Resilient and Trauma-Informed Community: Organization Planning Guide

Resilient and Trauma-Informed Community (RTIC) is a framework adopted by community partners committed to responding to the impact of childhood trauma across the lifespan and the promotion of resilience. Becoming a Resilient and Trauma-Informed Community is a cultural change process viewing the health and well-being of a community through the lens of being trauma-informed. We all have a role to play in building a community that is connected, healthy and resilient.

Purpose of the Guide: Becoming trauma-informed requires an on-going commitment. Such a process "is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes, and skills that continues to deepen and unfold over time."[1]

This guide serves as a ***starting place*** to support collaborative dialogue and actions of organizational teams working to integrate trauma-informed practices, procedures and policies within the workplace. Through a reflective process, teams can identify and reinforce strategies and interventions that are working well, while also identifying opportunities for improvement or change.

Additional resources for each section of the guide can be found at www.resilientcommunitieswi.com

[1] Missouri Department of Mental Health and Partners. (2014). Missouri Model: A Developmental Framework for Trauma Informed.

Resources connected to this Planning Guide can be found at
https://www.resilientcommunitieswi.com/organizations.html

Definitions

Adverse Childhood Experiences (ACEs): ACEs are difficult experiences during childhood that affect our health. Witnessing violence, parental divorce or separation, caregiver addiction or mental illness, physical and emotional abuse, or neglect are a few examples.

More ACEs lead to an increased risk for future health problems.

Resilience: The ability to bounce back. Resilience supports health and helps people thrive despite past experiences. When the right supports are in place, people can overcome difficult experiences.

Resilience can be built through:

- Healthy and supportive relationships
- Taking care of ourselves
- Asking for help when we need it

Trauma-Informed Care: A perspective shift that promotes recovery and acknowledges the role of trauma in someone's life.

Resilient & Trauma-Informed Community: A collaborative commitment made by community partners to achieve a connected, healthy and resilient community through collective actions that Disrupt the Cycle, Strengthen Resilience and Restore Lives.

Trauma-Informed Principles[1]

Safety	Throughout the organization, staff and the population-served feel physically and psychologically safe
Trustworthiness & Transparency	Decisions are made with transparency and with the goal of building and maintaining trust
Peer Support	Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery
Collaboration & Mutuality	Shared decision-making among staff and with population-served is supported. Collaborative decisions and sharing power.
Empowerment, Voice, & Choice	Strengths are recognized, built on and validated – this includes a belief in resilience and ability to heal from trauma
Cultural, Historical & Gender Issues	Biases, stereotypes and historical trauma are recognized and addressed

[1]Adapted from Trauma-Informed Care Implementation Resource Center https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/ and Substance Abuse Mental Health Services Administration https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

How to Use the Guide

The RTIC Organization Planning Guide serves as a ***starting place*** to support collaborative dialogue and actions of organizational teams working to integrate trauma-informed practices, procedures and policies within the workplace. This guide can be used within an organization to provide a general indication of the organization's progress towards becoming trauma informed.

Objectives of the Guide:

- Identify strengths and areas of improvement
- Provide opportunity for staff to reflect on TIC work within their organization
- Support the development of Trauma-Informed Action Plans

Options for Completing the Organizational Assessment: Teams can work through the guide using an informal or formal approach.

***Informal approach*:** Organizational teams can review and discuss sections of the guide during team meetings.

***Formal approach*:** Follow the steps outlined below -

1) Lay the Groundwork

Use the guide as an organizational assessment exercise. Decide who in the organization will participate. We recommend broad participation from within the organization. Each organization is unique and may have a different organizational structure but, in general, we recommend including representatives from the following areas:

Upper administration
Middle Management
Program staff
Consumers/Population served

2) Set the Timeline

Decide on the timeframe and extent of your assessment. Decide on whether you will complete all sections of the assessment or if it will be completed over a period of time.

3) Set Ground Rules

Establish the ground rules of confidentiality. Participants will answer their own questionnaire anonymously. To maintain confidentiality, remind participants to not put their name anywhere on the questionnaire. Respondents should be reminded that the Organizational Assessment is not a review of anyone's job performance rather a process to identify needs in becoming a trauma informed organization.

4) Questionnaire Instructions

Participants should complete their own questionnaire based on their experience and knowledge. There are no right or wrong answers. Participants should establish what the focus will be of this assessment exercise (i.e. department vs whole organization).

