Trauma Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE):

An Implementation Toolkit

EVIDENCE-INFORMED INTERVENTIONS (E2i)
The Coordinating Center for Technical Assistance

HRSA
Health Resources & Services Administration

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OVERVIEW

Trauma Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE)

Purpose

This toolkit provides an overview of Trauma Informed Approach/Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE). Included are essential objectives and tools for the early, mid, and late/maintenance phases of trauma-informed care implementation that can be tailored to fit your organizational goals.

Goal

» To improve client engagement in HIV care by becoming a trauma-informed service organization

Target Population

» People living with HIV (PLWH)

Description

TIA/CHANGE is a resilience-focused and strength-based approach to HIV service provision that involves understanding, recognizing, and responding to the effects of trauma.[1] While TIA/CHANGE was originally developed for women, HIV care providers can use TIA/CHANGE for PLWH of all genders.

There is no one-size-fits-all approach to trauma-informed care. As such, an organization must tailor its efforts to develop a model of trauma-informed care that is mission-driven and effective for their local community of PLWH.

OVERVIEW

Background

A trauma-informed approach has demonstrated effectiveness in improving engagement in care for PLWH and people with other chronic illnesses. The core components of TIA/CHANGE were influenced by a program designed by Christie's Place, an organization in San Diego, California, that received training and technical assistance from the Office on Women's Health (www.womenshealth.gov). You can access the intervention manual, Trauma Informed Care: Improving Services, Saving Lives,[2] created by AIDS United and Christie's Place, for more on how to develop a trauma-informed care program, plus illustrative case studies and examples of challenges, successes, and lessons learned by Christie's Place.

Setting

» Any facility that offers services to PLWH

Staffing

» All staff become trauma-informed service providers through training

» Peer navigators (if implementing peer navigation services)

» Medical case managers (if implementing medical case management)

Duration

» Ongoing and dynamic endeavor that grows and evolves over time through the shared commitment of providers and clients

OVERVIEW

Core Philosophy of Trauma-Informed Care

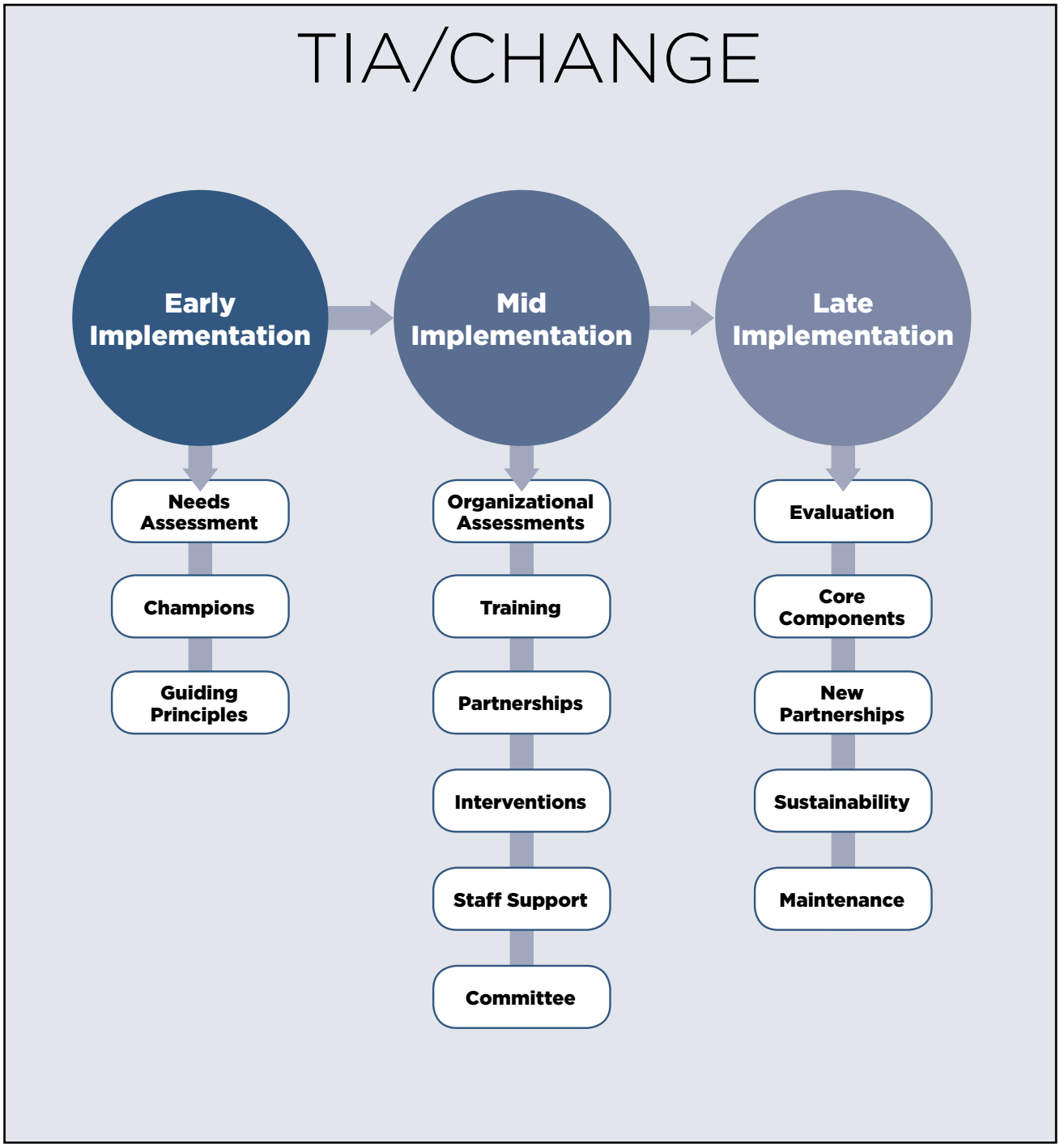
TIA/CHANGE is a systems-level intervention guided by trauma-informed principles and practices that become embedded within the organization. To achieve this, staff at all levels of the organization, particularly those in leadership positions, must demonstrate commitment to a trauma-informed approach. Just as importantly, every aspect of the process must meaningfully involve people living with and affected by HIV who also have experienced trauma. To learn more about the meaningful involvement of PLWH, AIDS United offers resources on their website: www.aidsunited.org/resources.

