



Trauma-Informed Systems (TIS)

Healing Ourselves, Our Communities and Our City

PROGRAM OVERVIEW



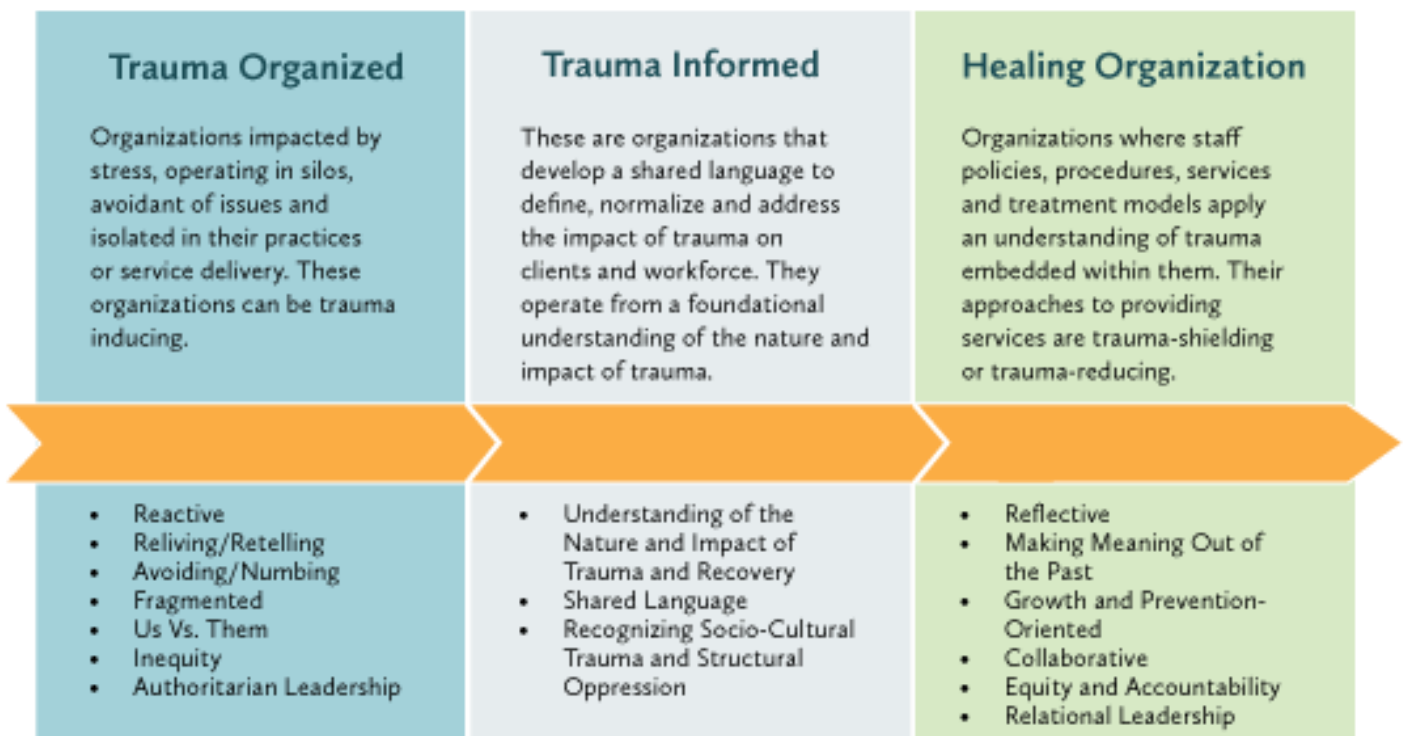
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Introduction

Trauma is a pervasive, long-lasting public health issue that affects our workforce and systems. Like people, organizations are susceptible to trauma in ways that contribute to fragmentation, numbing, reactivity and depersonalization. Trauma Informed Systems work is based on the understanding that our service delivery systems can inadvertently reinforce oppression and create harm. When our systems are traumatized, it prevents us from responding effectively to each other and the people we serve.

The Trauma Informed System Initiative (TIS) at the San Francisco Department of Public Health (DPH) is an organizational change model to support organizations in nurturing and sustaining trauma-informed practices. Through TIS, we cultivate healing environments by increasing organizational resilience, improving workforce experience, and ultimately supporting organizations in responding to and reducing the impact of trauma.

