

Framework for Trauma-Informed and Responsive Organizations in Massachusetts



Massachusetts
Childhood Trauma
Taskforce
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DRAFT

About the Childhood Trauma Task Force (CTTF)

The Childhood Trauma Task Force, which was established by the Legislature in “An Act Relative to Criminal Justice Reform” (2018), is charged with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

The CTTF is chaired by the Office of the Child Advocate, and the group is comprised of members representing a broad spectrum of child-serving state agencies and organizations. Learn more at: <https://www.mass.gov/lists/childhood-trauma-task-force-cttf>

Framework for Trauma-Informed and Responsive Organizations¹

To support healthy development and improve life outcomes for all children in the Commonwealth, the Childhood Trauma Task Force envisions a future in which all organizations and systems in Massachusetts are Trauma-Informed and Responsive (TIR), which means:

- **Adults** working with children, youth and families realize the widespread impact of trauma on child development and behavior, recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers and service providers, actively resist re-traumatization, and realize the role they can play in promoting healing.
- **Organizations** infuse an understanding of trauma and its impacts into the organization's culture, policies, and practices, with the goals of maximizing physical and psychological safety, mitigating factors that contribute to trauma, facilitating the recovery of the child and family, and supporting their ability to thrive.

Massachusetts recognizes that many children, youth and families in our state have experienced trauma, whether as a result of a one-time incident or a longer or ongoing series of traumatic events. The experience of trauma can have a significant impact on a child's development, with long-term consequences for physical, mental, and emotional health that can last into adulthood. The impact of trauma on the developing brain can often lead to short- and long-term emotional and behavioral issues that must be addressed by our educational, healthcare, judicial and/or social services systems.²

All of these systems can be critical intervention points for children who have experienced trauma, but they can also cause or amplify trauma. Removing a child from their family, arresting a youth, or restraining a youth at school are all traumatizing actions that can have long-term adverse effects, even when doing so is deemed necessary.

At the same time, with the proper supports, systems, environments and opportunities to heal, young people and families have the ability to evolve beyond the trauma they have experienced.

Organizations and systems that come into contact with children and their caregivers have enormous power to either support healing or amplify trauma. The purpose of this document is to help organizations do the former by articulating a broad framework for what it means to be a **Trauma-Informed and Responsive (TIR) Organization**.

¹ This document draws on the trauma definition, principles, and domains as described by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The principles and domains have been adapted for use across sectors and for organizations working specifically with children. See: SAMHSA's (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (<https://store.samhsa.gov/system/files/sma14-4884.pdf>) and SAMHSA (2014) and NCTSN (n.d.) "Creating Trauma-Informed Systems," (<https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>)

² For more information on childhood trauma and its impacts, please see the CTF's 2019 Report: "[Next Steps for Addressing Childhood Trauma](#)"

Definitions of Key Terms

Child, Children, Youth: This document uses the terms child, children and youth interchangeably. In all cases, the term refers to individuals age 0 to 18. Although this document is geared toward organizations working with those under 18, many of these organizations work with youth into their early twenties. The information in this document is generally applicable for those working with young adults as well.

Trauma: The CTTF has chosen to use the definition of individual trauma developed by the federal Substance Abuse and Mental Health Service Administration (SAMHSA) in 2014, as this is a commonly referenced definition that is meant to be used across multiple sectors:

*“Individual trauma results from an **event, series of events, or set of circumstances** that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”*

When a child experiences a traumatic event or series of events, it can interfere with the child’s development, which may result in changes in the child’s behavior or cognitive functioning. Common cognitive issues associated with trauma include problems with memory, attention, and emotional regulation. In addition, some children will experience physical symptoms such as headaches, stomachaches, and muscle pain. It is important to remember that no two children will react to the same traumatic event in the same way.

