"* Available at: **www.chcs.org/5-steps-toward-trauma-informed-care/**.

convening 15 minutes early to engage in a longer group meditation. CYW has incorporated wellness breaks into the daily work/life of its employees to decrease stress and increase connection among employees. Every day staff voluntarily gather before lunch to engage in a five-minute wellness activity like stretching, deep breathing, or guided meditation. Staff are then encouraged to take lunch, ideally away from their desk.

- **Promote in-house and external opportunities to foster staff wellness**, including free or low-cost activities in the area that allow staff to engage in practices like mindfulness, meditation, and yoga. If possible, organizations can consider bringing wellness activities in-house so that they are more accessible and integrated into the organization's culture. The Stephen and Sandra Sheller 11th Street Family Health Services (11th Street) in Philadelphia offers fitness, yoga, and other mind/body classes to both staff and patients and has designed additional innovative low-cost methods to promote staff wellness. For example, the organization created a "fitness scavenger hunt" to help employees incorporate short physical activity breaks into their workdays. This involves hanging lists of simple exercises throughout the office, and having employees voluntarily sign-off on all completed exercises. CYW also promotes staff wellness through weekly on-site yoga sessions, as well as periodic mindfulness trainings. Similarly, a large hospital that participates in SFDPH's TIS initiative created a wellness space where employees can meditate or exercise, and another agency within SFDPH started a walking group to encourage staff to engage in physical activity during the workday.

Hiring a Trauma-Informed Workforce

Hiring a workforce that embodies and embraces a trauma-informed approach is key to creating and sustaining this kind of organizational change. Managers should seek to hire staff who have similar life experiences as the patient population served, have participated in trainings in trauma-informed care, and/or possess personality characteristics that naturally align with trauma-informed care values. To identify new employees who align with trauma-informed values and approaches to care, health care organizations should consider the following techniques:

- **Include interviewers from a variety of cultural and racial backgrounds**, as well as different levels within the organization, during the interview process. A more collaborative hiring process will not only yield multiple perspectives on the same candidate, but also give lower-level staff a greater voice in organizational decision-making. Including these staff in the interview process demonstrates to employees that their opinions and perspectives are valued, and may also help organizations identify the candidate that will work best with the entire care team.

Trauma-Informed Interview Questions

Interview questions can be framed with a trauma-informed lens. Below are sample questions from the National Council for Behavioral Health.[19]

1. ***Tell us about a time when you had to remain calm when dealing with a hostile client.*** *What did you learn from the experience? How did you handle the situation?*
2. ***Describe a time when you had to approach people with different perspectives for support or cooperation.*** *How did you approach them? What was the result?*
3. ***What strategies would you use to build resilience on your team****, recognize secondary traumatic stress risk, and address this risk for the team or an individual?*
4. ***What techniques have you found to be effective in developing trusting relationships*** *and rapport with clients?*
5. ***What have you done to display healthy self-care skills during the past year?*** *What have you done to maintain a healthy work/life balance?*

- **Incorporate behavioral interviewing strategies to look for characteristics**, such as empathy and a tendency toward non-judgement. Behavioral interviewing includes asking job candidates about how they have handled previous situations to better understand how they may behave in future, similar scenarios.[20] These characteristics indicate an employee is more likely to embody trauma-informed principles.

- **Ask potential new hires about their knowledge around trauma and ACEs**, and whether or not they have received any prior trauma-informed training. Montefiore Medical Group, for example, encourages their 22 outpatient practices to incorporate questions about trauma knowledge into the interview process to assess whether a candidate is knowledgeable about the impact of trauma on health, the importance of trauma-informed care, and whether or not they would be a good fit for their organization. By reframing interview questions with a trauma-informed lens (see sidebar), organizations will more likely attract job candidates that share the organization's trauma-informed mission and values.

