Building a Trauma-Informed Temporary Assistance for Needy Families Program: An Evaluative Toolkit

Foreword

This Toolkit was produced as part of the Peer-Based Training and Technical Assistance (PeerTA) initiative funded by the Office of Family Assistance, Administration for Children and Families, in the U.S. Department of Health and Human Services, under contract number HHSP233201500111 awarded to the Manhattan Strategy Group and its partner, MEF Associates. The project officer is James Butler.

The views expressed in this Toolkit do not necessarily reflect the views or policies of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance.

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About the Peer-Based Training and Technical Assistance Network

The Peer-Based Training and Technical Assistance (PeerTA) network is a federally funded initiative administered by the Office of Family Assistance within the Administration for Children and Families, U.S. Department of Health and Human Services. PeerTA provides evidence-informed, direct, and timely technical assistance to state, tribal, county, and territory Temporary Assistance for Needy Families (TANF) programs and their partners on topics aligned with the priorities of the Office of Family Assistance. PeerTA also facilitates the sharing of timely and practical information on innovative practices, emerging challenges and opportunities, and application of lessons learned to the broader TANF field.

To learn more about the PeerTA network and the resources, publications, and tools it makes available please visit **https://PeerTA.acf.hhs.gov/**

To make a request for technical assistance please visit **https://PeerTA.acf.hhs.gov/technical-assistance**

About the Evaluative Toolkit

Dr. Andrea Hetling, Associate Professor at the Bloustein School of Planning and Public Policy at Rutgers University, developed this toolkit to provide technical assistance requested by the Vermont Department for Children and Families Reach Up program to support ongoing efforts seeking to better serve families through a trauma-informed lens. The toolkit reflects information gathered through a series of ongoing discussions and two site visits with leadership and staff from the Vermont Department for Children and Families that occurred between March and October 2019.

The toolkit provides guidance on trauma-informed policies and practices. It uses the Vermont Reach Up program as a model to illustrate how other TANF programs can apply and adapt the information and tools presented in this report to inform their efforts to build more trauma-informed policies, practices, and offices.

Acknowledgments

Preface

The purpose of this document is to provide Temporary Assistance for Needy Families (TANF) agencies, particularly the Reach Up program in Vermont, guidance and concrete tools to assist in building trauma-informed policies, practices, and offices.

The Toolkit was developed in collaboration and cooperation with the state of Vermont, and thus is written with the Vermont Reach Up Program (the state's TANF program) as the example woven through the chapters. TANF programs across the US are not uniform, and the case of Vermont cannot be applied perfectly to all TANF sites. However, by combining general guidance with a concrete example, this Toolkit provides a foundation for discussions and adaptations and, we hope, it will serve as the beginning point for further documents as TANF agencies, policies, and programs evolve to better serve all applicants and participants through a trauma-informed lens.

What does it mean to be trauma-informed?

Trauma-informed care is a holistic, systematic approach grounded in an understanding of, and responsiveness to, the impact of trauma on the individual. Best practices in trauma-informed care teach us that to help individuals impacted by traumatic experiences, services should support the whole person. In other words, oftentimes a survivor's ability to make progress on one goal is dependent on addressing other challenges, and thus case managers should consider barriers and needs in all aspects of a survivor's life. Staff at trauma-informed programs are trained to understand how to listen to each survivor and make sure that her needs and wants are reflected in the services and supports she receives, thus supporting the survivor's journey to regain control over her environment. This approach has translated well to various human service settings from childcare and education, to mental health and substance use services, to emergency housing. This approach also poses challenges, particularly to public human service agencies which must follow legislation and regulations that are sometimes based in or guided by limitations and constraints.

Why focus on TANF agencies?

Experiences of trauma among low-income families are very common. Staff who interact with TANF participants experience high levels of secondary trauma.

Becoming a trauma-informed agency goes beyond training staff to conduct trauma-informed case management. It includes evaluations and changes at various agency levels, like written rules and procedures, physical space, and human resource support.

Although a large body of literature on trauma-informed care exists and strong practice guidelines are available, including ones aimed at helping human services agencies, TANF-specific resources are few.

"So, what exactly can I use this toolkit for?"

This toolkit is designed for:

TANF agency administrators and supervisors interested in, committed to, or even just curious about how to become a more trauma-informed agency through providing information on how to align TANF policies, programs and services, and agency space with best practices in the trauma field.

This toolkit IS:

A resource which summarizes and distills the extensive best-practice guidance available in the field of trauma and then applies this knowledge to the case of TANF.

Guidance for agency level change and growth, with information applicable to policies, programs and services, and agency space.

A beginning step in the process and journey of being trauma-informed.

This toolkit is NOT:

Completely new — We rely on and present information from a robust and growing field of trauma theory and trauma-informed care. Each section of the toolkit ends with a list of related resources and helpful websites for the reader to learn more.

A training manual for frontline staff on what trauma is and how to develop trauma-informed skills — The toolkit can be used to train staff, but should be used as a complement to other resources that focus specifically on case management and interacting with participants.

The final step — Becoming and being a trauma-informed TANF agency is a continuous process. Chapter 9 provides guidance on incorporating a trauma-informed lens when conducting program evaluations and strategic planning.

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Chapter 1
Project Background
and Introduction

How Trauma, and Trauma-Informed Care, Impacts the Frontlines of TANF

Victoria turned to Temporary Assistance for Needy Families (TANF) after fleeing an abusive relationship that lasted years. While residing at an emergency domestic violence shelter, Victoria found support from social workers and legal advocates, but still struggled with meeting the minimal requirements to continue receiving her TANF benefits. Victoria repeatedly missed appointments, including her job search classes and job interviews. Although she had a strong career before the abusive relationship, she found the job search and group settings, in general, very difficult. Victoria avoided social interactions and described herself as withdrawn and depressed. It wasn't until she started reading about trauma and began understanding the impact trauma had on her life that she was able to begin her journey to healing and find ways to move forward. In Victoria's own words:

> *"Healing is also…for me anyway, is finding better coping mechanisms, too. Because [before] I mean I just shut down and you know then I didn't do anything, and everything turns out the way that it has and here I am. Because I went from having my own house and a great job and making great money and you know my own car, I had custody of my child, the whole nine yards and then I just let it all go, you know. And I didn't care, I just ran away."*
> (TANF recipient in New Jersey as quoted in Hetling et al., 2019)

After only six months working as a TANF case manager, Marcia started feeling tired and frustrated with her work. She always wanted to help low-income mothers get back on their feet. Her own experiences of poverty as a child motivated her to help others and drew her to her undergraduate major of social work. How could she have been so wrong about her career choice? She considered leaving her position and looking for administrative work. After participating in a workshop on secondary trauma and self-care, Marcia realized that her challenges and feelings were not unique, nor did they mean that she wasn't able to be a good case manager.

Adrienne is a regional office supervisor in Vermont's Reach Up program. She has been providing services to families receiving TANF for over 28 years. Despite her strong enthusiasm when starting as a TANF case manager decades ago and her continued motivation to help struggling families, as a supervisor, she found herself without the tools to support her staff.

"After learning about trauma and the importance of self-care, I have become more understanding of the importance of acknowledging self-care needs expressed by my staff and supporting them as caringly as possible. Having been raised to 'suck it up' and just do what needs doing, this has been a significant and important evolution for me and, therefore, for all whom I come in contact with. The understanding I have gained through viewing the world through the trauma lens has given a degree of support to those around me which may not have been there previously."
(Reach Up supervisor, September 2019)

Examples of how experiences with trauma impact the frontlines of TANF are numerous and diverse. Traumatic experiences, whether they are recent or from long ago, chronic or one-time severe episodes, can negatively impact lives in ways that can interfere with daily tasks and future planning. At the same time, exposure to secondary trauma can directly impact the well-being of staff from all program areas and positions, including those that do not work directly with clients on a daily basis. Creating trauma-informed TANF programs significantly helps clients and staff in achieving their goals. Viewing operations though a trauma-informed lens and strengthening programs with a trauma-informed approach is a critical step towards realizing the Vermont Reach Up program's motto, "Reach Up joins families on their journey to overcome obstacles, explore opportunities, improve their finances and reach their goals."

Vermont and the PeerTA Request

In 2019, leadership from the Reach Up program in Vermont reached out to PeerTA, a program funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance and designed to support state and tribal TANF programs. Vermont made a request for technical assistance in conducting an assessment of the Vermont Reach Up program's current rules and identifying changes that would allow the program to be more trauma-informed. The PeerTA team conducted a site visit in May 2019 and proposed the development of an evaluative toolkit for continual use and program improvement.

Overview of the Toolkit

This document will assist you in reviewing, assessing, and identifying next steps in the development of trauma-informed policies, practices, and spaces in your TANF agency.

The material is organized in the following sections:

> **Chapter 1. Project Background and Introduction**
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> **Chapter 2. Trauma in the Context of Poverty and Human Services**
>
> **Chapter 3. How Can Trauma-Informed Principles be Applied to the TANF Context**
>
> **Chapter 4. Assessing Agency Readiness and Culture**
>
> **Chapter 5. Evaluating Policies and Rules**
>
> **Chapter 6. Evaluating Practices and Interactions with Participants**
>
> **Chapter 7. Evaluating Agency and Office Space**
>
> **Chapter 8. Addressing Secondary Trauma among Staff**
>
> **Chapter 9. Developing Trainings and a Culture of Continual Improvement**

Regardless of your familiarity with the topics, the Toolkit is designed to help you by starting with basic definitions and a foundational introduction and quickly proceeding to contextualized guidance and resources.

Chapter 2
Trauma in the Context of Poverty and Human Services

Experiences of trauma can have significant short- and long- term consequences on individual functioning and family well-being. Recognizing the impact that trauma can have on families directly, and on agency staff indirectly, many human service agencies have begun transforming their services and programs to be "trauma-informed." The first step in becoming a trauma-informed agency is to understand and recognize the impact of trauma.

