BECOMING TRAUMA INFORMED

A Guide for Child Serving Programs & Organizations

MDHHS
Michigan Department of Health & Human Services
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ACKNOWLEDGEMENTS

This guide was prepared by Mary Mueller, Trauma-informed Systems Coordinator, for the Division of Family and Community Health, Michigan Department of Health and Human Services. Many people contributed feedback, corrections and guidance. Those contributors include Barbara Brookens-Harvey, Lauren Kazee, Natalie Kasiborski, Nancy Peeler, Bob Powell, Shani Saxon, Carrie Tarry, and Kelly Warner. Apologies to any others that should also have been acknowledged.

This guide is supported, in part, by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Early Childhood Comprehensive Systems: Building Health Through Integration grant (grant number H25MC00252), total award $420,000. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

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Introduction:

In recent years the impact of trauma and toxic stress across the life course has been well documented with input from scientists in the fields of neuroscience, genetics, immunology, psychology and epidemiology. Children and adolescents are particularly vulnerable to individual traumatic events but even more so to chronic or toxic stress, which impacts physical, cognitive, emotional and social development. The developmental impact in turn effects health and mental health outcomes throughout the life course.

The terms trauma-informed care; or trauma-informed, trauma-responsive and trauma-sensitive approach are used broadly to describe activities by human service organizations that seek to prevent and treat the impact of trauma and toxic stress and to support and build resilience. The specific activities associated with trauma-informed approaches vary considerably with the service sector (e.g. health, mental health, child welfare) and the level of intervention (e.g. prevention, early intervention, treatment) as well as the population served (e.g. age groups, gender, type of trauma experience, etc.). The result is considerable variability in the specific processes and steps to becoming a trauma-informed organization.

Trauma-informed care originated in organizations that primarily serve children and families with significant histories of trauma such as mental health, juvenile justice, and child welfare systems. The goal is to utilize the principles of trauma-informed care in order to help youth heal from traumatic experiences. In general, maternal and child health programs are involved in providing primary care and prevention services for children and families. The focus on prevention and early intervention creates an opportunity to apply trauma-informed principles in a context that emphasizes protective factors and resilience as well as healing.

The trauma-informed approach at its core is compassionate care that recognizes the prevalence of trauma and its impact and attempts to develop or restore a sense of safety, self-efficacy and empowerment for those that seek services. The specific practices of a trauma-informed approach will vary depending on the setting and population served, however, all trauma-informed approaches should incorporate the six key principles described by the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). The principles include: safety; trustworthiness & transparency; peer support; collaboration & mutuality; empowerment, voice & choice; and cultural, historical and gender issues. There is considerable overlap between trauma-informed approaches and the principles of person-centered care, patient-centered medical homes, strength-based approaches, motivational interviewing and family-centered care. As a result many organizations have already adopted some of the practices that are part of a trauma-informed approach.

How to Use This Guide:

The materials in this guide may be used to apply the core principles and components of the trauma-informed approach (TIA) to a variety of programs including school-based health centers, teen pregnancy prevention and parenting programs and early childhood home visiting programs. The format of the guide is drawn from the work of the University of Michigan Adolescent Health Initiative's Adolescent Friendly Environment Toolkit and the MDHHS Practices to Reduce Infant Mortality through Equity's Guide for Public Health Professionals. It offers a structured method for determining capacities, strengths and gaps for incorporating a trauma-informed approach into all levels of organizational functioning.

Organizations can use the guide to:

- Assess the degree to which they incorporate trauma-informed principles/practices
- Develop a plan for becoming a trauma-informed organization
- Learn about trauma-informed strategies and practices
- Develop a training plan for staff

The toolkit can be used in a variety of ways:

- To incorporate all recommended trauma-informed practices
- To choose specific focus areas for review and improvement, e.g. safety or trustworthiness
- To develop awareness and training for staff

Becoming a trauma-informed organization is not a linear process. The guide describes a process that is ongoing and continuously evolving. The materials can be used flexibly to fit the specific needs and practices of a broad range of service providers. For example, not all of the assessment items and strategies will be relevant to every organization.

There are four primary components in the guide – self-assessment checklists, planning tools, recommended strategies and training approaches. Throughout the guide you will find suggestions for utilizing each of the components. Additional resources and a bibliography as well as copies of the self-assessment and planning tools can be found in the appendices.

Trauma-informed Approach Self-Assessment Checklists

The self-assessment checklists focus on the key principles of the trauma-informed approach (TIA) and identify activities at all levels of the organization. They are based on materials from SAMHSA, the Network of Infant/Toddler Researchers, the Office of Adolescent Health, the University of Southern Florida and the work of Roger Fallot, Ph.D. and Maxine Harris, Ph.D.

The self-assessment checklists should be completed by representatives from all levels of the organization – administrative, supervisory, direct service providers, clerical, and families and/or youth who receive services. Incorporating multiple voices will ensure that all perspectives are heard and will encourage buy-in at all levels.

There are two self-assessment checklists available for use. A copy of each tool is found in Appendix A. The first tool is designed to be completed by staff. The second is geared toward parents, caregivers and youth. A fillable form for staff that can be distributed and collected electronically is also available by contacting Mary Mueller at muellerm1@michigan.gov.

Some organizations may wish to complete the self-assessment during staff meetings and come to a group consensus about each item. Staff respondents are encouraged to provide specific examples of the items in the checklist and to summarize overall strengths and opportunities for improvement.

The checklists can be scored to determine areas of strength and opportunities for growth. Following each section, the score can be totaled and transferred to the summary sheet. Organizations can then tally an overall score and easily determine what areas to include in their planning.

Tips for the Self-Assessment Checklist:

1. Carefully introduce the reason for the self-assessment to staff and/or consumers. One way to introduce the tool is at the end of staff training about trauma and its impact.
2. Consider sending the survey electronically to staff and ask them to complete it and turn it in anonymously. Tally scores and determine the average score for each item.
3. Conduct the self-assessment in a group and come to consensus about the scores for each item.
4. Be sure to include all staff or staff that represent all aspects of your organization, e.g. Clinical, supervisor, administrative, clerical, housekeeping, etc.
5. Consider involving consumers or customers (see separate assessment checklist).
6. The consumer self-assessment checklist is suitable for ages 12 and above. If youth are completing the self-assessment, they may wish to ask their parent/caregiver for help.

