

Trauma-Informed Approaches to HIV Care and Treatment: Tools and Strategies

Mahelet Kebede, MPH
Senior Manager, Health Care
Access



AGENDA

- What is trauma?
- Trauma across the HIV continuum
- Trauma-Informed Approaches (TIA) Toolkit overview
- Tools and strategies

WHAT IS TRAUMA?

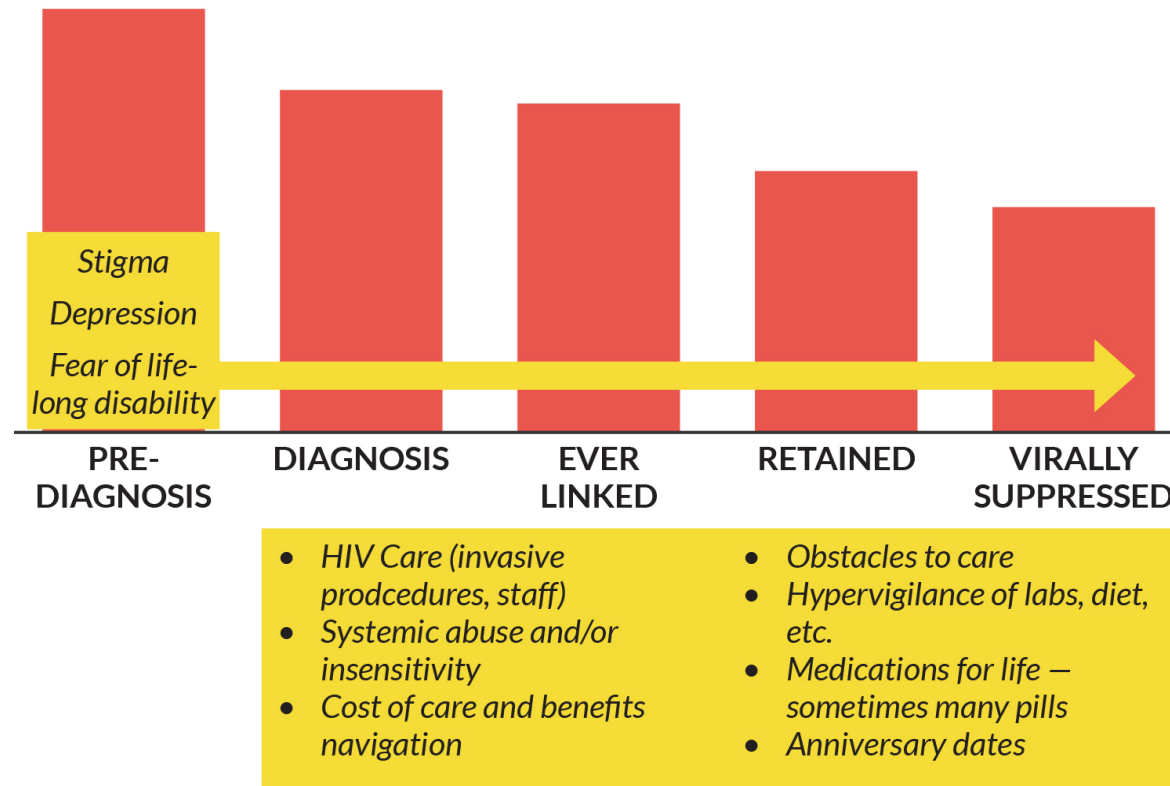
TRAUMA is broadly defined as experiences that produce intense emotional pain, fear, or distress, often resulting in long-term physiological and psychological consequences. Experiences of trauma, especially in childhood, can change a person's brain structure, contributing to long-term physical and behavioral health problems.

TRAUMA-INFORMED: Being trauma-informed is an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally.

TIC vs TIA: trauma-informed care is one type of trauma-informed approach. There is SO much more you can do outside of the direct care you and/or your sub-recipients provide.

