

IWK Trauma Informed Care Checklist

Area:

Date Submitted:

Please rate the statements below which describe many ways to help create environments that support the key principles of trauma informed care (safety, trustworthiness, choice, collaboration, and empowerment) for clients, caregivers, and staff. Your team will be asked to complete this scale annually to help us measure the IWK Health's progress as we strive to make all teams and environments trauma informed.

Our goal is to have all staff, physicians, volunteers, and learners at the IWK display an understanding of the impact of trauma and/or stress on client, caregiver and staff experience and help create an environment that is mindful and compassionate. This can be achieved through the building of environments that are grounded in an understanding of, and responsiveness to, the impact of trauma.

Rating Scale: 1 = Disagree/Rarely 2 = Neutral/Sometimes 3 = Agree/Usually N/A = Not Applicable

STAFF TRAUMA INFORMED CARE TRAINING AND IMPLEMENTATION	RATING
1. Team members have taken Level 1 Creating Cultures of Trauma Informed Care Training.	
2. Team members have a general understanding of the relationship between trauma, the brain, the body, and behaviour.	
3. Team members have a general understanding of how trauma can affect a child's development (cognitively, socially, behaviourally, and physically).	
4. Team members understand cultural differences can impact how people understand and/or respond to trauma.	
5. Team members understand the links between trauma exposure at work and staff wellbeing.	
6. Team members are trained in de-escalation strategies and use these in lieu of more restrictive practices.	
7. Team has a plan and team identified for implementing and supporting trauma informed care in their program.	
SAFE ENVIRONMENTS	RATING
8. The environment outside the program, the common areas, offices, and washrooms are well lit.	
9. Entrances and exits are clearly marked.	
10. All signs in our area have clear, concise, and positive messaging (i.e., please use respectful language vs no swearing).	
11. Temperature can be adjusted.	
12. Reception areas and waiting rooms are welcoming, comfortable, and inviting (i.e., furniture is in good repair, clients can choose from various seating arrangements, rooms are kept clean).	
13. Artwork and décor are reviewed, updated, age appropriate and culturally inclusive.	
14. It is possible for clients to speak with reception without being overheard by others in the waiting area.	
15. There are private spaces for staff and clients to discuss personal issues.	
16. Team members introduce themselves to clients and caregivers by name and role.	
17. Clients and caregivers are told that the IWK is becoming trauma informed and a definition of trauma informed care is provided (<i>see Appendix A for trauma informed care definition and general information</i>).	
18. Staff understand the importance of establishing trust and safety as a priority for clients and caregivers.	
19. Clients are asked what will make them feel safe and comfortable while in the space (i.e., leaving doors ajar; seeing a clinician of a specific gender; having a caregiver present).	
20. There is a process in place to address client and caregiver safety concerns.	
21. There is a process in place to get feedback from clients and caregivers.	
22. There is a process to demonstrate how feedback is used (i.e., poster, display, newsletter).	
23. Clients and caregivers play a role in evaluating the services' activities.	
24. The team provides clear information to clients and caregivers about what will be done, by whom, when, why, under what circumstances, and with what goals.	
25. Clients/caregivers are informed about the choices and options they have available within the service.	
26. Clients/caregivers are provided a clear process to gain or give up access to restricted areas.	

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27. Clients are informed about who will be checking on them and their spaces (e.g., how often and why it is important).	
28. Expectations about room checks are clearly written and verbalized to clients.	
29. Client rights are posted in places that are visible.	
30. Material is posted about traumatic stress (i.e., what it is, how it impacts people, and available resources).	
31. Clients/caregivers are partners in decision making with their clinician or team.	
32. Clients and caregivers are encouraged to ask questions.	
33. Client/caregiver priorities and preferences are requested, documented, and considered.	
34. Whenever possible clients/caregivers are given choice around day or time of day of their appointment/service start.	
35. Clients/caregivers are encouraged to bring and prepare any foods that suit their dietary or cultural needs which are not available onsite (with thought given to how to manage any storage and allergy issues).	
36. Data related to client/caregiver complaints, seclusion and restraint events are reviewed regularly and used to make changes as necessary.	
37. Before treatment/interventions begin, including physically touching a client, clinicians explain what they are about to do and request informed consent.	
38. Team members use positive language (do not use labels or negative terms) and an attitude of respect and non-judgement in reference to clients, caregivers, and peers.	
39. Team members highlight a client's strengths, resiliency, protective factors, and coping strategies.	
40. Staff avoid talking about clients and caregivers in common spaces.	
41. Clients/caregivers have access to a comfort room or comfort objects if they are stressed or distressed.	
42. Staff display an understanding of the impact of trauma and/or stress on client, caregiver and staff experience and help create an environment that is trauma aware and responsive.	
43. When a disclosure of trauma is made, staff know what to do (i.e., what to say in the moment, how to document this information, how/when to refer, who to consult with as needed, where to find supportive resources as appropriate)	
CULTURAL SAFETY AND SUPPORT	RATING
44. General program, team, and health centre information is available in different languages.	
45. Clients/caregivers are told about available translation services and clients can speak in their native language.	
46. Clients are asked to identify the name and pronoun by which they would like to be addressed.	
47. Gender neutral washrooms are available.	
48. Team members are knowledgeable about cultural differences and respect the unique experiences and needs of clients and caregivers.	
49. Clients and caregivers are encouraged to talk about specific cultural needs with their staff (i.e., dietary needs, religious or spiritual practices, use of pronouns, traditional approaches to healing, traditional clothing, etc.)	
50. Team members know who to contact (in the organization) to arrange for cultural support or to support diverse needs of individuals (e.g., translator, support person, transgender resources, etc.).	
51. Individuals and/or agencies with expertise in cultural sensitivity/responsiveness are involved in staff training and accessible for consultation.	
STAFF SUPPORT, RECOGNITION AND SAFETY	RATING
52. Our team meets on a regular schedule (can be weekly, bi-weekly, monthly).	
53. There are opportunities for supervision on our team (group, peer or individual).	
54. The program helps staff members debrief after a crisis.	
55. Topics related to staff well-being and safety concerns are discussed in team meetings and debriefs.	
56. Education and training are provided to staff on trauma, vicarious trauma, burnout, compassion fatigue, moral distress, resiliency, mindfulness, and support resources.	
57. Staff feel free to ask for help or talk with their peers or supervisors if they are having a difficult experience or a strong negative reaction to a client or caregiver.	
58. Good work and compassionate care for clients and coworkers is recognized and acknowledged.	
59. Conflict on teams is managed in a consistent, timely, accountable way.	
60. Staff receive regular communication from leadership and are engaged in decision-making processes.	

