

TRAUMA INFORMED CARE

Going from Understanding to Dissemination to Measurement

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Trauma Informed Oregon

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WHAT IS TRAUMA INFORMED CARE?

ASSUMPTIONS

1). Human service settings are populated with people (service users and staff) with experience of past or present trauma.

2). Services and settings can be re-traumatizing for individuals when they feel unsafe or don't feel that they have control, power, choice, voice or value.

Trauma informed care takes these challenges into account and creates services and settings that are safe, empowering, trustworthy, collaborative, and responsive to cultural, historical, and gender issues.

TRAUMA INFORMED CARE

“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”

(SAMHSA’s Concept of Trauma and guidance for a Trauma-Informed Approach, 2014
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>)

TO BE TRAUMA INFORMED

realize the widespread impact of trauma and understand potential paths for recovery;

recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and

respond by fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively **resist** re-traumatization”

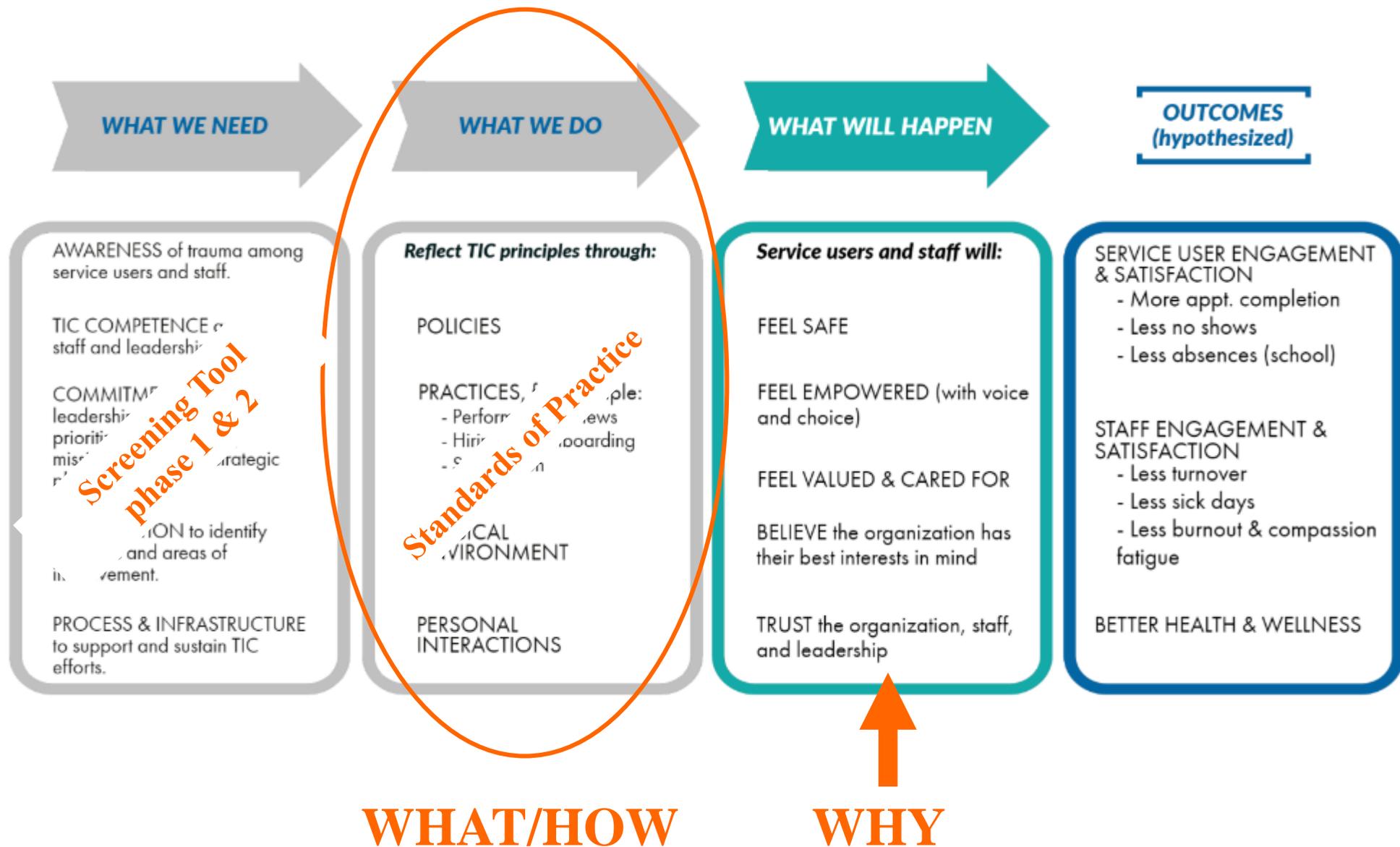
PRINCIPLES OF TIC

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

THINKING ABOUT TIC IMPLEMENTATION

The Logic of Trauma Informed Care



IMAGINE THE FUTURE

1. Why is TIC needed?
2. What will it look like?
 - a) For organizations
 - b) For community



Awareness

Commitment

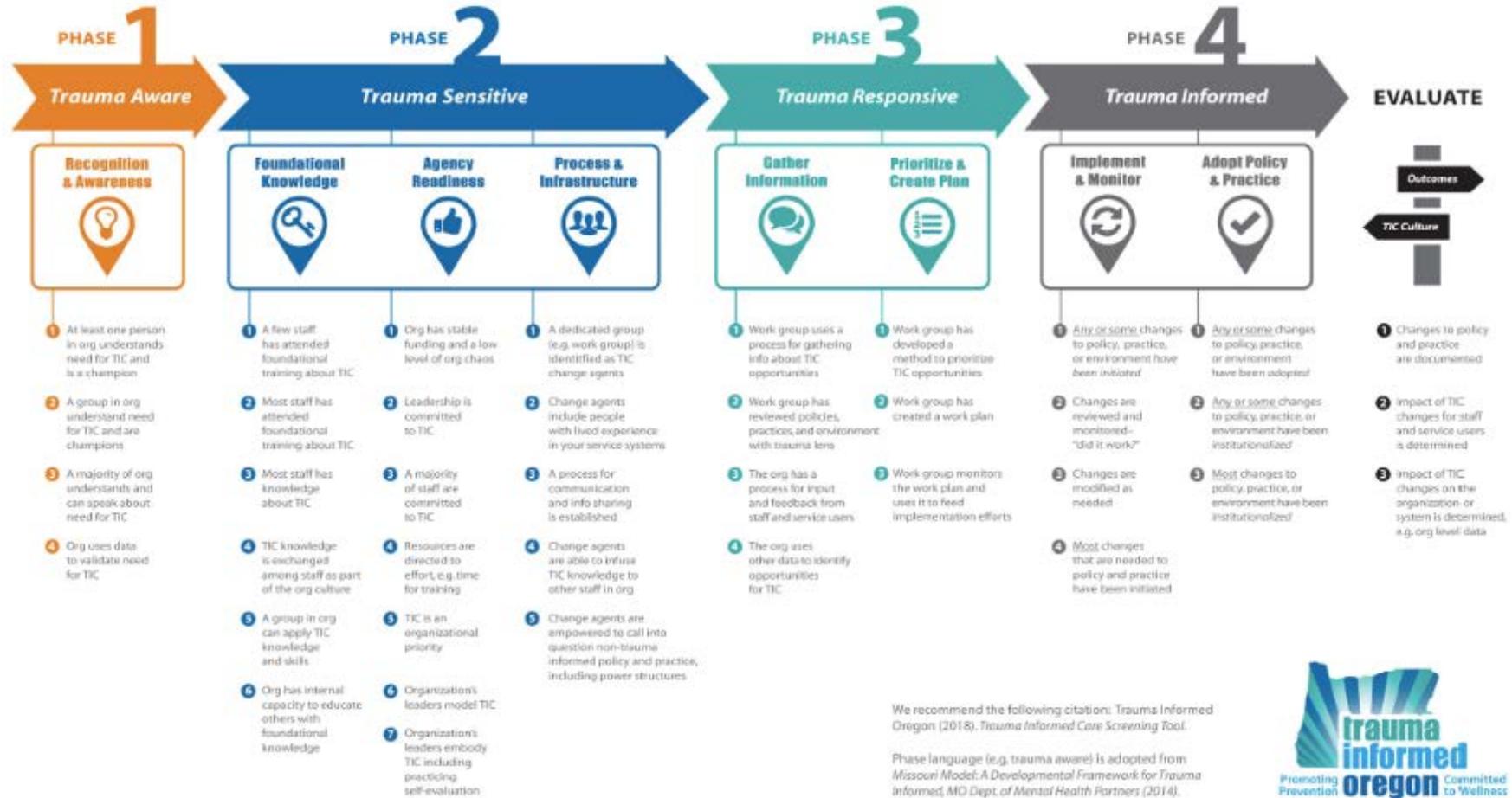
Knowledge

Organizational Readiness

Process and Infrastructure

TIC SCREENING TOOL

Trauma Informed Care Screening Tool





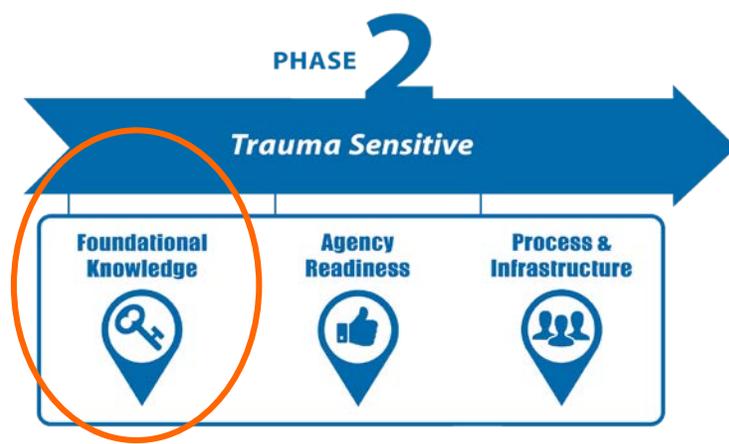
1. At least one person in org understands need for TIC and is a champion.
2. A group in org understand need for TIC and are champions.
3. A majority of org understands and can speak about need for TIC.
4. Org uses data to validate need for TIC.

What can the **ORGANIZATIONS** do?