Trauma-informed Approach Planning Tool

Incorporating a trauma-informed approach is an ongoing effort that requires a commitment to organizational change. The planning tools are designed to document an action plan for integrating a trauma-informed approach in your organization. There are two planning tool formats available in Appendix B. One is suitable as a document. The second can be enlarged and used for group discussions and display.

The action plan should be based on the results of the self-assessment which highlights opportunities for growth in each organization. The tool encourages you to identify short-term, intermediate-term and long-term action steps. The planning process should be conducted with input from multiple levels of the organization. It is also important that the organization's leadership is invested and participating in the planning process. Some organizations may utilize a steering committee to develop and monitor the action plan.

Potential action steps can be found in the Recommendation/Strategies Section. This is not an exhaustive list. It is a list of suggestions that may spur additional ideas. It is important to adapt or modify the recommendations for your organization.

Tips for Planning Tool:

1. Consider completing the action plan as a group activity.
2. Use the results of the self-assessment to identify areas that need to be addressed. Be sure to notice the areas of strength as well.
3. One way to start is to identify the three lowest scoring areas in the self-assessment and start with them.
4. Another way is to seek input from staff and consumers about the areas they think are most important.
5. Be sure to identify action steps that are feasible, impactful (important) and sustainable.
6. Use the recommended strategies to identify possible action steps or to stimulate discussions.
7. Consider developing a steering committee(s) to oversee development of the action plan and to serve as organizational champions.

Trauma-Informed Approach
Recommendations/Suggestions

This section includes recommendations/suggestions for each of the principles and components in the self-assessment checklist. This is not an exhaustive list but is meant to provide ideas and stimulate thinking about strategies that might work best in your specific organization.

Some of the suggestions are easily implemented and some require more complex planning and organizational change. Some of the recommendations are easily measured so that results are readily known, for example polices are written, training is done or changes are made to the physical environment. Other recommendations are more challenging to measure and will require careful assessment, for example staff attitudes/practices.

Be sure to choose actions steps that fit your current organizational mission, structure and culture. The action plan should be feasible, impactful and sustainable. Incremental changes are the most likely to succeed.

1. Key Principle: Safety	
TI Practice	**Recommendations/Suggestions**
1. Policies address the physical safety needs of those who receive services.	• Conduct a scan of the physical environment for safety issues, including parking lots, entrances, etc. • Obtain input from youth/families about perceived safety in the physical environment.
2. Policies address the physical safety needs of staff.	• Conduct a scan of the physical environment for safety issues, including parking lots, entrances, etc. • Implement safety guidelines for staff, e.g. home visiting safety measures, signals for help, notifications of threats, etc.
3. The organization has policies & practices regarding program emergencies, crisis situations and legal reporting requirements.	• Develop a clear plan for responding to internal emergencies and crises that is reviewed at least annually with all staff. • Review legally mandated reporting requirements at least annually with all staff. • Train staff to recognize individuals in crisis and in calming/de-escalation strategies and techniques.
4. Administrators, supervisors and staff interact with each other and with those who seek services in a non-shaming and respectful manner.	• Respectful communication is a key value and a core competency in the organization. • Interruptions during interactions with families/youth are minimized. • Provide staff training about culturally appropriate and respectful communication techniques. • All staff and supervisors are conscious of posture, gestures, voice volume/tone and position at all times.
5. Attention is paid to reducing potential trauma triggers in the physical environment and in interactions with families/youth.	• Conduct a scan of the physical environment. Look for aspects that might be frightening or uncomfortable for those with a history of trauma. Assess lighting, fabrics, pictures, windows, security guards, parking lots, etc. • Implement physical environment changes that support calming, e.g. lighting, windows, linens, comfortable seating, wall colors, etc. • Food and drink are available as appropriate. • Receptionists, security guards and others at the “front door” are trained to interact in calm and supportive ways. • Spaces are available for private conversations. These spaces are not confining.
6. Strategies are in place to prevent and address secondary traumatic stress (STS) for staff.	• Train staff about secondary traumatic stress and ways to prevent/address it. • Supervisors regularly assess for secondary traumatic stress, e.g. using tools such as the ProQOL. (www.proqol.org) • Supervisors work with staff members who display STS symptoms and develop a plan for reducing symptoms. • An Employee Assistance Program or referrals for counseling are available to staff. • Opportunities for wellness activities are offered, e.g. physical fitness, socialization opportunities, etc. • Supportive/reflective supervision is readily available to address stressful work issues.

7. Debriefing sessions are held following crisis situations & critical incidents to encourage healing and learning.	• Voluntary debriefing sessions are offered after all crises or critical incidents. • Conduct Critical Incident Stress Management training. • Administrative review occurs following all crises/critical incidents to determine lessons learned and/or policy changes needed.

2. Key Principle: Trustworthiness & Transparency	
TI Practice	**Recommendations/Suggestions**
1. The organization makes decisions with transparency by documenting the values and rationale behind decisions that impact clients & staff.	• The organization's mission & values are clearly displayed & available to all staff and families/youth. • Mechanisms to obtain feedback from staff, families and/or youth about the organization's policies & practices are utilized.
2. Staff members clearly communicate program services, expectations, and limitations to families/youth.	• Staff uses a standard script/approach to explain program services, expectations & limitations. • Written materials about program services are accessible for all youth/families regardless of literacy level or language. • Informed consent is reviewed and obtained prior to the initiation of services.
3. There is a clear procedure for the review of allegations of boundary violations, including sexual harassment and inappropriate social contacts.	• The organization has a clear policy re: boundary violations that is provided to all staff. • Family/youth are readily provided information about boundary violation policies/procedures. • There is a clear and impartial procedure in place for addressing allegations of boundary violations.
4. Our confidentiality policies, including legal reporting requirements, are clearly explained to all who receive services.	• Confidentiality and legally mandated reporting policies are written in clear and understandable language. • Confidentiality and legally mandated reporting policies are reviewed with families at the beginning of service delivery and each time a request to share confidential information is requested. • Staff receive training about confidentiality and legally mandated reporting policies upon hire and annually thereafter. • Staff seeks and receives supervision when initiating legally mandated reporting requirements.
5. Staff provides services in a timely and reliable fashion; changes/exceptions are clearly communicated.	• Appointment times are honored and necessary changes/exceptions are readily communicated. • Service hours/locations are developed to meet the needs of the families/youth served. • Staff is reliable in following up re: information, referrals and other services.

