NASTAD

Trauma-Informed Approaches Toolkit

ADDRESSING TRAUMA AND SUPPORTING HEALING WITHIN THE HIV CARE DELIVERY SYSTEM

DECEMBER 2022

ACKNOWLEDGMENTS

This toolkit compiles research, policy briefs, best practices, and interviews with Ryan White HIV/AIDS Program (RWHAP) providers, clients, and other subject matter experts in trauma-informed approaches (TIA), healing, and RWHAP services. NASTAD is especially grateful for the contributions of the TIA Toolkit Advisory Panel. The following people informed the development of the updated toolkit:

Kahlib Barton

Nathaniel Currie, DSW, MSW, LCSW

Katy Davis, PhD, LCSW
Women's HIV Program, University of California, San Francisco

Mandy Davis, PhD, LCSW
Trauma Informed Oregon, Portland State University

Morgan Farrington
GoodWorks: North AL Harm Reduction

Holly Hanson, MA
Iowa Department of Public Health

Dana Hines, PhD, RN
HIV/AIDS Bureau, Health Resources and Services Administration

Vanessa Johnson, JD
Ribbon

Edward Machtinger, MD
Center to Advance Trauma-Informed Health Care,
University of California, San Francisco

Jessika N. McGhee, CPSS-S, CPSS-R

Jordan Minick, MPH
Wisconsin Division of Public Health

Tatyana Moaton, PhD, MBA-HRM
San Francisco Community Health Center – Chicago Office

Dimitri Joseph Moïse

Krystal Sterling
Washington State Department of Health

Nahid Suleiman, PhD
New Jersey Department of Health

Ashley Yocum
Virginia Department of Health

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #U69HA26846 as part of an award totaling $500,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

NASTAD

Contents

Introduction 1

Key Concepts 3

Inequities and Intersectionality 4

NEAR Science 7

Impact of Trauma and Opportunities for Healing Across the HIV Continuum 10

Organizational Culture 14

Impact of Trauma and Opportunities for Healing for the Workforce 17

How to Address Trauma and Support Healing: Trauma-Informed Principles 19

Roadmap to Healing 23

MODULES

a. Recognition & Awareness 24

b. Foundational Knowledge 25

c. Agency Readiness 26

d. Process & Infrastructure 27

e. Gather Information & Identify Opportunities 28

f. Prioritize & Create a Work Plan 29

g. Implement & Monitor 30

h. Celebrate & Maintain 31

Appendices

A. Glossary 32

B. Healing-Centered Considerations for Program Intake and Psychosocial Assessments 33

C. Vicarious Trauma Assessment and Prevention 36

D. Workplace Wellness Strategies 40

E. Trauma-Informed Principles in Practice 43

F. Program Readiness Assessment for Trauma-Informed Approaches 46

Introduction

Trauma-informed approaches (TIA) centers a person's experiences and wellness. The use of TIA acknowledges the impact of trauma on people's health and well-being and prevents re-traumatization. Applying a trauma-informed lens is a critical tool to address the HIV epidemic in the United States, as people with HIV have significant trauma histories when compared to the general population.

The application of TIA has rapidly evolved in health care and social service settings, including in the following ways:

- Scientists have increased our understanding of the neurological effects of trauma and our ability to recover and repair, leading to a greater focus on healing from trauma.
- TIA requires an understanding of trauma that goes beyond the impact it has on the lives of clients and staff to the root causes of that trauma. As a component of this, trauma-informed approaches have become more responsive to the impacts of racial trauma and are incorporating anti-racist frameworks.
- The COVID-19 pandemic accentuated the stress and impact on caregivers in our workforce, especially those who directly responded to the pandemic. There is recognition that building a more resilient and healing-centered system of care will address the underlying factors contributing to the challenges compounded by the pandemic.

Given the impact of trauma and stress on people with HIV, ending the HIV epidemic in the U.S. requires a trauma-informed and healing-centered system of care, a system that goes above and beyond achieving viral suppression. To support the Ryan White HIV/AIDS Program (RWHAP) community in achieving this, NASTAD has invested in the following resources:

- In 2017, NASTAD published a policy brief, A Health Systems Approach to Trauma-informed Care.
- In 2018, NASTAD released a TIA Toolkit to assist health departments, specifically RWHAP Part B and AIDS Drug Assistance Programs (ADAPs), AIDS services organizations (ASOs), and HIV clinics to take action on the recommendations outlined in the initial policy brief and toolkit. NASTAD has also provided TIA training and technical assistance to Part B Programs and ADAPs, as well as, harm reduction programs, ASOs, and HIV clinics over the past three years.
- In 2022, NASTAD updated the TIA Toolkit to emphasize resilience and healing for both people with HIV and the workforce. More recently published research, and interviews and focus groups with a newly established TIA Toolkit Advisory Panel (TAP) comprised of **lived experts**, technical experts on TIA, and RWHAP Part B and ADAP staff, informed the development of the updated toolkit. The updated toolkit highlights the connections between resilience and healing, trauma and racism, and racial equity. The revisions build off our current understanding of trauma and

LIVED EXPERTS
A term used to describe experts based on extensive, personal lived experience.

NASTAD

> broaden recommended approaches to encourage those that allow for greater safety and connection between clients and providers, a celebration of resilience displayed by individuals, and more effective and satisfying experiences of care for all involved.

This toolkit is intended for all RWHAP administrators and providers who deliver and fund services for people with HIV. It is meant to provide foundational information, language, and an introduction to tools and assessments for agencies and providers, both those who provide direct services funded through Parts A, B, C and D, as well as those in more administrative positions in Parts A and B. Creation of a trauma-informed and healing-centered system requires involvement of all stakeholders, from funders to direct services staff.

The toolkit is not meant to replace comprehensive and ongoing training about these topics, nor expected to bring about full organizational change without support (e.g., external consultants) or dedicated staff. Becoming a healing-centered organization requires much more than a one-day training— it requires a cultural shift and a nurtured and sustained commitment to well-being.

Key Concepts

Trauma is broadly defined as experiences that produce intense emotional pain, fear, or distress, often resulting in long-term physiological and psychological consequences. Trauma can be a one-time event (e.g., natural disaster or loss of a loved one), repeated events (e.g., abuse or neglect), or a vicarious event (e.g., witnessing trauma experienced by another). Traumas can be experienced by a single individual (e.g., sexual assault) or an entire population (e.g., slavery). Experiences of trauma without adequate protective factors, especially in childhood, can change a person's brain structure, contributing to long-term physical and behavioral health problems.

"Trauma is not a destiny."

– Resmaa Menakem, MSW, LICSW, SEP
My Grandmother's Hands

Research and the experiences shared by the TIA Toolkit Advisory Panel show that there is opportunity for healing after trauma. Traumatic experiences affect each person differently depending on their protective factors (e.g., the presence of safe and supportive adults and friends; a sense of belonging at school and/or in the community), individual strengths, and resources. The explanation for the differences in impact are often found in **resilience,** or one's ability to cope with

Shift the question from: **"What's wrong with you?"**

To: **"What happened to you?"** and **"What's strong in you?"**

a crisis or recover from difficulty. Collective resilience are the bonds and networks that hold communities together, provide support and protection, and facilitate recovery during traumatic events. It involves celebration of culture, spirituality, civic engagement and inspires **healing**.

Healing-centered engagement is a useful framework to address deficit-framed perspectives of a trauma-based narrative. Healing-centered approaches are also important when considering the impact of racism on individuals, communities, and systems; healing from those experiences and history; and addressing systems of oppression.

"It's not enough to provide healing care and then return them to environments that traumatize them."

– Dr. Nathaniel Currie, Toolkit Advisory Panel

Inequities and Intersectionality

Because of historic and contemporary injustices, HIV disproportionately affects Black, Indigenous, and other people of color, people with low income, and gay, bisexual, and other men who have sex with men. RWHAP data from 2020 show that:

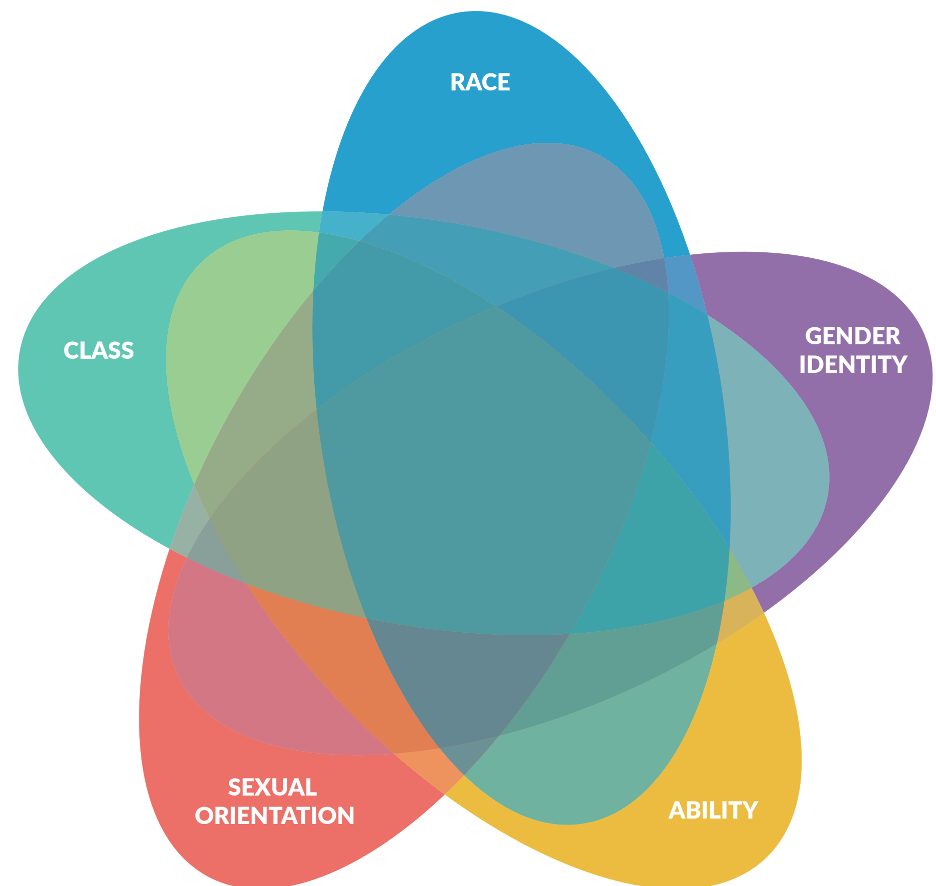
- Forty six percent of RWHAP clients self-identified as Black/African American, 23.6% as Hispanic/Latinx, and an additional 2% each as American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and people of multiple races.
- Nearly two-thirds of RWHAP clients are living at or below 100% of the Federal Poverty Level (FPL), with the percentages of American Indian/Alaska Native, Black/African American, and Hispanic/Latinx clients living at or below 100% FPL higher than that among clients of other races.

Of the 34,800 estimated new HIV infections in the US in 2019, 70% were among gay and bisexual men, with 26% of those men identifying as Black and 24% as Hispanic/Latinx. Likewise, the experience of trauma disproportionately impacts people with HIV and other communities that have been marginalized. Here are some examples:

- People who are Black, Hispanic/Latinx or multiracial experience more adverse childhood experiences (ACEs) compared to people who are white or people who are Asian.
- Women with HIV have five times the rate of recent post-traumatic stress disorder than the general population of women, and twice the national rate of intimate partner violence.
- Of the estimated 3.5 million people who are homeless every year in the U.S., as many as 3.4% have HIV. This represents a rate three times higher than that of the general population. Within the larger society, people experiencing homelessness often are marginalized, isolated, and discriminated against.

INTERSECTIONALITY

This graphic illustrates the concept of intersectionality, which is a theory developed by Kimberle' Crenshaw that shows how the overlap of various social identities, such as race, gender, sexual orientation, etc., contribute to systemic advantages and disadvantages experienced by an individual.



NASTAD

- A study found that people who are gay, lesbian, bisexual, transgender, queer, or gender non-confirming are nearly four times as likely to be victims of violent crime than those outside such communities. The research found that members of these communities experienced a rate of 71.1 violent victimizations per 1,000 persons a year, compared with 19.2 per 1,000 persons a year among non-sexual and gender marginalized groups.

As HIV disproportionately impacts communities that have been marginalized, it is helpful to use an intersectional approach to understand trauma and resilience among people with HIV. Intersectionality is a theory developed by Kimberle' Crenshaw that shows how the overlap of various social identities, such as race, gender and gender identity, sexual orientation, ability, immigration status and class, contribute to systemic advantages and disadvantages experienced by an individual. Crenshaw coined the term intersectionality in a 1989 paper to reflect that social identities cannot be teased apart and addressed individually; that the identities must be seen together because of overlapping forms of discrimination.

For example, one school-based study found that while Black and Latinx transgender youth had similar rates of depression and suicidality compared to white transgender youth, they had higher rates of depression and suicidality, and also higher rates of race-based harassment compared to Black and Latinx cisgender youth. This finding illustrates the social and additive complexity that occurs at the intersection of marginalized identities, and its impact on mental health.