5) Scoring the Questionnaires

Tabulate survey responses by tallying responses for each assessment question in Sections 1 and 2 using the Tabulation Sheets. The tabulation process will serve to identify areas in need of review either because scoring is not where the team aspires it to be or because a wide range of responses signals a variation in understanding or experience. *Tabulation sheets can be found on pages 15-19 of the RTIC Organizational Planning Guide.

6) Team Discussion to Review Results

The purpose of the team discussion is to identify areas for improvement and establish action plans to facilitate areas identified for change.

Share survey results with all participants. Review questions one by one focusing on the questions where a wide range of responses existed. Participants do not have to make their answers known. The process of reviewing each question allows for a discussion of specific areas that may need to be addressed.

The results of the assessment can support the identification of areas progressing well as well as support the development of action plans to respond to areas needing more attention. In addition, the guide can be used periodically so progress can be monitored and measured.

Section 1: Building Your Foundation
Getting Ready for Implementation

The integration of trauma-informed strategies and interventions will be enhanced when supported on a foundation of shared knowledge and a dedicated team to lead the effort.

Instructions: Please select the answer that best reflects what you know. Please mark only one answer for each statement.

A. Increasing Awareness and Knowledge

Staff (including new employees) receive education on the science of Adverse Childhood Experiences and their impact on health and well-being					
None	A few have	Many have	Most have	All have	Not sure
Staff are aware of the Resilient & Trauma-Informed Community (RTIC) framework					
None	A few are aware	Many are aware	Most are aware	All are aware	Not sure
Staff are knowledgeable of the six trauma-informed principles					
None	A few are knowledgeable	Many are knowledgeable	Most are knowledgeable	All are knowledgeable	Not sure

B. Team Structure

There is a dedicated team leading the integration of trauma-informed approaches and practices				
No, we do not have a team	Yes, there is a team but they are just getting started	Yes, there is a team and they meet sometimes	Yes, there is a team and they meet regularly	Not sure
The team has communication about the trauma-informed effort with colleagues and/or across departments				
Not at all	Minimally	Sometimes	Regularly	Not Sure
Leadership supports team's engagement in the Resilient & Trauma-Informed Community (RTIC) effort				
Not at all supportive	Somewhat supportive	Moderately supportive	Very supportive	Not sure

Section 2: Integrating Trauma-Informed Practices, Policies, and Procedures

On a Foundation of shared knowledge and established team structure, RTIC Teams can move to Section 2 and use this document as a tool for guiding dialogue and actions to support the integration of trauma-informed approaches.

Before RTIC Teams move to planning strategic actions, it is beneficial to consider ***how trauma-informed integration can be aligned with existing organizational initiatives.*** Trauma-informed integration can often come alongside and reinforce activities or initiatives already existing within an organization. By aligning alongside existing initiatives, RTIC Teams can demonstrate connection and prevent redundancy in areas that may overlap.

A. Professional Development

Staff are encouraged to continue advancing knowledge and skills in trauma-informed approaches				
Not at all	Minimally	Moderately	Fully	Not sure
Staff are supported to integrate the six trauma-informed principles into their professional practice				
Not at all	Minimally	Moderately	Fully	Not sure
Professional development opportunities are offered through a variety of formats to engage different learner types				
Not at all	Minimally	Moderately	Fully	Not sure

B. Self-Care of Staff

Staff are supported to practice self-care strategies to enhance well-being				
Not at all	Minimally	Moderately	Fully	Not sure
Staff have learned the signs and symptoms of secondary traumatic stress				
Not at all	Minimally	Moderately	Fully	Not sure
Workforce concerns regarding burnout and secondary traumatic stress are addressed				
Not at all	Minimally	Moderately	Fully	Not sure

C. Leadership

Strategic planning reflects a commitment for integrating trauma-informed approaches and supports				
Not at all	Sometimes	Often	Consistently	Not sure
Leadership invites feedback to improve trauma-informed practices and services				
Not at all	Sometimes	Often	Consistently	Not sure
Trauma-informed approaches are included within supervision practices				
Not at all	Sometimes	Often	Consistently	Not sure

D. Physical Environment

All areas of the physical environment are safe, welcoming and calming				
Not at all	A few areas	Most areas	All areas	Not sure
Staff are encouraged to interact with population served in a welcoming manner				
Not at all	Sometimes	Often	Consistently	Not sure
The physical environment reflects the population served (i.e. visuals, materials, languages)				
Not at all	A few areas	Most areas	All areas	Not sure

