



TRAUMA INFORMED CARE

Brandy Hemsley
Director, Office of Consumer Activities
Oregon Health Authority

DISCUSSION TOPICS



What is trauma
and how does it
impact people?



What is trauma
informed care?



Special
considerations for
COVID-19



Resources and tools
to implement TIC in
your programs



WHAT IS TRAUMA?

TRAUMA

An overwhelming event or events that contribute to a person becoming helpless, powerless and creating a threat of harm and/or loss.

“Traumatization occurs when both internal and external resources are inadequate to cope with external threat” (Van der Kolk, 1989).

OTHER THINGS TO CONSIDER

Ongoing, complex, or the result of a one-time event.

Intergenerational / collective trauma

Systems-based trauma

Vicarious trauma

TRAUMA AND COVID-19

This is a time of fear and
uncertainty for many

Events may be sources of new
trauma

Events may activate old trauma

Vicarious trauma and
compassion fatigue



IMPACTS OF TRAUMA

IMPACTS OF TRAUMA



Physical



Emotional & Cognitive

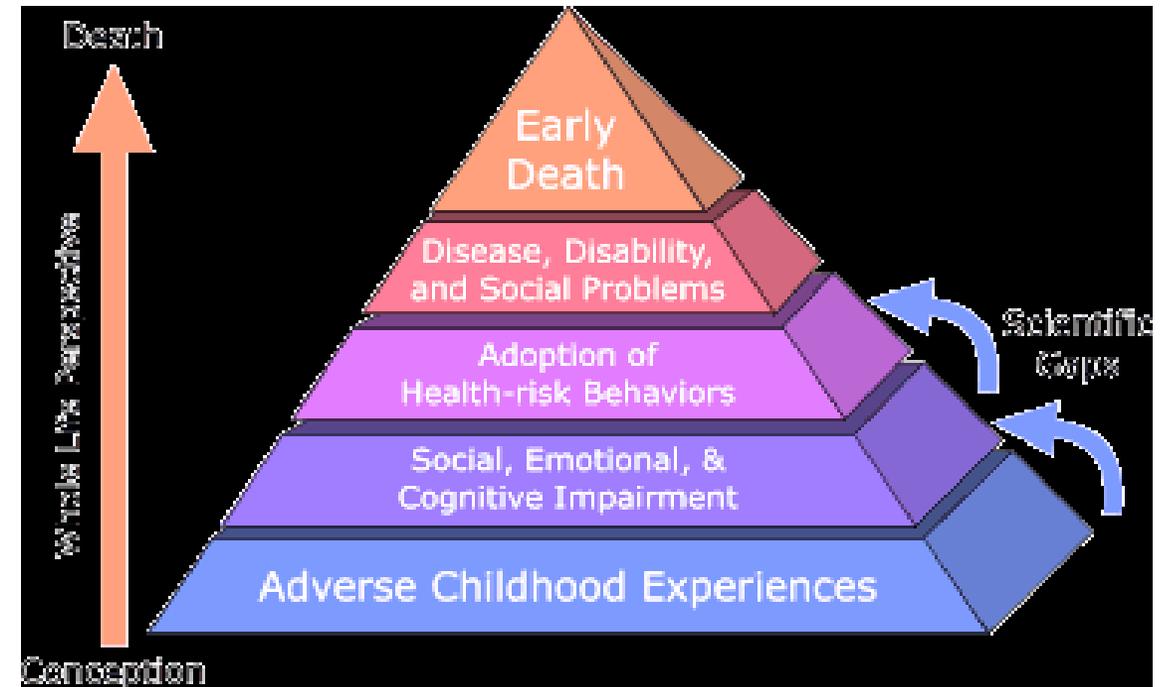


Relationships & Social
connection

IMPACTS OF TRAUMA

ACES study – Kaiser Permanente mid 90s.

Looked at outcomes connected to childhood abuse /neglect experiences.



OTHER IMPACTS

Ability to feel safe and keep oneself safe

Self Esteem and sense of identity

Anxiety, depression, dissociation

Ability to trust and connect

Concentration and focus

Self care & ADLs

TRAUMA IN DISGUISE?

Anger

Emotional instability

Inflexibility or non-compliance

Avoidance

Laziness

Apathy

Intoxication

Confusion or distractibility

Cognitive impairment or disability

QUESTIONS TO THINK ABOUT



How might trauma manifest
in the people you serve?



What are “trauma hotspots”
at your organization?



OVERVIEW OF TRAUMA INFORMED CARE

TRAUMA INFORMED CARE

An approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

- Trauma Informed Oregon

THE THREE “R’S”
OF TRAUMA
INFORMED CARE

Realize

Recognize

Respond

TRAUMA INFORMED CARE

Distinct from trauma specific services

“What happened to you?” vs.
“What’s wrong with you?”

Universal Precautions

6 PRINCIPLES OF A TRAUMA INFORMED APPROACH

Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice, and Choice

Cultural, Historical, and Gender
Issues



STRENGTH BASED APPROACH

People have the tools they need to survive and thrive!

Identify and strengthen existing knowledge and skills.

Look at what's working (now or in the past) and build on it.

Focus on resiliency.

Meet people where they are, wherever they are.

People don't fail, plans do.