Complex Trauma: According to the National Child Traumatic Stress Network (NCTSN), a person with complex trauma has experienced multiple traumatic events in their lives. These events are often severe, pervasive, and interpersonal in nature, such as abuse or neglect by a parent or other trusted adult. Persistent poverty and structural racism can also contribute to complex trauma. Complex trauma can be particularly disruptive to a child’s development.

Secondary Traumatic Stress: Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). For more information see:

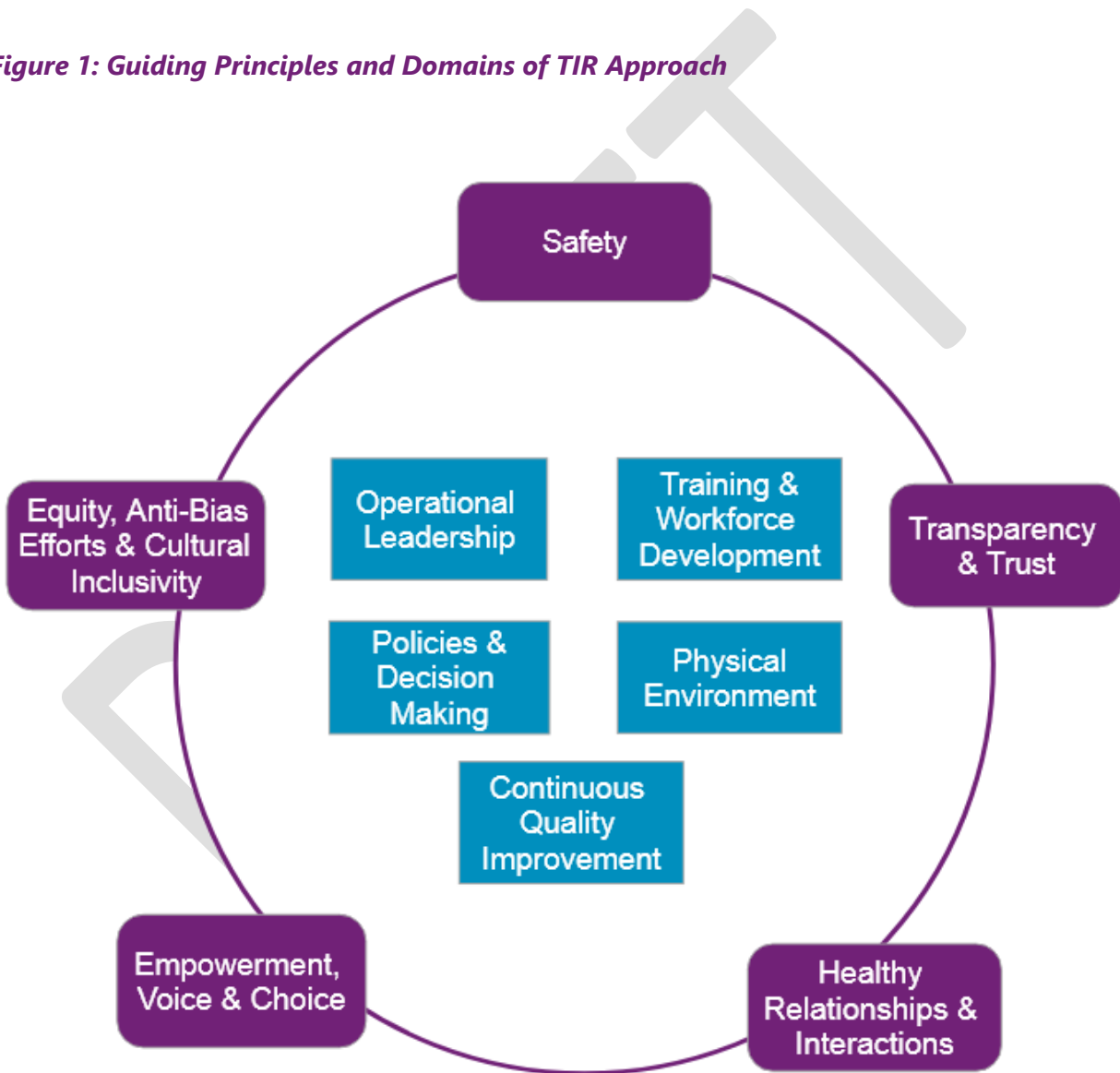
https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf

