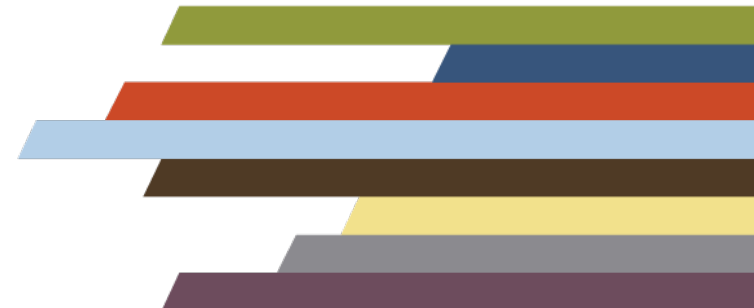Mid-America (HHS Region 7)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

TTC TRAUMA INFORMED CARE (TIC) IMPLEMENTATION

DISCLAIMER

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*Missouri Model: A Developmental Framework for Trauma
Informed Approaches, MO Dept. of Mental Health and Partners
(2014)*

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TTC TIC IMPLEMENTATION

RELATIONSHIP BUILDING

DESIGN

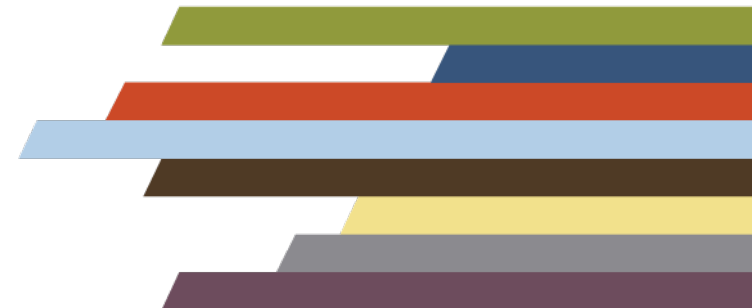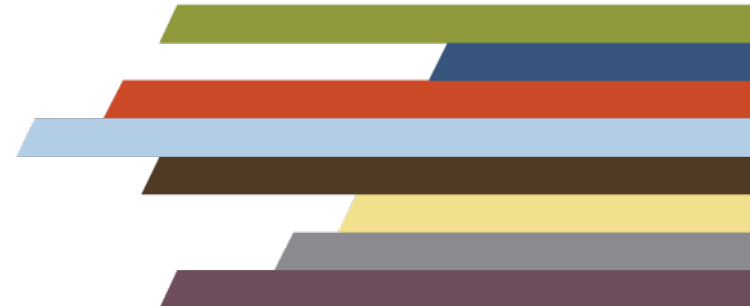**TRAUMA AWARE**

