

The Trauma-Informed Roadmap for Ohio's Domestic Violence Programs

An Assessment and Fidelity Guide



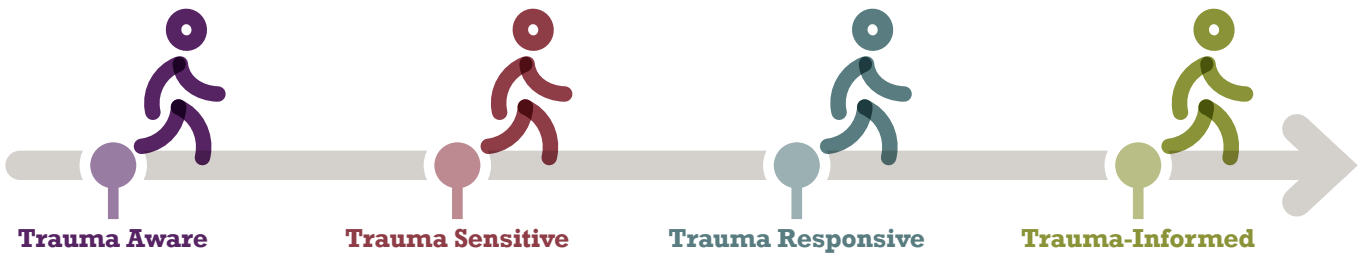
Acknowledgments:

This document was developed by Rachel Ramirez at the Ohio Domestic Violence Network from a draft of the Missouri Model: A developmental Framework for Trauma Informed Approaches, created by the Missouri State Trauma Roundtable made up of active champions in addressing the impact of trauma and working towards becoming trauma informed organizations. ODVN is indebted to the roundtable's transformative work in advancing the work of trauma-informed approaches in many service settings. The original document's citation is Missouri Model: A Developmental Framework for Trauma Informed Approaches, MO Dept. of Mental Health and Partners (2014).

Anyone is free to use this document but would appreciate notification of such to rachelr@odvn.org. The recommended citation when used is The Trauma-Informed Continuum for Ohio's Domestic Violence Programs: An Assessment and Fidelity Guide, Ohio Domestic Violence Network (2019).

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As opposed to an organization either being trauma-informed or not trauma-informed, some leaders in the field of trauma are beginning to talk about a “continuum” of implementation with different phases along the journey. This is how it looks:



TRAUMA AWARE ORGANIZATIONS have become aware of how prevalent trauma is and have begun to consider that it might impact people accessing their program, staff employed at the program, and organizational structures.

TRAUMA SENSITIVE ORGANIZATIONS have begun to explore trauma-informed principles within their environment and daily work; build consensus around the principles; consider the implications of adopting the principles within the organization; and prepare for change.

TRAUMA RESPONSIVE ORGANIZATIONS have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff begins re-thinking the routines and infrastructure of the organization and being integration of trauma-informed principles into behavior and practices.

TRAUMA-INFORMED ORGANIZATIONS have made trauma-responsive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders or trauma champions. The organization works with other partners to strengthen collaboration around being trauma informed.

Why was this roadmap created?

Domestic violence agencies are busy! Our work is challenging, important, and lifesaving. We do this vital work in a trauma-based environment—our organization’s mission is directly connected with the traumatic experience of domestic violence. Our work is often crisis-driven with limited resources and time. Because a key part of our organization’s work is to help individuals come to terms with the impact of their experiences on them, it is critical for us to use trauma-informed approaches in our agencies. But carving out time to look at the bigger picture is challenging. Often programs are not sure where to start and sometimes when things seem too big, it’s easy to end up doing nothing.

The implementation of a trauma-informed approach is an ongoing organizational change process. It isn’t a few days of training, or a book we can read, or a survey we can give. For many agencies, it is a profound shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time. This model was developed to break down the “profound shift” into small, doable, realistic steps that focus on hands-on tasks that organizations can do in the context of busy, trauma-based, time-crunched realities in which we work. Each of these tasks in the chart below are pieces of a puzzle that come together to move our organizations along the trauma-informed continuum.

It isn't a few days of training, or a book we can read, or a survey we can give.

Why does this roadmap involve different “stages” or steps?

As more agencies begin to make changes to become trauma-informed, those doing this work are realizing that becoming trauma-informed is a continuous process that is never really done. It is NOT a destination where you check a few boxes on a list and no longer need to pay attention to how we do things and what we do. The journey towards becoming more trauma-informed involves identifying current practices, training and education, trying new and different things (some which may work and some which may not), and getting continuous feedback. The end result is creating a culture in our organization that is flexible, supportive, and responsive to the wide variety of needs of domestic violence survivors and the staff that work at local programs.

The four stages represent different points on a continuum that can help us figure out where we are and where we want to go. But we also must remember:

- **Agencies can move back and forth on the roadmap.** All of us at some point have taken a wrong turn, or hit an unexpected bump in the road or a detour on a trip we have taken. There are countless stories of programs in many different areas of work that have moved forward on the trauma-informed continuum and then had something happen like a staff member leave, an agency’s funding reality change, or an event happen that has resulted in things going back to “how they have always been,” which has often not been trauma-informed. The more we do this work, the more we understand that detours and getting lost are to be expected, and lessons can be learned from all experiences, good and bad. It’s helpful to acknowledge and embrace this reality into our planning and preparations.
- **It takes continual attention for changes to become a part of an agency’s organizational culture.** In order for trauma-informed approaches to really become a part of the culture, agencies have to always pay attention to how the organization is ensuring on a consistent basis that survivors and staff are experiencing the program as supportive, empowering and healing.

How do we use this tool?