Collaboration between the service provider and the client, in which both bring knowledge and experience to the table, comprise the core philosophy of TIA/CHANGE. This collaborative approach is accomplished when:

- The client's health and treatment goals are mutual and established collaboratively with the providers.
- The client is given choices, and has a sense of control, over decisions regarding the treatment process and other aspects of care.[3]
- Staff attend to issues of power and hierarchy in ways that minimize potential for re-traumatization.
- Organizational staff, especially leadership, commit to trauma-informed service provision at all levels of the organization.
- Trauma-informed service environments include meaningful participation by those who access services in service development, implementation, and evaluation.

OVERVIEW

Main Intervention Components




ACTIVITIES

EARLY IMPLEMENTATION PHASE

Activity 1

Community Needs Assessment

Begin your intervention by developing a deeper understanding of the effects of trauma on the lives and health outcomes of your community and your staff (some staff will have their own histories of trauma that can affect their work with clients). The needs assessment process should involve key stakeholders both within and outside of your organization.

Needs assessment strategies may include:

- ***Existing data on safety, crime, trauma history, mental health, and substance use:***
  - State-level data can be obtained through the Behavioral Risk Factor Surveillance System (https://www.cdc.gov/brfss/index.html)
  - Local or state public health departments may also have data available
  - Your organization may already collect some of these data from clients
- ***Key informant interviews:*** In-depth interviews with a range of people, including community leaders, professionals, or residents, who have firsthand knowledge about the community and the ways in which HIV and trauma affect the community[4]
- ***Focus groups:*** Interviews with a group of people (e.g., clients, providers, and community members) about their perceptions, opinions, beliefs, and attitudes towards a particular topic or program.[5] **Appendix A** provides a sample of a focus group interview guide.

ACTIVITY 1 *(CONTINUED)*

Key informant and focus group interview questions should ask participants to discuss how barriers such as intimate partner violence, trauma, mental health, and/or substance use have affected their (or their clients') engagement in HIV care or other support services. Because some participants may experience these discussions as distressing, make sure to inform participants in advance about the topics you will be exploring. Ensure that participants understand that they can discontinue the focus group or interview process at any time. In addition, identify onsite or offsite behavioral health resources and referrals to provide to participants, if needed. Key informant interviews and focus groups should take place at a later stage of implementation if these are not yet available.

Needs assessments will help inform you of the most meaningful programs and referrals for the people in your community. For example:

- Data and other information gathered on substance use in the community can determine the need for referrals to medical case management, partnerships with substance use disorder treatment centers, and training for staff
- Local data regarding homicide and suicide rates can determine the need for referrals to onsite or offsite violent loss bereavement services for clients who have been impacted by violent loss.
- Local data on immigration, asylum and refugee status can determine needed partnerships with social justice organizations, legal services, specialized mental health and medical services, and interpretation services.

Resource Identification and Procurement

Next, evaluate the existing policies, practices, and knowledge within your organization to determine needed resources for a more trauma-informed approach. **Appendix B** provides a list of questions to guide you.

EARLY IMPLEMENTATION PHASE

Activity 2

Champions of Trauma-Informed Care

Establish a group of champions for trauma-informed care at your organization. Champions should include members of the organization's leadership, staff, *and* clients. Their role is to:

- Help all stakeholders become invested in trauma-informed care and ensure their continuous involvement
- Help identify resources for ongoing staff support, such as clinical supervision and wellness activities that promote staff self-care.

