

Frameworks for Becoming Trauma-Informed

By

Abbie Taylor

Gloucestershire County Council

Executive Summary

Much like individuals, organisations experience trauma and can embed it within their culture. Trauma-informed organisations incorporate knowledge about trauma in all aspects of the organisation – in practice and, if pertinent, service delivery.

The purpose of this paper is to summarise the different frameworks available. A summary of the strengths and limitations of each framework is provided in section four.

Key Points

1. Becoming trauma-informed is a duty of care for organisations and communities².
2. Trauma is subjective – an event that is traumatic for one person may not be for another. Individuals should be able to develop their own narratives.
3. Trauma can be thought of as an umbrella term under which Adverse Childhood Experiences (ACEs) belongs.
4. Becoming trauma-informed ties into the vision for a resilient, ACE- aware Gloucestershire. Strategic objective action number six of the ACEs strategy highlights the need for organisations to incorporate ACEs-informed approaches into relevant organisational policies, strategies and contracts.
5. Creating a trauma-informed organisation is a fluid, ongoing process, with no completion date.
6. Trauma-informed organisations have been increasingly evidenced as offering opportunities to improve user's experiences, improve working environments for staff, increase job satisfaction and reduce stress levels by improving the relationships between staff themselves and the consumer/customer.
7. Organisations, programs and systems that make a commitment to becoming trauma-informed will differ in terms of their choice of implementation strategy or approach. This typically depends on the context, motivation for change, hoped-for outcomes and resources available.
8. The implementation process for becoming trauma-informed does have common features however, including five core principles/values¹²: Safety, trustworthiness, choice, collaboration and empowerment.

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1. Purpose of This Paper

Various frameworks exist for becoming trauma-informed and organisations that make a commitment to becoming trauma-informed will differ in terms of their choice of implementation strategy/ approach. The purpose of this paper is to summarise the different frameworks available.

2. Becoming Trauma-Informed

2.1. What is Trauma?

The American Psychiatric Association, in the DSM-5 Manual¹, understands trauma as being triggered by external traumatic events: specifically, exposure to actual or threatened death, serious injury or sexual violence. Exposure can be through direct or indirect experiencing or witnessing of the event(s). Alternative conceptualisations, such as SAMHSA's², acknowledge the role of social traumas, something arguably overlooked in DSM-5. In this sense the traumatic event need not be life threatening, recognising that, as social animals, we can be traumatised by acts that threaten our social/ psychological integrity³. Trauma is therefore frequently defined more broadly, as any event that overwhelms a person's capacity for positive coping⁴. The broader definition highlights the subjectivity of trauma – an event that is traumatic for one person may not be for another.

There is concern among some survivors however, that, in adopting a broad conceptualisation of trauma, the term could lose its meaning, with anything and everything subsumed under its label. It has been contended that the gravity of the experiences and effects of trauma should be considered, with individuals able to develop their own narratives³.

2.2. The Link Between Trauma and Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are *specified* traumatic events occurring before the age of 18 which, given high or frequent exposure, without the support of a trusted adult, can lead to toxic stress and negatively altered brain development³. They can include direct experiences, such as sexual, physical or verbal abuse and emotional and physical neglect, and indirect experiences such as parental separation, substance misuse, mental illness, incarceration or domestic abuse⁵.

Both pre-birth trauma (for example, drug or alcohol use during pregnancy) and post-birth trauma can affect the healthy development of the brain, resulting in disrupted attachment,

cognitive delays and impaired emotional regulation⁵. The adversity we therefore experience as children can affect us into adulthood. ACEs are relevant to both children and adults, recognising the importance of the ability to cope with, adapt to, and even prevent adversity in our lives.

Trauma can be thought of as an umbrella term under which ACEs belongs. A trauma-informed approach will encompass an ACE-informed approach, giving people a common language with which to talk about the impact of trauma and adversity, through embedding the approach into multi-agency organisational thinking⁶.

Becoming trauma-informed ties into the vision for a resilient Gloucestershire where communities (and organisations) are aware of, able to talk about, and take action on Adverse Childhood Experiences (ACEs). Strategic objective action number six of the ACEs strategy highlights the need for organisations to incorporate ACEs-informed approach into relevant organisational policies, strategies and contracts⁷.

2.3. Trauma-Informed Organisations

Becoming trauma-informed is a duty of care for both organisations and communities²; trauma is ubiquitous and experiences are widespread. Therefore, much like individuals, organisations experience trauma and can embed it within their culture⁸. Trauma-informed organisations incorporate knowledge about trauma in all aspects of the organisation – in practice and, if pertinent, service delivery⁴. Evidence suggests that creating a trauma-informed organisation is a fluid, ongoing process, with no completion date. SAMHSA⁹ note that this is due to: (consumer) demographics changing across time, exposure to specific types of trauma becoming more prevalent, and the continued development of knowledge of best and evidence-based practices.