3. Key Principle: Peer Support	
TI Practice	**Recommendations/Suggestions**
1. The organization provides or refers families to opportunities for peer support and mutual self-help.	• Initiate formal or informal opportunities for peer support/mutual self-help. • Formal opportunities may include evidenced-based group education/intervention or peer to peer support strategies. • Informal opportunities may include social occasions, peer to peer connections, etc. • If appropriate, waiting rooms should be set up to invite interaction among families/youth.
2. Support the concept of a caring community for the families/youth served and take actions to develop community supports.	• Participate with other organizations to sponsor, provide, and/or facilitate community resilience building activities such as recreation activities, community projects, mutual self-help activities, etc. • Incorporate community building/resilience activities into the organization's service delivery.
3. Promote community connections for the families/youth served.	• Provide information to families/youth about community activities. • Provide scholarships, transportation or other help for families/youth to participate in community activities.
4. Provide opportunities for consistent, mutual support among staff.	• Provide opportunities for peer to peer case consultation and/or mentoring. • Provide opportunities for informal peer to peer support, such as celebrations, wellness activities, etc. • Develop a "buddy system" to orient/support new staff and to encourage self-care activities for all staff.
5. The service delivery model incorporates families/youth in service provision.	• Formerly served families/youth are available as resources for currently served families/youth. • Families/youth lead organization efforts in peer support.

4. Key Principle: Collaboration & Mutuality	
TI Practice	**Recommendations/Suggestions**
1. Families/youth participate in development & implementation of individual goals.	• Develop a methodology for including families/youth in the development of the service/treatment plan. • Train staff to effectively collaborate with families/youth to develop service/treatment plans. • For group-based programs/interventions involve families/youth in developing group rules, topics, learning objectives, etc.
2. A Motivational Interviewing approach is used to determine family/youth readiness for change & actions they wish to take.	• Provide staff training in the Motivational Interviewing (MI) approach. • Provide opportunities for staff to practice and enhance MI skills. • When new behaviors or resources are suggested, ask about the family/youth's readiness for change.
3. Staff participate in team building &/or organizational improvement practices.	• Incorporate team building activities into program/staff meetings. • Develop a mechanism for eliciting & implementing staff suggestions for organizational improvements.
4. Continuous quality improvement activities are part of the organization's culture and all staff participate.	• Staff is trained in quality improvement approaches (CQI, PDSA, LEAN, etc.). • Quality improvement activities, involving all levels of the organization and families/youth, are a regular component of organizational activities. • Quality improvement re: trauma-informed approaches to service are included in QI activities. For example QI projects that seek to improve practices related to the TIA principles. • Data re: the impact and effectiveness of TIA activities is gathered and used to identify improvement opportunities. • Family/youth input is sought to identify and implement QI activities.
5. The organization engages in outreach, engagement and recruitment activities that invite/encourage participation by families/youth.	• Develop marketing materials that address the needs and desires of the targeted population. • Seek input from families/youth when developing marketing materials. • Develop strategies to maintain engagement with families/youth.

5. Key Principle: Empowerment, Voice & Choice	
TI Practice	**Recommendations/Suggestions**
1. Families/youth exercise choice in the way services are provided.	• Options for service delivery (e.g. timing, site, methods) are provided within the parameters of the evidenced-based model. • Staff is encouraged to be flexible in their approach to service delivery and seek guidance from families/youth in deciding how to provide services, as appropriate.
2. Feedback about organizational services and approaches are sought from families/youth.	• Develop a formal mechanism for gathering feedback from families/youth who participate in services. • Opportunities for anonymous feedback should be provided. • Seek feedback about services from the target population, including those who are not receiving services.
3. Families/youth serve on the organization's governing board and/or advisory committee.	• Develop a family and/or youth advisory committee. • Request feedback and ideas related to trauma-informed care from families/youth. • Include families/youth on the organization's governing board.
4. Specific resilience building activities are built into the service delivery approach.	• Provide training on resilience building strategies/activities that are consistent with your program/service delivery model. • Implement resilience building activities that increase supports, connections and capacities of families/youth. • Seek input from families/youth about the effectiveness of resilience building activities.
5. Staff provides regular feedback to organizational leaders about the workplace environment and service delivery.	• Develop a formal mechanism to seek feedback from the organization's staff. • Seek specific feedback and recommendations/suggestions re: organization efforts to prevent/mitigate secondary traumatic stress. • Develop professional training that is responsive to needs expressed by staff. • Supervisors seek informal feedback from staff on a regular basis.

6. Key Principle: Cultural, Historical and Gender Issues	
TI Practice	**Recommendations/Suggestions**
1. The physical environment reflects/honors the diverse groups in the target community.	• Include images, symbols, etc. from diverse cultures in the design & décor of the physical environment. (e.g. pictures, posters) • Seek input from representatives of all groups when building or renovating the physical environment. • Offer food choices from varied cultures when appropriate. • Arrange spaces/furniture in ways that address culturally significant practices.
2. Services/reading materials are available in the languages that families/youth prefer.	• Families/youth are asked about their preferred language when services are initiated. • Language interpreters are provided for all essential service delivery. • All reading materials are translated to the languages preferred by families/youth.
3. Staff training is provided re: culturally appropriate practices and racial/ethnic equity.	• Provide learning opportunities re: culturally and linguistically appropriate practices at least annually. • Provide learning opportunities re: racial/ethnic equity at least annually. • Experts from diverse groups are included as part of training sessions.
4. Program policies & practices address issues of cultural and historical oppression in the population served.	• Data and information re: the current impact of cultural & historical oppression is used in program/service planning. • Develop specific strategies for addressing disparities in targeted outcomes. • Seek input from groups impacted by cultural/historical oppression when developing strategies. • Develop specific outreach strategies for groups impacted by cultural/historical oppression. • Recruit candidates for open positions from groups impacted by cultural/historical oppression.
5. Program policies & practices address specific gender-related needs in the population served, including individuals who are transgender.	• Data and information re: the gender-related needs of the population served are used in program/service planning (e.g. women who have experienced sexual assault/partner violence; fathers of young children; transgender individuals). • Develop specific strategies for addressing gender-related needs. • Seek input from families/youth re: gender-related needs when developing strategies. • Develop specific outreach strategies for under-represented or targeted gender or transgender individuals. • Recruit candidates for open positions from under-represented or targeted gender or transgender individuals.