TRAUMA ACROSS THE HIV CONTINUUM

HIV Care Continuum & Trauma



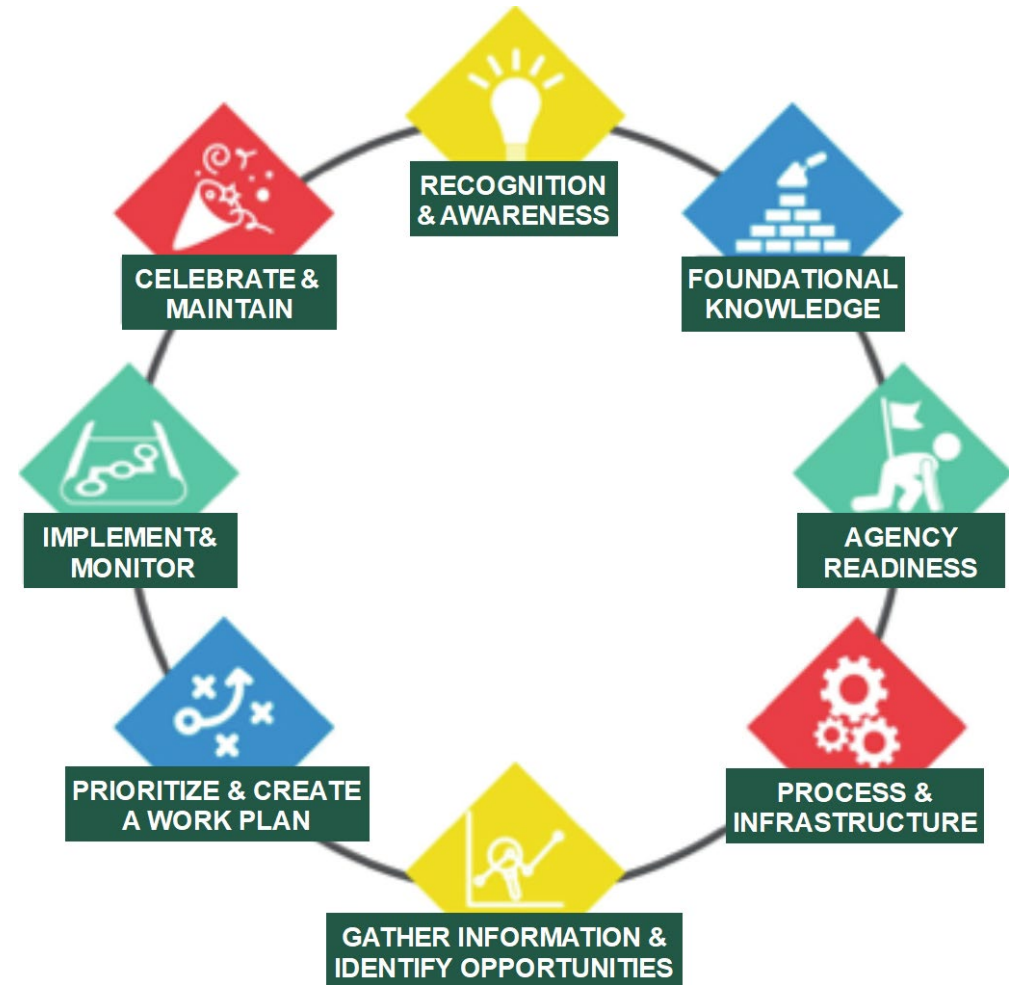
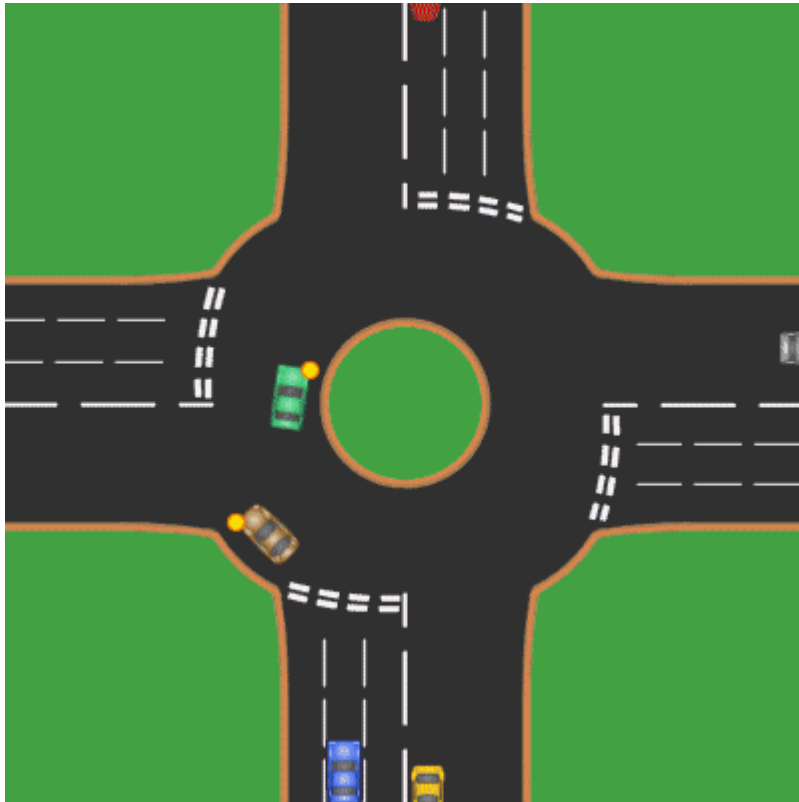


Trauma- Informed Approaches

TOOLKIT

DECEMBER 2018

TIA TOOLKIT MODULES





Recognition & Awareness

Trauma is prevalent among social service recipients and those providing services. This can affect an individual's ability and willingness to engage with programs either as a service recipient or as part of the workforce. Further, the service setting has often been a source for re-traumatization. This awareness or trauma sensitivity is an important first step in becoming trauma-informed.