Take some time to review the document. You might find that some of the processes have already happened and indicators have been met in your organization. At each point on the continuum, three main concepts are discussed: organizational **commitment, training, and practice**. In the **trauma aware** and **trauma sensitive** phase (the beginning) there is a strong focus on creating an organizational **commitment** and provides **training** for all staff, volunteers, and others. As your organization solidifies the commitment to trauma-informed approaches and staff receive necessary training, the organization’s work moves towards putting things into **practice**. The activities described under the categories of commitment, training and practice can be integrated and don’t necessarily need to occur in any certain order or timing.

The chart will involve processes your agency can use to reach the goal (indicator) mentioned. There are also some questions to ask yourselves and resources to assist you in getting to that goal.

How does this tool help us?

All of us who work with survivors of domestic violence want to provide the best services and most welcoming environment possible, and use approaches that promote healing, empowerment, and well-being. We also want to create an organizational culture that is sensitive to the needs of those who work at the program, and is a source of support and strength for staff. As trauma-informed approaches become a best practice standard for domestic violence programs (and many other professions), having a tool like this will provide your program with a roadmap towards becoming trauma-informed, and help you put these concepts into practice on a daily basis.

In addition, using this model allows your program to demonstrate to funders, community partners, and other stakeholder groups that your organization is incorporating trauma-informed practices into your work. As funders are increasingly focusing on using best practice or evidence-based models, funders also want proof that your agency is actually implementing the model as it was designed (in grant language, often termed "fidelity to the model"). Applications can become stronger when your agency provides information in their grant narrative which details activities and tasks that you have undertaken in the agency's journey to become trauma-informed.

Key Resources:

[Trauma-Informed Approaches, Promising Practices and Protocols for Ohio's Domestic Violence Programs, Third Edition, by Sonia Ferencik and Rachel Ramirez, Ohio Domestic Violence Network, 2019, available online at: www.odvn.org](http://www.odvn.org)

In this graphically designed fourth edition, ODVN strengthened its emphasis expanding the section of vicarious trauma addressing the important link between an advocate's service to survivors and their self-care in the first section called "Caring for the Advocate". This section also highlights how domestic violence agencies can incorporate approaches that address vicarious trauma into organizational practices such as hiring, supervision, and training practices. Notable additions highlight informed consent, working with LBGTQ+ survivors, and how to advocate without practicing law: guidance for non-attorney advocates. Lastly, it features information on ODVN's CARE Project. CARE is an advocacy framework for supporting survivors with complex needs, such as brain injuries and strangulation. It was created specifically for working with survivors who have trouble successfully accessing and participating in domestic violence services as they are currently designed. Fourth edition updates by Sonia Ferencik, LISW-S, RA. For more information please contact soniaf@odvn.org.

Tools for Transformation: Becoming Accessible, Culturally Relevant and Trauma-Informed Organizations, 2018.

The new and revised version of our 2012 Accessible, Culturally Responsive, Domestic Violence-, and Trauma-Informed Tool includes expanded sections on accessibility, cultural responsiveness and inclusion, and on collaboration with community partners such as health, mental health, substance abuse, peer support, child welfare, and other child- and family-serving systems and agencies. It also intentionally recognizes services for children, youth, and families as an integral part of trauma-informed domestic and sexual violence advocacy.

- Organizational Commitment and Infrastructure
- Programs and Services
- Staff Support and Supervision
- Community Partnerships
- Physical, Sensory, and Relational Environment
- Feedback and Evaluation
- Intake Process

Trauma-Informed Practice (TIP) Scales:

The TIP scales is a validated survey created to give to survivors to get feedback on their perception of trauma-informed services. It has 20 questions assessing different aspects of trauma-informed approaches and an additional set of questions for those with children. It was created to be used easily by community programs so that they can:

- Identify their areas of strength and weakness.
- Improve their practices.
- Demonstrate to funders and other key stakeholders that they are incorporating trauma-informed principles into their work.

Website: National Center on Domestic Violence, Trauma and Mental Health

www.nationalcenterdvtraumamh.org/

NCDVTMH produces a variety of written materials for domestic violence advocates:

- **Webinar series:** National Center on Domestic Violence, Trauma & Mental Health has over 40 webinar recordings available for viewing and downloading from their website.
- **Practical Tools for Domestic Violence Advocates:** These tip sheets provide practical advice on creating trauma-informed services at domestic violence programs and working with survivors who are experiencing trauma symptoms and/or mental health conditions
- **Conversation Guide Series:** The Conversation Guide Series is designed to provide guidance to domestic violence programs working to build their own capacity to provide accessible, culturally relevant, and trauma-informed services. Each guide in the series will provide instructions on how to lead discussions and activities with program staff. The activities can be modified or adapted for your specific program's needs.

TRAUMA AWARE organizations have started to:


1. become aware of how prevalent trauma is; and
2. begun to consider that it might impact people accessing their program, staff employed at the program, and organizational structures.

