

# Trauma-Informed Organizations

## Resource Guide

*A collaborative project with  
New York State Children's Alliance  
& Northeast Regional Children's Advocacy Center*



**northeast regional**  
children's advocacy center



# Trauma-Informed Organizations Resource Guide

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## TRAUMA INFORMED ORGANIZATIONS

## Virtual Training Series



## OVERVIEW

NYSICA and NRCAC will provide an ongoing webinar series (1.5 hours) to CACs in New York on Trauma-Informed Organizations. Monthly training series will be hosted on Zoom. This training series is offered for CAC Directors and leadership team members interested in working towards a trauma-informed CAC. Participants may register for all the webinars or just specific ones. Content will build upon prior webinars, but can also be viewed as stand-alone on particular topics. Training series will be recorded for those who miss the live event. Participants will have access to Dropbox with resources, including a Trauma 101 Powerpoint that can be tailored for your CAC.

*Hosted by:*

NYSICA and NRCAC, with guest presenters throughout the year.

*Objectives:*

- To outline the 10 Key Development Areas for Trauma-Informed Organizations
- To provide tools to assist CAC leaders in organizational change
- To highlight successful efforts by CACs in the region
- To provide opportunity for ongoing dialogue regarding implementation questions and challenges encountered

## MONTHLY TRAINING DATES & TOPICS

*January 5, 2021 • 10-11:30am*

### WHAT IS A TRAUMA-INFORMED ORGANIZATION?

- Discuss the difference between: What is trauma; What is trauma-informed care; What is a trauma-informed organization
  - Outline goals and objectives for the training series
  - Discuss current efforts in CACs in NY
  - Provide information about resources available
- 

*February 2, 2021 • 1-2:30pm*

### HOW TO START THE PROCESS TO BE TRAUMA-INFORMED

- Highlight the 5 Guiding Principles and 10 key development areas
  - Where to begin with your CAC
- 

*March 2, 2021 • 10-11:30am\*\**

### TRAUMA-INFORMED CARE DURING COVID 19

- How are we providing services
  - Successful efforts and challenges faced
- 

*April 6, 2021 • 10-11:30am*

### WHAT AGENCIES HAVE BEEN SUCCESSFUL IN CREATING A TRAUMA-INFORMED ORGANIZATION

- How they began their process of organizational change
  - What were the successes and challenges
  - What advice would they give to CACs looking to embark on this journey
- 

*May 4, 2021 • 10-11:30am\*\**

### TRAUMA-INFORMED APPROACH: INTERVIEWING, HIRING, TRAINING

- Why is it important to start with job posting, interviewing, hiring and training

- What are examples of trauma-informed interviewing questions
  - What are examples of training with a trauma-informed lens
- 

*June 1, 2021 • 10-11:30am*

### **ADDRESSING THE IMPACT OF THE WORK**

- What are CAC leaders seeing with their staff and vicarious trauma, burnout, compassion fatigue
  - What are CACs currently doing in their organization
  - Ideas for organizational strategies
- 

*July 6, 2021 • 10-11:30am*

### **HOW TO INCORPORATE SMALL CHANGES TO CASE REVIEW**

- What does your case review look like now
  - Building a better case review together
  - Small changes that make a big difference
- 

*August 3, 2021 • 10-11:30am*

### **TRAUMA-INFORMED SUPERVISION**

- What does supervision look like with your staff
  - How to move beyond the checklist
  - What is reflective supervision
- 

*September 7, 2021 • 10-11:30am*

### **TRAUMA-INFORMED TREATMENTS**

- Trauma-Focused, Cognitive Behavioral Treatment (TF-CBT)
  - Child and Family Traumatic Stress Intervention (CFTSI)
  - Eye Movement Desensitization and Reprocessing (EMDR)
- 

*October 12, 2021 • 10-11:30am\**

### **IMPLEMENTATION AND MONITORING PROGRESS**

- What efforts have you tried with your CACs

- Describe lessons learned
  - What follow up support is needed
- 

*November 2, 2021 • 10-11:30am\**

### **NEW INITIATIVES IN TRAUMA-INFORMED CARE**

- Regional and national developments
- 

*December 7, 2021 • 10-11:30am\**

### **NEXT STEPS FOR TRAUMA-INFORMED CACS**

- What's next
- Resources and follow up



\*Pending funding availability.