CONSIDERATIONS

- ⊕ Services can be re-traumatizing for both the service recipient and the workforce. Learn to recognize when and how services are triggering.
- ⊕ The prevalence of trauma within the population served by your agency.
- ⊕ The prevalence of trauma and work-related stress within the workforce.

ACTIONS

- ✔ Add trauma-related topics to agency newsletters, board meetings, trainings, conferences, and as a standing agenda item at staff meetings.
- ✔ Sign up to receive trauma and resilience related information and connect with local or national initiatives (see [resources](#)). Connect with other federally funded programs within your jurisdiction's health department that may be implementing trauma-informed approaches, such as Title V Maternal & Child Health Programs or the Special Supplemental Nutrition Program for Women, Infants and Children.
- ✔ Gather data on prevalence of ACEs. Inquire about the use of ACEs in your state's [BRFSS](#). Consider adding the ACEs and resilience scales in consumer needs assessments or other surveillance projects (such as the Medical Monitoring Project or National HIV Behavioral Surveillance). If using an ACEs scale in surveys, provide reasoning and explanation of how information will be used and include referrals and resource information.
- ✔ Read about the impact of trauma within PLWH and HIV services in peer-reviewed journals.
- ✔ Assess for burnout and vicarious trauma within the workforce, using instruments such as the [Professional Quality of Life scale](#). Ensure supervision is trauma-informed and that [self-care](#) is regularly being discussed in staff supervision.
- ✔ Assess client experiences with your agency through the use of a tool like this [client feedback survey](#).



Hawaii's RWHAP Part B Program added the ACEs module to their 2018 consumer needs assessment. They plan to compare the responses they receive to the results of their state's BRFSS data and incorporate trauma-informed approaches accordingly.



How to Flourish in Social Work

Preserving personal longevity and happiness, relationships, and your career

COMMON AILMENTS

"A feeling of depletion leads to dysfunction... a [Social Work] practitioner becomes increasingly 'inoperative'."



BURNOUT



COMPASSION FATIGUE



SECONDARY TRAUMATIC STRESS

STEPS TO SELF-CARE

Self-care refers to selected actions that restore balance in our personal and professional lives.

Not just an add-on activity, self-care is also a state of mind through development of self-awareness, self-regulation, and self-efficacy.



EXERCISE

Light **3 DAYS** exercise **A WEEK** improves happiness by **10-20%** increases work productivity by **15%**



MEDITATE

50% reduction in overall psychiatric symptoms
70% decrease in anxiety
44% reduction in common medical symptoms



READ

A new trend in treatment of mental illness; boosts creativity and activates sensory areas of the brain.



GREENSPACE

Having **OVER 30%** of green space in your surroundings is recommended for **healthy cortisol levels**.



LAUGH

Laughter strengthens the immune system, boosts energy and diminishes pain. Children laugh over **300 times** per day. The typical adult chuckles **15 times** per day.



TIME OFF

30% of employees use their vacation time, which leads to better quality sleep, decreased stress and improved mood.



EAT WELL

Omega-3 fatty acids improve learning and memory and fight mental disorders. Carbohydrates aid in the release of endorphins.



SLEEP

The CDC currently classifies insufficient sleep as a public health epidemic. Sleep restores cognitive functions.



For a self-care starter kit, please visit <http://www.socialwork.buffalo.edu/students/self-care>

Alman, E. E., Papp, C. R., & Roseman, J. A. (2000). The consequences of work-related stress on mental health. *Journal of Occupational Health Psychology, 5*(1), 20-30.
Baker, A. J. (2000). *Stress and the human mind: A practical guide to stress management*. London, UK: Sage.
Centers for Disease Control and Prevention. (2010). *Stress management: A practical guide to stress management*. Atlanta, GA: U.S. Department of Health and Human Services.
Holtgraves, T., & Tesser, A. (1994). The effects of self-regulation on the experience of stress. *Journal of Personality and Social Psychology, 67*(1), 1-11.
National Health Service. (2010). *Stress management: A practical guide to stress management*. London, UK: U.S. Department of Health and Human Services.
National Sleep Foundation. (2010). *Stress management: A practical guide to stress management*. London, UK: U.S. Department of Health and Human Services.
National Stress Management Association. (2010). *Stress management: A practical guide to stress management*. London, UK: U.S. Department of Health and Human Services.
National Stress Management Association. (2010). *Stress management: A practical guide to stress management*. London, UK: U.S. Department of Health and Human Services.

Source:
<http://socialwork.buffalo.edu/resources/self-care-starter-kit/how-to-flourish-in-social-work.html>



Foundational Knowledge

All staff benefit from having fundamental knowledge of trauma-informed approaches. Training all staff helps form a common language within an organization and demonstrates a commitment to creating a sensitive, safe, and welcoming environment for service recipients and the workforce.

