# Whitepaper:
# Implementing Trauma-Informed, Resilience-Oriented, & Equitable Care (TIROE) in Healthy Start

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# Introduction

## The Evolution from Trauma-Informed Care to TIROE in Healthy Start

Healthy Start (HS) is a community-based federal program seeking to eliminate disparities in infant mortality and perinatal outcomes by working to improve systems of community care in communities with infant mortality rates at least 1.5 times the U.S. national average. Due to historical trauma (e.g., slavery, forced relocation and assimilation) and structural inequalities (e.g., racial and economic segregation), HS communities are disproportionately impacted by trauma in the form of racism and discrimination, lack of affordable housing, community violence, etc. Over the past several years, this complex trauma has been exacerbated by multiple widespread crises, including the COVID-19 pandemic and the nation's ongoing racial injustice and social and political unrest.

In response, the Health Resources and Services Administration's (HRSA) Center of Excellence for Behavioral Health (COE for BHTA) hosted an 8-month Trauma-informed Care (TIC) Community of Practice (CoP) for HS grantees in 2020. After the conclusion of this training, HRSA engaged the HS TA & Support Center (TASC) to provide TIC "follow-on technical assistance" to the HS grantees who participated in the original CoP. The TASC provided this TA from September 2020 through January 2021. HRSA also awarded the TASC supplemental funding to launch a second CoP in Spring 2021. The COE for BHTA shared a report outlining lessons learned from the TIC CoP with the TASC. Additionally, TASC hosted a Virtual Alumni Gathering for the TIC CoP participants in January 2021 to gather feedback and identify additional lessons learned.

Using this information, the TASC worked in partnership with Linda Henderson Smith, an External Consultant with the National Council for Mental Wellbeing, to design the curriculum for a new CoP: the Trauma-informed, Resilience-oriented, and Equitable Care Community of Practice (TIROE CoP). The TIROE CoP intentionally infused equity into TIC principles and practices, in an effort to target the intersection between structural inequities and trauma. The CoP consisted of 10 monthly virtual learning sessions; five individual team coaching calls; and monthly team meetings, which were held between May 2021 and February 2022. Ten HS grantees participated in the TIROE CoP.

## Overview: Implementing TIROE Principles & Practices in Healthy Start & Other MCH Programs

This whitepaper was designed to support HS projects – and other MCH programs – in adopting and implementing TIROE principles and practices, in an effort to strengthen and enhance service delivery, improve consumer and staff engagement and retention, and advance equity within their communities. The whitepaper will directly speak to "HS programs," "HS staff," and "HS families and communities." That said, TIROE principles and practices are applicable to MCH programs in general, and can be implemented in diverse settings from primary care offices, to community-based organizations, to schools, and beyond. We encourage anyone who works with women, infants, fathers, and families to explore the information and resources shared throughout the whitepaper.

Due to historical trauma (e.g., slavery, forced relocation and assimilation) and structural inequalities (e.g., racial and economic segregation), HS communities are disproportionately impacted by trauma in

the form of racism and discrimination, lack of affordable housing, community violence, etc. Over the past several years, this complex trauma has been exacerbated by multiple widespread crises, including the COVID-19 pandemic, the nation's ongoing racial injustice, and social and political unrest worldwide. As a result, HS families and staff have a significant need for mental and behavioral support. In response, the whitepaper synthesizes the key takeaways from the TIROE CoP and aims to build grantee readiness to implement TIROE principles and practices in order to more equitably serve consumers and build their resilience. For example, the TIROE CoP educated staff on creating a safe and secure environment for consumers; engaging with and documenting with consumers who have experienced trauma; and care coordination, motivational interviewing, and other specialized care. The TIROE activities also address staff's needs, including advancing equity among the HS workforce and improving staff engagement and retention. For example, each HS project that participated in the TIROE CoP worked to develop internal HR policies and practices to address staff trauma and foster self-care; implement strategies to address staff burnout and prevent secondary trauma; and obtain leadership buy-in and resolve staff conflict.

This whitepaper provides a synthesis of these core TIROE principles and practices, citing relevant resources for further exploration. We hope that this information supports projects in strengthening and enhancing their workforces' capacity to address their community's complex trauma, promote equity, and provide trauma-informed and resilience-oriented care to women, infants, fathers, and families.

## Foundations of Trauma-Informed, Resilience Oriented, and Equitable Care (TIROE)

### Goal of TIROE

Trauma-Informed, Resilience-Oriented and Equitable Care (TIROE) aims to recognize the impact of trauma on many women, infants, fathers, and families, and highlights the power of resilience and equitable care to support communities in healing and thriving. Trauma-informed, resilient-oriented and equitable teams are better equipped and positioned to:

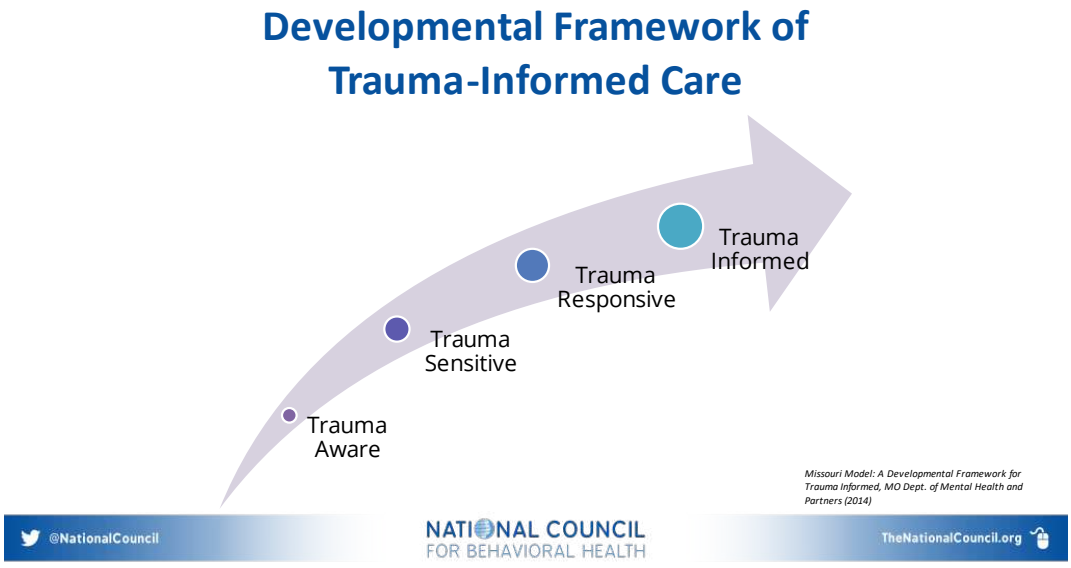
- Build engaging habits
- Support the demands of this work
- Mitigate risk of burn out and vicarious trauma
- Enhance the commitment of staff
- Strengthen the competency of all within the program

Due to historical trauma (e.g., slavery, forced relocation and assimilation) and structural inequalities (e.g., racial and economic segregation), many Healthy Start communities are disproportionately impacted by trauma in the forms of racism and discrimination, lack of affordable housing, community violence, etc. Over the past several years, this complex trauma has been exacerbated by multiple widespread crises, including the COVID-19 pandemic and the nation's ongoing racial injustice and social and political unrest. Given this, Healthy Start and other maternal and child health (MCH) programs working with families of color are uniquely positioned to embed TIROE in all aspects of the care, support, and services they provide.

**The Impact of Trauma: A Look at the Numbers**


*Source: In Mears, C. L., Reclaiming School in the Aftermath of Trauma: Advice Based on Experience. Paigrave Macmillan, 2012*

Providing trauma-informed care – as outlined by the National Council for Mental Wellbeing (previously the National Council for Behavioral Health) – begins with being trauma aware, trauma sensitive, and trauma responsive.




*Source: Missouri Model: A Developmental Framework for Trauma Informed, MO Dept. of Mental Health and Partners (2014)*

The first step in the journey to achieving a TIROE culture is to develop a shared understanding of key terms around trauma, resilience, and equity. This understanding will provide a solid foundation for the remaining steps towards implementing TIROE principles.

## Key Definitions

**Equity**

McKinsey & Company define equity as fair treatment for all people, so that the norms, practices, and policies in place ensure identity is not predictive of opportunities or workplace outcomes. It is important to note that equity is different from equality. Equality assumes that all people should be treated the same. Equity takes into consideration a person's unique circumstances, adjusting treatment accordingly so that the end result is equal.[i]

The Centers for Disease Control and Prevention (CDC) defines *health equity* as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities. [ii iii]

**Trauma**

According to the Substance Abuse and Mental Health Services Agency (SAMHSA), individual trauma has three components. An event, series of events, or set of circumstances that is 1) experienced by an individual as overwhelming or lifechanging and 2) has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.[iv]

Trauma is subjective. If someone experiences something as traumatic, it is traumatic, whether anyone else views it that way or not. Trauma shapes our beliefs. It impacts the way we view our world, our spirituality, and ourselves. Trauma can create a feeling of being unworthy, a feeling of being unsafe, and a feeling of intense fear and the need for power and control.