\*\*This training is supported by the National Criminal Justice Training Center, Fox Valley Technical College with funds awarded through OJJDP grant #2017-MC-FX-K002.

## TRAUMA-INFORMED ORGANIZATIONS

## Introduction



New York State Children's Alliance and Northeast Regional Children's Advocacy Center have created a collaborative project to assist in the development and enhancement for trauma-informed CACs. In this process, we have had many discussions about what is "trauma-informed" and have outlined some definitions and descriptions below for reference. This project has been largely informed by our work with The Institute on Trauma and Trauma-Informed Care, Buffalo Center for Social Research, School of Social Work, <http://socialwork.buffalo.edu/ittic>. We thank ITTIC for their expertise and resources shared with NYSCA and NRCAC.

## WHAT IS A TRAUMA-INFORMED ORGANIZATION?

- A) Trauma-Informed Care (TIC) is an organizational culture change process** that requires the traditional power hierarchy to be a more flattened, collaborative environment, while reflecting the paradigm shift from "What is wrong with you?" to "What has happened to you?" in all that we do (Bloom, 1994; Bloom, 2013; Harris & Fallot, 2001).
- B) A trauma-informed organization acknowledges the impact of trauma** on clients and staff with a goal to change the culture of organizations to recognize and respond through leadership, education, and reviewing policies & procedures and more. Any organization in multidisciplinary team work can be trauma-informed from police departments, child protection, prosecution, mental health, victim advocacy and medical.
- C) A trauma-informed approach has 5 Guiding Principles.** The five guiding values and principles proposed by Harris and Fallot (2001) provide a general framework that can be used in any organization/system with everyone, including at a worker-to- client/patient/student/consumer

level, a worker-to-worker level and a leadership-to-worker level. While we strive to incorporate all five to the best of our ability, we may not be able to use all of them in every interaction.

- 1. Safety** is broken down into considerations of physical and emotional safety of all individuals in the organization/system. Physical safety involves thinking about security and the aesthetics of the building itself (appearance, lighting, accessibility, etc.) and the effect that those may have on individuals. Emotional safety can be ensured by being attentive to signs of individual discomfort, recognizing these signs in a trauma-informed way, checking in, debriefing and providing support to staff, and ensuring interactions with everyone are welcoming, respectful and engaging (Harris & Fallot, 2001).
- 2. Trustworthiness** involves providing clear information about what will be done, by whom, when, why and under what circumstances (including role clarity, rules/ job descriptions, etc.). It also means maintaining respectful and professional boundaries, prioritizing privacy and confidentiality, and ensuring interactions and rules are consistent with an emphasis placed on follow-through (Harris & Fallot, 2001).
- 3. Choice** involves deliberately considering how much of a voice all individuals have throughout their experience in the organization/ system (care received, goals set, how to address a task, appearance of office space, vacation time, etc.); and providing everyone clear and appropriate messages about their rights and responsibilities (Harris & Fallot, 2001).
- 4. Collaboration** is the creation of an environment of doing with rather than doing to or for someone by flattening the organizational power hierarchy, giving all individuals a significant role in planning and evaluating their care/services/job, eliciting feedback from all individuals to inform organization/ system-wide administration and changes, and conveying the message that individuals are the experts in their own lives (Harris & Fallot, 2001).
- 5. Empowerment** pertains to recognizing and building on individual strengths/skills, communicating realistic sense of hope for the future and fostering an atmosphere that allows everyone in the organization/system to feel validated and affirmed during each and every contact (Harris & Fallot, 2001). It is important to note that empowerment is different than cheerleading. Instead of giving someone a direct compliment or encouragement, empowerment is more about eliciting from the individual—asking them to come up with capacities and strengths (Krause, Green, Koury & Hales, 2017). Empowerment also includes the use of strengths-based language that is focused on solutions rather than problems.