WHAT CAN YOU DO?

SOME THINGS TO REMEMBER...

It's OK to start small

There are many resources
available to support you

Every person has the ability to
create change, whatever their
role in the system



THINK ABOUT...



What would be most meaningful to the people you serve?



What might TIC look like for Veterans, LGBTQ+, Seniors, Youth, People of Color, others?



How can workplace practices and procedures be more trauma informed?

Changes to the physical environment

Person-centered planning

Strength-based practices

Trauma Informed Meetings

Trauma Informed Supervision



TRAUMA INFORMED PRACTICES FOR COVID-19 RESPONSE

Try not to give in to the crisis mindset – use the tools and skills you know you have

Be mindful of language – “COVID-19 response” vs. “COVID-19 crisis” or “Physical distancing vs social distancing.”

Regular, open communication. Be prepared to explain the “why” and the ‘how.’

Share reliable sources of information

Prioritize cultural responsiveness

Collaboration and sharing of resources

YOU DESERVE CARE, TOO!

Trauma informed care is not just for the people we serve!

Rely on your supervisors and coworkers

Practice good self care

Know the signs of burnout and take action early



DON'T JUST BE GOOD TO OTHERS.
~ BE GOOD TO YOURSELF TOO.



RESOURCES AND INFORMATION

FOR MORE INFORMATION

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SAMHSA Guide to Trauma Informed Care - <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

THANK YOU!

Brandy Hemsley

Director, Office of Consumer
Activities

Oregon Health Authority

971-239-2942

[brandy.l.hemsley@dhsosha.state.
or.us](mailto:brandy.l.hemsley@dhsosha.state.or.us)





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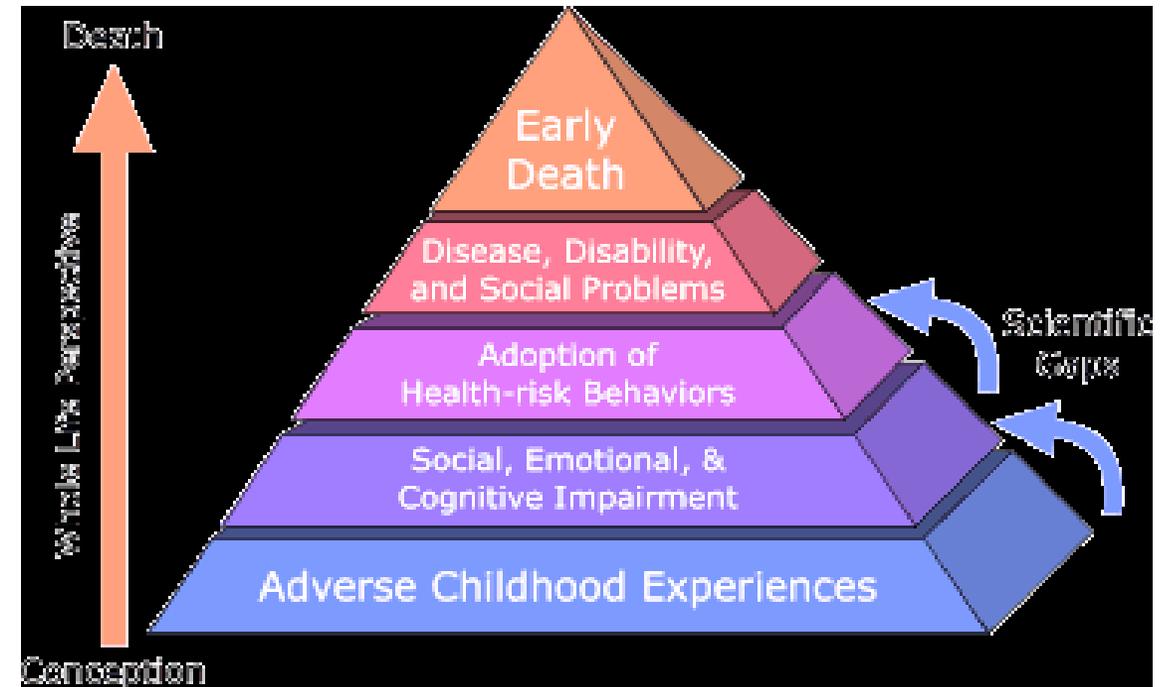