The purpose of Chapter 2 is to review and complement existing resources available at the Vermont Agency of Human Services. The chapter uses Vermont's definition of trauma as primarily falling into two categories, acute traumatic events and chronic traumatic events. Individuals and families in poverty can be exposed to both types of events at different times, from childhood to adulthood, and in various situations, including neighborhood and community violence. Moreover, experiences of poverty, such as homelessness and material or food hardship, can cause emotional or physical harm. Because these experiences are often prolonged and overlapping, low-income individuals can develop symptoms of toxic stress. This chapter discusses trauma and the consequences of experiencing trauma as well as resilience and recovering from trauma.

What is Trauma?

According to the U.S. Department of Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA),

> *"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being"* (SAMHSA, 2014).

In everyday conversations, trauma is often used to describe a physically harmful event, an occurrence that resulted in a physical injury, perhaps even hospitalization. Trauma, however, is a broader concept and definitions among human service professionals recognize this range. SAMHSA defines trauma "as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences" (SAMHSA, 2014). The American Psychiatric Association defines trauma as "an occurrence which is outside the scope of everyday human experience and which would be notably distressing to almost anyone" (American Psychiatric Association, 1987, DSM-III_R).

In Vermont, the Agency of Human Services issued a policy statement, Trauma Informed System of Care, effective 10/23/2017, that provides extensive explanations of the agency's definitions of trauma and trauma-informed care. Within that document, trauma is defined as including two types, acute traumatic events and chronic traumatic events:

Acute traumatic events – Single events that provoke intense feelings of helplessness and fear. Car accidents, assaults, fires, community violence, natural disasters and sudden loss of a loved one are some of the most acute traumatic events.

Chronic traumatic events – Persistently repeated threats or violations of safety and integrity, associated with a complex range of emotions, including fear, shame, distrust, hopelessness and numbness. Examples of such events include chronic physical and/or emotional abuse and/or neglect, family violence, growing up with addicted family members, incarcerated family members, or family members with untreated mental illness. (Vermont Agency of Human Services, 2017)

This delineation helps with understanding the diversity of experiences that are defined as traumatic, particularly as we consider the challenges faced by families experiencing poverty, including recipients of TANF and Vermont's Reach Up program. Low-income families often live in and are exposed to environments where there are many potential sources of trauma, particularly if they live in predominantly low-income neighborhoods where crime rates are high and community resources may be lacking or inadequate. In addition to their greater exposure to trauma, research indicates that low-income individuals, particularly children, are more likely to develop symptoms of toxic stress as a result of repeated and prolonged exposure to high stress environments and situations (Evans et al., 2011).

Toxic stress is understood as resulting "from strong, frequent or prolonged activation of the body's stress response, in the absence of a buffering supportive adult relationship and environment" (Vermont Agency of Human Services, 2017). Root causes of toxic stress are often found in adverse childhood experiences (ACEs) like physical or sexual abuse or exposure to severe family violence. Prolonged and chronic experiences of trauma in adulthood can also cause toxic stress. Among low-income families, overcrowded or low-quality housing, exposure to pollutants and other environmental hazards, and the daily stresses of maintaining a household with insufficient income can all be causes of toxic stress (Rawles, 2010).

Another source of trauma related to the circumstances of low-income families, particularly members of marginalized groups, is historical trauma. Historical trauma can impact individuals who are members of cultural, racial, or ethnic groups that have a history of oppression, including slavery, forced migration, and colonization (Administration for Children and Families, n.d.). In general, traumatic events can either be mitigated or magnified by our environment. For individuals who are members of marginalized groups, historical trauma can compound individual traumatic experiences. Moreover, cultural and racial bias create an environment that creates adversity for members of these groups, putting them at greater risk of trauma and toxic stress (Agency of Human Services, 2019).

What is Resilience?

After experiencing a traumatic event or situation, some people experience only brief or short-term negative consequences, while others have long-term effects such as Post-Traumatic Stress Disorder (PTSD). Some people who experience trauma are able to process their experiences to minimize negative effects. This ability is referred to as "resilience." We can think about resilience as the ability to "bounce back" after experiencing adversity (Agency of Human Services, 2019). Multiple or chronic traumatic experiences, as well as toxic stress, make it more difficult to build resilience. Such experiences can compromise one's ability to "bounce back." In contrast, protective factors in one's community or situation, can help build resilience. Social supports, including strong connections to family and friends, and economic stability are important protective factors against the negative impacts of trauma.

What are the Consequences of Experiencing Trauma?

Experiences of trauma can have immediate negative physical and mental health consequences, and as explained above, chronic traumatic experiences can result in toxic stress. In turn, toxic stress can both reduce resilience and have negative impacts on executive functioning and decision-making. When individuals experience toxic stress, levels of stress hormones such as cortisol become elevated, which may disrupt brain circuits and make them less resilient to trauma (National Scientific Council on the Developing Child, 2007). These negative impacts have far-reaching consequences for families struggling with poverty. Generally speaking, exposure to high levels of toxic stress can compromise the ability to manage multiple problems, think through options, and make calculated decisions or prioritize next steps (Center on the Developing Child, n.d.). Research has shown that individuals living in poverty and thus constantly exposed to high levels of stress are more likely to be risk-averse and to consider short-term rather than long-term benefits in making financial decisions (Haushofer & Fehr, 2014). As a result, they are more likely to make decisions with immediate payoffs that may be detrimental to their financial well-being in the future, such as overspending right after payday and leaving insufficient resources for the rest of the month.

Children in low-income families are especially vulnerable to the impact of trauma, specifically as it affects their development. As noted earlier, adverse childhood experiences (ACES) are often related to toxic stress and negative impacts in cognitive and executive functioning, both as children and later in life as adults. While both adults and children can experience toxic stress, children who are exposed to repeated trauma can suffer permanent changes to their brain chemistry, reducing their resilience to trauma permanently (National Scientific Council on the Developing Child, 2007). Not only can children experience these permanent negative changes to the way they process trauma and react to the world around them, they may also suffer the consequences of their parents' own trauma (Evans & Kim, 2013).

What is Trauma-Informed Care?

Recognizing the severe impact that trauma can have on individuals, human service agencies have begun transforming their services and programs to be "trauma-informed." Trauma-informed care is a holistic, systematic approach grounded in an understanding of, and responsiveness to, the impact of trauma on the individual. The approach includes a focus on the avoidance of re-traumatizing those who have already been victimized. According to SAMHSA, a trauma-informed approach to services is based on four assumptions:

> "a program, organization, or system that is trauma-informed *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively *resist re-traumatization*." (SAMHSA, 2014)

These assumptions are often referred to as the **4 Rs of trauma-informed care**. In short, trauma-informed care refocuses service provision from the question of "what is wrong with you?" to a question of "what happened to you?" (National Center on Trauma-Informed Care, 2012).

Best practices in trauma-informed care teach us that to help individuals impacted by traumatic experiences, services should support the whole person, including self-care activities and coping mechanisms to promote healing and resilience. Staff at trauma-informed programs are trained to understand how to listen to each survivor and make sure that her needs and wants are reflected in the services and supports she receives, thus supporting the survivor's journey to regain control over her environment. When organizations put trauma-informed care practices to work they are opening the door for a new way to view and organize services and supports for trauma survivors. This model acknowledges that trauma leaves a strong, often long-lasting impression. Since trauma and healing both occur in a variety of different contexts, trauma-informed programs respect these differences and aim to provide well-matched care for everyone who needs it, including those of different cultural and social backgrounds, race/ethnicities, gender identities, and religious beliefs. Trauma-informed agencies ensure that all individuals feel safe emotionally, physically, and culturally.

Application of SAMHSA's four assumptions of a trauma-informed approach, or the 4 Rs, to various practice settings have led to the development of more concrete principles. Although various versions now exist, most are related to or are adaptations of the six guiding principles to a trauma-informed approach developed by SAMHSA (SAMHSA, 2014). These six principles continue to be the most widely used version of these principles and have been used in many state level human service agencies, including the Vermont Agency of Human Services.

The six principles are:

> **Safety**
>
> **Trustworthiness and transparency**
>
> **Peer support and mutual self-help**
>
> **Collaboration and mutuality**
>
> **Empowerment, voice and choice**
>
> **Cultural, historical and gender issues**

These six principles, their definitions, and their applications to the context of TANF and Vermont's Reach Up program are discussed in Chapter 3.

Where Can I Find More Information?

Harvard University, Center on the Developing Child
InBrief: The Impact of Early Adversity on Children's Development
https://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/

U.S. Department of Health and Human Services, Administration for Children and Families Resource Guide to Trauma-Informed Human Services
https://www.acf.hhs.gov/trauma-toolkit

U.S. Department of Health and Human Services, Administration for Children and Families
Resources Specific to Working with Low-Income Families Including Those Receiving TANF
https://www.acf.hhs.gov/trauma-toolkit/low-income-families

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
https://store.samhsa.gov/system/files/sma14-4884.pdf

Chapter 3
How Can Trauma-Informed Principles Be Applied to the TANF Context?

Vermont's Reach Up program, like other Temporary Assistance for Needy Families (TANF) programs across the nation, serves a large number of individuals and families who have been affected by trauma in diverse ways. Transforming the TANF program and the state, tribal, and county agencies and departments that manage the program begins with understanding what trauma-informed care principles look like in this context.

Chapter 3 provides an overview of how to understand and operationalize trauma-informed care principles for TANF agencies and describes both the challenges and opportunities the program may pose when adopting best practices.