The following graphic was developed by the Washington State Department of Health to illustrate how injustice at the societal, community, organizational, interpersonal, and individual level cause trauma and perpetuate inequities. Conversely, the graphic also illustrates how a trauma-informed and equity-centered approach at each of these levels can promote healing, resilience, and equity.

Intersectionality Reflection Questions

Utilize the following reflection questions to begin thinking more concretely about the impact of the work your organization does and whose needs and experiences need to be centered.

1. What representation of marginalized groups do you have inside of your organization?
2. What communities are the focus of your organization?
3. How do the systems at play further marginalize both groups?
4. Which aspects of your identity are privileged and which parts are subjugated? How do they intersect?

People with HIV are often from communities that have been marginalized and their intersecting social identities (e.g., Black, trans, etc.) are often portrayed in deficit-based ways. Members of the TIA Toolkit Advisory Panel suggested inclusion of culturally relevant and affirming approaches within RWHAP programs to uplift the beauty of cultures and communities that have been marginalized and oppressed. Celebrating and honoring resilience is key to a healing-centered approach. Throughout this toolkit, we provide action steps and reflections to assist the workforce in building upon the existing strengths, resilience, community, and culture of individuals, affirming them as whole people.

TRAUMA-INFORMED & EQUITY AND SOCIAL JUSTICE INTERSECTIONS

This infographic illustrates the intersection of trauma-informed approaches and equity and social justice initiatives. It uses a modified ecological model to show examples of factors that perpetuate inequity, induce trauma, and create poor health outcomes or conversely promote equity, healing, and well being.

Source: Washington State Department of Health

ADDITIONAL RESOURCES

- Trauma from an Intersectional Perspective (video)

NEAR Science

NEAR Science (neurobiology, epigenetics, adverse childhood experiences, and resilience) provides a holistic understanding of how trauma and resilience impact health outcomes.

NEUROBIOLOGY {NEAR SCIENCE}

Understanding how the brain is affected by trauma is helpful to implementing trauma-informed approaches and can also help providers better understand the actions and responses of individuals who have experienced trauma. Three primary areas of the brain are impacted by trauma and resilience.

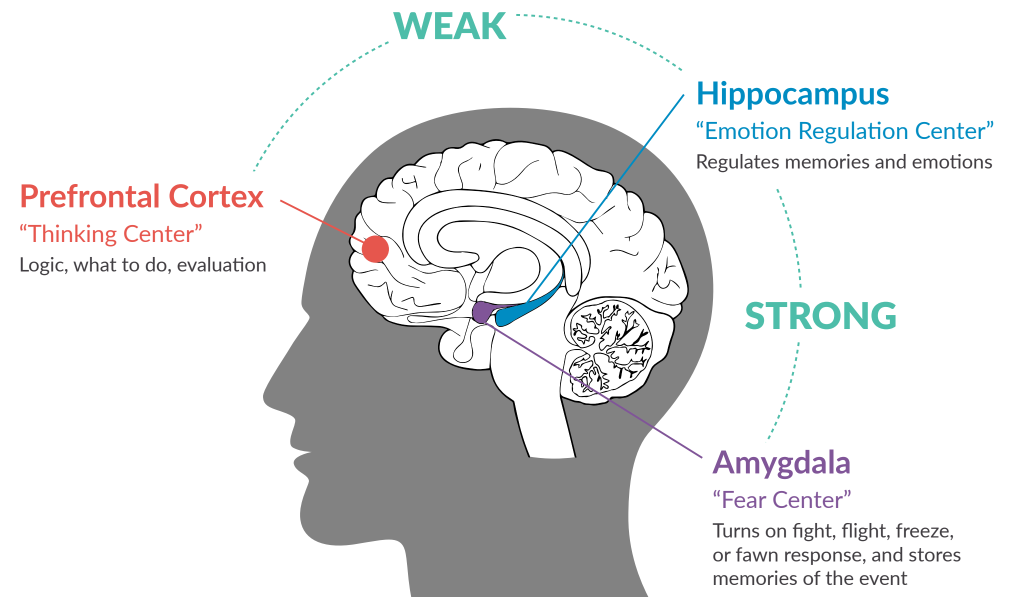
The **prefrontal cortex** is the "Thinking Center." When this area of the brain is strong, we can think clearly, make good decisions, and be aware of ourselves and others. After trauma, particularly during childhood, the prefrontal cortex experiences a loss of neuronal integrity and is less able to communicate with other parts of the brain.

The **hippocampus** is the "Emotion Regulation Center." When this region is strong, we can manage difficult thoughts and emotions and recall and recognize memories. Individuals who have experienced traumatic stress may experience vivid memories or persistent thoughts that are reminiscent of a trauma. They may have a difficult time distinguishing between a memory and a current threat.

The **amygdala**, or the "Fear Center," responds to stress and anxiety and coordinates the behavioral "fight, flight, freeze, or fawn" response. In the traumatized brain, the amygdala is on high alert, often leading to inappropriate, erratic, or defiant behavior as the brain is unable to access the prefrontal cortex and apply logic to a situation.

NEUROBIOLOGY - NEAR SCIENCE

This graphic depicts the three parts of the brain – prefrontal cortex, hippocampus, and amygdala – most relevant to understanding the impact of trauma on the brain. In the traumatized brain, the prefrontal cortex and hippocampus regions are weakened, meanwhile, the amygdala is on high alert.



Neurobiology Reflection Questions

Use the following reflection questions to incorporate what you have just read in this section into the work you do.

1. Which trauma response do you notice as your own default response?
2. Which responses do you notice as more prevalent in the individuals you work with?
3. How do you respond to other people's trauma responses?

NASTAD

Traumatic stress responses:

Fight – Temper and angry outbursts, aggressive, dominates and controls, demands perfection from others, pursues power and control, impulsive decision making, critical and rageful

Flight – Feelings of panic and anxiety, obsessive or compulsive disorders, always on the go or staying busy, over worrying, hyperactive, over analytical

Freeze – Depression, dissociation, brain fog, avoiding human contact, detached, struggles with decisions, hibernating, isolation, lifeless

Fawn – People pleasing, co-dependent, lack of boundaries, defers to others to make decisions, avoids conflicts, concerned about fitting in

EPIGENETICS {NEAR SCIENCE}

In the context of trauma, epigenetics is the study of how your behaviors and environment can cause changes that affect the way your genes work. Unlike genetic changes, epigenetic changes are reversible. They do not change your DNA sequence, but they can change how your body reads a DNA sequence. The study of epigenetics offers an important linkage to racialized trauma, critical given the disproportionate impact that HIV has on Black, Indigenous, and other people of color (BIPOC). The centuries of historical and multi-generational trauma experienced by BIPOC are present in the genetic make-up and bodies of today's BIPOC communities.

ADVERSE CHILDHOOD EXPERIENCES {NEAR SCIENCE}

Experiences in childhood, both those positive and adverse, have been shown to have lifelong impacts. Adverse childhood experiences (ACEs) refer to experiencing or witnessing abuse, neglect, community violence, racism, poverty, or other dysfunction in a household during a person's earliest years. ACEs are very common, and especially when compounded, have a strong correlation to health outcomes later in life.

Conversely, positive childhood experiences can be protective factors that occur during childhood and play an important role in contributing to resilience. Positive childhood experiences include the presence of a stable, caring adult (such as a family member, teacher, or mentor), a sense of belonging or connection, and enjoyment in community traditions.

> "Let community heal community."
>
> – Tatyana Moaton, Toolkit Advisory Panel

RESILIENCE {NEAR SCIENCE}

People can, and do, heal from all kinds of trauma, especially when in relationship with others. Individual resilience refers to a person's ability to recover from and adapt to difficult experiences. The most common resilience factor is the existence of a caring and supportive relationship. Other resilience factors include the capacity to make and follow through with plans, a positive self-view and confidence in one's strengths and abilities. It also includes the ability to communicate, problem solve, and the capacity to manage feelings and impulses.

Resilience can be found and built in many ways and many examples of resilience were shared by the TIA Toolkit Advisory Panel. Ryan White HIV/AIDS Program clients demonstrate resilience every time they take their medications or show up for an appointment. Providers can contribute to resilience building by helping clients recognize these strengths, celebrating them, and offering a trusting, supportive relationship.

Resilience Reflection Questions

Use the following reflection questions to think through your own experiences and how to incorporate skills you already have into your workflow.

1. Who are the people you rely on when you are having a difficult day/time? What qualities do they possess?
2. What qualities do you think you possess that allow for others to rely on you?
3. What would you need available to you during your workday or at your organization for it to be a healing space?
4. How can you build upon the resilience that the individuals you work with (staff or clients) already possess?

ADDITIONAL RESOURCES

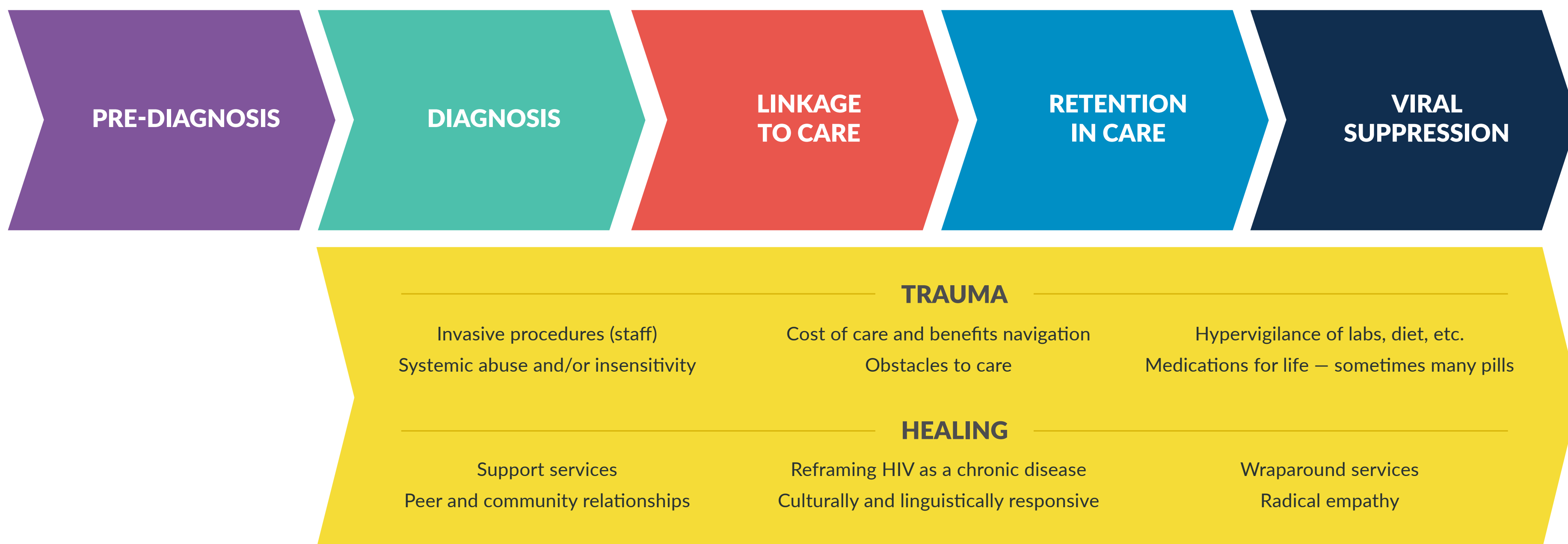
- Trauma and the Brain (video)
- Epigenetics: Why Inheritance is Weirder than We Thought (video)
- We Can Prevent ACEs (video)
- The Future of Healing: Shifting from Trauma-Informed Care to Healing Centered Engagement (article)

Impact of Trauma and Opportunities for Healing Across the HIV Continuum

Past and current traumatic experiences can have impacts along the HIV continuum and can contribute to an individual's health outcomes; however, opportunities for healing across the continuum are plentiful.

TRAUMA AND HEALING ACROSS THE HIV CONTINUUM

This graphic depicts the HIV continuum and illustrates that people can experience trauma and healing when engaging with the health care system to receive treatment for or prevent HIV.



NASTAD

PRE-DIAGNOSIS

Past traumatic experiences can lead to coping behaviors that increase a person's risk for HIV, such as sex without the use of prevention tools or barriers and chaotic drug use. A status-neutral approach incorporates a trauma-informed approach to HIV testing and offers linkage to prevention services for people who test negative. Prevention services, including use of Pre-exposure prophylaxis (PrEP), should be trauma-informed and include culturally and linguistically responsive testing, information, and referral services.

DIAGNOSIS

The impact of receiving an HIV diagnosis can be exacerbated by the:

- Method of delivery (e.g., by letter, phone call, or partner disclosure)
- Person delivering the diagnosis (e.g., use of stigmatizing language, discriminatory practices or treatment, or lack of training)
- Health of the person receiving the diagnosis (e.g., the person is experiencing a life-threatening illness at time of diagnosis)
- Timeliness of the diagnosis (e.g., lab results taking longer than expected or are inconclusive)
- Other related fears (e.g., disclosures, threat of intimate partner violence).