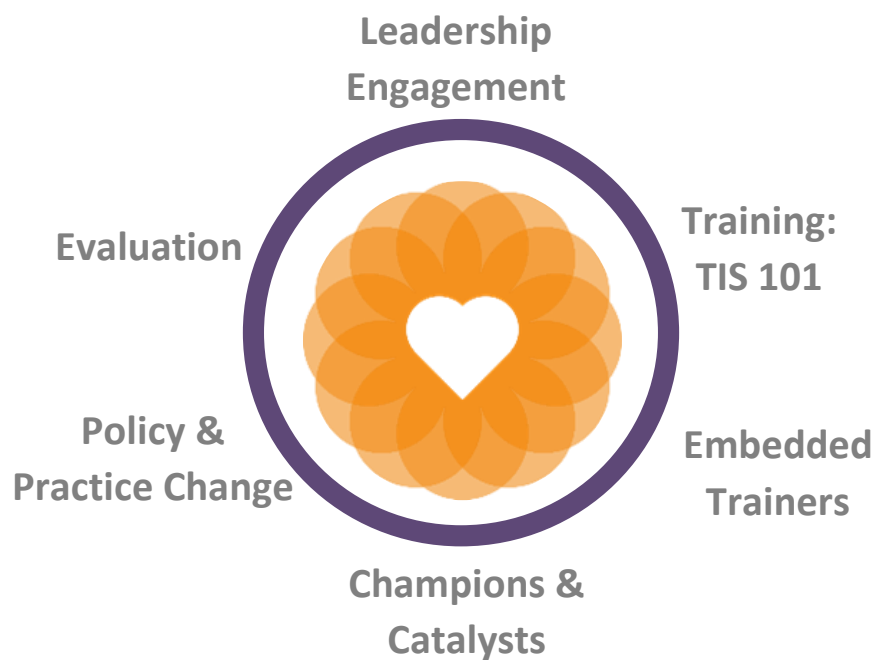
We believe that this transformation—from systems that induce trauma to systems that can sustain healing practices and wellness—occurs along a continuum from *Trauma Organized* to *Healing Organizations*.



From Trauma-Inducing to Trauma-Reducing

Implementation Science TIS utilizes the principles of implementation science to ensure that knowledge acquisition actually leads to change in organizational practices and policy. The conceptual framework for the TIS model includes the six components in the below diagram, which are described in more detail in the pages that follow. When organizations commit to TIS and becoming a *Healing Organization*, they commit to:

- Adopting the six principles of trauma-informed systems and being willing to have vulnerable conversations about how these principles exist in the work place (see page 4)
- Leading from a trauma-informed lens
- Embedding TIS trainers within their organizations as content experts
- Supporting an internal team of TIS catalysts and champions who plan, implement and support activities that promote organizational healing
- Enhancing organizational programs, practices and policies to reflect the six principles of trauma-informed systems
- Collaborating and aligning efforts within and across systems and sectors
- Evaluating efforts continuously



Trauma Informed Principles

The following six principles guide our organizational healing work. These principles provide the framework for the foundational training curriculum as well as the starting place for considering staff relationships, programs and policy.

Understanding Stress & Trauma Without understanding trauma, we are more likely to adopt behaviors and beliefs that are negative and unhealthy. However, when we understand trauma and stress we can act compassionately and take well-informed steps toward wellness.

Compassion & Dependability Trauma is overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support. However, when we experience compassionate and dependable relationships, we reestablish trusting connections with others that foster mutual wellness.

Safety & Stability Trauma unpredictably violates our physical, social, and emotional safety resulting in a sense of threat and need to manage risks. Increasing stability in our daily lives and having these core safety needs met can minimize our stress reactions and allow us to focus our resources on wellness.

Collaboration & Empowerment Trauma involves a loss of power and control that makes us feel helpless. However, when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness.

Cultural Humility & Responsiveness We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and respond to them sensitively we make each other feel understood and wellness is enhanced.

Resilience & Recovery Trauma can have a long-lasting and broad impact on our lives that may create a feeling of hopelessness. Yet, when we focus on our strengths and clear steps we can take toward wellness we are more likely to be resilient and recover.

“Trauma Informed Systems principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures.”