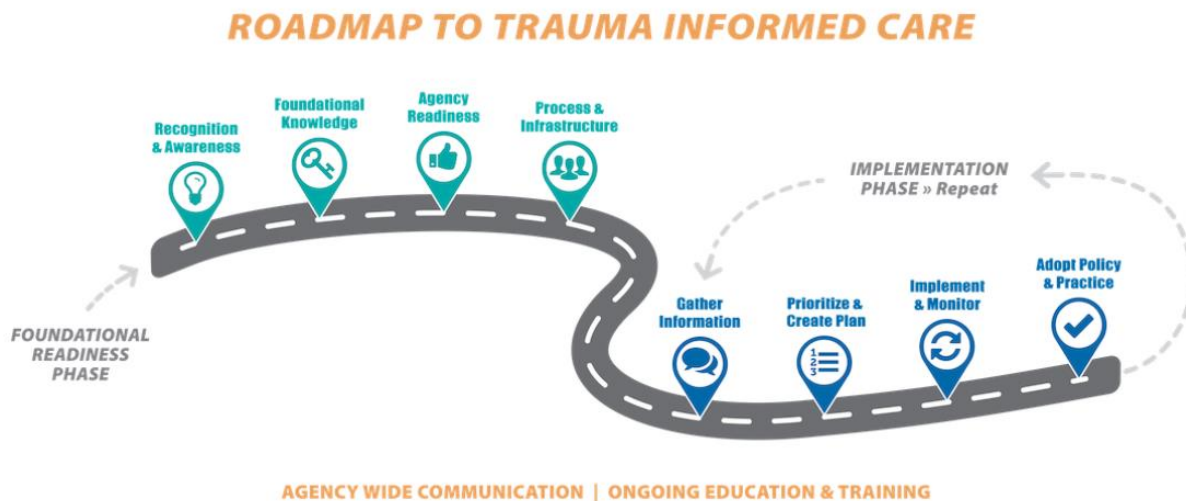
SAMHSA⁹ indicate that a trauma-informed organisation will continue to demonstrate a commitment to compassionate and effective practices and organisation reassessments, and will change to meet the various needs of both staff and consumers.

Trauma-informed organisations have been increasingly evidenced⁸ as offering opportunities to improve user's experiences, improve working environments for staff, increase job satisfaction and reduce stress levels by improving the relationships between staff themselves and the consumer/customer – through greater understanding, respect and trust³. Left unaddressed, studies have shown that trauma inhibits staff from confronting problems, communicating effectively and generating solutions. These are factors that undermine organisational functioning⁹. Furthermore, a shift from traditional language to a trauma-informed description of vulnerable individuals can create compassion instead of blame; hope instead of hopelessness; and connection rather than disconnection¹⁰.

2.4. The Process to Becoming Trauma-Informed

Organisations, programs and systems that make a commitment to becoming trauma-informed will differ in terms of their (choice of) implementation strategy/ approach. This is due to differences in context, to the motivation for change, to hoped-for outcomes, and resources available. Nonetheless, the implementation process has common components, which Trauma Informed Oregon¹¹ has reflected in their Roadmap below (Figure 1).

Figure 1:



The Foundational Readiness Phase highlights *what you need to have* to begin the process of implementing a trauma-informed approach. The Implementation Phase indicates *what you need to do* to start planning and making changes. The loops in the road reflect the fluid, ongoing nature of the process.

The basic principles of trauma-informed approaches vary between frameworks, typically depending on the organisation/system/program utilised in creating the model. However, five core principles or values are identified (and occasionally developed) throughout frameworks, these being¹²:

- **Safety:** Emotional and physical safety for all – staff and service recipients.
- **Trustworthiness:** Clear and consistent policies, honest service delivery with programme-appropriate boundaries.
- **Choice:** Activities offer choice and control.
- **Collaboration:** Inclusive approach instead of top-down hierarchical model.
- **Empowerment:** Self-esteem and skill building.

2.5. The Difference Between Trauma-Informed Practice and Trauma-Specific Services

Trauma-informed practice is not designed specifically to treat trauma related difficulties – instead it seeks to address the barriers that those affected by trauma can experience while accessing the care, support and treatment they require for a healthy life. In contrast, trauma-specific services are specialist services offering specific support or treatment for people who are adversely affected by their traumatic experiences².

Studies³ have recognised that to effectively implement trauma-informed approaches in organisations, trauma does not need valid and reliable diagnosis or measurement, because principles of engagement are applied to all – regardless of whether the person has survived trauma. Trauma-informed approaches are therefore typically argued as a process of organisational *change* that create recovery environments for staff, survivors and others.

3. Frameworks for Becoming Trauma-Informed

The following section summarises various frameworks for becoming trauma-informed. The learning from each model discussed has come from various specialisms, however, they have been selected due to being ‘generic’ in nature and therefore applicable to other organisations. There are other models for becoming trauma-informed, but they are more settings-based (such as the Alex Timpson¹³ framework which is utilised in schools) and therefore cannot be translated to other environments.