EARLY IMPLEMENTATION PHASE

Activity 3

Guiding Principles

Create a solid foundation for your work by identifying clearly articulated principles to guide trauma-informed care at your organization. Align the guiding principles with your organizational mission and write them in a way that they can be easily articulated to stakeholders both within and outside of your organization.

The guiding principles may shift and evolve as you implement trauma-informed care at your organization and learn from the process. For now, they will guide your planning, practice implementation, and evaluation activities.

You can begin by reading about trauma-informed principles developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that defines a trauma-informed approach as one that:

- "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;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization."[6]

SAMHSA's 6 principles of trauma-informed work are:

- "Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues"[6]

MID-IMPLEMENTATION PHASE

Activity 1

Baseline Organizational Assessments

The next phase begins with an organizational assessment rooted in the guiding principles. This assessment identifies areas of strength and of need in the service environment and staff competencies.

- ***Service Environment:*** This survey assesses your organization's physical space and atmosphere with regard to safety, healing, and wellness for people who access and provide services. All staff, as well as clients and other identified stakeholders, should complete the service environment assessment. Example assessment domains include:
  - *Physical space attributes:* confidentiality and privacy, accessibility, appearance, and climate
  - *Atmospheric attributes:* transparency, consistency, predictability, resource availability, gender-specific and cultural competence
  - *Relational attributes:* boundary maintenance and authenticity.
- ***Staff Competencies:*** Ask all staff to assess their competencies in the following areas:
  - *Knowledge:* Understanding of key trauma-informed concepts and ability to describe important experiences related to trauma
  - *Skills:* Ability to create a trauma-informed environment and to engage with others in trauma-informed ways; willingness to accept influence from others
  - *Values:* Beliefs that are central to trauma-informed care, such as the belief that healing from trauma is transformative, that recovery from trauma is possible for all, and that healing happens in relationship to other people.

ACTIVITY 1 *(CONTINUED)*

Appendix C and Appendix D provide examples of these assessments adapted from training and technical assistance from the Office on Women's Health. Christie's Place translated the assessments into Spanish so that Spanish-speaking stakeholders could complete them in their preferred language.

Based on the findings from the assessments, organizations will be able to:

- Identify staff training needs and environmental change needs
- Develop SMART goals (SMART = specific, measurable, achievable, relevant, and time-bound).

Staff can present the assessment findings and corresponding SMART goals to identified stakeholders for additional input, and repeat these assessments at regular intervals with a mechanism for comparing results and measuring progress.

MID-IMPLEMENTATION PHASE

Activity 2

Staff Training

All staff and management should participate in ongoing training in order to develop proficiency in trauma-informed care. To accomplish this, you will need to consider the following:

- ***Training Curriculum:*** The training curriculum should cover the essential elements of trauma-informed care as well as topics specific to the effects of violence and abuse. Trainings should also take into account the varying educational and experience levels of your staff. You can hire outside experts to facilitate trainings; however, developing your own training curriculum, and providing the training by staff members at your organization can help ensure continuity of the training from year to year, as well as the incorporation of the agency's mission. The curriculum can include the following modules:
  - Trauma-informed service provision
  - Trauma-informed agency orientation and client assessment
  - Understanding and utilizing trauma-informed language
  - The physiology of trauma
  - Historical and cultural trauma
  - Adverse childhood experiences and complex childhood trauma
  - Impact of vicarious experiences on helping professionals
  - Healing from trauma: forming relationships.

  Update and review the curriculum annually based upon identified training needs and new developments in the field. Additionally, provide training on related topics that may be discipline- or context-specific. Identify resources to support these training opportunities both on-site and off-site.

- ***Delivery of Training:*** A recommended approach for delivering training:
  - Present a 45- to 60-minute training module at monthly staff in-service meetings. Repeat modules annually to ensure ongoing competency for existing staff members and training for new staff members.
  - Provide an introduction to trauma-informed care to new staff members (and new volunteers) as a part of onboarding, making it possible for a new staff member to join the training at any point in the curriculum.

MID-IMPLEMENTATION PHASE

Activity 3

Community Partnerships

To ensure that staff can make appropriate referrals to other trauma-informed providers, and that clients receive support in accessing services, develop partnerships with trusted providers in a network of care throughout the community. These partnerships can include behavioral health care, legal services, housing, and intimate partner violence shelters and services.

MID-IMPLEMENTATION PHASE

Activity 4

Choosing and Piloting Interventions to Address Trauma

A trauma-informed organization offers clients several new or enhanced interventions to treat trauma and provide much-needed supportive services. Select interventions based on your SMART goals, and pilot the interventions prior to full implementation.