Creating a Safe Environment

People with histories of trauma often feel unsafe in unfamiliar environments, leading to anxiety and stress. Minor changes to a provider and/or health care organization's physical, social, and emotional environments can improve patients' feelings of safety, and create an atmosphere that reduces the likelihood of re-traumatization. While many organizations cannot afford a complete redesign of their facilities, below are a number of less resource-intensive approaches that may improve patient experience for those who have experienced trauma:

Physical Environment

- **Make sure all parking lots, common areas, bathrooms, entrances, and exits are well lit**, so patients feel safe and comfortable. This is especially important during weekend and evening hours when there are fewer people around.

- **Ensure security guards are readily available** in settings where necessary, and consider stationing them at building entrances and exists to monitor the flow of traffic in and out of the building. Some organizations note that positioning security personnel at entrances and exits has helped prevent groups of people congregating, loitering, or smoking directly outside of the building which may provoke anxiety for some patients.

- **Noise levels in the waiting room should be kept low**, and staff should avoid using overhead loudspeakers when possible. Montefiore Medical Group encourages their outpatient providers to control the noise levels in waiting rooms and to avoid playing news stations on televisions, which can create stress for patients. In addition, they also encourage their providers to play soothing music for those waiting to be seen by a practitioner.

Taking the Leap to Trauma-Informed Approaches to Care

Organizations that take the initial steps outlined in this brief, may be ready to take the more major step to becoming fully trauma-informed.

Comprehensive, organizationally focused trauma-informed care models to consider include:

- **Sanctuary Model**, which is a theory-based approach to changing and sustaining organizational culture to be more trauma-informed; and
- **SFDPH's Trauma-Informed Systems Initiative**, which uses a common language, guiding principles, and champion and leadership learning communities to transform the health department from one that induces trauma to one that reduces trauma, and ultimately toward being a healing organization.

- **Decorate with warm colors and artwork and create spaces for staff to relax** to foster a more calming and enjoyable environment. 11th Street has enhanced its clinic walls with pictures and murals that were painted by members of their community. This makes community members who receive care at the clinic feel welcome and fosters a sense of inclusivity and ownership. 11th Street has also utilized empty offices and open spaces in the building to create safe spaces with comfortable seating, soft lighting, and stress relieving tools and activities. Staff can go to these spaces when they need a moment to themselves or a place to regroup and relax.

Social and Emotional Environment

- **Use positive and welcoming language on waiting room signage,** and request rather than command. For example, "Please Refrain from Using Your Cellphone in the Lobby" vs. "No Cellphone Use in the Lobby!"
- **Ask patients whether they are comfortable with having the door shut during exams or meetings.** This will help patients feel in control and allow them to exit if desired.
- **Send medical forms that require patients to provide sensitive information ahead of time** so they can be filled out in privacy. In addition, if there is a quiet place in the office, it should be offered to patients for filling out forms with personal information in order to further foster feelings of safety and security.

Minor changes to a provider and/or health care organization's physical, social, and emotional environments can improve patients' feelings of safety, and create an atmosphere that reduces the likelihood of re-traumatization.

- **Train front desk staff to greet patients in a warm and welcoming manner.** This simple practice can set the tone for the patient's entire experience. In addition to including their receptionists in trauma-informed training, UCSF Women's HIV Program has a designated host who greets patients as they enter the clinic and helps orient them to the different activities and services that are available.
- **Train all clinical and non-clinical staff how to effectively communicate with patients** about scheduling changes or delays to their appointment. Basic communication and de-escalation techniques convey respect and prevent patients from getting upset. This communication is greatly facilitated if the entire clinic agrees on a uniform policy for such situations so front line staff are not routinely overruled and can convey an accurate message.

Looking Ahead

Adopting a trauma-informed approach to care holds great promise for enhancing patient outcomes, decreasing costs, and improving staff wellness. However, becoming a fully trauma-informed organization may entail significant time and financial investments, and continuous staff and leadership commitment. Opportunities outlined in this brief, such as training all staff, incorporating patient voice and choice, and identifying early champions may serve as a starting place to help organizations generate awareness of the impact of trauma, encourage staff wellness, improve hiring practices, and enhance organizations' physical, social, and emotional environments. Successful implementation of these initial changes may help make the case for future investments in trauma-informed care, including the adoption of a comprehensive trauma-informed care model.

