

The following information was adapted from *Trauma-Informed Services: A Self-Assessment and Planning Protocol, Community Connections*. It reflects current thinking about organizational and program characteristics most likely to provide consumers with the best opportunity for recovery.

1. Meaningful Consumer Involvement

- To what extent are consumers involved in organizational management and oversight, program development and evaluation, etc.?

Action Steps:

- Create a Consumer Advisory Committee
- Assess services for +/- by holding a consumer focus group
- Integrate peer support into programming
- Create a list of 'consumer suggested and approved' mental health resources
- Create a consumer-led recovery group
- Create a consumer-run Speaker's Bureau
- Pay consumer 'graduates' for involvement in organizational development

2. Agency / Organizational

- To what extent do the formal policies / mission statement of the program reflect an understanding of trauma survivors' needs, strengths and challenges?

Action Steps:

- Perform organizational TIC self-assessment
- Organize "Kick Off" event for TIC initiative
- Identify and problem-solve staff's concerns
- Create a mission statement that reflects TIC
- Develop built-in forums/structures for staff to talk about vicarious trauma
- Form a TIC study group
- Consult with administrators from other agencies who have made TIC changes
- Have top down "buy-in" that models inclusiveness, self-awareness, compassionate communication, etc
- Dedicate funds to training, even in tight fiscal times

3. Human Resources

- To what extent are TIC concepts integrated into HR practices (e.g., hiring, training, supporting, supervising, rewarding staff)?

Action Steps:

- Develop basic TIC training (re. TIC core competencies) for all in-coming staff
- Develop agency train-the trainers model for sustaining TIC education
- Provide trainings on self-care, boundaries, and compassion fatigue
- Designate one or more staff to serve as TIC Champions who, in addition to their jobs, will act as internal consultants on the issue of trauma
- Integrate mastery of TIC skills into hiring process and staff evaluations
- Incorporate metrics for relational staff behavior into performance evaluations

- Conduct retrospectives about critical incidents, not investigations
- Raise trauma topics in staff supervision; offer enhanced supervision for people who are working closely with people who have severe trauma histories

4. Environment

- Safety: In what ways does the program/setting ensure the physical and emotional safety of consumers and staff?

Action Steps:

- Perform an environmental survey to assess safety and 'healing' aspects of environment
- Assess building location for safety and accessibility
- Use sound reducing materials (e.g., carpeting and ceiling tiles)
- Ensure that bathrooms are clean and accessible
- Create a reception area that is clean, quiet and safe

5. Direct Services

- Safety: Is the program/setting physically and emotionally safe for consumers and staff?
- Trustworthiness: Does the program make service delivery clear with boundaries appropriate to the program?
- Choice: Do the program's activities and settings maximize choice and control?
- Collaboration: Does the program share power between staff and consumers?
- Empowerment: Does the program empower the consumer and provide skill-building? Does the program link with consumer-run groups?

Action Steps:

- Implement Universal Trauma Screenings and trauma assessments
- Visibly post consumer rights; regularly review rules and grievance procedures
- Inform consumers about how the program responds to personal crises (e.g., suicidal statements)
- Incorporate one or more trauma-specific interventions as a recovery option
- Incorporate sensory options in day programming
- Make sure that every consumer has a 'safety/de-escalation plan'

6. Restraint and Seclusion Reduction

- Is the use of restraint and/or seclusion viewed as a treatment failure? Is staff aware of the possibility of the consumer experiencing serious injury/death as well as re-traumatization from the use of restraint and seclusion?

Action Steps:

- View the documentary, *Behind Closed Doors*
http://www.samhsa.gov/samhsa_news/volumeXVI_3/article20.htm
- Provide staff training on trauma-sensitive de-escalation techniques.
- Develop Individualized Crisis Management Plan (ICMP) at intake and update regularly.
- Monitor data trends in restraint and seclusion. Increase discussions aimed at understanding and addressing the trend.

Harris, M. & Falot, R.D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services, Volume 89. San Francisco: Jossey-Bass.

National Association of State Mental Health Program Directors (NASMHPD) (2006). *Creating trauma informed systems of care for human services setting: Curriculum*. Alexandria, VA. www.nasmhpd.org.