Avoidance of stressful experiences is common among people who have experienced trauma and may contribute to delayed testing and diagnosis.

Alternatively, streamlining of administrative processes provide opportunities for healing. For example, as noted by the TIA Toolkit Advisory Panel (TAP), offering rapid start to medications, support services, or peer services on the same day as diagnosis can create a sense of comfort and control for the client. Suggestions offered by the TIA TAP include framing of HIV as a chronic disease, like diabetes or high blood pressure, which can normalize the stress of receiving a HIV diagnosis. Ensuring results and referrals are provided by a culturally and linguistically responsive provider is imperative.

Reflection Questions

Use the following reflection questions for each stage of the HIV continuum to delve deeper into an understanding for each stage of the experience an individual may go through and how you can best support them at each step along the way.

Pre-Diagnosis:

1. How does your division/bureau engage individuals pre-diagnosis?
2. How does your division/bureau implement a status neutral approach?

Diagnosis:

1. What training is provided to those who will be giving the diagnosis?
2. Is there an opportunity to engage the individual in holistic care or support (i.e., providing for their physical, mental, spiritual, and social needs)? If so, what would that look like?
3. Are T cells and CD4 count explained to the individual? How about undetectable = untransmittable? Do they leave your facility with the understanding that HIV is similar to any other chronic disease?

LINKAGE TO CARE

The experience of linking to care may be traumatic due to invasive medical procedures, insensitive providers, cost of care, and navigation of health and medication benefits. Required disease investigation services may be intrusive and raise questions about privacy and confidentiality for individuals just diagnosed. Other obstacles to care include housing, transportation, adequate treatment for mental health and substance use disorder, health literacy, documentation requirements, and language and cultural barriers. By contrast, low barrier access to services, provision of culturally and linguistically responsive, and peer-delivered services can result in effective linkages to care. **Radical empathy** for those newly diagnosed but not yet ready to engage in care is paramount. Consider using NASTAD's Healing-Centered Considerations for Program Intake and Psychosocial Assessments (Appendix B) tool to identify ways to incorporate more healing-centered questions and processes as you link newly diagnosed individuals into care.

RADICAL EMPATHY

Encourages people to actively consider another person's point of view – even when we strongly disagree – in order to connect more deeply with them.

RETENTION IN CARE

People who have experienced trauma often have difficulty staying in care. Despite the best intentions of providers, HIV medical care and support services can be re-traumatizing. For example, providers may be late, rushed, or distracted during an appointment; use overly complicated or redundant forms, procedures, or policies; expect perfect adherence or immediate behavior change; and ignore client's perspectives about treatment or services. Often, behaviors such as taking medication erratically or not attending appointments can be linked back to an individual's history of trauma. Considering the impact of trauma may help providers empathize with clients to better understand behaviors and enable more effective communication and relationship-building that can lead to better outcomes for both clients and staff (e.g., job satisfaction and connection to clients). For some individuals, engagement in the Ryan White HIV/AIDS Program (RWHAP) may offer opportunities for services, such as dental care or housing support, which may be a higher priority for individuals than taking HIV medications. The TIA TAP noted that because healing can mean different things to different people, it is important to provide wraparound services without requirement or expectation for engagement in HIV medical care.

Reflection Questions

Use the following reflection questions for each stage of the HIV continuum to delve deeper into an understanding for each stage of the experience an individual may go through and how you can best support them at each step along the way.

Linkage to Care:

1. How do you assess an individual's level of comfort and safety?
2. How do you collaborate to determine next steps post-diagnosis and connection to care?
3. Are the organizations you connect individuals to agencies that you would go to yourself?

Retention in Care:

1. How do you assess factors that contribute to keeping individuals retained in care?
2. What is your course of action when you receive poor feedback about an individual's experience with a specific provider or provider agency?

VIRAL SUPPRESSION

For those individuals engaged in care, resilience is positively associated with treatment adherence and undetectable viral load. For example, one study among HIV positive women found a positive correlation between resilience and medication adherence. Conversely, trauma can be associated with a variety of poor health outcomes, including treatment adherence issues. It is important to consider that viral suppression may not be a goal for an individual; perhaps housing or social and emotional support are their priorities. Although we know viral suppression is key to the physical health of a person with HIV and their community, as well as to the RWHAP, the TIA TAP emphasized the importance of prioritizing the way that individual defines health and wellness and to meet them where they are.

Reflection Questions

Use the following reflection questions for each stage of the HIV continuum to delve deeper into an understanding for each stage of the experience an individual may go through and how you can best support them at each step along the way.

Viral Suppression:

1. What is the language utilized when discussing the importance of viral suppression with an individual? Does the individual even understand the term?
2. How do you assess contributing factors leading to viral suppression?

ADDITIONAL RESOURCES

- A Practical Toolkit to Empower HIV Prevention Efforts with Marginalized Communities (resource)
- A Time for Radical Empathy (article)
- Radical Empathy (book)
- Healing from Trauma for Survivors Living with HIV (resource)

Organizational Culture

In the article, Trauma and Healing in Organizations, the authors explain, "the nature of an organization's work directly impacts the culture of the organization. An organization that provides services to traumatized individuals, families and/or communities is susceptible to becoming a traumatized system experiencing the cumulative effects of the work itself." At the agency level, trauma can have significant impacts on the health and culture of an organization. Strengthening of organizational resilience and culture can prevent and mediate this trauma and move an organization from one that is trauma-affected to one that is healing for clients and staff.

SOURCES OF ORGANIZATIONAL TRAUMA

Organizational trauma can be external or internal, caused by a single event or due to the nature of the work. Examples of sources of organizational trauma include:

- Single catastrophic event such as death of a coworker or a natural disaster that disrupts the workplace.
- Ongoing **wounding** of staff experiencing persistent trauma, which includes external threats to the organization, abusive practices from leadership (e.g., reprisals for sharing information about toxic work culture), or presence of systemic racism.
- Empathic nature of the work without attention to protective factors (e.g., social connectedness and presence of safe and supportive relationships).
- Outdated policies, procedures, and practices that staff view as harmful to clients (e.g., a client intake assessment that includes invasive questions that a case manager views as harmful for the client and is uncomfortable asking).

ORGANIZATIONAL TRAUMA

Trauma resulting from a single devastating event, from the effects of many deleterious events, or from the impact of cumulative trauma over time.

WOUNDING

Collective emotional and psychological injury that builds over time and disables an organization with an accumulation of harm.

SYMPTOMS OF ORGANIZATIONAL TRAUMA

Organizational trauma can show up in obvious and not so obvious ways. Examples include:

- **Organizational amnesia**: organizations that are in denial about the existence of trauma in their culture.
- **Unrecognized wounding**: another form of denial that is particularly common when trauma is caused by racism. Even when trauma is acknowledged, the impact it has on staff is denied.
- **Stress contagion**: in the absence of safe opportunities for connection, staff may unintentionally spread stress and fear, distrust leadership or feel that something bad is going to happen.
- **Unproductive relationships between organizations and environment**: unaddressed organizational trauma may eventually impact relationships inside and outside of the organization, this may look like skepticism, suspicions, or sarcasm.
- **Depression, despair, and loss of hope**: symptoms that include rapid turnover of staff and/or board members, absenteeism, missed deadlines, decreased loyalty and commitment among staff, and other organizational dysfunction.

Organizational Trauma Reflection Questions

Utilize the following reflection questions to think about your experience within your division/bureau and how it may impact you, the work you do, and the individuals you engage with.

1. Is there transparency about how and why decisions are made within your division/bureau?
2. Are those most impacted by decisions a part of conversations prior to decisions being made?
3. Are the majority of staff who are entry level or lower in the organizational hierarchy also members of the communities the organization serves (e.g., Black, queer, etc.)? If so, how is that addressed?
4. Who is required to clock in and out as opposed to filling out a timesheet where their arrival and departure times are auto-populated?
5. Who is able to propose new policies and procedures?

ORGANIZATIONAL CULTURE

The "Strengths and Shadows" graphic illustrates the impact of organizational culture on internal dynamics. "Strengths" refers to values and assumptions that support an organization's successful accomplishment of its mission. "Shadow" refers to elements that are denied, rejected, hidden, and undiscussable.

Copyright Pat Vivian, MA and Shana Hormann, MSW. May 2002

ORGANIZATIONAL RESILIENCE

Resilient organizations are built and nurtured through organizational respect, a strong sense of organizational identity, intentional setting of structures, processes and spaces for reflection, optimistic leadership, and positive connections both internally and externally. Organizations should strive to do the following to strengthen resilience:

- Recognize and acknowledge the existence of organizational trauma. Although leaders may be fearful of opening a "pandora's box," providing space for facilitated sharing and transparency about trauma and toxic culture can identify organizational stressors and allow for stories of program strengths to be shared.
- Contain anxiety. By providing trusted and safe spaces for information about ways to cope with anxiety and vicarious trauma, employees feel validated and supported in their experiences.
- Act as an example. Model kindness and compassion with staff and partner agencies.
- Remember history and interrupt amnesia. Normalize the ability and acceptability to elevate mistakes and learnings from the past.
- Strengthen organizational identity and respect. Help staff feel connected to the mission of the agency. Offer optimism, ritualized celebrations, and positive affirmations for successes, big and small.

ADDITIONAL RESOURCES

- [Organizational Trauma (website)]
- [The Healing Organization (video)]

Impact of Trauma and Opportunities for Healing for the Workforce

The impact of trauma may show up in staff as vicarious trauma or burnout, or at the institutional level as organizational trauma. Workplace wellness policies and program are preventive antidotes and offer pathways to individuals and **organizational healing**.

ORGANIZATIONAL HEALING

The work of repairing practices, routines, and structures in the face of disruption and strengthening organizational functioning through social relationships.

Vicarious Trauma is a "profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material" (Pearlman & Saakvitne, (1995)). Health and social service providers are often exposed to difficult stories about their clients or bear witness to symptoms of trauma (e.g., aggression or anger). As the TIA Toolkit Advisory Panel noted, many persons in caregiving professions are drawn to the work based on their own personal experiences, thus increasing the risk for vicarious trauma.

> "You're living in it [vicarious trauma] and you don't even realize it."
>
> – Vanessa Johnson, Toolkit Advisory Panel

Professional Burnout "is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life." (WHO).

Vicarious Trauma Reflection Questions

Use the following reflection questions to think through your experience within your work and what supports are in place or need to be put in place to better support you and your colleagues. You can refer to NASTAD's Vicarious Trauma Assessment and Prevention to build upon these questions.

1. How do you know you are beginning to feel burnt out?
2. What helps you to compartmentalize client experiences to prevent their trauma from overwhelming you?
3. What in a work environment/organizational culture would help you better cope with what you are bearing witness to (i.e., client's trauma) ?
4. What choices do you get to make over your time during the workday?

NASTAD

Workplace Wellness: While organizational healing can repair organizational trauma, workforce wellness programs offer healing at the individual staff level. Workplace wellness is a central tenet of a trauma-informed approach, and attends to both protective factors (e.g., training, supervision, and a manageable caseload) and risk factors (e.g., personal trauma history, isolation, and length of employment) among employees. Workforce wellness strategies include a menu of services, benefits, and policies, including health insurance, wellness plans, paid leave policies, provision of physical and emotional spaces for healing, and celebration. Workforce wellness builds on the workforce's resilience and remedies the psychological impacts of working in health and social services, such as vicarious trauma and burnout, especially common among caregiving providers. Terms like vicarious trauma, burnout, secondary traumatic stress, and compassion fatigue are often used interchangeably, with debate about their definitions.

Vicarious trauma and burnout in the workforce have numerous negative impacts on an agency, from workplace culture to high rates of turnover. Staff can use NASTAD's Vicarious Trauma Assessment and Prevention (Appendix C) to self-assess their level of burnout and vicarious trauma, and to work with their supervisor and organization to prevent them. Workplace wellness policies and practices provide opportunities to reduce trauma and build upon resilience within the workforce. Organizations can use NASTAD's Workplace Wellness Strategies (Appendix D) resources to address workforce burnout.

ADDITIONAL RESOURCES

- Vicarious Trauma (video)
- Understanding Vicarious Trauma (research report)
- Trauma-Informed Supervision (training video)
- Trauma-Informed Supervision Guidance Tool (tool)

How to Address Trauma and Facilitate Healing: Trauma-Informed Principles

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) outlined a series of strategies and principles for trauma-informed approaches. With the assistance of the TIA Toolkit Advisory Panel and other resources, NASTAD developed the following examples of how to incorporate these principles in your agency. The reflection questions in NASTAD's Trauma-Informed Principles in Practice (Appendix E) tool can help organizations operationalize these principles in their program.

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

REALIZES the widespread impact of trauma and understands potential paths for recovery;

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."

Source: SAMHSA

SAFETY

Staff and clients feel physically and emotionally safe. Environments are safe and welcoming, and privacy and confidentiality are ensured.

