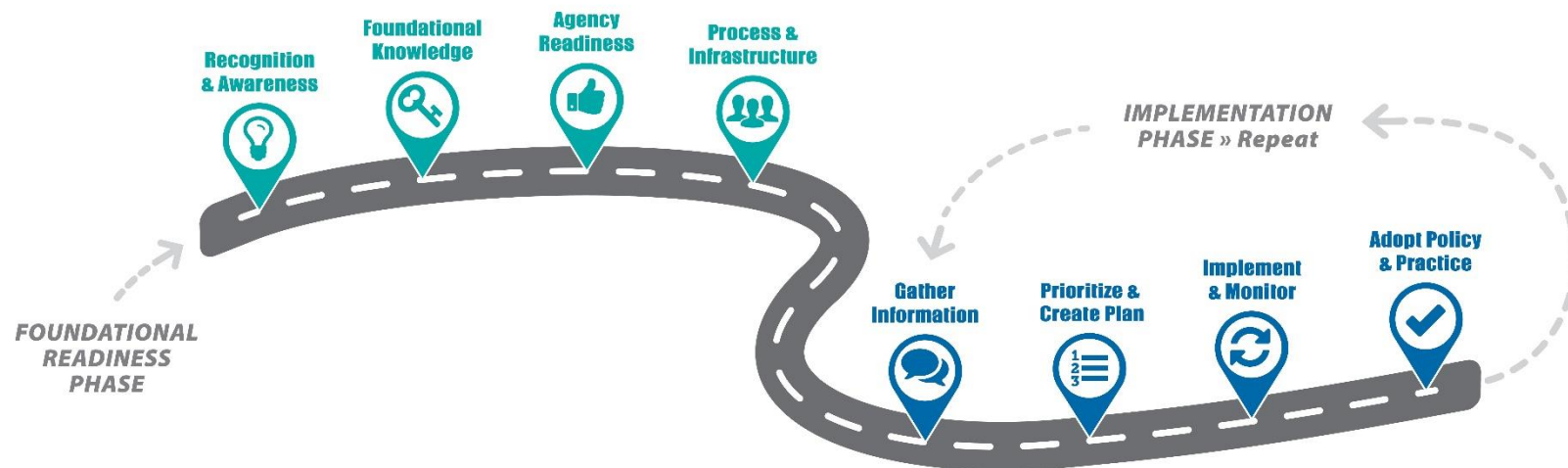


## Implementation Process

Programs, organizations, and systems that make a commitment to implementation will differ in many ways – from the service context, to the motivation for change, to hoped-for outcomes, and resources available. Nonetheless, the implementation process has common features that we’ve tried to reflect in the Roadmap below. On the left side of the map in the Foundational Readiness Phase are **WHAT YOU NEED TO HAVE** to begin the process of implementing trauma informed care. On the right side of the map in the Implementation Phase are **WHAT YOU NEED TO DO** to start planning and making changes.

## ROADMAP TO TRAUMA INFORMED CARE



### AGENCY WIDE COMMUNICATION | ONGOING EDUCATION & TRAINING

Loops in the road reflect the ongoing nature of the work, which is best supported by continuing education and training for all staff and by agency-wide communication to model the transparency, collaboration, and authenticity that are hallmarks of trauma informed care. To learn more about the steps to implementation, hover your mouse over the stops along the Roadmap. Click on the link in the pop-up for Considerations related to that step as well as additional resources to support you on the journey.

Trauma Informed Oregon (2016). *Roadmap to trauma informed care*.

# Recognition and Awareness

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## Purpose

Trauma is prevalent among social service recipients and those providing services. This can affect an individual's ability and willingness to engage with programs either as a service recipient or as part of the workforce. Further, the service setting has often been a source for re-traumatization. This awareness or trauma sensitivity is an important first step in becoming trauma informed. Following are considerations about increasing awareness on this issue.

## Considerations

- Understanding that services can be re-traumatizing for both the service recipient and the workforce is central to trauma informed care.
  - Organizations learn to recognize when and how services are activating.
- Understanding the prevalence of trauma within the population served by your agency builds awareness and is an important component of trauma informed care.
  - Research and literature is widely available describing the prevalence and impact of trauma across most service sectors. This information increases trauma sensitivity, in general and can be found in a number of sources including the popular media.
- Understanding the prevalence of trauma and work related stress within the workforce is also an important component of trauma informed care.
  - A number of instruments are available to measure work related stress, including: burnout, vicarious trauma, and secondary traumatic stress.