1. Survey staff to determine beliefs about trauma and awareness about TIC.
2. Use staff meetings, newsletters, posters on the walls, screen savers to discuss TIC
3. Look for agency data, e.g., trauma prevalence, client satisfaction, workforce wellness etc.

What can **COMMUNITY** do?

1. Develop shared vision of the goal.
What will a trauma informed community look like?
2. Assess shared beliefs about trauma and commitment to TIC.
3. Develop talking points re need for TIC and benefit of community effort.
4. Look for community data that speaks to the need for collective TIC effort.



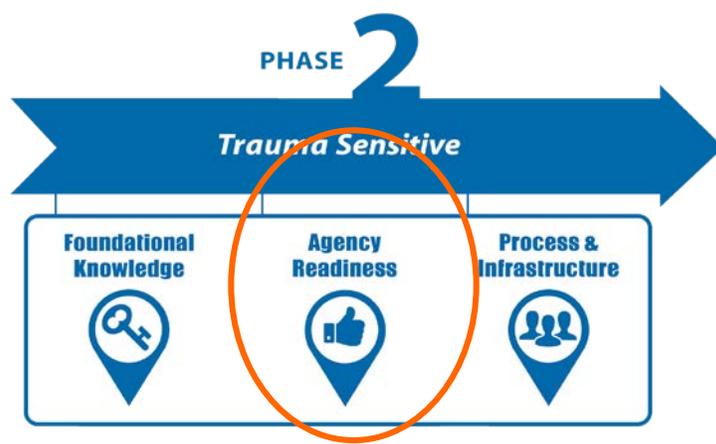
1. A few staff have attended foundational training about TIC.
2. Most staff have attended foundational training about TIC.
3. Most staff have knowledge about TIC.
4. TIC knowledge is exchanged among staff as part of the organizational culture.
5. A group in org can apply TIC knowledge and skills.
6. Org has internal capacity to educate others with foundational knowledge.