**Intergenerational Trauma**

Intergenerational trauma, formerly referred to as historical trauma, can be historical in nature and is defined as the cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.[v] Intergenerational/historical trauma events include genocides, slavery, pandemics, massacres, prohibition/destruction of cultural practices, discrimination/systemic prejudice, and forced relocation.

When a specific cultural group or collective community (e.g., American Indian/Native Americans, First Nations Peoples; African American, Black and other people of color; immigrants and families living in poverty) experience a cataclysmic event, collective, cumulative emotional wounding occurs across generations.

Those experiencing intergenerational trauma may internalize the views of the oppressor and perpetuate a cycle of self-hatred that manifests itself in negative behaviors. When this occurs, emotions such as anger, hatred, and aggression are self-inflicted, and inflicted on members of one's own group.

**Epigenetics**

The CDC defines epigenetics as the study of how your behaviors and environment can cause changes that affect the way your genes work.[vi]

Studies have shown that trauma is held personally and passed down across generations; even those who did not personally experience the trauma are affected generations later. For example, research done in 2019 found that stress during pregnancy is one way that intergenerational trauma can be passed down.[vii]

**Systemic Trauma**

There are at least four potential sources of systemic trauma that sometime overlap. They involve threats to a collective (social) identity and include:

*Institution-Based Trauma* – Institutions (e.g., schools, work environments, hospitals, prisons) and agencies (e.g., police, foster care, the media) can have a positive or negative role in supporting, ignoring, betraying, and/or directly targeting and traumatizing victims.[viii]

*Inter-Group Conflict Based Trauma* – These traumas can involve war, oppression, torture, terrorism and forced refuge.[ix] Tools associated with intergroup aggressions are chronic racism, sexism, discrimination, homophobia, and genocide.

*Social Structural Violence-Based Traumas* – Influential majorities or dominant social structures, with their chronic control, can accept or set extreme differential boundaries between social classes and categories that can be transmitted cross-generationally.[x]

*Globalization-Based Systemic Traumas* – The emergence of globalization generated a cascade of rapid changes of macro and micro social and socio-economic stressors, resulting in global interdependence dynamics and expanding inequalities.[xi] The real-time virtual transmission of relevant and important news for individuals and groups has its gradient effects, which range from uplifting to traumatic.[xii]

The dynamics of systemic trauma can include serious chronic and acute threats to an individual's social inclusion, belonging, and both personal and collective existential identity.[xiii] These dynamics include:

*Social Exclusion and Rejection Dynamics* – The desire for inclusion and belonging to groups (e.g., institutions and social systems) is a fundamental human motivation and a core human need.[xiv] Ostracism, social rejection, and betrayal threaten this primary human need for belonging, control, self-esteem, and a meaningful existence.

*Linear and Non-Linear Cumulative Dynamics* - Because most systemic traumas are chronic, their cumulative trauma load is unique and can have serious physical and mental health consequences. When enough stress and trauma accumulates, it outweighs protective factors and crosses the threshold of an individuals' stress tolerance. This is when cumulative trauma disorders develop.

*Intersectionality of Systemic Traumas* – A particularly key dynamic for Healthy Start communities is the intersection of different systemic traumas that target identity (e.g., discrimination and oppression). The effects of interlocking systems of oppression on an individual's life transcend the experiences of each.

*Identity Annihilation Anxiety Related to Systemic and Identity Traumas* – Because systemic traumas are existential identify-based traumas, they may foster identity-related annihilation anxiety, which is a fear of one's existence ending through death, disappearance, fragmentation, going "crazy", complete loss of self, etc.

**Intersectionality**

Kimberlé Williams Crenshaw – an American civil rights advocate and a leading scholar of critical race theory – coined the term intersectionality as a way to think about the complex, cumulative way in which the effects of multiple forms of discrimination (e.g., racism, sexism, classism) combine, overlap, or intersect, especially in the experiences of marginalized individuals or groups.[xv]

**Microaggressions**

Microaggressions are everyday experiences of discrimination, racism, and daily hassles that target individuals from diverse racial, ethnic, and cultural groups.[xvi]

**Implicit Bias**

Implicit bias includes attitudes, stereotypes and beliefs that can affect how we treat others. Implicit bias is not intentional, but it can still impact how we judge others based on factors such as race, ability, gender, culture, and language.[xvii]

**Toxic Stress**

Stress is a normal part of life, as is responding to it. When an individual is under stress, their heart beats faster, their blood pressure increases, and they experience a surge in stress hormones, including adrenaline and cortisol. Typically, this stress response lasts for a brief period of time until the stressor ceases. However, in a chronically stressful environment, the body's stress response is continually activated. When this happens, there is very little relief from the surge of hormones and the increase in heart rate and blood pressure. This stress becomes toxic and can cause dramatic changes in the brain.[xviii] When a person perceives danger, the lower parts of the brain overrides the prefrontal cortex, the hippocampus is shut down, and emotions take over. When exposed to toxic stress, an individual can become stuck in this heightened state of vigilance.

**Triggers**

A trigger is a stimulus, which can be brought on by external or internal reminders. External reminders can include smell, sound, sight, touch, and taste, while internal reminders are emotions and thoughts. Triggers can be both positive and negative. Negative triggers are stimuli that set off a memory of a trauma or a specific portion of a traumatic experience. When this happens, the body might feel all of the sensations that were felt at the time of the event.[xix]

**Loneliness**

Loneliness is the subjective experience in which a person feels solitary. Loneliness is a common human emotion, and when short-lived, it can have minimal impacts. However, persistent and pervasive feelings of isolation can be harmful, impacting physical health (e.g., cardiovascular problems, premature death) and mental health (e.g., anxiety, depression, suicidality). Loneliness is also often associated with poor coping mechanisms, such as smoking and self-harm.[xx]

**Adverse Childhood Experiences (ACES)**

According to the CDC, Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Studies have shown that toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. The good news is that ACES can be prevented. This requires us to change how people think about the causes of ACEs and who could help prevent them. We must shift the focus from individual responsibility to community solutions; reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts; and promote safe, stable, nurturing relationships and environments where children live, learn, and play.[xxi]

**Trauma and Addiction**

Trauma is a risk factor for substance misuse and substance misuse is a risk factor for trauma. Individuals who are already misusing substances may be less able to cope with a traumatic event, as a result of the functional impairments associated with the substance misuse.[xxii]

**Resilience**

Resilience is defined as the ability to adapt well to stress, adversity, trauma, or tragedy.[xxiii] The interrelated components of resilience are:

- Emotional regulation: The ability to control emotions, attention, and thus behavior.
- Reaching out: The continued drive to take on more challenges and opportunities.
- Empathy: The ability to reach others' behaviors and build relationships.
- Impulse control: The ability to manage expression of feelings.
- Realistic optimism: Being positive and realistic about the future.
- Accurate identification of the cause of the adversity
- Self-efficacy: The sense that we can solve problems and be successful.

The building blocks of equitable resilience include:[xxiv]

| | | | | |
|---|---|---|---|---|
| Heading off trouble with a resiliency mindset | → | Critically configuring concrete resilience practices and steps | → | Creating and reinforcing mechanisms that support resilience |

## Elements of TIROE

TIROE is composed of the six key values of trauma-informed care established by SAMHSA, combined with a lens that grounds this approach in equity.[xxv] These key values include:

1. **Safety:**
   Throughout the organization, the staff, women, and families they serve feel physically and psychologically safe. The physical setting is safe and interpersonal interactions promote a sense of safety.

2. **Trustworthiness & Transparency:**
   Organizational operations and decisions are conducted with transparency. The goal is to build and maintain trust among consumers, their families, and staff, and others involved in the organization.

3. **Peer Support:**
   Trauma-informed peer support and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing empowerment.

4. **Collaboration & Mutuality:**
   There is true partnering and leveling of power differences between staff and consumers, as well as among organizational staff, from direct care staff to administrators. There is recognition 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; one does not have to be a therapist to be therapeutic.

5. **Empowerment Voice & Choice**
   Throughout the program and among the consumers served, individuals' strengths are recognized, built upon, and validated, and new skills developed as necessary. The organization fosters a belief in resilience and in the ability of individuals, programs, and communities to heal and promote recovery from trauma. It builds on what consumers, staff and communities have to offer, rather than responding to their perceived deficits. The program aims to strengthen the consumers', family members', and staff members' experiences of choice and recognize that every person's experience is unique.

6. **Cultural, Historical & Gender Issues**
   The program addresses cultural, historical, and gender issues and actively moves past cultural stereotypes and biases, offers gender responsive services, and promotes the value of cultural connections.

**The Equity Lens**

Without an equity lens, traditional trauma-informed care fails to recognize the complex trauma that communities of color face, including historical and intergenerational trauma, racism, and implicit bias. Without this lens, trauma-informed care cannot successfully impact the inequities and racial and ethnic disparities that persist throughout MCH. The purpose of TIROE care is to build upon the existing trauma-informed care framework and infuse it with the following lens to ensure the experiences, realities, and needs of the families of color are understood and actively addressed.

The following assumptions help us grapple with how and why oppression continues to play out in programs and agencies that are staffed with good, well-intentioned people. Inequitable, racialized outcomes do not require racist actors. A person can be committed to the care, well-being, and success of a child and their family and still, unconsciously, participate in systemic oppression.