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61. Staff members are encouraged to provide suggestions and ideas to improve the physical and emotional safety of their team and work areas.	
62. Self-care (i.e., taking breaks, exercise, nutrition, debriefing) is encouraged and supported.	
63. Team-care initiatives (i.e., check in meetings, team building, social activities) are understood and supported as an organizational priority.	
64. Teams are supportive of team members who may be experiencing personal trauma.	
65. Directors, managers, and supervisors have a process in place to hear, document, and respond to staff concerns.	
66. Team members demonstrate care and respect when interacting with each other.	
67. Spaces exist where staff can go if they need time away to self-regulate, relax, or have privacy.	
68. Information about staff support resources (both at the IWK and in the larger community) is made accessible to staff.	
ADDITIONAL QUESTIONS FOR MENTAL HEALTH AND ADDICTIONS CLINICAL STAFF	RATING
69. Clinical staff conduct trauma screening with clients.	
70. If/when trauma exposure is disclosed, clients are asked if they would like to work on trauma-related goals.	
71. There are staff on the team who provide trauma-specific treatment or staff know to whom they can make referrals for trauma-specific treatment for clients.	
72. If caregivers would like to work on trauma-related goals, staff know to whom they can make referrals for trauma-specific treatment for caregivers.	
73. Clinical staff providing trauma specific treatment have opportunities for supervision, case consultation, debriefing, and ongoing training.	

PRIORITIES: <i>Based on this checklist and any other ideas your team may have, list your top 2 priorities to make your service/team/area become more trauma informed.</i>	CONTACT/LEAD	TIMELINE
Priority 1: Client-focused trauma informed care priority for team <i>Request Consultation with Trauma Informed Care Team? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
Priority 2: Staff-focused trauma informed care priority for team <i>Request Consultation with Trauma Informed Care Team? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		

Please identify a Trauma Informed Care Team Champion for your team. This person will understand, endorse, and practice the standards of trauma-informed care and act as the key contact between your team and ours. There is no specific time commitment required to be a Team Champion.

Your Trauma Informed Care Team Champion: _____
Name
Email Address

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Appendix A

DEFINITIONS

Trauma can be defined as anything that results from experiences that overwhelm an individual's capacity to cope such as abuse and neglect, sexualized violence, family conflict, poverty, having a life-threatening illness, undergoing single/repeated and/or painful medical interventions, accidents, natural disasters, grief/loss, witnessing acts of violence, experiencing war, intergenerational and historical acts (Adapted from BC MHSU, 2013). Trauma may happen at the personal, social, and collective/cultural level (Smye, 2014, Varcoe, 2014). Several types of trauma have been identified, including: acute, repetitive, complex developmental, vicarious, intergenerational, collective (community, cultural, system)

Trauma Informed Care is a universal, systematic, strengths-based service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and clients (Adapted from: Hopper, Bassuk, & Olivet, 2010).

The Principles of Trauma Informed Care

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Trauma Specific Services are clinical services for an individual, family, group and/or community that focus on addressing the impact of trauma exposure, through trauma screening, assessment, and treatment. Examples of trauma-specific treatments include Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), Attachment, Regulation and Competency (ARC), Narrative Therapy, Cultural Frameworks, Eye Movement Desensitization and Reprocessing (EMDR), Sensory Models, Cognitive Processing Therapy (CPT), Emotion Focused Family Therapy, and Prolonged Exposure (PE). These services are best offered in trauma informed environments by practitioners with specialized training and supervision.

For more information see <http://yourexperiencesmatter.com>