TRAUMA SENSITIVE

TRAUMA RESPONSIVE

TRAUMA INFORMED

*Based on the Missouri Model**

KEY TERMS

TTC: Technology Transfer Center
TIC: Trauma Informed Care

	RELATIONSHIP BUILDING	DESIGN	TRAUMA AWARE*	TRAUMA SENSITIVE*	TRAUMA RESPONSIVE*	TRAUMA INFORMED*
ORGANIZATION GOALS	Leadership has a clear sense of what resources will likely be needed for each phase of implementation. Leadership has knowledge of the potential impacts TIC implementation will have on staff and clients.	Leadership and workgroup are aware of where the organization is on spectrum of TIC implementation and needs for progressing to next phase. Leadership and workgroup allocate resources (staff time, financial, space, etc.) for implementation of next phase. Projected productivity and financial costs are known so that the organization can ensure sustainable implementation.	All staff have basic understanding of trauma, its causes, prevalence, and impact, in addition to the medical model of addiction. Staff know the five principles of TIC, how they are reflected in current practices, and their relationship to organization's mission. Staff recognize own attitudes and may begin shifting their paradigm on coworker and patient behavior.	Organization has common goals and expectations for what the new standard of care will be and what changes are required to achieve shared outcomes. All staff are aware of organizational commitment to TIC, supportive of this cultural transformation, and begin developing practices to promote staff resilience. Information on trauma, ACE's, and principles for TIC are visible to both staff and clients.	Observable shift in culture as staff apply new knowledge to interactions with clients, other staff, practices, and policies. Language is integrated throughout the organization that supports the five TIC principles. Trauma-specific referrals and/or treatment offered. Staff at all levels regularly evaluate organizational practices and policy from a TIC perspective.	Mission statement, goals and/or objectives explicitly reference sustaining a TIC culture and environment. Organization demonstrates a sustainable commitment to trauma-informed values and all employees and volunteers implement trauma-informed practices. Other agencies and community partners turn to organization for expertise and leadership. All staff respond to internal and external changes, barriers, and growth through a TI lens.
TASKS	Internal process of reflection, informal needs assessment, exploration of organizational goals and internal capacity for change, and how a TIC consultant could support the change process. Leadership discusses motivations, barriers, and concerns about TIC implementation. Leadership begins exploring TIC alignment with organization's mission and strategy.	Implementation workgroup convenes and begins creating implementation plan that will outline the work, formalize roles, set vision, and identify committed resources. Formalize relationship with consultant through contract or Memorandum of understanding/Agreement (MOU/MOA). Workgroup explores, selects, and conducts individual and organizational assessments of TIC capacity.	Workgroup selects TIC training curriculum and assigns and schedules awareness trainings. All staff attend training. Staff ask questions, continue exploring trauma, and consider what the new information means for their practice. Leadership disseminate initial messaging about TIC and organization's mission.	Conversations about the value of TIC occur at all levels of the organization. Implementation workgroup reviews assessment findings, policy and practice review, and other relevant data to develop a detailed implementation plan with clear goals and outcomes for TIC. Workgroup recruits and integrates patients in program and practice planning.	The organization is the primary driver of the implementation plan and actively adapts policies and practices to be trauma-informed. Staff integrate principles into behaviors, supervision, practices with clients, organization's physical environment, and hiring practices. Organization begins outreach to other community providers who can provide resources that support trauma recovery.	All levels of the organization drive the implementation plan. Implementation workgroup conducts ongoing evaluation of fidelity to TIC model, client outcomes, staff experience, and other key measures that reflect the 5 principles. Recruitment, interviewing, hiring, onboarding, and supervision/management all incorporate TIC principles. TIC training is held at regular intervals and provided to all new staff.

TTC CONSULTANT SERVICES	RELATIONSHIP BUILDING	DESIGN	TRAUMA AWARE*	TRAUMA SENSITIVE*	TRAUMA RESPONSIVE*	TRAUMA INFORMED*
	• Informal assessment: develop a detailed, objective, and compassionate understanding of what motivates stakeholders within an organization. • Build rapport with leadership to develop initial understanding of organization's culture, need for support in implementing TIC, and how this aligns with consultant capacity. • Provide information on phases of TIC implementation. • Support leadership in understanding potential disruptions within organization.	• Guide drafting of the Memorandum of understanding/Agreement (MOU/MOA) to formalize relationship and scope of work. • Help leadership select members of the implementation workgroup and support group formation. Identify the appropriate assessments for use to measure TIC capacity. • Facilitate the planning and creation of the organization's implementation plan. • Provide guidance on best practices for gaining and maintaining staff ownership of TIC. • Utilize an array of facilitation, visioning, and problem-solving tools.	• Deliver training or assist organization in identifying a trainer/curriculum they want to offer to staff. • Promote trainings that are evidence-based and reflective current best practices specific to the organization's setting or target population. • Guide the organization through planning for the trainings offered to staff, including identification of desired training outcomes. • Engage leadership in exploration of what this new information means, next steps to be taken, and communication strategy for staff. • Continue to nurture relationship with organization.	• Meet regularly with implementation workgroup to review implementation plan and document progress. • Intentionally communicate with staff about the design process. • Support leadership in developing a message that speaks to why the organization is prioritizing this transformation. • Assist in creating an ongoing monitoring and reporting system to track implementation. • Utilize a coaching process to ensure true knowledge transfer for behavioral and culture change, help identify barriers, facilitate problem solving and conflict resolution.	• Conduct regular check-ins with implementation workgroup, facilitating problem-solving when needed. • Highlight successes and use them to empower organization for long-term sustainability. • Provide guidance with any modifications to implementation plan and encourage involvement of those with lived experience in the feedback process. • Collaborate with QA/I and evaluation teams to plan for data collection and outcomes evaluation.	• Role may become unnecessary at this phase. • Should be rarely needed for on-site interactions and is still available on an as-needed-basis. • Create mechanism for continued communication. • Encourage implementation team to use problem solving tools. • Remind team to periodically review Sustainability Action Plan to reinforce TIC culture and practices. • Request periodic reports on progress and other measurable to provide encouragement or insights.