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AGENCY ENVIRONMENTAL COMPONENTS FOR TRAUMA INFORMED CARE

Name of Agency: _____

Reviewers: _____

Date of Assessment: _____

Organizational Assessment

Positive Trauma Informed Care Environment

	YES	NO	DID NOT OBSERVE
Welcome Sign Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial greeting at agency was welcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff is friendly/respectful/caring/welcoming/calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff offices are welcoming/engaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort/Healing/Meditation room(s) or comfort, privacy, quiet areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space to make private phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulatives and/or soothing kits (play dough, crayons, washcloths, heated blankets, etc.) are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate toys and materials available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet therapy option/opportunity to have pet interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterfall/fountains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comforting music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soothing smells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint colors soothing/calming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet/flooring - safe & non-institutional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	DID NOT OBSERVE
Lighting is soothing/calming (non-institutional/not fluorescent lighting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating hours are consumer-friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artwork is:			
Empowering, hopeful, recovery-focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally diverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done by consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soothing/calming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer accomplishments posted/celebrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear, concise, positive signage			
Spanish signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers screened/assessed for trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer referred to trauma services/referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Consumer Rights" (includes "Trauma Rights") are posted several places, clearly visible and consumers are informed of their rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers/Families are educated about treatment and diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers are kept informed about any changes in the day's agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma/Stress Reduction/Wellness/Recovery materials available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English/Spanish reading materials available in reception area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Program materials in reception area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender specific reading materials are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference rooms/offices are sound proof for confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	DID NOT OBSERVE
Assistance to complete paperwork and/or surveys is provided if needed (reading level, audio tapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers are encouraged to provide feedback (or surveys) on services/experiences, Grievance Policy is explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers are encouraged to provide <u>immediate</u> feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating allows for personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for consumers to complete forms ahead of appointment/forms available on-line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a smoking area, it is safe and 15- 20 feet away from the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-caffeine drinks or water offered to consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical environment shows evidence of on-going attention to safe practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated/adequate consumer parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking lot is safe with lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike racks available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office location is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency Employed Peer Support and Wellness Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate recreational games, crafts, sports equipment, leisure activities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-going staff Trauma Informed Care training is offered (including re-traumatization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-Trauma Informed Care Environment ("No's" are a positive observation)

	YES	NO	DID NOT OBSERVE
Staff using first/last names to identify consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff dress (uniforms, identification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff not welcoming/friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security guards and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special staff parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff talk with consumers behind a desk and/or completing paperwork on computer without facing consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers kept waiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage (list of do's, don'ts, no's, rules, language of oppression, we/they language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass bubble/wall/glass separating consumers from registration/admission area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncomfortable furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chairs or couches that don't allow for personal space (group rooms are crowded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chairs with arms only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paneled wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate bathrooms for staff and consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking area located right outside the entrance door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy/chaotic environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slamming doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud intercom systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices are not inviting/closed doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cubicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES **NO** **DID NOT
OBSERVE**

Religious materials available in reception area

Religious themes in offices

Other: _____

Overall Comments:

What you liked about the environment?

What you didn't like about the environment?

Date: _____ Exit interview completed with _____

(Agency Staff)

Please provide Agency Staff with a copy of the Trauma Informed Environmental Scan.

Residential Settings(Please also complete this portion if facility is a Residential Setting)

	YES	NO	DID NOT OBSERVE
Staff and consumers are interactive (not separated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space available for staff and consumers to talk privately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff/consumer name tags are similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers are welcoming and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules are rigid and not age appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility for privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seclusion and restraint practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear boundaries between men and women (if mixed gender program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to move bed where it feels safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers can personalize their rooms (photographs of loved ones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers are given considerations to feel safe, (e.g. CD player for calming music, reading light after lights out, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If smoke free campus - (smoking cessation, patches offered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside seating available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility to nature (green spaces, flower/vegetable garden, trees, birdbath, bird feeders, fish pond)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication given privately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining areas are comfortable (not cafeteria style)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers are actively involved in menu planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options available for healthy meals and snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks, coffee, drinks accessible to consumers and visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate leisure activities, arts, entertainment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES **NO** **DID NOT
OBSERVE**

Exercise room/equipment available

Labyrinth

Spaces for family visits

Other: _____

Follow-up items needed from Environmental Scan:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



A Trauma Informed Workforce:

An introduction to workforce wellness

Purpose. This document provides foundational information about workforce wellness. It is intended for those who are beginning to consider ways to address workforce wellness in their programs and organization by providing background and definitions.

Background. Working with survivors of trauma can be extremely rewarding, but can also be challenging. Without direct attention to the needs of care providers, providing services to trauma survivors can increase the risk for burnout, vicarious trauma, and secondary traumatic stress. External factors and stressors, as well as workers' personal trauma histories can add to the risk.

Whether or not someone has a history of trauma, bearing witness to human suffering and adversity can be deeply impactful. Reactivity related to unresolved trauma among workers and those they serve can make working conditions more difficult and can undermine health and safety. Providing effective and sensitive care to survivors (trauma-informed care), requires an emotionally healthy, competent, and well supported workforce.

Definitions. The terms burnout, secondary traumatic stress, vicarious trauma, and compassion stress or fatigue are often used interchangeably. There are, however, important distinctions to consider when developing resources. It is important when addressing workforce wellness that organizations identify what resources and strategies the organization will provide. Workforce wellness strategies need to not only address the importance of self-care but identify how the organization will work to reduce stress, address vicarious trauma, and support self-care activities. For example, for an employee who is experiencing secondary traumatic stress, the organization would make trauma specific services available (e.g. counseling, EMDR). In addition to providing access to services organizations will likely need to accommodate employees' schedules.

Burnout: The term "burnout" has been applied across helping professions and refers to the cumulative psychological strain of working with many different stressors. It often manifests as a gradual wearing down over time.

Vicarious Trauma: Vicarious traumatization is the cumulative effect of working with survivors of trauma and includes cognitive changes resulting from empathic engagement and a change to your worldview.