Examples of interventions include:

- ***Trauma-Informed Client Orientation***
  - Client service delivery begins with an orientation in which staff introduce the collaborative strength-based treatment philosophy and receive informed consent from the client.
  - This interactive process fosters hope for the client, and ensures they understand their role as active collaborators and decision-makers in the treatment process.
- ***Trauma Assessment, Treatment Plan, and Referral***
  - At client intake and annual re-enrollment, clients complete a strength-based, trauma-informed mental health, substance use, and support system assessment conducted by a peer navigator or family caseworker or other appropriate staff person. This assessment ascertains the client's current level of functioning; how the intersections of past or current trauma(s), substance use, and mental health conditions create barriers to optimal engagement in care; and the level of social support currently available to the client. Examples of such assessments are on the U.S. Department for Veterans Affairs website at https://www.ptsd.va.gov/professional/assessment/overview.
  - Based on the assessment results, the team members who provide services to the client develop an interdisciplinary treatment plan.
  - The client then meets with their peer navigator or family caseworker to discuss the assessment results and the treatment team's recommendations. The client provides feedback; the treatment plan is revised as needed.

ACTIVITY 4 *(CONTINUED)*

- In accordance with the client's treatment plan, the client is linked to medical and support services (at the organization and other appropriate agencies), such as food assistance, case management, or behavioral health services.

Facilitative Supportive Services: Facilitative, wraparound, supportive services are essential to trauma-informed service provision.

- Clients may receive services such as basic needs assistance (food, hygiene products, diapers, etc.), transportation resources and assistance, childcare, legal services and assistance, education and treatment adherence support, and system navigation assistance. This may also be an area for referral if the organization doesn't provide these services.
- Staff should focus on learning to provide gender-responsive care[7] and family-centered care[8] as aspects of trauma-informed service provision.

- ***Peer-Based Patient Navigation:*** Peer navigators are people living well with HIV who have personal and professional experience in navigating health care and support systems. They also have a history of trauma, which amplifies their ability to successfully gain the trust of clients. For a detailed account of the integration of peers into care systems, access the peers toolkit from AIDS United (www.aidsunited.org/peers). The peer navigator's role is to:
  - Identify potential clients through both in-reach and a wide variety of outreach strategies, including direct outreach to community-based organizations, community health centers, substance use disorder treatment programs, and housing assistance programs.
  - Provide needs assessment information, referrals, linkage to HIV medical care providers, health and medication education, and guidance through counseling and motivational enhancement to help resolve ambivalence about behavioral change.
  - Act as trusted guides who provide easily understandable information to assist clients in determining how to get what they need from highly-fragmented service delivery systems.

ACTIVITY 4 *(CONTINUED)*

- Serve as role models, and enhance and support the professional assistance provided by primary care providers, case managers, behavioral health providers, and other service providers.
- Help to foster agency—building a client's confidence and determination to stay in care and on treatment, through guidance and shared lived experiences.

- ***Strength-Based Medical Case Management:*** Clients with high-acuity needs who are out of care or at risk of falling out of care receive medical case management. In conjunction with the treatment team, the medical case manager's role is to:
  - Work with clients to increase treatment adherence by providing skills building, education, and continuous assessment of a client's barriers to achieving viral suppression.
  - Provide assessment, care coordination, and advocacy, and link clients to HIV medical care providers and resources, such as housing assistance and transportation, to reduce barriers to care.
  - Help clients obtain resources to meet their need for emergency food assistance, safe shelter, and childcare, and provide vital linkages to legal services to pursue child support or escape violent partners.
- ***Trauma-Specific Behavioral Health Services:*** Clients whose assessment scores show risk of posttraumatic stress disorder, substance use disorders, and/or other disorders will need referrals to mental health services for individual and/or family therapy. A mental health counselor collaborates with the client to do the following:
  - Assess how behavioral health factors affect overall health and wellness, including the client's ability to optimally engage in care. This assessment provides a baseline from which to construct individualized treatment goals and measure progress. This process also helps the client feel empowered in their ability to make choices about health care.

ACTIVITY 4 *(CONTINUED)*

» Formulate a tailored treatment plan in collaboration with the treatment team. Components of this treatment plan may include:

  - Gender-responsive, LGBTQ-affirming, trauma-informed, social justice-oriented counseling services (individual, family, and/or group) that address mental health, substance use, and family/support barriers
  - Referral to a psychiatric prescriber for medication evaluation and management
  - Release of information and collaboration with existing treatment providers, including psychiatrists, substance use disorder counselors, and/or therapists.

» The client and treatment team regularly communicate about and assess progress toward stated goals.

» The client's voice remains at the center of this dialogue to ensure investment in the process and a meaningful role for the client.

» Counseling services are relationally focused from the outset with the explicit aim of expanding upon current support systems. Therefore, counseling consultations may regularly include family members, friends, or other sources of support that will enhance the client's ability to remain well-engaged and retained in care.