## Resources

- TIP: [What is Trauma Informed Care?](#)
- TIP: [Historical Highlights of Trauma Informed Care](#)
- TIP: [A Trauma Informed Workforce](#)



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# Foundational Knowledge

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## Purpose

As part of building awareness, all staff benefit from having fundamental knowledge in trauma informed care. Training involving all staff helps form a common language within an organization and demonstrates a commitment to creating a sensitive, safe, and welcoming environment for service recipients and the workforce.

## Considerations

- A broad base of trauma-related knowledge should include the following content:
  - The Adverse Childhood Experience (ACE) study
  - The prevalence and impact of trauma on individuals served by your agency
  - An introduction to the neurobiology of trauma
  - Issues of power, oppression, and micro aggression especially related to involvement with our organizations and service systems
  - Historical, collective, and intergenerational trauma
  - Principles and implementation of Trauma Informed Care (TIC)
  - The role and benefits of peer support services
  - Trauma in the workforce; secondary trauma
- Knowledge can be gained through
  - Training (internal or external)
  - Webinars and videos
  - Books and discussion groups
- All levels of the organization should receive training and education. This includes reception, billing, management, support staff, volunteers and direct providers.
- Organizations can build their own internal capacity to provide foundational education and training.
- Frequency and availability of foundational training and education should reflect the needs of the agency with the following recommendations:

- New employees should receive education in core principles of TIC as part of the hiring and onboarding process.
- Foundational training is updated and offered annually to incorporate the rapidly accumulating information on this topic.

## Resources

- TIP: [Considerations When Hiring a Trainer](#)
- [Standards of Practice](#) – Workforce Development
- Considerations: [Ongoing Education and Training](#)
- [Trainer Database](#)
- Trauma Informed Oregon Training [Presentations](#)
- [Core Training Components for Trauma Informed Care](#)



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# Readiness

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### Purpose

Trauma Informed Care (TIC) requires a commitment from agency leaders and staff. Individuals within the organization must believe trauma informed care is needed, appropriate, and possible given the service setting and circumstances. Readiness, both in terms of psychological (attitudes, values, and beliefs) and structural factors (skills, knowledge, and infrastructure) is important to consider if TIC is to be embraced and sustained.

### Considerations

- When the organization shows readiness:
  - The agency reflects TIC principles in the mission, vision, and strategic plan (or plans to).
  - The agency has resources available to support trauma informed efforts.
  - The agency creates a process for communication and information sharing.
  - The agency supports continuing education and training.
    - The workforce has the skills, capacity, and knowledge necessary to practice trauma informed care.
- When the workforce (individuals) shows readiness:
  - The staff believe TIC is needed in their agency.
  - The staff believe they, individually, have the capability and capacity to practice TIC.
  - The staff believe the agency will support a culture of TIC.
  - The staff believe TIC will benefit everyone involved with the agency.
- Readiness can be created through:
  - Education and training.
  - TIC examples.
  - TIC implementation efforts (e.g. seeing TIC in action can promote the beliefs and structural factors outlined above).

- Instruments are available to measure organizational readiness for change:
  - Consider using a readiness measure to indicate progress toward implementing change during the adoption, implementation, and monitoring phases.

## Resources

- [Standards of Practice](#) – Agency Commitment and Endorsement
- [Dealing with Resistance to Trauma Informed Care](#) – Laura Porter



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# Process and Infrastructure

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## Purpose

Adopting Trauma Informed Care (TIC) in an agency takes time and requires commitment and dedication. Driven by a belief in this approach to service delivery, agency leaders and staff must create a process that supports ongoing efforts to integrate a TIC perspective into the agency culture through policies and practice. Below, are considerations when creating organizational buy-in and infrastructure to support a TIC change process.

