



# Supporting a Trauma-Informed Treatment Approach

## Principles of a Trauma-Informed Congregate Care Facility

The following principles can guide agencies in the creation of a trauma-informed treatment model.

1. **Safety**-Throughout the agency, staff and the children/youth and families they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
2. **Trustworthiness and transparency**-Agency operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff and children/youth.
3. **Peer support and mutual self-help**-These are integral to the agency and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and supporting empowerment.
4. **Collaboration and partnership**-Importance is placed on true partnering and leveling of power differences between staff and children/youth, and among agency staff from direct care staff to administrators. There is the recognition that healing happens in relationships and in the meaningful sharing of power and decision making, and that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.
5. **Empowerment, voice, and choice**-Throughout the agency and among the children/youth served, individuals' strengths are recognized, built on and validated, and new skills developed as necessary. The agency aims to strengthen the staff, children/youth, and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, agencies, and communities to heal and promote recovery from trauma. This builds on what children/youth, staff, and communities have to offer, rather than responding to perceived deficits.
6. **Cultural, historical, and gender issues**-The agency actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, gender identity, age, geography), offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
7. **Racial Justice**- The agency seeks to understand the impact of institutional and systemic racism on staff, children/youth, families, and the community, and actively seeks to dismantle the imbalance of power and promote racial equity.

These principles were adapted from Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014



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## Building a Trauma-Informed Approach

DCF worked with a group of congregate care providers to operationalize the principles outlined above. The below tool provides a description of key areas in which a congregate care facility might memorialize and operationalize trauma-informed care. This is accompanied by a self-assessment that can be completed to support ongoing growth and quality improvement in this area.

### Section 1: ORGANIZATIONAL FOCUS AREA

#### 1.a. Executive Leadership and Commitment to Agency Change

In a trauma-informed agency, leadership throughout all levels of an agency is aligned with trauma-informed guiding principles. The equalization of power differentials is prioritized and decision-making across all levels is shared.

#### 1.b. Using Data to Inform Continuous Quality Improvement

A trauma-informed agency uses data to inform continuous quality improvement. Internal data is tracked, utilized, and shared among stakeholders. Continuous quality improvement (CQI) is used to better understand what affects systems performance to guide improvements to practice, processes and outcomes. The components of a CQI system should consist of the following: qualitative and quantitative data, improvement projects and experimental solutions. The foundation of a trauma-sensitive system is based upon collaboration with partners across agencies and those with lived experience.

#### 1.c. Workforce Support and Development

A trauma-informed agency promotes workforce development that is relevant and meets the needs for staff at all levels of the agency. This includes reflective supervision, promotion of self-care and job training. A trauma-informed agency is responsive to its staff's needs to ensure expectations and training is provided in a manner consistent with staff ability, capacity, and receptivity.

### Section 2: PRACTICE AREAS OF FOCUS

#### 2.a. Treatment Modality and Approach

A trauma-informed agency empowers youth to have agency within their own care and be active participants in their treatment (person centered or holistic approach). A trauma-informed agency strives to have children/youth to be able to advocate for themselves and recognize what's happening in their bodies. Medical partners interacting with a qualified residential treatment program (QRTP) understand the agency's trauma-informed model, trauma-informed care, and the psychosomatic responses of a child/youth. Medical partners are informed of individual child/youth trauma triggers and care plans.

#### 2.b. Use of Seclusion and Restraint

A trauma-informed agency strives to prioritize de-escalation techniques consistent with a child/youth's individual needs. Trauma-informed agencies continually seek to understand individual triggers for the children/youth being served and techniques to mitigate the need for restraint. Isolation is not used as a mechanism to control children/youth. If restraint is utilized, a



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trauma-informed agency reviews what occurred, seeks to learn from what happened and creates a plan for future interventions.

### **2.c. Potential Trauma-Inducing Events**

A trauma-informed agency recognizes events may be trauma-inducing for children/youth served or residing at the QRTP, families of children/youth served and staff at all levels of the agency. A trauma-informed agency has processes in place to acknowledge and debrief an event with all parties.

### **2.d. Preparation for Successful Transition and Independence**

A trauma-informed agency engages with the child/youth, family, and community in continual planning for discharge and aftercare. It is recognized that successful planning begins at the time of initial placement and continues throughout the stay at the QRTP. Techniques learned that are specific to the child/youth are shared. Thoughtful plans for adapting techniques are considered as part of the discharge plan. Aftercare that is specific to the child/youth's needs is determined and maintained.

### **2.e. Working within the Community**

A trauma-sensitive agency recognizes that trauma-sensitive care happens in collaboration with the community and not solely within their agency. Community partners interacting with a QRTP understand the agency's trauma-informed model, trauma-informed care, and the trauma responses of children/youth. Community partners are informed of individual child/youth trauma triggers and care.