7. Administrative Support and Policies	
TIA Practice	**Recommendations/Suggestions**
1. There is a TIA champion or committee responsible for assessing needs & developing an action plan.	• Identify a key person or persons who are interested in or passionate about TIA. • Form a TIA steering committee that will help move a trauma related assessment and action plan forward. • Include people from all levels of the organization on the committee, including administrators, clinicians, medical assistants, clerical staff, families/youth, etc.
2. Leadership communicates support & guidance for implementing TIA.	• If leadership did not initiate implementation of TIA, provide them with education about trauma, its impact and the benefits of TIA. • Ask leadership to join the steering committee or assign staff to the committee. • Ask leadership to announce TIA implementation efforts at staff meetings, board meetings, and/or in organizational newsletters.
3. The organization supports staff training regarding trauma, its impact and appropriate responses.	• Conduct initial, organization-wide TIA training that includes trauma and its impact, resilience building, TIA principles and application to your setting, and secondary traumatic stress prevention/intervention. • Build training about TIA into new employee orientation. • Develop annual training to review and/or enhance TIA practices in the organization. • Goals for enhancing TIA are incorporated into individual performance plans as well as program evaluations.
4. Human Resource policies & practices address the impact of working with people who have experienced trauma/toxic stress.	• Interviews with prospective employees assess knowledge of trauma & its impact and self-care practices. • Reflective/supportive supervision is available for frontline staff. • Supervisory staff is knowledgeable about TIA and able to guide staff in implementation. • Information about secondary traumatic stress is provided to all staff. • Resources such as Employee Assistance Programs and wellness activities are available to all staff and their use is encouraged and confidential. • Staff & supervisors are encouraged to monitor traumatic stress symptoms & initiate plans to reduce symptoms.
5. The organization has partnerships with community agencies & programs that provide trauma-informed and trauma-specific services.	• An inventory of trauma-informed community agencies is developed and maintained. • The inventory includes information about trauma-specific treatment resources in the community. • The inventory includes information about location, hours, eligibility requirements and payment/insurance issues. • The organization participates in community-wide efforts to support trauma-informed care and develop resilience building strategies.

6. Evidenced-based methods/tools to screen, assess and treat individuals in need of trauma-specific services are utilized.	• Inventories of validated screening, assessment and intervention tools and practices are available at http://www.nctsnet.org/resources/online-research/measures-review; http://www.nrepp.samhsa.gov/ViewAll.aspx.; and http://www.ptsd.va.gov/professional/assessment/child/index.asp • Screening for trauma/toxic stress and resilience is incorporated into service delivery so that youth/families can receive appropriate services/care. • Screening activities include education for families/youth about trauma/toxic stress and its impact. • Screening is available for parents/caregivers as well as youth depending on program parameters. • Develop a clear process for responding to screens and/or disclosures of trauma/toxic stress. The process should include offering support/affirmation, exploring trauma related needs and referring for trauma-specific intervention as needed/desired. • Evidenced-based assessment tools are utilized in settings where treatment is offered to gain a thorough understanding of the trauma issues that need to be addressed. See above link for inventories of assessment tools. • Staff that provides clinical treatment are trained in and utilize evidenced-based, trauma-specific interventions. See above link for inventories of interventions.

Trauma-informed Approach Implementation

Once the action plan is complete it is time to begin implementation. Remember that becoming a trauma-informed organization is an ongoing process. Implementation of trauma-informed principles and practices may proceed at a steady pace or may take place in bursts of activity. Strategies that can assist in a successful implementation of a trauma-informed action plan include:

- Organization leaders should actively support and guide implementation of the action plan.
- Provide initial and ongoing training for all staff. Information about trauma and its impact should be part of the organization's orientation. It should also be a component of ongoing staff development. (See the next section for sample training models)
- Prevent secondary traumatic stress in staff. If the staff is not healthy, they cannot adequately assist consumers.
- Utilize staff champions to encourage, motivate and mentor other staff.
- Communicate the action plan and results broadly to all staff.
- Engage consumers in the planning and implementation process. Their voice is essential for successful implementation of a trauma-informed approach.
- Create an environment that is physically and psychologically safe for staff and consumers.
- Hire staff that demonstrate abilities to be empathic, non-judgmental and collaborative.

Trauma-informed Approach Training Models

This section provides two optional models for training staff about trauma, its impact and the specific strategies for implementing a trauma-informed approach in a program or organization. The Champions model identifies two champions from the organization or department to participate in learning sessions. Between learning sessions the Champions are then responsible for training other staff, facilitating the development of an action plan and implementation of a trauma-informed approach in the organization. This model is best suited for smaller organizations.

The Learning Community model utilizes teams of 5-8 staff from different departments or programs to participate with other teams to learn about trauma and to develop a plan to implement a trauma-informed approach. This model is best suited for larger organizations or multi-agency efforts.

Specific lessons for each session and topic will be completed for Phase 2 of this guide. In the meantime, materials for each topic can be found in the Additional Resources section. Appendix C. contains a list of trauma training programs and curricula for different audiences. Before implementing a specific training curriculum make sure that it is compatible with your program, model or service requirements.