## Considerations

- Committing to TIC is reflected in an agency's mission and vision.
- Implementing TIC within an organization requires leadership commitment and internal champion(s).
- Sustaining the implementation of TIC is most successful when organizations identify an internal group to shepherd the effort:
  - Workgroups can be new or existing.
    - Some organizations use their safety committee or quality assurance team – if they have the capacity to take on TIC.
  - Workgroups often include the following roles:
    - Serving as champions on this topic and working to keep it on the minds of others within the organization.
    - Assessing the agency for current TIC efforts and areas of opportunity.
    - Prioritizing and recommending opportunities for TIC.
    - Creating a system for communicating progress to the rest of the agency.
    - Creating opportunities for gathering feedback.
  - Workgroups are representative of the agency (multi-level and cross program).



- Workgroups include individuals with the ability to make change.
  - Balancing the power within the group is important. Individuals may not participate if too much power rests with just a few people. If there is not enough power, it is difficult to make change.
- Workgroups have members that are interested and engaged in TIC implementation:
  - Consider what will keep you (or other work group members) engaged?
  - What are the important priorities?
  - Are staff given productivity credit for participating?
  - What will keep the agency focused on TIC?
- Workgroups are successful when they clarify the process:
  - Who is selected?
  - What are the roles and responsibilities?
  - What is the length of commitment?
  - How are decisions made (e.g. consensus voting)
  - Who will take notes or facilitate?
- Workgroups have members who model trauma informed care and use TIC principles to make decisions.

## Resources

- [Standards of Practice](#)



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# Gather Information and Identify Opportunities

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## Purpose

A Trauma Informed Care (TIC) approach involves all levels of an agency making small adjustments while simultaneously working on big changes. During this effort, agencies can use information (aka data) to identify opportunities for TIC, highlight current trauma informed practices, and measure progress in implementation. Below, are some considerations when gathering information.

## Considerations

- Agencies can use a number of methods when gathering information. The following are decisions to consider:
  - **External or Internal:** Who will lead the process for gathering information? Someone from outside the organization (an external consultant) or internal staff?
    - External consultants can offer useful expertise and guidance. Their neutrality is a benefit when gathering information. However, there will likely be a cost associated with an external consultant.
    - Internal staff can efficiently and effectively gather information, especially because they understand the inner workings of the agency. Lack of neutrality is a consideration as well as staff capacity. Adding this task to full workloads can be challenging.
  - **Informal or formal process:** Agencies may choose to use an existing assessment instrument (see examples of environmental scans, and the Standards of Practice, below) or conduct a more informal process.
    - Formal Process:
      - Some instruments are tailored specifically to certain domains such as child welfare or mental health services. Using this type of instrument will help ensure considerations are specific to the field.
      - Other tools, such as the Standards of Practice, provide categories in which to consider trauma informed practice,

more generally. While this tool isn't specific to a field, it is flexible and can be adapted for different settings.

- Informal Process: An agency can engage in an informal process to identify opportunities for TIC (see hotspots document, below) and current TIC practices. This information can be gathered:
  - During trainings
  - At regular staff meetings
  - Through the use of comment boxes or internal surveys
- Agencies may use different methods for gathering information. Regardless of the approach, the process should:
  - Highlight successful TIC efforts and opportunities for improvement.
  - Be part of ongoing feedback and monitoring.
  - Incorporate the perspective of staff and stakeholders including persons with lived experience of your service system.
- Agencies may consider the following focus areas when collecting information:
  - A program within the agency (for example an afterschool, parent education, counseling, or emergency assistance program)
  - A location or site (courtroom, mobile unit, or housing site)
  - A point in time for service recipients or staff (for example, agencies may focus specifically on intake or new hire onboarding)

## Resources

- TIP: [What Is Trauma Informed Care?](#)
- [Standards of Practice](#)
- [Hotspots Activity](#)
- Assessment tools:
  - [Creating Cultures of Trauma-Informed Care \(CCTIC\)](#)
  - [Trauma Informed System Change Instrument \(TISC\)](#)
  - [TISC Scoring](#)
  - [Trauma Informed Organizational Toolkit Homeless Services.](#)



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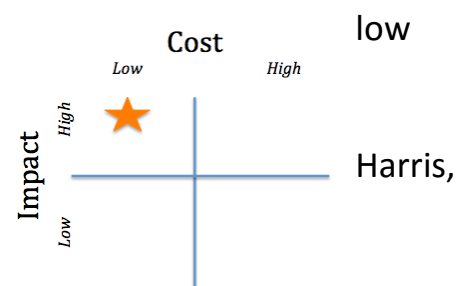
# Prioritize and Create a Work Plan

## Purpose

While Trauma Informed Care (TIC) rests on a well-defined set of principles and values, the application of TIC will vary from setting to setting. Because TIC becomes part of an organization's culture and approach to service delivery, agencies will prioritize opportunities reflecting their own circumstances and environments. Identifying a method for prioritizing these opportunities and developing a work plan will help an agency move forward without becoming overwhelmed by the possibilities. Below are some considerations that might make this process easier.