Cultural Competence: There is no one definition of cultural competence. Generally, however, definitions of cultural competence emphasize behaviors and attitudes that express awareness, knowledge of and respect for the diverse beliefs, language, interpersonal styles and behaviors of the individuals and families receiving services as well as the staff who are providing such services. For more information see:

The audience for this framework is *any* organization that comes into regular contact with children, youth and families, including schools, health care providers, community organizations and service providers, law enforcement agencies, the judicial system, and state agencies.³

The framework, as illustrated in Figure 1, below, includes five *Guiding Principles* for establishing a Trauma-Informed and Responsive (TIR) approach in an organization and five *Domains* in which these *Guiding Principles* should be applied.

Figure 1: Guiding Principles and Domains of TIR Approach



³ From this point forward, we will refer to these entities collectively as “organizations.”

Guiding Principles

The CTF has developed five *Guiding Principles* for TIR organizations that are generalizable across settings and sectors.

How an organization applies each *Guiding Principle* will vary depending on the role, responsibilities and purpose of that organization as well as the age range and circumstances of the children the organization serves. Some organizations may have only short-term interactions with children, while others may develop long-term relationships. Some may provide intensive assessment and treatment interventions, while others will make referrals when appropriate. Despite these differences, the CTF believes that each of these *Guiding Principles* is relevant for any organization that interacts with children.

Principle #1: Safety

All people require safety to survive and thrive, but children who have experienced trauma have had their sense of safety disrupted. Therefore, it is vital for TIR organizations to ensure a child's physical, social and emotional safety using a culturally-competent approach.

Ensuring a child's **physical safety** means making sure that any spaces where children may be are designed to prevent physical injury and are properly maintained, and that there are measures in place to prevent items that could be dangerous (e.g. guns, drugs) from being brought into the environment. It also means ensuring that children are protected from physical or sexual abuse.

Ensuring a child's **social and emotional safety** can include:

- Providing a nurturing environment
- Supporting connections to loving, consistent caregivers
- Empowering children to be their authentic selves
- Allowing children to express their ideas, thoughts, beliefs, identities, self-concepts and emotions without fear of ridicule or shame
- Modeling and encouraging children to build healthy relationships and be empathetic towards others
- Taking action to prevent bullying, coercion, gender policing, sexual harassment, sexual exploitation and other abuses of power

Physical, social, and emotional safety are deeply intertwined; one cannot exist without the other.

Safety is important for staff, as well. Staff who do not experience the setting as physically, socially and emotionally safe are less likely to be able to follow the *Guiding Principles* of a TIR approach in their work with children and families.

Things to consider in ensuring staff safety can include:

- Ensuring the staff work environment is designed to prevent physical injury and is properly maintained
- Developing appropriate safety protocols for staff whose work takes place in the community or in other people's homes
- Maintaining safe staffing levels
- Teaching staff procedures/techniques designed to protect their physical, emotional and social safety (as appropriate for the work environment)
- Including staff and other key stakeholders in the development of policies and procedures that impact them
- Providing supportive staff supervision, including providing staff opportunity to openly discuss experiences, challenges and concerns
- Effectively addressing instances of workplace harassment or bullying
- Providing staff with livable wages that provide economic stability and security.

Principle #2: Transparency and Trust

Building and maintaining trust with children and their families is an important foundation for a healthy relationship. Building this trust requires active effort from staff and organizations.

In many situations, there is a power imbalance between organizations and the children/families with whom they are working, with the organization having real or perceived leverage and/or authority over the child/family. Power imbalances can also exist within a family system.