Oppression and injustice are human creations and phenomena, built into our current economic system, and therefore can be undone.

↓

Oppression (e.g., racism, colonialism, class oppression, patriarchy, homophobia) is more than just the sum of individual prejudices. Its patterns are systemic and therefore self-sustaining without dramatic interruption.

↓

Systemic oppression exists at the institutional level (through harmful policies and practices) and across structures (e.g., education, health, transportation, economy) that are interconnected and reinforcing over time.

↓

Systemic oppression has historical antecedents. We must face our national legacy and current manifestations of racism and economic inequality in order to transform them.

↓

Without rigorous examination, behavior is reproductive. By default, current practices, cultural norms, and institutional arrangements foster and maintain inequitable outcomes.

↓

To undo systemic oppression, we must forge multi-ethnic, multi-cultural, multi-lingual alliances and create democratic processes that give voice to new organizing systems for humanity.

↓

Addressing oppression and bias (conscious and unconscious) inevitably raises strong emotions in consumers and staff, and we must be prepared and trained to address these feelings.[xxvi]

**Cultural Humility**

Addressing cultural issues, especially through practicing cultural humility, is an essential part of TIROE. Culture is defined as the shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable.[xxvii]

Cultural humility is the ongoing engagement in a process of self-reflection, allowing individuals to:

1. examine their personal history/background and social position related to gender, ethnicity, socio-economic status, profession, education, assumptions, values, beliefs, biases, and culture, and how these factors impact interpersonal interactions.
2. reflect on how interpersonal interactions and relationships are impacted by the history, biases, norms, perception, and relative position of power of one's professional organization.

3. gain deeper realization, understanding, and respect of cultural differences through active inquiry, reflection, reflexivity, openness to establishing power-balanced relationships, and appreciation of another person's/community's/population's expertise on the social and cultural context of their own lives (i.e., lived experience) and contributions to public health and well-being.
4. recognize areas in which they do not have all the relevant experience and expertise and demonstrate a nonjudgmental willingness to learn from a person/community/population about their experiences and practices.[xxviii]

Cultural humility is practiced by:

- Asking questions in a humble, safe manner
- Seeking self-awareness
- Suspending judgement
- Expressing kindness and compassion
- Supporting a safe and welcoming environment
- Starting where the consumer is at

## Process for Adopting & Implementing TIROE

Below are the key steps of adopting and implementing TIROE care within a program. These steps are based on John Kotter's "8 Steps to Change and Experience." The remainder of this whitepaper will summarize these key steps.

1. Leadership Buy-in:
    - Gain commitment and buy-in from leadership in words and practice.
2. Developing Core Implementation Team (CIT)
    - Build consensus on the language to be used to describe TIROE.
    - Create a shared vision for the team of what you want your future state as an organization to be.
3. Promoting TIROE:
    - Assess your organization.
    - Communicate with all stakeholders for their buy-in.
    - Develop an action plan.

4. Sustaining TIROE:
    - Create a monitoring system for the plan and for improvement.
    - Finally, take action and sustain the work.

## TIROE Leadership Buy-in

> The ultimate test of practical leadership is the realization of intended, real change that meets people's enduring needs.
>
> - James MacGregor Burns

## Seven Domains of TIROE

Leadership requires the ability to mobilize resources to bring about change and galvanize people to change their ways. Implementation strategies outline specific means for adopting, integrating, and sustaining evidence-based interventions— the "how to" components of change.[xxix] The National Council for Mental Wellbeing's "Seven Domains of TIROE" serve as the implementation strategies for TIROE. These domains provide a blueprint for successful leadership, which is a reflective and active, personal learning process:

**Domain 1**: Early Screening & Comprehensive Assessment of Trauma
*Developing a respectful screening and assessment process that is routine, competently done, culturally relevant and sensitive, and revisited over time.*

**Domain 2**: Person-Driven Care & Services
*Involving and engaging people who are or have been recipients of services to play numerous roles (e.g., paid employee, volunteer, members of decision-making committees, peer specialists) and meaningfully participate in planning, implementing and evaluating improvement efforts.*

**Domain 3**: Trauma-Informed, Resilient, Educated & Responsive Workforce
*Increasing the awareness, knowledge and skills of the entire workforce to deliver services that are effective, efficient, timely, respectful and person-centered, taking into consideration that service providers also have histories of trauma.*

**Domain 4**: Trauma-Informed, Resilience-Oriented, Evidence-Based & Emerging Best Practices
*Increasing awareness, knowledge, and skills of the clinical workforce in delivering research-informed treatment services designed to address the cognitive, emotional, behavioral, substance use and physical problems associated with trauma.*

**Domain 5**: Safe & Secure Environment
*Increasing awareness, knowledge, and skills of the workforce to create a safe, trusting and healing environment, as well as examining and changing policies, procedures and practices that may unintentionally cause distress and may re-traumatize individuals.*

**Domain 6**: Community Outreach & Partnership Building
*Recognizing that individuals may be part of and affected by a larger service system, including housing, corrections, courts, primary health, emergency care, social services, education, and treatment environments such as substance use programs. Use opportunities to engage and increase the awareness of these other service providers to the principles and practices of trauma-informed care. By doing so, the program's efforts are less likely to be undermined by other parts of the system.*

**Domain 7**: Ongoing Performance Improvement
*Utilizing a systematic approach to measuring performance on each of the core trauma-informed domains. Use data to track, measure, and analyze performance improvement in order to inform*

*leadership and staff on areas needing improvement, as well as guiding the process of sustainable change.*

## Adaptive Challenges to Implementing TIROE

The single biggest failure of leadership is to treat adaptive challenges like technical problems.[xxx]

**Technical problems:**

- Are easy to identify;
- Often lend themselves to quick and easy solutions;
- Often can be solved by an authority or expert;
- Require change in just one or a few places; and
- Offer solutions that can often be implemented quickly.

Unlike technical problems, adaptive challenges are steeper in scope and intensity.
**Adaptive challenges:**

- Are difficult to identify or not acknowledged (easy to deny)
- Require changes in values, beliefs, roles, relationships, and approaches to work;
- Require that people with the problem do the work of solving the challenges.
- Require change in numerous places and usually cross organizational boundaries.
- Have solutions that require experiments and new discoveries; they can take a long time to implement and cannot be implemented by edict.

Adaptive challenges require **adaptive work**. Below are the key characteristics of this approach:

- There is a gap between the way things are and the desired state.
- There are multiple perspectives on the issue.
- New learning needs to happen.
- Behaviors and attitudes need to change.
- Old ways need to change, creating a sense of loss.
- People with the problems are key to solving the problems.
- Resistance is activated in stakeholders.
- It takes longer than technical work

## Adaptive Leadership

**The role of leadership in adaptive work is to create a context for learning and support so that "the change" or "new effort" can be generated, understood, absorbed, and ultimately acted upon by all.**

Adaptive leadership is a leadership language and conceptual framework that Ronald Heifetz – founder of the Harvard Center for Public Leadership – developed to help organizations thrive amidst uncertain change. He created this way of understanding human behavior and mobilizing meaningful progress from

listening to hundreds of stories and dilemmas faced by committed, hardworking leaders trying to bring about change in the world.

**Leadership Commitment Questions**

Key questions to ask to assess leadership commitment include:

1. Are you aware of the importance you play in the success of becoming a TIROE program (e.g., influencing priorities through your behaviors, actions and communications)?
2. Are you aware of the three biggest roles in supporting this transition to a TIROE program or program (e.g., active participation, gaining commitment from managers and their peers, and communicating effectively)?
3. Are you aware of the need to interact with and engage with other leaders and the CIT to make this transformation successful and to be active and visible throughout this transformation?
4. Are you aware of the need to communicate with staff the reasons for the change, the risks of not changing, and why the change is happening now?
5. Are you prepared to manage resistance and celebrate successes?

**Key Guidelines for Adaptive Leaders Bringing Emergent Change**

- **Accept** the limits of what it is possible to direct and control.
- **Notice** where the energy of the systems and people is currently focused.
- **Talk** widely throughout the leadership community about any different outcomes that are desired.
- **Think** in systems terms about the reinforcing and balancing systems you can identify.
- As far as possible, get the leadership community **speaking** with one voice about the desired outcomes.
- **Make it easy** for changes that the leadership community consider likely to shift the current equilibrium, enhancing some positive feedback loops, and mitigating some negative ones.
- **Maintain** a high profile for the desired outcomes, keep discussing them at every opportunity.
- **Observe** the effects of the interventions made, especially the direction in which the system is moving relative to desired outcomes.
- Keep **repeating** the three preceding actions, holding firmly to the 'non-negotiable' outcomes, but negotiating other issues as necessary.
- **Celebrate** and mark milestones on the journey.
- **Remain open** to new information that may lead to redefinition of the desired direction.

## Comprehensive Approach to Change Management

A comprehensive approach to change management requires all five of these success factors:

1. **Impact on people**

   A prerequisite to viable change is a clear-eyed assessment of the impact it will have on various components of the community. This analysis identifies the type and scale of changes affecting each component within the environment. This assessment also provides a basis for

communicating with the team members about what the change means for them personally (the predominant concern for everyone involved in this transformation).