The section splits the frameworks into the level at which trauma is addressed: Systems, Organisational and Service.

Appendix 1 outlines the local context in which certain frameworks have been applied.

3.1. Systems Level Frameworks

3.1.1. San Francisco Department of Public Health (SFDPH): Trauma-Informed Systems (TIS) Initiative⁸

San Francisco Department of Public Health (SFDPH) developed and implemented a Trauma-Informed Systems (TIS) initiative, an organisational model which addresses trauma at the systems level. The initiative’s guiding principles, activities, and implementation process highlight the centrality of trauma-informed relationships, recognising that organisations are inherently ‘relational’.

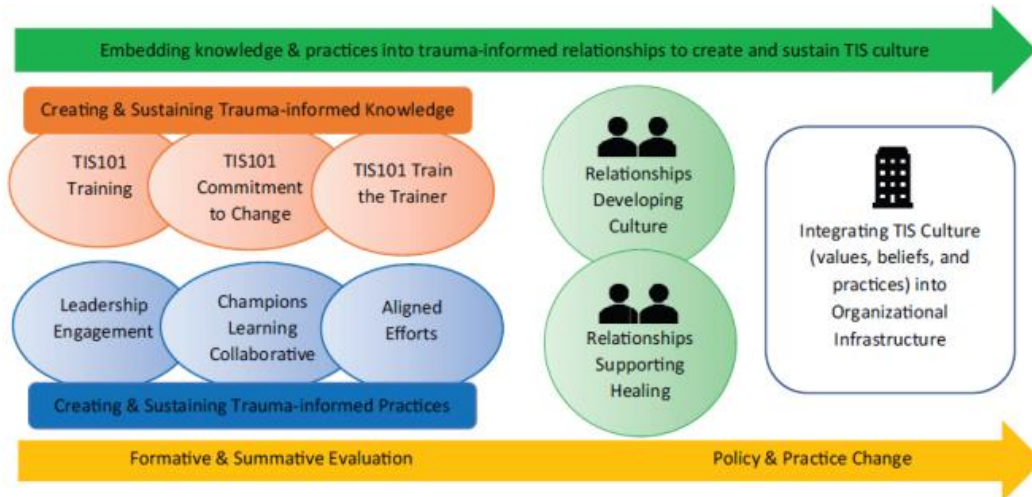
Six core principles underlie the model, expanding upon the five core principles/ values¹². These include:

1. Understanding trauma and stress
2. Compassion and dependability
3. Safety and Stability

4. Collaboration and Empowerment
5. Cultural Humility and Responsiveness
6. Resilience and Recovery

Figure 2 highlights the components of the TIS Initiative.

Figure 2:



The foundation of the TIS Initiative is mandatory workforce training, and the corresponding train-the-trainer program. Together, these programs provide workforces with shared knowledge of trauma and trauma-informed values.

Moving forward from a successful mandate to educate the workforce on TIS principles, as well as promising organizational change work with leaders and champions, the Initiative will deepen efforts to develop trauma-informed relationships and embed the practice of TIS principles. This involves defining the organisation as one that incorporates practices such as reflection into supervision and mindfulness into meetings, which focuses on safety and fosters participatory decision-making.

The model recognises that innovations in trauma-informed practice will continue to emerge. Embracing a structured process therefore promotes the stability of trauma-informed changes and increases the likelihood that they are sustained long enough to produce discernible benefits.

3.1.2. Transforming Psychological Trauma: A Knowledge and Skills Framework¹⁴

A Knowledge and Skills Framework for Psychological Trauma has been created by NHS Education for Scotland (NES), in partnership with the Scottish Government. It forms part of the National Trauma Training Strategy in Scotland.

The framework is designed to be relevant to the broad (Scottish) Workforce, due to the scientific and research literature, alongside narratives of experience, leading to the understanding that ‘trauma is everyone’s business’.

The framework recognises that there is a necessity for the workforce to be ‘trauma-informed’ and these principles will actually meet the needs of most people who have lived through traumatic experiences. It has been designed to support organisations to ensure that staff have the necessary knowledge and skills to meet the needs of people affected by trauma, recognising that this should be done through staff development activities, including staff welfare.

The framework also allows for those who need more specialist support to be identified and facilitated in accordance with the preferences of the person affected. Alongside this, the importance of resilience is highlighted, recognising that those who have lived through trauma are resilient or can be supported to enhance their natural resilience. The framework is underpinned with an acknowledgement that safe, effective, empowering relationships are critical to enhancing resilience and recovery for those affected by trauma, alongside the five core values/principles¹².