E. Practices, Procedures and Policies

Diversity, inclusion, and equity are integrated within practices, procedures and policies				
Not at all	Sometimes	Often	Consistently	Not sure
Practices, procedures and policies are reviewed to support integration of trauma-informed approaches				
Not at all	Sometimes	Often	Consistently	Not sure
Staff know how to respond to youth and adults in crisis (i.e. verbal escalation, aggression, suicidal thinking)				
Not at all	Some	Most	All	Not sure

F. Population-served

Staff are encouraged to promote positive relationships and social connectedness with population-served				
Not at all	Sometimes	Often	Consistently	Not sure
Population-served has opportunity to voice needs, concerns and experiences				
Not at all	Sometimes	Often	Consistently	Not sure
Population-served collaboratively set goals with staff on trauma-informed supports and services				
Not at all	Sometimes	Often	Consistently	Not sure

G. Community Partner Collaboration

There is communication with community partners to develop and sustain common goals				
Not at all	Sometimes	Often	Consistently	Not sure
There are coordinated services and supports implemented with community partners				
Not at all	Sometimes	Often	Consistently	Not sure
Data is collaboratively reviewed with community partners to inform decision making				
Not at all	Sometimes	Often	Consistently	Not sure

Identification of Trauma Experience: Questions and Practices to Consider

Many organizations question whether it is necessary or how to identify the experience of trauma within their population-served (i.e. student, patient, client, consumer etc.).

The decision on whether to identify trauma through screening processes should be a ***team*** **decision supported by leadership and in consultation with a health care or behavioral health provider.**

RTIC Teams are encouraged to have an in-depth dialogue regarding the following questions **before** action is taken to identify trauma experiences.

- What information are we looking for?
- Do we need the information? If yes, why?
- What will we do with the information?
- Who would have access to the information?
- Would knowing the information change our professional practice? How so?
- Is there opportunity for inclusion of strength-based assessments?
- Do we need to use a formal screening tool or can we apply trauma-informed practices by working from the assumption of exposure to trauma experiences?
- What might be the impact on our population-served?
- What interventions and/or resources do we have in place to respond to what we learn?
- What legal or ethical principles or policies need to be taken into consideration before the identification of trauma experiences?

Decisions on whether to screen or inquire about trauma experiences should be made following the in-depth team conversation. Many teams will choose to work from a trauma-informed approach ***without*** formal screening.

For organizations who choose to screen or inquire about trauma experiences, the Center for Health Care Strategies Inc. has shared the following considerations supporting actions regarding the identification and response to trauma[1]:

1. Treatment setting and population-served should guide screening. Upfront, universal screening may be more appropriate in primary care settings. Other providers, such as behavioral health clinicians, may prefer to screen for trauma after having an established relationship.

2. Screening should benefit the population-served. Screening for trauma must have a clear strategy in place for utilizing the information in a way that supports health, including an established referral network.

3. Care coordination should be employed to avoid rescreening. Sharing results across support and treatment settings with appropriate privacy protections may help reduce rescreening and the potential for re-traumatization.

4. Ample training should precede screening. Professionals should be proficient in trauma screening and in conducting participant follow-up in a manner that is sensitive to cultural and ethnic characteristics.

Adapted from Center for Health Care Strategies Inc. (2019) https://www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma_020619.pdf

Section 3: Achieving Systems Change through Flow and Links
Aligning actions across sectors

Learning and doing together across community sectors to Disrupt the Cycle, Strengthen Resilience and Restore Lives is needed in order to achieve systems-level change.

Achievement of systems-level change requires community partners to identify, understand and value the ***relationships*** among each other. When partners commit to engaging with each other at higher levels of collaboration, changes in **Flow** and **Links** serve as the primary facilitators of systems change.

Flow: Changes in how information, funding and resources (human and physical) flow in and out of the organization.

Links: Changes in how we work and how decisions are made supporting enhanced communication and collaborative implementation.

RTIC Teams are encouraged to review the ***Engagement with Community Partners*** chart to determine which level best fits the specific project, program or initiative in order to achieve the desired goals and outcomes.

Levels of Engagement with Community Partners[1]

	Independent	Informing	Consulting	Involving	Aligning
Flow	Community partners have some knowledge of activity. Resources and funding remain within organization.	Information is shared with community partners. Resources and funding remain within organization.	Feedback from community partners is considered. Resources and funding remain within organization.	Feedback from community partners is prioritized. Resource sharing is considered. Funds may be shared.	Communities partners engage in ongoing communication. Resource sharing and collaborative funding is explored.
Links	Decisions are made within organization.	Community partners are informed of what decisions were made.	Community partners give feedback and are informed of how they influenced decisions.	Community partners give feedback and support implementation.	Community partners engage in collaborative planning and implementation.

