

NTBHA

Trauma Informed Care Guidebook



INTRODUCTION

Welcome to the North Texas Behavioral Health Authority (NTBHA) Trauma Informed Care Guidebook. The following is an overview of NTBHA's most recent activities into our continued goal to create more awareness of Trauma Informed Care, the strategies implemented during this process, and what action steps we will undertake to continue this mission.

Since its inception on January 1, 2017, the North Texas Behavioral Health Authority (NTBHA) has been driven by several precepts to ensure the persons served in our six-county area receive the best possible mental health services available. One of these precepts is to provide, or ensure the provision, of services that are mindful of individuals that have experienced traumatic events in their lives. Understanding that trauma shapes who we are, what we do, and how we perceive the world is crucial. As the mental health authority, NTBHA realizes the important role that we must play in ensuring that people are treated with dignity and respect and furthering the development of community awareness of trauma informed services is vital to that goal.

In early 2021 NTBHA was accepted into The National Council for Mental Wellbeing's Trauma Informed, Resilience-Oriented

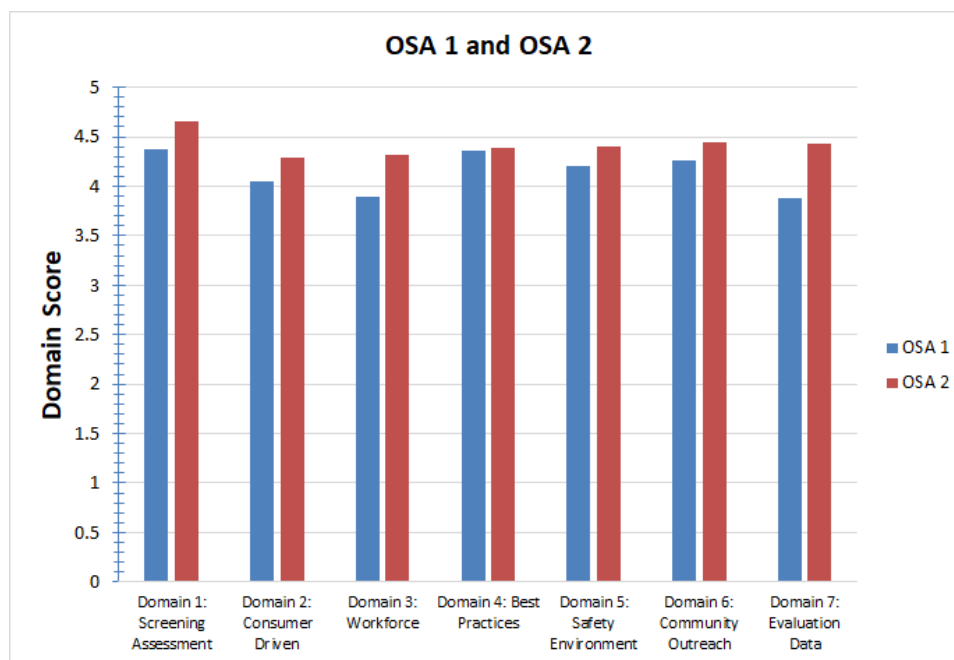
Approaches Learning Community for a 13-month initiative. This opportunity allowed NTBHA to interact with The National Council, other like-minded agencies across the country, and to be assigned an advisor that offered suggestions as to how to continue to improve our trauma informed journey. The Learning Community ended in 2022, but not NTBHA's dedication to Trauma Informed Care.

One of our first tasks were to extend invitations to NTBHA staff to be a part of the Trauma Informed Care (TIC) committee. The original group consisted of six members from differing programmatic areas, background and lived experiences, and position levels. That group has now grown to nine members and will continue to evolve as our trauma informed journey continues. This group met weekly for the first eight months and has met on average 2x per month since.

In order for an organization to achieve its goals, it must first understand where it is currently in relation to those goals. With that in mind, all NTBHA staff were invited to participate in an evidenced based pre-survey called the Organizational Self-Assessment (OSA) Non-clinical survey at the beginning of this process. This survey spans seven domain areas and 42 different elements, exploring the different ways that an organization can review its trauma informed care processes.