2. **Case for change**
   Emotions are where the momentum for real transformation ultimately lies. Change management communications need to be targeted and delivered in a two-way fashion that allows people to make sense of the change subjectively. If you are asking people to adapt to a new reality, they need to understand the emotional case for the change so they can feel truly committed to the transformation.

3. **Leadership**
   Ensure that the entire leadership team is a role model for the change. An aligned and committed leadership team is the foundation for this undertaking. When leaders lead by example, the impact can be profound.

4. **Ownership**
   Mobilize community members to "own" and accelerate the change. The impact of this change initiative will be accelerated when ideas and perspectives are welcomed by all and there are opportunities to utilize powerful emotional motivators.

5. **Organizational infrastructure**
   Embed the change in the fabric of the organization. Acknowledge the lessons learned along the way and have mechanisms in place to institutionalize best practices.[xxxi]

At each step, all five of the success factors should be considered. They provide a useful checklist:

1. Have you spelled out the impact of the change on people?
2. Have you built both an emotional and a rational case for change?
3. Is your leadership team — all the members, yourself included — acting as a role model?
4. Are people "owning" and accelerating the change?
5. How deeply is the new behavior embedded in the fabric of the organization?

Additionally, John Kotter outlined four change principles for setting programs up for success. These include:

1. **Leadership & Management**
   In order to capitalize on windows of opportunity, leadership must be paramount. It's about vision, action, innovation, and celebration as well as essential managerial processes.

2. **Select Few & Diverse Many**
   More people need to be able to make change happen…this uncovers leaders at all levels of the organization.

3. **Head & Heart**

Leaders must create a sense of urgency that will appeal to staff's heads and hearts. Concentrate on a window of opportunity that brings people together, aligns them around commonality, and clarifies where energy should be directed.

4. **Have To & Want To**
   Give greater meaning and purpose to this effort. Those who feel included in a meaningful opportunity will help create change in addition to maintaining their normal responsibilities. [xxxii]

## The Core Implementation Team

> The Core Implementation Team (CIT) must consist of members from multiple layers of hierarchy, represent many functions, receive information about the organization at all levels and ranks, and synthesize that information into new ways of working.
>
> - John Kotter

### What is the Core Implementation Team (CIT)?

The CIT is the vehicle that drives a program's adoption of TIROE, leading all planning and implementation efforts. Its success is dependent on having all members of the program – and members from the overall organization – represented on this implementation team. Successful CITs also need champions who are strong communicators and social leaders.

**Who should be on the CIT?**

The CIT should consist of staff who represent the diversity of the program and are motivated and empowered to implement change. Suggested participants include:

| TEAM MEMBER | RESPONSIBILITIES |
|---|---|
| Project lead(s)<br>• Project Director/Program Manager | Acts as communication liaison across team and as the internal champion of change. The CIT should include one or more people to carry out the change and someone in a supervisory role to ensure change implementation. |
| Quality improvement lead<br>• Evaluator | Ensures accurate data collection and develops workflow for collection and communicating data (e.g., staff information technology or quality improvement expertise.) |
| Care Provider Leader<br>• Case Managers | Provides valuable contributions in every stage of planning, implementation and assessment of a trauma-informed approach as they will be the ones implementing it with consumers and feeling it organizationally. |
| Trauma-Informed champions<br>• Mental health providers | Supports functional implementation and integration of trauma-informed care into organizational culture. |

| | |
|---|---|
| Individuals with lived experience<br>• Consumers | Individuals with lived experience provide unique and valuable contributions in every stage of planning, implementation and assessment of a trauma-informed approach.<br>*Nothing about us, without us*. |

## Developing the CIT

Key considerations for developing the CIT include:

- 💡 Make sure all potential members of the CIT are committed to change.
- 💡 Clarify how the future will be different from the past, and how that future will become a reality.
- 💡 When communicating, remember clear is kind. Unclear is unkind.
- 💡 Understand the negative feelings related to change:
  - Personal meaning associated with current practices
  - Fear of loss of control
  - Change in perceived professional and personal status.
- 💡 Start to ask, "What happened to you?" rather than "What is wrong with you?" Also, "What's strong?" rather than, "What's wrong?"
- 💡 Be able to articulate what the stakes will be if you succeed and what the consequences will be if you fail

## Creating a Safe Environment for CIT Members

Creating a safe environment entails the following three actions:

1. Supporting **cultural humility**, which requires:
   - Being your best self
   - Practicing kindness and generosity
   - Suspending judgement
   - Leaning into discomfort
   - Accepting that there may not be closure

2. Utilizing 10 strategies for effective **cross-cultural communication:**
   - Ask questions
   - Distinguish perspective
   - Build self-awareness
   - Recognize complexity
   - Avoid stereotyping
   - Respect differences
   - Listen actively
   - Be honest
   - Be flexible
   - Think twice

3. Fostering **collaborative engagement**, which results in the following outcomes:
    - establishing healthy relationships that work
    - mitigating the negative impact of trauma.

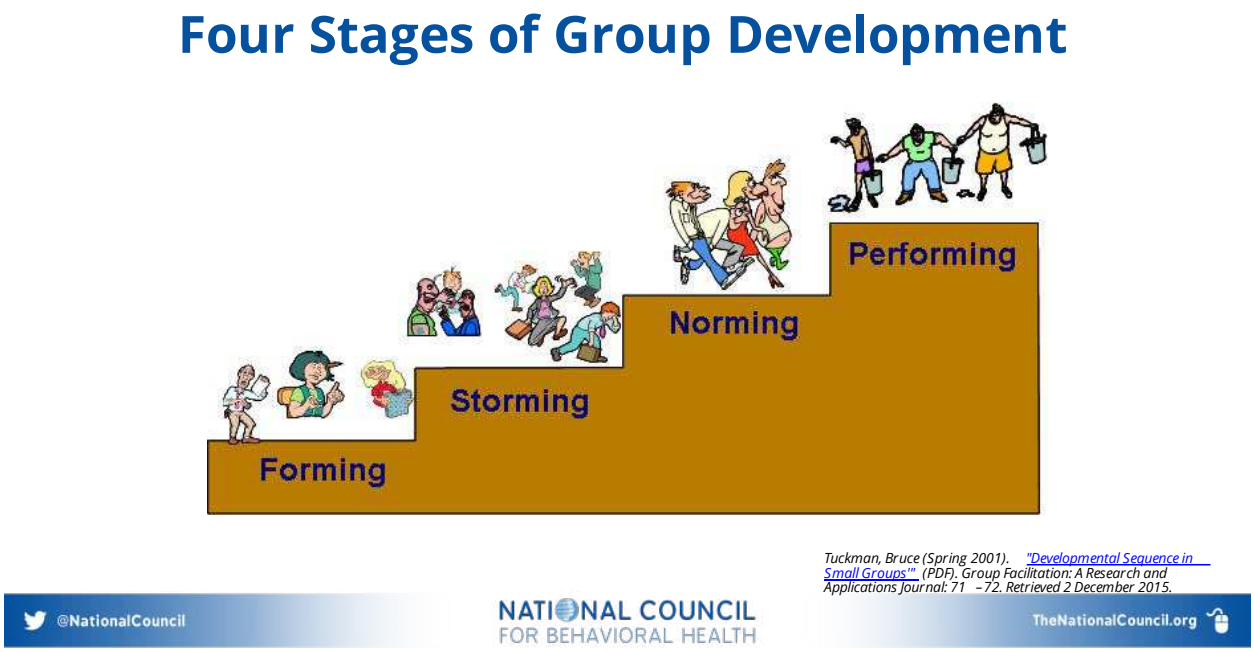
The National Council for Mental Wellbeing created a change package entitled Fostering Resilience and Recovery: Advancing Trauma-Informed Primary Care. While primary care is the target setting for this resource, the guidance offered also lends itself to MCH programs' implementation of TIROE and is referenced throughout this chapter.

## Educating All Stakeholders

The CIT must be fluid and flexible as it carries out its pivotal role for the program's TIROE transformation. There may be times when goals, timeframes, and scope of work need to be realigned.

CITs should familiarize themselves with the "Four Stages of Group Development" developed by Bruce Tuckman (see below) to help them better understand how and why the process is evolving and clarify expectations at each stage of the CITs development.

Tuckman maintained that these phases are all necessary and inevitable in order for the team to grow, to face up to challenges, to tackle problems, to find solutions, to plan work, and to deliver results.




- **Forming**: Defining purpose and goals
- **Storming**: Conflicts and negotiation

- **Norming**: Consensus and team spirit
- **Performing**: Balancing conformity and deviance

The four stages of Tuckman's group development model are not linear. There are internal factors (e.g., high turnover of CIT members) or external issues that cannot be controlled (e.g., federal changes effecting TIROE), which could cause a regression to an earlier stage of development. As the process moves through the four non-linear stages of group development, CIT members should be aware of and address the five dysfunctions teams may experience.