It's also important to note that entire communities, such as Black, Hispanic/Latino, Asian, Native American, LGBTQ, people living with disabilities, and immigrant communities, have historically been and may continue to be subjected to abuse and harm by powerful institutions and individuals.

Given all of the above, children and/or their families may have reason to be distrustful of those who have power to make decisions that can impact their lives. This distrust can manifest as anger, opposition, resistance and/or non-compliance.

It is essential that TIR organizations are mindful of these dynamics and take active steps to build and maintain trust. One effective tool in building trust is transparency.

Ways of building trust through transparency can include:

- Engaging in open and clear conversations with children and their families, especially regarding decisions that directly impact the child
- Involving children and their families in conversations regarding information sharing, including:
 - Explaining the legal and practical implications of information-sharing and disclosures

- Being transparent and open about what information must be shared, and with whom, by law and/or policy
- Giving children and their families the opportunity to specify what information should remain confidential and what can be shared, within legal and policy boundaries
- Providing information in a timely and developmentally appropriate manner and in the method (e.g. letter, text, email, voicemail, video message) and language chosen by the child/family, when possible
- Admitting to children/families when a mistake has been made, and making efforts to repair any harm caused
- Providing opportunities for youth/families to communicate with senior management if they do not feel heard by staff
- Connecting children/families with interpreters (as needed), family partners and/or peer support, and involving these individuals in conversations when possible to promote open and clear communication
- Using language that promotes the belief that children and families who have experienced trauma can heal and thrive
- Following the other *Guiding Principles*, below, will also help organizations build trust

Principle #3: Empowerment, Voice, and Choice

Trauma-Informed and Responsive adults know that all children have strengths, capabilities, and talents that should be nurtured throughout their lives.

Children and youth who have experienced trauma may feel a loss of control and that they are powerless to do anything to change their situation. As such, adults who interact with children and youth should work with them and their caregivers to empower them to make decisions about their own lives whenever possible and developmentally appropriate.

Ways of empowering children and their caregivers can include:

- Using a strengths-based, resiliency-focused perspective and avoiding stigmatizing language such as “at-risk”
- Including children and their caregivers in decision-making processes (e.g. giving them choices, helping them set goals)
- Developing input and feedback mechanisms for children, families and communities
- Recognizing that youth and families may bring different yet equally valid values and perspectives to a decision, some of which may be rooted in differences in background, upbringing, experiences or culture, and learning to differentiate between decisions that are actively harmful and those that are simply not the ones a staff member would make for themselves
- Connecting children and families with interpreters, family partners and peer support
- Creating space for youth and families to have a role in organizational decision-making
- Supporting youth and families in advocating for themselves

In situations where a youth has caused harm, adults can also empower them by helping the youth identify ways of addressing the situation, accepting responsibility for their actions and, where possible, repairing the harm that was done (i.e. restorative responses).⁴

TIR organizations should also engage children and families throughout the process of developing, implementing and evaluating policies and programming, giving them the opportunity to provide feedback on what is and is not working well for their child/family and how services can be improved, and taking that feedback seriously as part of ongoing quality improvement work.

Principle #4: Equity, Anti-Bias Efforts and Cultural Inclusivity

TIR organizations recognize that a variety of systemic inequities can cause trauma. For example, individuals may experience trauma as a result of systemic discrimination, such as racism, sexism, homophobia, transphobia, xenophobia, ageism and ableism. This can be a result of directly experiencing these kinds of discrimination, or simply from witnessing or reading about discrimination experienced by others like you. Research suggests, for example, that the increased presence of social media in daily life has led people to vicariously experience secondary traumatic stress.⁵