Temporary Assistance for Needy Families (TANF) and a Trauma-Informed Approach

Temporary Assistance for Needy Families (TANF) is the US public cash assistance program for low-income families. The program was implemented as a result of the 1996 Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA) which replaced the former entitlement program, Aid to Families with Dependent Children (AFDC), with TANF, a time-limited benefit funded through block grants to states. The change from AFDC to TANF was accompanied by a large reduction in the number of families receiving assistance. Disagreement still exists on whether the caseload reduction was a good or poor result of the policy change. However, many agree that those remaining on the caseload likely have multiple barriers to employment, and that programs should focus on how to better serve these families (Danziger et al. 2016; Haskins, 2016).

Research supports the assumption that barriers to employment are common among current TANF recipients (Acs & Loprest, 2007). Recent research on experiences of trauma indicate that traumatic experiences, both current and past, may be a root cause for some of these health and human capital barriers (Anda et al., 2008). Low-income women are more likely to have experienced adverse childhood experiences (ACEs), including physical and sexual abuse and witnessing household violence, than the general population (Cambron et al., 2014). Multiple studies have also demonstrated that current abuse experiences, including economic abuse tactics, are common among low-income women and negatively impact their ability to find and maintain employment (e.g., Renzetti, 2009).

Tool 1 presents SAMHSA's six guiding principles to a trauma-informed approach along with their definitions and areas to consider when applying the principles to the various aspects of the TANF program.

Tool 1: Understanding and Applying Principles of Trauma-Informed Care

Principle	SAMHSA Definition[1]	Areas for consideration in the TANF context
Safety	Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.	· Are there easily accessible exits? · Physical and emotional safety · Agency space · Privacy and confidentiality · Safety plans · Home visiting: What about services that are delivered at the family's home? Are there others in the home that prevent the client from feeling safe? · TANF programs: Do program requirements put the client in unsafe situations?
Trustworthiness & Transparency	Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.	· Communication of rules, expectations and boundaries · Explanation of reasons for rules · Universal and consistent application · "Right of Recipients" · Staff training on ethics, boundaries, and expected behavior
Peer Support	Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term "Peers" refers to individuals with lived experiences of trauma, or in the case of children, this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."	· Agency space: Waiting rooms and classrooms · TANF programs and services
Collaboration & Mutuality	Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happened 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.	· Systems integration and coordination between and among systems of care · Communication among staff and coaching by supervisors · Case management and communication with clients

[1]SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.

Principle	SAMHSA Definition[1]	Areas for consideration in the TANF context
Empowerment, Voice & Choice	Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.	· Systems integration and coordination between and among systems of care · Communication among staff and coaching by supervisors · Case management and communication with clients
Cultural, Historical, & Gender Issues	The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.	· Extent to which diversity is valued and supported in the agency structure · Awareness of culture and the importance of incorporating this awareness in daily practice and organizational operations · Diversity and inclusion training for staff · Language access for clients · Office and waiting space decorations and materials

Generally speaking, SAMHSA's definitions of the six guiding principles of a trauma-informed approach are easily matched to service delivery in a public human services setting. They are framed broadly enough to apply to organizations that serve various needs of families, adults, and children, including health, education, and economic services and supports. Each of the six principles, when applied directly to a TANF setting, draw attention to their importance and how policies, programs, and spaces can be improved to be transformed by a trauma-informed approach.

SAFETY encompasses both physical and psychological safety for all individuals involved in the program, including families (adults and children) and staff members (clerical staff, eligibility staff, case managers, supervisors, etc.). Applying this principle to a TANF agency requires understanding why safety is important in the context of the TANF program, as well as how to make the spaces in which services are provided more hospitable.

TRUSTWORTHINESS AND TRANSPARENCY are key for building trust with clients and ensuring their success in meeting the various requirements of the TANF program. This principle requires clear and effective communication between staff and clients with regard to expectations and objectives, particularly in setting individualized and realistic goals appropriate for each client.

PEER SUPPORT and social connections promote healing and enable individuals to build resilience. By facilitating and integrating opportunities for clients to work together and connect, TANF programs allow critical connections to emerge and create spaces where trauma survivors can support each other in the recovery process as well as in setting and achieving goals.

COLLABORATION AND MUTUALITY, like trustworthiness and transparency, are necessary to ensure that clients are able to meet the program's expectations. There is inherently a power differential between staff and clients, which can inhibit successful provision of services. By allowing clients to participate in decision-making about their participation in the program, case managers can better understand specific challenges their clients may face in meeting program objectives and when possible adapt them to be more attainable. Collaboration also means that systems of care and coordination among various agencies and service providers is an important aspect of providing holistic care.

Similarly, the **EMPOWERMENT, VOICE AND CHOICE** principle involves sharing decision-making with clients, enabling them to take control of their lives. Beyond giving clients more agency, this principle also requires that the TANF agency gives support to staff members to allow them to use discretion with their clients and more adequately address their needs. The general culture shift happening in TANF agencies across the country from purely transactional relationships with TANF clients to more person-centered approaches through coaching and mentoring reflects this principle well.

In applying the final principle of **CULTURAL, HISTORICAL, AND GENDER ISSUES**, TANF agencies and staff recognize potential biases that may affect provision of services, including those on the basis of race, ethnicity, sexual orientation, age, religion, gender identity, geography, and more. They also adapt all aspects of services (policies, protocols, and processes) to different cultural practices and needs, and recognize and address historical trauma. For clients whose primary language is not English or who face challenges with literacy, agencies make significant efforts to provide services in a manner that is accessible.

Aspects of TANF that Match the Principles

In many ways, the goals of local TANF programs, including those of Vermont's Reach Up program, match the guiding principles of a trauma-informed approach. Reach Up's mission of joining "families on their journey to overcome obstacles, explore opportunities, improve their finances and reach their goals" conveys an empowering casework approach. Tool 3, which is presented in Chapter 5, is an evaluative rubric for use in evaluating the policies and rules of TANF programs. And, the tools of other chapters will focus more specifically on TANF practice and office space. These later tools will help in identifying both strengths and challenges of specific policies, practices, and spaces.

Before embarking on such detailed evaluations, it is important to pause and discuss Tool 1 and the broader aspects of TANF and the Reach Up program. Such discussions will set a baseline understanding of the guiding principles of trauma-informed care and facilitate big picture thinking about the ways in which creating a trauma-informed TANF agency can be both an easy and challenging process. Empowering low-income families to find employment is likely a goal shared by many TANF recipients. Working with families to obtain this goal seems well matched to a trauma-informed approach. In fact, incorporating stronger trauma-informed practices would likely help recipients in obtaining their goals. Recent developments in goal-orienting strategies as well as two-generation programs pose new opportunities to transform TANF agencies to be fully trauma-informed.

Aspects of TANF that Present Challenges to the Principles

Other aspects of TANF, however, pose real challenges to the application of these same guiding principles to the Reach Up program. Most obviously, the time-limited nature of the benefit means that recipients must operate within a time frame imposed by public policy, one that may or may not match their own goals. Similarly, federal work participation requirements are a mandatory feature of the TANF block grant and present a challenge to agencies in balancing the need to have clients meet the process measurement immediately rather than building up to full participation as they work through trauma-imposed challenges. Although many states, including Vermont, have been successful in adding some program flexibility through good cause waivers and state-funded programs, case managers must enforce time limits and financial sanctions at times.

In many ways, the restrictive aspects of TANF regulations are contrary to the empowering approach of trauma-informed care. In such instances, looking at agencies, policies, practices, and spaces through a trauma-informed lens can identify other ways to balance those regulations. Sometimes the identification of flexibility within program rules is possible. Good cause waivers may enable a client to forgo meeting requirements in the immediate future in order to address related challenges. Other times, opportunities might exist outside the agency through collaborations and peer support.

For example, local domestic violence agencies may have complementary services or supports available for clients. Training frontline staff to enforce rules with transparency and clarity can help TANF participants better navigate options and requirements. Finally, identifying areas of conflict and challenges in the application of trauma-informed principles can also pose a different type of opportunity for agency leadership — an understanding of the need for change and improvement.

Conclusion

Understanding the prevalence and impact of trauma among TANF recipients is the first step in facilitating an agency's adoption of a trauma-informed approach for their TANF program. SAMHSA's six guiding principles of a trauma-informed approach outline a strong foundation for agencies to use and apply when considering how to change or strengthen specific aspects of their agency, including the policies, practices, and spaces. The following chapters of the Toolkit, including the Tools presented in each of them, address specific aspects of TANF agencies and offer evaluative tools to identify areas of improvement. We begin this process with a discussion of agency commitment and readiness in the next chapter.

Where Can I Find More Information?

Center on Budget and Policy Priorities
Examining TANF, in Brief
https://www.cbpp.org/blog/examining-tanf-in-brief

Maine Department of Health and Human Services, Child and Family Services
Trauma-informed Webinars
https://www.maine.gov/dhhs/ocfs/cbhs/webinars/index.shtml

U.S. Department of Health and Human Services, Office of Family Assistance
Temporary Assistance for Needy Families
https://www.acf.hhs.gov/ofa/programs/tanf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
https://store.samhsa.gov/system/files/sma14-4884.pdf

Vermont Agency of Human Services, Department for Children and Families
Reach Up
https://dcf.vermont.gov/benefits/reachup

Chapter 4
Assessing Agency Commitment and Culture

Widespread agency culture change needs commitment from leaders and staff at all levels — from policymaking and management to the frontlines. Becoming a trauma-informed agency may mean that an agency's culture needs to shift. In order for agency culture to include or be aligned with a trauma-informed approach, leaders and staff must believe that recognizing and addressing trauma is both necessary and feasible. Agency commitment and endorsement of a trauma-informed approach must be visible throughout the agency.

Chapter 4 discusses how to assess how ready an agency or office is to begin the process of becoming and being trauma-informed. What must leaders and staff commit to and support in order to be successful in their journey of adopting trauma-informed practices throughout their agency? Chapter 4 describes Vermont's agency-level policy and working groups as one approach to championing change and building understanding and commitment.