Secondary Traumatic Stress: The term "Secondary Traumatic Stress" is used to describe professional workers' subclinical or clinical signs and symptoms of PTSD that mirror those experienced by trauma clients, friends, or family members. While it is not recognized by current psychiatric standards as a clinical disorder, many clinicians note that those who witness traumatic stress in others may develop symptoms similar to or associated with PTSD.

Compassion Stress: Compassion stress characterizes the stress of helping or wanting to help a trauma survivor. Compassion stress is seen as a *natural outcome* of knowing about trauma experienced by a client, friend, or family member, rather than a pathological process.

Protective Factors. There are personal and organization strategies that mitigate the impact of working with survivors of trauma and adversity. Below are a few to consider:

- **Team spirit.** Feeling part of a team (per program, department, entire agency) and having social support on the job can buffer workplace stress.
- **Seeing change as a result of your work.** Having tangible evidence that their work is important and helpful.
- **Training.** Feeling competent to apply a trauma informed approach, as a result of effective training and education.
- **Supervision.** Receiving regular and predictable supervision as a way to prevent, monitor, and respond to stress.
- **Balanced caseload.** Having a diversified caseload based on the topics, intensity, length of service and balance between challenging and successful cases.
- **Stress Inoculation Training.** Practicing response to stressful situations in order to have the skills needed to regulate a stress response.

Ideas for Workforce Wellness

- Space for self care
- Staff shout outs or thank you cards
- Wellness plans
- Supervision
- Employee Assistance Programs (EAP)
- Workplace wellness rituals (Friday walks, Thursday lunches).

Risk Factors. The following factors are related to workforce stress and vicarious trauma.

- **Personal trauma history.** An employee's past history with adversity can mitigate or create challenges to doing this work. Employees who are aware of their history and have developed helpful coping skills are able to easily relate and support survivors.
- **Type of story.** The type of trauma stories an employee is hearing in their work can make a difference in the impact on the employee.
- **Length of employment.** Employees who are new in the field or new to hearing stories about trauma and adversity without warning or coping strategies are at greater risk for work related stress.
- **Always being empathetic.** Employees who feel like they have to always be empathetic or "always on" because at home they care for elders, children, or other family members or have more than one human service related job.
- **Isolation.** Isolation can be experienced because of the location of the worksite, because you are the only staff doing a particular job (e.g. only psychologist, peer support), or because you are not able to share details about your work with friends and family.

The content in this TIP has been adapted from the following sources:

1. Adams, R.E., Boscarino, J.A., Figley, C.R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1).
2. Berzoff, J., & Kita, E. (2010). Compassion Fatigue and Countertransference: Two Different Concepts. *Clinical Social Work*, 38.
3. Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work*, 48(4).
4. Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Education*, 40(2).
5. Richardson, J.W. (2001). Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers. *National Clearinghouse on Family Violence*

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In writing these TIPs, Trauma Informed Oregon will strive for easy to read text, avoiding technical language and spelling out acronyms as needed. For TIPs that include information from other sources this may not always be possible.

Hosting a Meeting Using Principles of Trauma Informed Care

Preparing for the Meeting

- Have water and healthy snacks available- try to limit processed sugar
- Have fidget toys
 - Helps with focus
 - Have a few options- too many though can be a distraction
 - Basket on the table or few piles- Accessible to all
 - Options: Rubber bands, crayons and paper, stress balls, play dough, pipe cleaners
- Room Environment
 - Be mindful of space- too big or small?
 - Ensure there is access to the door
 - Seating- not too close
 - Temperature
 - Outside distractions
 - When variables can't be controlled- debrief the group on what things may come up

Starting the Meeting

- Description of expectations and reminders about caring for yourself
 - Length of meeting
 - Moving around to be comfortable- standing, walking, stretching
 - Directions to restrooms
 - Break times, however can leave when needed
- Right brain activity
 - Icebreaker or sharing
 - People can connect before moving into content
 - Remind people that they can "pass"
 - Model the game to set clear expectations
 - Activities should not include touching or revealing personal trauma information

During the Meeting

- Think about materials
 - Many formats as possible: paper, screen, etc.
 - Provide in advance
- Language
 - Explain acronyms
 - Have a list of frequently used acronyms on the wall
 - Reflect on the choice of words that you use
- Take breaks
 - Have scheduled breaks



Person-Centered Planning

A trauma informed best practice

“I feel for the first time that I am in the driver’s seat making decisions for my future”

Purpose. This document provides foundational information about Person-Centered Planning (PCP) and its relationship to trauma informed care. It is intended for those who are wanting an overview or are considering using Person-Centered Planning in their programs and organizations.

Where did it come from? Person-Centered Planning grew out of a commitment to inclusion as a social goal and was consciously designed as an inclusive process. In the 1990’s, PCP was defined as “a family of approaches to organize and guide community change in partnership with people with developmental disabilities and their families and friends.” (O’Brien and O’Brien²). PCP has a deep history in multiple countries and has grown and evolved over a period of more than 30 years into a best practice for various populations. PCP is consistent with trauma informed care principles and practices and is used in many social service systems including addictions and mental health. Its goal is to create a living action plan, organized around one person who is accessing services.