The results of that survey led us to focus our initial attention on Domains #7, 2, and 3. We dedicated our involvement time with the National Council and the timeframe for review and implementation of identified areas in these three domains.

In March 2022, NTBHA staff performed a post OSA survey. The results of the survey and the comparison to the pre survey are listed below



*Please note: There are several different types of OSA surveys from The National Council on Wellbeing, the one more related to NTBHA's role in the community as the authority was the OSA-Nonclinical. Each organization, should you decide to participate with the National Council, will need to review the types of National Council OSA surveys and the scope of the

services that are provided to ensure an accurate assessment of your organization is performed.

In the following pages is a brief overview of each of the Domains, the over-arching philosophy at NTBHA for each, and some of the strategies we took to implement change.

A copy of each of the OSA-Nonclinical domains and the elements within each domain for this OSA will be found at the end of this guide for reference purposes.

Domain #1

Early Screening and Comprehensive Assessment

Universal Precautions and Cultural Humility



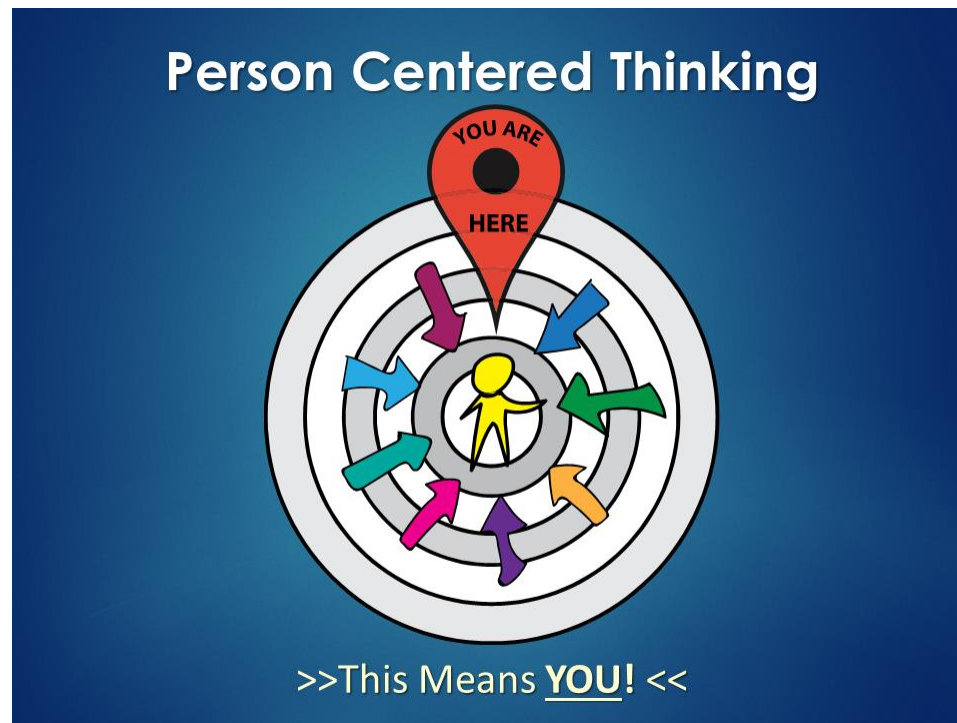
NTBHA realizes that most people have experienced some type of adversity in their lives. Understanding and accepting that it is these adversities that shape our behaviors is a core belief at NTBHA. Whatever cultural practices and beliefs for each staff, volunteer, and persons served are treated with sensitivity and respect. Acceptance of someone in the manner that they wish to be accepted is a cornerstone philosophy within our organization.

People are more willing to seek employment or treatment when they feel safe, respected, and valued.

Domain #2

Person-Driven Care and Services

Mutuality, Employment, Empowerment, Voice and Choice, Customer Rights, Hiring Process, Cultural Humility



The people that are served by NTBHA and NTBHA providers have an influential role in the directing and decision-making process about their services. It is important for people to understand their rights and to make their own self-directed choices about the services they wish to receive.