The framework is designed to reflect the *range* of roles that workers may have in relation to providing *services* to people who have lived through traumatic experiences, though it is not hierarchical. It’s constructed to be incremental and includes the following tiers (Appendix 2 outlines each tier in more depth):

1. Trauma Informed
2. Trauma skilled
3. Trauma enhanced
4. Trauma specialist

Whilst the first tier, ‘trauma informed’, is designed to be universal, the following three tiers have 4 areas of specific focus which reflect the needs of people who have been affected by trauma at different points in their recovery journey. These include:

- **Being safe and protected from harm** – trauma is safely recognised and understood and its immediate effects addressed at the earliest opportunity.
- **Coping well** – people are enabled to develop effective coping skills to help them manage their lives.
- **Processing and making sense of trauma** – people are enabled to make sense of the traumatic events they have experienced and move through the distress they feel in connection with these events.
- **Living the life you choose** – people are enabled to develop skills, move towards and participate in valued roles and experiences.

The framework recognises that different services and roles will require varying focus on each of the outcomes and some may not be relevant to all roles.

3.1.3. Adverse Childhood Experiences (ACEs) Skills and Knowledge Framework¹⁵

The ACE Skills and Knowledge Framework was developed by Wales' ACEs Support Hub and informed by Scotland's Transforming Psychological Trauma Knowledge and Skills Framework¹⁴. The framework highlights that the language of ACEs will resonate less across some sectors and therefore states that the term 'ACEs' is interchangeable with others such as psychologically informed or trauma-informed.

The framework identifies that in order to achieve the collective vision of an ACE/trauma-aware Wales, everyone must be aware of ACEs, their prevalence and impact, alongside their own role in mitigating the impact and reducing the prevalence of ACEs, which includes building resilience. The framework therefore relates to everyone, recognising that the impact of ACEs is widespread and across the life course. The framework works by describing the knowledge and skills required by public service workers, and their organisations, to be able to grow their capacity towards changing practice (with an aspiration that the approach will subsequently resonate wider than public services).

There are three tiers to the framework and it is underpinned by the five core values/principles⁸:

1. **ACE- informed** people understand what ACEs are and understand their impact throughout the life course. They understand how to communicate effectively and know when they need to seek advice and support.
2. **ACE- Skilled** people are ACE informed but also have detailed and comprehensive knowledge and skills around being ACE-informed. They can critically appraise issues and use knowledge and skills to support people.
3. **Influencers** are people with a leadership and/ or strategic role. They are ACE-informed, enable others to become ACE-informed and ACE-skilled and ensure that appropriate workforce support is available and accessed. They ensure an ACE-informed approach to managing services and teams. Most importantly, they set a culture that acknowledges ACEs as a public service issue, requiring a quality response.

The groups are intentionally broad to enable organisations/professional groups to freely, creatively and responsibly identify and address their own specific learning and development needs within the context of their organisations, roles and settings.

Furthermore, the Skills and Knowledge Framework is supported by implementation guidance, a range of professional development offerings and the Hub's strategic approach to developing skills and knowledge amongst professionals.

3.2. Organisational Level Frameworks

3.2.1. Covington Toolkit⁴

The Covington Toolkit is a step-by-step guide for Becoming Trauma-Informed (BTI), originally designed for the National Offender Management Service (NOMS) and the Governors operating prisons for women in the UK, developed by Dr Stephanie Covington. The basic process is applicable to any facility or organisation interested in developing trauma-informed (and gender-responsive) services. The Toolkit outlines four recommended steps to BTI stating that it usually takes up to two or more years for the culture shift by the entire staff.

1. Set up a guide team, consisting of;
 - a. **BTI Leader (or co-leaders)** – the individual selected must be committed to trauma-informed culture change and be granted formal authority as a leader of the culture change process by the organisation's leadership.
 - b. **BTI Champions (role models, leaders in business areas, practitioners & service recipients) from across the organisation** – these individuals would be tasked with the day-to-day delivery of BTI, also serving as a role model for all staff.
 - c. **BTI trainers** – trainers would provide basic education and skill-building resources to support the shift to a trauma-informed organisation.
2. Assess current practice and whether or not they are aligned with trauma-informed practices (based on the five core values/principle¹²);
 - a. Utilise walkthroughs based from different perspectives
 - b. Complete a self-assessment
3. Develop an implementation & goal attainment plan – this would allow for progress to be checked in order to see where adjustments need to be made (and allow for correction).
4. Carry out BTI training (as determined by the guide team) with the organisation.

As highlighted, the Covington Toolkit suggests that being gender responsive is also an important element of BTI, because of the different ways that males and females experience trauma, especially interpersonal violence. For an adult man, the risk of abuse comes from being in combat or being a victim of a crime – from an enemy or a stranger. An adult woman is most at risk in a relationship, from a lover or partner. As a result of these differences (and

others related to the differences between women and men in their life experiences), the Covington Toolkit is primarily designed to assist in culture change by focusing on both trauma and gender.