What is it? Person-Centered Planning is a process, directed by the person accessing services and supported by their chosen participants, to identify the person’s strengths, capacities, and goals, and to look for opportunities and supports that will give the individual the best chance of experiencing what is most important to them. PCP positions each person as an authority in their own work and engages all aspects of the person’s voice in each step of the planning process. It is not provider-driven; rather, it moves from a system-driven, medicalized service delivery system to one that is person-directed. Recognition of the prevalence and impact of trauma in all parts of the plan helps to strengthen the person’s engagement in and use of services and supports. The PCP process responds to the person’s lived experiences of trauma and trauma-based responses and seeks to actively decrease retraumatization.

Principles of Person-Centered Planning	Principles of Trauma Informed Care
<p><u>Creating a process where</u></p> <ul style="list-style-type: none"> The individual is involved in all aspects of the plan to ensure safety. Transparency is encouraged with a goal of relationship building focused on trust. Collaboration is possible through the team members, peers, and the community involved. The person feels they are treated with dignity and respect through giving choices and creating a plan around strengths. The language in the plan is neither prejudicial nor objectifying and addresses cultural, social and environmental needs of the individual. 	<p><u>Creating a process where</u></p> <ul style="list-style-type: none"> The person is physically and emotionally safe. The decisions are transparent and have the goal of building and maintaining trust. Peer support and collaboration is in place. Strengths, Choice and Empowerment are recognized and built-in with new skills being developed. Recognizes and addresses historical trauma, and cultural and gender stereotypes and biases.

Goals.

- **Visioning.** The person and the invited participants are asked to describe their vision for the future in a plan, including how they anticipate life transitions and seek to create a meaningful life in the community. The individual using services defines what is meaningful in their life.
- **Collaboration.** Trusted family members and friends are partners in the planning. The person directs who is invited to the meetings. PCP encourages “growth of community” and facilitates relationship building and collaboration with people in the person’s network.
- **Choice.** Choices are available that reflect what is important to the person, their capacities, goals, and dreams. Choice means at least three options. `Meaningful choices keep the person present, in power, and in lead as much as possible.
- **Actions.** Plans are actionable and hold participants accountable to the desired outcomes.
- **Responsiveness.** The plan results in ongoing listening, learning, reassessing, and revising for further action. Continuous review, evaluation, monitoring, and modification of the person’s plan to support personal goal attainment are essential.

Benefits.

- **Social Opportunity.** Increases community, social networks, and resources, while gaining new experiences.
- **Skill building.** Life-long learning to develop a life of their choosing.
- **Quality of Life.** Improves their quality of life with personal goals being met. Addresses what is important to the person in addition to what is important for the person to realize their dreams, goals and safety.
- **Connection.** Strengthens connection to supports, community, and self.
- **Wellbeing.** Through feelings of self-efficacy, accomplishment, making informed decisions, exploration, and accessing strengths and goals, wellbeing and personal outcomes improve.

Resources.

Essential Lifestyle Plans: The Learning Community for Person-Centered Practices,

<http://www.learningcommunity.us/person.html>

PATH: A workbook for Planning a Positive Possible Future,

<http://www.inclusion.com/bkpathworkbook.html>

AMP: Achieve My Plan, <http://www.pathwaysrtc.pdx.edu/proj-3-amp>

MAPS: Making Action Plans: A Person-Centered Arizona, <http://pcp.sonoranucedd.fcm.arizona.edu/resources/person-centered-planning-tools/map>

A Guide on Person-Directed Planning,

<http://www.mcsc.gov.on.ca/documents/en/mcsc/publications/developmental/GuideonPersondirectedPlanningFinal.pdf>.

The person: is involved in setting meetings up; chooses who is at meetings; leads prep and implementation; is key decision maker; agrees with both planning process and final plan.

The Participants: includes natural supports, friends, trusted family and professionals, and peer supports who are committed to the person and the person’s goals. A facilitator who is trained in PCP and TIC is not required but helpful.

The Plan: uses person’s strengths, abilities, and aspirations; identifies concrete action steps, measurable objectives, and personal goals; identifies supports, activities, and services within the provider agency and in the community that can help create desired changes.

The Process: includes individually tailored services and a written record of agreements between the person and the invited team; identifies a few small but meaningful short-term objectives that build to longer term goals and dreams that the individual and team focus on to reduce barriers or challenges; and agreements on the kinds of services, activities, and supports the individual needs to achieve these changes are reached. It is a fluid plan with scheduled follow-up meetings.

The content in this TIP has been adapted from the following sources:

1. Adams, N., Grieder, D. (2005). *Treatment planning for person-centered care: The road to mental health and addiction recovery*. Maryland Heights, Mo: Elsevier.
2. O’Brien, C.L., O’Brien, J. (2000). *The Origins of Person-Centered Planning: A community of Practice Perspective*. Syracuse, NY: Responsive Systems Associates, Inc.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). *Person-Centered Care*. Retrieved from <http://www.samhsa.gov/section-223/care-coordination/person-family-centered>
4. SAMHSA’s Concept of Trauma and Guidance for a Trauma Informed Approach, Prepared by SAMHSA’s Trauma and Justice Strategic Initiative, Substance Abuse and Mental Health Services Administration (2014).