Key Task: Awareness and attitudes, emphasis on commitment and training


TRAUMA AWARE: COMMITMENT

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	✓ <input type="checkbox"/> Date _____
<p>Leadership understands that knowledge about trauma could potentially enhance their ability to fulfill their mission.</p> <p>Leadership also understands that domestic violence is a traumatic experience for most individuals served, and most individuals have experienced multiple traumatic experiences, often throughout their lives.</p>	<p>Who is your agency leadership that needs to understand this?</p> <p>What information needs to be shared and understood?</p> <p>How are you providing this education?</p> <p>Who is identified in organization to oversee this process?</p>	<p>NCDVTMH Resources: Click Here</p> <p>NCDVTMH Webinar Series</p> <p>ODVN TIA Manual</p> <p>ODVN training or technical assistance</p>	<p>Leadership has discussed and identified ways in how knowledge of trauma enhances their ability to fulfill their mission.</p> <p>Leadership has been provided with education on domestic violence as a traumatic experience and lifetime trauma.</p>	<input type="checkbox"/> Date _____
<p>The organization begins examining what different levels exist in the organization, as well as identifying all of the different programs, services, events, processes, routines, physical spaces/venues, and infrastructure that are currently used with program participants.</p>	<p>What is all of the work we do?</p> <p>What different levels exist in our organization?</p> <p>How are all of the different ways program participants get in touch with us?</p>	<p>Your program materials</p> <p>Program organizational chart</p>	<p>All different levels of the organization, as well as all programs, services, and processes used with program participants are identified.</p>	<input type="checkbox"/> Date _____
<p>Agency begins identifying current and potential partnerships with other community organizations that provide services to survivors of trauma.</p>	<p>What agencies in our community work with trauma survivors?</p> <p>Do we currently have connections with them or not? Are there new agencies we should consider forming relationships with?</p>	<p>Knowledge of community resources</p> <p>Knowledge of existing partnerships.</p>	<p>Agency has identified current community partnerships and potential new partnerships to collaborate with to meet the needs of trauma survivors.</p>	<input type="checkbox"/> Date _____
<p>The organization identifies what type of supervision and support is currently provided to staff and receives training.</p>	<p>How does supervision happen now in our agency? Is it formal or informal?</p> <p>How does staff support each other in this work (peer support)?</p> <p>What are barriers to staff receiving supervision?</p> <p>How does our agency ensure supervisors are providing trauma-informed supervision?</p>	<p>Organization policies and procedures</p> <p>Reflective practice webinars by NCDVTMH</p> <p>What is Reflective Supervision's Value in DV programs?</p> <p>Resilience for Supervisors: Emerging Practices in Addressing Vicarious Trauma Manual</p>	<p>Supervisory staff feels comfortable using a strengths-based reflective supervision approach with those they supervise.</p> <p>Staff is aware of the important role they can play in supporting each other and providing feedback.</p>	<input type="checkbox"/> Date _____


TRAUMA AWARE: TRAINING

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
<p>Introductory training is offered on traumatic stress and using a victim-defined advocacy approach with adults and children, including information on resilience, causes and effects of trauma, values and characteristics of trauma-informed approaches, and impact of trauma on parenting.</p> <p>Training specifically addresses the impact of interpersonal traumatic events, the dynamic and impact of coercive control, and the ways in which trauma impacts people of different cultures, ages, and life circumstances.</p>	<p>What training has our staff received on trauma awareness?</p> <p>What does our staff know about best practice advocacy approaches to working with victims of domestic violence?</p> <p>How has training been delivered and processed among staff?</p> <p>Is there additional training that needs to be scheduled?</p> <p>How does our program serve children, either directly or due to the domestic violence experienced by their victim parent? What information on children is important for our agency?</p>	<p>ODVN training and e-learning academy</p> <p>NCDVTMH Webinar Series</p> <p>Adverse Childhood Experiences information</p> <p>Building Comprehensive Solutions to Domestic Violence</p> <p>Advocacy Beyond Leaving by Jill Davies</p> <p>NCTSN Questions and Answers: Domestic Violence and Children</p>	<p>Introductory training has been identified, scheduled, and completed by most of the staff.</p> <p>Most staff know what the term trauma refers to and are aware that knowledge about the impact of trauma can change the way people think, feel, behave, and interact with others.</p> <p>Staff have begun to develop trauma-informed perspectives and expectations of adults and children who receive services.</p>	<input type="checkbox"/> Date _____
<p>Training on the ways in which working in a trauma-based environment can impact staff and an agency's organizational culture is offered (including self-reflection, information on vicarious trauma and trauma stewardship, self-care and wellness strategies, and ways in which agencies can set up supports for staff).</p>	<p>How have we seen this work impact those working in your agency?</p> <p>What does our staff know about vicarious trauma and trauma stewardship?</p> <p>What supports are currently in place for staff?</p>	<p>ODVN trainings on vicarious trauma and VAWNet Self Care/Vicarious Trauma Special Collection</p> <p>ODVN Self Care Corner</p> <p>Tools for Transformation: Focus Area Two</p>	<p>Training on vicarious trauma has been identified, scheduled, and completed with most staff and most staff understands the concept of vicarious trauma.</p> <p>Current staff supports have been identified.</p>	<input type="checkbox"/> Date _____

TRAUMA AWARE: TRAINING (Continued)

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
Staff are given access to ODVN's Trauma-Informed Approaches: Promising Practices and Protocols with Ohio's Domestic Violence Programs and provided with time to read through it and reflect and share what they have learned.	How does it work best for our agency to work through the manual? How will we follow up and discuss different topics and sections of the guide?	ODVN TIA Manual ODVN training and technical assistance	Staff have read ODVN manual and have had the opportunity to discuss their reactions and what they learned.	<input type="checkbox"/> Date _____
Staff are made aware of how and where to find additional information on traumatic stress and domestic violence and vicarious trauma, and are supported in further learning.	Does staff have access to additional information on trauma and know where to get it? What additional information on trauma is helpful?	ODVN Resources for advocates, survivors, and family members	Staff knows where to get additional information, books, articles, resources, and webinars.	<input type="checkbox"/> Date _____
Staff receives training or education on the concept of retraumatization and understands the ways in which this can occur (often inadvertently) when working with survivors of trauma.	Do people in the agency understand the concept of retraumatization? How do we discuss this concept with staff members?	How to Avoid Retraumatizing the People we Serve	Staff have a working understanding of retraumatization and common ways in which this can occur.	<input type="checkbox"/> Date _____