3.2.2. Treisman Model^{16 17}

Dr Karen Treisman, a Specialist Clinical Psychologist, and associates believe that trauma-informed practice is a social movement. They have drawn on their extensive clinical experience in the area of trauma-informed organisational change, to create multiple trauma-informed organisational resources and useful links. This includes two visual sketch-notes¹⁶:

1. The first looks at the different organisational elements and areas that trauma-informed principles and values should be infused and woven into (please refer to Appendix 3a for the sketch-note)
2. The second looks at trauma-informed values, principles and assumptions, expanding upon the five core values/principles¹² (please refer to Appendix 3b for the sketch-note)

The visual sketch-notes have been designed to work together as a flexible framework for organisations to utilise in becoming trauma-informed and resilient. The framework is flexible in that it can be utilised in a number of different ways, depending on the organisation's needs, purpose and context.

The framework encourages organisations to reflect, explore, evaluate (and be curious about) how the values, principles and assumptions are being meaningfully applied, practiced and embodied. Therefore it can be a helpful way to take a 'pulse check' of an organisation and identify both strengths and areas requiring development.

The framework states that an organisation who is trauma-informed:

- **Realises** the widespread impact of trauma, stress and adversity, and understands potential paths for healing and recovery
- **Recognises** the signs and symptoms of trauma in staff, clients, and all others involved in the system
- **Resists** re-traumatisation
- **Responds** by fully and meaningfully integrating, embedding and infusing knowledge about trauma into policies, procedures, language, culture, practices and settings

It may be that as an organisation, one value or one principle is focused on at a time, enabling the chance for reflection, evaluating, embedding, developing and strengthening of the area. Treisman argues that it can then be helpful to think about how the area interweaves and is applied within the multi-layered organisational elements.

The framework can be used to support developing a common language, a shared vision, mission and guiding principles, allowing for the organisation to recognise their own (already formulated) shared language, values and principles. It is also highlighted as being easily discussed and integrated into supervision, appraisal, recruitment and performance management procedures.

Dr. Karen Treisman's website¹⁸ offers various resources and worksheets to support implementation, such as a practical guide to having trauma-informed meetings.

3.2.3. Substance Abuse and Mental Health Services Administration (SAMHSA)⁹

The SAMHSA framework is different to the other models discussed, in that it provides an overview of programmatic and administrative practices that will help increase the capacity of organisations to deliver trauma-informed services, looking at how to both *create* and *implement* an institutional framework. The overview was created primarily for behaviour health program administrators.

The framework focuses on specific stages which form the basis of creating a trauma-informed organisation, before looking at specific organisational strategies that will help develop a trauma-informed culture (in behavioural health settings).

The following stages are described as forming the basis of creating a trauma-informed organisation:

1. Commit to creating a trauma-informed agency.
2. Create an initial infrastructure to initiate, support, and guide changes.
3. Involve key stakeholders, including consumers who have histories of trauma.
4. Assess whether and to what extent the organisation's current policies, procedures, and operations either support trauma-informed care (TIC) or interfere with the development of a trauma-informed approach.
5. Develop an organisational plan to implement and support the delivery of TIC within the agency.
6. Create collaborations between providers and consumers and among service providers and various community agencies.
7. Put the organisational plan into action.
8. Reassess the implementation of the plan and its ability to meet the needs of consumers and to provide consistent TIC on an ongoing basis.
9. Implement quality improvement measures as needs and problem areas are identified.
10. Institute practices that support sustainability, such as ongoing training, clinical supervision, consumer participation and feedback, and resource allocation.

The framework introduces numerous strategies that will help develop a trauma-informed culture, including organisational commitment to trauma-informed care (TIC), trauma-informed organisational assessment, implementation of universal screening for trauma, and creation of a peer support environment (Please refer to Appendix 4 for the full list of strategies).

3.3. Service Level Frameworks

3.3.1. Psychologically Informed Environments (PIE) Toolkit¹⁹

Psychologically Informed Environments (PIE) are services that are designed and delivered in a way that takes into account the emotional and psychological needs of the individuals using them. The concept of PIE emerged following discussions of a multi-agency working group, convened by the Royal College of Psychiatry, interested in community mental health provision in the UK, particularly supporting people out of homelessness.

The psychological framework is therefore underpinned by trauma theory and developed to help services to respond to the needs of people who have experienced trauma.

In PIE, relationships are seen as a principle tool for change. Every interaction between staff and clients is seen as an opportunity for development and learning. Reflective Practice has also emerged as one of the more crucial aspects in the development of PIE (particularly in practice).

The guidance sets out a framework which can be used to redesign a service to become a PIE. The framework consists of the following key elements:

1. **Relationships** – managing relationships in order to help staff and clients self-manage their emotional and behavioural responses to triggering events
2. **Staff support and training** – which enables workers to move away from crisis management and work in a more therapeutic and planned way
3. **The physical and environment and social spaces** - are adapted to improve the space available to engage and support people in the service
4. **A psychological framework** – developing a framework which allows services to have a shared understanding of, an response to, the people they support
5. **Evidence generating practice** - evaluation of outcomes to enable staff and clients to evaluate their effectiveness, for ongoing development, and to evidence service impact.