CONSIDERATIONS

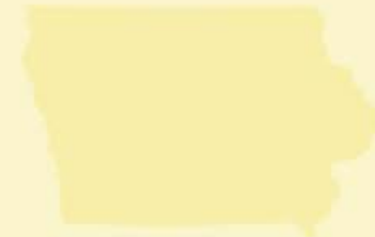
- ⊕ Train all staff including reception, billing, management, support staff, volunteers, board members, and direct providers. The frequency and availability of foundational training and education should reflect the needs of the agency. Trainings, webinars, videos, books, and discussion groups could include the following content:
 - The ACEs study
 - The prevalence and impact of trauma among PLWH
 - A basic understanding of the neurobiology of trauma
- Issues of power, oppression, and micro-aggression
- Historical, collective, and intergenerational trauma
- [Guiding principles of trauma-informed care](#)
- Role and benefit of peer support services
- Trauma in the HIV workforce and vicarious trauma
- Motivational interviewing techniques

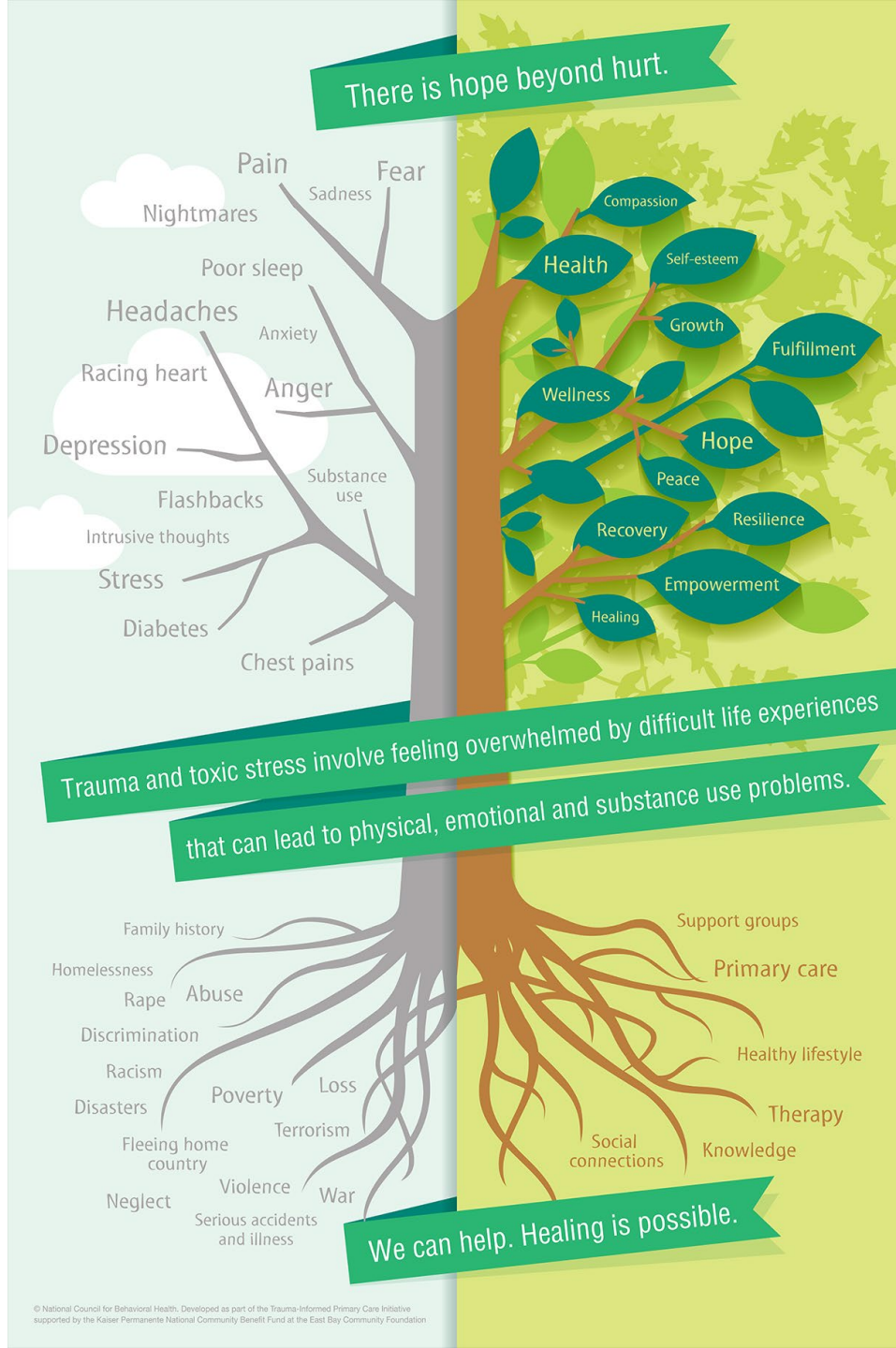
ACTIONS

- ✓ Provide a kick-off training for all staff within your continuum or agency. Especially consider providing trauma-related education to new employees as part of the hiring and onboarding process. There are many people across the country who provide trauma-related trainings — ask other agencies (via [ACEs Connections](#)) who are implementing trauma-informed approaches for recommendations.
 - Additional training might be needed for supervisors or persons in direct care positions.
- ✓ Incorporate trauma-related content into ongoing training. Consider existing webinars, videos, and Ted-Talks (see [resources](#)).
- ✓ Start a monthly lunch-time book club with staff. Consider books such as: *The Body Keeps the Score* by Bessel van der Kolk, *Destroying Sanctuary: The Crisis in Human Service Delivery Systems* by Dr. Sandra L. Bloom, *Childhood Disrupted* by Donna Jackson Nakazawa, or *Trauma Stewardship* by Laura van Dernoot Lipsky.
- ✓ Build knowledge among clients. [Distribute posters, infographics, and other client-specific information](#) about the impact of trauma on health outcomes.



Iowa's RWHAP Part B Program requires all case management providers to complete the [Trauma-informed Excellence \(TIE\) Series](#) offered by the ColdSpring Center. They incorporated this requirement into agency sub-contracts. Through use of discussion guides, and online and In-person trainings, the TIE Series gives organizations the knowledge and skills needed to fully integrate the trauma-informed approaches into day-to-day operations.





© National Council for Behavioral Health. Developed as part of the Trauma-Informed Primary Care Initiative supported by the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation.

Source:
https://www.thenationalcouncil.org/trauma-informed-primary-care-initiative-learning-community/#foobox-1/0/TIPCI-Poster_Final.png



Agency Readiness

Implementing trauma-informed approaches requires a commitment from agency leaders and staff. Individuals within the organization must believe trauma-informed care is needed, appropriate, and possible given the service setting and circumstances. Readiness, in terms of psychological (attitudes, values, and beliefs), skills and knowledge, and structural factors (infrastructure, policies, and procedures), is important to consider if trauma-informed approaches are to be embraced and sustained.

CONSIDERATIONS

- 🕒 Reflect trauma-informed care principles in your mission, vision, and strategic plan.
- 🕒 Identify resources to support trauma-informed efforts.
