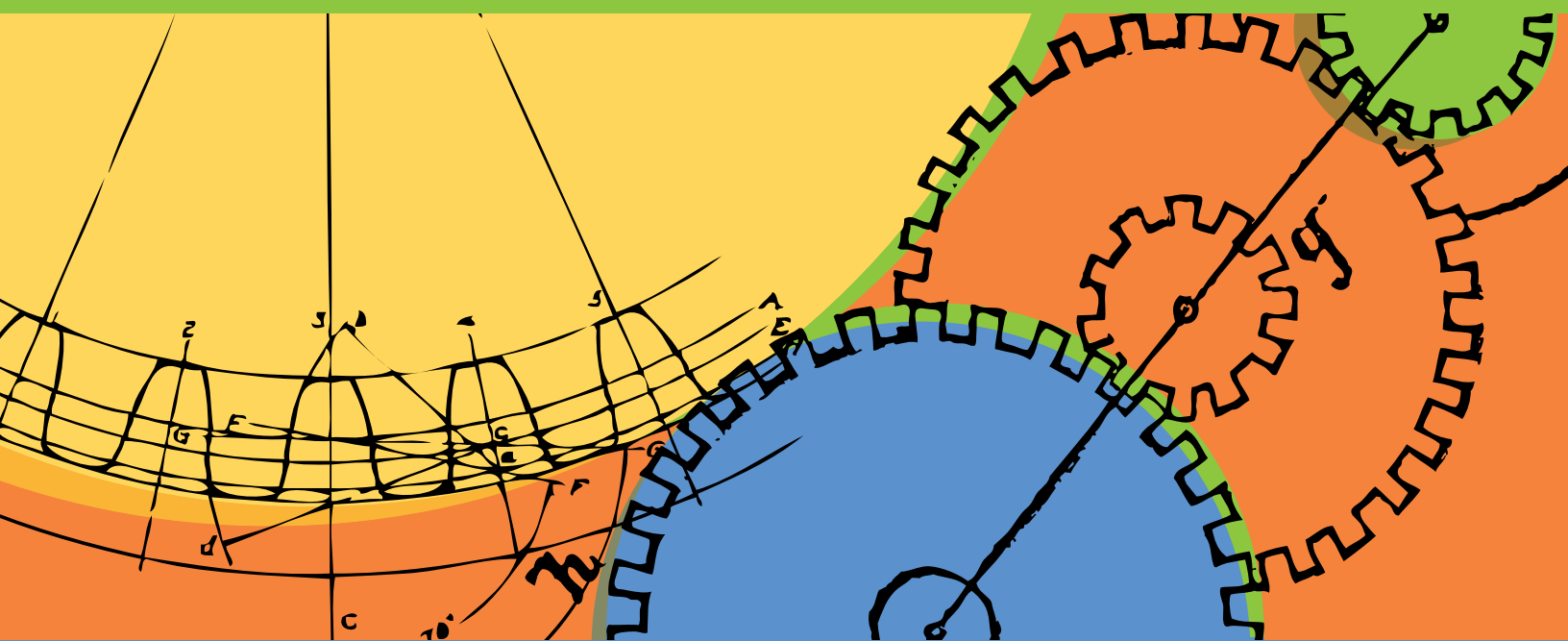


Developing Trauma-Informed Organizations

A Tool Kit



Developed by
Institute for Health and Recovery

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INSTITUTE FOR HEALTH AND RECOVERY

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Developing Trauma-Informed Organizations: Second Edition

INSTITUTE FOR HEALTH AND RECOVERY
349 BROADWAY
CAMBRIDGE, MA 02139
Tel. (617) 661-3991
TTY: (617) 661-9051

www.healthrecovery.org

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History

This Tool Kit was originally developed through the Women Embracing Life and Living (WELL) Project. Funded by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, the WELL Project, conducted by the Institute for Health and Recovery (5 UDI TI 11406 02), was one of the sites of the Women, Co-Occurring Disorders and Violence Study (WCDVS). The WCDVS demonstrated superior outcomes for women with co-occurring substance use and mental health disorders and histories of physical and/or sexual abuse who received trauma-informed services, versus outcomes for similar women receiving services as usual. During the study, the WELL Project Massachusetts State Leadership Council brought together representatives from state agencies, consumer advocacy organizations, provider organizations, and people with lived experience to discuss ways to increase access to trauma-informed, integrated care for women with co-occurring disorders and histories of violence, and their children. A subcommittee of the State Leadership Council developed the Principles for the Trauma-Informed Treatment of Women with Co-Occurring Mental Health and Substance Use Disorders, the original Self-Assessment for Providers, and the original Organizational Self-Assessment in 2002. These documents are the result of many hours of collaboration and hard work by the following members:

Marci Diamond, MPA
Dir. of Sexual Assault Prevention & Survivor Services
Mass. Dept. of Public Health

Naomi Pinson Armstrong
Program Director, Peer Support Initiative
Vinfen, Inc.