This brief is a product of ***Advancing Trauma-Informed Care,*** a multi-site demonstration project focused on better understanding how to implement trauma-informed approaches to health care delivery. Supported by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies (CHCS), this national initiative is developing and enhancing trauma-informed approaches to care and sharing emerging best practices.

Learn more about practical strategies for implementing trauma-informed approaches across the health care sector by visiting CHCS' Trauma-Informed Care topic page at, **www.chcs.org/topics/trauma-informed-care/**.

Endnotes

[1] Substance Abuse and Mental Health Services Administration. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." *Substance Abuse and Mental Health Services Administration*, Rockville, MD (2014). Available at: **https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf**.

[2] C. Menschner and A. Maul. *Key Ingredients for Successful Trauma-Informed Care Implementation.* Center for Health Care Strategies. April 2016. Available at: **https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/**.

[3] M. Harris and R. Fallot (Eds.). "Using Trauma Theory to Design Service Systems." New Directions for Mental Health Services, no. 89; (2001).

[4] Interview with Sandra L. Bloom, MD, Associate Professor, Drexel University Dornsife School of Public Health, Trauma-Informed Care Environmental Scan, March 23, 2015.

[5] For more information on resources on trauma-informed care and ACEs, see ACEs Too High at: **https://acestoohigh.com/resources/**.

[6] Substance Abuse and Mental Health Services Administration. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." *Substance Abuse and Mental Health Services Administration*, Rockville, MD (2014). Available at: **https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf**.

[7] C. Menschner and A. Maul. *Key Ingredients for Successful Trauma-Informed Care Implementation*, op. cit.

[8] Center for Health Care Strategies. "What is Trauma-Informed Care?" Center for Health Care Strategies webinar presentation, August 2017. Available at: **https://www.chcs.org/resource/key-ingredients-trauma-informed-care/**.

[9] Center for Health Care Strategies. "Understanding the Effects of Trauma on Health. Center for Health Care Strategies webinar presentation, August 2017. Available at: **https://www.chcs.org/resource/understanding-effects-trauma-health/**.

[10] C. Menschner and A. Maul. *Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations. Center for Health Care Strategies*. December 2016. Available at: **https://www.chcs.org/resource/strategies-encouraging-staff-wellness-trauma-informed-organizations/**.

[11] For more information on SFDPH's Trauma Informed Systems initiative, see: **https://store.samhsa.gov/shin/content/SMA17-5019/SMA17-5019.pdf**.

[12] For more information on the certification process for the Nurtured Heart Approach, see: **https://childrenssuccessfoundation.com/about-nurtured-heart-approach/**.

[13] For more information on trauma-informed primary care, see: **http://www.whijournal.com/article/S1049-3867(15)00033-X/pdf**.

[14] C. Menschner and A. Maul. *Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations,* op. cit.

[15] The National Child Traumatic Stress Network (2011). "Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals." Available at: **http://nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf**.

[16] E. Machtinger. *"From Treatment to Healing: The Promise of Trauma-Informed Primary Care*." Center for Health Care Strategies webinar, October 2017. Available at: **www.chcs.org/resource/implementing-trauma-informed-care-pediatric-adult-primary-care-settings/**.

[17] C. Menschner and A. Maul. *Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations*, op. cit.

[18] T.D. Shanafelt, S. Boone, L. Tan, L.N. Dyrbye, W. Sotile, D. Satele, C.P. West, J. Sloan, and M.R. Oreskovich. "Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population." *Archives of Internal Medicine*. 2012;172(18):1377–1385.

[19] *Trauma-Informed Care Interview Questions*. National Council for Behavioral Health, 2014 Available at: **https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/Interview-Questions-for-Trauma-Informed-Care.pdf**

[20] For more information on behavioral interviewing, see: **https://www.monster.com/career-advice/article/you-can-survive-the-behavioral-interview.**

TIC IC Work Plan - Project Goals and Objectives Tool

TIC Domain	Goals/Objectives	Performance Indicators (measures/outcomes for each G/O)	Action Steps (include lead person and date to be achieved for each step)
	1. **2.** **3.** **4.**		

TIC IC Implementation Planning Guide

Please use the 'Project Goals and Objectives Tool' to document your plan.