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## Agency Self-Assessment Form:

The agency assessment shown below can be used for agencies just beginning or already practicing principles of trauma-informed care within a QRTP. The assessment tracks the potential use of one or more sources of data and the extent to which trauma-informed care is occurring in the agency. The assessment is also valuable for the purpose of determining existing components of trauma-informed care (TIC) that need further assessment, planning, data collection, and implementation while highlighting those components where progress has been made. The recommended method is for agency directors to distribute the accompanying form to a task force of staff to fill out and return. The next step is to aggregate the results for your agency. Once complete, these results will assist in planning the program’s next steps toward furthering TIC within your agency.

### INSTRUCTIONS

There are seven domains with numbered items listed. Code the source in the first column with the data source (A-G). Check the box in the appropriate column for the corresponding description of your agency’s plan as it relates to the item in each row.

Points are assigned to each item on the assessment using the 0-4 scale shown. This tool should only be used to guide an agency in its efforts to grow in being creating a trauma-informed care environment. It should be used in consideration, along with other facts and information, to determine the overall trauma-sensitivity an agency embodies.

Data Source	Status				
<b>A</b> – Staff Interviews	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>B</b> – Client Interviews	No Plan	Plan Developed	Plan Implemented	Plan Implemented	Plan Implemented
<b>C</b> – Review of policies and procedures	Not Started	<i>But</i>		<i>And</i>	<i>And</i>
<b>D</b> – Client record review		Not Implemented		Data Gathered	Plan Revised based on data
<b>E</b> – Treatment Team or de-briefing					
<b>F</b> – Observation					
<b>G</b> – All of the above					



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## SECTION 1: ORGANIZATIONAL FOCUS AREA

### 1.A: Executive Leadership and Commitment to Agency Change

In a trauma-informed agency, leadership throughout all levels of an agency is aligned with trauma sensitive care guiding principles. The equalization of power differentials is prioritized and decision-making across all levels is shared.

Item	Status					Data Source
	0	1	2	3	4	A - G
1) All members of the agency leadership, including the board of directors, CEO, and management are trained in trauma-informed care (TIC) principles annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) The leadership team takes active steps to support staff training by modifying its training delivery model to meet the changing needs of its staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) The agency provides opportunities for all staff to have input into policies and procedures that impact them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. The agency has a process that allows for staff to share feedback, learn, and adjust to policy and practice changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Staff take an active role and feel comfortable in sharing feedback, learning, and contributing to changing policy and practice in the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) The agency values continuous improvement and learning, and utilizes an agency change model to incorporate new research and best practices to serve children, youth, and families in comprehensive ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Changes to policies are communicated to staff in an inclusive manner, and staff are receptive to this method of communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) The agency actively gathers feedback and partners with its stakeholders, children/youth, families, and the community to make improvements to the service delivery model and agency leadership strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) The agency shares strategic plan information with its stakeholders, children/youth, and members of the community and seeks feedback on the plan on a regular and concerted basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) The agency shares continuous quality improvement data and goals with its stakeholders, children/youth, and members of the community on a regular and concerted basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 1.B. Using Data to Inform Continuous Quality Improvement

A trauma-informed agency uses data to inform continuous quality improvement. Internal data are tracked, utilized, and shared among stakeholders. Wisconsin's child welfare system uses continuous quality improvement (CQI) to better understand what affects system performance to guide improvements to practice, processes and outcomes. The components of a CQI system should consist of qualitative and quantitative data, improvement projects and experimental solutions. The foundation of a trauma-informed system is based upon collaboration with partners across agencies and those with lived experience.



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Item	Status					Data Source
	0	1	2	3	4	A – G
1) The agency has a quality improvement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) The agency's quality improvement plan includes children/youth, family, and community input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Collection of Data						
a) The agency collects baseline data to reflect improvement efforts and track success of interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) The agency collects graphed baseline data on key performance indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) The agency collected data on treatment efficacy, including the length of treatment stays.						
d) The agency collects data on the use of seclusion and restraint, as well as all other critical incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) The agency collects data to reflect children/youth and family engagement that includes contact, visitation, and involvement in treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) The agency collects data to reflect the representation of demographic groups in positive and adverse actions, such as seclusion and restraints or mental health holds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) The agency collects data to set clear goals for improvement of the physical and emotional safety of the children/youth served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) The agency uses the collected data to make continuous improvement efforts to improve the outcomes and experiences of children/youth, families, staff, and the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 1.C. Workforce Support and Development

A trauma-informed agency promotes workforce development that is relevant and meets the needs for staff at all levels of the agency. This includes reflective supervision, promotion of self-care and job training. A trauma-informed agency is responsive to its staff's needs to ensure expectations and training is provided in a manner consistent with staff ability, capacity, and receptivity.