In order to determine a level of engagement with community partners, organizations are encouraged to consider the following questions when reviewing implementation plans for a specific program, project or initiative of the organization:

- Is there a benefit for the program, project or initiative to be a collaborative endeavor with community partners?
- To what level do you feel community partners should be engaged and why?
- How might the level of engagement with community partners influence outcome and results?
- Are other community partners looking to achieve the same or similar goals?

It is not always necessary or appropriate for organizations to practice *Involving or Aligning* actions when planning or implementing specific projects, programs or initiatives. *Involving* and *Aligning* actions will support a higher level of buy-in and collaborative ownership with community partners. The collaborative relationship across community partner is seen as a critical component for success of the program, project or initiative when organizations engage with partners at *Involving* or *Aligning* levels.

Achievement of systems-level change occurs when decision-making shifts from one organization to aligned decisions owned by a collaboration of partners. Alignment allows for differentiation of activities among community partners that are coordinated through shared ownership and a collaborative plan of action.

[1]Adapted from International Association for Public Participation www.iap2.org and Community Engagement Toolkit (2017) https://www.collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Toolkit.pdf

Levels of Engagement with Community Partners for _____
(name of project, program, initiative)

Flow: Changes in how information, funding, and resources (human and physical) flow in and out of the organization.

Instructions: For the project, program or initiative listed above use the *Engagement* chart on page 11 to determine the desired level of *Engagement with Community Partners* for the following areas:

Information about services and programs					
Independent	Informing	Consulting	Involving	Aligning	N/A
Resources (human and physical)					
Independent	Informing	Consulting	Involving	Aligning	N/A
Grants, fundraising, and other revenue streams					
Independent	Informing	Consulting	Involving	Aligning	N/A

Links: Changes in how we work and how decisions are made supporting enhanced communication and collaborative implementation.

Instructions: For the project, program or initiative listed above use the *Engagement* chart on page 11 to determine the desired level of *Engagement with Community Partners* for the following areas:

Decisions about services and programs					
Independent	Informing	Consulting	Involving	Aligning	N/A
Strategic Planning					
Independent	Informing	Consulting	Involving	Aligning	N/A
Implementation					
Independent	Informing	Consulting	Involving	Aligning	N/A

References

Resilient and Trauma-Informed Community: Strategies and Interventions Planning Guide is a planning tool tailored to be a collaborative and shared resource among community partners working together to build a Resilient and Trauma-Informed Community (www.resilientcommunitieswi.com).

This document utilizes, adapts, and expands upon a compilation of definitions, domains and items from:

Center for Health Care Strategies Inc. (2019). Screening for adverse childhood experiences and trauma. Retrieved from: https://www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma_020619.pdf

Centers for Disease Control and Prevention. (2019). Six guiding principles to a trauma-informed approach. Retrieved from: https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

International Association for Public Participation. Retrieved from: www.iap2.org

Linking Systems of Care for Children and Youth Virginia. (2018). Retrieved from: https://www.ncjfcj.org/linking-systems-of-care/toolkit

Missouri Model: A Developmental Framework for Trauma Informed, MO Dept. of Mental Health and Partners (2014). Retrieved from: https://saintfrancisministries.org/wp-content/uploads/2019/04/MO-Model-Working-Document-february-2015.pdf

National Council of Behavioral Health. (2019). Fostering Resilience and Recovery: A Change Packet for Advancing Trauma-Informed Primary Care. Retrieved from: https://www.thenationalcouncil.org/consulting-areas-of-expertise/trauma-informed-primary-care/

Schmitz, Paul. (2017). Community Engagement Toolkit Version 2.2 Retrieved from: https://www.collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Toolkit.pdf

Trauma-Informed Care Implementation Resource Center. (2019). What is trauma-informed care?. Retrieved from: https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

Section 1: Building Your Foundation
Tabulation Sheet

1 A. Increasing Awareness and Knowledge

Staff (including new employees) receive education on the science of Adverse Childhood Experiences and their impact on health and well-being						Mark priority questions for discussion ✔
None	A few have	Many have	Most have	All have	Not sure	
Staff are aware of the Resilient & Trauma-Informed Community (RTIC) framework						
None	A few are aware	Many are aware	Most are aware	All are aware	Not sure	
Staff are knowledgeable of the six trauma-informed principles						
None	A few are knowledgeable	Many are knowledgeable	Most are knowledgeable	All are knowledgeable	Not sure	