-Ken Epstein, Speziale, K, Gerber, E & Loomis, B (2014): SF DPH Trauma-Informed Systems Initiative

Program Components

KNOWLEDGE CHANGE

Trauma 101

Trauma Informed Systems 101—*Transforming Stress and Trauma: Fostering Wellness and Resilience* is our foundational 3.5 hour training for all staff members. The content explores the application of our six principles of trauma-informed systems. The work of system change begins with sharing foundational knowledge of the impact of trauma on the people we serve, ourselves, our colleagues, our system and our community. Creating a shared language within our system is critical to responding to this impact. The training's Learning Objectives are:

- Understand effects of chronic stress and trauma on our lives, our brains and our bodies
- Learn how race and culture intersect with trauma to impact individual, organizational and community health
- Understand and apply principles of trauma-informed systems
- Learn strategies to develop individual & organizational resilience in order to create and maintain more healthy, trauma-informed responses in workplace relationships

Train the Trainer (TTT)

This twenty hour training program, combined with coaching and support from Lead Trainers, leads towards certification for participants to deliver TIS 101 trainings. Trainees also participate in a Learning Community to hone their presentation skills and receive curriculum updates. The objectives of the Train the Trainer program include:

- Build capacity of agencies to sustain and expand upon TIS 101
- Support the development of trauma informed experts who can lead the transfer of knowledge within organizations and enhance organizational healing

Ultimately, by building a community of trauma experts within our organizations we are embedding knowledge within the workforce. This approach is not dependent on resources to fund outside consultants; it creates a flexible, efficient and more effective model for training and sustaining trauma informed principles.

Program Components

POLICY & PRACTICE CHANGE

TIS/Healing Organization Committee

Organizational change requires involvement from all levels of an agency. We recommend that organizations establish a TIS/Healing Organization committee or work group that includes a vertical slice of staff—from line staff to leadership—that meets regularly to plan, guide and evaluate the implementation of TIS. Through the work group, the organization dedicates time for discussion of TIS efforts and continuous quality improvement by:

- Identifying areas of strength and growth related to TIS principles
- Brainstorming strategies to foster healing workplaces
- Evaluating implementation efforts
- Discussing communication strategies to ensure aligned and consistent messaging to the broader organization

The workgroup should include the following roles:

- **Trainers** who serve as a resource to enhance the committee’s trauma understanding
- **Leadership** who hold the healing vision for their organization, ensure alignment and integration of TIS principles into policy and practices, and dedicate resources to TIS efforts to ensure progress and sustainability
- **Catalysts** who work in coordination with staff Champions to plan and implement change for their team/department within the organization. Catalysts typically come from managerial positions that have some authority within a division or department to institute change.
- **Champions** who help identify organizational needs and healing interventions, integrate staff voice in decision making, pilot changes, and inspire others to support adoption of TIS principles and practices. Champions can be from any level within the organization but we recommend that the work group incorporates at least one Champion who holds a direct service role (such as social worker, case manager, clinician, etc.)

The number of individuals in each role participating in the workgroup depends on the size and structure of the organization. For example there may be an assigned Champion from each division of the organization undergoing TIS change, or there may be an individual who serves as both a Catalyst and a Champion.

TIS Learning Communities

In our TIS cohorts, Leaders and Champions from across agencies meet regularly in separate Learning Communities to connect, reflect, exchange ideas, build skills, and learn new strategies to implement change.

Program Components

EVALUATION

TIS 101 Evaluation

Our evaluation of TIS 101 is designed to capture how well the training promotes learning and the implementation of TIS core principles. It includes:

- TIS Attitude scale administered pre-training to assess participant attitudes toward becoming a trauma informed system
- Training Evaluation Form administered post-training to gather qualitative and quantitative data on reactions to the training, including a reassessment of the TIS Attitude scale
- Commitment to Change Plan administered during the training to support participants in identifying, planning, and committing to a small TIS change they can make to improve their work life
- Commitment to Change Follow-Up Survey administered approximately six weeks post-training to assess participant success and experience with implementing their change. It also includes a reassessment of the TIS Attitude scale.

Work Life Evaluation

The Tool for a Trauma Informed Worklife (TTIW) survey is an evaluation tool to help guide organizational efforts to become more trauma informed. It asks about daily experiences in the work life to help determine how well the workplace reflects the six core principles of a trauma informed system. The survey is for all staff, not just providers and managers. The results from the TTIW help determine an agency's TIS Principle(s) of Focus, which become the driving force behind organizational healing and change plans. The TIS evaluation team at DPH supports the implementation of the TTIW, which includes:

- Informational materials and support in planning the administration of the TTIW (e.g., question and answers sessions at staff meetings, posters for staff break rooms)
- Administration of a confidential online survey which takes approximately 20-30 minutes (paper version available, if needed)
- The preparation of a detailed report summarizing an agency's strengths and areas for growth
- A results and feedback session with agency leadership and champions