TRAUMA AWARE: PRACTICE

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
The organization examines current practices in how survivors are involved in shaping programming and what policies and procedures are developed and implemented.	What does our agency see as the role that survivors should have in designing services? How do survivors participate in designing programming currently?	Conversations with people using services Program policies or materials	Current practices are identified.	<input type="checkbox"/> Date _____
The organization identifies how they currently receive feedback from program participants, what they are asked about their experiences, and what is done with feedback provided to the program.	How does our organization get feedback from people accessing your services about their experiences? What do we ask survivors? What do we do with that feedback?	Trauma-Informed Practice (TIP) Scales Any other funder or program evaluations given	Current practice is identified and how feedback is obtained and what is done with information is clarified.	<input type="checkbox"/> Date _____
The organization learns the difference between trauma-informed approaches and trauma specific treatment and becomes educated in different approaches to trauma specific treatment (including promising approaches in addressing trauma including mind and body approaches) and identifies organizations or individuals who are currently providing trauma specific treatment in the community.	What is the difference between trauma-informed approaches and trauma-specific treatment? What are promising practices to address trauma-specific treatment? What is currently available in your community? What staff or committee is responsible for overseeing this?	A Systematic Review of Trauma-Focused Interventions for DV Survivors Trauma-Specific Interventions Mindfulness Based Stress Reduction	Organizations have identified what types of trauma specific treatment is promising and the availability of that treatment in their community.	<input type="checkbox"/> Date _____

TRAUMA SENSITIVE organizations have started to:


1. explore trauma-informed principles (environment of agency and mutual respect, access to information on trauma, opportunities for connection, focus on strengths, cultural responsiveness and inclusivity, support for parenting, and focus on physical and emotional safety from the Trauma-Informed Practice (TIP) Scales) within their environment and daily work;
2. build consensus around trauma informed principles within the context of program design and interventions with survivors;
3. consider the implications of adopting the principles within the organization; and
4. prepare for change.

Key Task: Knowledge, application, and skill development

TRAUMA SENSITIVE: COMMITMENT

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	✓
Leadership prepares the organization for change and leads a process of reflection to determine readiness for change.	How is the preparation done and who is the leadership that needs to be involved? What unique resources does your organization need to prepare?	Tools for Transformation: Before you Get Started (page 12-14)	Self-reflection process has been started and readiness for change has been clarified or increased.	<input type="checkbox"/> Date _____
Through a self-assessment process, the organization identifies existing strengths, resources and barriers to change.	What are our strengths and barriers to change? What are the resources we have to implement change and the resources we don't have that we need? Where can we get resources?	Tools for Transformation: Before you Get Started (page 12-14) Agency policy and practices manual ODVN technical assistance and training	Strengths, barriers and resources organization currently has and needs have been identified.	<input type="checkbox"/> Date _____
Organization identifies ways to incorporate written commitment to providing trauma-informed services in agency's written documents, including mission statement.	How does our mission statement reflect our knowledge of the impact domestic violence and trauma has on the lives of both adults and children accessing our services?	Tools for Transformation Focus Area 1: Organizational Commitment and Infrastructure	Trauma is identified in the mission statement or other policy documents.	<input type="checkbox"/> Date _____

TRAUMA SENSITIVE: COMMITMENT (Continued)

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
Program identifies current practices that are consistent or inconsistent with trauma-informed principles, focusing also on ways in which retraumatization might occur in the agency.	What practices (formal and informal) can we identify that are consistent with the seven principles of TIC? What practices are inconsistent with trauma-informed principles? If there is disagreement on how well policies or practices line up with trauma-informed principles, how do we come to a consensus on it?	Principles of trauma-informed approaches Current practices in programs ODVN TIA Manual	Practices that are consistent with principles have been identified. Practices that are inconsistent with TIC have been identified. Practices or policies that could retraumatize survivors are identified and addressed.	<input type="checkbox"/> Date _____
The organization begins to identify internal trauma champions and considers forming a workgroup or committee that will guide and oversee the implementation of trauma-informed approaches in our agency.	What does being a trauma champion mean to us? Are there people and/or positions identified that can be trauma champions? What access to training, support or resources do trauma champions need?	Staff roster and information Current job descriptions	Trauma champions are identified. The agency forms a workgroup/committee made up of trauma champions if that feels right for the agency.	<input type="checkbox"/> Date _____
The organization makes hiring and employing people whose attitudes, behaviors, and belief systems align with the trauma informed principles a priority.	How do we recruit potential employees who demonstrate attitudes and behavior that align with trauma-informed principles? How do we interview effectively to assess potential employee's fit with a trauma-informed agency? What do we do with staff that are currently employed but are not currently aligned with trauma-informed principles?	Job descriptions that reflect values of trauma-informed approaches Personnel policies that support trauma-informed practices Tools for Transformation Focus Area 1: Organizational Commitment and Infrastructure	Job descriptions created/ revised to incorporate trauma-informed principles Interview questions developed Staff evaluation and supervision includes attention to TI approaches Plan for current employees who aren't using principles of trauma-informed approaches are developed	<input type="checkbox"/> Date _____
The organization has discussions/thinks about what types of personnel support might need to be in place to support employee wellness and prevent and address vicarious trauma and the impact of the work on staff, which could include including supervision, training opportunities, peer support, adequate vacation and mental health days, access to training and networking opportunities, employee assistance programs, flexible scheduling, reasonable workloads, benefits, etc.	What supports do we currently have in place that maintains wellness in this work? What additional supports do we need to explore and figure out how to access?	Information on current supports provided to staff, including benefits Tools for Transformation Focus Area Two Staff policies and procedures information	Trauma-informed personnel policies and supports are developed and identified. Management recognizes and responds to compassion fatigue and vicarious trauma in staff.	<input type="checkbox"/> Date _____