Champions Model

- Two champions identified for each entity (program, center, or department). Organizational assessment completed prior to session #1.
- Champions participate in three, 4-hour learning sessions over nine months and one final evaluation session
    - Content Session #1. (month 1)
        - Trauma and its impact
        - Resilience building
        - Organizational change
        - Review assessment & identify potential areas for change
    - Content Session #2. (month 3)
        - Trauma-informed Approach principles
        - TIA in your setting
        - Secondary Traumatic Stress
        - Review outcomes of staff education session
        - Develop implementation plan
    - Content Session #3. (month 7)
        - Review outcomes of staff education session
        - Implementation plan review and adjustment
    - Content Evaluation Session (month 9)
        - Review implementation plan outcomes
        - Program evaluation
        - Repeat assessment and determine next steps
- Champions conduct mini-learning sessions (30 minutes each) with staff on opposite months

- Mini learning session #1. (month 2)
    - Trauma and its impact
    - Resilience building
    - Share results of assessment, seek input for areas for change
- Mini learning session #2. (month 4)
    - TIA principles and your setting
    - Secondary traumatic stress
    - Finalize implementation plan
- Mini-learning session #3 (month 8)
    - Team specific topic
    - Review implementation plan progress and outcomes
    - Initiate plan adjustments or begin next phase

Learning Community Model:

- Teams of 5-8 members from different programs or departments. The teams serve as steering committees for their particular department or program and take primary responsibility for developing and implementing the action plan.
- The learning community teams meet for four, 6-hour sessions over nine months
    - Session #1. (month 1)
        - Trauma and its impact
        - Resilience building
        - Organizational change
        - Begin organizational assessment & plan for additional input
    - Session #2. (month 3)
        - Trauma-informed Approach principles
        - TIA in your setting
        - Secondary Traumatic Stress
        - Develop implementation plan (including training for other staff)
    - Session #3. (month 5)
        - Topic(s) based on group needs/desires
        - Review implementation plan progress and make adjustments
    - Session #4. (month 9)
        - Review implementation plan outcomes
        - Repeat assessment and determine next steps
        - Program evaluation

Additional Resources

- Adolescent Health Working Group; https://rodriguezgsarah.wordpress.com/about/
- Center for the Developing Child, Harvard University; http://developingchild.harvard.edu/
- Center for the Study of Social Policy-Protective Factors Framework; http://www.cssp.org/reform/strengtheningfamilies/2014/The-Strengthening-Families-Approach-and-Protective-Factors-Framework_Branching-Out-and-Reaching-Deeper.pdf
- Center on the Social and Emotional Foundations for Early Learning; http://csefel.vanderbilt.edu/resources/trainers.html
- Florida State University, Center for Prevention and Early Intervention Policy; http://floridatrauma.org/child-care.php
- Head Start Trauma Smart; http://traumasmart.org
- JBS International, Inc. and Georgetown University; http://trauma.jbsinternational.com/Traumatool/index.html
- Lemonade for Life; http://lemonadeforlife.com
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- Michigan Child and Adolescent Health Centers; http://www.michigan.gov/documents/mdch/TI_Toolkit_Table_of_Contents_484507_7.pdf
- Michigan Great Start Trauma-informed System; *http://michigan.gov/traumatoxicstress*
- Nadine Burke Harris TED talk; http://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
- National Child Traumatic Stress Network; http://nctsn.org
- NEAR at Home; https://thrivewa.org/wp-content/uploads/NEARatHome.pdf
- Office of Adolescent Health; http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/traumainformed-checklist.pdf
- Ounce of Prevention Fund online home visiting training; http://www.theounce.org/AchieveOnDemand/
- SAMHSA, Concept of Trauma and Guidance for a Trauma-informed Approach; http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf

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Appendix A.

Trauma-informed Approach Self-Assessment Checklist- Staff

INSTRUCTIONS:

The self-assessment checklist focuses on key principles of the trauma-informed approach (TIA) and identifies activities at all levels of the organization. It is based on materials from SAMHSA, the Network of Infant/Toddler Researchers, the Office of Adolescent Health, the University of Southern Florida and the work of Roger Fallot, Ph.D. and Maxine Harris, Ph.D.

The self-assessment checklist should be completed by representatives from all levels of the organization – administrative, supervisory, direct service providers, clerical and, if feasible, families and/or youth. Incorporating multiple voices ensures that all perspectives are heard and encourages buy-in at all levels of the organization. Respondents may complete the tool individually or the tool may be completed by a group, for example during a staff meeting.

There are seven principles included in the self-assessment with 4-6 items for each principle. The total number of items is 35. Respondents should answer all questions from their own perspective. There are no “right” answers, the goal is to understand the perceptions of those involved in the organization. Following each section, you are invited to provide one or more examples for each item in that section.

WHAT IS YOUR ROLE IN THIS ORGANZATION? (E.G. Administrator, support staff, supervisor, direct service provider)

_____

Key Principle: Safety

Trauma-informed Practice	Describes Us Well (4)	We Could Do More (3)	Just Getting Started (2)	Does Not Describe Us (1)	Does Not Apply to Us (0)	Don't Know (0)
1. Our policies address the physical safety needs of staff & those who receive services.						
2. Our organization has policies & practices regarding program emergencies, crisis situations & legal reporting requirements.						
3. All staff interact with each other & those who seek services in a respectful manner.						
4. Attention is paid to reducing potential trauma triggers.						
5. Policies & strategies are in place to prevent & address secondary traumatic stress.						
6. Debriefing sessions are available following crisis or critical incidents.						
Safety Score Total /24	**X4**	**X3**	**X2**	**X1**	**0**	0

Examples (provide one or more examples for each item above):

1.
2.
3.
4.
5.
6.

Key Principle: Trustworthiness and Transparency

Trauma-informed Practice	Describes us well (4)	We Could Do More (3)	Just Getting Started (2)	Does Not Describe Us (1)	Does Not Apply to Us (0)	Don't Know (0)
1. Our organization makes decisions with transparency by documenting the values and rationale behind decisions.						
2. Staff members clearly communicate program services, expectations & limitations and obtain informed consent from program participants.						
3. There is a clear procedure for the review of allegations of boundary violations between staff or between staff and clients, including sexual harassment & inappropriate social contacts.						
4. Our confidentiality policies, including legal reporting requirements, are clearly explained &/or posted for all who receive services.						
5. Staff provides services in a timely and reliable fashion; changes/exceptions are clearly communicated.						
Trustworthiness & Transparency Total /20	**X4**	**X3**	**X2**	**X1**	**0**	**0**

Examples (provide one or more examples for each item above):

1.
2.
3.
4.
5.

