

Systems Response to Violence and Trauma in Our Communities

Most communities, families and individuals are dealing with not just one, but a multitude of integrated

dynamics that include both challenges and strengths. Viewing a family or individual through a trauma informed lens is one of the best practices that can be used by community organizations, schools, and governmental agencies to better serve the needs of these individuals. Adopting a trauma-informed approach may provide additional creative, holistic strategies by identifying and communicating strengths rather than weaknesses of a family or individual.

Any organization that provides services to clients or the community will see benefits at both staff and client perspective as a result of adopting trauma-informed care practices. Systems that are comprised of multiple agencies which create an atmosphere "from the front door to the back door" of awareness of a trauma survivor's need for safety, respect and acceptance can foster improved client "This training really helps us to take a moment and reflect on how we interact with our clients. By understanding that there are outside influences that may be impacting their behavior, it helps us to separate that from the issue at hand and allows us to move forward and assist the client in the best way possible." -a staff member at an agency who completed a TIC training

interactions, and improved collaboration that can lead to improved outcomes.

Benefits of Trauma-Informed Services:

- Evidence-informed and effective
- Cost-effective
- Humane and responsive to real needs
- Aligned with over-arching goals
- Highlights glitches in the systems and offers solutions
- Works with other best practices

Trauma-Informed Agency Practices

Why become a trauma-informed organization? A trauma-informed approach has been shown to improve engagement with individuals being served, improves family outcomes, creates a better workflow, and better employee engagement in work and purpose. Programs, agencies, or systems can begin to adopt trauma-



informed practices using existing funding and staffing that can have a significant impact on individuals served

"Understanding that trauma may be the reason why a client acts a certain way, makes it easier to deal with them on a daily basis. It has made me more understanding and patient." and promote positive interactions with staff. While traumainformed organizations do use existing funding and staffing, reallocation of money and resources is also needed. It's not "business as usual" but it's also not a completely new initiative that requires more work. It's just different, hence the lens.

Some examples of trauma-informed practices include universal trauma screening, trauma-informed agency assessment of

competencies, workforce trainings, and adopting an agency-wide trauma policy that accurately assesses for appropriate services, creates collaborative relationships, and avoids re-traumatization.

Universal Trauma Screening

One of the ways to create a foundation for a trauma-informed approach is to implement a Universal Trauma Screening in all programs. It will be important to create a network of referrals to programs that can address issues that arise which may be outside the scope of one's current program. However, once this becomes standard practice, all staff and community partners will begin to see and interact with individuals who have experienced trauma in a different way.

A universal trauma screening should include the components of both traumatic exposure and traumatic stress symptoms. Attention must be paid to who is conducting the screening. Can Bachelor's level staff do it? Or does it need to be Master's level? What kind of training do they need to do it? Programs should note that the more staff conducting trauma screenings, the higher the levels of vicarious trauma for staff because they then hear about more traumatic events. Programs need to ensure that staff does SOMETHING with the results of the screening – it's not just put in the file then follow case planning as usual.

Attention must be paid to how the universal trauma screening is administered. Will it be in the form of an interview? A form completed at intake? Most assessments are easier with adults when you can do an interview or give them a form to complete. They are NOT so easy with kids in child welfare who are young and you don't have a reliable informant to tell you what has happened to them.

Asking all clients about trauma, as part of the initial intake or assessment process can assist in:

- Determining appropriate follow-up and referral
- Understanding any imminent danger requiring an urgent response
- Identifying the need for trauma-specific services or outside referrals
- Communicating to the individual with a trauma history that the agency believes abuse and violence are significant events
- Demonstrating that the agency staff recognizes and is open to hearing about past trauma
- Facilitating later disclosure if the person receiving services initially decides not to talk about traumatic experiences



Trauma-Informed Agency Assessment

Some agencies may ask, "Aren't we already doing this?" while others may say, "This is too much to take on." Some agencies may already be implementing some components of a trauma-informed system at the program or agency-wide level to areas where they can strengthen their approach. Other agencies may be struggling with funding mandates or outside constraints that limit their ability to implement broad policy changes. Organizations on both ends of this continuum as well as agencies somewhere in the middle can use tools such as a **Trauma-Informed Agency Self-Assessment** to help identify additional goals or core competences that align with their programs mandates and still move towards expanding best practices agency-wide. These *Trauma-Informed Core Competencies* adapted from The National Council for Community Behavioral Healthcare (<u>http://www.thenationalcouncil.org/cs/traumainformed care a call to arms</u>) drive practice from an agency perspective, improve organizational climate, and provide guidance for staff at the program level. The core competencies that follow are mostly directed to organizations that hire staff that provide traumainformed or trauma-specific care. Some of the principles may apply to community partners as well, but not all will be applicable.