TRAUMA SENSITIVE: COMMITMENT (Continued)

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	✓
Agency develops a plan to ensure that all staff received regularly scheduled supervision and peer support.	Who is responsible for supervision and how is it going to look? How do we as an agency encourage staff to support each other formally and informally?	Staff and supervisor time	Plan is developed and staff is receiving regular and consistent reflective supervision.	<input type="checkbox"/> Date _____
Organization focuses on strengthening relationships with community partners serving survivors of trauma (particularly substance abuse programs, mental health programs, health care and brain injury programs, parenting support programs, and child and family serving programs).	What does the relationship need to look like? Does there need to be a referral process developed or a memorandum of understanding? How do we make sure that individuals are getting their needs met in all systems?	Tools for Transformation Focus Area 6: Community Partnerships	Program has a stronger relationship with existing community partners and has developed relationships with new community partners	<input type="checkbox"/> Date _____

TRAUMA SENSITIVE: TRAINING

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	✓
Values of a trauma-informed approach are presented and processed with staff (environment of agency and mutual respect, access to information on trauma, opportunities for connection, focus on strengths, cultural responsiveness and inclusivity, support for parenting, promoting physical and emotional safety).	When and where will this be done? How will it be done? Who will be involved with the conversation and what needs to be scheduled? How will concepts be revisited from time to time so that general concepts get engrained in organizational culture?	NCDVTMH Webinar Series Training, PowerPoint, or TA provided by ODVN to discuss with staff Is Your Work Trauma-Informed? Handout from ODVN	The staff knows the values of trauma-informed approaches and has identified ways to incorporate these values into programming and services. Staff think differently and interpret behaviors, thoughts and emotions of survivors in a trauma-informed manner	<input type="checkbox"/> Date _____
Staff review and process ODVN's Trauma-Informed Approaches: Promising Practices and Protocols with Ohio's Domestic Violence Programs to discuss and identify how to incorporate best practices and protocols into agency services.	How are we current providing domestic violence services mentioned in the protocols? How are currently incorporating best practices into services, and what are some new ways to do that?	ODVN TIA Manual ODVN training and technical assistance	Staff have identified ways to incorporate best practices and protocols into service provision	<input type="checkbox"/> Date _____

TRAUMA SENSITIVE: TRAINING (Continued)

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
Organization develops a plan to ensure that all new staff, volunteers, and existing staff receive necessary training and continuing education on traumatic stress and trauma-informed approaches.	How do staff receive training, both initially and ongoing continuing education? How do we make sure that staff continue to receive training and concepts are revisited on a regular basis?	Staff policies ODVN in person and online training	Trauma training for all staff is institutionalized, including within new staff orientation.	<input type="checkbox"/> Date _____

Potential Training On Following Topics:

1. Trauma and Resilience in Children
 - Training on specific ages and developmental stages of children and trauma
 - Interventions to support children experiencing trauma reactions
2. Impact of trauma and battering on parenting and strategies to support parenting
3. Trauma and mental health
4. Domestic violence, traumatic brain injury and strangulation
5. The connection between trauma and substance use and abuse
6. Me and my work: How it is impacting me?
7. Mindfulness, meditation and healing for survivors of trauma
8. Cultural diversity and anti-oppression training
9. Training on historical trauma
10. Avoiding retraumatization
11. Trauma-informed safety planning
12. Supervisor training
13. Creating a welcoming environment
14. Trauma-specific treatment approaches
15. Suicide Awareness and Prevention

TRAUMA SENSITIVE: PRACTICE


PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
<p>The organization clarifies its' commitment to survivor involvement in programming and what next steps could be taken, including asking survivors their thoughts about how they could be involved in programming.</p>	<p>How could we increase the involvement of survivors in the work of our organization?</p> <p>What opportunities are there available for self-help groups and peer advocacy and support to occur?</p>	<p>Engaging Women in Trauma-Informed Peer Support</p> <p>Support group information</p> <p>Tools for Transformation Focus Area 7: Feedback and Evaluation</p>	<p>Strategies for increasing survivor involvement in programming and the organization are identified.</p>	<input type="checkbox"/> Date _____
<p>Survivors are asked about how they feel about the organization's current environment related to trauma-informed principles and incorporate feedback into their programming.</p>	<p>What tool are we using to ask survivors relevant questions? (Recommendation Trauma-Informed Practice Scales)</p> <p>What is our plan to implement an evaluation of services?</p> <p>When are we planning to do this?</p>	<p>Trauma-Informed Practice (TIP) Scales</p> <p>Tools for Transformation Focus Area 7: Feedback and Evaluation</p>	<p>TIP Scales or another evaluation tool have been collected from 50-75% of program participants in a set period of time that make sense for our agency.</p>	<input type="checkbox"/> Date _____
<p>The organization begins to identify potential resources for trauma specific treatment that isn't currently available in your community.</p>	<p>What trauma specific treatment makes sense for our agency? What training is necessary?</p> <p>Is that something offered here or is it establishing a relationship with a provider who offers it?</p>	<p>Funding sources</p> <p>Community connections and collaborations</p> <p>Collaboration boards</p>	<p>Potential resources and trauma specific treatment identified.</p>	<input type="checkbox"/> Date _____
<p>Staff prioritizes normalizing and validating trauma responses and providing education and information to survivors on common responses to trauma and ways people cope with trauma in ways that are strengths-based, empowering, respectful, affirming and does no additional harm.</p>	<p>How does staff respond to behaviors that could be connected to traumatic experiences (extreme emotion, substance use, intrusive reactions, avoidance reactions, sleep and eating issues, health challenges, etc.) How are those responses consistent or inconsistent with trauma-informed principles?</p> <p>How does staff share information about the impact of trauma with survivors?</p>	<p>ODVN Trauma Educational Materials</p> <p>Trauma-Informed Self-Assessment by ODVN (available from ODVN)</p> <p>ODVN TIA Manual</p>	<p>Basic information on trauma is available and visible to both survivors and staff, through posters, flyers, handouts, Web sites, etc.</p> <p>Staff feels comfortable and talks regularly about the impact of trauma with survivors and incorporates validation, normalization, and education on trauma in programming (support groups, case management, interviews, etc.)</p>	<input type="checkbox"/> Date _____
<p>Staff has a working understanding of vicarious trauma as well as the impact working in a trauma-based environment can have on staff.</p> <p>Staff begins to identify (in themselves and in others) when situations are impacting them in difficult ways.</p>	<p>How does our staff know when they are challenged with a situation?</p> <p>What do we do if that happens?</p> <p>Is staff able to be self-aware and reflect when work might be triggering them, and have strategies for what to do?</p>	<p>Resilience for Supervisors: Emerging Practices in Addressing Vicarious Trauma Manual</p> <p>Staff supervision and peer support</p> <p>ODVN Self-Care Corner</p> <p>Wellness activities</p>	<p>Staff is able to identify within themselves and each other when work is impacting them in challenging ways, and has ideas about what to do about it.</p>	<input type="checkbox"/> Date _____