- Crisis protocols are in place and practiced.
- Adequate lighting and safe parking are provided.
- Trauma-informed design and architecture are utilized, such as natural light, art, plants, cool colors (blue, green and purple), clear signage, and intentional furniture arrangement.
- Building is compliant with Americans with Disabilities Act (ADA) regulations and accessibility is addressed (e.g., in literature and other agency materials) to accommodate people with disabilities.
- When on site, security is dressed in plain clothes (instead of in uniform) with clear security identification.
- Trigger warnings are provided when discussing trauma so that clients/staff can opt out of conversations and content that may elicit unwanted emotions for them.
- Time is dedicated in meetings or supervision to discuss safety with staff.
- Crisis response scenarios are created and practiced. Staff receive training in de-escalation techniques and mediation. The agency has identified a shared, neutral alert word or phrase (e.g., "Can you bring me the blue file?") for when staff need assistance.

NASTAD

COLLABORATION AND MUTUALITY

Recognition that healing happens in relationship and that power and decision-making responsibilities are to be shared at all levels of an organization. Staff and clients work in partnership. Everyone has a role to play in a trauma-informed approach, from reception to direct medical care to partner organizations.

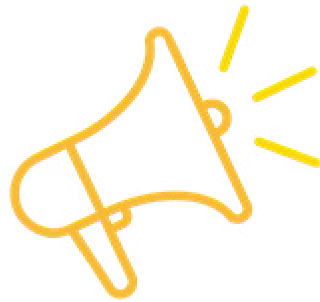
- Compensate clients in ways that are allowable (e.g., gift cards) for their participation in agency planning, evaluation, and decision making through a client advisory board.
- Include staff from all positions in agency and program planning, evaluation, and decision making.
- Provide training about trauma, resilience, and healing for clients, staff and volunteers.
- Engage referral sources and partner organizations in commitment to the use of trauma-informed approaches.
- Believe stories that are shared with you, particularly about traumatic events.
- Ensure care and treatment plans are co-created with the client.
- As desired by clients, foster the inclusion of family (chosen and biological), support networks, and community at large.

TRUSTWORTHINESS AND TRANSPARENCY

Program policies and procedures are conducted with transparency with the goal of building trust among staff and clients, while maintaining professional boundaries. There are clear expectations about what happens and why.

- Explain the intent and rationale behind questions and processes used in intake, screening, and assessment. Explain how information is used and kept confidential and the limits of confidentiality.
- To the greatest extent possible, reduce and simplify forms, procedures, policies, and required documentation. Advocate to funders about the importance of low-barrier services and burdens of unnecessary data collection.
- Use visuals and plain language when communicating with clients – speak slowly and clearly, avoid jargon and complex medical terminology.
- Provide multiple ways for clients and staff to provide feedback about providers, services, and systems; use feedback to make improvements.
- Maintain predictive schedules – provide adequate notice and explanation when hours or services are changed.
- Apply the rule of seven (seven different times using seven different methods) when communicating about changes in policy or procedures.

EMPOWERMENT, VOICE, AND CHOICE



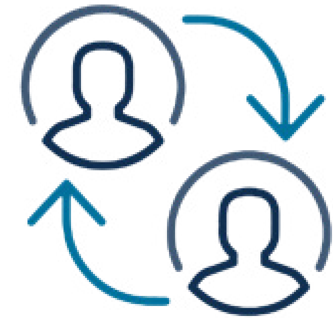
Decisions are made with, instead of for, people. Client and staff experiences and choices are honored and respected. Services are customized for the individual and validate strengths and assets. Self-determination is valued and **radical empathy** is practiced.

RADICAL EMPATHY

encourages people to actively consider another person's point of view – even when we strongly disagree – in order to connect more deeply with them.

- Center clients and their family (both chosen and biological) in the treatment and care planning process.
- Inform clients of their autonomy during the intake process. Clients always have the option to decline questions, examinations, procedures, and treatments. Help clients make informed decisions about their care.
- Include questions about resilience in screening and assessment.
- Distribute HIV self-testing kits as part of prevention programming.
- Provide low-barrier services and programs, such as housing first models.
- Practice radical empathy.

PEER SUPPORT



Individuals with lived experience are part of all aspects of the organization (e.g., leadership, administration, and direct services). Inclusion of peers builds trust, establishes safety, and empowers staff and clients. Sharing of lived experience promotes recovery and healing.

- Provide peer support programs for clients.
- Hire people with lived experience.
- Ensure adequate support and supervision for staff with lived experience.
- Provide peer support and mentorship for staff.
- Create space for family, partners, and friends to support clients in their care.
- Incorporate the client's supportive community (e.g., **ballroom culture and community**, and partner with houses for programming.)
- Utilize group supervision for staff to work through difficult situations together and share resources and information.

BALLROOM CULTURE AND COMMUNITIES

(noun) are LGBT subcultures that exist in many parts of the country. Houses are formal groups that function as family units and are typically led by a house mother or father. Members of houses often perform and compete at events known as balls.

CULTURAL, HISTORICAL AND GENDER CONSIDERATIONS

Program offers culturally and linguistically responsive services, attends to implicit biases, recognizes and repairs historical (e.g., trans-Atlantic slave trade, Indigenous erasure, Holocaust) and current harms, and celebrates culture.

- Provide gender-affirming restrooms.
- Participate in or implement LGBTQ Pride activities.
- Incorporate pronoun identification and ask for a chosen name in all processes and procedures.
- Practice visual descriptions when meeting remotely or working with someone who's visually impaired.
- Practice bystander interventions for microaggressions and harassment.
- Invite staff to take and discuss results of implicit bias tests.
- Provide culturally and linguistically responsive services.
- Name and dismantle systemic racism.
- Commit to operating through an intersectionality lens.
- Utilize **targeted universalism** frameworks in program planning.
- Ask staff to develop and share **positionality statements**.

TARGETED UNIVERSALISM

means setting universal goals pursued by targeted processes to achieve those goals. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies.

POSITIONALITY

How differences in social position and power shape identities and access in society

POSITIONALITY STATEMENT

A short paragraph, highlighting key themes that the worker has considered, integrating their understanding of privilege, intersectionality, bias, and other components of their worldview that have shaped their position in relationship to their work.

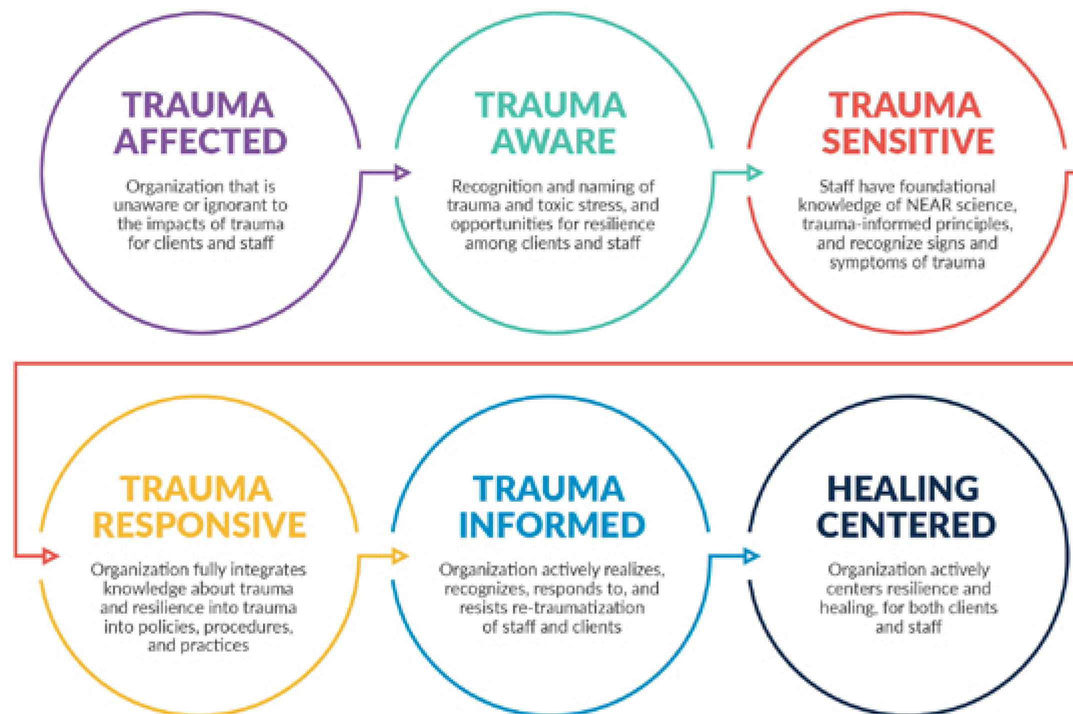
ADDITIONAL RESOURCES

- Trauma-Informed care for Trans and Gender Diverse Individuals
- CDC Toolkit for Providing HIV Prevention Services to Transgender Women of Color
- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
- Meaningful Involvement of People with HIV/AIDS
- Evidence-Informed Interventions (E2i)

Roadmap to Healing

This section provides a "how-to guide" for organizations, bureaus, or health care facilities that want to work towards addressing trauma and becoming healing centered. The roadmap framework is adapted from Trauma-Informed Oregon's Road map to Trauma-Informed Care. Within each of the following modules, considerations, actions, tools, and examples from HIV-service entities are provided. Working through the modules will advance you through the Roadmap to Healing spectrum. Although displayed linearly, this process will likely be cyclical or iterative; NASTAD's Program Readiness Assessment for Trauma-Informed Approaches (Appendix F) may offer a good starting point.

Becoming a healing-centered organization is not a fix that can be made quickly. Rather, it is a slow-moving process aimed at creating sustained culture change within every person in a system, as well as the system itself. It is important to attend to feelings of denial, resistance, or guilt that may arise as these approaches are implemented. Finally, give yourself credit for the work your agency is already doing to promote resilience and healing.



> "Most people are not dying from HIV and AIDS. Most people are dying from preventable illnesses related to trauma, such as overdose, depression, suicide, heart, lung, and liver disease, and our goal is to awaken the Ryan White System to this reality and help build a better Ryan White system."
>
> – Edward Machtinger, MD, Toolkit Advisory Panel

ADDITIONAL RESOURCES

- Dr. Edward Machtinger at UCSF (video)
- Patients at UCSF (video)

NASTAD

Recognition & Awareness

Trauma and resilience are prevalent among people with HIV and those providing services. Trauma and resilience can affect an individual's ability and willingness to engage with programs either as a person with HIV or as part of the workforce. The service setting can be a source for re-traumatization or a source of healing. An organization that is actively working through the Recognition & Awareness module is at *Trauma-Aware* on the Roadmap to Healing.

CONSIDERATIONS

» Learn to recognize when and how services are triggering, or when and how they build upon resilience.

» The prevalence of trauma within the communities served by your agency.

» The prevalence of vicarious trauma and burnout within the workforce.

» Resilience factors the individuals you work with possess.

ACTIONS

- Add trauma and healing-related topics to agency newsletters, board meetings, trainings, conferences, and as a standing agenda item at staff meetings.
- Assess for burnout and vicarious trauma within the workforce using NASTAD's Vicarious Trauma Assessment and Prevention.
- Ensure supervision is trauma-informed by using the Trauma Informed Care Supervision: Questions and Ideas Table and Attunement and Self-Assessment in Supervision resources.
- Sign up to receive trauma and resilience related information and connect with local or national initiatives.
- Reach out to other federally funded or state programs within your jurisdiction that may be implementing trauma-informed and healing-centered approaches, such as Title V Maternal & Child Health Programs or the department of human services/ behavioral health.
- Read about the impact of trauma and resilience on people with HIV and HIV services in peer-reviewed journals.
- Conduct client feedback surveys (see "Change Concept 1: Help All Individuals Feel Safety, Security and Trust- Assessment Tools") and focus groups to assess client experiences with your bureau or organization.

STATE EXAMPLE

RHODE ISLAND

In 2022, Rhode Island's HIV Provision of Care & Special Populations Unit hosted their annual World AIDS Day event with a theme on TIA; the event was titled, Trauma Informed Approaches for People Living with HIV. Participants from across the state include community partners, clients, and health department staff listened in while Rhode Island shared the relevance of trauma to people with HIV, national statistics related to trauma, and what the RWHAP has worked on and plans to work on related to TIA, including assessments for providers and clients at sub-recipient agencies for those doing case management, a TIA curriculum they're developing, training for staff, and standards of practice for TIA. This platform served as a way to increase awareness of trauma, healing, and TIA for a broad audience.

Foundational Knowledge

All staff benefit from having fundamental knowledge of trauma-informed and healing-centered approaches. Training all staff helps form a common language within an organization and demonstrates a commitment to creating a sensitive, safe, and welcoming environment for people with HIV and the workforce. An organization that is actively working through the Foundational Knowledge module is at *Trauma-Sensitive* on the Roadmap to Healing.