Step I - Ensure that you have leadership buy-in

- ✓ Consider how and what you will communicate to leadership as well as when and where this will occur
- ✓ Make the case for "what's in it" for the organization and the leader
- ✓ Convey what the leader's role will be
- ✓ Consider how leadership's authority and support may be needed

Step II – Consider the Make-up of Your Core Implementation Team (CIT)

- ✓ Decide if you wish to include a recipient of services or Peer Support Specialist (highly recommended)
- ✓ If you are spreading TIC throughout your HC, consider including a representative from each department/program
- ✓ Consider adding front desk staff, security, human resources, other trauma champions
- ✓ Decide how you will reach out to additional members and who will be responsible

Step III – Plan Your CIT Meetings

- ✓ Decide on a date for your first meeting
- ✓ Determine how often your team will meet (every other week or 2X monthly works best)
- ✓ Create an agenda for your first several meetings using your Project Goals and Objectives Tool
- ✓ Assign tasks to members as appropriate

Step IV – Build Team Consensus Regarding TIC

- ✓ Consider how all team members will be educated about trauma, it's impact on MH, SA and Physical Health, their role in creating a Trauma Informed organization and why this initiative is important (resources available include SAMHSA definitions and principles (TIP 57), ABC's of TIC slide deck, videos)
- ✓ Have each member of your CIT complete the Organizational Self-Assessment (OSA) individually and then graph the combined scores (the OSA works as a tool to measure progress as well as an educational tool re TIC)

Step V – Create a Vision for How You Want Your Organization to Look and Feel

- ✓ Use the visioning guide to assist with this process
- ✓ Consider creating a vision statement based on the principles of TIC (you may wish to brainstorm words that represent TIC for your organization, then use some of those words to create a vision statement)
- ✓ Discuss who you want to share your vision with and how and when to convey it (through kickoff meetings, website, add through written materials)

Step VI – Determine How You Will Communicate for Buy-In

- ✓ Using the Communicating for Buy-in Tool; decide who to communicate with (shareholders)
- ✓ Discuss opportunities to communicate (all-staff meetings, department meetings, special event)
- ✓ Decide what and how you want to communicate to each shareholder
- ✓ Decide on the 3 most important messages you want staff and others to remember

Step VII – Assess Your Organization

- ✓ Decide who, besides your CIT, should complete the OSA
- ✓ Determine when you will distribute and collect the completed OSAs (using the online Survey Monkey OSA)
- ✓ Inform National Council staff of cutoff date for OSA completion
- ✓ National Council staff will send analyzed results so your team can determine which domains to start with

Step VIII – Choose Your Domains and Develop a Plan

- ✓ Based on Organizational Self-Assessment (OSA) results, decide the number of domains and which domains to work on
- ✓ Develop a plan for who will work on each domain
- ✓ identify the target goals within each domain, using the Performance Monitoring Tool (PMT) as a guide
- ✓ Determine how you will track data related to each goal, identify person responsible and timeline for completion

Step IX – Implement a Data Collection System

- ✓ Consider the cohort of patients you plan to monitor and use the Workflow Decision Support Tool to determine the following:
  - How will patients be flagged?
  - What system will be used - EHR or manual log (Patient Data Log)?
  - Who will perform the initial screening?
  - What training will the screener receive?
  - What tools will be used?
  - If screen is positive, who will perform the assessment and when?
  - If follow up services are indicated based on assessment findings, how and to whom will referral be made?
  - Who will follow the patient to ensure connection to services and who will track this data?
- ✓ Considering your choice of domains and goals based on your OSA results:
  - Track progress using the Performance Monitoring Tool (PMT)
  - Determine what data to collect
  - Who will monitor this data
  - How often it will be reviewed by the team
  - How it will be used to make changes
- ✓ Share outcomes/successes with leadership, Board, staff, patients, funders, community partners