## Considerations

- Prioritizing data – examples of methods for prioritizing include:
  - Choosing one of the TIC principles (e.g., safety, power, self-worth) for initial efforts. For example, many agencies prioritize issues of safety and the concrete aspects of physical safety in a service setting can be an easy place to start.
  - Picking the low hanging fruit – starting with what is easiest to change or will make the biggest difference for service recipients and staff.
  - Identifying efforts that are high impact and low cost.
  - Identifying current practices that will have a negative impact if not addressed (Fallot & 2009).
  - Using the Trauma Informed Oregon Standards of Practice for guidance.
- Creating a work plan
  - Organizing the areas for opportunity in a spreadsheet provides an easy method for keeping track of possible solutions, next steps, responsible party(ies), and measures for change.



- This is one example of a work plan format (see link below for usable template).

Areas of Opportunity for Trauma Informed Care								
Item Identified	Staff (S) or Family (F)	Explanations	Trauma Connection	Possible Solutions	Priority Rank	Next Steps and Responsible Party	Measure for change	Status
Unknown people in court room.	S/F	<ul style="list-style-type: none"> <li>Job shadowing, training, supporting, and supervising.</li> </ul>	Not knowing who is in the room, why they are there and how they will use the information. Feeling outnumbered, watched, ganged up on.  <b>Impact from Neurobiology:</b> see perception, attention	<ul style="list-style-type: none"> <li>Ask everyone to introduce themselves and why they are present.</li> <li>If you are aware of opposing parties, attempt to make them visible (not sitting behind).</li> <li>"Before we get started... to promote safety I will ask each person in the room to state your name and your purpose here. You can say you are here to provide support, observe, a reporter, in training, or a witness."</li> </ul>				
Lack of support services (MH)	S/F	<ul style="list-style-type: none"> <li>Funding, eligibility, success of referrals.</li> <li>Lack of alternative modalities.</li> </ul>	Feels helpless and hopeless – trigger past feelings of this. Ultimate helplessness ends in rage. Blame on person vs system.	<ul style="list-style-type: none"> <li>Offer peer support for families.</li> <li>Form preliminary groups while waiting on formal start of services.</li> <li>Have a mental health specialist in the courtroom to consult on the appropriateness of services, assess eligibility and if appropriate make an appointment.</li> </ul>				
Families not informed	S/F	<ul style="list-style-type: none"> <li>Inability to reach families</li> </ul>	Without knowledge	<ul style="list-style-type: none"> <li>Offer peer support /parent mentors</li> </ul>				

## Resources

- [Standards of Practice](#)
- [Gather Information Considerations Page](#)
- [Hotspots Activity](#)
- [Work Plan Template](#)



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# Implement and Monitor

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## Purpose

Because Trauma Informed Care (TIC) is unique to each setting, individual, and agency there is not a standardized curriculum or implementation manual. However, it is important that organizations do something. Not only to maintain momentum from a recent training but also to build evidence about what works. After an organization has gathered information and prioritized needs, the next step is to implement the work plan (new or modified strategy, policy, or practice) while simultaneously monitoring the impact. The following considerations can help an organization define this process to fit their mission and population.

## Considerations

- Pilot ideas
  - TIC results from small adjustments and large changes, so be encouraged to attempt any opportunity for improvement.
  - Solicit feedback about how it worked.
  - Be transparent with implementation plans and willing to modify or toss ideas that don't work.
  - Set a reasonable timeframe when you will decide to modify, keep, or toss a new strategy.
- Promote innovation
  - Encourage proposals for TIC practices from all staff and departments.
  - Create an environment where all ideas are welcome.
  - Report out at meetings about new practices or happenings.
- Maintain momentum
  - Keep trauma and trauma informed care on the minds of staff
    - Ask about TIC sightings at staff meetings.
    - Ask about situations that could've been more trauma informed.
    - Ask staff to reflect on something they have learned about trauma since the last meeting.
  - Consider adding trauma informed happenings to newsletters or bulletin boards.