Beginning the Journey

Successfully making the transition to becoming and being a trauma-informed agency may require change in an agency's culture – how that agency and its staff understands and follows the agency's mission. Without a clear commitment and endorsement of trauma-informed approaches from the leadership of an agency, efforts to train frontline staff or make practice changes will likely not result in the transformation administrators or supervisors would like to see. The transformation into a trauma-informed agency must include leadership initiatives that clearly incorporate the four assumptions of trauma-informed approaches discussed in Chapter 2:

> *"a program, organization, or system that is trauma-informed* realizes *the widespread impact of trauma and understands potential paths for recovery;* recognizes *the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and* responds *by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively* resist re-traumatization.*"* (SAMHSA, 2014)

At the foundation, agency leadership and the majority of staff must understand trauma and trauma-informed care and clearly express their commitment to implementing trauma-informed approaches (University of South Florida, 2010).

The creation of a trauma-informed care initiative, such as a workgroup, taskforce, and trauma specialist, that is endorsed and promoted by agency leadership is often considered a strong sign of agency readiness (Fallot & Harris, 2006). The availability of trainings for all agency staff, including leadership, is also critical as both an indicator of commitment and a way of building further understanding and dedication to strengthening trauma-informed approaches (Trauma-Informed Oregon, 2018). The articulation of trauma-informed care as an agency priority in various documents, including program and job descriptions, is further evidence of agency readiness and commitment (ePower & Associates, 2011).

Tool 2 is adapted from a resource published by Trauma-Informed Oregon that explains standards of practice for trauma-informed care. The information presented in Tool 2 focuses on assessing agency commitment and endorsement as one of five critical areas in need of review when assessing the degree to which standards of practice are trauma-informed. Agency commitment and endorsement is the first and foundational area of review. The first column lists the standard of practice and the second column is for your use, to note your responses to the evaluative questions. The questions are intended to help identify areas of improvement and ways to move forward rather than just a simple yes/no checklist. Becoming a trauma-informed agency is a process of continual improvement and thus the Tool should be revisited periodically and used to strengthen commitment and endorsement over time, not just to establish a beginning step.

Tool 2: *Evaluative Questions on Agency Commitment and Endorsement*
Adapted from Trauma-Informed Oregon, Standards of Practice

Trauma-Informed Standard of Practice	Response
Leadership (including administration and governance) has received information/training on trauma and trauma-informed care (TIC).	*Describe the process.*
TIC appears as a core principle in agency policies, mission statement, strategic plan, and written program/service information.	*Describe or provide examples.*
Individuals with lived experience in our service system have decision-making roles in the organization.	*What roles?*
We have a process in place for regular feedback and suggestions from employees and service recipients related to TIC (e.g., perceived safety, welcoming environment, transparency, shared decision-making, helpful/supportive employees, etc.).	*What is the process?* *Who is invited to participate?* *What changes have been made as a result?* *How often does it happen?*
Decisions about changes in policy, practices, procedures, and personnel are made in a way that minimizes negative impact on workforce and on individuals/families receiving services.	*How do you achieve this? What processes are in place?* *How are changes communicated?*
Our agency budget reflects a commitment to TIC (e.g., resources for specialized training, flexible funding for employee wellness, peer specialists, employee time to coordinate or serve on workgroup, etc.).	*How is this commitment reflected in the budget?*

Tool 2: *Evaluative Questions on Agency Commitment and Endorsement*
Adapted from Trauma-Informed Oregon, Standards of Practice (continued)

Trauma-Informed Standard of Practice	Response
Agencywide workforce wellness is systematically addressed.	*Is it adequately funded?* *How many employees participate?* *Is it meeting employee's needs?* *Are employees involved in creating the activities?*
Our organization demonstrates a commitment to diversity and equity within the organization and with the population served.	*How is this reflected in policy and practice?*

Trauma Informed Oregon (2015). *Standards of practice for trauma informed care.*

Vermont's Journey

Trauma and trauma-informed care are not new topics in Vermont's public sphere. In 1999, the Vermont state legislature created a Commission on Psychological Trauma, which authored an extensive report outlining gaps in trauma-related services in the state and proposed recommendations. Motivated by these findings, the Secretary of the Agency of Human Services (AHS) created an AHS workgroup on trauma in 2001, which was later elevated to the status of a Policy Cluster in 2002. In May 2003, the state legislature passed Act 45, An Act Relating to Restructuring the Agency of Human Services, which stated:

> Service delivery systems should recognize the prevalence of the many kinds of trauma, including psychological trauma, and agency staff and service providers should be trained to ensure that client interactions are respectful and sensitive to trauma (Act 45, section 3(12)).

In 2008, AHS included a policy on trauma-informed systems of care in its AHS Policies, Rules, Standards, and Guidelines. The policy was revised in 2017 by the Child and Family Trauma Workgroup (CFTWG) and remains a key element of the Agency's operating procedures. References to this policy are made in various chapters throughout the Toolkit. The policy articulates a holistic agency commitment that:

> AHS and its departments will adopt and implement policies and practices created with a trauma-informed and prevention focus (State of Vermont, Agency of Human Services, Trauma Informed System of Care, Chapter 1.07).

The CFTWG, as well as local groups on the topic of adverse childhood experiences (ACEs), continue to meet to discuss ideas for improvements across the state, including through legislation, regulations, and practice.

Beginning in 2016, Vermont AHS adopted the Strengthening Families Framework from the Center for the Study of Socal Policy as a key component of family service delivery and strengths-based resilience development across the departments. The Framework is based on building key protective factors in communities and families and is discussed in depth in Chapter 6 of the Toolkit. In 2018, Vermont passed legislation that re-instated the position for an AHS Director of Trauma Prevention. The creation of this position and the work the new Director has accomplished further supports trauma-informed approaches in all departments and programs of AHS, including the Vermont Department of Children and Families and the Reach Up program.

The Peer TA request from Vermont's Reach Up program echoes and builds upon this foundation established by AHS and echoed throughout the state.

Conclusion

The Vermont Department of Children and Families, including the Reach Up program, is already a trauma-informed agency in many ways. Leadership and staff within the program articulate a commitment to trauma-informed approaches and they benefit from the leadership, support, and resources available through the state Agency of Human Services, including clear policy documents and staff training opportunities. The following chapters of the Toolkit, including the Tools, are designed to support and strengthen existing efforts and to be used over the long-term as the Department and the Reach Up program undertake strategic program improvement efforts.

Where Can I Find More Information?

American Institutes for Research
Framework for Building Trauma-Informed Organizations and Systems
https://www.air.org/resource/framework-building-trauma-informed-organizations-and-systems

Center for the Study of Social Policy
Strengthening Families
https://cssp.org/our-work/project/strengthening-families/#training

ePower & Associates: the voice of lived experience
TReSIA: Section 3, Trauma-Responsive Systems Implementation Advisor
https://epowerandassociates.com/epa_pdf_files/Sec_03-TReSIA-Assessment.pdf

Trauma-Informed Oregon
Road Map to Trauma-Informed Care
https://traumainformedoregon.org/roadmap-trauma-informed-care/

Trauma-Informed Care Screening Tool
https://traumainformedoregon.org/wp-content/uploads/2018/12/Screening-Tool-and-Guidelines-FINAL-12.12.18.pdf

Trauma-Informed Care Logic Model
https://traumainformedoregon.org/wp-content/uploads/2019/01/TIC-Logic-Model.pdf

Standards of Practice for Trauma-Informed Care
https://traumainformedoregon.org/standards-practice-trauma-informed-care/

Trauma Informed Care Workgroup Meeting Guidelines
http://traumainformedoregon.org/wp-content/uploads/2016/01/Trauma-Informed-Care-Workgroup-Meeting-Guidelines.pdf

University of South Florida, College of Behavioral and Community Sciences
Creating Trauma-Informed Care Environments: An Organizational Self-Assessment
http://traumatransformed.org/wp-content/uploads/tia_usf.pdf

U.S. Department of Health and Human Services, Administration for Children and Families Resource Guide to Trauma-Informed Human Services
Q&A: Trauma-Informed Services
https://www.acf.hhs.gov/trauma-toolkit#chapter-6

Chapter 5
Evaluating Policies and Rules

The policies and rules that guide and shape public human services create the environment and set the boundaries for developing trauma-informed practices and empowering staff. If training of frontline workers happens in isolation from a consideration of the policies and rules, staff may become frustrated with mismatches and lack of support. Reviewing written policies, rules, and procedures is thus a critical step in understanding both the challenges and the opportunities in implementing trauma-informed care in the TANF program. A thorough review of written policies and rules is necessary to identify potential areas of mismatch and embark on efforts to make formal changes to the program.

Chapter 5 includes an evaluative rubric, Tool 3, to be used when reviewing policies and rules. To illustrate how to apply and use the rubric, the chapter walks through examples, including rules that may pose challenges and another that seems well matched with the six guiding principles. In practice, Tool 3 should guide users to identify areas in need of attention — both from a policy design and a policy implementation perspective.

Creating a Foundation

In many ways, TANF operates in a restrictive environment. States, agency staff, and clients must follow rules which, if broken, may result in penalties. Such aspects of TANF, for example time limits and sanctions, when viewed as stand-alone rules, seem contradictory to the underlying philosophy of trauma-informed care, which places the needs and wants of survivors at the center of services in order to empower survivors to become self-sufficient. While empowerment and self-sufficiency are goals in the TANF program as well, a survivor's needs and wants are simultaneously limited by some rules, like the time limit. It is also important to consider that policies, like the time limit rule, can function differently depending on the supportive services and good cause waivers available in a state or county. In this broader and more holistic sense, TANF policies and rules can be both assessed and altered to be more trauma-informed and better aligned with frontline trauma-informed practices.