## 10 KEY DEVELOPMENT AREAS FOR TRAUMA-INFORMED ORGANIZATIONS

### 1. LEADING AND COMMUNICATING

Involves having leadership/administration buy-in, investment and consistent messaging around trauma-informed organizational change, and the presence of a committee/team leading the change process.

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### 2. HIRING & ORIENTATION PRACTICES

Involves ensuring hiring, new-hire orientation and other human resources practices are conducted in ways that are trauma-informed and trauma-sensitive.

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### 3. TRAINING THE WORKFORCE (CLINICAL AND NON- CLINICAL)

Involves a realistic and sustainable plan for providing ongoing trauma-informed education and training to all levels of the workforce.

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### 4. ADDRESSING THE IMPACT OF THE WORK

Involves increasing workforce awareness of how to prevent/manage secondary traumatic stress, vicarious trauma and compassion fatigue, as well as implementing organizational/system structures to help support workers and promote vicarious resilience/vicarious post-traumatic growth.

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### 5. ESTABLISHING A SAFE ENVIRONMENT

Involves taking a deliberate look at the environment and atmosphere of the organization/system to ensure that physical space/aesthetics and culture are trauma-informed and trauma-sensitive.

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### 6. SCREENING FOR TRAUMA

Involves deciding whether or not screening for trauma and/or adversity is appropriate in the organization/ system, and if so, what tools and follow-up structures are in place to do so.

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### 7. TREATING TRAUMA

Involves having on-site trauma-specific treatment interventions or accessible referrals in place for individuals who are seeking treatment for their trauma.

## **8. COLLABORATING WITH OTHERS (PARTNERS AND REFERRALS)**

Involves building on and/or creating mechanisms with partner organizations/systems to collaboratively ensure trauma-informed networks, communities and systems.

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## **9. REVIEWING POLICIES AND PROCEDURES**

Involves confirming that all policies, procedures, and protocols are written and conducted in a way that is in line with a trauma-informed and trauma-sensitive approach.

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## **10. EVALUATING AND MONITORING PROGRESS**

Involves having mechanisms in place to evaluate and monitor trauma-informed organizational change, as well as its impact on the organization/system in relation to outcomes.



## TRAUMA-INFORMED ORGANIZATIONS

# Ideas for Implementation



More information can be found in the [TRAUMA-INFORMED CARE IMPLEMENTATION MANUAL](#), The Institute on Trauma and Trauma-Informed Care, Buffalo Center for Social Research, School of Social Work.

## KEY DEVELOPMENT AREAS

## IDEAS FOR ORGANIZATIONS

### LEADING AND COMMUNICATING

Involves having leadership/administration buy-in, investment and consistent messaging around trauma-informed organizational change, and the presence of a committee/team leading the change process.

Leadership support, including resources, to implement and sustain a trauma-informed organization; Mission, vision, strategic plan reflect trauma-informed approach; Messaging from leadership about trauma-informed as a priority (newsletters, signs around the agency, emails)

### HIRING AND ORIENTATION PRACTICES

Involves ensuring hiring, new-hire orientation and other human resources practices are conducted in ways that are trauma-informed and trauma-sensitive.

Use trauma-informed lens to review job descriptions; recruit for applicants with education/experience around trauma-informed approach; Update interview questions to be more trauma-informed (see Appendix D: Sample Trauma-Informed Hiring Questions); and review personnel policies. Incorporate trauma-informed practices into orientation training/employee handbooks with clear expectations and roles/responsibilities.

## KEY DEVELOPMENT AREAS

## IDEAS FOR ORGANIZATIONS

### TRAINING THE WORKFORCE (CLINICAL AND NON-CLINICAL)

Involves a realistic and sustainable plan for providing ongoing trauma-informed education and training to all levels of the workforce.