- 🕒 Support continuing education and training.
- 🕒 Assess for organizational readiness for change.

ACTIONS

- ✅ Set aside time to review your mission, vision, strategic plan, and other guiding documents, such as your jurisdiction's integrated prevention and care plan. Ensure that commitment to trauma-informed approaches is reflected.
- ✅ Review budgets to ensure adequate resources for training and technical assistance are identified.
- ✅ Use RWHAP funding, including ADAP rebates. Trauma-informed efforts can be addressed through RWHAP quality management or administration as well.
- ✅ Add trauma and resilience related expectations to position descriptions. Include trauma-related questions in interviews with new staff and invite clients to participate on interview panels.
- ✅ Research and apply for trauma-specific funding made available through the [National Institutes of Health](#), [SAMHSA](#), and private foundations.
- ✅ Ensure commitment to trauma-informed approaches is clearly stated within contracts with direct service providers.
- ✅ Consider creating a trauma-informed policy and procedures for direct service providers, such as these [policy](#) and [procedures](#) from Oregon's Addictions and Mental Health Division.
- ✅ Within a direct service setting, consider commitment to "universal precautions" whereby one assumes that all persons presenting for HIV-related services have experienced trauma and toxic stress. Ensure this commitment is stated within agency standards or policies.
- ✅ Assess for your agency's readiness to fully incorporate trauma-informed approaches through [one of many existing tools](#).



Oregon's RWHAP Part B Program includes language in their [case management standards of service](#) declaring their program's commitment to trauma-informed services.



I. Supporting Staff Development

A. Training and Education	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
Staff at all levels of the program receive training and education on the following topics:						
1. What traumatic stress is.						
2. How traumatic stress affects the brain and body.						
3. The relationship between mental health and trauma.						
4. The relationship between substance use and trauma.						
5. The relationship between homelessness and trauma.						
6. How trauma affects a child’s development.						
7. How trauma affects a child’s attachment to his/her caregivers.						
8. The relationship between childhood trauma and adult re-victimization (e.g., domestic violence, sexual assault).						
9. Different cultures (e.g., different cultural practices, beliefs, rituals).						
10. Cultural differences in how people understand and respond to trauma.						
11. How working with trauma survivors impacts staff.						
12. How to help consumers identify triggers (i.e., reminders of dangerous or frightening things that have happened in the past).						



Process & Infrastructure

Integrating trauma-informed approaches at the department, organizational, or clinic levels takes time and requires commitment and dedication. A process that supports these ongoing efforts through policy and practice is imperative.

CONSIDERATIONS

- ⊕ Support internal leadership and/or champion(s) to integrate trauma-informed approaches.
- ⊕ Sub-contractors can lead training, coaching, assessment, and ongoing monitoring and evaluation.