TRAUMA RESPONSIVE organizations have started to:

1. change their organizational culture to highlight the role of trauma;
2. at all levels of the organization, begin re-thinking the routines and infrastructure of the organization; and
3. integrate and demonstrate trauma-informed principles in behaviors, personal interactions and practices.

Key Task: Planning, taking action and change, emphasis on practice


TRAUMA RESPONSIVE: COMMITMENT

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
Begin integration of trauma-informed principles into staff supports: <ul style="list-style-type: none"> • Addressing staff trauma • Self-care • Supervision models • Staff development • Staff performance evaluations 	How does our organization integrate principles of TIC into how we support staff? How are we going to know how staff is doing? How are supervisors and peers being coached and trained to respond?	Tools for Transformation Focus Area Two Resilience for Supervisors: Emerging Practices in Addressing Vicarious Trauma Manual	The organization has policies that support addressing staff's initial and secondary trauma and policies are implemented in practice.	<input type="checkbox"/> Date _____
Trauma champions and/or trauma workgroup/committee are given opportunities to identify organizations continuing strengths, challenges and barriers to trauma-informed practices.	How are trauma champions provided opportunities to share observations and feedback? What is done with feedback from trauma champions and/or workgroup?	Trauma workgroup or committee	Trauma champions regularly provide feedback to the organization and observations are integrated into programs and practice.	<input type="checkbox"/> Date _____
The organization's human resource policies support the hiring, retainment, and advancement of staff that are trained in trauma and integrate the principles of trauma-informed approaches in their work. Human resource policies also outline expectations of trauma-informed service provision and policy is created to address corrective actions for staff that aren't aligned with trauma-informed approaches.	What policies need to be in place to hire appropriate individuals and provide them with the training and mentoring needed to practice from a trauma-informed place?? How do staff evaluations work so that staff feels supported and survivors are getting the best services possible?	Tools for Transformation Focus Area 1: Organizational Commitment and Infrastructure	Staff evaluations including trauma-informed practices principles used regularly with staff. Staff is compensated for their skill and education in addressing trauma. Human resource policies reflect values of trauma-informed approaches.	<input type="checkbox"/> Date _____


Trauma Responsive: Training And Continuing Education Opportunities

- Introductory training is institutionalized in the agency for all new employees. These training topics are found in this document’s section under trauma aware: training.
- Additional training and educational topics include increased capacity around working with children, teens, and young adults; traumatic brain injury and strangulation, mental health, suicide, and substance use and addictions.
- All current staff has received extensive training on traumatic stress, trauma-informed approaches, vicarious trauma and self-care, and working effectively with survivors of trauma.
- Continuing education on topics related to trauma are regularly offered to staff members.
- The organization has developed a way to share new information learned through training and continuing education staff members receive with others in the organization
- The organization has established an effective process into their programming that ensures that new policies, procedures, and approaches incorporate trauma-informed principles are introduced in ways that are clear to all staff members.
- The organization has developed multiple ways of supporting survivors and each other that address the individualized needs of survivors and staff.
- The organization begins to reach out to other organizations doing the similar work to learn and share approaches that have been successful, as well as to discuss challenges and approaches to address them.


TRAUMA RESPONSIVE: PRACTICE

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
The organization commits to the importance of survivor involvement in the organization and develops ways to have survivors play meaningful roles throughout the agency.	When we say meaningful roles, what does that mean for us? Which roles are particularly important for survivor involvement? How is the organization supporting survivors in playing meaningful roles in the agency?	Program materials and organizational charts	People with experienced domestic violence are engaged to play meaningful roles throughout the agency (employees, board members, volunteers, etc.)	<input type="checkbox"/> Date _____
Results of Trauma-Informed Practice (TIP) Scales (or other feedback from survivors about their experiences in the program) are discussed with staff and changes are made based on feedback. The organization also has developed an ongoing “quality control” process aimed at providing opportunities for survivors to share their thoughts about their experiences in the organization.	What did our evaluation process say about areas where we are doing well and what we can improve? How else can we get information from survivors about their experiences in more informal ways?	TIP Scales and TIP Scale Guides Tools for Transformation Focus Area 7: Feedback and Evaluation	Regularly scheduled TIP Scales initiatives at intervals- maybe every year, 18 months, or 2 years Opportunities for survivor feedback are integrated into the organization (through surveys and other ways in which people can share their thoughts)	<input type="checkbox"/> Date _____