## 5 Dysfunctions Teams May Experience


1. **Absence of Trust:**
   Much of the CIT's work is relational. Therefore, it is important, right from the beginning, to understand what is necessary to create trust and build a safe environment for all CIT members.
2. **A Fear of Conflict:**
   Conflict is a reality within this work. It should be addressed early on in a safe and proactive manner by reaching consensus on how conflict is addressed and resolved.
3. **Lack of Commitment/Avoiding Commitment:**
   All CIT members must be committed to TIROE and understand their role, as well as the role of others. It is important that no one feels they are doing all the work on their own.
4. **Lack/Avoidance of Accountability:**
   It is imperative that there is on-going communication to keep CIT members informed of what is going on. Being accountable means saying what we are going to do, and measuring and reinforcing what the CIT is accountable for and how that will be measured.
5. **Pay Attention to Results:**

What is the CIT attempting to do? What has been accomplished in both the short and long term? Documentation of results is essential.

> Never doubt that a small group of thoughtful committed citizens can change the world; indeed it's the only thing that ever has.
>
> Margaret Mead

## The Organizational Self-Assessment & Action Plan

### Completing an Organizational Self-Assessment

An organizational self-assessment (OSA) is a helpful tool for assessing where and how TIROE principles are embedded within the program, as well as assessing program readiness for implementing additional TIROE principles. An OSA is designed for programs interested in improving their policies, practices, and social and physical environment and to engage in a self-reflective process that assists in identifying what their next steps are. The OSA should include a qualitative assessment, as it is another vehicle for maintaining TIROE within a program. The components of a qualitative assessment (i.e., continue, stop, and start) guide programs in making decisions on what to: 1) keep doing and reinforcing things that are good and which should be continued; 2) stop doing things that are less good and which should be stopped, and 3) start doing things which are not currently being done, but which would be good to start doing. Ideally, the full OSA (quantitative and qualitative) should be completed once the CIT has been formed, but before they are educated, and leadership support has been secured. A comprehensive OSA example can be viewed at the end of this document.

💡 Define and articulate the connection between the embedding of TIROE and the program's success.

### Developing Action Plans

Programs can then build upon the results of the OSA to create an action plan with benchmarks. This, in turn, informs the design and implementation of a comprehensive communication campaign.

Action plans should apply IMPACT criteria questions about TIROE goals, which include:

I: Does it **Improve** the quality of the TIROE approach being implemented?
M: Is it **Measurable**?
P: Is it **Positively** stated as something new desired in the organizational culture?
A: Is it **Achievable** for the organization in its present situation and with its current capabilities?
C: Does it **Call** forth actions that can be taken on a regular basis to begin to create a TIROE culture?
T: Is it **Time limited** in terms of when it will begin and when it is planned to be accomplished by?

### Communicating with Stakeholders

Embedding TIROE also requires sharing the vision with all stakeholders – not just program staff – but with the broader community. Communicate why understanding TIROE is important by appealing to the head, hand, and heart.

Appealing to the **head**
- Giving and analyzing data
- Show statistics

Appealing to the **heart**
- Share the vision
- Utilize the voice of those with lived experiences

Appealing to the **hand**
- Develop processes
- Teach strategies

Below are key considerations when communicating with stakeholders and garnering support:
- Why are you proposing the initiative for the organization?
- Who are the stakeholders?
- What culturally relevant factors will be considered?
- What key points are likely to align with the needs, concerns, or desires of the stakeholders?
- When will you deliver the message to keep stakeholders continuously engaged?
- Where will you deliver messages?
- How will you deliver messages?
- What are your expected outcomes and how will you measure them?

**Strategic Communications**

Outreach strategies outline the way in which key messages are delivered. Programs can use every conversation as an opportunity to deliver these messages. By successfully incorporating the program's mission and goals into their communications, more people will hear the messages over time and come to recognize the program.

The term "strategic communications" encompasses the means – the plans, goals, practices, and tools – by which a program delivers consistent messages about its mission and values to its key target audiences and partners. Community outreach is strategic when it is integrated, orchestrated, and ongoing. The various pieces of an outreach strategy should "fit" together – complementing and reinforcing each other – and not contradict or unnecessarily repeat each other.

Programs sometimes struggle to clearly articulate their values and mission in a way that enables target audiences to relate to their mission, connect to their values, trust in their services, and take action to support their organization. It is important to remember that community outreach is not about sound bites, glitzy brochures, fancy annual reports, and animated websites. A program's outreach strategy should focus on advancing its mission, advancing support for its work, and increasing awareness in the community.

Strategic communications are critical to a program's outreach strategy because, if done right, they can help programs strengthen their partnerships and increase awareness by: persuading, moving, and convincing target audiences to help them achieve their mission.

**Building Trust with Communities of Color**

Building trust is an important first step in engaging communities of color. The below table outlines key steps in this process.[xxxiii]

| **Build Empathy** | **Nurture Self Awareness** | **Develop Skills** |
|---|---|---|
| Recognize both universal and culture-specific factors that influence participation in health initiatives and evaluations.<br><br>Understand how racism and ethnocentrism operate with the aim of developing evaluation methodologies that are respectful of diverse communities.<br><br>Appreciate the historical context in which evaluations have taken place, paying close attention to the negative affect on communities of color and their resulting loss of trust in agencies.<br><br>Develop an understanding of the interface between individuals' ethnic and racial experiences and their health beliefs; such knowledge may strengthen both the design of interventions and evaluation approaches. | Become aware of their attitudes, biases, prejudices, and resulting stereotypes; failing to do so may detrimentally affect the establishment of trust with the communities they wish to engage.<br><br>Develop the ability to see and understand the cultures of people of color as sources of strength and resilience.<br><br>Gain awareness of the racial and cultural socialization of individuals in communities of color, as it may assist in finding culturally congruent ways to connect and build trust.<br><br>Be mindful of similarities and differences between how health professionals view and conceptualize health and healing practices, and how communities of color view them. | Participate in training programs to learn cultural nuances, including ways to communicate and interpret verbal and nonverbal messages appropriately.<br><br>Develop partnerships with local agencies and providers of health services that are respected by the community, as a way to facilitate establishing trust between the community members and evaluators.<br><br>Assist community members in developing an understanding about the process of evaluation, its rationale, and its expectations; such understanding may facilitate their engagement in health initiatives.<br><br>Implement a strategic decision-making approach, where the voices of the community are included in every step of the evaluation process. |

> You can't appeal to people with data and facts alone. You must also account for how people feel. If you can provide greater meaning and purpose to their efforts, amazing things are possible.
>
> - John Kotter

## Partnership Building

Strategic partnerships with other organizations can be vital to increasing the benefits of TIROE for the community in which your program operates. Partnerships with other organizations have the potential to increase awareness about TIROE, create alliances among organizations that might not normally work together, and promote consistency in the community's approach to issues.

Recognizing the importance of partnerships is not difficult, but understanding how to build those partnerships is critical. Partnerships with other organizations take time and effort, but if managed well, they can help communities recognize the value of TIROE in an effective manner and with fewer resources. The goal is to strive for quality, not quantity.

### Purpose of Forming Partnerships

Rather than duplicating efforts, organizations can split up or coordinate responsibilities in ways that afford more consumers access to programs and allow for a greater range of services.[xxxiv] Partnerships allow organizations to:

- **Pool resources:** Combining resources across organizations allows the partners to accomplish a task that none of the organizations could have accomplished independently. In general, organizations form partnerships to do just that - achieve together what they cannot do alone.
- **Increase communication among groups and break down stereotypes***:* Bringing together organizations from many sectors of the community can create alliances where there was little contact before. Working together toward common goals can help organizations break down barriers and misperceptions, and enable them to trust one another.
- **Build networks and friendships:** Partnerships result in social benefits for staff, volunteers and consumers by allowing people to form networks and friendships through involvement with the organization.
- **Revitalize wilting energies of members of groups who are trying to do too much alone***:* A partnership can help to bolster efforts around an issue. For organizations who have worked too long in a vacuum, the addition of other hands to the task can be a tremendous source of new energy and hope.
- **Plan and launch community-wide initiatives on a variety of issues***:* In addition to addressing immediately pressing issues or promoting or providing services, partnerships can serve to unify efforts around long-term campaigns.
- **Develop and use political clout to gain services or other benefits for the community***:* A unified community partnership can advocate more effectively than a number of disparate organizations working alone. In addition, a wide-ranging partnership can foster pressure from all sectors of the community, and wield a large amount of power.

- **Create long-term, permanent social change***:* Real change usually takes place over a period of time through the process of individuals gaining trust, sharing ideas, and overcoming their preconceptions in order to understand the real issues underlying community needs. A partnership – with its structure of cooperation among diverse groups and its problem-solving focus – can ease and accelerate the process of change in a community.
- **To obtain or provide services:** It may take a partnership - either initially or over the long term - to design, obtain funding for, and/or run a needed intervention in the community.

## The Partnership Continuum

Partnerships can range from informal, minimal work between two organizations to very formal, contractual arrangements with the exchange of funds. Sometimes partnerships evolve, growing into an active relationship of exchange and support. Partnerships often start with coordination and then progress to cooperation and collaboration, before ultimately resulting in partnerships.