4. Frameworks for Becoming Trauma-Informed: Strengths and Limitations

Strengths	Limitations
San Francisco Department of Public Health (SFPDH): Trauma-Informed Systems (TIS) Initiative⁸	
<ul style="list-style-type: none"> • The model expands upon the five core principles/values¹² to include: <ul style="list-style-type: none"> - Understanding trauma and stress - Compassion and dependability - Stability - Cultural Humility and Responsiveness - Resilience and Recovery • The model recognises the importance of <i>educating</i> the workforce on trauma-informed principles • The model understands the centrality of trauma-informed relationships, with this being core to the implementation process. • The model looks at <i>how</i> to create and sustain trauma-informed organisational practice, particularly through aligned efforts and leadership and champions' engagement, linking to the theory of viral change. 	<ul style="list-style-type: none"> • The model does not consider (in depth) how trauma-informed principles will be fully built/ embedded into organisational culture, including how it will outlast leaders/champions. • The model acknowledges that it will be difficult to sustain involvement across the organisational hierarchy (particularly within leadership) but doesn't consider ways to overcome this.
Transforming Psychological Trauma: A Knowledge and Skills Framework¹⁴	
<ul style="list-style-type: none"> • The model is based on the foundation that 'trauma is everyone's business.' • The model considers resilience, recognising that those who have lived through trauma are resilient or can be support to enhance their natural resilience • The framework reflects the <i>range</i> of roles that workers may have in relation to providing services to people who have lived through traumatic experiences. 	<ul style="list-style-type: none"> • The framework is based on the 'knowledge' and skills' required to successfully deliver trauma-informed services but doesn't expand on what the delivery/implementation looks like in practice. • Training is mentioned broadly throughout the framework with no focus on what this will include or need. • The framework does not consider the impact of trauma on staff themselves –it is consumer/customer focused.
Adverse Childhood Experiences (ACEs) Skills and Knowledge Framework¹⁵	
<ul style="list-style-type: none"> • The framework acknowledges the linkages between Adverse Childhood Experiences (ACEs) and Trauma. • The framework recognises that everyone must be aware of ACEs, their prevalence and impact, alongside their own role in mitigating the impact and reducing the prevalence of ACEs. • The framework is supported by implementation guidance, including a training prospectus. 	<ul style="list-style-type: none"> • Whilst the framework touches upon staff wellbeing, the predominant focus is on the consumer/customer. • The five core principles¹² do not underpin the entire framework. They are only mentioned in the 'influencers' section/ tier (that 'influencers' should model them).

Covington Toolkit⁴	
<ul style="list-style-type: none"> • The Toolkit recognises the importance of individuals in enabling trauma-informed culture change, recommending the creation of ‘becoming trauma-informed’ Champions, Trainers and Leaders. • The Toolkit provides ways for organisations to assess their current practice and whether or not they are aligned with trauma-informed practices. • The Toolkit highlights the need to measure progress, including how to do this, aligning with the viral change methodology of fit for purpose quantitative metrics. 	<ul style="list-style-type: none"> • The Toolkit lacks flexibility by following a step – by-step process. • The Toolkit assists in culture change by focusing on both trauma and gender and is therefore primary designed for gender-responsive organisations/services. • The Toolkit does not consider resilience.
Treisman Model^{16 17}	
<ul style="list-style-type: none"> • The model is flexible to the needs, purpose and context of the organisation. • The model aligns with the theory of viral change, understanding trauma-informed practice as a social movement, looking in depth at how to fully embed ‘becoming trauma-informed’ into organisational culture, focusing on specific organisational elements. It can therefore be utilised in a variety of settings – from team meetings to recruitment. • The model expands upon the core principles¹² to include: <ul style="list-style-type: none"> - Cultural humility and responsiveness - Integration and connection - Acknowledging, Holding and Celebrating - Resilience - Curiosity, Reflectiveness, Empathy, Compassion and Understanding - Communication and Transparency • Dr. Karen Treisman’s website¹⁸ offers various resources and worksheets to support implementation. 	<ul style="list-style-type: none"> • Training is mentioned throughout the model but there is little detail as to what this should include. • As the model is flexible, it can be difficult for an organisation to consider where to start/ how to begin implementation.
SAMHSA⁹	
<ul style="list-style-type: none"> • The framework provides an overview of practices that will help increase the capacity of organisations to deliver trauma-informed services • The framework looks at how to both <i>create</i> and <i>implement</i> an institutional framework. • The framework introduces numerous strategies that will help develop a trauma-informed culture, including organisational commitment, assessment, screening for trauma and the creation of a peer support environment. 	<ul style="list-style-type: none"> • The framework lacks flexibility by following a step-by-step process. • The framework does not consider resilience.