ACTIONS

- ✓ Identify a [workgroup\(s\)](#) to shepherd this effort. Consider capacity and appropriateness of existing teams, such as a quality management team, employee satisfaction or wellness committee, safety committee, consumer advisory board, or racial equity workgroup.
 - Should be representative of the organization or program
 - Consider incorporation of consumers or client voice, people with lived experience
- ✓ Ensure membership on workgroup is representative of the agency and includes staff from different levels and programs. If using an existing group, new people may need to be invited, and meeting schedules need to be adjusted to ensure everyone can regularly attend. If working in a state health department, you might consider staff from your ADAP and Housing Opportunities for Persons with AIDS (HOPWA) programs, and other RWHAP recipients around your state. Within a clinic or AIDS service organization, you might include managers, intake staff, nurses or other medical providers, case managers, and janitorial or administrative staff.
- ✓ Workgroup members should be responsible for the following:
 - Serve as trauma champions within the organization.
 - Assess the agency for current trauma-informed approaches.
 - Prioritize and recommend opportunities for trauma-informed approaches.
 - Communicate progress to the rest of the agency.
 - Create opportunities to gather feedback.
- ✓ Create or revise (if incorporating into existing workgroup) a charter that identifies:
 - Membership representation
 - Roles and responsibilities of membership
 - Purpose of group
 - How decisions are made (e.g., consensus or voting)
 - Length of commitment
 - Process for note taking, facilitation, and agenda planning



In 2014, to better coordinate and share trauma-related approaches across the health department, Iowa's HIV Bureau joined the substance use, nutrition, cancer, tobacco, early childhood development, and refugee health bureaus to convene an inter-agency trauma-informed workgroup. The group meets quarterly to discuss strategies and approaches being implemented across the state health department. Additionally, utilizing a mixture of federal, state, and rebate funds, the RWHAP Part B Program hired a full time TIC Coordinator. The coordinator serves to align and facilitate their multi-prong approach to be a trauma-informed agency, including facilitating the inter-agency workgroup, supporting state-wide efforts to align trauma-informed work, and facilitating discussions for HIV bureau (prevention and care) sub-recipients around implementation of TIC.



Trauma Informed Care Workgroup Meeting Guidelines

As TIC Workgroups form and begin to gather information, identify opportunities, set priorities for change, and propose solutions, there are a number of considerations that can help keep the process on track. We recommend using or adapting some of the questions below to set guidelines for Workgroup meetings.

- 1) Are enough people in the meeting, with enough diversity in roles and responsibilities, to ensure we are representing different experiences and points of view?
 - a. If not, what is our plan to remedy this?
 - b. Are we able to move forward anyway, and if so, with what considerations?

- 2) Are we using a trauma informed process as we make decisions in this meeting?
 - a. Is our process inclusive (making sure everyone in the room has a chance to be heard and that the discussion is not dominated by one or two members)?
 - b. Are we spending enough time processing different views and perspectives?
 - c. Have we openly discussed issues of safety and power; do we have a plan to make this process as safe as possible for all?



Gather Information & Identify Opportunities

A trauma-informed assessment is critical for agencies to identify opportunities for trauma-informed approaches, to highlight current trauma-informed practices, and to measure progress in implementation.

CONSIDERATIONS

⊕ Methods to gather information:

- **External or internal:** Who will lead the process for gathering information? Someone from outside the organization (i.e., an external consultant) or internal staff?
 - External consultants can offer useful expertise and guidance. Their neutrality is a benefit when gathering information. However, there will likely be a cost associated with an external consultant.
 - Internal staff can efficiently and effectively gather information because they understand the inner workings of the agency. Lack of neutrality is a consideration as well as staff capacity. Adding this task to full workloads can be challenging.
- **Informal or formal process:** Agencies may choose to use an existing assessment instrument or conduct a more informal process.
 - Formal Process: Some instruments are tailored specifically to certain domains such as child welfare or mental health services. Using this type of instrument will help ensure considerations are specific to the field. Other tools, such as the [Standards of Practice](#), provide categories in which to consider trauma-informed practice, more generally. While this tool isn't specific to a field, it is flexible and can be adapted for different settings.

- Informal Process: An agency can engage in an informal process to identify opportunities for trauma-informed approaches and current practices. This information can be gathered during trainings, at regular staff meetings, and using comment boxes or internal surveys

⊕ Focus areas when collecting information:

- A program within the agency (e.g., counseling or emergency assistance program)
- A location or site (e.g., courtroom, mobile unit, or housing site)
- A point in time for service recipients or staff (e.g., agencies may focus specifically on intake or new hire onboarding)
- ⊕ Be transparent about the feedback received with the entire organization on the results of this assessment and the resulting next steps.
- ⊕ Ensure perspectives of persons with lived experience or recipients of services are incorporated into the assessment.