Tool 3, found on the following page, is a document to be used in reviewing specific policies and rules. Users of the document should note the specific policy or rule being reviewed, the date, and who participated in the discussion. The first column lists the four SAMHSA assumptions of trauma-informed approaches followed by the six guiding principles, and the second column presents some key foundational aspects of each. Before using Tool 3, it may be helpful to quickly review the content of Tool 1 from Chapter 3 and any notes made in the completion of that document. The third column allows for a rating of how well the policy or rule matches the specific assumption or principle. The last column of Tool 3 provides a space for you to note action items and next steps.

Tool 3: **Evaluative Rubric for Trauma-Informed TANF Policies and Rules**

Policy or rule _____ Date of review _____ Completed by _____

	Foundational aspects	**On a scale of 1-5, how well does the policy match the principle?**	**Notes: What are some areas to improve? What steps must be taken to make changes?**
Trauma-informed assumptions			
Realizes trauma	The document uses language that recognizes the pervasiveness of trauma in the lives of people using services		
Recognizes signs	The document recognizes and addresses the impact of trauma and toxic stress		
Responds	Evaluation of the document, and related ones, using the following six guiding principles of a trauma-informed approach has been completed		
Resists re-traumatization	The document expresses a commitment to reducing re-traumatization and promoting well-being and recovery		

Tool 3: **Evaluative Rubric for Trauma-Informed TANF Policies and Rules** (continued)

	Foundational aspects	**On a scale of 1-5, how well does the policy match the principle?**	**Notes: What are some areas to improve? What steps must be taken to make changes?**
Guiding principles			
Safety	· Physical safety is protected · Emotional safety is protected · Confidentiality is protected		
Trustworthiness & Transparency	· Expectations and consequences are clearly defined · Communication methods are clearly explained		
Peer Support	Provides opportunities for clients to work together if desired		
Collaboration & Mutuality	Allows case managers to work collaboratively with clients to establish attainable goals		
Empowerment, Voice & Choice	Allows for flexibility to adapt requirements to the needs of each family to address barriers to success		
Cultural, Historical, & Gender Issues	Allows for flexibility to adapt the program to consumers of different cultural, social, and educational backgrounds		

Addressing Challenges and Mismatches

Tool 3 can be used in identifying and addressing challenges and potential mismatches when looking at the TANF program through a trauma-informed lens. Many of the trauma-informed guiding principles necessitate a level of flexibility that, in some circumstances, may contradict TANF rules. For example, work activities as laid out by federal legislation and adopted in Vermont are strictly defined. Thus, in order to be in compliance, a client must participate in one of the approved activities, which may or may not match her own immediate employment goals, or face a possible sanction.

As stated in Vermont's current TANF State Plan Renewal, submitted in December 2018,

> Reach Up participants must comply with all services component requirements, including the work requirement. Noncompliance may result in sanctions. Noncompliance supported by good cause may be excused. (Vermont TANF State Plan, 2018)

Although at the foundation of the rule are limits to the decisions available to the client, the Reach Up Program includes an option of good cause, explained later on in the State Plan. Furthermore, the state includes a separate state program, funded with state general funds, which allows some flexibility in meeting work requirements. As stated in the Plan,

> This program is structured to pay financial assistance with appropriated state MOE funds to families in which the parent or caretaker is engaged in unsubsidized employment for the number of hours that meets the applicable TANF participation rate requirement. The purpose of the separate state program is to preserve eligibility for TANF-funded assistance to working Reach Up families by providing them with work supports and financial assistance funded with TANF MOE. (Vermont TANF State Plan, 2018)

In Vermont, the implementation of work-related sanctions is also guided by a client's Family Development Plan (FDP), a document regularly updated during case management meetings. The FDP outlines a client's employment-related goals and the steps needed to achieve these goals. The FDP is discussed further in the next chapter of the Toolkit as a way to strengthen trauma-informed TANF case management.

A thorough review of work requirements, activities, noncompliance, and good cause using Tool 3 will help not only in identifying areas of mismatch, but also available strategies, like good cause, state MOE programs, and case management approaches, that can minimize the mismatch between TANF rules and trauma-informed principles. Moreover, the review may also provide evidence for future discussions on changes to federal and state policy as well as local practices.

Strengthening Specific Rules

Tool 3 can also be used to identify ways to improve already trauma-informed policies. A review of the Family Violence Option and the associated rules and procedures in Vermont is a good example of how Tool 3 can be used for program improvement. In Vermont, and in other states that have adopted the Family Violence Option, screening, referrals and good cause waivers are available to survivors of domestic violence. These provisions modify general policy and practice in order to create a better match between TANF regulations and the needs of domestic violence survivors. While the guidance and training available to staff on these rules and programs clearly reflects many of the trauma-informed guiding principles listed in Tool 3, one principle, Peer Support, is missing. Tool 3 can be used to guide discussions on how peer support, along with other guiding principles, could be better incorporated into existing TANF programs or whether additional programming could be added. One possibility would be to create a peer support component within existing programs (e.g., Booshehri et al., 2018).

Conclusion

The rules and policies of TANF programs, including the Reach Up program in Vermont, present both challenges and opportunities for agencies working on improving their program and agency from a trauma-informed perspective. Becoming a trauma-informed agency is an ongoing process, particularly in an environment where agency decisions are shaped by various outside forces, including both federal regulations and local economic circumstances. Regularly using Tool 3 to review TANF state plans as well as other policy documents and rules provides agencies the opportunity to understand areas to improve and generates evidence for advocating for such changes.

Where Can I Find More Information?

Michigan Department of Health and Human Services
Trauma Policy Framework
https://www.michigan.gov/documents/mdhhs/Trauma_Policy_Framework_Guide_576279_7.pdf

Trauma-informed Oregon
Guide to Reviewing Existing Policies
https://traumainformedoregon.org/resource/guide-reviewing-existing-policies/

University of South Florida, College of Behavioral and Community Sciences
Creating Trauma-Informed Care Environments: An Organizational Self-Assessment
http://traumatransformed.org/wp-content/uploads/tia_usf.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
https://store.samhsa.gov/system/files/sma14-4884.pdf
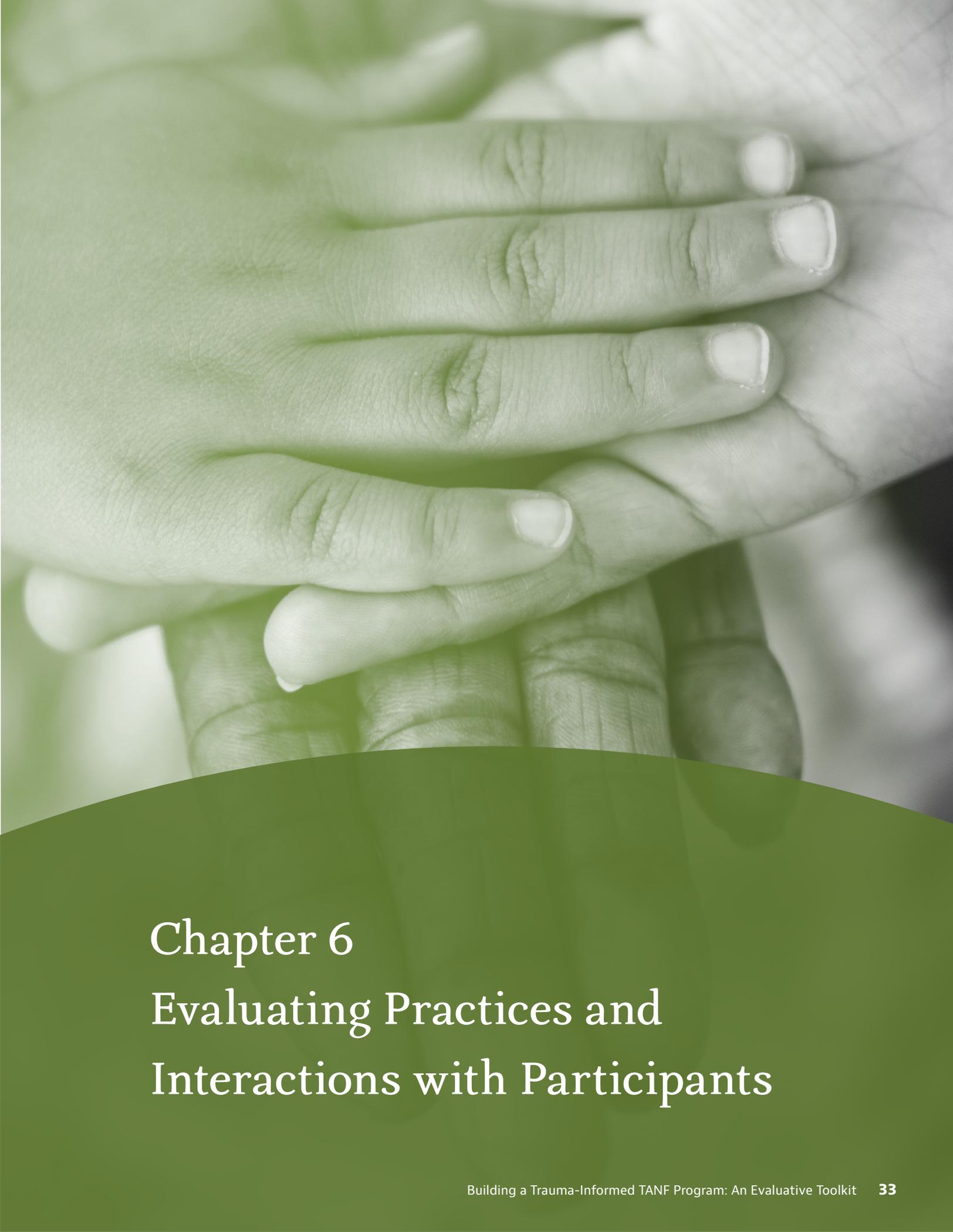
Chapter 6
Evaluating Practices and Interactions with Participants

A trauma-informed agency ensures that all interactions with clients, starting with the very first time they enter the office to inquire about services, are conducted following the principles of trauma-informed care. Staff at all levels receive initial and ongoing training about trauma and trauma-informed practices. Intake staff is trained to administer a basic trauma evaluation of all clients to begin identifying possible sources of trauma and how to provide appropriate supports.