Trauma Informed Oregon is funded through Oregon Health Authority, and is a partnership between Portland State University, Oregon Health Sciences University and Oregon Pediatric Society. **Visit traumainformedoregon.org**





Using the Trauma Informed Care Screening Tool

Trauma Informed Care (TIC) is not one-size-fits-all. There is a great deal of variability in the way TIC is demonstrated. However, what we've learned about TIC implementation is that there are some common features. The Road Map to Trauma Informed Care introduces a developmental phased approach to organizational change and implementation. This tool illustrates the sequential movement from recognition and awareness (Phase 1 Trauma Aware) to implementation and monitoring (Phase 4 Trauma Informed). The Trauma Informed Care Screening Tool goes one step further by outlining a developmental approach across the phases (from Phase 1 to Phase 4) but also within the phases (actions for each step). We recognize that there are many actions within some of these steps (Agency Readiness, for example, has seven). We also recognize that there are degrees to which something has been achieved (e.g., a *few* staff have attended training versus *most* staff have attended training). The intent of the Trauma Informed Care Screening Tool is to represent this progress.

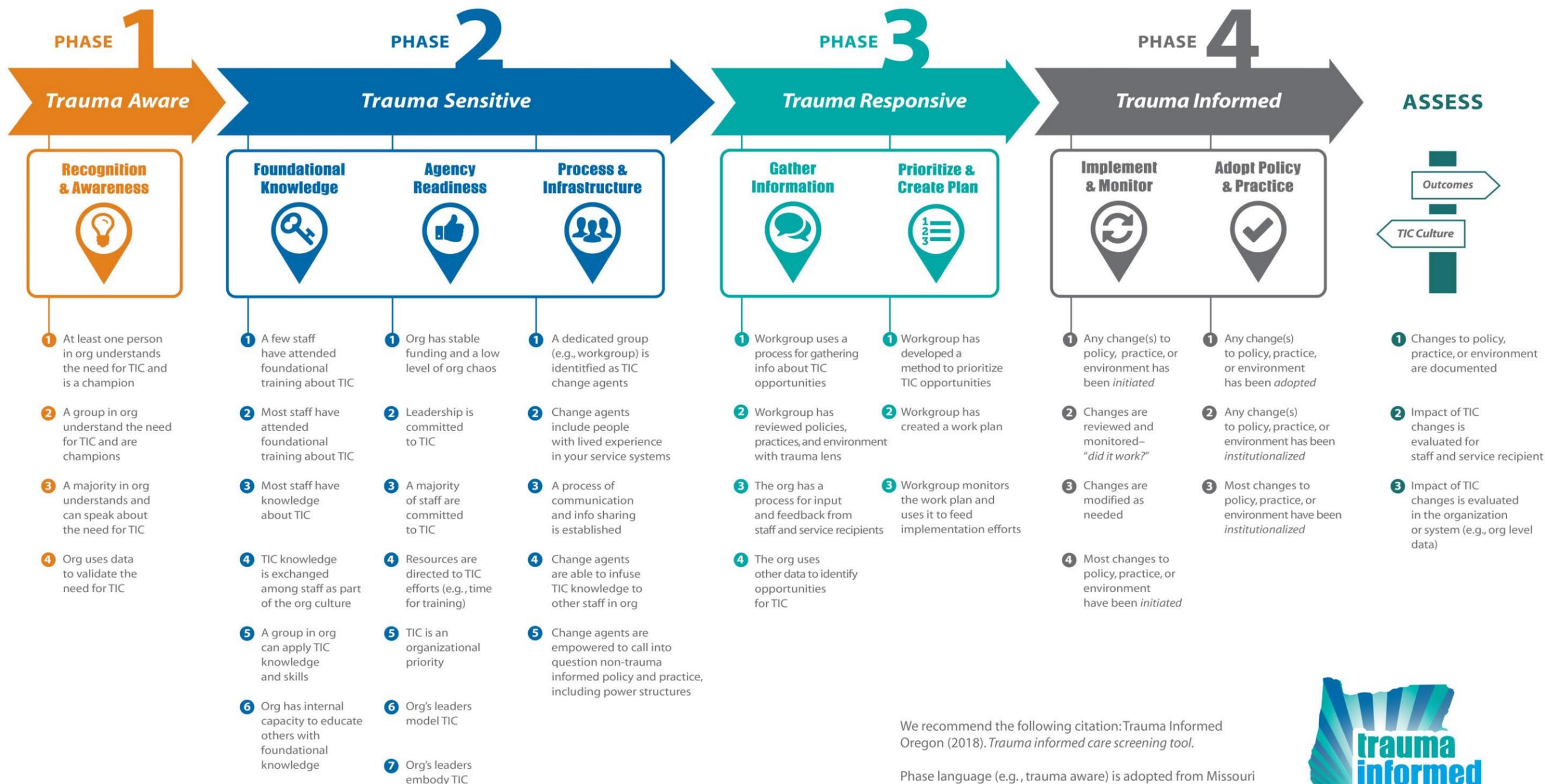
This tool has been created to assist organizations implementing TIC. You can begin by circling the actions that have either been started or completed in the organization. From there, we encourage you to use it in whatever ways make the most sense for your organization.

The following are additional considerations.