Provide Trauma 101 training for staff, including information about ACES, boundaries and de-escalation;  
Provide trauma-informed supervision for all staff (see NCTSN Core Competencies for Supervision).

### ADDRESSING THE IMPACT OF THE WORK

Involves increasing workforce awareness of how to prevent/manage secondary traumatic stress, vicarious trauma and compassion fatigue, as well as implementing organizational/system structures to help support workers and promote vicarious resilience/vicarious post-traumatic growth.

Ongoing training and discussion of vicarious trauma and self care; Provide trauma-informed supervision to address the impact of the work on staff; Encourage a culture of wellness and self care from leadership; Critical incident debriefing;

### ESTABLISHING A SAFE ENVIRONMENT

Involves taking a deliberate look at the environment and atmosphere of the organization/system to ensure that physical space/aesthetics and culture are trauma-informed and trauma-sensitive.

Check safety of physical environment – security, lighting (see *Appendix X: Sample Trauma-Informed Environment Walk-Through*); Ensure signs and others visuals are clear and written in positive language (see *Appendix N: Sample Trauma-Informed Messaging Posters*); Be sensitive about language; Waiting area is clean and monitored by staff

## KEY DEVELOPMENT AREAS

## IDEAS FOR ORGANIZATIONS

### SCREENING FOR TRAUMA

Involves deciding whether or not screening for trauma and/or adversity is appropriate in the organization/ system, and if so, what tools and follow-up structures are in place to do so.

Use of specific tools/assessments for screening for trauma in direct service organizations; Identify referrals as needed; Leadership to determine who/what screening tools/ assessment to be used; resource available at <https://www.nctsn.org/treatments-and-practices/screening-and-assessment>

### TREATING TRAUMA

Involves having on-site trauma-specific treatment interventions or accessible referrals in place for individuals who are seeking treatment for their trauma.

Conduct (or refer to) evidence-based, trauma-informed treatment for clients to include:

- Trauma-Focused, Cognitive Behavioral Treatment (TF-CBT)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Parent-Child Interaction Therapy (PCIT)
- Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Child-Parent Psychotherapy (CPP)

### COLLABORATING WITH OTHERS (PARTNERS AND REFERRALS)

Involves building on and/or creating mechanisms with partner organizations/systems to collaboratively ensure trauma-informed networks, communities and systems.

Collaborate with all MDT partners in planning and discussion of a trauma-informed children's advocacy center (discuss at case review, board meetings, advisory board meetings, add language to MOU); Provide training on trauma-informed organizations to partner agencies and provide examples of small steps to begin.

## KEY DEVELOPMENT AREAS

### REVIEWING POLICIES AND PROCEDURES

Involves confirming that all policies, procedures, and protocols are written and conducted in a way that is in line with a trauma-informed and trauma-sensitive approach.

## IDEAS FOR ORGANIZATIONS

Review policies and procedures for safety/crisis plans; individual rights, responsibilities and expectations are clear and:

**Ensure expectations are written in order to describe the desired behavior/outcome** rather than using “no,” “not allowed,” “cannot,” etc. For example, reframing the statement, “Workers may not share client information with anyone without a written consent signed by the client” to “Workers may only share client information when there is a written consent signed by the client.”

**Review the policy/procedure/form for shame/blame language** (e.g., workers should) and absolutes (e.g., workers must). When identified, replace with language indicating what is expected in that given situation/scenario. For example, changing the statement, “In the event of an emergency, workers should first call 9-1-1 and then notify their supervisor.” to “In the event of an emergency, workers are expected to first call 9-1-1 and then notify their supervisor.”

**Review the policy/procedure/form for any jargon or professional language** that may limit the ability of individuals to understand the meaning—thus increasing overall transparency.

## KEY DEVELOPMENT AREAS

## IDEAS FOR ORGANIZATIONS

### **EVALUATING AND MONITORING PROGRESS**

Involves having mechanisms in place to evaluate and monitor trauma-informed organizational change, as well as its impact on the organization/system in relation to outcomes.