TRAUMA RESPONSIVE: PRACTICE (Continued)

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
Organization begins integration of principles into staff behaviors and practices, with particular attention to the relational environment of the organization. <i>The relational environment includes how people treat each other, how it feels to receive services and that people's unique needs and experiences are valued, acknowledged and cared for.</i>	What does a healing relational environment mean to us? What does integration of principles into behaviors and practices look like? How do we know we are really integrating these principles into practice?	Tools for Transformation Focus Area 5: Programs and Services Tools for Transformation Focus Area 3: Physical, Sensory and Relational Environment	Language is introduced throughout the organization that supports trauma-informed principles. Feedback from survivors is routinely gathered and integrated into practice. Staff and survivor report feeling valued, acknowledged and cared for in the program.	<input type="checkbox"/> Date _____
Organization begins integration of the seven principles of trauma-informed approaches into organization's physical and sensory environment.	How does our physical environment support the seven principles of trauma-informed approaches currently? What are areas for improvement?	Tools for Transformation Focus Area 3: Physical, Sensory and Relational Environment	Changes to the environment are made to make the setting trauma-informed.	<input type="checkbox"/> Date _____
Organization begins integration of principles into organization's record keeping and documentation, including intake paperwork.	How does our organization effectively document and keep records in a trauma-informed manner? What questions should we be asking? What should we not be asking? How should we be asking questions? What should we be writing down? What do we not want to write down? How do we write things down?	Tools for Transformation Focus Area 4: Intake Process ODVN Documentation Training Record-keeping when working with Battered Women NNEDV Confidentiality and Privacy Resources	Intake paperwork and other documents reflect the core principles of trauma-informed services and are designed to provide maximum choice and control while avoiding revictimization.	<input type="checkbox"/> Date _____
Organization begins making changes to policies and procedures that are inconsistent with principles of trauma-informed care and ensure continuation of policies and procedures that are consistent with trauma-informed care.	Of the policies and procedures we have identified as inconsistent with principles of TIC, how can we change them to become more consistent? How do we make sure that we continue to be consistent with our policies and procedures that line up?	Tools for Transformation Focus Area 5: Programs and Services	Policies and procedures are changed and made sure that changes are actually implemented when working with survivors.	<input type="checkbox"/> Date _____

TRAUMA RESPONSIVE: PRACTICE (Continued)

PROCESS: Series of actions to get us toward our goal	QUESTIONS: To ask ourselves	RESOURCES: To help us	INDICATOR: How we know we have done this.	
Organization begins making changes to policies and procedures that involve self-help and peer support opportunities.	What self-help or peer support opportunities make sense for program participants? How do we ensure that survivors know about these opportunities?	Engaging Women in Trauma-Informed Peer Support Peer support and peer involvement	I Survivors have opportunities for self-help and to provide and receive peer support on a regular basis.	<input type="checkbox"/> Date _____
New knowledge about trauma and addressing trauma is put into practice when working with survivors.	How is staff integrating what is learned in training into daily practice? How do supervisors, leadership and peers providing support and feedback on this integration?	Resources necessary for additional training	Staff applies new and existing knowledge about trauma to their specific work.	<input type="checkbox"/> Date _____
Organization has identified trauma-specific treatments (including clinical and somatic/sensory models or interventions) available in their community or has created access to these models through new funding or new collaboration.	Where do people who need trauma-specific treatment go? How do we know we are providing treatment that fits the best for the survivor?	Tools for Transformation Focus Area 6: Community Partnerships Funding sources Community connections and collaborations	Trauma-specific assessment and treatment models are available for those who need them either directly or through a referral process.	<input type="checkbox"/> Date _____

TRAUMA-INFORMED organizations have made:

1. Trauma-responsive practices the organizational norm.
2. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders or trauma champions.
3. The organization works with other partners to strengthen collaboration around being trauma informed.

Key Task: Leadership

Continuous processes that are a part of the agency's practice and culture:

- Survivor feedback (both through formal and informal means) is a routine part of the organization's operation and adjustments/changes are made based on feedback from survivors
- Organization can connect implementation of trauma-informed approaches to increased survivor social and emotional well-being
- The organization has a regularly scheduled review and revision of policies and procedures to ensure fidelity to trauma-informed principles
- The organization and staff become advocates and champions for trauma-informed approaches within their community
- Staff practices are routinely reviewed for alignment to trauma-informed principles
- Program assessments and evaluations include attention to using trauma-informed approaches in their provision of services
- Interventions and approaches to promote the wellness of the staff and address the impact of vicarious/secondary trauma are monitored and practices adjusted to fit the needs of staff
- The organization includes a focus on reducing the stigma surrounding trauma
- The organization advocates at a macro level with funders and policy-makers for systemic changes that support trauma-informed approaches
- Human resource policies support the hiring and retention of staff with knowledge and expertise in trauma

Indicators:

- Leadership (including hiring of new leaders and retention of existing trauma champions on staff) demonstrate a commitment to trauma-informed values (environment of agency and mutual respect, access to information on trauma, opportunities for connection, focus on strengths, cultural responsiveness and inclusivity, support for parenting, promoting physical and emotional safety)
- All staff are skilled in using trauma-informed approaches, whether they work directly with survivors or with other staff, and respond to situations in ways that support trauma-informed principles
- All aspects of the organization have been reviewed and revised to reflect a trauma-informed approach and integration of the core principles, and there is a plan for periodic review
- People outside the agency (from the board to the community) understand the organization's mission to be trauma-related

- People from other agencies and from the community routinely turn to the organization for expertise and leadership in trauma-informed approaches.
- The organization uses feedback from program participants as well as other data to inform decision making at all levels.
- A variety of sustainable training is promoted and made accessible to staff, including at new staff orientation.
- Ongoing training, coaching, and technical assistance are available to staff whenever they need it.
- The organizations finances are allocated to meet the organization's need to address trauma.