Chapter 6 describes a whole person approach to TANF benefits and services and focuses on supporting resilience among clients. The discussion on supporting resilience is based on the Strengthening Families Framework of the Center for the Study of Social Policy. Tool 4, Practice Reflection Tool for Client Assessment, is part of the Center's Practice Assessment Tools created in conjunction with the Arlington County Department of Human Services. The Tool is included to help case managers support resilience among clients during the assessment process, both during this initial meeting and ongoing conversations. The chapter also discusses the importance of trauma-informed approaches throughout a client's time with the program, from intake and eligibility to case management to exit.

Supporting the Whole Person

A whole-person, or human-centered, approach to social services means assessing and addressing all the needs of the client. In a trauma-informed TANF agency, case managers make extensive use of trauma-informed techniques and assess all the potential barriers a client may face in achieving program objectives and requirements. Case managers identify barriers to employment and self-sufficiency and address them early to ensure positive outcomes. In addition, case managers conduct assessments of clients to identify their "motivations, strengths, barriers and resources," and address the functioning of the whole family (Oregon Family Services Manual).

At a trauma-informed TANF agency, case management and services are also designed to support and build resilience among clients. People who are resilient are able to overcome adversity, and therefore pursue goals even when facing hardship and traumatic experiences. To promote resilience, case managers help clients develop skills and techniques for coping with trauma, which may "include building social connections, setting and achieving goals, communication, problem solving, flexibility, empathy, and impulse control" (Administration for Children and Families, n.d.). They also connect them to other resources and experts that may help them process their trauma and develop long-term strategies to minimize the negative impact of trauma on all members of the household. Furthermore, case managers work with clients to help them develop a strong sense of self, build connections with "other people in their families, communities, or schools, as well as a solid understanding of right and wrong and a sense of integrity" (Administration for Children and Families, n.d.).

The Strengthening Families Framework of the Center for the Study of Social Policy presents a robust approach to increasing family strengths with a specific goal of reducing child abuse and neglect. The Framework presents five critical protective factors as the necessary elements in achieving these outcomes. **These protective factors, or positive attributes of families which help them face difficult circumstances, are:**

- **Parental Resilience**

- **Knowledge of Parenting and Child Development**

- **Social Connections**

- **Concrete Support in Times of Need**

- **Social and Emotional Competence of Children**

(Center for the Study of Social Policy, 2013)

The programs and services at a trauma-informed TANF agency are designed to support and build these protective factors. Moreover, case managers and other staff that interact with clients are knowledgeable in the principles of the Framework and particularly the protective factors that they seek to strengthen in the clients they serve. In order to support clients in building and strengthening these five specific protective factors, staff incorporate trauma-informed principles in all client interactions, from eligibility to case management. Although discussions focused on TANF rules and regulations, such as sanctions and time limits, may seem partially misaligned with the Strengthening Families Framework, staff trained in trauma-informed approaches can complement such discussions with a focus on resilience and strength-building.

Tool 4 presents guidance for case managers in approaches to supporting resilience in clients during the assessment process, a critical step in finding supports and services for clients and their families. The Tool introduces concrete actions that can be used during assessment to support resilience among clients. At the same time, the Tool can serve a broader purpose in evaluating office approaches to eligibility and the role of all Reach Up staff and their partners in supporting an application and assessment process that considers holistic family needs and strengths. The approach embodied in Tool 4 also matches well with goal-setting and coaching strategies being implemented in TANF agencies across the nation.

Tool 4: **Practice Reflection Tool for Client Assessment**

Worker name _____   Date _____

For each action, rate how consistently you use it when assessing families:

Action	CONSISTENCY OF USE				
	1 Never	2 Rarely	3 Sometimes	4 Usually	5 Always
1. Talk with parents and youth about their strengths	1 Notes:	2	3	4	5
2. Assess strengths of individual family members as well as the family as a whole	1 Notes:	2	3	4	5
3. Gather information on family needs and strengths related to each protective factor	1 Notes:	2	3	4	5
4. Talk to families about their history and past experiences as well as their children's developmental history	1 Notes:	2	3	4	5
5. Ask about their social connections and possible sources of emotional and logistical support	1 Notes:	2	3	4	5
6. Work with parents and youth to set goals related to one or more protective and promotive factors	1 Notes:	2	3	4	5
7. Determine with parents/caregivers if additional assessment(s) is needed to address specific problems or build on strengths and interests	1 Notes:	2	3	4	5

Source: Center for the Study of Social Policy, Strengthening Families, Practice Reflection Tools: https://cssp.org/wp-content/uploads/2018/08/Practice-Reflection-Tools.pdf

Differences Between Eligibility and Case Management Work

Based on their different responsibilities and roles, eligibility workers and case managers have different interactions and relationships with clients. Using trauma-informed principles to guide these interactions offers different strategies for the different staff. Eligibility workers often have a limited amount of time to gather a large amount of specific and detailed information. Case managers, in contrast, typically have more time to develop trust with clients and focus more holistically on client circumstances. The amount of discretion or flexibility afforded to eligibility versus case workers also impacts the ways in which a staff person can incorporate trauma-informed principles into their work.

Research on discretion in welfare offices indicates that empowering or enabling staff with knowledge and tools to perform their jobs well is more effective than taking a controlling approach (Brodkin, 2016). In trauma-informed agencies, an enabling approach means that decision-making by case managers would benefit from having staff well trained in trauma and trauma-informed care with adequate organizational supports, rather than overly prescriptive manuals.

Vermont's Case Management Approach: The Family Development Plan

The Reach Up program is based on a case management approach to providing services. As stated in Vermont's current TANF State Plan Renewal, submitted in December 2018:

> The Reach Up Program uses a case management model to provide services to participating families. A case manager is assigned to each participating family as soon as the family begins to receive financial assistance. Using case management, the department provides participating families with services, including assessment, information, referrals, and assistance in the preparation and implementation of a family development plan (FDP), with the goal of helping the family achieve self-sufficiency through unsubsidized employment. (Vermont State Plan, 2018)

Using this information, case managers are able to create FDPs that are individualized for every client, and they can regularly reevaluate and adjust them as the client's needs change. Trauma-informed case plans, including FDPs, should be coordinated with other agencies from which the client is receiving services, if applicable. When a client fails to achieve goals or requirements set by program rules or the case plan, the case manager attempts to identify and address the cause of the problem, rather than immediately applying sanctions.

Strengthening Families: A Protective Factors Framework

The Strengthening Families Framework, adopted by the Vermont AHS as a statewide initiative in 2016, is directly applicable to TANF case management. The Center for the Study of Social Policy provides a number of useful handouts on the Protective Factors Framework, compatible for use with case management. **The following two resources focus on the Framework's five protective factors:**

- **Parental Resilience**

- **Knowledge of Parenting and Child Development**

- **Social Connections**

- **Concrete Support in Times of Need**

- **Social Emotional Competence of Children**

1. Building Protective Factors during Casework Visits
https://cssp.org/wp-content/uploads/2018/08/HO-5-4-Building-protective-factors-during-casework-visits.pdf

This two-page information sheet provides tips to help caseworkers understand and build the five protective factors among their clients.

2. Using Protective Factors to Help Identify Relevant Strengths
https://cssp.org/wp-content/uploads/2018/08/Using-PFs-to-identify-relevant-strengths.pdf

This information sheet includes a one-page description of client attributes and behaviors that match the five protective factors along with a one-page sheet for case managers to record their observations about clients' strengths in these areas.

Eligibility Screening

In contrast to the empowering casework approach available to case managers, eligibility workers typically do not have the time or ability to engage with applicants or inquire about goals. The task of eligibility workers is to collect and assess information related to financial eligibility of applicants.

In Vermont, "financial eligibility for the [Reach Up] program is determined by income and resource limits" (Vermont State Plan, 2018). In order to qualify for TANF, applicants must share personal information without the opportunity to offer context about barriers or other circumstances. This limitation can be frustrating to applicants. Moreover, because the ability of the eligibility worker to be flexible is limited and often time constraints do not allow for long interactions, trauma-informed agencies look to other aspects to provide supports to both applicants and staff. The physical environment, the topic of the next chapter, and staff support, the topic of the following, are particularly relevant to eligibility work.

Conclusion

The implementation of trauma-informed practices at the frontlines of service delivery is probably the most recognized component of being a trauma-informed human service agency. The experiences of Reach Up applicants and clients at the local office have strong impacts on individuals and their ability or inability to meet program requirements and eventually exit the program for work. Each interaction a client has with an agency staff member is an opportunity to address trauma, provided appropriate supports and services, and build resilience. In-depth and periodic training of all agency staff are part of an enabling approach to assist staff in applying trauma-informed principles to all client interactions.

Where Can I Find More Information?