Oregon's RWHAP Part B Program used [Trauma-informed Oregon's Standards of Practice](#) to complete an assessment. Both leadership and administrative support from a variety of programs, including ADAP, HOPWA-funded housing, and case management participated. After completion, a work plan was created and implemented. One early outcome resulted in improvements made to the ADAP lobby. While most ADAP clients receive phone-based services, for the few who come to the office, reduced clutter, framed artwork, directions to gender neutral restrooms and adjusted lighting were well received. A small work group took on the project and implemented a satisfaction survey to receive feedback from clients about the changes.

Trauma-Informed Organizational Self-Assessment

Please complete the assessment, reading each item and rating from strongly disagree to strongly agree based on your experience in the organization over the last year. Use your initial impression: **Remember you are evaluating the agency not your individual performance.**

Agency/Program: _____ Today's' Date: _____

Name of Staff (optional): _____

I. Supporting Staff Development

A. Training and Education	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
Staff at all levels of the program receive training and education on the following topics:						
1 What traumatic stress is.						
2 How traumatic stress affects the brain and body.						
3 The relationship between mental health and trauma.						
4 The relationship between substance use and trauma.						
5 The relationship between homelessness and trauma.						
6 How trauma affects a child's development.						
7 How trauma affects a child's attachment to his/her caregivers.						
The relationship between childhood trauma and						



Prioritize & Create a Work Plan

The application of trauma-informed approaches will vary from setting to setting. Because it becomes part of an organization's culture and approach to service delivery, agencies will prioritize opportunities reflecting their own circumstances and environments. Identifying a method for prioritizing these opportunities and developing a work plan will help an agency move forward without becoming overwhelmed by the possibilities. Whether these are micro-level changes that involve individual practice, or meso- and macro-level changes that target policy and practice of an organization or community, it is important to build support. It's not uncommon for change to be met with resistance, however, the following considerations can help ensure that trauma-informed changes are adopted and sustained.

CONSIDERATIONS

Methods for prioritization include:

- ☉ Choose one of the [TIC Principles](#) for initial efforts. For example, many agencies prioritize issues of safety as the concrete aspects of physical safety in a service setting can be an easy place to start.
- Pick the “low hanging fruit” — starting with what is easiest to change or will make the biggest difference for service recipients and staff.
- Identify efforts that are high impact and low cost.
- Identify current practices that will have a negative impact, if not addressed.
- Use data from an assessment for guidance.

ACTIONS

- ✔ Set aside time to review results from your assessment. Discuss areas where you are doing well and areas where you would like to improve.
- ✔ Identify a few areas where you'd like to improve. Brainstorm strategies and activities needed to achieve improvement.
- ✔ Create a work plan. Organizing the areas for opportunity in a [spreadsheet](#) provides an easy method for keeping track of possible solutions, next steps, responsible party(ies), and measures for change.
- ✔ When appropriate, integrate strategies and activities into your integrated HIV prevention and care plans.
- ✔ Consider changes to policy and practice through the lens of TIC Principles.



New Jersey's RWHAP Part B Program hired external consultants to facilitate the implementation of their trauma-informed approach. Through this avenue, they engaged health department staff, sub-recipient agency leadership, as well as HIV-service providers to develop a plan over the course of two regional meetings and subsequent web conferences. The plans and preparations included the following: vision and plan for integration; development of policies and procedures; establishment of performance measures and data collection processes and systems; documentation and clinical quality improvement; plan for staff roles, responsibilities and skills training; intervention selection and training plan; financial considerations and reimbursement; referral and tracking between HIV provider and CBO sites; preparing the service environment; and, preparing for and managing change.

ACTION PLAN WORKSHEET

Using the Action Plan

The action plan is expressed in terms of goals, objectives, and activities with expected results. It includes a target date for each activity, a description of key resources needed, and establishes accountabilities. A carefully designed and well-written action plan provides a solid basis for project evaluation.

GOAL STATEMENT

Begin with your goal. This is a broad statement of what you hope to accomplish and your approach. The statement includes two parts: a “to” and a “by or through” phrase. The “to” portion refers to what you hope to accomplish and the “by or through” phrase summarizes the approach you will take to accomplish the goal.

Ex. To decrease the percentage of Badger County residents that are overweight or obese by increasing physical activity options and healthier food choices.

OBJECTIVES

Next, write your objectives. These are specific and measurable end-products of the intervention often expressed in terms of changes in behavior, norms, knowledge, attitudes, capacities, or conditions. You might have one or multiple objectives outlined for your goal. Always make sure that your objectives are SMART: Specific, Measurable, Attainable, Realistic, Time-bound. [How to Create SMART Goals Using a Tree Diagram](#) and the [Tree Diagram template](#) (PDFs from SMART *Learning Systems*) may help you graphically create and organize measurable objectives with specific targets.

Ex. By March 30, 2013, Badger High School will adopt a healthier vending policy, with 100% of options meeting adopted nutritional standards.