GLOSSARY OF TERMS:

BEST PRACTICE: A method, technique, or approach that has been shown by research and/or experience to be effective and is generally accepted as the most effective way to address a problem.

COMPASSION FATIGUE: The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. This is also sometimes used interchangeably with the term vicarious trauma.

EVIDENCE BASED: A practice that is supported by a large amount of scientific research, professional insight and/or experience that the practice approach works to address intended problem. Because often there have not been specific programs evaluated to be effective, certain principles of intervention (such as trauma-informed approaches) have been shown to be more effective than other principles of intervention.

NORMALIZING: Involves presenting trauma reactions as normal responses to abnormal situations and talking about feelings and behaviors that people have in reaction to traumatic events as common human responses, which are not much different than the feelings and behaviors many people could have in a given circumstance or situation.

REFRAMING: Helps people see the current situation, behavior, or trauma reaction from a different perspective, which can change the meaning and significance of the experience, and remove shame, blame and guilt about the situation.

REFLECTIVE SUPERVISION: Regular, collaborative reflection between an advocate and their supervisor that builds on the advocate's use of their thoughts, feelings and values and how that relates to their work. The relationship values strengths and partnering around vulnerabilities to generate growth and professional competency.

RETRAUMATIZATION: When trauma related stress is reactivated in individuals who have experienced a traumatic event, often brought on by reminders of the original trauma, reminders of losses experienced because of trauma, or due to the way individuals have been treated by systems that remind them of traumatic experiences. It can often result in the increase or exacerbation of traumatic stress reactions.

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.

TRAUMA CHAMPION: A worker in the agency who thinks “trauma first” and understands the impact of violence and victimization on people. The trauma champion shines a spotlight on trauma issues, influences others to consider the impact of trauma in everyday interactions with survivors, staff, and others, and suggesting ways to create a trauma-informed environment.

TRAUMA SPECIFIC TREATMENT: interventions and treatment models designed to treat the psychological and behavioral impacts of traumatic stress. The treatments are targeted to address the specific reactions or symptoms a person is experiencing. This can include different types of therapy and counseling, or other approaches and interventions that involve movement, body therapies and healing.

TRAUMA TRIGGERS/TRAUMA REMINDERS: Events or situations which in some way resemble or symbolize a past trauma to individual survivors. These triggers cause the body to return to the “fight, flight, or freeze” reaction common to traumatic situations. When triggered, survivors do not necessarily return to a full blown traumatic response, but may experience varied levels of discomfort or emotional or physical distress.

VICARIOUS TRAUMA: Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being.

THE SEVEN TRAUMA-INFORMED DOMAINS

For more information, see the [Trauma-Informed Practice \(TIP\) Scales](#)

DOMAIN	DESCRIPTION
Environment of Agency and Mutual Respect	The program and its staff respect program participants’ agency and autonomy by offering opportunities for choice and control.
Access to information on Trauma and Coping	Staff offer information that increases program participants’ understanding of trauma and coping skills.
Opportunities for Connection	The program creates opportunities for developing and strengthening mutually supportive relationships.
Emphasis on Strengths	Program staff recognize and value the unique strengths program participant’s bring from their family, culture, relationships, and life experiences.
Cultural Responsiveness and Inclusivity	Program staff are understanding of and responsive to various aspects of program participants’ identity, including culture, religion, sexual orientation, socioeconomic status, and immigration status.
Support for Parenting	The program helps program participants strengthen their relationships with their children through support and education.
Promoting Emotional Safety	The program is designed to promote emotional safety through the physical environment, staff behaviors, and organizational policies and procedures.

RESOURCES

Child serving organizations:

- National Technical Assistance Center for Children’s Mental Health <http://gucchdtacenter.georgetown.edu/TraumaInformedCare/>
- National Child Traumatic Stress Network (NCTSN) <http://www.nctsn.org/>

Schools:

- How Schools Can Help Students Recover from Traumatic Experiences – Rand Gulf State Policy Institute http://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf
- Helping Traumatized Children Learn –Massachusetts Advocates for Children in Association with Harvard Law School <http://traumasensitiveschools.org/>

Health care providers:

- Health Care Toolbox Basics of Trauma-Informed Care: <https://www.healthcaretoolbox.org/>

Behavioral health:

- SAMHSA’s TIP 57: Trauma Informed Care in Behavioral Health Organizations <http://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>

Homeless services providers:

- U.S. Department of Health and Human Services Office, Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach <http://www.phe.gov/Preparedness/planning/abc/Documents/homeless-trauma-informed.pdf>
- Trauma Informed Organizational Toolkit for Homeless National Center on Family Homelessness https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf

Working with Partners

- Trauma informed community building manual <http://bridgehousing.com/PDFs/TICB.Paper5.14.pdf>
- Collective Impact http://www.ssireview.org/articles/entry/collective_impact
- Creating Culture: Promising Practices of Successful Movement Networks <https://nonprofitquarterly.org/governancevoice/23439-creating-culture-promising-practices-of-successful-movement-networks.html>
- Prevention Institute – Cross Sector Collaboration <http://www.preventioninstitute.org/>
- Trauma Informed Supervision Guide – Institute for Health and Recovery <http://healthrecovery.org/publications/detail.php?p=30>



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