Item	Status					Data Source
	0	1	2	3	4	A – G
1) There is a process for leadership to recognize and reward staff who employ TIC principles and approaches that encourage growth and healing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Line staff are trained on policies and procedures on an ongoing basis to ensure competency and comprehension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) The agency changes its delivery modality to meet staff's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) The agency provides opportunities for staff to have input into policies and procedures that impact them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Trauma-Informed Care Training						
a) The agency provides education and training for all staff on TIC at orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) The agency provides education and training for all staff on trauma-informed care at orientation and on an ongoing basis to include: prevalence of childhood trauma, types of trauma, cultural and historical differences traditional cultural connections, historical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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trauma that may impact the child/youth's ability to feel safe, establish relationships, and benefit from treatment and the SAMHSA TIC principles.						
c) All staff receive training regarding psychosomatic responses to trauma in children/youth and families, and how to address the somatic concerns in a trauma-informed manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) All staff is trained in treatment practices and models that are trauma-informed and based on the current research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) All staff is trained in developing and providing individualized services that are culturally responsive to all children/youth and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) All staff receives training on the use of a trauma history assessment and how the assessment is used to identify potential triggers that may lead to unsafe behaviors in children/youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) All staff is trained in racial and cultural historical trauma and the impacts it has staff, children/youth, families, and the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h) All staff is trained in recognizing the signs of and responding in a trauma-informed manner to human trafficking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Secondary Trauma						
a) The agency provides ongoing staff training to include the definition and signs of secondary trauma, compassion fatigue, burn-out, psychosomatic responses, and strategies for self-care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) The training normalizes secondary trauma as an accepted part of working with traumatized children/youth and not as an indication for individualized pathology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) The agency provides training about policies and practices that are in place to support staff with self-care practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Supervision Practices						
a) The agency provides supervision that helps all staff understand behaviors through a TIC lens and minimizes the recurrence of re-traumatization of children/youth and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) The agency provides supervision that includes identification and remediation of signs of secondary trauma, compassion fatigue, burn-out, psychosomatic responses, and strategies for self-care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Supervision normalizes secondary trauma as an accepted part of working with traumatized children/youth and not as an indication of individualized pathology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Supervisors are trained regarding effective communication and reinforcement of the value of taking breaks, scheduling vacations, and participating in supervision, and other self-care strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) The agency keeps staff informed of policies and procedures in place for and resource available to support staff wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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## SECTION 2: PRACTICE AREAS OF FOCUS

### 2.A. Treatment Modality and Approach

A trauma-informed agency empowers youth to have agency within their own care and be active participants in their treatment (person centered or holistic approach). A trauma-informed agency strives to have children/youth to be able to advocate for themselves and recognize what’s happening in their bodies. Medical partners interacting with a QRTP understands the agency’s trauma-informed model, trauma-informed care, and the psychosomatic responses of a child/youth. Medical partners are informed of individual child/youth trauma triggers and care plans.

Item	Status					Data Source
	0	1	2	3	4	A – G
1) The agency implements the use of a trauma history assessment(s) and integrates the findings in the treatment of the child/youth and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) The agency utilizes recognized trauma-informed treatment modalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) The agency’s treatment approaches incorporate the healing values of traditional cultural connections and recognize and address historical trauma that may impact the child/youth’s ability to feel safe, establish relationships, and benefit from treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) The agency’s treatment focuses on both symptom reduction and treating the underlying conditions of the child/youth and their family. Medication is used as a tool within other supportive services under the umbrella of a larger treatment model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) The agency utilizes a comprehensive review of the child’s history to understand the need for medication to ensure appropriate psychiatric medications are prescribed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Nursing and medical staff concerns, and recommendations, are integrated into the treatment plan in a comprehensive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Nursing and medical staff can address and explain somatic responses to the rest of a child/youth’s treatment team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) The agency has implemented an assessment to identify risk factors for incidents of aggression and violence towards self/others and dissociation. Results are incorporated into case planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 2.B. Use of Seclusion and Restraint

A trauma-informed-agency strives to prioritize de-escalation techniques consistent with a child/youth’s individual needs. Trauma-informed agencies continually seek to understand individual triggers for the children/youth being served and techniques to mitigate the need for restraint. Isolation is not used as a mechanism to control children/youth. If restraint is utilized, a trauma-informed agency reviews what occurred, seeks to learn from what happened and creates a plan for future interventions. All physical hold restraints or physically enforced separation requirements in DCF 52 and DCF 57 must also be followed.

