



# Considerations for Forms: Using the TIC Lens

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**Background & Purpose.** Trauma is common in our society and among service participants. The service system has the potential to re-traumatize individuals or to provide services and procedures that resist re-traumatization by using trauma informed practice/perspectives. Many utilize paper or electronic forms for intake procedures, assessments, consent and other data sharing or collection. The purpose of this TIP sheet is to provide trauma informed guiding consideration for documents and forms. As you proceed in revamping forms, consider the following principles: Safety, Trust & Transparency, Peer Support & Mutual Self-help, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural Historical and Gender Issues.

## Considerations.

- Ensure safe, confidential spaces are available to complete forms.
- If multiple forms must be completed, provide checklist and overview of each form.
- Ensure each form states its purpose and how to submit form after completion.
- Use size 12-14 font - Times New Roman, Verdana, Arial, Tahoma, Helvetica, and Calibri are most recommended for PDF's
- Provide forms in languages of the population being serviced.
- Ensure staff or Peer Support is available to assist service users in completion of forms. If forms are electronic, ensure a help feature is available, e.g., FAQ, Commonly asked questions or Contact Us feature that can be accessed by a reader program.
- Provide forms in advance of the appointment.
- Offer participants a copy of the forms once they are completed.

## Participant Considerations.

- Aim for 8<sup>th</sup> grade reading level, so as to ensure inclusivity. Microsoft Word has a reading level check function.
- Limit asking the same question multiple times.
- If youth is of age to consent (see state rules), provide them the opportunity to complete the forms themselves.

A program, organization, or system that is trauma informed:

**Realizes** the widespread impact of trauma and understand potential paths for recover;

**Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

**Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** re-traumatization”

Substance Abuse Mental Health Administration (SAMHSA, 2012)

## Language.

- Do not use acronyms unless they are clearly defined on each document
- Use strengths-based and person first language. For example, have you relapsed versus are you re-experiencing symptoms of addiction? Are you bipolar versus have you been diagnosed with bipolar disorder?
- Be inclusive
  - Have separate lines for name and legal name, do not use the word “preferred”
  - Have separate questions for assigned sex at birth and gender identity
  - Either use *fill in the blank* for gender identity or include the following with *Circle all that apply* instructions: Female/ Male/ Gender expansive (includes gender nonconforming, genderqueer, gender fluid, and any other gender expansive category not listed)/ Transmasculine (transman, transgender male, female to male FTM)/ Transfeminine (transwoman, transgender female, male to female MTF)/ Two Spirit/ Agender/ Questioning/ Additional category/ Decline to answer.
  - Leave optional space for pronouns
  - If race is being assessed, please include *fill in the blank* option as well as *Circle all that apply* option
  - Do not have gendered forms (specifically for male or female)
  - If you must inquire about relationship status, leave blank space as some may not fit the typical ‘single’, ‘married’, ‘widowed’, or ‘divorced’
  - Do not ask about sexual orientation unless it is necessary to render services. Use *fill in the blank* option

### Principles of Trauma Informed Care

**Safety:** Throughout the organization, staff and the people they serve feel physically and psychologically safe.

**Trustworthiness & Transparency:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

**Peer Support and Mutual Self-help:** These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

**Collaboration & Mutuality:** There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

**Empowerment, Voice, and Choice:** Organization aims to strengthen the staff, client, and family member’s experience of choice and recognizes that every person’s experience is unique and requires an individualized approach. This builds on what clients, staff and communities have to offer, rather than responding to perceived deficits.

**Cultural, Historical, and Gender Issues:** The organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognized and addresses historically trauma.

(SAMHSA, 2014)