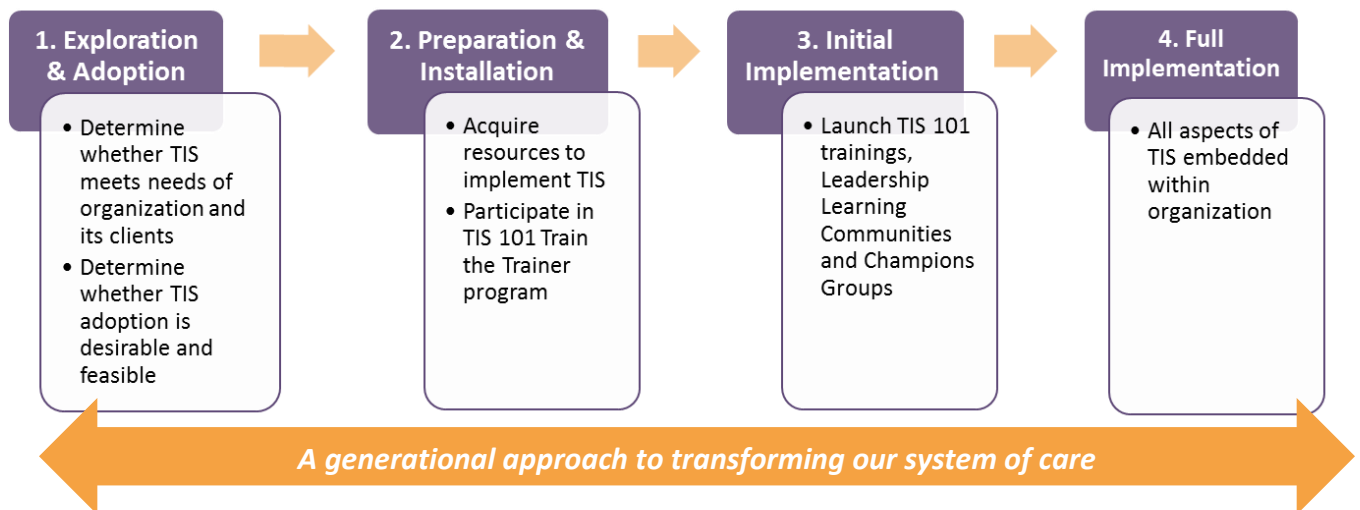
PROCESS & TIMELINE

According to implementation science, to effectively adopt a new practice or innovation, organizations must go through four stages of implementation:

1. Exploration & Adoption
2. Preparation & Installation
3. Initial Implementation
4. Full Implementation

The length of time of each of these stages varies; however implementation science shows that the overall length of time to complete all four stages and fully adopt a new practice is two-four years. When we apply implementation science to the TIS model, potentially the timeline can be much longer since we are working towards the transformation of organizations and systems of care. The total length of time will also vary based on a variety of factors including the size of the organization and whether it is a government or non-profit agency. Systems change in a large bureaucracy, for example, might take up to 20 years—a full generation.

The four stages and their key tasks appear in the below figure. The TIS staff at SFDPH and Trauma Transformed partner with DPH departments, other City Departments, and CBOs to support TIS implementation in each of these stages by providing technical assistance, coaching and shared learning opportunities. By the time an agency reaches the final stage of *Full Implementation* we expect that the agency is able to fully sustain TIS with minimal support.



FOR MORE INFORMATION

During the *Exploration and Adoption* stage of implementation, DPH and Trauma Transformed staff organize a series of meetings and readiness activities with the leadership of interested agencies to determine whether TIS is desirable and feasible for the agency. If you are interested in exploring TIS, we invite you to contact us at the below addresses.

In San Francisco

For more information about TIS in San Francisco, please contact our coordinators:

For TIS implementation within the San Francisco Department of Public Health, contact Lisa Reyes at LISA.REYES@SFPDH.ORG

For TIS Implementation in other City Departments or Community-Based Organizations, contact Stacey Blankenbaker at STACEY.BLANKENBAKER@SFPDH.ORG

Trauma Transformed (T²)

Trauma Transformed is an organization involving seven bay area counties who are working together to understand, respond to and heal trauma. Participating counties include Alameda, Contra Costa, Marin, San Mateo, Santa Clara, Santa Cruz, and San Francisco. Collectively, T² is fostering the development of a trauma informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. In service of this goal, one of the priorities of T² is to disseminate SFPDH's Trauma Informed Systems organizational change model across the counties. For more information, go to <http://traumatransformed.org/>

“A system cannot be truly trauma-informed unless the system can create and sustain a process of understanding itself. A program cannot be safe for clients unless it is simultaneously safe for staff and safe for administrators. Lacking such a process and despite well-intentioned training efforts, there will be no true system transformation...”

-Sandra Bloom