Item	Status					Data Source
	0	1	2	3	4	A – G
1) Within the last year, the leadership team has reviewed and/or revised the agency’s mission, vision, philosophy, and/or values to align with TIC principles as it relates to the use of seclusion and the use of restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) The agency has a robust plan to drastically reduce or minimize the use of seclusion and the use of restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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3) Identified staff involved in the use of seclusion and restraint are provided additional training and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Identified children who are involved in the use of seclusion and restraint are provided with additional supports with specific attention on TIC principles and client rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Staff roles are clearly defined in restraint and seclusion events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) The agency has implemented an assessment to identify risk factors for incidents of aggression and violence toward self and others and dissociation. Results are incorporated into case planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) The agency provides support for direct services staff to move beyond behavior management role and toward being a member of an integrated treatment team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) The agency does not utilize a points-based behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9) The agency utilizes a variety of interventions to encourage de-escalation, such as availability and frequent use of comfort rooms, sensory rooms, access to self-emotional regulatory activities, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) The agency has debrief protocols in place for staff involved in the use of seclusion or restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11) The agency has debrief protocols in place for children/youth involved in the use of seclusion or restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 2.C. Potential Trauma-Inducing Events

A trauma-informed-agency recognizes events may be trauma-inducing for children/youth served or residing at the QRTP, families of children/youth served and staff at all levels of the agency. A trauma-informed agency has processes in place to acknowledge and debrief an event with all parties.

Item	Status					Data Source
	0	1	2	3	4	A – G
1) The agency has a documented process for assessing practices, procedures, and policies that may have been, or could be, re-traumatizing to individuals at any level of the agency. The process should contain input from staff, children and/or youth, families, and outside stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) The agency has a policy or procedure regarding potential trauma-inducing events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) The agency has an established protocol to address potential trauma-inducing events with children/youth and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) The agency has a policy, procedure, regarding an immediate post-event debrief and formal debrief. The agency includes the client and the client's team members in debriefing activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) The agency has a policy or procedure to revise organizational change, staff training, and individualized treatment needs because of what was learned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) The agency has a procedure to debrief other children/youth who experienced the event. This includes a process to communicate treatment changes to the child/youth, family, and helping professionals because of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 2.D. Preparation for Successful Transition and Independence

A trauma-informed agency engages with the child/youth, family, and community in continual planning for discharge and aftercare. It is recognized that successful planning begins at the time of initial placement



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and continues throughout the stay at the QRTP. Techniques learned that are specific to the child/youth are shared. Thoughtful plans for adapting techniques are considered as part of the discharge plan. After care that is specific to the child/youth's needs is determined and maintained.

Item	Status					Data Source
	0	1	2	3	4	A - G
1) Empowering Children/Youth and Families in Care						
a) The agency has a process for engaging and empowering children/youth and families. This shall include the participation of the child/youth and family in all planning, services, and decisions during treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) The agency has empowered youth to have agency within their own care, be active participants in their own treatment, and teaches youth how to advocate for themselves and recognize what's happening in their bodies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) The agency believes that youth should be empowered in their physical, mental, and behavioral health in a system that regularly takes away their power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Family visits are never used as a reward or punishment – the agency policies and practices reflect the belief that all families have a right to maintain connection with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) The agency facilitates connections with family and other significant relationships through a variety of methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) The agency provides family support to ensure visits can occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) The agency shares with families in preparation for discharge what was learned about the child or youth's strengths that may decrease trauma triggers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) The agency facilitates family involvement in the planning for discharge and continued support through aftercare including collaboratively developing an effective regulation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) The agency educates families on the individualized client de-escalation strategies and safety planning strategies that include the identification of individual triggers in preparation for discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) The agency ensure that the child/youth and their family understand the use and side effects of any prescribed treatment modalities, including any psychotropic medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9) The agency ensures that the child has continuity of psychiatric care and psychiatric medications during and prior to the child's discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) The agency educates families on somatic responses of the youth/child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 2.E. Working within the Community

A trauma sensitive agency recognizes that trauma sensitive care happens in collaboration with the community and not solely within their agency. Community partners interacting with a QRTP understand the agency's trauma sensitive model, trauma sensitive care and the trauma responses of children/youth. Community partners are informed of individual child/youth trauma triggers and care plans.

Item	Status					Data Source
	0	1	2	3	4	A - G
1) Agency collaborates with a diverse collection of stakeholders to meet child/youth and family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Supporting a Trauma-Informed Treatment Approach

2) The agency has practices to inform community partners on trauma sensitive care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) The agency provides community partners with education to includes the definition and signs of secondary trauma, compassion fatigue, burn-out, psychosomatic responses, and strategies for self-care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) External partners called into the agency to help with an event are informed on the current status and techniques that work with that child/youth, including individualized de-escalation strategies and safety planning strategies that include the identification of individual triggers and collaboratively developed an effective regulation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) External partners are educated about their expectations in working with a youth/child from the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	