CONSIDERATIONS

» Train all staff including reception, billing, management, volunteers, leadership, and direct providers. The frequency and availability of foundational training and education should reflect the needs of the bureau or organization. Trainings, webinars, videos, books, and discussion groups could include the following content:

- o NEAR Science
- o The prevalence and impact of resilience and trauma among people with HIV
- o Issues of power, oppression, stigma, and racial equity
- o Intersectionality
- o Trauma-Informed Principles
- o Role and benefit of peer support services
- o Vicarious trauma and burnout
- o De-escalation and motivational interviewing techniques

ACTIONS

- Provide a kick-off training for all staff within your bureau or organization. Consider providing trauma- and healing-related education to new employees as part of the hiring and onboarding process.
  - o Additional training might be needed for supervisors (i.e., trauma-informed supervision) or persons in direct care positions.
- Incorporate trauma- and healing-related content into ongoing trainings. Consider online modules, videos, and Ted-Talks.
- Start a monthly lunch-time book club with staff. Consider books such as: *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* by Resmaa Menakem; *The Body Keeps the Score* by Bessel van der Kolk; and, *Destroying Sanctuary: The Crisis in Human Service Delivery Systems* by Dr. Sandra L. Bloom.
- Build knowledge among clients. Distribute or hang posters, infographics, and other client-specific information about resilience and the impact of trauma on health outcomes.

STATE EXAMPLE
IOWA

Iowa implemented a "Trauma-Informed Excellence" training for all contractors and Bureau of HIV, STD, and Hepatitis staff. The training is a six-month online program that is delivered via weekly modules of approximately 45 - 60 minutes.

Agency Readiness

Implementing trauma-informed and healing-centered approaches requires a commitment from bureau leaders and staff. Individuals within the organization must believe trauma-informed and healing-centered approaches are needed, appropriate, and possible given the service setting and circumstances. Readiness, in terms of psychological (attitudes, values, and beliefs), skills and knowledge, and structural factors (infrastructure, policies, and procedures), is important to consider if trauma-informed and healing-centered approaches are to be embraced and sustained. An organization that is actively working through the Agency Readiness module is at *Trauma-Sensitive* on the Roadmap to Healing.

CONSIDERATIONS

» Reflect trauma-informed principles in your mission, vision, and strategic plan.

» Identify resources to support trauma-informed and healing-centered efforts.

» Support continuing education and training.

» Assess for program/organizational readiness for change.

ACTIONS

- Set aside time to review your mission, vision, strategic plan, and other guiding documents, such as your jurisdiction's ending the HIV epidemic plan or your integrated prevention and care plan. Ensure that commitment to trauma-informed and healing- centered approaches is reflected.
- Review budgets to ensure adequate resources for training and technical assistance are identified.
- Use Ryan White HIV/AIDS Program (RWHAP) funding, including ADAP rebates. Trauma-informed and healing-centered efforts can be addressed through RWHAP quality management or administration as well.
- Add trauma and resilience related expectations to position descriptions. Include trauma- and healing-related questions in interviews with new staff and invite clients to participate on interview panels.
- Research and apply for trauma-specific funding made available through the National Institutes of Health, SAMHSA, and private foundations.
- Ensure a requirement to implement trauma-informed and healing-centered approaches is included in Requests for Proposals and clearly stated within contracts with direct service providers, as well as written into proposals/grant applications that your bureau/organization submits.
- Consider creating trauma-informed and healing-centered policies and procedures for direct service providers, such as these policy and procedures from Oregon Health Authority's Addictions and Mental Health Division.
- Within a direct service setting, consider commitment to "universal precautions" whereby one assumes that all persons presenting for HIV-related services have experienced trauma and toxic stress. Ensure this commitment is stated within bureau/organizations standards or policies.
- Assess your agency's readiness to fully incorporate trauma-informed and healing-centered approaches by using NASTAD's Program Readiness Assessment for TIA.

STATE EXAMPLE
VIRGINIA

Virginia Department of Health (VDH) developed a Knowledge, Attitudes, and Beliefs (KAB) Survey around Trauma Informed Practices that was distributed to the entire Division of Disease Prevention (DDP) unit and funded sub-recipient agencies. The responses are being evaluated to determine additional training needs and the next steps for the integration of their strategic plan. VDH is planning to use the KAB survey for clients, external partners, and stakeholders.

Process & Infrastructure

Integrating trauma-informed and healing-centered approaches at the division/bureau, organizational, or clinic levels takes time and requires commitment and dedication. A process that supports these ongoing efforts through policy and practice is imperative. An organization that is actively working through the Process & Infrastructure module is at *Trauma-Sensitive* on the Roadmap to Healing.

CONSIDERATIONS

» Support internal leadership and/or champion(s) to integrate trauma-informed and healing-centered approaches.

» Consultants/contractors can lead training, coaching, technical assistance, and ongoing monitoring and evaluation.

ACTIONS

- Identify a workgroup(s) to shepherd this effort. Consider capacity and appropriateness of existing teams, such as a quality management team, employee satisfaction or wellness committee, client advisory board, or racial equity workgroup, and incorporate clients or people with lived experience.
- Ensure membership on the workgroup is representative of the agency and includes staff from different levels and programs. If using an existing group, new people may need to be invited, and meeting schedules need to be adjusted to ensure everyone can regularly attend.
  - If working in a health department, you might consider staff from your ADAP, Housing Opportunities for Persons with AIDS (HOPWA) programs, and other RWHAP recipients around your jurisdiction.
  - Within a clinic or AIDS service organization, you might include managers, intake staff, nurses or other medical providers, case managers, and janitorial or administrative staff.
- Workgroup members should be responsible for the following:
  - Serve as healing champions within the organization.
  - Assess the agency for current trauma-informed and healing-centered approaches.
  - Prioritize and recommend opportunities for trauma-informed and healing-centered approaches.
  - Communicate progress to the rest of the agency.
  - Create opportunities to gather feedback.
- Create or revise (if incorporating into existing workgroup) a charter that identifies:
  - Membership representation
  - Roles and responsibilities of membership
  - Purpose of group
  - How decisions are made (e.g., consensus or voting)
  - Length of commitment
  - Process for note taking, facilitation, and agenda planning

STATE EXAMPLE
WISCONSIN

Wisconsin's Communicable Diseases Harm Reduction Section (CDHR) houses a full-time position focused on trauma and resilience. The position leads Resilient Wisconsin, a program promoting resilience across the state, and generates a weekly newsletter highlighting trauma-informed practices and related resources. Additionally, the HIV Care Unit within the CDHR Section built a TIA Community of Practice with supervisors/leadership across the state of Wisconsin at their HIV Care RWHAP-Part B funded agencies.

Gather Information & Identify Opportunities

A trauma-informed and healing-centered assessment is critical for agencies to identify opportunities for trauma-informed and healing-centered approaches, to highlight their current practice, and to measure progress in implementation. An organization that is actively working through the Gather Information & Identify Opportunities module is at *Trauma-Responsive* on the Roadmap to Healing.

CONSIDERATIONS

» Methods to gather information:

- **External or internal**: Who will lead the process for gathering information? Someone from outside the organization (i.e., an external consultant) or staff internally?
    - External consultants can offer useful expertise and guidance. Their neutrality is a benefit when gathering information. However, there will likely be a cost associated with an external consultant.
    - Internal staff can efficiently and effectively gather information because they understand the inner workings of the agency. Lack of neutrality is a consideration as well as staff capacity. Adding this task to full workloads can be challenging.
- **Informal or formal process**: Agencies may choose to use an existing assessment instrument or conduct a more informal process.
    - Formal Process: Tools such as NASTAD's Program Readiness Assessment for TIA can also be used in this module.

      Other tools, such as the Trauma-Informed Oregon's (TIO) Standards of Practice, provide categories in which to consider trauma-informed and healing-centered practice, more generally.
    - Informal Process: An agency can engage in an informal process to identify opportunities for trauma-informed and healing-centered approaches and current practices. This information can be gathered during trainings, at regular staff meetings, and using comment boxes internal surveys.

» Focus areas when collecting information:

- A program within the agency (e.g., counseling or emergency assistance program)
- A location or site (e.g., mobile unit, or housing site)
- A point in time for clients or staff (e.g., agencies may focus specifically on intake or new hire onboarding)

» Ensure perspectives of persons with lived experience are incorporated into the assessment.

ACTIONS

- Identify an assessment tool that will work best for your agency. There are many to choose from:
    - NASTAD's Program Readiness Assessment for TIA can be adapted to fit all RWHAP recipient settings.
    - TIO's Standards of Practice (general use) or Standards of Practice (for health care settings)
    - Agency Environmental Components for Trauma-Informed Care can be used for a physical and emotional safety assessment.
    - Direct service providers might appreciate participating in a trauma lens exercise where trauma-informed approaches for client behaviors are identified.
- Schedule time to complete the assessment. Decide whether a workgroup will complete the assessment, or if all staff will be involved.
- After the assessment has been completed, communicate the results back to all staff.

STATE EXAMPLE
WASHINGTON

Washington State Department of Health does monthly "open forums" with their provider agencies to acknowledge any harm or potential trauma the health department can cause their sub-recipient agencies, and actively listens to the grievances brought to them by community partners.

Prioritize & Create a Work Plan

The application of trauma-informed and healing-centered approaches will vary from setting to setting. Because it becomes part of an organization's culture and approach to service delivery, agencies will prioritize opportunities reflecting their own circumstances and environments. Identifying a method for prioritizing these opportunities and developing a work plan will help an agency move forward without becoming overwhelmed by the possibilities. Whether these are micro-level changes that involve individual practice, or meso- and macro-level changes that target policy and practice of an organization or community, it is important to build support. It's not uncommon for change to be met with resistance, however, the following considerations can help ensure that trauma-informed and healing-centered changes are adopted and sustained. An organization that is actively working through the Prioritize & Create a Work Plan module is at *Trauma-Responsive* on the Roadmap to Healing.

CONSIDERATIONS

» Methods for prioritization include:

- Choose one of the TI Principles for initial efforts. For example, many agencies prioritize issues of safety as the concrete aspects of physical safety in a service setting can be an easy place to start.
- Pick the "low hanging fruit" – starting with what is easiest to change or will make the biggest difference for clients and staff.
- Identify efforts that are high impact and low cost.
- Identify current practices that will have a negative impact, if not addressed.
- Use data from the assessment for guidance.

ACTIONS

- Set aside time to review results from your assessment. Discuss areas where you are doing well and areas where you would like to improve.
- Brainstorm strategies and activities needed to achieve improvement.
- Create a work plan. Organizing the areas for opportunity in a spreadsheet provides an easy method for keeping track of possible solutions, next steps, responsible party(ies), and measures for change.
- When appropriate, integrate strategies and activities into your ending the HIV epidemic and integrated HIV prevention and care plans.
- Consider changes to policy and practice through the lens of TI Principles.

STATE EXAMPLE
NEW JERSEY

New Jersey's RWHAP Part B Program hired external consultants to facilitate the implementation of their trauma-informed approach. Through this avenue, they engaged health department staff, sub-recipient agency leadership, as well as HIV-service providers to develop a plan over the course of two regional meetings and subsequent web conferences. The plans and preparations included the following: vision and plan for integration; development of policies and procedures; establishment of performance measures and data collection processes and systems; documentation and clinical quality improvement; plan for staff roles, responsibilities and skills training; intervention selection and training plan; financial considerations and reimbursement; referral and tracking between HIV provider and CBO sites; preparing the service environment; and, preparing for and managing change.

Implement & Monitor

After an organization has gathered information and prioritized needs, the next step is to implement the work plan (new or modified strategy, policy, or practice) while simultaneously monitoring the impact. Although the lack of validated evaluation tools is a limitation of trauma-informed and healing-centered approaches, assessments provide process-based measures for consideration. The following can help an organization define this process to fit their mission and population. An organization that is actively working through the Implement & Monitor module is at *Trauma-Informed* on the Roadmap to Healing.

CONSIDERATIONS

» Pilot ideas
- o Trauma-informed and healing-centered approaches result from small adjustments and large changes, so be encouraged to attempt any opportunity for improvement.
- o Solicit feedback about how it worked.
- o Be transparent with implementation plans and be willing to modify or toss ideas that don't work.
- o Set a reasonable timeframe outlining when you will decide to modify, keep, or toss a new strategy.

» Promote innovation
- o Encourage proposals for trauma-informed and healing-centered practices from all staff.
- o Create an environment where all ideas are welcome.

» Consider options for outside expertise when it comes to both implementing and monitoring the activity.
- o Weigh the pros and cons of various options and consider the amount of technical assistance needed with the time commitment and cost.

ACTIONS

- Re-conduct assessments used in the Agency Readiness or Gather Information & Identify Opportunities modules and use the original results as your baseline to measure progress.
- Monitor the experience and perceptions of the workforce.
- Keep trauma-informed and healing-centered approaches on the minds of staff.
  - o Report out at meetings about new practices or happenings.
  - o Ask staff for examples of trauma-informed and healing-centered approaches they've witnessed during meetings or staff supervision.
  - o Ask about situations that could have been more trauma-informed and healing centered.
  - o Ask staff to reflect on something they have learned about trauma and resilience since the last meeting or supervision.
  - o Conduct a photo voice activity, asking staff or clients to take pictures of examples of trauma-informed and healing-centered communications or environments.
- Consider adding trauma-informed and healing-centered happenings to newsletters or bulletin boards.
  - o Share successes (e.g., some organizations do 'shout outs' to each other either anonymously, or directly during meetings).
- In advance of need, create formal partnerships with wraparound services in your community and create a process to support warm referrals (e.g., shelter, domestic violence advocacy organizations).
- Find multiple ways staff and community can provide feedback, such as use of suggestion boxes in lobbies and routine surveys/evaluations.
- Identify outcomes you'll monitor to measure progress, such as provider satisfaction, burnout and turn-over, or linkage and engagement. Include these measures in your agency or statewide quality management or ending the HIV epidemic and integrated HIV prevention and care plans.
- Monitor success and solicit feedback.

