Prioritizing Opportunities for Trauma Informed Care and Creating a Work Plan

Purpose. These tables can be used to organize and prioritize opportunities for trauma informed care (TIC) and identify processes that are already trauma informed. The first table provides space to highlight what an individual or agency is already doing that is trauma informed. Highlighting success is a central component of being trauma informed and organizations might consider ways to publicize this progress. The second table provides space to organize opportunities for TIC and identify possible solutions and timelines.

Definitions. The following are descriptions of the columns found in both tables along with their intent.

Item: List each individual behavior / action / process that has been identified as currently practiced TIC or an opportunity for TIC.
Example of a Currently Practiced TIC: *Has water in the lobby* Example of an Opportunity for TIC*: Having unknown people in a courtroom*

Staff or Family: Indicate whether this affects staff or service recipients. The word "client" can be replaced to reflect an agency's service recipients.

Explanation: Provide a reason why this happens. Example: *Item* – Unknown people in a courtroom. *Explanation* – Might occur because of job shadowing, training, or supervising.

Trauma Connection: Determine the connection to trauma. What is significant about this as it relates to a history of trauma? Example: *Item* – Unknown people in a courtroom. *Explanation* – Might occur because of job shadowing, training, or supervising. *Trauma connection* – Not knowing who is in the room, why they are there and how they will use the information can challenge a sense of safety and power. This might bring up past feelings of being outnumbered, watched, and ganged up on.

Possible Solutions: Identify possible solutions to be more trauma informed. Example from above: Have folks introduce themselves quickly and state why they are present. "Before we get started… to promote safety I will ask each person in the room to state your name and your purpose here. For example, you can say you are here to provide support, observe, as a reporter, in training, or as a witness."

Priority Rank: Identify the most important items to address by prioritizing the list.

Next Steps and Responsible Party: Indicate next steps, which will certainly include short-term activities but may also include medium-term, and long-term goals.

Measure for Change: Determine how you will know if anything has changed as a result. It is important to be realistic. For example, creating a welcoming lobby may increase a service recipient's engagement with services but won't impact health outcomes directly.

Status: Indicate progress.

***Impact from Neurobiology** (on the table of current TIC practices). If possible, identify how this trauma informed practice impacts neurobiology and the stress response. See the summary of brain function at the end of this document.

***Improvements** (on the table of current TIC practices). Identify any additional improvements or adjustments that can be made to current trauma informed practices.

Trauma Informed Care – Currently Practiced			
Item	**Trauma/Stress Connection**	**Impact from Neurobiology**	**Improvements**
Has water in the lobby	Water can help flush out stress toxins.	Helps attention and focus.	None
Providing copies of documents to families	Promotes transparency and safety. If you have experienced being hurt because of secrets knowing what is happening is critical for your participation.	Helps reduce stress reactions and supports non-threatening memory and perception.	Might consider different colors for the paper.

Areas of Opportunity for Trauma Informed Care								
Item Identified	Staff (S) or Client (C)	**Explanations**	**Trauma Connection**	**Possible Solutions**	**Priority Rank**	**Next Steps and Responsible Party**	**Measure for change**	**Status**
Having unknown people in a courtroom	C and S	Might occur because of job shadowing, training, or supervising.	Not knowing who is in the room, why they are there and how they will use the information can challenge a sense of safety and power. This might bring up past feelings of being outnumbered, watched, and ganged up on.	Before we get started… to promote safety I will ask each person in the room to state your name and your purpose here. For example, you can say you are here to provide support, observe, as a reporter, in training, or as a witness."	3	Write script	Reported sense of decreased anxiety	

Perception: Sensory information (visual, auditory, tactile, smell etc.) comes into the brain and is processed for meaning. In most cases, this processing is accompanied by memories and context (supplied by the hippocampus) and rational thinking and judgment (supplied by the frontal lobe). With individuals who have experienced chronic trauma or stress, the information provided from the memory areas, and frontal lobe may be missing or inaccurate. The interpretation of incoming information will be influenced by prior experience and knowledge (perceptual expectancy), which, in the case of trauma and toxic stress, is often related to threat. Further, sensory input will be intensified, meaning sounds will be louder, smells will be stronger, etc. Strategies to aid in perception can include being mindful of the possible intensity of sensory input and the potential connection to threat. Communication regarding people's perceptions is important.

Attention: individuals who have experienced chronic trauma or stress often struggle to *control* their attention (selective attention). They have been primed to observe all sensory information in order to avoid danger – thus, they have a difficult time not paying attention to everything that's going on around them. They can get easily distracted, and overwhelmed by stimulation. Because survival is a priority, attention will be automatically directed toward sensory information with a threatening nature. Strategies to focus attention should include the elimination or reduction of competing distractors and the awareness of potential threatening stimuli.

Memory: Chronic trauma or stress can damage the memory area responsible for our recollection of facts, details, and episodes (the hippocampus)– those things that we are able to consciously "declare". Therefore, when trauma survivors struggle to remember information or stories change, we shouldn't jump to the conclusion that they are lying…it simply may reflect impairment in that brain area. It's possible that the information never made it into long-term memory, or that the memory is fragmented and incomplete. In contrast, a trauma survivor's memory for threat and danger is often quite strong. This implicit memory happens outside of our conscious awareness and can easily evoke a stress response.

Executive Function: The frontal lobe is responsible for the cognitive processes known as executive function. Among these are impulse control and self-regulation, decision-making, judgment, and planning. These functions are often impaired with individuals who have experienced chronic trauma or stress and can be the root of many problematic behaviors. Fortunately, people can learn strategies to compensate for impaired function. Further, when the stress response areas of the brain (amygdala, hypothalamus) are less active it allows the frontal lobe to be engaged. Reducing stress and trauma is helpful in this regard. Strategies to aid with impaired executive function should focus on building skills around decision making, controlling impulses and planning. Sometimes, however, these individuals will need us to act as their frontal lobe.

Attachment and Bonding: Social support is key to an individual's ability to be resilient in the face of trauma and toxic stress. Healthy attachment and bonding offer a buffering effect for stress and promote beneficial prosocial behaviors. In the brain, tactile stimulation, through positive touch, is associated with a release of oxytocin and serotonin – both influencing mood, pleasure, and happiness. Imitation and the ability to attribute mental states to others (theory of mind) are fundamental to the development of empathy, but rely on human interaction. Disrupted attachment is not uncommon among trauma survivors, and is prevalent within the child welfare system, therefore it is important to promote consistent and reliable relationships and positive social support.