

Reviewing the Environment for Activation & Inclusivity

Trauma-informed care (TIC) is based on growing knowledge about the negative impact of trauma. Trauma is pervasive in society and among service recipients and the workforce. The physical environment (e.g., parking lot, offices, lobby, outdoor spaces) can retraumatize individuals, affecting their willingness to participate and engage. Thereby, when implementing TIC at an organizational level, it is important to consider how the physical environment can promote or hinder safety and well-being. The physical environment includes anywhere programming occurs including the lobby, offices, parking lot, and even staff home offices. Other aspects of the work environment, including the social or virtual space, can also contribute to how individuals can feel valued and welcomed. The document below is a guide to reviewing your spaces for activation and inclusivity. It encourages reflection on how your work environment might influence the six principles of TIC, namely safety, transparency, peer support, collaboration, empowerment, and cultural responsiveness.

Components of a TI Environment Review

Who is reviewing? Collaboration and Mutuality is a key principle to TIC. As defined by SAMHSA this principle states: “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.” To prevent re-traumatization and provide an effective TIC environment, we recommend those impacted by the environment to be part of the environment review for feedback related to visible safety concerns and perceived safety concerns. If practicable, we recommend conducting a series of environment reviews that include:

- Impacted Staff (including underrepresented individuals)
- Service recipients (including underrepresented individuals)
- Community Stakeholders (e.g., family or community partners engaged with service recipients)

While we recommend leadership be present to take in feedback from participating parties, we suggest that persons leading the TI environment review be trained in managing conflict, TI facilitation, and responding to trauma responses that might arise during the review.

How often should you review? Designing an environment to be trauma informed is not accomplished through a single event. It requires ongoing review and modifications with input from service recipients, staff, and other community stakeholders. Ongoing review can be conducted in multiple ways, such as an annual formal review with stakeholders and regular review of cumulative feedback via a feedback system specific to the environment.

What are physical safety concerns? Physical safety refers to a state in which preventative measures are in place to eliminate hazards and risks in the physical environment. Physical safety is essential for a healing environment staff and service recipients can thrive in. Risky behaviors and interior structural issues can undermine this environment. Physical safety concerns can include, but are not limited to:

- Multiple exits when possible
- Responding quickly to interior flaws (e.g., leaks, broken facilities)
- Accessible information related to emergency response
- Trauma Response Protocols
- Managed noise levels

What are emotional safety concerns? Emotional safety refers to a state in which staff and service recipients can safely express their emotions and thoughts and feel confident in engaging with the organization. Emotional safety is important for impacted individuals to feel connected, respected, and have a sense of belonging to the environment. Emotional safety considerations can support factors that promote belonging, predictability, and welcome full identities. Emotional safety considerations can include, but are not limited to:

- Consistency in furniture placement
- Accessible, organized information (including multiple languages)
- Soft, warm colors and textures
- Areas for Emotional Regulation
- Trauma Response Protocols
- Well-lit areas and natural lighting where applicable
- Space and time for regulation and co-regulation

What is inclusivity? Inclusivity is the practice of providing equitable access to the physical space for individuals who might otherwise be excluded or underrepresented. Inclusivity when designing a physical space can be reviewed both in the physical sense (e.g., wheelchair access) and the socio-emotional sense (i.e., identity representation). An inclusive environment is about creating a welcoming space for all individuals to thrive, addressing historical and institutional oppression, and equitable opportunities to engage in that space. Inclusivity considerations can include, but are not limited to:

- Art and resource representation
- Protocols for responding to discrimination
- Ongoing opportunities for underrepresented individuals to engage in decision making

- Intentional areas (e.g., places to pump breast milk, etc.)
- Flexible ergonomic work areas
- Private, single-use restrooms
- Diverse representation in leadership
- Affinity groups
- Feedback spaces to support work-life balance and flexibility

What to consider when making a policy or program decision:

For those we serve and for our workforce to what extent does this policy/procedure reflect or hinder:

- A sense of safety (physical and emotional)
- Transparency
- Choice
- Importance of relationships
- Institutional responsibility
- A sense of welcoming
- Inclusivity (consider the creation, perpetuation, or activation of structural oppression)
- Partnership, mutual aid (by not perpetuating power imbalances where they shouldn't exist)
- The voice of those impacted

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.