Key Principle: Peer Support

Trauma-informed Practice	Describes us well (4)	We Could Do More (3)	Just Getting Started (2)	Does Not Describe Us (1)	Does Not Apply to Us (0)	Don't Know (0)
1. Our organization provides or refers families to resources for peer support & mutual self-help.						
2. We support the concept of a caring community & take actions to develop resilience building supports.						
3. We promote community connections for the families/youth we serve.						
4. We provide opportunities for consistent, mutual support among staff.						
Peer Support Total /16	**X4**	**X3**	**X2**	**X1**	**0**	**0**

Examples (provide one or more examples for each item above):

1.
2.
3.
4.

Key Principle: Collaboration and Mutuality

Trauma-informed Practice	Describes Us Well (4)	We Could Do More (3)	Just Getting Started (2)	Does Not Describe Us (1)	Does Not Apply to Us (0)	Don't Know (0)
1. Families/youth participate in the development & implementation of individualized goals & service plans.						
2. A Motivational Interviewing approach is used to determine readiness for change & preferred actions.						
3. Staff participates in team building/organizational improvement practices.						
4. Continuous quality improvement activities are part of the organization's culture.						
Collaboration & Mutuality Total /16	**X4**	**X3**	**X2**	**X1**	**0**	**0**

Examples (provide one or more examples for each item above):

1.
2.
3.
4.

Key Principle: Empowerment, Voice and Choice

Trauma-informed Practice	Describes Us Well (4)	We Could Do More (3)	Just Getting Started (2)	Does Not Describe Us (1)	Does Not Apply to Us (0)	Don't Know (0)
1. When feasible, families/youth exercise choice in the way services are provided e.g. site, individual/group, provider, etc.						
2. Feedback about organizational services are sought from families/youth.						
3. Families/youth serve on our organization's governing board and/or advisory committee.						
4. Staff provides regular feedback to organizational leaders about the workplace environment.						
5. Staff serves on the organization's governing board and/or advisory board.						
Empowerment, Voice & Choice Total /20	**X4**	**X3**	**X2**	**X1**	**0**	**0**

Examples (provide one or more examples for each item above):

1.
2.
3.
4.
5.

Key Principle: Cultural, Historical, and Gender Issues

Trauma-informed Practice	Describes Us Well (4)	We Could Do More (3)	Just Getting Started (2)	Does Not Describe Us (1)	Does Not Apply to Us (0)	Don't Know (0)
1. Our environment reflects/honors the diverse groups in our community.						
2. Services/reading materials are available in the languages that families/youth prefer.						
3. Staff training is provided re: culturally appropriate practices and equity.						
4. Program policies & practices address issues of cultural and historical oppression in the population we serve.						
5. Program policies & practices address gender-related needs in the population we serve, including individuals who are transgender.						
Cultural, Historical, & Gender Issues Total /20	**X4**	**X3**	**X2**	**X1**	**0**	**0**

Examples (provide one or more examples for each item above):

1.
2.
3.
4.
5.

Trauma-informed Approach Administrative Support and Policies

Trauma-informed Practice	Describes Us Well (4)	We Could More (3)	Just Getting Started (2)	Does Not Describe Us (1)	Does Not Apply to Us (0)	Don't Know (0)
1. There is a TIA champion/ committee responsible for assessing trauma related needs & developing a plan.						
2. Our leadership communicates support & guidance for implementing TIA.						
3. Our organization supports staff training regarding trauma, and trauma-informed responses.						
4. Our Human Resource policies & practices address the impact of secondary traumatic stress.						
5. Our organization has partnerships with community agencies that provide trauma-specific services.						
6. We utilize evidenced-based practices to screen, assess & treat individuals in need of trauma-specific services.						
General Practices Score Total /24	**X4**	**X3**	**X2**	**X1**	**0**	**0**

Examples (provide one or more examples for each item above):

1.
2.
3.
4.
5.
6.

Areas of Greatest Strength:

Greatest Opportunities for Growth:

Assessment Summary:

Transfer scores for each component of the checklist to this summary sheet. Review the scores and examples to determine areas of strength for the organization and opportunities for growth. The Recommendations/Suggestions section offers best practices for each item. It is not meant to be exhaustive but serves as a starting point for possible changes. Utilize the action planning tool to document the action plan.

Total Trauma-informed Approach Score	
Safety Subtotal	/24
Trustworthiness & Transparency Subtotal	/20
Peer Support Subtotal	/16
Collaboration & Mutuality Subtotal	/16
Empowerment, Voice & Choice Subtotal	/20
Cultural, Historical & Gender Issues Subtotal	/20
General Principles Subtotal	/24
Grand Total	/140

Trauma-informed Approach Assessment Checklist-Consumers

INTRODUCTION: You have been asked to help _____ (organization) learn if they use a trauma-informed approach in their work. In recent years scientists report that trauma and toxic stress may harm people. _____ (organization) is learning to help youth and families heal from trauma and learn how to cope better with problems.

INSTRUCTIONS: This form lists things that organizations can do to help people with trauma. If you are a young person, you may wish to have your parent or caregiver help you fill out the form. You should answer all questions from your point of view. There are no "right" answers, the goal is to understand what you think. Following each section, you can give examples for that section. If you cannot think of an example, leave it blank.

HOW ARE YOU CONNECTED TO _____ (ORGANIZATION)? (For example client or member of advisory committee) _____

Safety

	Describes Them Well	They Could Do More	Just Getting Started	Does Not Describe Them	Does Not Apply to Them	Don't Know
1. When I'm there, I feel safe.						
2. They know how to handle emergencies & legal situations.						
3. All staff treat me with respect.						
4. When there are reminders here about bad things that happened to me, I am comfortable telling a staff member.						
5. I can talk with them if something bad happens to me.						

Examples (provide one or more examples for this section)

1.
2.

Trustworthiness

	Describes Them Well	They Could Do More	Just Getting Started	Does Not Describe Them	Does Not Apply to Them	Don't Know
1. They share the reasons behind rules & decisions.						
2. Staff tell me what they can and can't do and make sure I agree to their services.						
3. I know how to let them know if I have a complaint or concern.						
4. Rules about privacy are clearly explained.						
5. I can count on the staff to do what they say and to let me know if things change.						

Examples (provide one or more examples for this section):

1.
2.