Poverty and economic stress can also be traumatic. Economic insecurity is the most commonly reported Adverse Childhood Experience (ACE) and affects more than one in five children in the nation.⁶ Research shows that the chronic stress of living with less than one needs negatively affects children's bodies and minds and their capacity to overcome other traumatic experiences. Poverty acts as a reinforcing mechanism, burdening families with more stressors, meaning children living in poverty are disproportionately at risk of other ACEs, such as exposure to hunger, violence, drug use or parental incarceration.⁷

In addition to trauma experienced on an individual level, entire groups of people can experience trauma and pass the effects down through multiple generations. This is referred to as *historical trauma* or *intergenerational trauma*. The terms were originally developed to describe the impact of the Holocaust on children of survivors. Some groups that have experienced historical trauma include American Indians/Alaska Natives, descendants of enslaved Africans, and immigrants.

Adults working in TIR organizations should be mindful of the fact that children and families may have experienced systemic discrimination, poverty, and/or historical trauma, which can cause distrust (as described in *Principle #2*) and other symptoms of trauma. Studies have shown, for

⁴ For more information on restorative practices, see: <https://zehr-institute.org/what-is-ri/>

⁵ Comstock, Casey and Judith Platania, "The Role of Media-Induced Secondary Traumatic Stress on Perceptions of Distress," *American International Journal of Social Science* 6 (1) (March 2017), p 1-10. https://docs.rwu.edu/cgi/viewcontent.cgi?article=1252&context=fcas_fp

⁶ Sacks, Vanessa, David Murphey and Kristen Moore, "Adverse Childhood Experiences: National and State-Level Prevalence," *Child Trends Research Brief* (July 2014) https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf; Brooks-Gunn J, Duncan GJ, "The effects of poverty on children." *Future Child*. 1997;7(2):55-71; https://pdfs.semanticscholar.org/08aa/8e3f8e2220865b06bbc9449726a38e22c3bd.pdf?_ga=2.59930221.1711285520.1584540651-532492774.1584540651

⁷ Hughes, Michelle and Whitney Tucker, "Poverty as an Adverse Childhood Experience," *North Carolina Medical Journal* March 2018, 79 (2) 124-126; DOI: <https://doi.org/10.18043/ncm.79.2.124>

example, that overt and covert experiences of discrimination based on race, gender and sexual orientation, as well as experiencing economic disadvantage, are associated with showing symptoms of post-traumatic stress disorder (PTSD).⁸

Adults and organizations should also actively resist re-traumatizing children and families by addressing discrimination, promoting equity, and practicing cultural inclusivity. **Examples of ways to do this include:**

- Listening and learning from children and families as well as community cultural brokers about their experiences of discrimination as well as the specific values, resources and strengths they derive from their cultural background and self-identity
- Acknowledging personal and implicit biases, privilege and power, and being aware of how they may influence interactions with children and families
- Working to undo personal and implicit biases and take corrective action to minimize the impact they have on decisions that affect children and families
- Creating opportunities for staff members to educate themselves and to engage in open, honest dialogues about issues of race, gender, class, sexual orientation, and other cultural factors, as well as the impact of privilege and power, according to established shared norms for courageous conversations
- Taking concrete actions, such as identifying and reviewing policies that may systematically impact individuals based on demographic characteristics, to address systemic discrimination within organizations and systems
- Support policies and structures that promote the eradication of poverty and unequal distribution of resources among communities.

Principle #5: Healthy Relationships and Interactions

Developmental research shows that having one or more caring adults in a child's life increases the likelihood that they will flourish and become productive adults themselves.⁹ TIR organizations place a high priority on modeling healthy relationship behaviors and, when possible, developing caring mentoring relationships and helping children build healthy relationships with their peers and family members.