When addressing concerns that arose from your review, consider... What does it take to make changes? (Think cost, work, and burden.) How does this fall on the organization, staff, and community?

Instructions:

1. *Select a space (e.g., lobby, webpage, etc.) you would like to review. We recommend having at least one person take notes and another person lead the review. Invite your reviewers to accompany you as you explore the space you are reviewing. Remind them any feedback they offer will not impact their employment or services. Provide an overview of your goals for this review, including what physical and emotional safety is and that perceived/felt experiences of not feeling safe or belonging are welcomed feedback.*
2. *As you move through the space, ask...*
 - *What stands out to you here? (e.g., signs, colors, safety hazards, organized, etc.)*
 - *How do we feel here? (e.g., stress, safe, excited, welcomed, confused, etc.)*
 - *What tends to happen here? (e.g., phone calls, yelling, intake, movement, etc.)*
 - *What changes do you recommend?*
3. *Invite feedback from all reviewers. Offer reviewers a chance to speak with you individually if some feel less comfortable providing feedback in an open space.*
4. *As a group, review your answers as a group and discuss which spaces had a positive, negative, or mixed response. Discuss what factors lead to a positive response that could be used to improve areas with negative or mixed responses. were answered differently.*
5. *If your spaces receive negative or mixed responses, discuss as a group how the space can be redesigned for both people served and the workforce. These solutions can include immediate solutions and long-term solutions.*

See Agency Environmental Components for Trauma Informed Care or p. 5 of Key Ingredients for TIC Implementation for suggested factors to consider.

Physical Environment Review Table

Physical Safety Factors		Emotional Safety Factors	
Promotes	Hinders	Promotes	Hinders
<i>Example: Furniture is arranged so that walkthrough traffic is spacious and organized.</i>	<i>Example: Giant trashcan in lobby catching water leaks near door appears to be safety risk</i>	<i>Example: Information is well organized on the website, easy to navigate even when feeling stressed.</i>	<i>Example: Website feels clinical, minimal images, cold colors</i>

Inclusivity Factors	
Promotes	Hinders
<i>Example: Door levers instead of knobs can be opened with a closed fist.</i>	<i>Example: Resources on bulletin are only in English and written with small font.</i>

Online Resources

- [Design Resources for Homelessness](#)
- [Portland Homeless Family Solutions](#)
- [Hosting a Meeting Using Principles of Trauma Informed Care](#)
- [Trauma Lens Exercise](#)

Example of An Environment TIC Review: Walk-Through Summary

Purpose

Organization A requested Trauma Informed Oregon review the physical space from a trauma informed lens. Trauma Informed Care (TIC) is an approach to providing services that takes into account how experiences of trauma, adversity, and toxic stress impacts our health and our ability to engage in receiving or providing services. Applying the principles of TIC within an organization includes considering everything from the type of services that are offered, to the physical environment, to organizational policies and procedures. Per the TIC Implementation tool, the physical environment should be

1. Regularly reviewed for actual and perceived safety concerns that may affect employees and individuals receiving services
2. Reviewed annually and changes are made to it when needed
3. Cumulative feedback about the physical environment is responded to regularly
4. Engagement with and the quality of the feedback process is also reviewed regularly.

This walk-through is one component in developing a regular process for assessing the environment, applying a TIC lens to Organization 1, and establishing baseline principles listed in the TIC Implementation tool.

Method

The focus of this walk-through was the physical space of Organization 1. The assessment was completed by Mandy Davis, LCSW, PhD who is the Director of Trauma Informed Oregon. Dr. Davis met with staff prior to the tour to hear about what services are offered, identify who is and who is not accessing services, and any challenges that would inform the process. Dr. Davis was given a tour of the entire building including public and staff spaces. A brief verbal summary was provided at the end of the day.

There are no psychometrically tested instruments for assessing an environment from a trauma informed (TI) lens. There are tools (see below) an organization can reference. For this activity, Dr. Davis used the principles of TI (e.g., transparency) to guide the process, the TIC: Reviewing the Physical Environment protocol, and variables known to relate to toxic stress and the functions of the brain (e.g., signage).