Peer Support

	Describes Them Well	They Could Do More	Just Getting Started	Does Not Describe Them	Does Not Apply to Them	Don't Know
1. They help me connect with others who have been through the same things.						
2. They care about me and teach me how to bounce back from bad things.						
3. They help me connect to other places that can help me.						

Examples (provide one or more examples for this section):

1.
2.

Working Together

	Describes Them Well	They Could Do More	Just Getting Started	Does Not Describe Them	Does Not Apply to Them	Don't Know
1. I help to set my own service goals & plans.						
2. Staff asks me what I want to change and how I want to make the change.						

Examples (provide one or more examples for this section):

1.
2.

Voice and Choice

	Describes Them Well	They Could Do More	Just Getting Started	Does Not Describe Them	Does Not Apply to Them	Don't Know
1. I have a choice in the way I get services e.g. where, by whom, and how.						
2. They ask for my feedback about services and program materials.						
3. Families/youth serve on the board, advisory committees and/or quality improvement teams.						

Examples (provide one or more examples for this section):

1.
2.

Cultural, Historical, and Gender Issues

	Describes Them Well	They Could Do More	Just Getting Started	Does Not Describe Them	Does Not Apply to Them	Don't Know
1. They are aware of the needs of different groups in our community.						
2. They offer services & reading materials in different languages.						
3. They are aware of the special needs of girls, boys, and transgendered people.						

Examples (provide one or more examples for this section):

1.
2.

Things They Do Really Well:

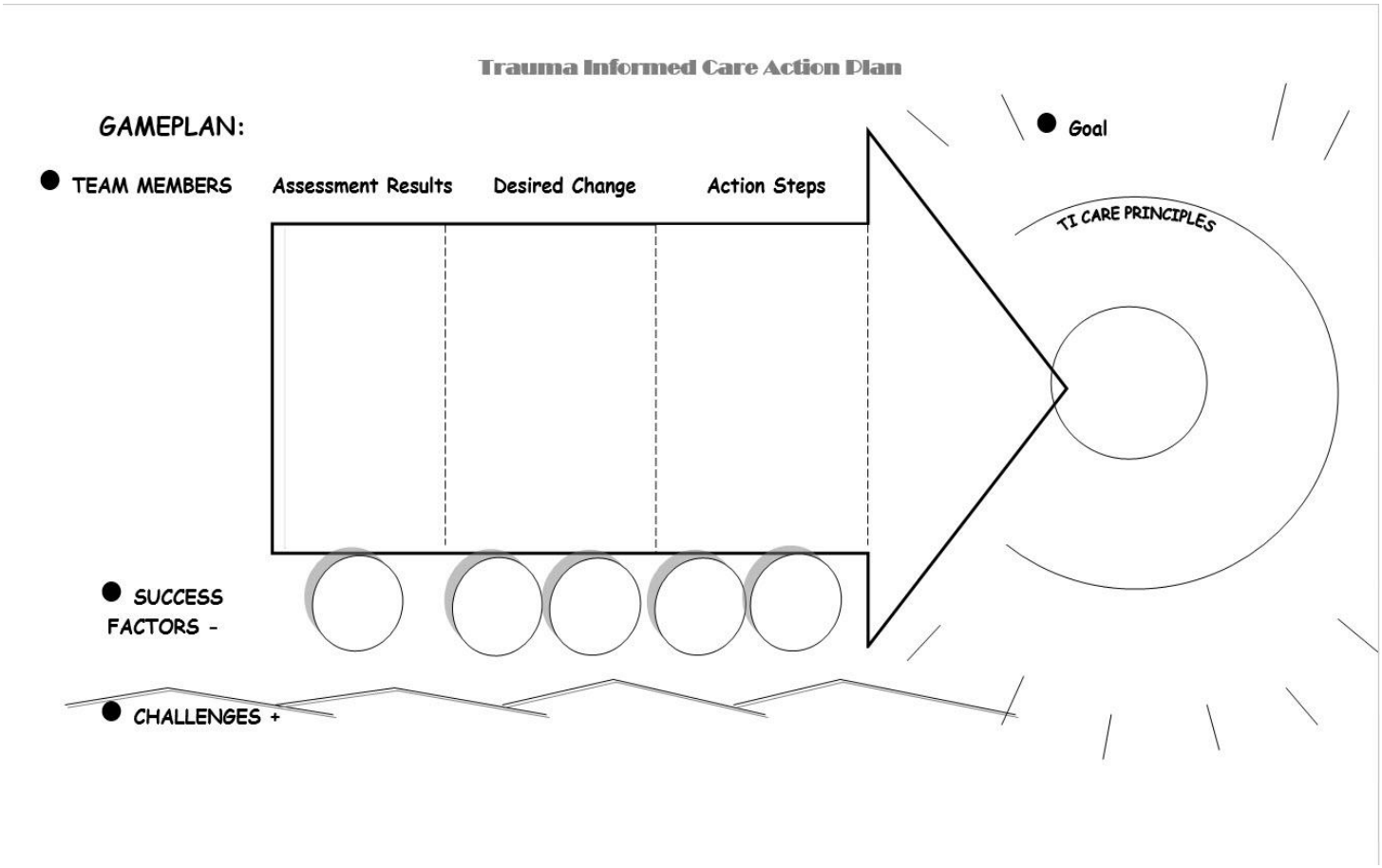
Things They Could Do Better:

APPENDIX B.
Trauma-informed Approach Planning Tool-1

Phase 1 Implementation: Improvements that can be accomplished with relative ease and few additional resources.				
Action Item:	Desired Change:	Action Steps:	Responsible Person:	Implementation Date:
1.				
2.				
3.				
Phase 2 Implementation: Improvements that will take some additional time, planning and resources.				
Action Item:	Desired Change:	Action Steps:	Responsible Person:	Implementation Date:
1.				
2.				
3.				
Phase 3. Improvements that will take more extensive planning and may involve a change in clinic culture or policies.				
Action Item:	Desired Change:	Action Steps:	Responsible Person:	Implementation Date:
1.				
2.				
3.				

Trauma-informed Approach Planning Tool-2

This tool is best drawn on a large sheet of paper and posted on the wall so that a group can work on the plan together.