What can the **ORGANIZATIONS** do?

1. Add TIC to your onboarding protocol.
2. Survey staff re TIC knowledge and ensure all staff have foundations level.
3. Build and maintain knowledge during staff meetings, newsletters, posters etc.
4. Endorse specific trainings, e.g., role specific application and specialty training.

What can **COMMUNITY** do?

1. Assess collective knowledge about trauma and TIC to identify gaps. Provide training to meet the need.
2. Use public health approach to messaging and community awareness to educate others re trauma and TIC.



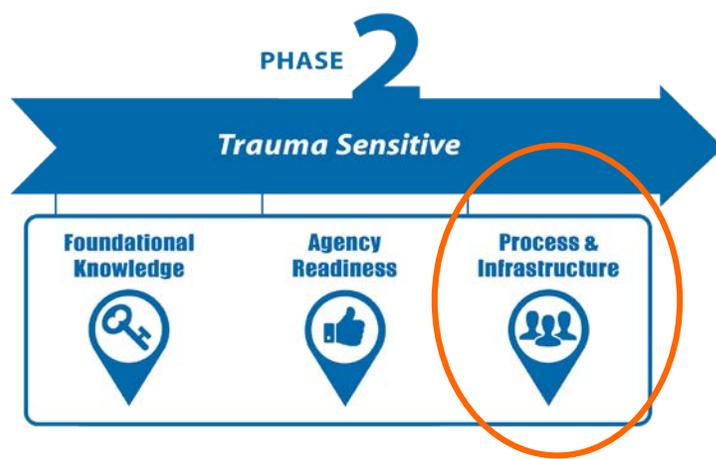
1. Org has stable funding and a low level of organizational chaos.
2. Leadership is committed to TIC.
3. A majority of staff are committed to TIC.
4. Resources are directed to effort, e.g. time for training.
5. TIC is an organizational priority.
6. Organization's leaders model TIC.
7. Organization's leaders embody TIC.

What can the **ORGANIZATIONS** do?

1. Survey staff to determine commitment to TIC, including leadership.
2. Include TIC in budget, mission/vision, and strategic plans.
3. Provide opportunities for staff to discuss what TIC looks like in action (think about role playing, working through scenarios).

What can **COMMUNITY** do?

1. Create commitment to TIC with other orgs by talking about the benefits and the need – **ELEVATOR SPEECH**
2. Leverage and share resources to address the need, e.g., additional training.
3. Bring community leadership on board, e.g., city council, mayors, county commissioners.



1. A dedicated group (e.g., work group) are identified as TIC change agents.
2. Change agents include people with lived experience.
3. A process of communication and info sharing is established.
4. Change agents are able to infuse TIC knowledge to other staff in organization.
5. Change agents are empowered to call into question non-trauma informed policy and practices include power structures.

What can the **ORGANIZATIONS** do?

1. Establish and support a TIC workgroup.
2. Expect and support involvement of people with lived experience in TIC effort. Allocate funding for incentives, food etc.
3. Accept and act on feedback.