STATE EXAMPLE
IOWA

Iowa implemented a trauma-informed intake assessment for RWHAP case-managed clients utilizing an online portal. The portal features color-coded prioritization of questions for intake, as well as prompts to help case managers make the questions flow organically and keep them as open-ended. It also includes notes about why the question is asked and how the information will be used to assist case managers in providing clarity and transparency with clients.

Celebrate & Maintain

The healing-centered journey is continuous and iterative. As programs pilot and implement trauma-informed and healing-centered changes, it is important to maintain commitment and momentum towards this cultural change through communication and celebration. An organization that is actively working through the Celebrate & Maintain module is at *Trauma-Informed* on the Roadmap to Healing.

CONSIDERATIONS

» Promote change

» Be trauma-informed and healing-centered when changes warrant staff training and skill-building

» Be bold – but know when to discontinue an effort

- o Courage is needed in both your commitment to try things out and your commitment to stop doing what is not working. Continuing ineffective or costly change efforts erodes staff trust and commitment, thereby defeating the purpose of trauma-informed and healing-centered approaches.

ACTIONS

- Host a kick-off event for big changes.
- Staff performance evaluation should include assessment of their healing-centered practice.
- Introduce smaller changes in all-staff meetings or newsletters.
- Keep all staff in the loop (even those not directly affected), as this will promote trust and buy-in. Be transparent about who is involved in the change, how they will be affected, and the timeline for adoption.
- Balance new training with current workload and staffing levels.
- Allocate resources to ensure change is sustained. When a change has been abandoned, be transparent and explain the "why" to staff and others.
- Collaborate with other RWHAP recipients in your jurisdiction. Share this toolkit and invite them to a learning collaborative.

STATE EXAMPLE
ARIZONA

The Arizona Department of Health Services (AZDHS) updated their acuity scale tool to be trauma-informed and healing-centered. They worked closely with the Part A , RWHAP providers, and case managers to develop the tool to acknowledge the expertise of the staff who would be using the tool every day. They also created a Supplemental Companion Guide for the tool that includes the "whys" and "hows" of the changes made to ensure transparency and set clear expectations. The tool and companion guide rollout happened gradually across sub-recipient agencies over a seven-month period with consistent follow-up to assess how implementation was going.

Glossary

There are several terms used throughout NASTAD's updated Trauma-Informed Approaches Toolkit that may be new to learners. This resource includes those terms along with their definition. As our understanding of trauma and healing evolves and expands, it is important that we have vocabulary that matches. NASTAD encourages Ryan White HIV/AIDS Program Parts, HIV prevention programs, community-based organizations, and other entities to consider incorporating these terms and concepts into their programmatic language and practices.

Ballroom Culture and Communities: (noun) are LGBT subcultures that exist in many parts of the country. Houses are formal groups that function as family units and are typically led by a house mother or father. Members of houses often perform and compete at events known as balls.

(Professional) Burnout: "is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed…" (WHO)

Lived experts: a term used to describe experts based on extensive, personal lived experience.

Organizational healing: the work of repairing practices, routines, and structures in the face of disruption and strengthening organizational functioning through social relationships.

Organizational trauma: trauma experienced in the workplace resulting from a single devastating event, from the effects of many deleterious events, or from the impact of cumulative trauma over time.

Positionality: how differences in social position and power shape identities and access in society.

Positionality statements: a short paragraph, highlighting key themes that the worker has considered, integrating their understanding of privilege, intersectionality, bias, and other components of their worldview that have shaped their position in relationship to their work.

Psychosocial: describing the intersection and interaction of social, cultural, and environmental influences on the mind and behavior.

Radical Empathy: encourages people to actively consider another person's point of view – even when we strongly disagree – to connect more deeply with them.

Targeted universalism: setting universal goals pursued by targeted processes to achieve those goals. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies.

Trauma-informed supervision: one critical tool that reduces burnout, secondary trauma, and compassion fatigue among supervisees. Trauma-informed supervision buffers the impacts of employees' painful experiences with clients by offering workers empathy, support, and care.

Vicarious trauma: a "profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material" (Pearlman & Saakvitne, (1995)).

Wounding: collective emotional and psychological injury that builds over time and disables an organization with an accumulation of harm.

NASTAD

HEALING-CENTERED CONSIDERATIONS FOR PROGRAM INTAKE AND PSYCHOSOCIAL ASSESSMENTS

When conducting programmatic intake or psychosocial assessment with individuals who have recently been diagnosed with HIV or are re-engaging in care, it is important to consider how their diagnosis may be impacting them and to build on their strengths. The goal is to create an environment in which someone will want to continue engaging in care. When first meeting someone, it can take time for individuals to open-up about topics that feel more personal or require greater amounts of vulnerability (e.g., trauma history, relationship to family, experiences of discrimination, etc.); to create a level of comfort and to begin establishing rapport, start the conversation with open-ended questions.

This approach will promote a positive experience for the individual who is engaging with healthcare professionals, encouraging them to continue receiving care and treatment, and ensuring you obtain the information necessary for your work.

THE RATIONALE

Operationalizing healing-centered and trauma-informed approaches in client services begins with intake and psychosocial assessments, the initial point of contact between the program and the individual. One of the most common areas of concern for individuals is why they are being asked certain questions and how frequently they are asked to repeat their experiences to obtain services. For that reason, informing individuals prior to starting the intake/assessment about the rationale behind the questions you will be asking is important and can assist in establishing a more collaborative, honest dialogue. When clients know how the information they are providing will be used, it can make the process of disclosure and sharing more manageable. This is particularly salient for clients who may have had multiple negative experiences when engaging with healthcare or government systems.

It is also important to assess intake/assessment documents utilized by other parties – disease intervention specialists (DIS), case managers, social workers, and agency referrals – to remove duplicative questions and cut down on redundancy as much as possible.

The following key considerations can be used by staff conducting intakes/assessments. The considerations and questions are not meant to replace your current intake and psychosocial assessment, rather to compliment your current process, or to be used as guidance when you're ready to redevelop your intake and psychosocial assessment. We encourage staff to use their discretion and the lessons learned from NASTAD's TIA Toolkit to decide when/if to ask all the suggested questions.

PRE-ASSESSMENT FACTORS TO CONSIDER

1. Are intakes/assessments performed in a private location?
2. Are interpreters made available so that clients can engage in their preferred language?
3. Are individuals provided a blank copy of their intake/assessment so they know what questions they will be asked ahead of time?
4. Are individuals informed of the rationale for why they are being asked specific questions and what the information will be used for?
5. Are individuals informed of the confidentiality of their answers?

GENERAL CONSIDERATIONS

Prior to beginning the intake/assessment, advise the individual that you may be taking notes for the purpose of planning and coordinating their care. When beginning to engage clients during intakes/assessments, try to set a conversational tone. The following are general considerations and questions when conducting a healing-centered intake/assessment:

1. Remind the individual that they do not need to discuss/share anything they are not comfortable with.
2. To increase transparency, be sure to mention mandatory reporting when it comes to drug use.
3. Know the larger topic areas of the questions (e.g., education, employment, housing, medical history, etc.) you will be asking and study the sub-questions so that you can engage with the individual in a more conversational way. If you are always looking down or writing, then it may appear as though you aren't fully connecting with the client.
4. Practice with a colleague or supervisor prior to engaging with a client.
5. Utilize these prompts to help in creating a narrative with the client:
    a. "Tell me a little bit about yourself so I can better serve you." "Tell me a little bit about what your day-to-day looks like." Probing questions: "What do you do?" "Who do you spend time with?" "How do you spend your time?"
        i. If/When an individual mentions spending time at home, inquire where home is.
        ii. If/When an individual mentions work, ask what they do.
        iii. If/When an individual mentions spending time with friends, ask what they do together, how long they've been friends, and what their support system looks like.
    b. From here, you can build to asking historical questions.
        i. "How did you engage with school?"
        ii. "What did you do for fun?"
        iii. "What was your childhood like?"
        iv. "Who was your social support?"
    c. Inquire about those who you will need to notify if partner notification is necessary at this point.
        i. Before going into this, inform the individual of why partner notification is necessary. Let them know that it allows for their partners to get tested and connected to services, if that is something that they want to do.
        ii. "Do any of the individuals you mentioned as support or partners need to be notified (due to potential concerns regarding exposure)?"
            1. If yes, "would you like to be the person who notifies them, or would you like us to do that?"
            2. "If you would like to notify them, is there any support that we can provide you to do so?"

6. Build upon the previous conversations to assess what referrals may be needed.
   a. Inquire if additional resources such as food, insurance, immigration, etc. would be useful.
      i. Provide the services, as is feasible, and ensure they meet the needs of the client, i.e., if they are transgender, that it's a trans-affirming space; if English is their second language, that they can receive services in their preferred language.
   b. Have a service provider available who the individual can reconnect with should the client have inquiries or need additional assistance. This will help ensure the client gets connected to services and is retained in care.

If an individual's trauma experience(s) comes up during intake/assessment, consider the following:

1. Actively listen; you don't need to record everything they say or ask probing questions, just listen to them.
2. Remember the trauma-informed principles: safety; trustworthiness and transparency; collaboration and mutuality; peer support; empowerment; voice and choice; and, historical, gender, and cultural considerations.
   a. Thank the individual for sharing the information with you.
   b. Let the person know that you will not be disclosing what they shared unless they give permission.
   c. Inform them how the information will be used, if at all.
   d. Do not write down everything they have shared. If you do write things down, highlights are sufficient, e.g., age of incident, what the incident was, and the client's affect when sharing, etc.
   e. Watch this helpful video about the difference between empathy and sympathy.
3. After interacting with the client, consult with your supervisor to ensure the individual is connected to the care they need.

APPENDIX C

Vicarious Trauma Assessment and Prevention

NASTAD

Many public health workers have direct contact with participants and their lives. As you may have found, your compassion for those you work with can affect you in positive and negative ways. Below are some questions about your experiences as a public health worker adapted from the Professional Quality of Life Scale and the PTSD CheckList – Civilian Version. Your responses will allow you to assess your level of burnout and vicarious trauma, as well as reflect on key areas that may be contributing to these levels. The results should inform next steps and necessary personal and professional changes in your life (see NASTAD's Workplace Wellness Strategies resource for ideas). Organizations can also leverage this assessment to inform necessary cultural shifts and organizational practices to better support staff with their healing.

Disclaimer: this is not a clinical diagnostic assessment. This tool should be used for self-assessment and reflection. Additionally, some of the statements in this assessment may be triggering. Please be mindful of your well-being; take breaks as needed as you complete this assessment.

INSTRUCTIONS

Consider each of the following questions about you and your current work situation. Select the number below that honestly reflects how frequently you have experienced each prompt in the last 30 days; be sure to respond to every question.

1 Never **2** Rarely **3** Sometimes **4** Often **5** Very Often

1. I feel overwhelmed by the thought of going to work each day.
2. I feel exhausted from the moment I get to work.
3. I am unable to stop thinking about a particular situation I worked on.
4. I have little motivation when I am at work.
5. I have a difficult time not thinking about work when I am home.
6. I am startled easily by loud noises.
7. I am easily irritated and have a harder time re-centering once I am irritated.
8. I feel like I have little to no control over my day-to-day life.
9. I feel as though I am experiencing the trauma of someone else (I have helped).
10. I am preoccupied with wanting to follow-up with specific participants I have interacted with.
11. I feel overwhelmed by the system I work within.
12. I have a difficult time seeing any good in the work I have done.
13. I feel trapped by my work.
14. I am having a difficult time falling asleep.

INSTRUCTIONS

Consider each of the following questions about you and your current work situation. Select the number below that honestly reflects how frequently you have experienced each prompt in the last 30 days; be sure to respond to every question.

1 Never **2** Rarely **3** Sometimes **4** Often **5** Very Often

---

15. I have headaches which only occur when I am at work.
16. I have had a change in appetite.
17. I no longer find pleasure in the things I used to do for fun.
18. I do not want to attend supervision.
19. I am avoiding my colleagues.
20. I have begun to procrastinate more.
21. I no longer find joy in my work.
22. I have little to no compassion for the clients I engage with.
23. I feel distant or cut off from other people.
24. I feel emotionally numb or feel unable to have loving feelings for those close to me.
25. I am having trouble staying asleep.
26. I have difficulty concentrating.
27. I am "super alert" or watchful/on guard.
28. I am feeling jumpy.
29. I feel as if my future will somehow be cut short.
30. I am having angry outbursts.

SCORE

What does your score mean?

