

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					
Governance and Leadership	<ul style="list-style-type: none"> How does agency leadership communicate its support and guidance for implementing a trauma-informed approach? How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports? How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories? 				
Policy	<ul style="list-style-type: none"> How do the agency's written policies and procedures include a focus on trauma and issues of safety and confidentiality? How do the agency's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery? How do the agency's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training? How do human resources policies attend to the impact of working with people who have experienced trauma? What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services, and evaluation? 				

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10 IMPLEMENTATION DOMAINS <i>continued</i>	
Physical Environment	<ul style="list-style-type: none"> How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff? In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this? How has the agency provided space that both staff and people receiving services can use to practice self-care? How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)?
Engagement and Involvement	<ul style="list-style-type: none"> How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services? How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information? How is transparency and trust among staff and clients promoted? What strategies are used to reduce the sense of power differentials among staff and clients? How do staff members help people to identify strategies that contribute to feeling comforted and empowered?
Cross Sector Collaboration	<ul style="list-style-type: none"> Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions? Are collaborative partners trauma-informed? How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services? What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?
Screening, Assessment, Treatment Services	<ul style="list-style-type: none"> Is an individual's own definition of emotional safety included in treatment plans? Is timely trauma-informed screening and assessment available and accessible to individuals receiving services? Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services? How are peer supports integrated into the service delivery approach? How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women? Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding? How are these trauma-specific practices incorporated into the organization's ongoing operations?

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10 IMPLEMENTATION DOMAINS <i>continued</i>	
Training and Workforce Development	<ul style="list-style-type: none"> How does the agency address the emotional stress that can arise when working with individuals who have had traumatic experiences? How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions? How does the organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions? How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety? How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors. What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work? What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?
Progress Monitoring and Quality Assurance	<ul style="list-style-type: none"> Is there a system in place that monitors the agency's progress in being trauma-informed? Does the agency solicit feedback from both staff and individuals receiving services? What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency? How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes? What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?
Financing	<ul style="list-style-type: none"> How does the agency's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development? What funding exists for cross-sector training on trauma and trauma-informed approaches? What funding exists for peer specialists? How does the budget support provision of a safe physical environment?
Evaluation	<ul style="list-style-type: none"> How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach? How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey? What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality? What measures or indicators are used to assess the organizational progress in becoming trauma-informed?

Next Steps: Trauma in the Context of Community

Delving into the work on community trauma is beyond the scope of this document and will be done in the next phase of this work. However, recognizing that many individuals cope with their trauma in the safe or not-so safe space of their communities, it is important to know how communities can support or impede the healing process.

Trauma does not occur in a vacuum. Individual trauma occurs in a context of community, whether the community is defined geographically as in neighborhoods; virtually as in a shared identity, ethnicity, or experience; or organizationally, as in a place of work, learning, or worship. How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience, and effect. Communities that provide a context of understanding and self-determination may facilitate the healing and recovery process for the individual. Alternatively, communities that avoid, overlook, or misunderstand the impact of trauma may often be re-traumatizing and interfere with the healing process. Individuals can be re-traumatized by the very people whose intent is to be helpful. This is one way to understand trauma in the context of a community.

A second and equally important perspective on trauma and communities is the understanding that communities as a whole can also experience trauma. Just as with the trauma of an individual or family, a community may be subjected to a community-threatening event, have a shared experience of the event, and have an adverse, prolonged effect. Whether the result of a natural disaster (e.g., a flood, a hurricane or an earthquake) or an event or circumstances inflicted by one group on another (e.g., usurping homelands, forced relocation, servitude, or mass incarceration, ongoing exposure to violence in the community), the resulting trauma is often transmitted from one generation to the next in a pattern often referred to as historical, community, or intergenerational trauma.

Communities can collectively react to trauma in ways that are very similar to the ways in which individuals respond. They can become hyper-vigilant, fearful, or they can be re-traumatized, triggered by circumstances resembling earlier trauma. Trauma can be built into cultural norms and passed from generation to generation. Communities are often profoundly shaped by their trauma histories. Making sense of the trauma experience and telling the story of what happened using the language and framework of the community is an important step toward healing community trauma.

Many people who experience trauma readily overcome it and continue on with their lives; some become stronger and more resilient; for others, the trauma is overwhelming and their lives get derailed. Some may get help in formal support systems; however, the vast majority will not. The manner in which individuals and families can mobilize the resources and support of their communities and the degree to which the community has the capacity, knowledge, and skills to understand and respond to the adverse effects of trauma has significant implications for the well-being of the people in their community.

Conclusion

As the concept of a trauma-informed approach has become a central focus in multiple service sectors, SAMHSA desires to promote a shared understanding of this concept. The working definitions, key principles, and guidance presented in this document represent a beginning step toward clarifying the meaning of this concept. This document builds upon the extensive work of researchers, practitioners, and policymakers, and people with lived experience in the field. A standard, unified working concept will serve to advance the understanding of trauma and a trauma-informed approach for public institutions and service sectors.

Endnotes

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