Peace4Manasota

MISSION STATEMENT

To promote a trauma-sensitive community and build resilience throughout Desoto, Manatee, and Sarasota Counties, aimed at reducing the effect of trauma on the individual, family, and community and foster healing.

VISION

The vision of Peace4Manasota is for Desoto, Manatee, and Sarasota Counties to be a trauma informed community where the needs of all are met

GOALS

Peace4Manasota's goal is to spread the word about adverse childhood experiences and resiliency through education:

- **Educate** citizens and professionals on research that shows direct causes and outcomes of adverse childhood and adult experiences (trauma)
- **Connect** residents and service providers to available resources
- **Change** attitudes toward health, renewal, resolution, resilience, and compassion
- **Build** foundational strength, wellness, and resiliency in organizational structure, policies, services and workforce
- **Heal** people, systems, and community through trauma informed prevention practices and resolution methods

DEFINITION OF TRAUMA
*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (July 2014)

Three "E's" of trauma

"Individual trauma results from an **event**, series or events, or a set of circumstances that is **experienced** by and individual as physically or emotionally harmful or life threatening and has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

DEFINITION OF TRAUMA-INFORMED APPROACH

*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (July 2014)

The Four "R's" in a trauma informed-approach

"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; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.

WORKING DEFINITION OF TRAUMA INFORMED COMMUNITY

A trauma informed community reflects the six principles of a trauma-informed approach. As residents learn how trauma affects their own lives, their social groups and neighborhoods, they begin to promote positive health and behavioral health outcomes by building resilience, reframing community narratives, and creating peer support networks.

Six Principals of a Trauma-Informed Approach

*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (July 2014)

1. Safety – Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; they 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 – Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

3. Peer Support – Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term "Peers" refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."

4. Collaboration and Mutuality – Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing

happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: "one does not have to be a therapist to be therapeutic."

5. Empowerment, Voice and Choice – Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are impowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

6. Cultural, Historical, and Gender Issues – The organization actively moves past cultural stereotypes and biases; offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

10 Implementation Domains for a Trauma-Approach

10 Implementation Domains	Guidance	Questions to Consider
Governance and Leadership	The leadership and governance support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within the organization to lead and oversee this work; and there is inclusion of the peer voice.	• How does agency leadership communicate its support and guidance for implementing a trauma-informed approach? • How does the agency's mission statement and/or written policies and procedures include commitment to providing trauma-informed services? • How does leadership demonstrate support for the voice and participation of people using their

		services who have trauma histories?
Policy	There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross agency protocols, including working with community-based agencies, reflect trauma-informed principals. This approach must be "hard-wired" into practices and procedures of the organization, not solely relying on training workshops or well-intentioned leader.	• How does the agency's policies and procedures include a focus on trauma and issues of safety and confidentiality? • How do human resources policies attend to the impact of working with people who have experienced trauma? • What policies 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?
Physical Environment of the Organization	The organization ensures that they physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety. The physical setting also supports the collaborative aspect of a trauma informed approach through openness, transparency, and shared spaces.	• How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff? • How has the agency provided space that both staff and people receiving services can use to practice self-care? • In what ways do staff recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on strategies to deal with this?
Engagement and Involvement	All groups have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning. This is a key value and aspect of a trauma-informed approach that differentiates it from the usual approaches to services and care.	• How is transparency and trust among staff and clients promoted? • How do people with lived experiences have the opportunity to provide feedback to the organization on the quality improvement processes for better engagement and services?

		• What strategies are used to reduce the sense of power differentials among staff and clients?
Cross Sector Collaboration	Collaboration across all sectors is built on a shared understanding of trauma and principals of a trauma-informed approach. While a trauma focus may not be the stated mission of the various service sectors, understanding how awareness of trauma can help or hinder achievement of an organization's mission is critical aspect of building collaborations. People with significant trauma histories often present with a complexity of needs, crossing various service sectors. Evan if a mental health clinician is trauma-informed, a referral to a trauma-insensitive program could then undermine the progress of the individual.	• 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? • What mechanisms are in place to promote cross-sector training on trauma and trauma informed approaches?
Screening, Assessment & Treatment	Practitioners use and are trained in interventions based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed approach. Trauma screening and assessment are an essential part of the work. Trauma-specific interventions are acceptable, effective and available for individuals and families seeking services. When trauma-specific services are not available within the organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.	• Is timely trauma-informed screening and assessment available and accessible to individuals receiving services? • How are peer supports integrated into the service delivery approach? • How are trauma-specific practices incorporated into the organization's ongoing operations?
Training and Workforce Development	On-going training on trauma and peer-support are essential. The organization's human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant	• How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions? • What type of training and resources are provided to

	secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals with complex trauma.	staff and supervisors on incorporating trauma-informed practice and supervision in their work? • How does the organization ensure that all staff receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions?
Progress Monitoring and Quality Assurance	There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based trauma specific screening, assessment, and treatment.	• 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? • How does the agency incorporate attention to culture and trauma in agency operations and quality improvement process?
Financing	Financing structures are designed to support a trauma-informed approach which includes resources for staff training on trauma, key principles of a trauma-informed approach; development of appropriate and safe facilities; establishment of peer-support; provision of evidence-supported trauma screening, assessment, treatment, and recovery supports; and development of trauma-informed cross-agency collaborations.	• What funding exists for peer specialists? • What funding exists for cross-sector training on trauma and trauma-informed approaches? • How does the agency's budge include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?
Evaluation	Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.	• How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach? • What measures or indicators are used to

		assess the organizational progress in becoming trauma-informed?
		• What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?
		SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (July 2014)

STRATEGIES TO ACHIEVE OUR VISION

- Elevate and empower our communities, contribute to policy, procedure, systems and programs to address identified challenges.
- Build a network of people working to build to educate, address and prevent adverse childhood experiences; while continuing to build and leverage resources so families can connect to the services and resources they need when, where, and how they need them.
- Build protective factors and resilience in our communities to mitigate the impact of adverse childhood experiences and trauma while creating communities where children thrive in safe, stable, nurturing relationships and environments
- Encourage organizations to work together to share key lessons, best practices, and program outcomes that benefit organizations, families, and communities.

Trauma Informed Community Building

Strategies	Challenges
Build social networks (community gatherings, events)	Lack of trust & social cohesion (residents don't want to hand out with people they don't know or don't trust so they don't show up or only show up for the food and leave)
Engage residents in planning & vision setting (conduct focus groups, asset mapping, needs assessments)	Lack of stability, reliability, and consistency (Residents are tired of empty promises, no change)
Leverage community capacity to solve collective problems (establish resident driven projects/committees)	Lack sense of community ownership or disempowerment (lack of resources, don't believe participation will result in change, funding)
Collaborate with system and organizations to improve social outcomes (partner with community stakeholders)	Community needs (Needs of community and the ability for community organizations to meet those needs are limited by resources and capacity)
	Trauma Informed Community Building(Weinstien, Wolin, Rose)

Model Stages

Example of a developmental framework for change

Trauma Aware	• Informed about trauma • Can comfortably speak to its impacts • Began to translate that information into changes within their organization • Education received
Trauma Sensitive	• Started to explore the principles of TIC (safety, trust, choice, collaboration, and empowerment) & how they apply to existing practices • Leaders are designated to facilitate the process • Stakeholders identified • Shared vision of accountability developed • Address own stress & trauma • Gaps identified
Trauma Responsive	• Existing practices have begun to change (within organization & self) • New policies/procedures implemented • Demonstrative changes in behaviors and actions • Community & stakeholders have become more involved in the process • Feedback received • Resources area all allocated/enhanced
Trauma Informed	• Results are being seen from the changes that have been implemented (within organization & self) • Core team continues to explore new opportunities for improvement • Data is used for decision making • Feedback received • Decisions for changes make through a trauma informed lens • Continued process
	*The Missouri Model for Trauma Informed Schools