Trauma-Informed Core Competencies

- Engage leadership at the top
- Make trauma recovery consumer-driven
- Develop your workforce
- Institute practice guidelines
- Engage leadership at the top. You must have top-down recognition of the importance of trauma for it to become embedded in the system. Staff can make addressing emotional safety a regular part of staff meetings, clinical supervision, and informal interactions with co-workers. Some agencies may want to institute a "Trauma Champion" award, similar to a Customer Service Hero award program.
- Make trauma recovery consumer-driven. The voice and participation of consumer/survivors should be at the core of all activities, from service development and delivery to evaluation. Even when negative interactions occur, this is an opportunity to dialogue with consumers about their expectation and what they would have liked to see changed or improved. Even if accommodations or policy changes cannot be made right away, the opportunity to share their perspective may help rebuild relationships.
- Develop your workforce. Create workforce orientation, training, support, competencies, and job standards related to trauma. Don't just train clinical staff train and educate everyone who comes into contact with consumers, from the receptionist to the maintenance staff. Some agencies modify performance reviews to include how well staff has incorporated trauma-informed concepts into their daily practices, so staff has goals and outcomes to work towards.



Institute practice guidelines. Centralize clinical practice guidelines for working with people with trauma histories. Develop polices, practices, and standards to support access to evidence-based and emerging best practices in trauma treatment. Some organizations have reduced 12-15 pages of rules into a 2-3 page set of Consumer Bill of Rights and/or Guidelines for Success. Another example is changing the program language, referring to "program partners" instead of "clients" or referring to youth who are "leaders" or "at promise" instead of "at risk".

Even in a climate of reduced funding and limited staffing, according to Gabriella Grant, agencies that have adopted trauma-informed care practices have experienced dramatic results, such as improved staff morale and better client outcomes without incurring additional costs. Staff members often report that practicing a trauma-informed approach is consistent with how they were trained to practice and have felt more of a connection to their purpose to make a meaningful difference in the lives of those they are serving. Children, youth and families who participate in a trauma-informed approach report feeling respected and "validated."

Workforce Training in Trauma-Informed Care

Finally, it is important to communicate to management and staff that "Trauma-Informed Services" is not a "new program" that requires fidelity to a specific set of processes and outcomes, but about integrating a philosophy into existing programs with opportunities for flexibility and modification.

Trauma-Informed Policies

Implementation of a trauma-informed approach can be supported through clear policies and procedures. An organization's trauma policy should include a specific definition of trauma to clarify what it constitutes; how the organization intends to operate or implement; and what the organization is committed to doing to train and support staff in implementation. *Please refer to the sample trauma policy below.*

SAMPLE TRAUMA POLICY

Name of Organization is committed to being a trauma-informed organization. We assume that everyone may have experienced traumatic events. This includes people we serve, all staff, and anyone else we encounter while conducting our business. Trauma affects people in a variety of ways.

Definition of trauma: An event or ongoing situation that results in extreme stress that overwhelms a person's ability to cope. Trauma impacts people in a variety of ways and may have short or long term effects.



Therefore, it is our intention to:

- Provide relationships that are a vehicle for healing.
- Maintain self-awareness of our behavior, attitudes and emotions and their impact on the people around us.
- Listen and observe for individual differences and adjust our responses in a way that acknowledges and appreciates the other person's perspective.
- Maintain an environment that feels physically and emotionally safe and welcoming for everyone.
- Promote and respect individuals' choice and control to the best of our ability.
- Recognize, respect and build upon individuals' strengths, abilities, and potentials.
- Provide opportunities and resources that promote and support self-care.

To facilitate this policy we will provide trauma-informed training for staff at orientation and reinforce as needed.

Summary: Recommendations for implementing a trauma-informed approach

1. <u>Design</u> programs based on trauma theory (safety, mourning, connection)

Trauma theory informs us that maintaining a sense of safety, mourning significant losses, and connection to others are key factors a trauma-informed program must be built around.

2. Focus on safety always.

Staff and client safety must be addressed proactively and at all points during program implementation.

3. Screen for lethality.

Part of establishing and maintaining safety involves gaining a formal understanding of the potential for deadly or lethal outcomes if not managed. An excellent tool that can be used for this purpose is the Danger Assessment by J. Campbell.

4. Reduce rules, make client policies positive.

A strengths-based perspective requires us to be proactive in setting the stage for what is expected, in other words, what to do, rather than what not to do.

5. Train staff.

A key aspect of implementing a trauma-informed approach is staff training. In particular, staff can benefit from training on trauma theory and motivational interviewing. Training must be ongoing and reviewed frequently to reinforce learning.