Some TIR adults will have short-term interactions with children that may last a few minutes to a few weeks. These brief interactions can still have powerful effects on the lives of children and families. **Examples of ways to have Trauma-Informed and Responsive short-term interactions with children include:**

⁸ Holmes, S.C., Facemire, V.C., and DaFonseca, A.M. (2016). Expanding criterion A for Posttraumatic stress disorder: Considering the deleterious impact of oppression. *Traumatology*, 22(4), p. 214-321. Retrieved from <https://www.apa.org/pubs/journals/features/trm-trm0000104.pdf>.
Bradley-Davino, B. and Ruglass, L. (n.d.). Trauma and posttraumatic stress disorder in economically disadvantaged populations. *American Psychological Association*. Retrieved from <https://www.apatraumadivision.org/files/58.pdf>.

⁹ Scales, P. C., & Leffert, N. (1999). Developmental assets: A synthesis of the scientific research on adolescent development. Minneapolis: Search Institute. Rhodes, J., Ebert, L., & Fischer, K. (1992). Natural mentors: An overlooked resource in the social networks of young, African American mothers. *American Journal of Community Psychology*, 20(4), 445-461.

- **Respect:** Treat children and their caregivers with respect, which can include introducing yourself, explaining your role, sharing which pronouns you use, and providing clear information about what to expect regarding any process they are going through, as well as offering them opportunities to pause or stop the process
- **Effective Communication:** Practice active listening, ask questions as appropriate, provide information in a developmentally-appropriate manner in the child's preferred language, and be mindful of your tone, body language and the nonverbal cues you may be giving off
- **Validation & Compassion:** Recognize and validate children's feelings and support their capacity to regulate them successfully, demonstrate compassion, and provide positive reinforcement of behaviors that demonstrate resiliency

Other TIR adults will have ongoing relationships with the child and their family that could last throughout their lives. **TIR adults with longer-term relationships with children and families can build and promote healthy relationships by:**

- Talking with children and families about trauma and potential reactions to it
- Explaining to children and families that their feelings and behaviors are normal responses to traumatic situations, when appropriate
- Teaching and modeling healthy ways of expressing feelings and coping with stressful situations, which may include addressing family and cultural norms
- Teaching children and families strategies for effective communication, boundary setting, and other interpersonal skills used across different cultural contexts, as well as role-modeling these strategies and seeking to understand existing communication strategies and skills
- Identifying and supporting the development of a child's strengths
- Educating families about how to interact with children in trauma-informed and responsive ways
- Keeping the children and family in mind by paying close attention to what they say and asking intentional questions to get to know them more
- Seeking additional professional help and facilitating connections to services, when appropriate

People who are survivors of trauma are also a vital source of support for others who have experienced trauma. When possible, agencies and organizations should create formal peer support programs that connect children, youth, and families to other individuals in their community who have experienced similar traumas, or connect them to existing programs in the community.

Agencies and organizations should also provide formal peer support for their employees, especially those who are repeatedly exposed to trauma as a part of their job responsibilities. Agencies and organizations must take care to properly train and support individuals who volunteer or who are employed as peer mentors.

Domains of Implementation

Implementing a Trauma-Informed and Responsive approach requires change at multiple levels of an organization and systematic alignment with the five key principles described above in each of the following *Domains*.

Domain #1: Organizational Leadership

Leaders at all levels and across all organizational types – government, non-profit, for-profit, philanthropic – have opportunities to support organizations that interact with children and families in becoming Trauma-Informed and Responsive.

For examples, leaders who make decisions about funding can make investments to help organizations and their staff build their capacity to learn about childhood trauma and provide trauma-responsive intervention services. Leaders who make decisions about policy can support policies that align with the *TIR Guiding Principles* described above and revise those that conflict or interfere with other organizations' ability to implement the *TIR Principles*.