Evaluate the impact on culture (See Appendix NN, Trauma-Informed Climate Scale 10); Review prior 9 key development areas regularly; Add question to exit surveys or MDT surveys



## TRAUMA-INFORMED ORGANIZATIONS

Use this template to outline ideas for your organization.

KEY DEVELOPMENT AREAS	IDEAS FOR ORGANIZATIONS
<p><b>LEADING AND COMMUNICATING</b></p> <p>Involves having leadership/administration buy-in, investment and consistent messaging around trauma-informed organizational change, and the presence of a committee/team leading the change process.</p>	
<p><b>HIRING AND ORIENTATION PRACTICES</b></p> <p>Involves ensuring hiring, new-hire orientation and other human resources practices are conducted in ways that are trauma-informed and trauma-sensitive.</p>	
<p><b>TRAINING THE WORKFORCE (CLINICAL AND NON-CLINICAL)</b></p> <p>Involves a realistic and sustainable plan for providing ongoing trauma-informed education and training to all levels of the workforce.</p>	



## KEY DEVELOPMENT AREAS

## IDEAS FOR ORGANIZATIONS

### ADDRESSING THE IMPACT OF THE WORK

Involves increasing workforce awareness of how to prevent/manage secondary traumatic stress, vicarious trauma and compassion fatigue, as well as implementing organizational/system structures to help support workers and promote vicarious resilience/vicarious post-traumatic growth.

### ESTABLISHING A SAFE ENVIRONMENT

Involves taking a deliberate look at the environment and atmosphere of the organization/system to ensure that physical space/aesthetics and culture are trauma-informed and trauma-sensitive.

### SCREENING FOR TRAUMA

Involves deciding whether or not screening for trauma and/or adversity is appropriate in the organization/system, and if so, what tools and follow-up structures are in place to do so.

### TREATING TRAUMA

Involves having on-site trauma-specific treatment interventions or accessible referrals in place for individuals who are seeking treatment for their trauma.

## KEY DEVELOPMENT AREAS

## IDEAS FOR ORGANIZATIONS

### **COLLABORATING WITH OTHERS (PARTNERS AND REFERRALS)**

Involves building on and/or creating mechanisms with partner organizations/systems to collaboratively ensure trauma-informed networks, communities and systems.

### **REVIEWING POLICIES AND PROCEDURES**

Involves confirming that all policies, procedures, and protocols are written and conducted in a way that is in line with a trauma-informed and trauma-sensitive approach.

### **EVALUATING AND MONITORING PROGRESS**

Involves having mechanisms in place to evaluate and monitor trauma-informed organizational change, as well as its impact on the organization/system in relation to outcomes.

## TRAUMA-INFORMED ORGANIZATIONS

# Resources



## ORGANIZATIONS

### TRAUMA-INFORMED CARE IMPLEMENTATION MANUAL

The Institute on Trauma and Trauma-Informed Care, Buffalo Center for Social Research, School of Social Work

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### TRAUMA-INFORMED OREGON

Trauma-Informed Oregon is a statewide collaborative aimed at preventing and ameliorating the impact of adverse experiences on children, adults, and families. Trauma-Informed Oregon works in partnership with providers, individuals with lived experience, and families to promote and sustain trauma-informed policies and practices across physical, mental, and behavioral health systems and to disseminate promising strategies to support wellness and resilience.

- [Trauma-Informed Oregon - Standards of Practice](#)
  - [Keynote for the 2019 Trauma-Informed Care in Oregon Conference](#). Scroll down to the bottom of the page to see a video which is a compilation of people from around Oregon answering questions about what trauma informed care means to them.
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### NATIONAL CHILD TRAUMATIC STRESS CENTER (NCTSN)

- [NCTSN Trauma-Informed Supervision](#)
  - [The 12 Core Concepts: Concepts for Understanding Traumatic Stress Responses in Children and Families](#)
-

