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Trauma-Informed Approaches: An Implementation Continuum[1]

The implementation of a trauma-informed approach is an *ongoing* organizational change process. Most people in the field emphasize that a "trauma-informed approach" is not a program model that can be implemented and then monitored by a fidelity checklist. Rather, it is a profound shift in knowledge, attitudes and skills that continues to deepen and unfold over time. Some leaders in the field are beginning to talk about a "continuum" of implementation, where organizations move through stages:

- ***Trauma aware*** organizations understand how trauma impacts their clientele and their staff. All staff are trained in the basics of trauma and are familiar with the values and terminology of trauma-informed care. Leadership recognizes that understanding and responding to trauma is essential to fulfilling the organization's mission and institutes a change process.
  Key Task: Knowledge and Attitudes

- ***Trauma sensitive*** organizations begin to apply the concepts and values of trauma-informed care to their environment and to daily work. Self-care becomes a priority. The organization finds ways to hire people with trauma expertise and to support ongoing learning. Environments are modified. Direct care workers begin to see the people they work with through a trauma lens and seek out opportunities to learn new trauma skills. All clients are screened or assessed for trauma, and/or a "universal precautions" approach is used. Trauma-specific treatment models are available for those who need them (either directly or through a referral process).
  Key Task: Application and Skill Development

- ***Trauma responsive*** organizations shift the language used throughout the organization to highlight the role of trauma. At all levels of the organization, staff take the initiative to begin re-thinking the routines and infrastructure of the organization. Trauma-informed models of supervision are introduced, measures of trauma and recovery are incorporated in data systems, record-keeping is revised, policies and procedures are re-examined. The organization incorporates self-help and peer advocacy and hires people with lived experience to play meaningful roles throughout the agency. People outside the agency (from the Board to the community) understand the organization's mission to be trauma-related.
  Key Task: Integration

- ***Trauma informed*** organizations have made trauma-responsive practices the organizational norm. All aspects of the organization have been reviewed and revised to reflect a trauma approach. All staff are skilled in using trauma-informed practices, whether they work directly with clients or with other staff. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. People from other agencies and from the community routinely turn to the organization for expertise and leadership in trauma-informed care.
  Key Task: Leadership

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[1] The above description builds on the original conceptual work on trauma-informed care done by Roger Fallot and Maxine Harris, from Community Connections in DC. It is based on a distinction first proposed by Robin Boustead and Patsy Carter from the Department of Mental Health in Missouri, and was written by Andrea Blanch, working in consultation with MO DMH.