Psychologically Informed Environments (PIE) Toolkit¹⁹	
<ul style="list-style-type: none"> • In PIE, relationships are seen as a principle tool for change. Every interaction is seen as an opportunity for development and learning – including between staff. • Reflective practice is a crucial aspect in the development of PIE and in practice. • The Toolkit considers the evaluation of outcomes, to evaluate their effectiveness for ongoing development 	<ul style="list-style-type: none"> • Whilst the Toolkit does touch upon resilience, it is not a specific point of focus • The Toolkit is not underpinned by the five core principles. • PIE describes a broader approach within which a range of choices can be made about the psychological frameworks adopted. The Toolkit doesn't expand on the different frameworks which could be implemented, however.

5. Conclusions

1. Becoming trauma-informed is a duty of care for organisations and communities².
2. Trauma is subjective – an event that is traumatic for one person may not be for another. Individuals should be able to develop their own narratives.
3. Trauma can be thought of as an umbrella term under which Adverse Childhood Experiences (ACEs) belongs.
4. Becoming trauma-informed ties into the vision for a resilient, ACE- aware Gloucestershire. Strategic objective action number six of the ACEs strategy highlights the need for organisations to incorporate ACEs-informed approach into relevant organisational policies, strategies and contracts.
5. Creating a trauma-informed organisation is a fluid, ongoing process, with no completion date.
6. Trauma-informed organisations have been increasingly evidenced as offering opportunities to improve user's experiences, improve working environments for staff, increase job satisfaction and reduce stress levels by improving the relationships between staff themselves and the consumer/customer.
7. Organisations, programs and systems that make a commitment to becoming trauma-informed will differ in terms of their choice of implementation strategy or approach. This typically depends on the service context, motivation for change, hoped-for outcomes and resources available.
8. The implementation process for becoming trauma-informed does have common features however, including five core principles/values¹²: Safety, trustworthiness, choice, collaboration and empowerment.

Appendix 1

The Local Context

The Nelson Trust

The Nelson Trust provides residential treatment for people with addiction issues. They provide a specialist residential service for women addressing the root causes of their addiction, which is often trauma, alongside treating their addiction. The Nelson Trust also has three women's centres in the community for women who experience multiple disadvantages, alongside for women who are justice involved. They began developing their trauma-informed service delivery in 2004, with trauma-informed approaches now at the forefront of all their services. The Nelson Trust predominantly utilise the Covington Toolkit⁴ and programmes which are also gender responsive.

They have trauma champions representing every department of the Trust who make up their Trauma-Informed guide team which continuously works to implement good practice and incorporate theory in their services. The Nelson Trust focus their resources on trauma-informed approaches for the clients but also develop trauma-informed practice in their infrastructure, including staff training and policies. They take good practice guidance from SAMHSA⁹ and Karen Treisman^{16 17} and draw on the expertise of various other theorists, including Sandra Bloom.

The Nelson Trust feel that being 'trauma-informed' directly links to successful outcomes for their clients with complex needs. Trauma-responsive service development and delivery support the clients that they work with on their journey towards healing from their experiences/ difficulties. The five core principles¹² of trauma-informed practice are crucial to the Nelson Trust. Instead of focusing on 'what is wrong with you?' they instead focus on 'what has happened to you?' to get to the root cause and begin the journey of healing from trauma.

The Nelson Trust currently trains other organisations in trauma-informed approaches, which is CPD accredited and has recently achieved the Enabling Environments Standards award for their Women-only residential service from the Royal College of Psychiatrists.

Gloucestershire Constabulary

Gloucestershire Constabulary are in the early stages of their journey to becoming 'trauma-informed.' The Constabulary are predominantly utilising the Covington Toolkit⁴, but are also utilising the learning from Karen Treisman^{16 17}, particularly her work on trauma-informed organisational culture.

The Constabulary's vision is to ensure that, "compassion, kindness & relationships are at the heart of keeping people safe from harm." They will do this by utilising Treisman's¹⁶ 'four R's':

- **Realising** the widespread impact of trauma, stress and adversity,
- **Recognising** how it affects themselves, colleagues and people in the community,
- **Resisting** re-traumatisation
- **Responding** by sharing their understanding and infusing it into practices, language, behaviour, policies and procedures.

Whilst the Constabulary are following the step-by-step process set out in the Covington Toolkit (and are therefore planning to set up a guide team etc.), they've realised the need to set-up a coordination group to help with the initial thinking and awareness raising. They want to begin by being 'internally focused', recognising that before they can expect people to be trauma-informed externally, internal wellbeing and awareness is crucial.

Appendix 2

Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce¹²

Framework Tiers

Trauma informed practice level this is the basic level for trauma informed practice and should be relevant to all workers in the Scottish workforce regardless of role.

Trauma skilled practice level details the knowledge and skills required for those who have more direct and substantial contact with individuals (adults and children) who may be affected by traumatic events, whether or not the trauma is known about. This level is likely to include many health and social care practitioners, teachers, justice staff including police officers and 3rd sector organisations.