RELATIONSHIP BUILDING

ORGANIZATION GOALS

1. Leadership has a clear sense of what resources will likely be needed for each phase of implementation.

2. Leadership has knowledge of the potential impacts TIC implementation will have on staff and clients.

ORGANIZATION TASKS

➢ Internal process of reflection, informal needs assessment, exploration of organizational goals and internal capacity for change, and how a TIC consultant could support the change process.

➢ Leadership discusses motivations, barriers, and concerns about TIC implementation.

➢ Leadership begins exploring TIC alignment with organization's mission and strategy.

TIC CONSULTANT TASKS

➢ Informal assessment: develop a detailed, objective, and compassionate understanding of what motivates stakeholders within an organization.

➢ Build rapport with leadership to develop initial understanding of organization's culture, need for support in implementing TIC, and how this aligns with consultant capacity.

➢ Provide information on phases of TIC implementation.

➢ Support leadership in understanding potential disruptions within organization.

DESIGN

ORGANIZATION GOALS

1. Leadership and workgroup are aware of where the organization is on spectrum of TIC implementation and needs for progressing to next phase.

2. Leadership and workgroup allocate resources (staff time, financial, space, etc.) for implementation of next phase.

3. Projected productivity and financial costs are known so that the organization can ensure sustainable implementation.

ORGANIZATION TASKS

➢ Implementation workgroup convenes and begins creating implementation plan that will outline the work, formalize roles, set vision, and identify committed resources.

➢ Formalize relationship with consultant through contract or Memorandum of understanding/Agreement (MOU/MOA).

➢ Workgroup explores, selects, and conducts individual and organizational assessments of TIC capacity.

TIC CONSULTANT TASKS

➢ Guide drafting of the Memorandum of understanding/Agreement (MOU/MOA) to formalize relationship and scope of work.

➢ Help leadership select members of the implementation workgroup and support group formation.

➢ Identify the appropriate assessments for use to measure TIC capacity.

➢ Facilitate the planning and creation of the organization's implementation plan.

➢ Provide guidance on best practices for gaining and maintaining staff ownership of TIC.

➢ Utilize an array of facilitation, visioning, and problem-solving tools.

TRAUMA AWARE

ORGANIZATION GOALS

1. All staff have basic understanding of trauma, its causes, prevalence, and impact, in addition to the medical model of addiction.

2. Staff know the five principles of TIC, how they are reflected in current practices, and their relationship to organization's mission.

3. Staff recognize own attitudes and may begin shifting their paradigm on coworker and patient behavior.

ORGANIZATION TASKS

➢ Workgroup selects TIC training curriculum and assigns and schedules awareness trainings.

➢ All staff attend training.

➢ Staff ask questions, continue exploring trauma, and consider what the new information means for their practice.

➢

➢ Leadership disseminate initial messaging about TIC and organization's mission.

TIC CONSULTANT TASKS

➢ Deliver training or assist organization in identifying a trainer/curriculum they want to offer to staff.

➢ Promote trainings that are evidence-based and reflective current best practices specific to the organization's setting or target population.

➢ Guide the organization through planning for the trainings offered to staff, including identification of desired training outcomes.

➢ Engage leadership in exploration of what this new information means, next steps to be taken, and communication strategy for staff.

➢ Continue to nurture relationship with organization.

TRAUMA SENSITIVE

ORGANIZATION GOALS

1. Organization has common goals and expectations for what the new standard of care will be and what changes are required to achieve shared outcomes.

2. All staff are aware of organizational commitment to TIC, supportive of this cultural transformation, and begin developing practices to promote staff resilience.