Implement & Monitor

After an organization has gathered information and prioritized needs, the next step is to implement the work plan (new or modified strategy, policy, or practice) while simultaneously monitoring the impact. Although the lack of validated evaluation tools is a limitation of trauma-informed approaches, assessments provide process-based measures for consideration. The following can help an organization define this process to fit their mission and population.

CONSIDERATIONS

⊖ Pilot ideas

- Trauma-informed approaches result from small adjustments and large changes, so be encouraged to attempt any opportunity for improvement.
- Solicit feedback about how it worked.
- Be transparent with implementation plans and be willing to modify or toss ideas that don't work.
- Set a reasonable timeframe outlining when you will decide to modify, keep, or toss a new strategy.

⊖ Promote innovation

- Encourage proposals for trauma-informed practices from all staff.
- Create an environment where all ideas are welcome.
- ⊖ Consider options for outside expertise when it comes to both implementing and monitoring the activity.
 - Weigh the pros and cons of various options and consider the amount of technical assistance needed with the time commitment and cost.

ACTIONS

✓ Keep trauma and trauma-informed approaches on the minds of staff.

- Report out at meetings about new practices or happenings.
- Ask staff for examples of trauma-informed approaches they've witnessed during meetings or staff supervision.
- Ask about situations that could have been more trauma-informed.
- Ask staff to reflect on something they have learned about trauma since the last meeting or supervision.

- Conduct a photo voice activity, asking staff or clients to take pictures of examples of trauma-informed communications or environments.
- In advance of need, create formal partnerships with wrap-around services in your community and create a process to support warm referrals (e.g., shelter, domestic violence advocacy organizations).
- ✓ Consider adding trauma-informed happenings to newsletters or bulletin boards.
 - Share successes (e.g., some organizations do 'shout outs' to each other either anonymously, or directly during meetings).



New Jersey's RWHAP Part B Program contracted with external consultants to support implementation of TIC at sub-recipient agencies. This includes the development of a monitoring and evaluation plan that will measure reaction, satisfaction, and assess changes in organizational characteristics and knowledge, skills, and attitudes of HIV providers and supportive service staff in implementing a TIC approach. Additionally, at the start and end of the 12-month training period for sub-recipients, participants will be asked to complete pre/post surveys that assess changes in knowledge, skills, and attitude. The findings from these evaluations will be used to improve and adjust New Jersey's trauma-informed approaches.



Our organization _____ wants to make sure that we provide you with quality services in a way that works for you. Please answer the questions as you honestly feel. Your feedback will help us improve our services. Thank you!

1. I am asked about any stressful life experiences that may harm my health and emotional wellbeing.

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

2. I feel comfortable sharing my past and current stressful experiences with at least one staff person in this program.

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

3. I am confident that the staff won't pressure me to reveal any personal information I do not want to share.

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

4. I am given information about how my stressful life experiences may affect my overall health.

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

5. I am encouraged to express my honest opinions about the program including my dissatisfactions and disagreements.

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

6. All the employees in the program are friendly and helpful.



Celebrate & Maintain

As agencies pilot and implement trauma-informed changes, it is important to maintain commitment and momentum towards this cultural change through communication and celebration.

CONSIDERATIONS

- ⊕ Promote change
- ⊕ Be trauma-informed when changes warrant staff training and skill-building
- ⊕ Be bold – but know when to discontinue an effort
 - Courage is needed in both your commitment to try things out and your commitment to stop doing what is not working. Continuing ineffective or costly change efforts erodes staff trust and commitment, thereby defeating the purpose of trauma-informed approaches.

ACTIONS

- ✓ Host a kick-off event for big changes.
- ✓ Introduce smaller changes in all-staff meetings or newsletters.
- ✓ Keep all staff in the loop (even those not directly affected), as this will promote trust and buy-in. Be transparent about who is involved in the change, how they will be affected, and the timeline for adoption.
- ✓ Balance new training with current workload and staffing levels.
- ✓ Allocate resources to ensure change is sustained. When a change has been abandoned, be transparent and explain the “why” to staff and others.
- ✓ Collaborate with other RWHAP Parts in your state. Share this toolkit and invite them to a learning collaborative.

STATE EXAMPLE WASHINGTON & IOWA

In 2018, Washington and Iowa's RWHAP Part B Programs organized an in-person retreat to learn from one another's trauma-informed approaches. While Iowa has facilitated extensive trauma-related training for HIV providers, Washington has a strong peer-based delivery service, both of which are demonstrations of trauma-informed principles.



CONTACT INFORMATION

Mahelet Kebede, MPH

Senior Manager, Health Care Access

202.897.0086 | mkebede@NASTAD.org

Connect with us: [LinkedIn](#) | [Facebook](#) | [Twitter](#) | [YouTube](#)

NASTAD | 444 North Capitol Street NW, Suite 339 | Washington, DC 20001 |

NASTAD.org