Every step in this continuum is important and worth pursuing. Although your organization will likely work with organizations in each stage of the continuum, you will not necessarily form a partnership with every organization you develop a relationship with. Some of your efforts will only progress through a few of the stages and result in cooperation among the organizations; whereas, others might result in a full partnership.

**Coordination**

At this level, organizations learn about the services and consumers served by the other organizations. They also learn about each organization's motivation for participating in a partnership. There is a lot of organizational independence. Self-interests and resources are defined. Coordination may include an exchange of information and materials.

↓

**Cooperation**

Cooperation among organizations is characterized by an increased understanding of target audiences and motivations to participate in a partnership. There may be a minimal agreement, and the organizations may still be defining their roles and contributions. There is usually a greater appreciation of resources and skills that the partnership can bring. Joint strategies start to emerge.

↓

**Collaboration**

With collaboration, there is increased recognition of the values of each organization and the benefits for each partner, as well as trust and respect. Innovative ideas are presented to meet a common problem. There can be challenges, but they are usually well worth the effort to benefit a group of consumers or the community. At this stage, organizations are able to work together on a specific project to reach consumers, such as providing education or developing a marketing campaign. Often organizations in collaborative relationships start to put plans in writing.

↓

**Partnership**

In a partnership, there is a high level of trust and communication. The roles and responsibilities of each organization are well-defined and developed. There is a feeling of "us." There might be shared space and staff, shared authority and decision-making. Plans and agreements are in writing. Overall, there is a vision. Challenges may continue especially in the area of funding streams and support.

It is important to note that the continuum process may sometimes be cyclical due to changes in the nature, type and extent of the partnership. For example, partnerships with school districts often require modification due to changing personnel at all levels and locations, as well as social and political factors influencing decision-making of administrators.

## Key Elements of Successful Partnerships

Successful partnerships germinate from these common seeds:

**A Shared Purpose**

Carefully consider the compatibility of the partner organizations' purpose and goals, the value added by partnering, and expectations around each organization's participation. Make these clear in the partnership. Examine how each organization defines the partnership. Discuss your professional ethics. Developing a partnership is not unlike developing a personal relationship. Choose your partner with forethought and mutual understanding.

**Flexibility and Willingness to Collaborate**

Once the partners have been identified, it is important to appreciate the structures already in place and identify which new structures the partnership may require. The following efforts will help in creating any necessary new structures:

- Staff members must be aware of own organization's systems, management structures, and work styles. By understanding their own organization, they are better able to help themselves and their partners appreciate and understand the value and expertise they bring to the partnership.
- Partners should exchange organizational charts, mission statements, job descriptions, and other materials, which allow each partner to better understand the other's goals, objectives, and the time and effort that goes into their jobs.
- A broadly defined structure often works best, providing guidance while permitting partners to make adjustments, assess effectiveness, and allow for creativity and learning. Periodically review the partnership to assess where it's headed and what it will take to get there.

**Complementary Strengths**

All partners are accountable, and it is necessary to allow equal opportunity for participation for all involved. Begin by holding a preliminary information-sharing meeting for all participating staff. Expectations, roles and responsibilities, and available resources should be clarified and put in writing.

**Agreed Upon Boundaries**

Organizations may face challenges when thinking through and negotiating differing work styles, organizational structures, and management structures. A simple, written memorandum of understanding (MOU) may be helpful in articulating a partnership agreement.

## Readiness for Partnering & Identifying Prospective Partners

In order to pursue a strategic partnership, programs must be aware of their strengths and weaknesses. This will help them determine the type of partnership that will be the most beneficial. Programs can then identify organizations within their community that may fill their needs (i.e., complement their strengths and address their weaknesses). Tools such as the Organizational Readiness Assessment Checklist; Engaging Your Community, A Toolkit for Partnership, Collaboration, and Action; and Creating and Maintaining Coalitions and Partnerships can guide programs in assessing their organizational readiness, defining their goals, and identifying prospective partners. Programs must not ignore their own strengths. A partnership is a two-way street, and both partners have valuable resources to offer.

Before entering into a partnership, programs should consider how they will evaluate the relationship's effectiveness in the future. Knowing what success will look like before they start will help partners know when you have achieved it. It is important to assess potential partnerships at the beginning to ensure that partners will work well together and are striving for the same goal. The tool *Evaluating Potential Partners* can guide programs through this analysis.

## Negotiating a Partnership Agreement

Partnership negotiations should aim to find solutions or deal with problems in a mutually beneficial way. To ensure that both partners get what they need from the partnership, partners must come to the negotiation table with a sincere interest in working together and drawing from one another's strengths. Programs should clearly articulate what they can bring to the partnership, as well as understand what potential partners offer.

Negotiation is a skill that must be practiced. The following guidance can help advance partnership negotiations and produce desired results:

1. **Honor the relationship.** The negotiation process may involve new partners or organizations that have worked together over many years. Developing honest communication and trust can enable programs to know when bending on a particular point may yield short-term gains but long-term costs.

2. **Create a negotiation environment that encourages innovation.** Partners foster opportunity by engaging in brainstorming techniques and thinking "outside the box." By responding to new ideas and being open to the unexpected, partners will find opportunities to take a fresh look at their practices and beliefs about serving their consumers.

3. **Be realistic and fair.** Partners are more likely to follow up on their commitments and less likely to circumvent the negotiation process if they feel the agreement is fair. Sometimes a neutral, external facilitator can help to ensure that the negotiations are realistic and fair to all. Partners should *always* consult with their programs' legal and financial advisors before finalizing an agreement.

4. **Recognize that each partnership is unique.** Each partnership must be structured to meet the needs of the programs involved. One partnership might look different from other partnerships in the community.

5. **Engage in active listening.** When negotiating, it is important to focus on what others say, both on their actual words and the underlying meaning. This will help partners understand the interests upon which agreement can be based. Active listening can produce better, more long-lasting relationships.

6. **Know your bottom line.** We all enter negotiations knowing what we ideally want. Thinking through alternatives to the ideal outcome, however, allows partners to understand their points of flexibility. Programs should be clear about compromises and their consequences *before* they start to negotiate. They should also evaluate their partners' options beforehand. In negotiation, it is important to think several moves in advance and anticipate the other partners' needs.

7. **Know the difference between "positions" and "interests."** You are looking at *interests* when you focus on both partners' motivations for partnering. When you get bogged down in achieving a particular goal, then you are distracted by *positions*. Interests form the building blocks of lasting agreements.

8. **Come prepared to commit resources.** Any request to take on greater responsibility must be accompanied by an offer of resources. Programs should approach this issue with an earnest commitment to supporting the goals and the needed change. Resources can take the form of funding, staff, materials, supplies, transportation, and facilities (or a combination of these). An adequate commitment of funds and other resources demonstrates programs' commitment to and full support of the partnership.

9. **Take a fresh look at practices and standards.** Programs should use the negotiation process to address areas that need improvement and challenge existing practice. Is this truly the practice that needs to be adopted by all, or is there a new way to meet standards? Set short-term, realistic goals, but keep sight of where the partnership needs to be.

10. **Allow sufficient time for partners to work out details.** The negotiation process is not a one-time meeting that results in a partnership agreement. Partners often need several meetings to develop an agreement that reflects everyone's needs and capacities, and provides sufficient detail to ensure success and enhanced services.

Partnership agreements should be put in writing and reviewed annually. The agreement should contain sufficient detail to guide the partnership and serve as a mechanism by which partners assess the fulfillment of their commitments and contributions. As a legal document, the agreement protects all partners' best interests. Many partnership agreements also include an addendum that describes how the partnership conducts business. This addendum might specify who does what, when, how, with whom, and for what purpose. It may also contain specific outcome goals and a plan to measure achievement.

The *Developing a Partnership Agreement* tool can guide programs in developing a comprehensive agreement that clearly addresses each partner's roles and responsibilities and cultivates many of the elements needed for a smooth partnership. The tool includes a list of specifics that partners might include in a written agreement. While agreements can and should be reviewed and revised over time, a strong agreement forged early in the partnership lays the foundation for a strong and sustainable partnership.

### Implementing a Successful Partnership

The key steps to implementing a partnership include:

- Identify and engage the stakeholders
- Establish personal relationships and begin to build trust
- Clarify the goals and objectives each partner wants to accomplish
- Choose and implement a partnership that is mutually beneficial
- Establish governance, procedures, ground rules, and decision-making structure

When the right organizational partners are identified and established, programs can start building the relationship slowly. It is best to start by working on small projects together instead of jumping into the big ones. These can be scaled over time once each partner understands its role. As noted in the partnership continuum described previously, collaborative relationships are the building blocks for the vast majority of partnerships. Programs should strive to establish these collaborative relationships before they are needed and maintain these relationships, even if they are not immediately actionable.

In an effort to grow a relationship between partners, programs can involve partners, where appropriate, in the culture of their program. This may include consumer meetings or internal strategy meetings. Programs can turn the tables and attend some of their partners' meetings, as well. By understanding how each organization operates, partners will foster a mutual understanding of the challenges each faces.