- Agencies or programs may use this tool as a way to highlight progress.
- Agencies or programs may find this tool most useful in understanding why they are encountering resistance. In other words, rather than a prescription for moving forward, they use the tool retrospectively to identify potential obstacles for progress.
- There is no expectation that an agency or program will accomplish every action listed. Furthermore, an agency may be doing other things to create TIC that we have not captured here.
- Some actions will be more important for some agencies than for others. Feel free to adapt however is needed.
- There is no correct way to implement TIC. Some agencies may find that they are accomplishing the first few actions of each step across several of the phases, while others may find that they are delving more deeply into one phase at a time.

As always, we would love to hear your thoughts. Please send comments to info@traumainformedoregon.org. If you would like to reference the Trauma Informed Care Screening Tool, we recommend the following citation: Trauma Informed Oregon (2018). *Trauma informed care screening tool*.

Trauma Informed Care Screening Tool



We recommend the following citation: Trauma Informed Oregon (2018). *Trauma informed care screening tool*.

Phase language (e.g., trauma aware) is adopted from Missouri Department of Health and Parnters (2014). *Missouri Model: A developmental framework for trauma-informed*.



What is Trauma Informed Care?

Purpose. This document provides general information about Trauma informed Care (TIC) especially for individuals new to this topic. Included are guiding considerations, principles and definitions offered by experts in the field.

Background. TIC is based on growing knowledge about the negative impact of psychological trauma. Trauma is common in society and among service recipients. The service system can re-traumatize individuals affecting their willingness to participate and engage.

Harris and Fallo¹ introduced the idea of TIC in their influential publication, *Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services*. Since that time, significant effort has been made to define and clarify a trauma informed approach and incorporate this framework in policies, practices, and workforce development. Although service providers and agency leaders are anxious to implement trauma informed practices, much of the conversation about TIC remains abstract. As more becomes known about the application of TIC, the service sector will benefit from practical and concrete examples for implementation.

Definition. Despite years of work in this field, there is not a common definition of TIC. The field should strive to create a definition that includes the following:

- An awareness of the prevalence of trauma;
- An understanding of the impact of trauma on physical, emotional, and mental health as well as on behaviors and engagement to services; and
- An understanding that current service systems can re-traumatize individuals.

One example by Hopper, Bassuk & Olivet² combines definitions of TIC from several experts in the field and provides what they call a consensus definition (see box below).

Trauma Informed Care vs. Trauma Specific Services?

Trauma Specific Services (TSS) are programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).

Trauma Informed Care (TIC) is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

“Trauma-informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

(Hopper, Bassuk, & Olivet, 2010)

A program, organization, or system that is trauma informed:

Realizes the widespread impact of trauma and understands potential paths for recovery;

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

Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** 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>

The Substance Abuse and Mental Health Administration³ offers the four Rs as a helpful way to think about TIC (see box at left)

TIC will look different in every setting, based on unique individuals and organizations.

Whether viewed as a culture shift, a framework, or a lens through which services can be viewed --- a commitment must be made to:

- Culturally responsive principles
- Service recipient involvement
- Workforce development

A trauma informed approach “would be experienced by all involved as a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently.” (Jennings, 2004, p. 21)⁴

Principles of TIC. Many principles, values, and beliefs have been used to guide TIC practice. Those shown in the box *Principles of TIC* are well accepted in the field.

Principles of Trauma Informed Care

Trauma Awareness: Those who are trauma informed will understand the prevalence and impact of trauma among their service recipients and within the workforce. Policy and practice reflect this awareness and may be supported with activities such as screening and assessments.

Safety: Policy and practice reflect a commitment to provide physical and emotional safety for service recipients and staff.

Choice & Empowerment: To facilitate healing and avoid re-traumatization, choice and empowerment are part of trauma informed service delivery, for both service recipients and staff.

Strengths Based: With a focus on strength and resilience, service recipients and staff build skills that will help them move in a positive direction. (Hopper, Bassuk, & Olivet, 2010)

1. Harris, M., & Fallot, R. (Eds). (2001). Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services.
2. Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.
3. Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's Working Definition of Trauma and Principles and Guidance for a Trauma-Informed Approach
4. Jennings, A. (2004). Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services.

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In writing these TIPs, Trauma Informed Oregon will strive for easy to read text, avoiding technical language and spelling out acronyms as needed. For TIPs that include information from other sources this may not always be possible.





WHAT YOU NEED TO KNOW: This table provides examples of how you can reframe challenging behaviors through a trauma lens. The examples in the table are some of the most frequently reported in TIO trainings and include challenging behaviors from service recipients and staff. It also includes challenging environmental features. This table was compiled by TIO social work interns and can be used as a guide to creating your own table based on common experiences in your work. (TIO, 2016)