Norma Finkelstein, PhD
Executive Director
Institute for Health and Recovery

Carol Seval, RN, MPH, LMHC
Boston Medical Center
Div. of Developmental & Behavioral Pediatrics

Jennifer Meade, MSW
Research and Evaluation Analyst
Jane Doe, Inc.

Nan Stromberg, RN, CS
Director of Licensing, Nursing
Mass. Dept. of Mental Health

Laurie S. Markoff, PhD
Director of Trauma Integration Services
Institute for Health and Recovery

Since the development of the original Tool Kit, the Institute for Health and Recovery (IHR) has provided training and technical assistance on implementing trauma-informed care to many different kinds of organizations in Massachusetts and throughout the United States. The Massachusetts Department of Public Health, Bureau of Substance Abuse Services has contracted with IHR to assist state-funded substance use disorder treatment programs in providing trauma-informed care. IHR has also done work for Massachusetts' Department of Corrections, Department of Mental Health, and Department of Children and Families.

Throughout the United States, IHR has worked with state and local agencies providing services for homeless individuals, victims of domestic violence, individuals with disabilities, incarcerated men and women, families, adolescents, and children. IHR's work with service providers and those who are being served has inspired changes to the original Tool Kit, including the development of additional tools to assist organizations in enhancing their ability to provide trauma-informed care. IHR is grateful to everyone who has collaborated in developing and refining this Tool Kit.

Using the Tool Kit

This Tool Kit is designed to help organizations improve the quality of services offered by integrating an understanding of the impact of trauma and violence into the organization's policies, procedures, and interactions with those being served.

The Markoff et. al. (2005) article on Relational Systems Change outlines the basic approach that an organization can take when implementing systems change.¹ Another helpful resource is the Harris and Fallot (2001) book on becoming a trauma-informed organization.² Once the administration of an organization has committed to providing trauma-informed care, it is suggested that a Trauma Integration Committee be formed. The committee should include members from a variety of roles in the organization (administrators, middle managers, supervisors, direct care staff, support staff, peer workers) and should also include at least several individuals who have received, or are currently receiving, services. Training in the principles and practices of trauma-informed care should be provided for these individuals (and eventually for all staff). The committee should then amend the organization's mission statement to include the provision of trauma-informed services or develop a policy statement to that effect. Following this, they should work together to develop a Trauma Integration Strategic Plan.

This Tool Kit contains a number of documents and instruments that can assist an organization in developing and implementing a Trauma Integration Strategic Plan, along with instructions for their use. They are:

- I. Principles for an Integrated, Trauma-Informed Service System
- II. Template for Developing a Trauma-Informed Strategic Plan: This instrument can be used to guide a Trauma Integration Committee in the development of the goals to be included in the Trauma Integration Strategic Plan.
- III. Sample Trauma Policies

1 Markoff, L.S., Finkelstein, N., Kammerer, N., Kreiner, P., and Prost, C.A. (2005). Relational systems change: Implementing a model of change in integrating services for women with substance abuse and mental health disorders and histories of trauma. *Journal of Behavioral Health Services and Research*, 32(2), 227-240.

2 Harris, M., & Fallot, R. D. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass.

- IV. Self-Assessments: These instruments may be used for goal-setting or as pre-post measures to determine the extent to which an organization is delivering trauma-informed services.
 - A. Self-Assessment for Service Providing Organizations (general)
 - B. Self-Assessment for Providers of Services for Substance Use and Co-Occurring Disorders: A briefer instrument developed specifically for substance use disorder treatment providers.
 - C. Organizational Self-Assessment: For state agencies or organizations that oversee, but do not provide, direct services.
- V. Staff Practice Survey: This survey may be administered anonymously to all staff. The scoring indicates to what extent the organization is trauma-informed in six domains, and can be used to set and prioritize goals and/or measure progress.
- VI. Supervision Guides and Instruments: The guides are designed to educate supervisors regarding how to conduct supervision in a trauma-informed manner and how to elicit staff competencies in terms of trauma-informed care. There is an instrument that a supervisor can use to support his or her provision of trauma-informed supervision, and an instrument a supervisor can use to track a specific supervisee's competencies.