## Sustainability for TIROE

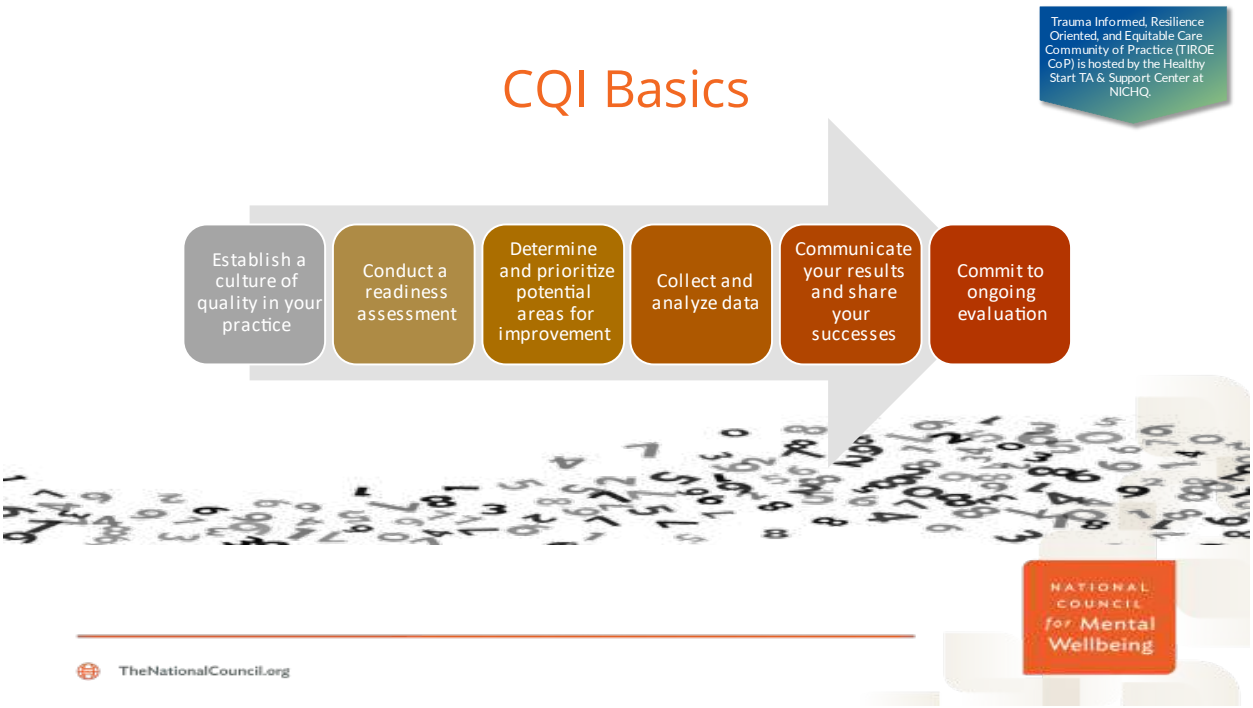
Implementing TIROE principles in programs and communities does not have a completion date. Once programs move from being trauma aware to operating with a trauma-informed culture, the efforts they have made must be sustained. Sustaining TIROE efforts is a fluid process that needs to be proactively nurtured and supported.

### Continuous Quality Improvement

Sustainability is supported through the CITs use of a Continuous Quality Improvement (CQI) process. CQI is a framework to support programs in quantifying and documenting its accomplishments.[xxxv]

There are six basic elements of CQI, which are outlined in the graphic below. The first three CQI basics are part of the work that CITs use to embed TIROE in their programs. They serve as touch points for CITs

as they continually review and validate TIROE sustainability over time. The remaining three CQI basics are backbone sustainability tools.




1. **Establish a culture of quality → Has a culture of quality been developed and maintained?**
    - Do all staff still feel empowered to:
        - Speak up and identify problems
        - Work together to determine root causes and develop possible solutions
    - Is QI reflected in:
        - Job descriptions
        - Onboarding/new hire orientation
        - Ongoing in-service training
        - Group and one-on-one supervision
        - Professional development opportunities
        - Performance evaluations
        - All staff and department-level meetings, emails, newsletters, and other forms of communication

2. **Conduct a readiness assessment → Is it time to conduct another readiness assessment to determine if adjustments are needed in the following areas?**
    - Does the program/organization have a structure to assess and improve quality of care?
    - Do staff have a basic understanding of CQI tools and techniques?
    - Do staff understand their roles, responsibilities, and expectations regarding CQI activities?

- Does the program routinely and systematically collect and analyze data to assess quality of care?
- Does the program have resources dedicated to CQI activities?
- Has the program identified barriers to fully implement a CQI program?

3. **Determine and prioritize areas for improvement → Do the prioritized areas for improvement need to be reassessed?**
    - What outcomes are most important to your program?
    - What high priority data is currently collected?
    - What are the major challenges/problems faced by your program?
    - Are the processes and outcomes associated with TIROE care likely to improve high priority goals of the program?

4. **Collect and analyze data → How is your program using data to guide its TIROE efforts?**
When a program is sustaining a TIROE environment, there will be data available to collect and analyze. This data is the north star for guiding CITs in all aspects of their programs' TIROE efforts.
    - **Data collection:**
        - Guides quality operations.
        - Refines service delivery and ensures high quality services.
        - Meets organizational goals and objectives.
        - Reduces waste.
        - Establishes proactive processes that recognize and solve problems before they occur and ensure that systems of care are reliable and predictable.
        - Improves communication with internal and external partners as, funders and community-based organizations.
    - **The use of data helps to:**
        - Separate what is thought to be happening from what is really happening.
        - Establish a baseline.
        - Reduce implementation of ineffective solutions.
        - Allow monitoring of procedural changes to ensure that improvements are sustained.
        - Indicate whether changes lead to improvements.
        - Allow comparisons of performance across sites.

    To be effective, the data collected must be unbiased, reliable, and understood by all members of the TIROE community. The data collection/analysis process starts with ensuring that good metrics are being used.
    - **Good metrics:**
        - Are actionable: If a metric has to change, there is a clear reason and a clear process for making the change.
        - Have easily accessible, credible data: Data can be collected with modest effort from sources that can be trusted.
        - Share a common interpretation: Staff know what the metric means.

- Are transparent and simple to understand**:** Methods for generating metrics are shared and well understood.

Staff must be aware of data bias to ensure that the data is based on good metrics and is not influenced by external factors. Bias is defined as any trend or deviation from the truth, intentionally or unintentionally, in data collection, data analysis, interpretation.[xxxvi]

The below table outlines steps for addressing data bias throughout the process of collection, analysis, and interpretation:

| Data Collection | Data Analysis | Data Interpretation |
|---|---|---|
| • Find ways to include everyone from whom information is being sought.<br>• Use standardized questions.<br>• Use validated measures. | • Share everything, even data that does not support the trauma-informed work being done. It is a red flag requiring attention. | • Be mindful of over-generalizing.<br>• Ensure that only accurate qualitative and quantitative data is being shared. |

5. **Communicate your results and share successes → Without communication before, during and after, the change will not happen in a sustainable way.**
   - Share goals and performance data, including consumer feedback, with all members of the TIROE community on an going regular basis.
   - Remember, people do not remember most things the first time they hear them. It is important to communicate things six different times, in six different ways (e.g., in a staff meeting, email one-to-one supervision, newsletter).
   - Celebrate success and reinforce the mission.

6. **Commit to ongoing evaluation → DECIDE. COMMIT. SUCCEED.**
   - Keep the changes small but continue to test.
   - Involve staff that have a strong interest in improving service delivery.
   - Study the results after each change. All changes are not improvements, so discontinue testing of anything that does not work.
   - If help is needed, involve others who do the work – even it they are not on the CIT.
   - Ensure overall performance is improving; changes in one part of a complex system may adversely affect another.

A corollary to the CQI basics is being mindful of bias and challenges to sustainability efforts.


## Addressing Bias

To avoid becoming overwhelmed, the brain filters information, taking mental shortcuts to process it. This can lead to misunderstanding, incorrect assumptions, and biased thinking. Specific types of bias include confirmation bias, status quo bias, and availability bias.

- **Confirmation Bias:** The tendency to confirm our own beliefs and ignore evidence that indicates otherwise.

  Strategies for addressing:

  - Communicate reasons for the change and show objective evidence to back it up.
  - Engage people in discussions.
  - Repeatedly communicate a compelling vision; engage hearts, heads, and hands.

- **Status Quo Bias:** The tendency to keep things the way they are and avoid change.

  Strategies for addressing:

  - Communicate what will remain the same and what will change.
  - Indicate practical next steps.
  - Continue to communicate a compelling vision.

- **Availability bias**: The tendency to focus on memorable or easily available information as most significant.
  Strategies for addressing:
  - Communicate when/how specific issues are being dealt with.

- Highlight and share success stories.