Step X – Take Action

- ✓ Build a sense of urgency through leadership efforts and your CIT
- ✓ Build and maintain momentum by discussing and identifying the many opportunities available to get the word out about TIC and keep it front and center (meeting agenda, email and other electronic messaging, bulletin boards, posters, website, newsletter, celebrations of success)
- ✓ Ensure that CIT meets regularly, develops meeting agenda, regularly monitors goals and progress, and communicates success to all

Organizational Self-Assessment (OSA)

Domains and Standards for Primary Care

The Organizational Self-Assessment is designed for organizations interested in improving their policies, procedures, practices and social and physical environment to reflect the core principles and values of a trauma-informed care organization. It is designed primarily as a performance improvement resource to increase an organization's awareness of the key components of a trauma-informed care organization and to engage in a self-reflective process that assists them in identifying what they need to: 1) **keep** doing and reinforcing, 2) **stop** doing and, 3) **start** doing, in order to advance their efforts to become a continually improving trauma-informed care organization.

The Organizational Self-Assessment instrument consists of three (3) trauma-informed care domains, characteristic of a trauma-informed organization, along with a set of performance standards for each. These domains and standards reflect a compilation of commonly recognized aspects of a trauma-informed organization, influenced by the work of leaders in the field. A section on data was added to assist an organization in assessing its readiness to measure and evaluate performance improvement. It is recommended that the Organizational Self-Assessment be independently completed by a range of stakeholders including; leadership, supervisors, practitioners, consumers, and support staff. This will ensure a comprehensive assessment of the organization from a broad perspective. The results should then be combined to get a total score for the organization.

The domains and standards were designed to reflect the following core values and principles of trauma informed care:

A Trauma-Informed Care Organization Includes:

Safe, calm and secure environment with supportive care

System wide understanding of trauma prevalence, impact and trauma informed care

Cultural Competence

Consumer voice, choice and self-advocacy

Recovery, consumer-driven and trauma specific services

Healing, hopeful, honest and trusting relationships

Indicate, as best you can, the degree to which the following standards describe your organization on a five point scale, ranging from 0 to 4:

- **0** = we don't meet this standard at all
- **1** = we minimally meet this standard
- **2** = we partially meet this standard

- **3** = we mostly meet this standard
- **4** = we are exemplary in meeting this standard (we have much to offer other grantees)
- **N/A** = I am not sure I understand this question.

*A score of 4 means you meet this standard very well and have expertise in this area that may be of help to other Innovation Community participants interested in improving their performance around this standard.

Domain 1 – Screening and Comprehensive Assessment of Trauma

A. The primary care service has a system in place to sensitively screen for the presence of various past and current adverse experiences including child sexual abuse and Intimate Partner Violence, through the inclusion of trauma specific items on a medical history/health questionnaire; a trauma specific screening instrument, and/or inquiry by medical staff.

☐**0** ☐**1** ☐**2** ☐**3** ☐ **4** ☐**N/A**

B. The primary care service has a system in place to inform and educate patients about the potential impact of stressful life events on their physical and emotional health as well as how the primary care service can help through direct communication by medical staff or through a referral to treatment services.

☐**0** ☐**1** ☐**2** ☐**3** ☐ **4** ☐**N/A**

C. The primary care service has a system in place to complete a comprehensive trauma assessment for patients who screen positive for adverse life events (e.g. referral to internal BH specialist to perform a comprehensive assessment or refer to a local behavioral health provider).

☐**0** ☐**1** ☐**2** ☐**3** ☐ **4** ☐**N/A**

D. The primary care service has a system in place to identify patients needing a treatment referral to brief or longer-term treatment either within the primary care setting or to an outside provider. Primary care service follows up with the referral sources and assists the patient to access needed services in a timely manner to close the loop on the referral process.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

E. The primary care service provides information to patients on the impact of adverse life events on a person's whole health. Educational strategies might include trauma-specific informational brochures, trauma informational poster and educational classes or they may be included as part of current health education and support programs.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

Additional comments regarding accomplishments, key challenges and future plans related to this domain:

Domain 2 –Workforce Development and Best Practices

A. The primary care service provides all current and future staff with in-service education designed to increase staff skills and knowledge of trauma informed/sensitive practices in primary care settings.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