Alameda County Behavioral Health Care Services Network
Trauma Informed Care Self Care Tips
https://alamedacountytraumainformedcare.org/trauma-survivors-and-family/self-care-tips/

Center for the Study of Social Policy
Strengthening Families
https://cssp.org/our-work/project/strengthening-families/#training

Relias
What Does Becoming Trauma-Informed Mean for Non-Clinical Staff?
https://www.relias.com/resource/becoming-trauma-informed-non-clinical-staff

Trauma-informed Oregon
Person-Centered Planning: A Trauma Informed Best Practice
http://traumainformedoregon.org/wp-content/uploads/2016/01/Person-Centered-Planning_a-trauma-informed-best-practice.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
Dealing with the Effects of Trauma: A Self-Help Guide
http://www.ncdsv.org/images/HHS_SelfHelpGuideEffectsOfTrauma_updated_11-02.pdf

U.S. Department of Health and Human Services, Administration for Children and Families
Resilience
https://www.acf.hhs.gov/trauma-toolkit/resilience

Chapter 7
Evaluating Space and the Physical Environment

The environment and physical space in which staff and clients interact are critical components of being a trauma-informed agency. A trauma-informed perspective can improve the physical aspects of buildings and create an environment which support the well-being of both staff and clients and resists re-traumatization.

Chapter 7 discusses current best practices in thinking about space in the context of trauma-informed human services. The featured Tool of the chapter is an evaluative rubric to assess the physical environment of the Reach Up program's physical space. The chapter then discusses best practices and the application of the rubric to both public spaces, like waiting areas, and private spaces, like case management offices.

What is a Trauma-Informed Space?

A trauma-informed perspective can improve the physical aspects of buildings as well as resident meetings and interactions. The office environment, including decorations, communicate feelings and values about work and participants. Because responsibility for physical space is often shared with personnel outside of the TANF agency, it is important that administrators and property managers understand the principles of trauma-informed care. Non-clinical staff, like administrators and property managers, must be knowledgeable about the 4 R's of being trauma-informed as well as the six guiding principles of a trauma-informed approach in order to create a fully trauma-informed environment.

In the field of physical design, the term "trauma-informed design" has emerged to describe practices used by both architects and interior decorators to integrate a trauma-informed approach in physical spaces (Richardson & Ingoglia, 2019). This approach builds on concepts related to universal design principles which are intended to make physical spaces accessible, appropriate, and welcoming to all (Centre for Excellence in Universal Design, n.d.). These principles emphasize that the use of space should be equitable, flexible, and intuitive and thus encourage designers and architects to consider diverse needs and abilities of all potential users of the space. The idea of considering and meeting the needs of all translates well to trauma-informed design, in which we are asked to consider how space relates to the physical and emotional well-being of those that have experienced trauma. Research has shown that one's physical environment can either increase or decrease feelings of stress and have a direct relationship with mental health (Evans, 2003).

Creating Trauma-Informed Spaces in the Reach Up Program

On the next page, you will see Tool 5: An Evaluative Rubric for Creating Trauma-Informed Spaces. The Tool is designed to assist you in assessing the appropriateness of space and ways to improve the physical environment in order to make it more trauma-informed. Rather than presenting a short checklist, which likely would miss details or context-specific nuances, the rubric is designed to help leadership and staff carefully think through the six guiding principles of a trauma-informed approach and how they apply to physical space and the office environment.

Tool 5: **An Evaluative Rubric for Creating Trauma-Informed Spaces**

Principle	Application to environment and space	Guiding Questions	On a scale of 1-5, how well does your space match the principle?	Notes: What are some areas to improve? What steps must be taken to make changes?
Safety	Public and private spaces are designed and set up to ensure a sense of personal physical and emotional safety	· Are there easily accessible exits? · Are waiting areas comfortable and calm? · Are restrooms easily accessible? · Who is present? Other consumers? Security personnel? What impact does the presence of others have? · Is there adequate personal space for staff and clients? · Are office and meeting spaces clean and uncluttered?		
Trustworthiness & Transparency	Spaces are designed and set up to facilitate trust between people at all levels of the agency	· Are spaces designed so that private conversations can be confidential? · Do casework or interview spaces have a table or area to converse that is not limited to a traditional desk? · Are reception, waiting area, and interview rooms comfortable and inviting? · Are program information and rules clearly displayed or available in the space?		
Peer Support	Agencies and offices have space for clients to interact and talk	· Do public spaces allow for personal interaction when desired? · Do classroom or training areas include areas for group learning and discussion?		

Tool 5: **An Evaluative Rubric for Creating Trauma-Informed Spaces** (continued)

Principle	Application to environment and space	Guiding Questions	On a scale of 1-5, how well does your space match the principle?	Notes: What are some areas to improve? What steps must be taken to make changes?
Collaboration & Mutuality	Spaces facilitate collaboration by allowing for group space and private conversations	· Do offices include adequate private space to allow for confidential in-person and phone conversations? · Do meeting spaces have tables? Do they support collaborative work?		
Empowerment, Voice & Choice	Space includes options, including flexible seating, private areas, meeting spaces, and easy exits	· Do choices exist for clients in where and how to have conversations? · Does flexible seating and spaces maximize the use of limited space? · Are exits easily accessible?		
Cultural, Historical, & Gender, Issues	Space is designed, set up, and decorated in ways that reflect the cultural, historical, and gender diversity of staff and clients	· Is the space comfortable for individuals of different identities? · Does the artwork and materials reflect the diversity of clients? · Is the space accessible for clients and staff of different abilities? · To what extent do the materials (including informational posters and artwork) provide language access to all? This includes access for those of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.		

Differences Between Public and Private Spaces

Applying the six principles and using Tool 5 to assess space will differ based on the type of space being evaluated. Public spaces like entrance areas and waiting rooms have different purposes than private meeting rooms, and thus answers to the guiding questions will differ depending on purpose and needs. For example, the principle of trustworthiness and transparency will be operationalized differently when conversations and information sharing are happening in a public space or private office. Leadership and staff should consider the purpose of the space when answering the questions presented in Tool 5. Best practice suggestions in relation to trauma-informed design have begun to emerge. The two tables on the right present some concrete suggestions to consider when assessing potential improvements to waiting areas and office space.

Oftentimes, the principle of safety poses unique challenges, particularly given the diverse experiences and feelings among clients and staff. For one person, the addition of a metal detector in a public space might increase a sense of physical safety. Yet, for someone else, that same metal detector might cause feelings of emotional stress. This type of negative reaction could also relate to feelings of mistrust or the interpretation that the agency does not trust the families they serve. Cultural and historical issues, particularly the experiences of people of color, might complicate these mixed feeling and interpretations. In these cases, trauma-informed agencies must consider how to best balance the needs of both clients and staff and utilize other principles and resources to counter the potential of re-traumatization. For example, front desk staff and security

Best Practice Suggestions for Waiting Areas

- Use color schemes that rely on cool soft colors like blues, greens, and purples

- Maximize natural light

- Choose décor that reflects the culture and diversity of clients

- Provide child-friendly spaces with access to games, toys, and books

- Minimize loud and distracting noises

- Provide clear signs and welcoming messages

- Choose furniture that maximizes accessibility

- Allow for choice in seating that considers comfort and safety

Best Practice Suggestions for Office Space

- Keep desks and workspaces uncluttered and organized

- Consider using meeting tables, instead of desks, to facilitate discussions

- Sound-proof private offices

- Balance personal decorations with ones that match client cultures and identities

- Make information easily available

- Keep exit pathways clear and accessible

- Use plants, lighting, and artwork to make the space warm and inviting

personnel should be trained in trauma-informed approaches just as frontline staff are. Entrance design and decorations can be utilized to create warm, welcoming spaces when adapting and implementing safety considerations. Safety protocols and communication among frontline staff can help with the principle of safety in both public and private spaces and perhaps alleviate the need for overt or intrusive physical safety features.

Conclusion

Trauma-informed agencies understand that as client and staff needs change, and as best practices evolve, physical spaces may also need to change over time. For example, changes in caseload size or composition may mean that more or less waiting rooms are needed in order to ensure safety and comfort. Increases in home visitation programs may change case manager office needs. Similarly, differences in regional offices, including staff and client needs and characteristics, may mean that trauma-informed spaces look slightly different across the state. New research in architecture, design, and technology will likely mean that specific best practice suggestions may become dated in a few years.

Tool 5 is intended to provide more lasting guidance on creating trauma-informed spaces and to empower staff to apply principles in ways that are feasible and appropriate in both the short and long term.

Where Can I Find More Information?

Committee on Temporary Shelter, State of Vermont
Trauma-Informed Design
https://cotsonline.org/wp-content/uploads/2018/04/Trauma-Informed-Design.BOD_.pdf

Design Resources for Homelessness: An Online Knowledge Solution
Victims of Domestic Violence Experiencing Homelessness
Their Perceptions and Needs Influencing Architectural Support
http://designresourcesforhomelessness.org/wp-content/uploads/2015/11/Spotlight_VDV-1.pdf

The National Center on Domestic Violence, Trauma, and Mental Health
Creating Trauma-Informed Services: Tipsheet Series
Tips for Creating a Welcoming Environment
http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_Welcoming-Environment_
NCDVTMH_Aug2011.pdf

National Council for Behavioral Health
Trauma-Informed Design Summary
https://www.nationalcouncildocs.net/wp-content/uploads/2019/06/Trauma-Informed-Design-Summary.pdf

The Pediatric Integrated Care Collaborative. Johns Hopkins University
Developing a Trauma-Informed Office
https://picc.jhu.edu/assets/element-i-developing-a-trauma-informed-office.pdf

SAMHSA-HRSA Center for Integrated Health Solutions
Trauma-Informed Environmental Scan
https://www.integration.samhsa.gov/about-us/tic_environmental_scan.pdf

U.S. Department of Health and Human Services, Administration for Children and Families
Resilience
https://www.acf.hhs.gov/trauma-toolkit/resilience

Chapter 8
Addressing Secondary Trauma Among Staff

An organization cannot be successful in becoming fully trauma-informed without addressing secondary or vicarious trauma among its staff. Unaddressed secondary trauma undermines an agency's ability to pursue trauma-informed policies and practices by increasing rates of burnout and turnover among staff and reducing the quality of care given to clients. In order to effectively address secondary trauma, trauma-informed agencies take a whole agency approach that involves all staff, as well as the organization's policies and culture.