Leaders of organizations that interact with children and family can be Trauma-Informed and Responsive by:

- Articulating the principles of a TIR approach in their mission and/or vision statements and helping staff understand how these principles apply in their work
- Incorporating TIR principles into all policies, programs, and practices
- Developing and implementing quality assurance procedures to ensure principles are followed
- Using their decision-making authority to make the financial and time investments needed to implement the TIR domains
- Striving to ensure staff at all levels of the organization – from entry level through senior leadership – as well as organizational materials (curricula, communication materials, etc.) are representative of the diversity of the community being served
- Understanding the negative and potentially traumatic impact high staff turnover rates can have on youth being served as well as the overall organization, and advocating for solutions – such as higher pay rates and supports to mitigate the impact of secondary trauma – designed to reduce turnover
- Clearly communicating roles, responsibilities, and expectations to youth, families, and staff members
- Inviting youth, families, and staff members to provide meaningful, ongoing input and feedback into organizational decision-making
- Modeling healthy relationship behaviors and interaction skills
- Being visible members of the agency/organization and the community

- Tending to their own self-care, to ensure they are able to do all of the above in alignment with the *TIR Guiding Principles*

Domain #2: Training and Workforce Development

Organizations can build a Trauma-Informed and Responsive workforce by:

- Determining what skills are necessary to provide TIR care in the context of that organization's work, and prioritizing these skills in hiring and training practices
- Encouraging diversity, equity and inclusion in hiring and promotion practices to ensure staff at all levels are representative of the community being served
- Providing mandatory training on the impact of childhood trauma, secondary traumatic stress and appropriate responses to all employees and volunteers during orientation and as a part of ongoing professional development
- Developing policies and structures to address secondary traumatic stress in staff, with the understanding that failure to do so can lead to disengagement, staff burnout, and increased likelihood of staff perpetuating trauma within the workplace

Training on a Trauma-Informed and Responsive approach should include:

- Background on trauma and its impacts, including:
 - Explanations of the different types of trauma (including but not limited to acute, complex, family systems, historical, racial, community, intergenerational and sexual trauma)
 - The biological effects of trauma on brain development
 - The effect that trauma can have on a child's sense of safety, sense of self, ability to self-regulate, and physical health
 - The impact that trauma can have on a child's behavior, including discussions on internalizing and externalizing behaviors, as well as how these behaviors may vary by age
 - Information about trauma in vulnerable populations of youth (e.g. LGBTQ+ youth, homeless youth, commercially sexually exploited children, and children with disabilities)
 - Information on how trauma can manifest in adults/parents/caregivers
 - Key protective factors and strategies
- Information on how to respond to trauma and its impacts, tailored to the role a staff member plays, such as:
 - Identifying potential triggers/activators for the youth/family
 - Teaching de-escalation and other communication techniques
 - Understanding how a staff member's own experiences and vulnerabilities can impact their response to situations and behaviors and create unconscious bias
 - Building on a child's strengths and developing protective factors and strategies that can encourage healing

- Connecting the child and their family with trauma interventions as appropriate
- Knowing when to seek additional professional help
- Descriptions of the types of action that can traumatize or retraumatize a child or family, including:
 - Decisions within that staff member's, or their organization's, control
 - Actions that may have previously been taken by other organizations (e.g. schools, treatment providers, law enforcement) that were traumatizing and may impact that child or family's interactions with the staff member

Organizations can inadvertently create stressful or toxic environments that can impact the well-being of staff and, ultimately, the fulfillment of the organizational mission. Staff experiencing secondary traumatic stress are less likely to be able to follow the *Guiding Principles* of a TIR approach, and so **TIR organizations can strive to create a healthy environment for staff by adopting the following practices:**

- Providing staff with information about secondary traumatic stress and practices for prevention
- Providing active support (time, resources, professional guidance) after a traumatic event occurs
- Creating opportunities for staff to receive reflective supervision and/or group supervision and peer support
- Providing support for all levels of the workforce, including teaching strategies for self-care and building personal resiliency
- Teaching and encouraging the use of mindfulness exercises and other self-directed attention practices/skills
- Striving for adequate staffing levels and manageable caseloads, including ensuring that duties that require particular expertise (e.g. clinical training) are assigned to staff with that expertise
- Providing staff with mental health benefits

Domain #3: Policy and Decision-Making

Policies and procedures establish expected norms of behaviors and decision-making protocols. TIR organizations must review all policies and procedures through the lens of the *Guiding Principles* and revise as necessary. By doing so, organizations can proactively resist re-traumatization by creating policies and procedures designed to avoid traumatizing actions where possible, and to help children and families cope with the impact of those traumatizing decisions when they cannot be avoided. It also ensures the TIR approach becomes "hard-wired" into practice, rather than solely relying on training or individual supervisors.