Score	Score Classification	What to do (i.e., for the individual, supervisor, or organization)
30-33	No signs of burnout	**INDIVIDUAL:** make note of how you are doing and what your day-to-day looks like to determine if there are any shifts for you in the future and how to address them before you begin to feel burnt out. **SUPERVISOR:** check-in at 1:1 meeting to assess if staff feel burnt out even if there are no clear signs. Supervisors can be proactive with their response rather than waiting for burnout to occur. The identification of these signs should never rest solely with the employee—that shifts responsibility to be communal/ relationship-based, rather than one person needing to state that personally.
34 - 62	Low risk of burnout unless some factors are particularly severe.	**SUPERVISOR:** supervisors should be touching base to determine the best ways to support you, ensuring increased levels of burnout do not occur. This can and should include decreased workload and/or additional time off, as well as connection to clinical supervision (i.e., supervision with someone who has a therapeutic background/credential), if possible.
63 - 75	High risk of burnout	In addition to the recommendations listed under the low risk of burnout, **INDIVIDUAL AND SUPERVISOR:** steps put in place for those beginning to experience burnout should be continued and tweaked as necessary. Additional time off, change in work schedule, and workload should be discussed and implemented. **SUPERVISOR:** taking responsibility and advocating on behalf of their staff to make the organization aware that the risk of burnout is high so that organizational change can start occurring and additional support can be offered to staff before burnout has occurred.
76 - 90	Burnout	In addition to the recommendations listed under the low and high risk of burnout, **INDIVIDUAL:** those falling into this category should provide their organization feedback so the organization can gain understanding of what led to burnout to be addressed at a structural level. **SUPERVISOR AND ORGANIZATION:** ensure staff who are burnt out have additional time off either each day or can end their week early. **ORGANIZATION:** provide access to free or low-cost counseling, e.g., employee assistance program (EAP), online counseling services, and insurance plans inclusive of accessible mental health benefits.
90 - 150	Vicarious trauma	In addition to the recommendations listed under the low, high-risk, and burnout, **ORGANIZATION:** to address and heal from vicarious trauma, having a substantial amount of time away from work may be necessary to re-center. Ongoing clinical supervision and connection to peers can also be helpful in addressing and dealing with vicarious trauma. Organizations should prepare and implement protocols to prevent vicarious trauma that include necessary time off with job security.

Key Definitions

PROFESSIONAL BURN-OUT

"Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and, reduced professional efficacy." (WHO)

VICARIOUS TRAUMA

"The profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma: helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material." (Pearlman & Saakvitne, 1995)

Practices at different levels to prevent workforce burnout or vicarious trauma:

ORGANIZATION:

1. Be employee centered.
2. Incentivize taking time off.
3. Provide free counseling for staff who have most direct contact with clients.
4. Have clear and transparent job descriptions.
5. Lead by example.
6. Create a pool of time off so that some staff who may not utilize or need their personal time off as much can provide it for colleagues that do.
7. Provide ongoing options for working from home. Consider working hours that account for each individual's learning style, personal lifestyle, and lived experiences (i.e., flex hours).
8. Create a support group for supervisors.
9. Utilize NASTAD's Workplace Wellness Strategies resource.

SUPERVISOR:

1. Provide space within supervision for individuals to process work-related stress and any triggering interactions they may have had.
2. Recognize that hearing about a colleague's trauma might cause you to experience vicarious trauma. Ensure these experiences are addressed by tapping into the organization's support mechanisms for staff and supervisors specifically.
3. Have options available for individuals to adjust their workload as and provide time off as needed.
4. Be proactive when engaging with supervisees to help prevent burnout or reduce its impact prior to the supervisee precipitating to the point of vicarious trauma.

COLLEAGUES:

1. Check-in with your colleagues, ask how they are doing.
2. Share your own experiences. Lean into vulnerability.
3. Offer to talk through scenarios with colleagues that may be helpful for them.
4. Fill out and share the above section of this form with colleagues. Use it to check-in with one another.

INDIVIDUAL:

1. Practice self-compassion.

APPENDIX D

NASTAD

WORKPLACE WELLNESS STRATEGIES

There are a variety of policies, tools, and resources to support workplace wellness. Ryan White HIV/AIDS Program Parts, HIV prevention programs, community-based organizations and other entities can implement and/or advocate for wellness supportive opportunities internal to their organization and incorporate requirements for workplace wellness into subrecipient contracts. Organizations should review state-level and union policies before making any changes.

KEY

For ease of reference, strategies will be noted as the following (some may fall into multiple categories) when appropriate:

- ● Mental/Emotional Wellbeing
- ■ Physical Wellbeing
- ▲ Social Wellbeing

PRACTICES

Organizational practices offer creative opportunities to ritualize wellness and strengthen organizational identity and camaraderie among staff.

- ●▲ *Group support can be a powerful and skill-building aid for the team.* It may be particularly helpful when facilitated by someone outside of your organization.
- ●▲ *Peer support and mentoring* can be powerful tools for organizational healing. Peer support gives staff an opportunity for collaboration and teamwork. Staff can benefit from being in community with folks impacted in the same way from their work which allows them to feel more connected. Staff may also seek out peer support or mentorship on their own, but organizations are encouraged to set up structures for peer support or mentors.
- ●▲ *Incorporate celebration and affirmation* in all parts of the organization. Create tradition around celebration* of birthdays, life transitions, recovery anniversaries, and professional advancements. Provide space to create a joy board where staff are invited to share good news stories and photos that bring joy.

  **Gain input and consent from staff on what life moments or accomplishments will be celebrated.*
- ●■ *Provide opportunity for bodywork.* Schedule practitioners to regularly provide free massage, acupuncture, or Reiki for staff. *Take interest in staff physical health* by providing healthy snacks and beverages.

This resource is a component of NASTAD's TIA Toolkit • Last updated: December 2022

- *Music, art, play and laughter* are powerful vehicles for resilience and healing. Set aside time and space in your organization (such as Friday Fundays) to facilitate space for right brain (more visual, expressive, and creative than left brain) activities.
- *Icebreakers* provide an opportunity for staff to get to know one another better. Consider incorporating them, or some type of check-in, into meetings regularly.
- *Use NASTAD's Vicarious Trauma Assessment and Prevention* to monitor the level of vicarious trauma over time.
- *Provide and prioritize trauma-informed supervision*, in both individual and group settings, for all staff. Ensure supervision is regular (at least weekly), predictable (in terms of discussion in supervision), and valued (supervisor is physically and emotionally present during the meeting). Ensure supervisors are trained in trauma-informed supervision and have a reasonable number of supervisees.
- *Ritualize practice of mindfulness* in your organization. Opportunities to practice mindfulness, even for just one or two minutes at the beginning of a meeting, strengthen resilience and healing for individuals.
- *Utilize trauma-informed meeting* principles.
- *Separation of work and personal time* is important as more organizations embrace telework. Tools for separation, whether working from home or in an office/clinic, include unplugging from technology, turning off phone notifications, or "book ending" the day (i.e., sharing of successes at beginning and end of the day). Discuss separation of work and home life during supervision.

POLICIES

Policies are an important tool for ensuring standardization of a culture of wellness in an organization.

- Assess organizational policies and procedures for eliciting unintentional trauma.
    - Allow for flexible scheduling. For many, a standard 40-hour, Monday – Friday work week isn't viable. Flexible schedules allow staff to personalize work – personal time balance which helps to create a culture of trust by putting value on quality of work rather than time spent in the office. Organizations can provide flexible schedules in the form of alternative worktimes or telecommuting. Be explicit about your organization's commitment to flexible scheduling in job announcements.
    - If your organization supports telecommuting, ensure staff have adequate technology and resources to work from home effectively and safely. Provide ergonomic support regardless of work location.
    - Set realistic caseloads for case managers, social workers, and similar positions. Readjust budgets and identify additional resources to ensure your organization is not understaffed. Commit to organizational resilience and healing to reduce staff turnover.
    - Establish "stay" (regular check-ins on what people need to stay) and "exit" (trauma-informed off-boarding when people wish to leave) interviews as a quality improvement exercise. Exit interviews can also be used to better understand reasons why staff are leaving and harvesting of helpful suggestions.
- Provide standards and resources for continuing education and mentorship.
    - Commit to planning and development of professional development to understand staff needs and desires for growth and advancement. Incorporate wellness-related goals and activities in these plans.

BENEFITS

While a significant cost to organizations, provision of generous benefits for staff demonstrates commitment to organizational values and a healing-centered approach.

- Provide competitive pay and raises that ensure a living wage for your community. Transparent decisions related to starting salaries and pay increases are important.
- Offer comprehensive paid leave policies.
  - Holidays – including federally recognized holidays and those in line with agency values (such as Juneteenth or non-Christian religious holidays).
  - Ensure adequate paid leave is accessible from a person's start date (versus having to accrue time off). Offer paid family leave, bereavement leave, sabbatical policies, and "use it or lose it" vacation policies to incentivize time off. Separate sick leave from other paid leave so staff aren't disincentivized from taking time off for physical or emotional issues; normalize taking off for mental health days. Finally, ensure a work culture where staff aren't penalized for taking time off by providing mechanisms for back-up and coverage while people are away. Leadership should model the importance of taking time off so staff feel empowered to do the same.
  - Use a 1:1 compensatory time policy (one-hour compensatory time for each potential overtime hour worked) to disincentivize overtime. Ensure adequate staffing so overtime is an option of last resort.
- Offer comprehensive, affordable health insurance policies that include coverage for gender-affirming treatment therapies and alternative/complementary care, such as massage and acupuncture.
- Provide access to comprehensive Employee Assistance Programs (EAP) and other crisis intervention services. Ensure the EAP offers culturally and linguistically responsive providers for Black, Indigenous, and other people of color staff.
- Provide access to onsite opportunities for exercise and movement. Designate building space for exercise, yoga, meditation, or napping. Bring in exercise instructors or compensate staff who are qualified to lead classes. If space is a barrier, subsidize membership to a nearby gym or community center. Provide time outside of the lunch hour for exercise and rest.

ADDITIONAL RESOURCES

- Attunement and Self-Assessment in Supervision
- Momento – Surprise video gifts for when physical distance is a barrier for celebration.
- The Five Senses Worksheet or the 3-Step Mindfulness Worksheet
- Fifteen Art Therapy Activities, Exercises, and Ideas
- Work Life Balance

APPENDIX E

TRAUMA-INFORMED PRINCIPLES IN PRACTICE

NASTAD

The following is a breakdown of each of the Substance Abuse and Mental Health Services Administration (SAMHSA) principles that includes definitions and questions to consider as you operationalize the principle within your work. At the bottom of this page, there is a box for an additional consideration which highlights the importance of acknowledging and uplifting the resilience of people with HIV. While we note that resilience is an individual's capacity to survive and at times thrive in adverse experiences and systems, it is important to acknowledge these coping skills and to mirror back to individuals their capacity to be present.

Principle	Definition	Questions to consider
Safety	An environment in which staff and clients are physically and emotionally safe. Staff prioritize clients' sense of safety.	• Do you allow clients/staff to define what safety means for them? • Is there a way for clients to provide anonymous feedback regarding their experience? • Is there a practice in place that allows staff to share safety concerns and have a timeframe in which they will be addressed based upon the concern (e.g., physical concerns due to being harassed)? • When obtaining information to do partner notification, do you check-in with the client to see how they are feeling and if there is additional support they may need?
Collaboration and Mutuality	There is both a sense and actualization of collaboration amongst clients and staff. Staff across the agency hierarchy feel empowered in decision-making. There is a sense of understanding that everyone has a role, and each role is important to achieve the stated goals of the agency and clients.	• Do clients have a meaningful role in planning and evaluating services? • Do administrative and direct services staff have a role in planning and evaluating services as well? • Is there space to explore ways clients are connected to their community and foster those relationships as areas for healing? • Is there a way to determine how staff are connected to the community and provide space for that to grow within the agency? • Are clients given the opportunity to decide their treatment goals and given options on how to achieve those goals?

Principle	Definition	Questions to consider
Trustworthiness and Transparency	Agency's operations and decisions are made transparently and with the goal of fostering a trusting relationship between staff and clients and between staff and the agency, as well as amongst staff of differing positionality.	• Do you explain why you are asking for specific information and what it will be used for? • Are your agency policies and procedures clearly stated and available for staff and clients? • Are there opportunities for those impacted by policies and procedures to provide feedback? • When agency-wide decisions are being made (e.g., budget cuts) are staff informed immediately? • Is informed consent (i.e., a process of communication between the client and their health care provider that often leads to agreement or permission for care, treatment, or services) ensured? • Do you provide the date and times a follow-up call can be expected? • Have you considered the impacts of agency complicity in drug use criminalization?
Empowerment, Voice, and Choice	Decisions are made with, instead of for, clients. There is an inherent understanding for a client's needs and circumstances and staff are equipped to provide various options so that clients can make informed choices. Provide staff flexibility to make choices regarding their work as well (e.g., work start time, alternative work schedule, etc.).	• Are clients asked what are their goals for treatment, how they would like their partners to be notified, and what role, if any, they would feel comfortable playing in that notification? • Are staff able to determine their own work schedule that fits their personal needs? • Are staff and clients given an opportunity to provide input for programmatic or agency decisions? • Do clients feel empowered to participate and/or have voice in the HIV planning group or other programmatic decision-making bodies?
Peer Support	Clients are a part of the creation and implementation of programming. Peer support workers provide input into operations, assess progress of the program, and connect with new clients to assist in emotional support and warm hand-offs. Opportunities for staff to support one another exist and are encouraged by the agency.	• Are peers included as navigators on health teams? • Do you hire individuals who have experienced the contact tracing process? • Is there space and is it encouraged for staff to engage in peer-to-peer support (e.g., working through a difficult case together, exploring de-escalation techniques, peer-led lunch and learning)? • How are peers leveraged in all parts of the status neutral continuum?