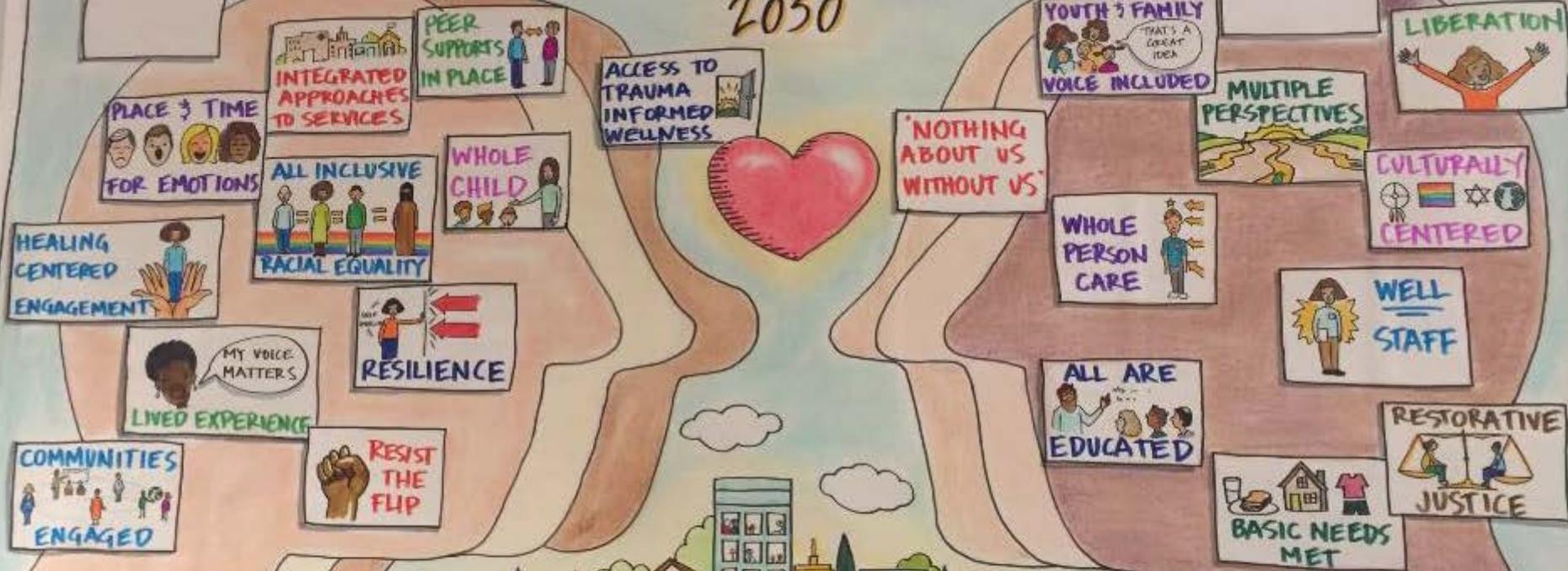
What can **COMMUNITY** do?

1. Maintain the community wide workgroup with diverse representation.
2. Look for ways to include lived experience voice in the TIC efforts.
3. Model open, direct, and transparent communication and information sharing across organizations.

“To think about anything that has a lot of parts that connect with each other you have to visualize in some form to understand the larger pattern.” David Sibbet, *Visual Meetings*

A TRAUMA INFORMED OREGON

2030



THANK YOU!

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Trauma Informed Oregon website

traumainformedoregon.org



COMMITMENT TO TIC

(Committed to this because I believe in it. I'm a champion).

1=Disagree (strongly) ----- 6=Agree (strongly)

- 1. I believe in the value of Trauma Informed Care.**
- 2. Trauma Informed Care is a good strategy for my organization.**
- 3. I think that management is [or would be] making a mistake by introducing Trauma Informed Care. (R)**
- 4. Implementing Trauma Informed Care serves an important purpose.**
- 5. Things would be better without Trauma Informed Care. (R)**
- 6. Trauma Informed Care is not necessary. (R)**

BELIEFS ABOUT T/TIC

- 1. Many of the clients served by our agency have experienced psychological trauma.**
- 2. Many of the staff in our agency have experienced psychological trauma.**
- 3. Many problematic behaviors (such as substance abuse) start as a way to cope with emotionally traumatizing experiences.**
- 4. Past experiences of psychological trauma (for instance in childhood) cannot be linked to current problematic behavior in adulthood.**
- 5. When service recipients have experienced psychological trauma (current or in the past), this can influence their current behavior.**
- 6. When staff have experienced psychological trauma (current or in the past), this can influence their current behavior at work.**
- 7. Seeking and receiving services from our agency can be re-traumatizing for trauma survivors.**
- 8. Our service setting does not create psychological trauma for our service recipients.**
- 9. Our programs and services do not create psychological trauma for our service recipients.**
- 10. Working with trauma survivors can result in work related stress such as vicarious trauma.**