MID-IMPLEMENTATION PHASE

Activity 5

Support of Staff

All staff require ongoing support to ensure their own self-care and reduce the possibility of vicarious trauma and burnout. Elements of staff support can include:

- Regular clinical supervision (individual and group) for staff members providing clinical and supportive services
- Ongoing training on coping with secondary traumatization[a] and vicarious trauma,[b] inclusive of training on vicarious resilience[c] and training on the process of provider empowerment and positive development through learning about overcoming adversity from trauma survivors
- Diversity of roles and balance of workload.
- An emphasis on supporting staff health, self-care, and wellbeing (e.g., wellness committee activities,[d] time off for therapy, or other needed supports).
- An overall organizational culture and management style that acknowledges and supports the well-being and self-care needs of staff through sufficient resources and time.

[a] Secondary traumatization is defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event.
[b] Vicarious trauma is occupational exposure that counselors can have from hearing their clients' trauma stories and becoming witnesses to the pain, fear, and terror that trauma survivors have endured. It is important not to confuse vicarious trauma with "burnout".
[c] Vicarious resilience speaks to the effects of witnessing how clients cope constructively with adversity.
[d] A wellness committee is a team of employees that meets and plans activities to pursue and promote good health for themselves and their co-workers.

MID-IMPLEMENTATION PHASE

Activity 6

Cultural Competency/Trauma-Informed Service Provision Committee

Given the effort and dedication needed to create a trauma-informed practice, program champions (and other staff members) may wish to establish a Cultural Competency/ Trauma-Informed Service Provision Committee (CCTIC) to advance the understanding of the impact of trauma and to incorporate policies, procedures, and practices informed by this knowledge. The CCTIC also provides staff training on trauma-informed program application.

LATE IMPLEMENTATION PHASE

Activity 1

The late implementation phase largely consists of evaluation and refinement of strategies that were piloted during the mid-phase, and sets the stage for successful long-term maintenance of trauma-informed care at your organization.

Evaluation

While informal evaluation activities should occur regularly throughout implementation, a more formal and structured evaluation process will identify the strengths, areas for growth, and challenges and barriers to implementation, and will drive any necessary course correction. Evaluation strategies may include:

- Reviewing data from previous evaluation activities, such as the needs assessment and the baseline organizational assessment
- Reviewing data collected from piloted interventions, including data on safety, trauma history, mental health, and substance use
- Reviewing progress towards SMART goals
- Conducting new key informant interviews; focus groups with clients, providers, community
- Performing another organizational assessment and comparing the results from baseline.

Based on evaluation results, it is important to:

- Determine how to meet unmet SMART goals
- Identify new SMART goals
- Identify which strategies and interventions to continue
- Determine resources needed, including new partnerships, additional staff time, areas of further training, and funding
- Determine and schedule evaluation activities for the coming year.

LATE IMPLEMENTATION PHASE

Activity 2

Identifying Core Components

Evaluation activities also allow you to further examine whether your organizational mission, team commitments, and policies and procedures reflect a trauma-informed approach. For example, at Christie's Place, the CCTIC held a retreat to review evaluation data and identify proposed core components. Once they identified potential core components, the CCTIC proposed them to the entire staff, and solicited their feedback and input. They then decided on six core components of trauma-informed care:

- Agency and empowerment
- Meaningful inclusion of women living with HIV
- Education and support
- Stakeholder nvestment
- Trauma-informed environment
- Intentional practice.

They agreed that these components—coupled with the four Office on Women's Health guiding principles (intentionality, mutuality, commonality and potentiality)—encompassed Christie's Place's approach to trauma-informed care.

LATE IMPLEMENTATION PHASE

Activity 3

Innovation and New Partnerships

Evaluation activities can help your organization recognize opportunities for innovation as well as new partnerships to help strengthen and successfully maintain trauma-informed care. In addition to providers of behavioral health care, legal services, and intimate partner violence shelters and services, you may also want to partner with academic or research institutions to innovate and further your efforts.

» For example, based upon lessons learned from trauma-informed care implementation, Christie's Place partnered with the University of California, San Diego's Department of Global Public Health and was awarded funding to design and implement the EmPower Women intervention. This intervention specifically builds upon the existing peer-based patient navigation services by integrating components of an evidence-informed mental health intervention successfully utilized by Christie's Place mental health counselors.

» These kinds of partnerships allow for the expansion of trauma-informed care in your community as they provide opportunities to grow your referral base and offer training and technical assistance.

LATE IMPLEMENTATION PHASE

Activity 4

Sustainability

Ongoing sustainability of trauma-informed care depends on your organization's intentional efforts and resource allocation. Without funding, implementing trauma-informed activities becomes difficult to maintain. Therefore, it is vital to do the following:

- Justify the importance of this work to funders and grant makers by engaging existing and new stakeholders locally and nationally to ensure continued resources for implementation.
- Ensure that staff, clients, and volunteer maintain their commitment to trauma-informed services at all levels of care and treatment.
- Develop a standard set of slides that explains your work, including evaluation findings, to present at conferences, meetings, and other opportunities, as a way to further trauma-informed care in the community and beyond.