### Challenges to Sustainability

Challenges to sustainability include:

- Expectation that change would occur quickly – change does not happen overnight. Unfortunately people want change immediately and when it does not happen, they lose interest in the change being made.
- Turnover of leadership; need continued buy-in of all staff – turnover of leadership often means change in priorities. This can cause a huge challenge if the new leadership priority does not match the work already being done.
- Unfunded efforts; need to coordinate resources – Lack of resources can cause action plans to fail. There has to be some support provided to ensure the work continues.
- Energy ebbs and flows – in MCH, there is frequent change with frequent new "shiny toys." The ability to be consistently focused on one thing can be hard and create ebbs and flows in the work.
- Need for data collection and identification of concrete outcomes – many MCH programs collect a lot of data but do not necessarily use it in the work they do. Part of sustainability is collecting the data and analyzing it regularly so progress can be tracked.
- Remaining changes needed are more difficult to implement.
  - Difficult changes might include sturdy silos and challenging politics.
  - In the early stages of a transformation, these may be too difficult to handle. But eventually, you must choose to deal with this heavy lifting or you will never fulfill the vision.[xxxvii]
- Workload
  - Staff may face challenges doing this work in addition to the old work. The message needs to be "this is part of your job."
  - Other work needs to be reallocated further down the hierarchy or not done at all.
  - Purge unnecessary activities/pet projects.
  - Delegate more – up, down, and sideways
  - Increasingly push work off your desk that others can do, should do, will do.
  - When looking at day-to-day activities, ask, "does this really add value?"
  - Identify, recognize, and agree on what staff can stop doing in order not to feel so overwhelmed.

***Remember the First Law of Quality Improvement:***
***Every system is perfectly designed to achieve exactly the results it gets!***

## Conclusion

The TIROE framework was developed in the midst of the COVID pandemic to address the trauma that many Healthy Start communities, women, infants, fathers, and families experience on a daily basis. In addition to recognizing the impact that trauma has on communities, TIROE aims to harness the power of resilience and equitable care to support communities in healing and thriving. We hope that this whitepaper has provided a foundation for Healthy Start programs and other MCH programs to begin building their trauma-informed, resilient-oriented, equitable teams. In doing so, Healthy Start programs

can improve their engagement, mitigate the risk of burnout from this demanding work, and enhance the wellbeing of staff and consumers.

If you are interested in furthering your education around TIROE principles, we encourage you to explore the resources linked throughout the document, as well as the TASC's other mental and behavioral health products, including the Power Podcast for Justice. We hope that this information supports projects in strengthening and enhancing their workforces' capacity to address their community's complex trauma, promote equity, and provide trauma-informed and resilience-oriented care to consumers.

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# HS TIROE CoP OSA

## TIROE CoP OSA Instructions

1. Healthy Start Project Name: *

2. Healthy Start Project Location: *

## DOMAIN 1: Early Screening and Comprehensive Assessment

3. **Dimensions of Wellness:** Our screening and assessment process explores all dimensions of wellness (emotional, financial social, spiritual, occupational, physical, intellectual and environmental) including past and present trauma and resilience. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

4. **Protective Factors:** Our screening and assessment process explores the behaviors, environmental characteristics and qualities inherent in some that will assist in recovery after exposure to a traumatic event (e.g., friends and family, stable housing, positive coping mechanisms, etc.) *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

5. **Ongoing Assessment-Trauma:** Strategies identified and implemented to address life experiences related to trauma are revisited at regular intervals as part of ongoing quality care. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

6. **Ongoing Assessment-Resilience:** Consistent social support(s), coping strategies and self-confidence are revisited at regular intervals as part of ongoing quality care. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

7. **Trauma/Social Determinants of Health:** Our screening and assessment process explores all social determinants of health (e.g., social support networks, neighborhood and physical environment, employment, interpersonal violence). *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

8. **Empowerment:** When information about personal histories is sought during screening and assessment, the pace of information gathering is driven by the client *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

9. **Voice and Choice:** When information about personal histories is sought during screening and assessment, a client's choice to reveal or withhold information is respected by staff. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

10. **Safety:** Screening and assessment is done in a safe and confidential physical space. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

11. **Resilience/Culture:** Our screening and assessment process explores the links between resilience, cultural strengths and personal identity *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

**DOMAIN 2: Client-Driven Care and Services**

12. **Mutuality:** Our organization involves people with lived experience in decision-making about services, evaluation and continuous quality improvement. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

13. **Voice and Choice:** Client's choice to refrain from recommended services and supports are honored without punitive actions. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

14. **Empowerment:** All clients are educated about their rights specific to Healthy Start program services provision. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

15. **Care Coordination:** Staff engage clients in a collaborative, strengths-based relationship to support management of health and social needs, including participant risk screens, family needs assessments, establishment of care plans, providing needed services and health education, and ensuring maintenance of referrals, tracking and follow-up. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

16. **Shared-Decision Making:** Shared decision-making between Healthy Start staff and program participants is a key aspect of the care coordination processes *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

17. **Resilience Activities:** Our care planning process includes providing information regarding available resilience-building activities within the community *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

**DOMAIN 3: Resilience-Oriented, Trauma-Informed, and Equitable Workforce**

18. **Leadership's Internal Communication:** Leadership in our program/organization internally communicates a clear message (e.g., employee handbook, memos, emails, etc.). that the program/organization is committed to resilience-oriented, trauma-informed, and equitable care *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

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

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

20. **Social Determinants of Health:** All staff receive ongoing educational opportunities on social determinants of health, root causes and their link to trauma *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

21. **Job Advertisements:** Our program's/organization's job advertisements include a preference for experience with or knowledge of resilience-oriented, trauma-informed, and equitable care. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

22. **Job Descriptions:** Our program's/organization's job descriptions include job expectations related to resilience-oriented, trauma-informed and equitable care. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

23. **Performance Reviews:** Our program's/organization's performance reviews include expectations that staff behaviors are aligned with resilience-oriented, trauma-informed, and equitable care. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

24. **Trauma-Informed, Resilience Oriented, and Equitable Supervision:** Staff supervision includes practices aligned with resilience-oriented, trauma-informed, and equitable care (reflective supervision, motivational interviewing, etc.). *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

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

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

26. **Cultural Humility:** Processes related to workforce development (including interviewing, hiring, orientation, training, and ongoing professional development), ensure diversity, equity, and inclusion and are culturally and linguistically appropriate *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

**DOMAIN 4: Provision of Resilience-oriented, Trauma-Informed, and Equitable Evidence-Based and Emerging Best Practices**

27. **Support:** The care planning process in our program/organization includes representation from the client's support network. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

28. **Informed Support:** With necessary consents in place, members of the client's support network receive information from our program/organization about the client's trauma-related challenges as part of the care planning process. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

29. **Strengths-Based Documentation:** Our program's/organization's documentation is oriented to "what happened" instead of "what is wrong" (strengths-based language in forms, strengths-based language in progress notes, etc.). *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

30. **Array of Resilience-oriented, Trauma-Specific, and Equitable Services:** Our program/organization offers an array of resilience-oriented, trauma-specific, and equitable services that are recognized as evidence-based, evidence-informed and/or emerging best practices (TF-CBT, WRAP, Seeking Safety, DBT, EMDR, Mindfulness, NEAR@Home, etc.). *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

31. **Cultural Adaptation:** Our program/organization adapts the array of trauma-specific services to be reflective of the client population *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

**DOMAIN 5: Create Safe and Secure Environments**

32. **Safety Team:** Our program/organization maintains a team including representatives from leadership, practitioners, support staff and consumers that is responsible for assuring a safe and secure physical environment. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

33. **Conflict Resolution:** Our program/organization has strategies to resolve conflict and address aggression between staff and staff and client. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

34. **Interpersonal Interactions:** Our program/organization has a policy or protocol for determining when interpersonal interactions at work are unsafe between staff and between staff and clients and responds appropriately. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

35. **Physical Environment:** Our program/organization has a fair mechanism in place for communicating when the physical work environment is unsafe. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

36. **Adverse Incidents:** Our program/organization has a system in place to review incidences that compromise a safe environment. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

37. **Adverse Incident Support:** Our program/organization has a system in place to support those affected by adverse incidences that compromise safety. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

38. **Adverse Incidents:** Our program/organization ensures staff are trained in using resilience-oriented, trauma-informed, and equitable approaches to manage adverse incidents. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

**DOMAIN 6: Engage in Community Outreach and Partnership Building**

39. **Leadership:** Our program/organization assumes a leadership role in delivering resilience-oriented, trauma-specific, and equitable awareness and education activities to other agencies in the community. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

40. **Training:** Clients/participants share their lived experiences during community engagement and partnership building efforts. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

41. **Community Partnership:** Our program/organization participates in workgroups or task forces related to building resilience and promoting equity. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

42. **Advocacy:** Our organization/program engages in training, community support, advocacy, and cultural humility to create trauma-informed, resilience-oriented, and equitable communities. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

43. **Cultural Humility:** Our program/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. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

**DOMAIN 7: Ongoing Performance Improvement and Evaluation**

44. **Empowerment:** Our organization regularly seeks feedback about client experience from the people we serve. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

45. **Use of Data:** Our program/organization internally uses data to help address challenges and celebrate successes related to providing resilience-oriented, trauma-informed, and equitable care. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |

46. **Continuous Quality Improvement:** Trauma-informed, resilience-oriented, and equitable care performance metrics are included in our program/organization's continuous quality improvement processes, including performance data on one or more resilience-oriented, trauma-informed, and equitable care domains. *

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ |