



## Trauma Informed Care Workgroup Meeting Guidelines

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As TIC Workgroups form and begin to gather information, identify opportunities, set priorities for change, and propose solutions, there are a number of considerations that can help keep the process on track. We recommend using or adapting some of the questions below to set guidelines for Workgroup meetings.

- 1) Are enough people in the meeting, with enough diversity in roles and responsibilities, to ensure we are representing different experiences and points of view?
  - a. If not, what is our plan to remedy this?
  - b. Are we able to move forward anyway, and if so, with what considerations?
  
- 2) Are we using a trauma informed process as we make decisions in this meeting?
  - a. Is our process inclusive (making sure everyone in the room has a chance to be heard and that the discussion is not dominated by one or two members)?
  - b. Are we spending enough time processing different views and perspectives?
  - c. Have we openly discussed issues of safety and power; do we have a plan to make this process as safe as possible for all?
  
- 3) Are we making space for individuals to “check in” so that we’re hearing what is most immediately on the minds of participants?
  - a. Are we limiting the time for check-in appropriately so that we move towards action steps as well?
  
- 4) Are we continuing to educate ourselves so that we can take the lead with others in our agency/program/clinic?
  - a. Do we start with appreciations or observations of trauma informed practice we’ve observed since our last meeting?
  - b. Do we link the challenges we see and want to address back to the impact of trauma (for example, “How is this activating circumstance linked to the impact of trauma? Why would this issue be especially important to address because we are working with survivors/victims of trauma?”).
  - c. Are we taking up other activities (for example, sharing articles or other information sources) to continue our education?

- 5) As we come up with priorities and/or solutions, do we have a process to share those ideas/recommendations with the larger community as well as with senior management?
  - a. What's our communication process? What will be included?
  - b. Who is responsible?
  - c. When will it happen?
  - d. If we're asking for feedback, how will we use it?
  - e. Are we using this communication to continue education for all staff and leadership about trauma and trauma informed care?
  
- 6) Have we talked about how we will handle conflict or differences of opinion in the Workgroup?
  - a. If we have created norms around conflict, are we following them?