LATE IMPLEMENTATION PHASE

Activity 5

Maintenance

To maintain a trauma-informed approach over time, through growth, expansion, and staff turnover:

- Designate at least one staff member in a leadership or management position to oversee the maintenance of trauma-informed care at your organization
- Continue to have the CCTIC oversee the work of implementing and maintaining trauma-informed service provision. The committee should regularly review policies and procedures, develop language, and review assessment tools so that they remain relevant and updated
- Continue to identify champions
- Continue to set a minimum level of understanding for new staff and volunteers
- Continue to nurture relationships with partners in the community.

APPENDICES

APPENDIX A

Focus Group Interview Guide (Sample)

Facilitator Introduction: During our time here, we'd like to hear your thoughts and opinions about an intervention we are implementing, known as *[NAME of intervention]*. As a reminder, there are no 'right' or 'wrong answers'. I'm here to learn through your experiences. Additionally, I might ask you some questions to make sure I get a clear understanding of your opinions about *[NAME of intervention]*.

Parts of this discussion may be emotional for some of you. It is important to know this information is strictly confidential and that you can ask to take a break if needed.

Your opinions are very important in helping us implement this intervention so that it is useful to people living with HIV who face a number of barriers. To respect your privacy, we will not share your unique opinions with others, but only common themes that we hear.

As discussed in the informed consent process, we would like to audio record our discussion to have an accurate record of what you say. May I have your permission to audio record this interview? *[Pause for verbal agreement]*

Do you have any questions before we begin? *[Pause]* To start with, I want to explain *[NAME of intervention]*

[NAME of intervention] is designed to [e.g., supplement existing HIV support services for people living with HIV who have had some challenges staying engaged in their HIV care and that have also experienced substance use disorders, violence, trauma, and/or mental health problems such as depression or posttraumatic stress disorder.

In this intervention, Peer Navigators will help clients do the following things:

1. Build skills to cope with distress due to substance use, violence, trauma, or mental health problems;
2. Help link clients to HIV treatment AND other service providers (e.g., domestic violence, mental health, and substance use disorder agencies); and
3. Teach skills to help clients reach out to people who can help them when faced with new or ongoing problems.

As we start our discussion, I'll ask a series of questions. I will provide enough time for each of you to respond and to discuss your experiences as a group.

APPENDIX A *(CONTINUED)*

I. To begin, I'd like you to briefly share your experiences of how barriers such as intimate partner violence, trauma, mental health, and/or substance use disorders may have affected your engagement in HIV care or other support services. By engagement in care, I mean whether if affected your ability to make or show up to medical or other appointments, take your medication, etc.

II. *[NAME of intervention]* will involve one-on-one and group sessions over a 6-month period. At the first one-on-one session, the Peer Navigator will conduct a needs assessment along with connecting the client to medical care and additional outside resources (e.g., intimate partner violence, mental health, substance use disorders, immigration etc.). How do you feel about using a single session to discuss both medical care and other issues?

III. Peer Navigators will accompany clients at medical appointments in addition to providing emotional and peer support as needed, at any and all support service appointment(s). What kinds of appointments will be useful to have the Peer Navigators attend?

IV. After the first session with the Peer Navigator, clients will begin a series of small group sessions led by a facilitator in English or Spanish with at least one Peer Navigator present. [Hand out note card that includes the list of sessions to all participants]

The 6 group sessions will focus on:

1. Understanding trauma while being aware of your emotional feelings
2. Identifying coping skills
3. Learning coping strategies for dealing with feelings of distress
4. Initiating social support by identifying and changing negative relationship patterns
5. Increasing assertive behavior; and
6. Increasing flexibility in relationships to ensure respect and compassion.

APPENDIX A *(CONTINUED)*

If you were taught these skills, how would you apply them to your life?

How might these topics help you deal with some of the barriers we discussed in the beginning of the focus group today?

V. The session will last 90 minutes and there will be 4-6 women in each group session. How do you feel about the number of women in each session, 4-6, interacting for this period of time?

VI. Peer Navigators will be available to clients throughout the intervention. They will check in with clients after each group session to answer questions and follow-up on linkage or engagement in support services. For what types of situations might you prefer the check in to be in person or by phone?

VII. Is there anything you think we are missing from *[NAME of intervention]*?

APPENDIX B

Onsite Resource Identification

By answering the following questions, you will better understand your organization's baseline preparedness for implementing trauma-informed care and will be able to determine resources needed to start implementation.

1. To what extent (and how) does your organizational mission and vision foster individual agency? Agency is "[the] ability to take action, be effective, influence your own life, and assume responsibility for your behavior [as] important elements in what you bring to a relationship... Having a sense of agency influences your stability as a separate person; it is your capacity to be psychologically stable, yet resilient or flexible, in the face of conflict or change."[9]

2. To what extent (and how) does your organizational mission and vision foster empowerment? Empowerment is "[the] process in which a person who lacks power sets a personally meaningful goal oriented toward increasing power, takes action toward that goal, and observes and reflects on the impact of this action, drawing on [their] evolving self-efficacy, knowledge, and competence related to the goal."[9]

3. To what extent does your organization meaningfully engage people living with HIV (PLWH) in programmatic design, implementation, and evaluation? For example, do you place importance on recruiting PLWH for staff, board, and volunteer positions?