Principle	Definition	Questions to consider
Cultural, Gender, and Historical Considerations	There is an agency-wide understanding of how systems of oppression impact a client's experience of engaging with systems, particularly in governmental and health care settings.	• Are you asking clients/staff what their pronouns are? If the wrong pronouns are used, do you apologize and move forward? • How has racism impacted the clients/staff? • How does heteronormativity impact the clients/staff? • How does racism play out in how decisions are made across the agency? • How does access (or lack thereof) to competent services impact clients? E.g., class, transportation, language, etc. • Does your agency create physical and digital space for trans and non-binary clients to be affirmed? E.g., gender-affirming restrooms, pronoun selection, chosen name, etc.
Additional Considerations		
Resilience	The ability to survive and at times thrive despite facing difficult life circumstances such as trauma and poverty. Resilience can also be seen as coping skills utilized to navigate various situations and scenarios and should be acknowledged and affirmed when engaging with a client.	• Do you inquire about what coping skills clients/staff have used to survive and thrive thus far? • Is there space for clients/staff to share coping skills? Do you foster an environment which allows for a rapport to be built between staff and clients? • Do you ask how individuals are connected to their community? • Do you connect clients to other resources within the community to maintain and strengthen that connection?

NASTAD

Program Readiness Assessment for Trauma-Informed Approaches

Purpose

The Program Readiness Assessment for Trauma-Informed Approaches (TIA) is intended to be a tool that will help you assess your HIV program's readiness to implement a trauma-informed approach. Staff responses can benefit your program by helping to identify opportunities for program and environmental change, assist in professional development planning, and can be used to inform programmatic and organizational policy change. This assessment was adapted from Orchard Place/Child Guidance Center's Trauma-Informed Care Project Agency Self-Assessment for Trauma-Informed Care.

For the purposes of this assessment, the term *program* refers to your Ryan White HIV/AIDS Program (RWHAP) Part, HIV prevention program, community-based or AIDS services organization, or otherwise. The term *participant* refers to the people participating in your RWHAP, HIV prevention program, etc. to receive services.

INSTRUCTIONS

Each staff member of the program should take this assessment. Once all staff have taken the assessment, the staff average for each section should be calculated. Once the average for each section is calculated, please total up those averages and scroll to the bottom of this document for the interpretation of the program's readiness level. Please be mindful that some of the items may not apply to your setting. This assessment was created with the understanding that all programs have strengths and areas for growth.

Demographics are optional for all respondents. However, we do encourage that individuals complete this section to gain a better understanding of the program's progress and how experiences of staff may differ across race, gender identity, sexual orientation, and age. This will help to assess what kind of progress your program has made towards becoming a more inclusive and racially equitable entity.

DEMOGRAPHICS	
Race	
Ethnicity (e.g., Cuban, Nigerian, Korean etc.)	
Gender Identity	
Sexual Orientation	
Age	

Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:
1 Strongly Disagree **2** Disagree **3** Neutral **4** Agree **5** Strongly Agree
D/K I am not sure I understand this goal **D/M** I do not know if we meet this goal
N/A This goal does not apply to our organization/department/work area

Section I: Creating Safe and Supportive Environment	SCORE
ESTABLISH A SUPPORTIVE ENVIRONMENT	
1. Our program ensures that staff at all levels are engaged in efforts to improve the safety and physical environment of the organization.	
2. Staff turnover is rare.	
3. There are flexible policies for staff scheduling.	
4. There are flexible policies if a participant is late.	
5. There are yearly racial equity and anti-bias trainings required of all staff.	
6. There are staff available to de-escalate conflicts.	
7. There are staff available to warmly greet participants (in-person or telephonically).	
8. Our program ensures that participants are engaged in efforts to improve the safety and physical environment (e.g., provide input for renovation design or re-decoration).	
9. Our program has a system in place to evaluate the psychosocial experiences (i.e., describing the intersection and interaction of social, cultural, and environmental influences on the mind and behavior) of staff.	
10. Our program has trauma-informed supervision (e.g., standing supervisory check-ins, helping supervisee manage workload, and nurturing a professional and personal time balance) for staff.	
11. Our program has a way to respond when concerns are raised about burnout and/or vicarious trauma (i.e., profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma).	
12. Our program has practices in place to address burnout and vicarious trauma.	
13. Our program has a policy in place for moving concerns "up the ladder" to those who can make changes.	
14. Our program has written policies and procedures that include a focus on aspects of trauma, healing, or well-being.	
15. The environment inside and outside our space, common areas, and bathrooms are well lit.	
16. Onsite bathrooms have safety precaution measures (e.g., Individuals can lock doors, doors that open outwards vs inwards, and have motion detector sensors).	
17. There are gender-inclusive bathrooms available for both participants and staff.	
18. The program provides staff with opportunities to make suggestions about ways to improve/change the physical space.	
SECTION TOTAL	

Section II: Involving Participants	SCORE
1. Participants can easily access support services (referrals to employment, housing, food, legal, etc.).	
2. There is a formal process for soliciting and integrating feedback from participants.	
3. Participants are made aware that discriminatory (e.g., racist, anti-gay, anti-trans, etc.) language or behavior is not tolerated within our program and have a way to share feedback if they experience it.	
4. The process for obtaining feedback from participants happens on a regular basis.	

Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:
1 Strongly Disagree **2** Disagree **3** Neutral **4** Agree **5** Strongly Agree
D/K I am not sure I understand this goal **D/M** I do not know if we meet this goal
N/A This goal does not apply to our organization/department/work area

5. There is an advisory committee comprised of participants, service agencies, and other community stakeholders.
6. There is funding to support the advisory committee (e.g., meals, transportation, administrative support, etc.).
7. The advisory committee is facilitated by an external facilitator.
8. The advisory committee has a clear understanding of its responsibilities and decision-making role.
9. Participants are referred to providers who meet their needs.
10. Participants' experience and input is utilized when determining who (sub-recipients) will receive funding (e.g., incorporated into proposal review process).
11. Participants are considered for employment by the program.
12. Participants have easy access to provide feedback regarding their experience with the program.

SECTION TOTAL

Section III: Conducting Program Intake and Psychosocial Assessments — SCORE

THE INTAKE/PSYCHOSOCIAL ASSESSMENT INCLUDES QUESTIONS ABOUT:

1. Social support in the community, biological family, and chosen family.
2. Personal strengths and goals.
3. History of familial relationships, education, housing, employment, romantic relationships, friendships, and health, when appropriate.

INTAKE AND PSYCHOSOCIAL ASSESSMENT PROCESS

1. Staff are trained on how to perform healing-centered programmatic intakes and psychosocial assessments.
2. Participants are informed of why they will be asked the questions and what the information will be used for.
3. Participants are only asked questions once (i.e., no redundancy in forms).
4. Intakes and psychosocial assessments are performed in private.
5. Intakes and psychosocial assessments are performed in the participant's preferred language.
6. Participants are provided a blank copy of intakes and psychosocial assessments in their preferred language.
7. Interpretation services are made available.

CONFIDENTIALITY

1. The program informs individuals about the policies around privacy and confidentiality (e.g., kinds of records kept, where/who has access, when obligated to make a report to police/child welfare).
2. Staff do not talk about participants as if they are not there, instead staff address participants directly.
3. There are private spaces for staff and participants to discuss personal issues, whether in-person or virtually/by phone.

SECTION TOTAL

Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:

1 Strongly Disagree **2** Disagree **3** Neutral **4** Agree **5** Strongly Agree

D/K I am not sure I understand this goal **D/M** I do not know if we meet this goal

N/A This goal does not apply to our organization/department/work area

Section IV: Staff Training and Development	SCORE
1. Our program provides all staff with basic education on NEAR Science and trauma-informed approaches.	
2. Our program provides training to staff on how to discuss adverse life events with participants.	
3. Staff members have received training on anti-racism or racial equity.	
4. Staff members have regular team meetings.	
5. Staff members receive individual supervision.	
6. Part of supervision time is used to help staff members understand their own stress reactions.	
7. Supervisors provide trauma-informed supervision.	
8. Part of supervision time is used to help staff members understand how their stress reactions impact their work with participants.	
9. The program helps staff members debrief after a crisis.	
10. The program provides opportunities for on-going staff evaluation of the program.	
11. The program provides opportunities for staff input into program policies and practices.	
12. Staff program input is integrated into policies and procedures.	
13. Topics related to trauma are addressed in program-wide meetings.	
SAFETY AND CRISIS PREVENTION PLANNING	
1. Staff are taught de-escalation tactics should a crisis arise.	
2. Staff can utilize de-escalation tactics when the need arises.	
OPEN COMMUNICATION	
1. Staff members practice motivational interviewing techniques with individuals (e.g., open-ended questions, affirmations, reflective listening, and summary reflecting (OARS)).	
2. The agency uses “people first” language rather than labels (e.g., ‘people who are unhoused,’ rather than ‘homeless people’).	
3. Staff members use descriptive language rather than characterizing terms to describe individuals (e.g., describing a person as ‘having a hard time getting their needs met,’ rather than ‘attention seeking’ or ‘hard to reach’).	
SECTION TOTAL	

Section V: Human Resources	SCORE
1. Job advertisements include a preference for experience with or knowledge of healing-centered and trauma-informed approaches.	
2. Job descriptions include expectations related to healing-centered and trauma-informed approaches.	
3. The program ensures that all processes related to workforce development (i.e., including hiring, orientation, training) and/or on-going professional development are culturally and linguistically sensitive.	
SECTION TOTAL	

Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:

1 Strongly Disagree **2** Disagree **3** Neutral **4** Agree **5** Strongly Agree

D/K I am not sure I understand this goal **D/M** I do not know if we meet this goal

N/A This goal does not apply to our organization/department/work area

Section VI: Program Buy-In	SCORE
1. The program budget includes funding support for resources specific to the comprehensive integration of healing-centered and trauma-informed approaches.	
2. The program budget includes funding support for improvements to create a safe physical environment.	
3. The program has adequate emotional support services for staff.	
4. The program provides opportunities to see participants as a collaborative team (e.g., physician and social worker meet with the participant together).	
5. The time allotted for each participant's visit is adequate to provide healing-centered and trauma-informed assessment and care.	
6. There is flexibility in work schedule.	
7. Case managers and social workers are given manageable caseloads. **What is considered "manageable" varies across programs and should be decided collectively by the respective program staff.**	
8. There is a commitment to racial equity and healing-centered and trauma-informed approaches as evidenced by vision/mission statement, policy, or other documentation.	
9. The program celebrates, affirms, and rewards staff.	
10. Leadership acknowledges and addresses organizational trauma.	
SECTION TOTAL	
TOTAL	

Score		Meaning
74 – 217	Mostly strongly disagree or disagree.	**LOW READINESS** The program has room for growth. If your organization is scoring in this section, then that means that the TIA Toolkit will be a useful resource. Utilizing the resources available in the toolkit to begin holding conversations with your team is a great place to start. Look through the toolkit and determine one area that you want to begin focusing on. You can do this by utilizing the questions in this assessment to determine your area of focus. Build from there and revisit the assessment with your team in 3- 6 months to see how far you've grown.
218 – 268	Combination of mostly strongly disagree, disagree, or neutral.	**MINIMAL READINESS** There are some areas where healing-centered work may be starting to emerge but hasn't quite permeated throughout the program. A way to get things moving on your team could be to go back to the TIA Toolkit microsite and have individuals utilize the reflection questions as brainstorming. Come back together and discuss what came up and select an area of focus to move forward.
269 – 319	Combination of disagree, neutral, agree, strongly agree.	**READINESS IN NEED OF SUPPORT** You've got the ball rolling; some areas of your work are already utilizing healing-centered and trauma-informed approaches and other areas need a little tending to. Walk through this assessment as a team and decide which areas will be your focus and build from there. This could be a great way to flush out a strategic plan for the next year or two as a team.
320 – 370	Mostly agree and strongly agree.	**OPTIMAL READINESS** Currently, your program is actively practicing healing-centered and trauma-informed approaches throughout the organization. This would be a wonderful time to check in regarding growing this work beyond your bureau/division or to meet with your team to determine if there are areas for improvement. Use this as an opportunity to brainstorm new ways of implementing TIA moving forward. Additionally, consider ways to maintain the current practices to sustain the program's progress. Look back through the TIA Toolkit microsite and have your team pick a section that most stands out as an area of improvement.