

How does an environmental scan relate to the principles of Trauma Informed Care⁵?

Environmental scans are one way to assess how an organization's physical environment promotes and/or hinders the principles of trauma informed care. The following questions are intended to highlight the relationship between the environment and the principles of trauma informed care.

Safety. How does the environment promote physical and emotional safety? How does it hinder it? What about the space makes service users feel safe? What about the space makes staff feel safe? What does not feel safe and for whom?

Trust & Transparency. Is the environment predictable and consistent? How does the space build trust between staff and service users? How does the space model transparency? What does the environment show is valued at the organization? Are the organization's values visible to service users and staff?

Peer Support. How does the environment foster a sense of community among peers? How does it foster a sense of community among service users and staff? How does the space visibly show that peer support is valued? How does it welcome lived experience?

Collaboration & Mutuality. What about the environment shows that service users and staff share power? What aspects reinforce a power imbalance? How does the physical environment convey the principles of collaboration and mutuality?

Empowerment, Voice, & Choice. How does the physical space empower service users and staff? How does it convey that staff and service users have voice? How does it convey that feedback is welcomed? How is the environment accessible to all staff and service users?

Culture, Gender, & History. How does the environment reflect cultural humility⁶? How does it show a commitment to equity and inclusion? What identities might the space feel unsafe and unwelcoming for? How does the space address historical and systemic oppression?

Environmental Scan Tools

[Agency Components for Trauma Informed Care](#) *Regional Behavioral Health Services, Kearney, Nebraska*

[Creating Cultures of Trauma-Informed Care \(CCTIC\): A Self-Assessment Planning Protocol](#) *Community Connections; Washington, D.C. Roger D. Falout, Ph.D., Maxine Han, Ph.D.*

[Trauma-Informed Organization Toolkit for Homeless Services](#) *The National Center on Family Homelessness*

These tools are not owned or created by Trauma Informed Oregon. We have reviewed them and believe they may be helpful to

1. Vischer, J. C. (2007). The effects of the physical environment on job performance: Towards a theoretical model of workspace stress. *Stress and Health, 23*, 175-84.
2. Stamps, A. E. (2005). Visual permeability, acoustic permeability, safety, and enclosure. *Environment and Behavior, 37*(5), 587-619.
3. Bishop, K. (2011). Considering a hospital environment from children's and young people's perspectives. *Asian Journal of Environment-Behaviour Studies, 2*(5), 13-24.
4. Van den Berg, A. (2005). Health impacts of healing environments; A review of evidence for benefits of nature, daylight, fresh air, and quiet in healthcare settings. Groningen, Netherlands: University Hospital Groningen.
5. Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's Working
7. Definition of Trauma and Principles and Guidance for a Trauma-Informed Approach.
8. Tervalon, M. & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125.

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In writing these TIPs, Trauma Informed Oregon will strive for easy to read text, avoiding technical language and spelling out acronyms as needed. For TIPs that include information from other sources this may not always be possible.