B. The primary care service insures that on-site behavioral health staff have received training in trauma screening, assessment and treatment practices. If comprehensive assessment and treatment will be provided by an outside provider, the primary care setting insures that the outside provider can deliver quality trauma related treatment.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

C. The primary care service has a system in place to educate staff about compassion fatigue, secondary traumatic stress and burnout and has policies and procedures in place to promote and address staff wellness.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

F. Medical staff have been trained to 1) explore the presence of adverse life events; 2) the impact of these experiences on health and 3) how to engage patients in a sensitive trauma screening process.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

Additional comments regarding accomplishments, key challenges and future plans related to this domain:

Domain 3 – Safe and Secure Physical and Emotional Environments

A. The primary care service has a system in place to ensure that the perspective of recipients of care is included in decision making and organizational improvement activities such as patient surveys, formal focus groups and/or involvement on organizational workgroups or committees.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

B. The primary care service ensures that feedback from patients includes their experience of care including physical comfort and safety; respectful interactions and friendliness of staff; the degree to which patient concerns are listened to and addressed and that the physical exam, procedures, diagnoses and treatment are explained and all questions answered with patience and sensitivity.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

C. The primary care service has a system in place to identify and address environmental concerns that may affect safety, security, comfort and respect for both patients and staff.

☐0 ☐1 ☐2 ☐3 ☐ 4 ☐N/A

Additional comments regarding accomplishments, key challenges and future plans related to domain:

Data Collection and Performance Improvement

The primary care service has a system in place to collect, analyze and utilize data designed to assess the degree to which the organization is accomplishing its aims related to adopting the principles and practices of trauma informed care. Data is collected via an Electronic Health Record (EHR), separate electronic registries and/ or manual tracking logs.

Data collection:

Y / N Number of patients screened and number that have a positive screen
Y / N Number of patients referred to trauma specific services on site
Y / N Number of patients referred out to other clinical/behavioral health services
Y / N Pre and post survey on trauma specific service provided within the setting
Y / N Survey of patients' perception of safety and satisfaction with care
Y / N Use data currently collected to track and monitor patient health outcomes
Y / N Collect and monitor progress related to trauma informed care (OSA, Workplan)

☐0 **☐1** **☐2** **☐3** **☐ 4** **☐N/A**

Additional comments regarding accomplishments, key challenges and future plans related to domain:

Trauma-Informed Care IC OSA Scoring and Graphing Guide

The outline below is used to calculate your scores for each domain of the Organizational Self-Assessment: Adoption of Trauma-Informed Care (OSA). Each person completing the OSA transfers their scores onto this guide and calculates their average score for each domain in the box area. ☐ After each box is filled, the score is transferred to the graph on page 2 by placing a dot (circle) by the corresponding number.