1 B. Team Structure

There is a dedicated team leading the integration of trauma-informed approaches and practices					Mark priority questions for discussion ✔
No, we do not have a team	Yes, there is a team but they are just getting started	Yes, there is a team and they meet sometimes	Yes, there is a team and they meet regularly	Not sure	
The team has communication about the trauma-informed effort with colleagues and/or across departments					
Not at all	Minimally	Sometimes	Regularly	Not Sure	
Leadership supports team's engagement in the Resilient & Trauma-Informed Community (RTIC) effort					
Not at all supportive	Somewhat supportive	Moderately supportive	Very supportive	Not sure	

Section 2: Integrating Trauma-Informed Practices, Policies, and Procedures Tabulation Sheets

2 A. Professional Development

Staff are encouraged to continue advancing knowledge and skills in trauma-informed approaches					Mark priority questions for discussion ✔
Not at all	Minimally	Moderately	Fully	Not sure	
Staff are supported to integrate the six trauma-informed principles into their professional practice					
Not at all	Minimally	Moderately	Fully	Not sure	
Professional development opportunities are offered through a variety of formats to engage different learner types					
Not at all	Minimally	Moderately	Fully	Not sure	

2 B. Self-Care of Staff

Staff are supported to practice self-care strategies to enhance well-being					Mark priority questions for discussion ✔
Not at all	Minimally	Moderately	Fully	Not sure	
Staff have learned the signs and symptoms of secondary traumatic stress					
Not at all	Minimally	Moderately	Fully	Not sure	
Workforce concerns regarding burnout and secondary traumatic stress are addressed					
Not at all	Minimally	Moderately	Fully	Not sure	

2 C. Leadership

Strategic planning reflects a commitment for integrating trauma-informed approaches and supports					Mark priority questions for discussion ✔
Not at all	Sometimes	Often	Consistently	Not sure	
Leadership invites feedback to improve trauma-informed practices and services					
Not at all	Sometimes	Often	Consistently	Not sure	
Trauma-informed approaches are included within supervision practices					
Not at all	Sometimes	Often	Consistently	Not sure	

2 D. Physical Environment

All areas of the physical environment are safe, welcoming and calming					Mark priority questions for discussion ✔
Not at all	A few areas	Most areas	All areas	Not sure	
Staff are encouraged to interact with population served in a welcoming manner					
Not at all	Sometimes	Often	Consistently	Not sure	
The physical environment reflects the population served (i.e. visuals, materials, languages)					
Not at all	A few areas	Most areas	All areas	Not sure	

2 E. Practices, Procedures and Policies

Diversity, inclusion, and equity are integrated within practices, procedures and policies					Mark priority questions for discussion✔
Not at all	Sometimes	Often	Consistently	Not sure	
Practices, procedures and policies are reviewed to support integration of trauma-informed approaches					
Not at all	Sometimes	Often	Consistently	Not sure	
Staff know how to respond to youth and adults in crisis (i.e. verbal escalation, aggression, suicidal thinking)					
Not at all	Some	Most	All	Not sure	

2 F. Population-served

Staff are encouraged to promote positive relationships and social connectedness with population-served					Mark priority questions for discussion✔
Not at all	Sometimes	Often	Consistently	Not sure	
Population-served has opportunity to voice needs, concerns and experiences					
Not at all	Sometimes	Often	Consistently	Not sure	
Population-served collaboratively set goals with staff on trauma-informed supports and services					
Not at all	Sometimes	Often	Consistently	Not sure	

2 G. Community Partner Collaboration

There is communication with community partners to develop and sustain common goals					Mark priority questions for discussion ✔
Not at all	Sometimes	Often	Consistently	Not sure	
There are coordinated services and supports implemented with community partners					
Not at all	Sometimes	Often	Consistently	Not sure	
Data is collaboratively reviewed with community partners to inform decision making					
Not at all	Sometimes	Often	Consistently	Not sure	

Section 1: Building Your Foundation
Action Planning Sheet

		Timeline
Accomplished		
Goals		
Next Steps		

Section 2: Integrating Trauma-Informed Practices, Policies, and Procedures Action Planning Sheet

		Timeline
Accomplished		
Goals		
Next Steps		

Section 3: Achieving Systems Change through Flow and Links
Aligning actions across sectors

		Timeline
Accomplished		
Goals		
Next Steps		