'Becoming Trauma-informed' in San Mateo County

I. The Need for Growth: Pre- Trauma-informed

Pivotal Moments that clearly identified a need (gap in services) and inspired action

- **Trauma was the number one identified need (gap)** in provider skills and requested for training in the coming year according to a broadly distributed survey
- **What was missing?** Recognizing and understanding traumatic symptoms as adaptive responses to overwhelm **Case consultation/collaboration:** Engaging with providers around shared clients w/o acknowledging prior lived experiences of trauma as the root of the problem and current symptoms in order to more accurately and sensitively guide interventions and overall treatment
- **Consequences:** an entire system that feels overwhelmed and helplessness as how to contain and address these issues. Essentially, (by avoiding the root of the problem because we did not know how to competently address it) we were a system that was being vicariously traumatized along with the clients and experiencing the very same effects that define trauma

II. Planting Seeds : Threefold Mission (emerged) based on 3 inquiries

1. **What already exists so as not to recreate the wheel? Increase awareness and highlighting trauma as the root of the issue by demonstrating prevalence of trauma**;
    - Create T-I webliography: to get informed and connected: discovered state initiatives and projects position papers, national efforts (NASMHPD, NCTIC, NCTSN), Ann Jennings' work and listserve (SPSCOT), Community Connections publications ~ beacons of light offering supportive guidance and framework
    - Distribute needs assessment

2. **How can we integrate trauma-informed services into the existing infrastructure? Support recognition of what is trauma and traumatic symptoms by increasing provider competency and the system as a whole**;
    - Consultation: advised not to create a separate initiative, but ride on the coattails of an already established, well recognized countywide effort to become co-occurring capable in order to minimize resistance
    - Saturate the system of care culture with information rich emails including trauma-informed resources, webinars, trainings and conferences via multiple listserves
    - Identify a universal, routine screening tool

3. **How are we communicating the needs of our complex clients and co-occurring families? Create a shared lens and common language amongst diverse providers and services operating within a system of care;** (criminal justice, Child Protective Services, primary care, mental health, AOD, educators, employment, housing, etc.)

III. Nurturing Growth: Systematic Approach to Culture Change (2008)

Create structure and ongoing forums to capture and collectivize the emerging enthusiasm and interest of our consumers and providers to speak openly about trauma and what to do about it as a consumer, provider, program, organization and system of care;

1) **Formed Trauma Informed Workgroup** that has been consistently meeting monthly since Oct. 2008
    - first 1.5 years; identify and learn from the experts among us
    - more recently; share and bolster trauma-specific skills and shape policy in our organizations and system of care using Roger Fallot and Maxine Harris Trauma-Informed Self-Assessment and Planning Protocol as a guide

2) **Created Trauma Learning Collaborative** providing a broad based understanding of trauma by designing Trauma 101: A foundation for understanding trauma for a trauma-informed system of care; stressed the importance of laying the groundwork for recognizing traumatic symptoms and understanding the lived experiences from a place of compassion "being" and really listening FIRST (in an effort to prevent retraumatization) and thereafter learning and building the "doing" skills

3) **Organized Annual Trauma Conferences** featuring leading experts in the field such as Stephanie Covington, Ph. D. and Janina Fisher, Ph.D. to give credence to the work that was being done and to set the tone going forward

IV. Harvesting Fruit: Signs of Progress/Culture Change

Keys to Success: broadcast consistent message/mission, flexibility, perform continuous and ongoing efforts congruent with the mission, carry out a long term vision step-by-step, inclusion ~ say 'yes', cultivate possibility attitude, allow for choice and timing/readiness, sheer persistence and insistence to never give up

- Explicitly stating the intention to become trauma-informed and capable as a system of care by identifying in the Systems Vision for Transformation Charter Document Strategic Action #4, which reads; "Promoting A Shared Vision: to achieve countywide recovery oriented, culturally responsive, trauma-informed and co-occurring capable services."
- Increasing number of diverse system of care service organizations are inspired to request Trauma 101 presentations for their interns, clinical teams, all staff: (Alcohol and Other Drug Services, youth and families, TAY services, housing, intensive case management and residentials)
- It was crucial for 'becoming trauma-informed' to grow and spread based on **self-identified** needs rather than a top-down approach of mandating, forcing or flooding. The latter approach creates resistance whereas the former engenders receptivity, empowerment and choice ~ the very same principles from which trauma-informed services originated
- Now, sitting in meetings and case consultations where there is a discussion re: the needs of the clients being served hearing trauma used more frequently to encapsulate and refer to the injustices and abuses of the lived experiences of our clients

We will know that we have accomplished our mission when every organization within our system of care has fully integrated trauma-informed services into their service provision, policies and procedures evidenced by trauma-informed materials made readily available to clients, consistently applied trauma-informed lens when discussing clients and implementation of routine program procedures such as trauma screening, trauma-informed assessments and stage matched interventions.