Utilization of Person-Centered Language is at the forefront of this concept. By using Person-Centered Language, the person is called what they wish to be called and the terms that reflect who they are, are used appropriately. This empowers people to voice their views and opinions about the services received.

In ensuring diversity and to assist with staff understanding differing viewpoints and life experiences, NTBHA employs individuals with lived experience as well as utilizing their lived experience in the interviewing process.

Domain #3

Resilience and Trauma-Informed, Educated and Responsive Workforce

Leadership Internal and External Communication, Staff Trainings, Job Advertisements and Descriptions, Performance Appraisals, TIC Supervision, Staff Selfcare, Cultural Humility



NTBHA prides itself in its diverse workforce. Accepting of all cultures and lived experiences has been a long-standing practice. This acceptance has led NTBHA to create an atmosphere of embracing the philosophy, that which makes us different makes us better.

NTBHA began an internal Quarterly Newsletter in late 2021. The intent of this newsletter was to help inform all NTBHA staff of past, current, and future TIC initiatives. An informed workforce is an educated workforce.

Perspective applicants of NTBHA will notice how job postings display a very clear and definitive position of what NTBHA expects of perspective staff concerning TIC and diversity.

NTBHA is amending job descriptions to contain performance appraisals measures with clear expectations of TIC behaviors from employees. Staff supervision methods will be aligned with TIC practices during monitoring of job performance measures.

Continued staff development cannot be understated. NTBHA realizes how important continued TIC information dispersal can be. Mandatory NEO as well as annual TIC training is required of all NTBHA employees and volunteers. NTBHA staff are also presented with periodic voluntary opportunities to enhance their TIC knowledge each year.

Self-care is a very important factor in maintaining a healthy workforce. NTBHA management staff understand this concept and implement several strategies to allow staff to take care of themselves.

Domain #4

Provision of Trauma-informed, Resilience, Evidenced Based and Emerging Best Practices

Informed Support, Shared Decision-Making, Care Coordination, Evidenced-Based Practices, Cultural Humility



Understanding that the recovery process is a very personal journey to each person served is crucial. Also knowing that people do not journey on the road to recovery at the same speed nor utilizing the same services. Service provision is a shared decision-making process between the person served and the service provider. Persons served direct their treatment and service delivery. Information that is gathered during service provision is shared at the discretion of the person served. Ensuring that services provided are evidenced based is key.

Evidenced Based Practices (EBP) are important because integration of the best available evidence, while utilizing personal choice to facilitates the most optimal outcomes. By committing to Evidenced Based Practices, NTBHA is at the forefront of current and emerging service strategies that best facilitate recovery in the most person centered, inclusive manner.

Providing EBP that recognizes a person's unique culture helps to further develop the therapeutic bond. One's culture is an anchor to who you are and where you come from. At NTBHA, having the freedom to express your beliefs in a non-threatening, safe environment will always be a goal.

Domain #5

Create Safe and Secure Environments

Trauma-informed, Resilience-Oriented Leadership, Safety Team, Conflict Resolution, Interpersonal interactions, Physical environment, Adverse Incidents, and Support, Cultural Humility



Understanding the needs of not only the persons served but of the person serving as well, is very important in maintaining a healthy workplace environment. Organizations that look to create safe environments for both understand this key concept of TIC.

Environments that are safe and inviting, free from verbal, physical, or psychological threat create opportunities for services to have a greater impact and effect. As NTBHA strives to create safe environments, the QM team reviews all incidents or complaints that are reported and ensures that corrective steps can be identified. This allows NTBHA to adhere to the CQI philosophy as we look at each situation and learn from it.

Domain #6

Engage in Community Outreach and Partnership Building

Leadership, Training, Community Partnership, Advocacy, Cultural Humility



NTBHA leadership team has long embraced the TIC philosophy. By applying for and being accepted into The National Council's TIROC community, NTBHA furthers its commitment to developing new strategies to continue our community awareness initiatives. All NTBHA leaders and staff engage in TIC training. From having individuals with lived experience readily available for open discussions with partners to developing community training with other Advocacy groups, NTBHA is taking a leadership role in the community. Through our efforts to regularly engage with community providers and agencies to promulgate TIC, the community and the people served receive the dedicated care and understanding that all people deserve.