4. Who in your organization is currently knowledgeable about trauma?

5. What processes are in place for ongoing staff development inclusive of staff at all levels of the organization?

APPENDIX B *(CONTINUED)*

6. Does your organization's staff recognize the prevalence and impact of trauma on the lives of the people you serve? Does your organization's staff see the value of moving toward a trauma-informed care environment?

7. Does leadership support resource allocation needed to implement trauma-informed care?

8. What aspects of your physical space and organizational atmosphere promote safety, healing, and wellness for clients and staff?

9. To what extent has your organization institutionalized practices that promote informed consent,[11] and ensure confidentiality?[12]

10. Do you have processes in place to assess for trauma and current safety?

11. Do you offer trauma-specific behavioral health services and support groups?

12. Do you have support from stakeholders in your community to implement trauma-informed care?

13. Do you have existing relationships with, or at least know of resources and providers of trauma-related services in your community? If so, list these providers.

APPENDIX C

Creating Conditions for Safety: Elements of a Trauma-Informed Environment (Organizational Assessment)

Creating Conditions for Safety: Elements of a Trauma Informed Environment
Your assessment is anonymous and will be analyzed in conjunction with the responses of all staff. This is an assessment into our current environment and the information garnered from this assessment will be used to inform focus groups and next step action plans. Thank you for your time, participation, and honesty.

Physical Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Confidentiality and Privacy						
Space is available for private conversations for program participants and staff						
Staff do not talk about program participants in common areas						
The agency informs program participants about what information is gathered, where it is kept, and who has access to it, and when and what the agency has to report and to whom						
Staff supervision is made available in a private confidential space						

APPENDIX C *(CONTINUED)*

Physical Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Accessibility						
All doors have automatic openers and all furnishings set up for ease of movement of wheelchairs and walkers						
All materials are available in audio versions as well as big print						
Interpreters are available for the deaf and hard of hearing when requested						
Appearance						
Space kept clean and neat						
Space is well lit						
Parking area is well lit at all times						
Furnishings are comfortable						
Climate						
Layout of space promotes interactions between program participants and staff						
Posted signs have “person-centered language”						
Someone is always available to welcome anyone walking into space						
Space reviewed and assessed by program participants						
Space is reviewed and assessed by former and/or current program participants						

APPENDIX C *(CONTINUED)*

Supportive Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Transparency						
Policies and procedures are reviewed with client						
Program participants are informed why they are asked to fill out certain forms and who has access to them						
Program participants are informed of program protocols on how staff respond to participants experiencing a crisis						
Policies and procedures are reviewed with staff						
Consistency and Predictability						
Hours of operation are posted and adhered to						
Change in hours is provided to program participants with advance notice						
Change in staff is provided to program participants with advance notice						
Responsive to participants' inquiries for services/support within 48 hours						

APPENDIX C *(CONTINUED)*

Supportive Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Staff meetings and supervision are on a consistent and predictable schedule						
Resource Availability						
Culturally sensitive staff are culturally responsive to women						
Resources are compiled, updated and made available to program participants and staff						
Staff serve as a resource to program participants and are responsive to needs of program participants						
Clear Expectations						
Code of ethics are developed with program participants						
Code of ethics are developed with staff						
Code of ethics are posted in common areas						
Code of ethics are reviewed regularly with program participants and staff						
Common group agreements are developed and followed for all meetings						
Agency mission, vision, and/or guiding principles are posted in common areas						

APPENDIX C *(CONTINUED)*

Supportive Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Staff and participants' actions are guided by the agency mission, vision, and/or guiding principles						
Gender Specific						
Programs are offered for women only in private and confidential spaces						
Program elements are designed by and for women						
Opportunities are provided for women to come together in informal settings to share their experience strength, hopes and dreams						
Cultural Sensitivity						
Signs are posted in different languages to meet needs of community						
Images and language on posters and artwork represent the demographics of the community						
Staff represent the demographics of the community						

APPENDIX C *(CONTINUED)*

Inclusive Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Voice						
Former and/or current program participants are involved in program development						
Former and/or current program participants are involved in program implementation						
Former and/or current program participants are involved in program evaluation						
Women self-identify their own goals						
Women evaluate whether their self-identified goals have been met						
Different perspectives are included						
Choice						
Information and resources are shared with program participants so they can make an informed choice						
All program functions and regulations are clearly described so program participants make informed choices						

APPENDIX C *(CONTINUED)*

Inclusive Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Language						
All written and verbal communication uses "person-centered language						
Language does not limit what a person can do (people are not viewed or talked about as a diagnosis or "label")						
Materials are available in the primary languages of community members						