## SECONDARY TRAUMATIC STRESS IN CHILD WELFARE PRACTICE: TRAUMA-INFORMED GUIDELINES FOR ORGANIZATIONS

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### GUIDE FOR A TRAUMA-INFORMED LAW ENFORCEMENT INITIATIVE

Based on experience in Cambridge, MA

## BOOKS

- The Body Keeps the Score (van der Kolk)
- The Deepest Well (Burke Harris)
- Trauma and Recovery (Herman)
- Trauma Stewardship (Lipsky & Burk)
- Using Trauma Theory to Design Service Systems (Harris & Fallot)

## VIDEOS

- ACE Study Preview (3 minutes)
- ACE Study Policy Brief (8 minutes)
- ACE Study Summary (14:45 minutes)
- Amy Cunningham TED Talk on Vicarious Trauma
- Brené Brown on Empathy (2:53 minutes)
- Dr. Dan Siegel Hand Model of the Brain
- Dr. Nadine Burke Harris TED Talk on Adverse Childhood Experiences
- Healing Neen - Dr. Felitti on the Adverse Childhood Experiences Study
- Healing Neen - Full Documentary
- Healing Neen - Trailer
- ITTIC - Hand Model of the Brain (re-traumatization)
- Trauma-Informed Supervision Training Video

## WEBSITES

[ACE Adapted/Expanded Surveys \(Resource List\)](#)

[ACEs Connection Network](#)

[ACE Questionnaire](#)

[ACE Interface](#)

[acestudy.org](#)

[APA DSM-5 Assessment Tools and Measures](#)

[AVA Health](#)

[Center for Youth Wellness ACE-Q](#)

[CDC: Adverse Childhood Experiences](#)

[Mobilizing Action for Resilient Communities \(MARC\)](#)

[National Child Traumatic Stress Initiative \(NCTSI\)](#)

[National Child Traumatic Stress Network \(NCTSN\)](#)

[Posttraumatic Growth Research Group Publications](#)

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

[SAMHSA's TIP-57: Trauma-Informed Care in Behavioral Health Services](#)

[Seeking Safety - Treatment Innovations](#)

[Trauma Sensitive Schools - Helping Traumatized Children Learn](#)

[The Anna Institute](#)

[The Truth About ACES Infographic](#)

[Toward a Trauma-Informed City: Philadelphia Project](#)

[Trauma-Informed Care Implementation Resource Center](#)

[Trauma-Informed Community Initiative of WNY](#)

[Trauma-Informed Oregon](#)

[UB School of Social Work Self-Care Starter Kit](#)

## EVALUATION RESOURCES

[Trauma Responsive Understanding Self-Assessment Tool \(TRUST\)](#)

[Trauma-Informed Organizational Self-Assessment \(see section 1\)](#)

[Children's Trauma Assessment Center - Trauma-Informed System Change Instrument](#)

[Trauma-Informed Juvenile Court Self-Assessment](#)



TRAUMA INFORMED ORGANIZATIONS

# Trauma 101 Powerpoint



Trauma, both direct and indirect, can often be a common experience for the clients and families served by children's advocacy centers. However, with the right information, prevention and intervention strategies, child maltreatment professionals can address trauma.

This presentation will give professionals a foundational knowledge of trauma and its effects on children, families and staff and why this matters in child abuse investigations. In addition, the presentation will give an overview of trauma-informed care and organizations.

This presentation is intended for professionals from Multidisciplinary Teams as well as CAC administration, Boards and other stakeholders. Please feel free to customize this powerpoint with your logo and specific information. If you have any questions, please contact Clare Robinson-Henrie, [clare.robinson-henrie@nyschildrensalliance.org](mailto:clare.robinson-henrie@nyschildrensalliance.org)

TRAUMA 101 POWERPOINT

TRAUMA-INFORMED ORGANIZATIONS

# Powerpoints



Here are links to the powerpoint presentations from the Virtual Training Series:

[What is a Trauma-Informed Organization](#)

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[Trauma-Informed Care & Covid19](#)

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[Trauma-Informed Organizations: How to Start the Process](#)