Domain #7 Ongoing Performance Improvement and Evaluation

Data Collection, Reports and Informed Data Decision Making, Presentation Data, Continuous Quality Improvements, Cultural Humility



The language that is utilized within clinical documentation to describe the person served and events in the person's life is very important. The phrasing of the clinical record to ensure not only that the person is not re-traumatized but also treated in a person centered and inclusive manner is a vital part of services and recovery.

Understanding that there are some implicit biases that occur and ensuring that cultural and linguistically appropriate terminology used are more reflective of the community and the populations served helps in creating more effective service provision. The NTBHA Utilization and Quality Management departments review ANSA's/CANS, Recovery Plans, progress

notes, and other related clinical documentation to ensure correct terminology is used. Data is collected from the information submitted and analysis of trends are conducted. This information allows NTBHA to focus any information dissemination or training accordingly during focused presentations.

NTBHA is deeply committed to the Continuous Quality Improvement philosophy and will review the other domains and how they too can be improved upon over the next 2 years.

National Council for Mental Wellbeing Organizational Self-Assessment- Non-Clinical Survey Tool

1A - Universal Precautions: Our organization promotes the use of universal expectations in which each staff, volunteer and those served are considered to have experienced adversity and is treated with sensitivity and respect.

1B - Cultural Humility: Our organization promotes cultural humility in which each staff, volunteer and those served are considered to have their own cultural identity and are treated with sensitivity and respect.

Domain 1: Early Screening and Comprehensive Assessment

2A - Mutuality: The people we serve have an influential role in decision-making about services, evaluation and continuous quality improvement.

2B - Employment: Our organization employs past or current people served.

2C - Empowerment: Our organization regularly seeks feedback about the experience from those we serve

2D - Voice and Choice: Our organization respects and encourages those we serve to have voice and choice.

2E - Customers' Rights: When appropriate, all people served are educated about their rights specific to the service they receive at our organization.

2F - Hiring Process: Our organization's hiring process includes those we serve as part of interviewing.

2G - Cultural Humility: Processes related to the integration of people served voices are reflective of the population served including being culturally and linguistically appropriate

Domain 2: Person-Driven Care and Services

3A - Leadership Internal Communication: Leadership in our organization internally communicates a clear message that the organization is committed to trauma-informed, resilience-oriented care (employee handbook, memos, emails, etc.)

3B - Leadership External Communication: Leadership in our organization externally communicates a clear message that the organization is committed to trauma-informed, resilience-oriented care (website, bylaws, mission statement, etc.).

3C - Staff Training: All staff receive ongoing educational opportunities on the importance of being a resilience-oriented, trauma-informed care organization.

3D - Job Advertisements: Our organization's job advertisements include a preference for experience with or knowledge of trauma-informed, resilience-oriented care.

3E - Job Descriptions: Our organization's job descriptions include job expectations related to trauma-informed, resilience-oriented care.

3F - Performance Appraisals: Our organization's performance appraisals include expectations that staff behaviors are aligned with trauma-informed, resilience-oriented care.

3G - Trauma-Informed, Resilience-Oriented Supervision: Staff supervision includes practices aligned with trauma-informed, resilience-oriented care (reflective supervision, motivational interviewing, DEI, etc.).

3H - Staff Self-Care: Our organization has a way to prevent, identify and appropriately respond to workforce concerns (burnout, secondary traumatic stress, compassion fatigue, etc.).

3I - Cultural Humility: Processes related to workforce development (including hiring, orientation, training, and on-going professional development) ensure diversity, equity, and inclusion and are culturally and linguistically appropriate.

Domain 3: Resilience and Trauma-Informed, Educated and Responsive Workforce

4A - Informed Support: With necessary consents in place, the organization provides trauma-related information to people served support teams.

4B - Shared Decision-Making: Shared decision-making between staff and the people served is a key aspect of our work.