Trauma-Informed and Responsive policies and procedures:

- Recognize that many of the individuals an organization is working with have experienced trauma in their lives
- Identify agency/organization decisions and actions that could be re-traumatizing for children and families, and take steps to minimize the potential for re-traumatization
- Are clearly articulated, especially those pertaining to the physical and emotional safety of children, families, and staff
- Identify clear roles and responsibilities for staff members
- Seek to maximize predictability and stability for children to the extent possible
- Detail expected behavior with regards to confidentiality, including any legal requirements staff must follow
- Provide opportunities for healing practices to be employed by staff and families as part of their interactions

Decision-making in Trauma-Informed and Responsive institutions:

- Includes children and families in decision-making processes as often as possible. Some examples of opportunities for the inclusion of child and family voice are:
 - In the development of policies and procedures
 - In creating individual treatment goals
 - In developing service plans
 - In designing or re-designing physical spaces
- Provides opportunities for staff inclusion in the development of policies and procedures as often as possible
- Provides explanations for how and why any decisions that impact the child and family are made

Trauma-Informed and Responsive organizations also review their policies, practices, and procedures on a regular basis to ensure continued fidelity to the *TIR Guiding Principles*.

Domain #4: Physical Environment

Trauma-Informed and Responsive physical environments are designed with the needs and abilities of the individuals using the space in mind, and are regularly re-evaluated with input from youth, families, and staff members. **Aspects of the physical environment to consider include¹⁰:**

- Lighting and color
- Noise
- Temperature
- Seating options (comfort, accessibility for all types of bodies)
- Direct access to exits

¹⁰ For additional guidance on creating trauma-informed physical environments, see: <https://www.acesconnection.com/blog/trauma-informed-physical-environments-assessment-tools> and <https://www.spacesmith.com/blog/trauma-informed-design>

- Amount and tone of language on signage (focusing on positive, strengths-based messages when possible)
- Language accessibility
- Availability of patient bills of rights and/or privacy, billing, and confidentiality policies
- Availability of private spaces for youth and families to have conversations with staff members and/or regroup after a triggering event
- Respect for the diverse needs (e.g. culture, linguistic, gender, religion) of clients
- A clean, inviting and healthy atmosphere for the staff as well as clients
- Organizations that do work outside of a physical office (e.g. making home visits, responding to calls for police attention) should consider the impact of all of the above when doing field work, as well

Domain #5: Continuous Quality Improvement (CQI)

Trauma-Informed and Responsive organizations should develop written processes for regularly assessing the design and implementation of policies, programs and/or practices to ensure they are having the desired impact and are in alignment with the *TIR Principles*.

In doing so, **TIR organizations should consider doing the following:**

- Identifying the desired outcomes
- Including the voices of youth, families, and staff in developing and measuring desired outcomes, identifying challenges and generating ideas for improvement
- Analyzing data by race/ethnicity, gender, and other demographic information to uncover and address disparities
- Being ready to adapt policies, programs, or practices in ways large and small, based on feedback and data analysis
- Designating someone in the organization to be responsible for implementing the CQI efforts and defining a timetable

**Feedback, Ideas or Questions?
Contact the Childhood Trauma Task Force:**

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<https://www.mass.gov/orgs/office-of-the-child-advocate>
<https://www.mass.gov/lists/childhood-trauma-task-force-cttf>

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