TRAUMA LENS EXERCISE

Challenging event SERVICE RECIPIENT	Non-trauma informed response	Trauma-related explanation / Trauma Education Statement	Strategies
Service users not showing up for appointments, not returning calls, arriving late	Service user is avoidant, lazy, irresponsible, doesn't care about their treatment, is disrespectful	<p>What we know about trauma is that survivors frequently experience sleep disturbances and hyperarousal - this can mean that keeping track of appointments or attending early morning appointments may be difficult.</p> <p>What we know about trauma is that many survivors use avoidant coping mechanisms such as numbing, sleeping, or not showing up to reduce the impact of re-traumatization, particularly when they've experienced trauma from our service system.</p>	<p>Provide as much choice as possible about when, where, how often, and how long meetings or appointments take place.</p> <p>Ask what would be helpful in terms of meeting reminders (examples: providing a calendar/notebook, calling or sending a reminder text or email).</p> <p>Ask if the time of the appointment or past negative experiences are impacting meeting attendance. If so, problem solve together around possible options.</p>
Service user showing aggressive behavior, yelling, displaying anger	Service user is dangerous, violent, aggressive, has anger management issues, defiant, difficult, unwilling to follow program rules/policies	<p>What we know about trauma is often times regulating emotions may be compromised once a survivor has been triggered.</p> <p>Being activated can affect a person's cognitive ability to take in information which can lead to experiences of feeling helpless, unsafe, or out of control.</p> <p>Engaging in aggressive behavior may have been an effective way to protect themselves from painful experiences in the past.</p>	<p>Ask if they'd like to move to a more private or quiet space.</p> <p>Conduct an environmental assessment of your organization- look for sounds, smells, space, seating, signage, rules, policies, etc. that might be triggering. Ask service users to do the same with you, and use their feedback to make changes.</p> <p>Review intake or early engagement procedures to see what may cause triggers, and solicit feedback from service users during the process.</p> <p>Be explicit, clear, and transparent about the conditions you and the service user are experiencing; offer alternative options.</p>

<p>Service user repeating requests, asking multiple staff members for the same services/resources</p>	<p>Service user is lying, manipulative, splitting staff, triangulating, acting entitled, working the system</p>	<p>What we know about trauma is that ambiguity can often heighten feelings of anxiety, mistrust, and confusion for survivors - people may keep asking for what they need until they get a direct answer or get their needs met in that moment.</p> <p>What we know about trauma is that survivors have often had to work very hard to get their needs met or to have their voices heard in the past.</p> <p>What we know about trauma is that historical and collective experiences with systems impact current engagement practices.</p>	<p>Be transparent and consistent about what the agency does/does not offer in terms of client resources.</p> <p>Provide clear information and adequate training to staff regarding agency policies and procedures to reduce miscommunications.</p> <p>Provide accurate information about other community resources so both staff and service users know alternate options.</p> <p>Use a trauma lens to remind yourself and co-workers why someone may be in a situation where they may need to exhibit these behaviors.</p> <p>Ask service users about their experiences with your organization - find out what they need to know about the system, and connect them to resources as needed.</p>
<p>Challenging behavior/event SERVICE PROVIDER</p>	<p>Non-trauma informed response</p>	<p>Trauma-related explanation / Trauma Education Statement</p>	<p>Strategies - workplace and workforce</p>
<p>Service provider displaying mood swings, defensiveness, outbursts, blaming others</p>	<p>Not a team player, unprofessional, snappy, needs medication, difficult to work with, bossy, control freak</p>	<p>Often time's service providers are trauma survivors themselves or have experienced vicarious trauma due to the nature of their work - this can impact their ability to regulate emotions, process difficult situations, or cope with stress.</p> <p>Organizations can sometimes create conditions/dynamics similar to those which service users have experienced. This can lead to experiences of burn out, vicarious trauma, and stress.</p>	<p>Provide ongoing trainings on vicarious trauma, secondary traumatic stress, and compassion fatigue.</p> <p>Provide opportunities for regular and predictable peer support and supervision.</p> <p>Be creative and flexible about staffs' ability to vary their work or caseloads.</p> <p>Be aware of where parallel process might be happening - are there dynamics among co-workers and leadership that mirror the issue you're trying to work to help?</p> <p>Take workforce wellness seriously - ask staff what they need to feel safe both in and outside of work and conduct an organizational assessment to learn how this can be accomplished.</p>

Challenging environmental features	Non-trauma informed response	Trauma-related explanation / Trauma Education Statement	Strategies
<p>Chairs in the lobby too close together, location of building, locked doors that slam or require buzzes to get through.</p>	<p>Limited agency budgets, limited space, old/used furniture is the norm, our décor has nothing to do with this, building sites can't be controlled, doors locked for safety of staff.</p>	<p>What we know about trauma is that experiences of hypervigilance can cause increased sensitivity to environmental factors that others may not even notice (such as sounds, lighting, style of chairs, etc.) - locked or buzzing doors can remind those with incarceration histories of jail/prison; survival responses may kick in.</p> <p>Services may be in a location, building, or part of town that may be triggering to service users or may be the very site of past, generational, or collective trauma.</p> <p>What we know about trauma is that being in close proximity to others can be re-traumatizing or can cause stress or discomfort, especially if they have to share space with their perpetrator.</p>	<p>Work with service users to identify environmental triggers within the organization and adjust accordingly.</p> <p>Discuss environmental factors that cannot be controlled (preferably before their visit) so people know what to expect.</p> <p>Ensure people have adequate personal space, direct access to exits, and know where to find important facilities within the building (bathroom, water fountain, etc.)</p> <p>Ask what you need to know about the neighborhood, its history, and the placement of your building / agency within it.</p> <p>Ask what you need to know about peoples' experiences with your space historically or generationally.</p>