

**Examining Policies, Protocols, Procedures & Documents through a Trauma-Informed Care (TIC) Lens**

| TIC Value              | Desired Responses by Individuals & Families to the Policy, Protocol, Procedure or Document   | Consistency with the Desired Response* |                   |                             |                 |                         | Cite evidence to support rating<br>(see page 3 for examples) |
|------------------------|--|--|-------------------|-----------------------------|-----------------|-------------------------|--|
|                        |  | 1<br>Very<br>Inconsistent              | 2<br>Inconsistent | 3<br>Neutral or<br>Not Sure | 4<br>Consistent | 5<br>Very<br>Consistent |  |
| <b>Safety</b>          | This policy, protocol, procedure or document ... <ul style="list-style-type: none"> <li>reinforces you will listen to my history without judging me.</li> <li>shows you value my emotional and physical safety, even if it means you have to change your usual approach.</li> </ul>  |  |                   |                             |                 |                         |  |
| <b>Trustworthiness</b> | This policy, protocol, procedure or document ... <ul style="list-style-type: none"> <li>recognizes trust is something that is earned over time, so I may not tell you the truth until our relationship is well established.</li> <li>shows you understand I may “test” our relationship, because in the past I have been hurt by people close to me who told me they were doing what was best for me.</li> </ul> |  |                   |                             |                 |                         |  |
| <b>Collaboration</b>   | This policy, protocol, procedure or document ... <ul style="list-style-type: none"> <li>shows you believe relationships matter and you want to know more about me, my history and my current life circumstances so we can work well together.</li> <li>shows we will work together to create a plan to help me learn skills, rather than you telling me what the plan is to change my behavior.</li> </ul>       |  |                   |                             |                 |                         |  |

\* For each TIC Value, indicate to what extent you agree or disagree that the policy, protocol, procedure or document being reviewed is consistent and aligned with the client’s desired response. The greater the consistency and alignment, the more trauma-sensitive the policy, protocol, procedure or document is.

|                           |   |  |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|--|
| <p><b>Choice</b></p>      | <p>This policy, protocol, procedure or document ...</p> <ul style="list-style-type: none"> <li>• recognizes a “one-size-fits-all” approach can make me feel dis-counted.</li> <li>• recognizes I can’t learn to make new choices, unless you give me real choices to make.</li> <li>• shows my choices are important and valued by you. In the past, I’ve been told what I think doesn’t matter and to do things that make me uncomfortable.</li> <li>• helps me to believe I have meaningful choices and the choices I make will be respected by you.</li> </ul>   |  |  |  |  |  |  |
| <p><b>Empowerment</b></p> | <p>This policy, protocol, procedure or document ...</p> <ul style="list-style-type: none"> <li>• redefines what everyone says are my “problems” as coping strategies.</li> <li>• recognizes my strengths and anticipates I will need to build skills in areas where I struggle.</li> <li>• recognizes I often feel like I can’t be successful and thus need you to emphasize my strengths.</li> <li>• recognizes most of my life I’ve been told what to do and how to do it. As a result, I have to work hard to believe my choices and opinions matter to other people.</li> <li>• helps me to feel more confident and hopeful about my future.</li> </ul> |  |  |  |  |  |  |



### Business as Usual vs. Trauma-Informed View

The descriptions below can assist you in 'citing evidence' to support your ratings.

| Business as Usual  | Trauma-Informed Care  |
|--|---|
| Views negative behaviors as willful and responds with punishment (e.g., shame, blame, rejection, isolation or deprivation) vs. relationship and skill building.                | Views people as wanting to succeed but possibly (1) lacking the necessary skills to get their needs met or (2) having developed adaptive patterns of behavior in response to challenges. Considers that people may have a negative world view that influences their interactions. |
| Characterizes individual's challenges in negative language (e.g., acting out, uncontrollable, manipulative, defiant). Communicates an expectation of failure.                  | Characterizes challenges in constructive language (e.g., in need of emotional regulation, working to develop trusting relationships, benefits from calming strategies or skills).   |
| Refers to people as a label or diagnosis (e.g., borderline, criminal, bi-polar, delinquent, frequent flyer, non-compliant).  | Eliminates the use of labels and uses richer language to describe people remembering the TIC axiom, 'what happened to you?' vs. 'what's wrong with you?'  |
| Authoritarian (e.g., 'if we do not hear from you by 5pm on Tuesday you will be dismissed from our program') and lack of warmth or concern.                                     | Collaborative (e.g., 'I'd like to talk to you but we've had difficulty connecting. Here are a few times I'm available. Please let me know if another time would be better. I hope you're well.')  |
| Punishes or minimizes the importance of coping strategies.   | Recognizes behavior as communication, seeks to understand the function of the behavior, and responds in positive and productive ways.   |
| Fails to take the whole person into account (e.g., strict focus on medications only, reduced capacity for genuine warmth or concern, prioritizes task completion exclusively). | Recognizes all aspects of the person (e.g., past experience, current behavior, thoughts, emotions, health, social supports) are connected and works to integrate support from a whole person perspective.   |
| Prioritizes the needs of staff (e.g., no evening appointments, office location convenient for staff, service options designed around staff specialization).                    | Promotes a client-centered environment.   |
| Places onus of failure on the individual (e.g., 'we are sorry you could not succeed in our program', 'she's treatment-resistant').   | Takes responsibility when a service does not meet the needs/strengths/interests of the individual.  |
| Uses platitudes and false concerns (e.g., 'we regret to inform you that you have been dismissed from our program').  | Promotes more personal connections that demonstrate sensitivity to the individual and honest exchange of information.   |
| Uses professional "insider" language or jargon.  | Uses language that can be understood by individuals, families and communities.  |