Checklist: Policies and Practices to Support and Sustain Trauma-Informed Team Care

Use this checklist to help the implementation team discuss what policies and practices might work for your clinic or organization.

The checklist suggests policies and practices that align with SAMHSA's trauma-informed key principles by emphasizing the importance of understanding, recognizing, and responding to the effects of all types of trauma while actively resisting re-traumatization. These principles were developed to guide the implementation of trauma-informed care, but we can use these same principles to guide the implementation of trauma-informed team care, creating a workplace environment that supports the health care team's physical and emotional health and well-being. Remember, you can implement these over time; start with one policy and supportive practice and build from there, based on feedback from team members.

Safety, Trust, and Transparency

Team members feel physically and psychologically safe; decisions are made with transparency and with the goal of building and maintaining trust. [1, 40]

❑ Establish norms together as a team that are inclusive, participatory, and foster safety during sometimes challenging discussions. E.g., "what is said in the room stays in the room," but general lessons learned can be shared; "step up and step back" to give others a turn to speak and foster inclusion.

❑ Set norms and expectations around the type of language used in the workplace to improve interactions and communication; create a "respectful culture" workplace campaign.

❑ Implement regular communication (e.g., emails, newsletters, announcements) from leadership about what's going on at the organization, challenges, in the news, etc.

❑ Promote culturally congruent and easily accessible employee resources for mental health and well-being (in-house and/or third-party), such as therapy, on-site classes, and workshops.

❑ Be more reflective when determining disciplinary action; first ask what's going on with a person's life/what happened to make them react in a particular way.

❑ Other _____

❑ Other _____

> ## Collaboration
> Power differences – between clinicians, staff, and leadership – are leveled to support shared decision-making.[40]

- ❑ Provide sufficient, dedicated time, such as during regular team meetings, to check in with team members and, when needed, to collectively process and discuss individual/team experiences (e.g., ACE screening).
- ❑ Develop meeting agendas that are realistic, understandable, have clear decision rules, and address possible triggering and/or challenging conversations. Clearly state the purpose/goal of a meeting prior to any team discussion (e.g., to inform, get feedback, make a decision, etc.).
- ❑ Ensure everyone has a chance to talk at a meeting and is actively listened to. Ask: "Is there anyone I haven't heard from?"
- ❑ Use a board/notes to track and summarize what you've heard. Ask: "Is this what you mean?"
- ❑ Rotate or share leadership of meetings.
- ❑ Acknowledge that people are sometimes the mentor and sometimes the learner to recognize and appreciate the value of different expertise and experiences.
- ❑ Educate staff, administrators, and clinicians about each other's roles; e.g., have "shadow/immersion days" when leadership and board members integrate into the care team, or clinicians shadow the administrative team, etc.
- ❑ Provide voicemail boxes for all team members, to enable patients to contact them directly.
- ❑ Encourage all team members to introduce themselves by name and role in all first interactions with patients.
- ❑ Other _____
- ❑ Other _____

Peer Support and Empowerment

Individuals with diverse life experiences are integrated into the organization and viewed as integral to service delivery; team member strengths are recognized, built on, and validated; there is a shared belief in resilience and the ability to heal from trauma.[40]

- ❏ Start or end a meeting with a few minutes of mindfulness to promote enhanced focus on the task at hand.
- ❏ Recognize each other for a job well done.
- ❏ Provide open-door access to a "champion" or member of the ACE screening implementation team trained in ACE screening and trauma-informed care to discuss challenges and experiences.
- ❏ Respect team members who are not comfortable presenting the ACE screen to families.
- ❏ Schedule team debriefing meetings for difficult cases or challenging patient interactions.
- ❏ Implement regular team huddles before clinic opens to check in, prepare teams for difficult cases, or to anticipate if something might be triggering.
- ❏ Schedule regular manager-team member check-ins.
- ❏ Schedule team-building activities to connect through things other than work (e.g., during lunchtime, monthly meetings, or a fun, quarterly off-site when the office/clinic shuts for a few hours).
- ❏ Implement a staff buddy system, e.g., for onboarding.
- ❏ Increase work schedule flexibility and autonomy for all employees; e.g., flexible work hours, choice of preferred days off, options to provide virtual care/telehealth when appropriate, opportunities for job-sharing or periodic coverage.
- ❏ Provide access to support groups, e.g., peer support groups, 24/7 support hotline; Schwartz Rounds, Battle Buddy program
- ❏ Apply for grants from clinical learning collaboratives to protect administrative time for learning from and with other health care organizations, e.g., Center for Care Innovations (CCI)'s Resilient Beginnings Network (RBN)
- ❏ Administer a bi-annual or annual survey to understand job satisfaction, challenges (e.g., National Council for Behavioral Health Organizational Self-Assessment)
- ❏ Support teams with ACE screening training and technical assistance
- ❏ Other _____
- ❏ Other _____

> ### Humility and responsiveness
>
> Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography, historical trauma) are recognized and addressed.[40]

- ❑ Use reflective practice as a tool to help team members make sense of things that happen in the workplace, and be less reactive in a busy and sometimes stressful environment
- ❑ Ensure workplace policies, practices, and procedures are responsive to the diverse needs of team members (e.g., ask for feedback via surveys, interviews)
- ❑ Work to increase diversity of team members when hiring
- ❑ Implement a code of conduct that clarifies a zero-tolerance policy for discriminatory behavior by patients toward team members
- ❑ Establish safe spaces, such as for team members of color, to share their experiences in the workplace and in care delivery; work to incorporate insights into the clinic's practices
- ❑ Establish affinity groups, which allow team members to gather with others with whom they identify racially and culturally, to learn together and discuss topics related to race, trauma, and culture
- ❑ Encourage team members to take the ACE screen themselves to better understand their own past experiences
- ❑ Address microaggressions (i.e., quick statements or actions that express a negative message about someone, often unintentional) and the importance of taking responsibility for microaggressions through training and examples/modeling of how to interrupt microaggressions
- ❑ Implement training or education sessions to generate awareness about cultural humility, which calls for self-evaluation and self-critique, addressing patient-provider power imbalances, and partnering with communities
- ❑ Implement training/education and discussion and/or workshop groups about implicit bias to increase awareness and promote anti-racism
- ❑ Other _____
- ❑ Other _____

For additional information and resources, see the resources for Stage 4 of this How-To Guide.