Trauma enhanced practice level details the knowledge and skills required by staff who have more regular and intense contact with individual (adults and children) who are known to be affected by traumatic events and who provide specific supports or interventions and/or who direct or manage services. This level is likely to be relevant to a range of services and organisations who deliver trauma specific or specialist services to children and adults affected by trauma. This might include some mental health services, substance misuse services, specialist 3rd sector organisations, and some prison or homelessness services.

Trauma specialist practice level details the knowledge and skills required by staff who, by virtue of their role, training and practice setting, play a specialist role in directly providing evidence based psychological therapies to individuals affected by traumatic events and/or offering consultation to inform the care or treatment of those affected by trauma and/or in managing or developing trauma specific services and/or co-ordinating multi-agency service level responses to trauma.

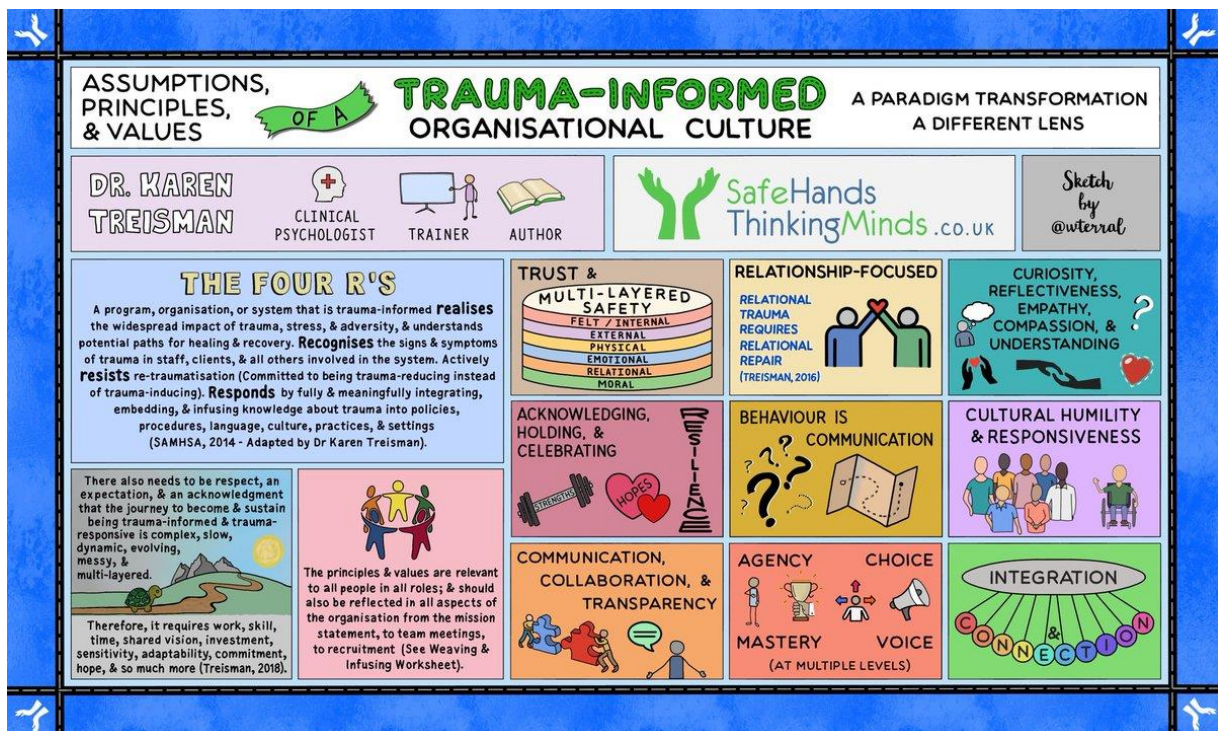
Appendix 3a

Karen Treisman Model: The Different Organisational Elements and Areas that Trauma-Informed Principles and Values should be Infused and Woven into¹⁶



Appendix 3b

Karen Treisman Model: Trauma-Informed Values, Principles and Assumptions¹⁶



Appendix 4

SAMHSA's Trauma-Informed Organisational Strategies⁶

Strategy #1: Show Organizational and Administrative Commitment to TIC

Strategy #2: Use Trauma-Informed Principles in Strategic Planning

Strategy #3: Review and Update Vision, Mission, and Value Statements

Strategy #4: Assign a Key Staff Member To Facilitate Change

Strategy #5: Create a Trauma-Informed Oversight Committee

Strategy #6: Conduct an Organizational Self-Assessment of Trauma-Informed Services

Strategy #7: Develop an Implementation Plan

Strategy #8: Develop Policies and Procedures To Ensure Trauma-Informed Practices and To Prevent Retraumatization

Strategy #9: Develop a Disaster Plan

Strategy #10: Incorporate Universal Routine Screenings

Strategy #11: Apply Culturally Responsive Principles

Strategy #12: Use Science-Based Knowledge

Strategy #13: Create a Peer-Support Environment

Strategy #14: Obtain Ongoing Feedback and Evaluations

Strategy #15: Change the Environment To Increase Safety

Strategy #16: Develop Trauma-Informed Collaborations

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