- Share successes, e.g. some organizations do 'shout outs' to each other either anonymously or in meetings.
- Monitor success and solicit feedback
  - Find multiple ways families, staff, and community can provide feedback or offer innovative ideas.
    - Suggestion boxes in lobbies.
    - Surveys on a regular basis about certain principles or related topics
- Consider options for outside expertise
  - Weigh the pros and cons of various options:
    - Consider the amount of technical assistance needed with the time commitment and cost.

## Resources

- Considerations: [Agency Wide Communication](#)
- TIP: [Questions to Ask When Considering TIC Models](#)



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# Adopt Policy or Practice

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## Purpose

As agencies identify, prioritize, and pilot trauma informed changes to policy and practice, it is important to adopt the changes that make a difference. Whether these are micro level changes that involve individual practice or meso and macro level changes that target policy and practice of an organization or community, it's important to build support. It's not uncommon for change to be met with resistance, however, the following considerations can help ensure TIC changes are adopted and sustained.

## Considerations

- Promote change
  - Have a kick-off for big changes.
  - Introduce smaller changes in all-staff meetings, or newsletters.
  - Keep all staff in the loop (even those not directly affected) as this will promote trust and buy-in.
    - Be transparent about who is involved in the change, how they will be affected, and the timeline for adoption.
- Be trauma informed when changes warrant staff training and skill building
  - Balance new training with current workload and staffing levels.
  - Allocate resources to ensure change is sustained.
- Be bold – but know when to cut bait and run
  - Courage is needed in both your commitment to try things out and your commitment to stop doing what isn't working.
    - Continuing ineffective or costly change efforts erodes staff trust and commitment, defeating the purpose of TIC.
    - When a change has been abandoned, be transparent and explain the “why” to staff and others.

## Resources

- [Agency Wide Communication Considerations Page](#)
- [Ongoing Education and Training Considerations Page](#)
- [Implement and Monitor Considerations Page](#)



# Agency Wide Communication

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## Purpose

Implementing trauma informed care will involve all levels of an organization, therefore agency wide communication is critical. While an important goal of communication is to keep staff informed about how the organization is moving forward, a trauma informed agency will create a two-way communication method that allows for staff feedback, ideas, and suggestions. The following are considerations for trauma-informed communication.

## Considerations

- Clarity, transparency, and directness are fundamental to a trauma informed approach. Communication efforts should model these values.
- It is often necessary to share information in multiple formats to reach all staff and participants. Communication can be passed on through:
  - Newsletters
  - Emails
  - Lunch room flyers or posters
  - Forums or meetings
- Two-way communication allows staff and service recipients to have voice. Feedback from these constituents can be gathered through:
  - Suggestion boxes
  - Blogs
  - Forums or meetings
  - Supervision
  - Focus groups

# Ongoing Education and Training

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## Purpose

As described in *Considerations: Foundational Knowledge*, building knowledge is a core component of foundational readiness for Trauma Informed Care (TIC). The introductory material covered in foundational trainings provides a common language and a general overview on the topics important to TIC. To become proficient on the topics related to TIC, individuals and agencies will likely need to supplement with trainings on specialized topics through ongoing education.

## Considerations

- Specialized topics can cover a range of content. The following categories provide some examples:
  - Advanced content:
    - Epigenetics
    - Developmental impact of trauma
    - Post trauma growth
  - Trauma specific interventions
    - Tailored for specific populations, such as individuals experiencing Post Traumatic Stress Disorder (PTSD)
    - Tailored for specific behaviors, for example affect regulation strategies
    - Tailored for certain settings, for example classroom or educational setting
  - Work related considerations
    - Trauma informed supervision
    - Crisis intervention and de-escalation training
    - Incident debriefing or case consultation
- Knowledge can be gained through
  - Training
    - An alternative to sending all staff to training is to identify a few staff that can receive the training and bring the information back to others.
  - Webinars and videos

- Books and discussion groups
- All levels of the organization should receive ongoing training and education, as needed.



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