DOMAIN 1: Early Screening and Comprehensive Assessment

Standard A _____ Standard B _____ Standard C _____ Standard D _____

Standard E _____ Standard F _____

ADD all 6 scores (TOTAL SCORE) = _____ Divide TOTAL SCORE by 6 =

☐

DOMAIN 2: Patient Voice, Choice and Collaboration

Standard A _____ Standard B _____ Standard C _____

ADD all 3 scores (TOTAL SCORE) = _____ Divide TOTAL SCORE by 3 =

☐

DOMAIN 3: Workforce Development and Best Practices

Standard A _____ Standard B _____ Standard C _____ Standard D _____

Standard E _____ Standard F _____

ADD all 6 scores (TOTAL SCORE) = _____ Divide TOTAL SCORE by 6 =

☐

DOMAIN 4: Safe and Secure Environments

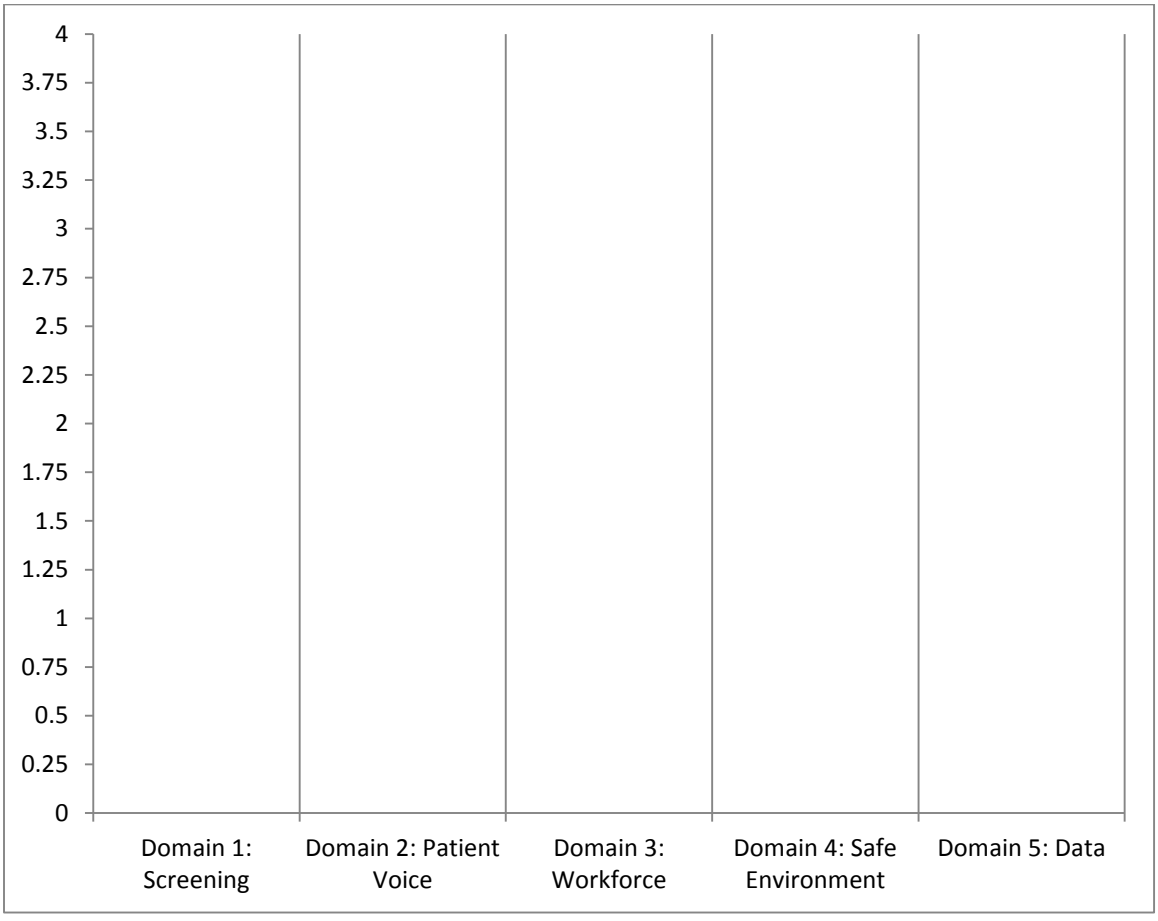
Standard A _____ Standard B _____ Standard C _____

ADD all 3 scores (TOTAL SCORE) = _____ Divide TOTAL SCORE by 3 =

DOMAIN 5: Data Collection and Performance Improvement

Standard A _____ TOTAL SCORE =

Organizational Self- Assessment Graph



PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

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YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

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WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section,** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

*1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

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CARING FOR YOURSELF IN THE FACE OF DIFFICULT WORK

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do for each day

1. Get enough sleep.
2. Get enough to eat.
3. Do some light exercise.
4. Vary the work that you do.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For more Information see your supervisor and
visit www.psychosocial.org or www.proqol.org

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Henry E. Stamm, Ph.D., *ProQOL.org*

SWITCHING ON AND OFF

It is your empathy for others helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

How to become better at switching on and off

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

We encourage you to copy and share this card. This is a template for making the pocket cards. You may make as many copies as you like. We have heard from some organizations that they have made thousands of copies. Some people find that it is helpful to laminate the cards for long-term use. The ProQOL helper card may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold.
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