4C - Care Coordination: With necessary consents in place, our organization regularly shares case data with outside providers.

4D - Evidence-Based Practices: The organization utilizes evidence-based practices in its delivery of service (motivational interviewing, collaborative documentation, etc.).

4E - Cultural Humility: Our organization uses evidence-based or evidence-informed practices to minimize bias and ensure diversity, equity and inclusion with people served.

Domain 4: Provision of Trauma-informed, Resilience-Oriented, Evidence-Based and Emerging Best Practices

5A - Trauma- Informed, Resilience-Oriented Leadership: Our organizational leadership practices align with resilience- oriented trauma- informed principles

5B - Safety Team: Our organization maintains a team including representatives from leadership, practitioners, support staff and people served that is responsible for assuring a safe and secure (physical, social, psychological) environment.

5C - Conflict Resolution: Our organization has strategies to resolve conflict and address aggression between staff and staff and client.

5D - Interpersonal Interactions: Our organization has policy or protocol for determining when interpersonal interactions at work are unsafe between staff and between staff and people served and responds appropriately.

5E - Physical Environment: Our organization has a fair mechanism in place for communicating when the physical work environment is unsafe.

5F - Adverse Incidents: Our organization has a system in place to review incidences that compromise a safe environment.

5G - Adverse Incident Support: Our organization has a system in place to support those affected by adverse incidences that compromise safety.

5H - Adverse Incidents: Our organization ensures staff are trained in using resilience-oriented trauma-informed approaches to manage adverse incidents.

5I - Cultural Humility: Processes related to the environment of care are culturally and linguistically appropriate.

Domain 5: Create Safe and Secure Environments

6A - Leadership: Our organization assumes a leadership role in delivering resilience-oriented trauma-specific awareness and education activities to other agencies in the community.

6B - Training: Clients share their lived experiences during community engagement and partnership building efforts.

6C - Community Partnership: Our organization participates in workgroups or task forces related to building resilience.

6D - Advocacy: Our organization engages in training, community support, advocacy, and cultural humility, to create resilience- oriented, trauma-informed communities.

6E - Cultural Humility: Our organization connects people served with social, religious, cultural, and other community resources that align with their identities, interests and needs as a routine part of care

Domain 6: Engage in Community Outreach and Partnership Building

7A - Data Collection: Our organization collects and analyzes performance data on one or more trauma-informed, resilience-oriented care domains.

7B - Data Informed Decision Making: Our organization internally uses data to help address challenges and celebrate successes related to providing trauma-informed, resilience-oriented care.

7C - Presentation of Data: Our organization presents trauma-informed, resilience-oriented care data to a wide array of audiences (leadership, board, staff, Customers, community partners, etc.).

7D - Data Reports: Our data reports about trauma-informed, resilience-oriented care are clear and easy to understand.

7E - Continuous Quality Improvement: Trauma-informed, resilience-oriented care performance metrics are included in our organization's continuous quality improvement processes.

7F - Cultural Humility: Our data collection, reporting, and continuous quality improvement processes are designed to mitigate the impacts of implicit bias, are culturally and linguistically appropriate, and reflective of our client population.

Domain 7: Ongoing Performance Improvement and Evaluation

The entire NTBHA TIC team would like to thank you for your interest in learning more about how NTBHA embraced and implemented Trauma Informed Care strategies. It is our hope that the information provided in this guide will help your organization to identify ways to become more trauma informed.

If you have any questions or would like to communicate with any of the NTBHA TIC team:

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Resource List

The National Council for Mental Wellbeing

[Trauma-Informed, Resilience-Oriented Care Learning Communities | National Council \(nationalcouncildocs.net\)](https://nationalcouncildocs.net)

American Psychological Association-The Legacy of Trauma

[Helping people through trauma-informed care \(apa.org\)](https://apa.org)

[How to handle the trauma of war from afar](#)

SAMSHA- Key Ingredients for Successful Trauma-Informed Care Implementation

[Key Ingredients for Successful Trauma-Informed Care Implementation \(samhsa.gov\)](https://samhsa.gov)