Limitations

A significant limitation to this assessment is that the summary of findings is based solely on Dr. Davis' knowledge, experience, and perceptions. This needs to be considered when reviewing the findings. As Organization A continues this work including staff, service recipients, and the community will provide a more robust and TI process.

Summary of Findings

As Organization A experienced, it is not yet common practice for architects to consider TI principles when designing building plans. A critical principle of being TI is that the voice of those impacted is solicited and incorporated into programs. Staff and service recipients who attended the walkthrough offered insight to areas that risk retraumatization, toxic stress, and can feel unwelcoming. Simultaneously, throughout the tour there were examples that ideas from staff and service recipients that are offered in the recommendations (e.g., offering quiet spaces, changing the wall art, changing the formation of the waiting room seating). These offerings can help Organization A work towards a physical space that exemplifies TI principles.

The goal for an organization is having the physical space exemplify the principles of TIC versus being designated as TI. The expectation of TIC, even when the space can't be altered (e.g., old building), is that staff are aware of the impact of the environment on service delivery and they have made modifications as a result of this awareness. The goals for a TI physical space are to promote a setting that both the service recipients and the workforce can effectively engage in by promoting a welcoming environment and decreasing activation of the stress response system. It is important that a process for reviewing physical spaces for these traits is developed, sustained, and includes all those impacted. Having an outside assessment is consistent with the TI principles of transparency and collaboration. The following recommendations should be thought of as considerations for continuing to evolve the work.

Recommendations

Overall, staff and service recipients expressed concerns about the lighting, design, and noise of the assessed physical spaces. Some service recipients felt many of the rooms felt unsafe and created a trapped environment. The building can present as intimidating and not inviting. The set up of the lobby was described as noisy and overwhelming due to not enough seating, noise, and poor set up. Aside from addressing the immediate concerns, it is recommended that Organization A develop a process for the regular review of the physical environment. The process would include the voices of those served, staff, and community members. Organization A should continue to seek out the voices of those underserved as a result of race, geography, gender, language, mobility, etc. This process would include multiple methods for soliciting feedback such as a yearly walk-through but also an option to complete a quick survey at a visit during a certain month. Feedback should be responded to regularly. In addition, there needs to be a way for Organization A to hear about any safety concerns for those using the building. This could be an email account that goes to a safety committee (this is better than a person) and a suggestion box or a question asked while in services. A regular review process, the current staff self-regulation room, and the incident response plans with a dedicated budget could redesign aspects of Lane County SPMI's physical location to embody TI principles.

Interpersonal interactions that convey respect and value are the critical ingredients to provide services in a trauma informed way. The purpose of assessing the physical environment is to notice how it hinders or promotes these interactions. This includes noting how the environment supports staff wellness and conveys a sense of welcoming and a desire to serve those receiving services. It is helpful to focus efforts on the first point of contact and those not accessing services

Physical Environment Review Table

Physical Safety Factors		Emotional Safety Factors	
Promotes	Hinders	Promotes	Hinders
Offices described as spacious and furniture is arranged so that staff and service recipients have easy access to the exit.	Lobby design described as closed in. Reception creates clogged lines and office assistants have trouble seeing the entire lobby. Safety concerns for staff and clients. Lighting is dim making it hard to navigate. Entry is uninviting and busy. Balcony and walkways cannot be seen from the lobby, creating a more private space.	Some reported the play room is consistently organized and tidy. Toys put away, soft colors, and multiple textures. Organized spaces while still tailored to the people using the room can help people regulate and feel in control of the space.	Wall dividers can create visual power imbalances and cause anxiety for staff and service recipients. It can limit surveillance of the lobby or make it difficult to leave in an emergency.
Inclusivity Factors			
Promotes	Hinders		
Door levers instead of knobs can be opened with a closed fist. Receptionist procedures – asking for last name with DOB avoids uncertainty over giving dead names.	Multiple inaccessible or difficult to access areas were reported. 117 is too small for a wheelchair. 205 has no accessibility accommodations. Lobby walkers/wheel chairs get caught on rugs.		