Chapter 8 focuses on strategies to build resilience in staff and the role that the agency and supervisors play in these efforts.

What is Secondary Trauma?

Secondary trauma, also known as vicarious trauma, "is the emotional duress that results when an individual hears about the firsthand trauma experiences of another" (National Child Traumatic Stress Network, n.d.). Individuals who work with traumatized populations on a daily basis, such as therapists and human service workers in various fields, are at increased risk of experiencing secondary trauma and secondary traumatic stress. According to the National Child Traumatic Stress Network (NCTSN), "studies show that from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk for secondary traumatic stress or the related conditions of PTSD and vicarious trauma."

Supporting the Whole Person

While all staff are at risk of experiencing secondary trauma, protective factors, such as social supports and coping strategies, can decrease that risk and help build resilience. Individuals can develop resilience by learning about secondary trauma and taking active steps to address and prevent it. By increasing resilience, individuals may develop the ability to react positively to working with survivors of trauma. In these cases, staff develop vicarious or secondary resilience, which is "a process of learning about overcoming adversity from a trauma survivor and the resulting positive transformation and empowerment experienced through witnessing the survivor's empathy and interaction" (Office for Victims of Crime, n.d.). In many cases, staff experience both secondary trauma and vicarious resilience. Many of the same factors that foster resilience in clients may help staff develop vicarious resilience.

An agency seeking to become trauma-informed should apply principles of trauma-informed care not just in interactions with clients, but also in policies and practices related to staff. Specifically, the agency should seek to support staff holistically when exploring strategies to address secondary trauma. In addition to addressing internal agency factors that may contribute to or enable secondary traumatic stress, such as large caseloads and long hours, the agency should actively seek to maintain staff well-being and resilience through supportive means.

Tool 6: **Strategies to Build Resilience and Address Secondary Traumatic Stress**

Level of Responsibility	Strategies	Practice Examples
Organizational	1. Provide appropriate supervision and supports 2. Continually assess staff risk and resiliency 3. Train all staff including leadership and non-frontline staff on trauma and STS 4. Assess and implement trauma-informed principles in all agency domains	1. Support workplace self-care groups 2. Offer flexible schedules and locations when appropriate 3. Maintain caseload balance and equity to support staff well-being 4. Incorporate trauma awareness into multiple and periodic trainings 5. Work to ensure office and waiting spaces follow trauma-informed design practices
Supervisor	1. Practice active and reflective supervision 2. Model self-care behaviors 3. Increase understanding of trauma and STS 4. Advocate for staff needs	1. Check in with staff instead of waiting for individuals to reach out 2. Openly discuss self-care efforts and strategies 3. Attend trainings 4. Explain staff concerns and needs at supervisor meetings
Individual	1. Increase self-awareness of STS 2. Practice self-care 3. Maintain healthy work-life balance 4. Stay connected 5. Make use of organizational and supervisor supports	1. Attend trainings 2. Take care of your personal physical and emotional needs: take breaks, exercise, eat and sleep well 3. Use sick, vacation, and personal time 4. Participate in a self-care buddy system 5. Meet with your supervisor 6. Utilize counseling services as needed

Tool 6 presents strategies that can be pursued to address secondary traumatic stress among staff. The tool organizes strategies and practice examples by three levels of responsibility: organizational, supervisor, and individual. Trauma-informed agencies do not place the sole responsibility of well-being on individuals. Rather, trauma-informed agencies have organizational level supports in place to help staff and also provide strong and appropriate supervision to prevent secondary stress.

Conclusion

Trauma-informed agencies take active steps to reduce the risk of secondary traumatic stress among all staff and support them in developing resilience. The implementation of strategies to support staff is the responsibility of the agency and should include supports at the organizational and supervisor level. Additionally, individual staff can build resilience among themselves by pursuing a number of self-care strategies. A common theme in the strategies among all levels of the agency is the need for self-awareness, understanding, and training of trauma and resilience. The topic of training, along with program assessment, are the focus of the last chapter, which discusses how trauma-informed agencies embrace a culture of continual improvement.

Where Can I Find More Information?

National Child Traumatic Stress Network

Secondary Traumatic Stress
https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/introduction

Taking Care of Yourself
https://www.nctsn.org/resources/taking-care-of-yourself

Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision
https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool
https://www.nctsn.org/resources/secondary-traumatic-stress-core-competencies-in-trauma-informed-supervision-self-rating-tool

Trauma-Informed Oregon

Attunement and Self-Assessment in Supervision
http://traumainformedoregon.org/wp-content/uploads/2016/01/Attunement-and-Self-Assessment-in-Supervision.pdf

Trauma Informed Care Supervision: Questions and Ideas Table
http://traumainformedoregon.org/wp-content/uploads/2016/01/Trauma-Informed-Care-Supervison_Questions-and-Ideas-Table.pdf

U.S. Department of Justice, Office of Justice Program, Office for Victims of Crime
Vicarious Trauma Toolkit
https://vtt.ovc.ojp.gov/

Chapter 9
Developing Trainings and a Culture of Continual Improvement

Becoming a trauma-informed agency requires sustained attention and efforts; it is not a one-and-done type of task. Assessing and evaluating policies and practices is needed periodically and frequently to identify areas of improvement. As research on best practices in the field of trauma and human services develop over time, so must their applications to the TANF program. Moreover, as new staff enter the agency and as policies and programs change and evolve, all staff must be continually trained on trauma-informed approaches.

Chapter 9 provides guidance on developing an agency culture of continual improvement through staff training and program evaluation. First, the chapter discusses the importance of training staff on the topics of trauma and trauma-informed care, using the example of Vermont's Agency of Human Services statewide training. The second part of the chapter focuses on program evaluation and presents Tool 7, a Tool for agencies to use when reviewing and assessing their program evaluation and strategic management of TANF programs and services using trauma-informed principles.

Training All Staff

The topic of staff training was at the core of the discussion of agency readiness and culture in Chapter 4 and has been mentioned in almost every other chapter in the Toolkit. Trainings on trauma, trauma-informed approaches, and resilience provide staff with critical knowledge on how to best serve their clients and best care for their own needs. Empowering staff with both knowledge and tools leads to more effective programs and services. Vermont's Agency for Human Services has designed and implemented an online statewide training for all agency staff, including Vermont's Reach Up staff (Vermont Agency of Human Services, 2019). The training covers extensive details on how trauma impacts individuals, how protective factors can help build resilience, and the definition of secondary traumatic stress. The training is designed to set a strong baseline understanding across all departments in the agency and is a mandatory training for new staff.

Program Evaluation and Strategic Program Management

Strong strategic management, based on evaluation tools grounded in trauma-informed practices, supports the development of trauma-informed best practices and illuminates areas in need of improvement. Tool 7, modeled after best practices in program evaluation and assessment, is an evaluative rubric to understand agency progress in adopting and implementing continual strategic program improvement through a trauma-informed lens. It can be used to complement and guide the use of the Tools 3 and 5, the evaluative rubrics for rules and space. Tool 7 focuses our attention on understanding the process of program evaluation and assessment, including the type of data collected, how it is evaluated, and how results are used in program improvement.

Tool 7: Evaluative Rubric for Trauma-Informed TANF Policies and Rules

The tool may be used for overall evaluation of an office or for a particular domain, such as a policy, program, or practice.

Office or domain_____ Date of review _____ Completed by _____

	Assumption / principle is defined and operationalized in the context of the agency / domain Enter a number based on the following scale: 0 = no, 1 = minimally, 2 = developing/progressing, 3 = fully	Relevant data are collected to assess implementation of assumption / principle Types of data collected: a = Document review b = Staff feedback c = Client feedback d = Observation e = Other (please specify)	Relevant data are analyzed to identify areas of improvement Enter a number based on the following scale: 0 = no; 1 = analysis completed, but areas not identified; 2 = analysis completed and areas of improvement identified	Changes (policy, programmatic, space) are made based on information learned Enter a number based on the following scale: 0 = no, 1 = partially, 2 = yes
TRAUMA-INFORMED ASSUMPTIONS				
Realizes trauma				
Recognizes signs				
Responds				
Resists re-traumatization				
GUIDING PRINCIPLES				
Safety				
Trustworthiness & Transparency				
Peer Support				
Collaboration & Mutuality				
Empowerment, Voice & Choice				
Cultural, Historical, and Gender Issues				

Continuing on the Journey

TANF agencies and offices that are successful in applying a trauma-informed approach in policies, programs, and spaces create an environment that holistically supports and empowers clients to make progress towards self-sufficiency and become more confident in attaining their goals. Trauma-informed TANF agencies also engage in trauma-informed practices in order to create an environment that reduces secondary trauma among staff and re-traumatization among clients. Because TANF rules and regulations do not always easily match best practices in trauma-informed care, a culture of continual improvement, which includes staff trauma training and trauma-focused program assessment practices, is particularly important to the success of Vermont's Reach Up program and other TANF programs across the nation.

Where Can I Find More Information?

National Center on Domestic Violence, Trauma & Mental Health
Conversation Guide: Activities for Staff Meetings and In-Service Trainings
http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/ConversationGuide_-Making-Connections_NCDVTMH_Dec2011.pdf

The Resilience Alliance: Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff
Training Manual
https://www.nctsn.org/resources/resilience-alliance-promoting-resilience-and-reducing-secondary-trauma-among-welfare-staff

Trauma-Informed Oregon
Human Resources Practices to Support TIC
http://traumainformedoregon.org/wp-content/uploads/2016/01/Human-Resources-Practices-to-Support-TIC.pdf

Questions to Ask When Considering TIC Models
http://traumainformedoregon.org/wp-content/uploads/2014/10/Questions-to-Ask-When-Considering-TIC-Models.pdf

Resources for Training and Education
https://traumainformedoregon.org/resources/resources-training-education/

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