APPENDIX C.		Trauma Training Resources					
Training	**Audience**	**Location**	**Overview**	**Length**	**Method Delivered**	**Cost**	**CEUS offered**
Caregiver Education: Resource Parent Training	**Families who have a child/parenting a child that has experienced trauma**	**http://www.nctsn.org/products/caring-for-children-who-have-experienced-trauma**	**A workshop for foster, biological, adoptive parents and other caregivers to learn how trauma-informed parenting can support children's safety, permanency, and well-being. Taught by a mental health professional and a parent. MDHHS-MHSCF works with CMH who brings teams, parent/professional.**	**8 modules (1.5-2 hours each)**	**in person or Training of Trainers**	**n/a**	**no**
Center of Social Emotional Foundations for Early Learning (CSEFEL)	**Early educators and families**	**http://csefel.vanderbilt.edu/resources/training_modules.html**	**These modules were designed based on input gathered during focus groups with program administrators, T/TA providers, early educators, and family members about the types and content of training that would be most useful in addressing the social-emotional needs of young children. The content of the modules is consistent with evidence-based practices identified through a thorough review of the literature.**	**Infant/toddler modules and preschool modules (4 modules each)**	**in-person**	**free for download on website**	**possibly**

Child Welfare Trauma Training Toolkit	Child Welfare Workers	http://learn.nctsn.org/enrol/index.php?id=25	The Child Welfare Trauma Training Toolkit course assists those in the field of child welfare who wish to learn more about child welfare and trauma. The backbone of the course is the newly released second edition of the Child Welfare Trauma Training Toolkit which teaches basic knowledge, skills, and values about working with children who have experienced traumatic stress and who are in the child welfare system.	13 modules	Toolkit to be ordered and training offered in person	Have to be a member of the NCTSN Learning Center	APA Provider #1829 NASW Provider #886476741 NBCC Provider #6647
Critical Incident Stress Management	First Responders	http://www.criticalincidentstress.com/	Critical Incident Stress Management, or CISM, is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms and given referral for further help if required. It is a confidential, voluntary and educative process.	varies	in person	n/a although individual /group charges are covered under some insurances (3rd party)	no

Eliminating Barriers for Learning (EB4L)	**Secondary school staff (Michigan revised for Elementary teachers)**	**http://store.samhsa.gov/list/series?name=Eliminating-Barriers-for-Learning**	**SAMHSA training curriculum that addresses mental health (various diagnosis including PTSD) for school staff**	**4 modules (approximately 1 hour each)**	**In person (can be offered as a Training of Trainers)**	**curriculum is free- training fee for districts is approximately $500**	**yes**
Lemonade for Life	**Home visiting programs**		**Trauma informed curriculum**	**Varies depending on audience**	**In person and/or Training of Trainers**	**Cost varies**	**N/A**
National Child Traumatic Stress Network Learning Center	**Mental health professionals, parents and caregivers, policymakers, and others who work with and care about children and adolescents.**	**http://learn.nctsn.org/course/index.php?categoryid=3**	**Webinars and other online courses available (approximately 20)**	**varies**	**online**	**Have to be a member of the NCTSN Learning Center**	**CEUs are offered for some courses**
National Institute for Trauma & Loss in Children	**Schools, crisis teams, child and family counselors and private practitioners**	**https://www.starr.org/training/tlc**	**Online and onsite courses to enable professionals to help traumatized children and families. Strategies are focused on relieving the fear and terror of the crisis/trauma experience.**	**Varies with the course.**	**Online and in-person courses available; also Training of Trainers**	**Varies**	**N/A, offers TLC Level 1 and 2 certification, as well as trainer certification**
Ounce of Prevention	**Home visiting programs**		**Online learning series for home visitors, includes modules on trauma**	**Varies with the module**	**online courses**	**Approximately$95 each**	**N/A**
PRIDE	**Foster parents/Prospective adoptive parents**	**Contact local MDHHS offices or foster care agencies for information and registration**	**Some required for licensure/adoption, rest required as follow up later.**	**9 sessions total**	**in person**	**no cost to attendees**	**no**

Recognizing and Addressing Trauma in Infants, Young Children, and their Families	Early Childhood Mental Health consultants and staff	http://ecmhc.org/tutorials/trauma/index.html	The purpose and overall goal of this tutorial is to help early childhood mental health consultants as well as Early Head Start and Head Start staff understand what is meant by trauma, recognize the developmental context of trauma in early childhood, and extend their own knowledge for intervention through consultation.	30-40 mins	online-5 modules, pre/post	free	unsure
Trauma Focused-Cognitive Behavioral Therapy	Mental health providers		Training for clinicians on trauma focused CBT modality	10 hours	online	free	10 CEU's
Trauma Informed Practice Module, Trauma Informed Self-Assessment for Organizations	Mental health professionals and organizations	www.improvingmipractices.org	Modules are available for viewing/CEUs on the following topics: (1) Trauma Informed Care (L. Beyer, Community Connections); (2) Trauma Self-Assessment for Organizations (R. Fallot, Community Connections); (3) Secondary Traumatic Stress for Organizations and (4) Secondary Traumatic Stress for staff	4 modules	online	free	Yes
Trauma Smart	Head Start/early childhood providers		Model of Trauma Infomed practice in Head Start/Early Head Start programs	Varies depending on audience	In person and/or Training of Trainers	Cost varies	N/A
Trauma Stewardship	Human service workers		Website offers books, keynote speakers and workshops	Varies depending on audience	Print materials or in person	Cost varies, book is $25	N/A

Young Children Trauma & Toxic Stress	**Early childhood providers**	**www.michigan.gov/traumatoxicstress**	**Self-learning modules & a power point presentation about early brain development, the impact of trauma & strategies for mitigating trauma/toxic stress**	**Varies with the module, power point is 1-2 hours**	**Online, materials can be used for in person presentations**	**Free**	**N/A**
Youth Mental Health First Aid	**Broad Audience**	**http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/**	**Focuses on signs and symptoms of suicide prevention but can be a supplemental training to help participants understand the impact of mental health in their setting**	**8 hours of seat time**	**in person**	**$20 per attendee**	**8 MI Certification Board for Addition Professionals (MCBAP)**