3. Information on trauma, ACE's, and principles for TIC are visible to both staff and clients.

ORGANIZATION TASKS

➤ Conversations about the value of TIC occur at all levels of the organization.

➤ Implementation workgroup reviews assessment findings, policy and practice review, and other relevant data to develop a detailed implementation plan with clear goals and outcomes for TIC.

➤ Workgroup recruits and integrates patients in program and practice planning.

TIC CONSULTANT TASKS

➤ Meet regularly with implementation workgroup to review implementation plan and document progress.

➤ Intentionally communicate with staff about the design process.

➤ Support leadership in developing a message that speaks to why the organization is prioritizing this transformation.

➤ Assist in creating an ongoing monitoring and reporting system to track implementation.

➤ Utilize a coaching process to ensure true knowledge transfer for behavioral and culture change, help identify barriers, facilitate problem solving and conflict resolution.

TRAUMA RESPONSIVE

ORGANIZATION GOALS

1. Observable shift in culture as staff apply new knowledge to interactions with clients, other staff, practices, and policies.

2. Language is integrated throughout the organization that supports the five TIC principles.

3. Trauma-specific referrals and/or treatment offered.

4. Staff at all levels regularly evaluate organizational practices and policy from a TIC perspective.

ORGANIZATION TASKS

➢ The organization is the primary driver of the implementation plan and actively adapts policies and practices to be trauma-informed.

➢ Staff integrate principles into behaviors, supervision, practices with clients, organization's physical environment, and hiring practices.

➢ Organization begins outreach to other community providers who can provide resources that support trauma recovery.

TIC CONSULTANT TASKS

➢ Conduct regular check-ins with implementation workgroup, facilitating problem-solving when needed.

➢ Highlight successes and use them to empower organization for long-term sustainability.

➢ Provide guidance with any modifications to implementation plan and encourage involvement of those with lived experience in the feedback process.

➢ Collaborate with QA/I and evaluation teams to plan for data collection and outcomes evaluation.

TRAUMA INFORMED

ORGANIZATION GOALS

1. Mission statement, goals and/or objectives explicitly reference sustaining a TIC culture and environment.

2. Organization demonstrates a sustainable commitment to trauma-informed values and all employees and volunteers implement trauma-informed practices.

3. Other agencies and community partners turn to organization for expertise and leadership.

4. All staff respond to internal and external changes, barriers, and growth through a TI lens.

ORGANIZATION TASKS

➢ All levels of the organization drive the implementation plan.

➢ Implementation workgroup conducts ongoing evaluation of fidelity to TIC model, client outcomes, staff experience, and other key measures that reflect the 5 principles.

➢ Recruitment, interviewing, hiring, onboarding, and supervision/management all incorporate TIC principles.

➢ TIC training is held at regular intervals and provided to all new staff.

TIC CONSULTANT TASKS

Role may become unnecessary at this phase. Should be rarely needed for on-site interactions and is still available on an as-needed-basis.

➢ Create mechanism for continued communication.

➢ Encourage implementation team to use problem solving tools.

➢ Remind team to periodically review Sustainability Action Plan to reinforce TIC culture and practices.

➢ Request periodic reports on progress and other measurable to provide encouragement or insights.

*Missouri Model: A Developmental Framework for Trauma Informed Approaches, MO Dept. of Mental Health and Partners (2014)
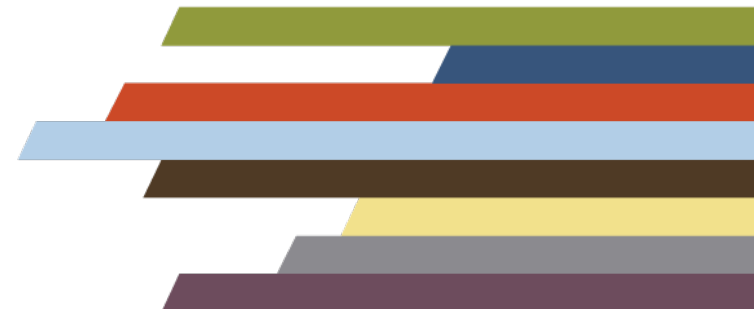
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