Relational Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Boundaries						
All staff and volunteers have clear job descriptions						
The role of staff is made clear to program participants						
Staff do not do for one person what they would not do for all						
When ready and appropriate, staff share their own life experiences						

APPENDIX C *(CONTINUED)*

Relational Environment						
	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown	Not Relevant
Balanced						
Mutuality is demonstrated between staff and program participants						
Whenever and wherever appropriate, decisions are made collaboratively between program participants and staff						
Staff seek ways to share power with program participants						
Supervisors seek ways to share power with staff						
Authentic						
Staff are able to relate and empathize with program participant in response to the very human experience of woundedness and recovery						
Staff are able to engage with program participants and notice what each brings to the interaction						
Staff meet people (participants, other staff, etc.) where they are at in their healing and recover journey and offer support and guidance without judgment						
Agency recognizes that the staff person's lived experience affects her/his response to women's narratives/stories						

APPENDIX D

Core Competencies for Trauma-Informed Staff

Demonstrates KNOWLEDGE in the Following Areas			
	Demonstrates Competency	Needs Further Development	Uninformed
Summarizes the findings of the Adverse Childhood Experience Study (ACES)			
Describes interconnection of violence, trauma, and social issues			
Describes impact of trauma on the body, spirit, mind			
Understands impact of trauma over the life-span			
Understands "symptoms" are considered adaptive strategies/coping mechanisms from trauma			
Understands the complex needs of trauma survivors			
Understands the prevalence and impact of gender disparity (especially regarding women)			
Describes the impact of cultural trauma			
Understands retraumatization			
Understands cultural differences in how people understand, respond to, and treat trauma			
Understands universal precautions			
Understands the impact of natural disasters and war and its link to earlier traumatic experiences for trauma survivors			

APPENDIX D *(CONTINUED)*

Demonstrates KNOWLEDGE in the Following Areas			
	Demonstrates Competency	Needs Further Development	Uninformed
Understands impact of trauma on LGBTQI individuals and community			
Understands healthy boundaries within trauma-informed contexts			
Understands the intergenerational cycle of violence			
Understands the importance of self-care			
Understands the building blocks of establishing a trusting relationship			
Understands collaborative decision-making processes and need to seek common ground			
Understands the role of staff self-disclosure in trauma-informed settings			
Understands the need to know peers/ participants beyond their label, disability and/ or affect			
Understands why gender specific options are available			

APPENDIX D *(CONTINUED)*

Demonstrates SKILLS in the Following Areas			
	Demonstrates Competency	Needs Further Development	Uninformed
Articulates a working definition of trauma			
Articulates difference between trauma-informed and trauma-specific			
Able to establish and maintain healthy boundaries			
Able to create a safe and welcoming physical environment			
Able to create a supportive environment			
Able to create an inclusive environment			
Able to care a relational environment			
Able to provide gender-specific supports and services			
Supports peer skill development by sharing power			
Supports peer/participant involvement by providing opportunities for program participants to facilitate, organize, and/or coordinate activities			
Able to establish and maintain transparency in actions and interactions			
Establishes means for sharing information in an ongoing, consistent manner			
Able to establish trusting relationships with colleagues			
Able to establish trusting relationships with peers/participants			

APPENDIX D *(CONTINUED)*

Demonstrates SKILLS in the Following Areas			
	Demonstrates Competency	Needs Further Development	Uninformed
Able to make appropriate referrals with timely follow-up			
Able to communicate and collaborate with peers/participants in a respectful, inclusive manner			
Able to make decisions in collaboration with peers/participants			
Able to engage peers/participants with empathy, warmth, and sincerity			
Able to practice self-care in an intentional, consistent manner			
Able to maintain confidentiality			
Able to identify and use relevant existing community programs and resources and alternative peer/participant operated supports/programs			
Willing to ask for help from supervisor, peers/participant, colleagues			
Willing to learn from peers/participants			
Able to offer true choice to peers/participants and to honor their choice			
Able to coach peers/participants to know their strengths and talents			
Demonstrates culturally appropriate respect			
Able to tailor staff person approach to individual peer's/participant's unique goals and needs			

APPENDIX D *(CONTINUED)*

Demonstrates the Following VALUES			
	Reflected in Actions	Needs Further Development	Not Adopted
Values the lived experience of peers/ participants			
Peers and program participants are the experts in their own recovery			
Healing from trauma is transformative			
Connections between staff and participants are reciprocal and offer opportunities for shared learning			
Women heal in relationship with self, others, and/or a source outside of themselves			
Pathways to recovery are diverse and vary from individual to individual			
Recovery is a spiral path, not direct, not linear			
Healing builds strength in the “broken places”			
Recovery from trauma is possible for all			
Informed choice is central to trauma recovery			
Healing happens in relationships			

Note: These values for trauma-informed care organizations were identified by the Office of Women’s Health.

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