



COLLABORATIVE TEAMS TOOLKIT FOR TRAUMA-INFORMED CARE



Part 3: Collaborative Trauma-Informed Care (C-TIC) Tool

The National Center on Substance Abuse and Child Welfare ([NCSACW](#)) has developed the [Collaborative Trauma-Informed Care \(C-TIC\) Tool](#) as part of the [Collaborative Teams Toolkit for Trauma-Informed Care](#). The toolkit also includes a [Trauma-Informed Care Tip Sheet](#) that offers collaborative teams an overview of 1) trauma-informed care, 2) the differing levels and types of trauma, 3) trauma's connection to substance use and mental health, and 4) strategies teams can use when responding to various situations, including secondary traumatic stress affecting professionals in the workforce.

These collaborative teams represent program leaders, managers, supervisors, and frontline workers in state, county, and local family-serving agencies. The *C-TIC Tool* serves as a resource for these teams as they develop and implement trauma-responsive policies and practices, as well as trauma-specific services throughout their service delivery systems.

The tool places particular emphasis on engaging persons with lived expertise (PWLE)—along with local community members—to help teams plan and implement approaches to intergenerational, historical, and racial trauma. It also examines how trauma affects children, parents, and family members in the wake of parental substance use (as well as secondary traumatic stress experienced by professionals serving these families).

A study conducted by the University of Chicago's Chapin Hall found the need for a comprehensive approach to both preventing and treating trauma and substance use disorder (SUD) across family-serving systems.¹ Public systems recognize that interventions focused on trauma ideally target the individual and the larger context in which services are provided (e.g., agency policies and practices, system-level approaches, and the communities where people live).

The [Collaborative Trauma-Informed Care Tool](#) is organized across five domains:

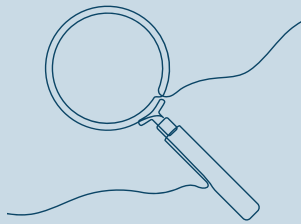


- 1. Implementation** of Trauma-Informed Policies and Procedures
- 2. Building** a Trauma-Informed Workforce
- 3. Supporting** Relationships with Families
- 4. Fostering** Trauma-Informed Services
- 5. Creating** Safe and Respectful Service Environments

It's critical for collaborative teams to engage 1) people with lived expertise, and 2) local community members in the development of activities across all five domains. Multiple components within each comprise a trauma-informed response to that domain. Collaborative teams can use this tool to review each of the components and determine their team's current level of readiness to implement each one. People with lived expertise—as well as local community members—provide valuable insight into each team's level of readiness to implement the various components. For each component, the *C-TIC Tool* details five distinct levels of readiness and a descriptor for each one. These readiness levels are based on Prochaska and DiClemente's *Transtheoretical Model of Change*.²

Once teams determine their level of readiness, they may place a brief statement explaining their views within the corresponding field of the table provided. As teams walk through each component, the tool offers them a more comprehensive view of their current level of readiness to implement a collaborative trauma-informed approach.

Legend For Tables 1-5



Priority for Action: Immediate; two years; three to five years

Precontemplation: Component not yet identified as a need

Contemplation: Component identified as a need

Preparation: Initial conversations on how to implement component

Action: Steps taken to implement component

Maintenance: Policy or practice adopted to sustain the component

Along with determining their collaborative's level of readiness, a team can also prioritize implementation components. The "Priority for Action" field enables teams to indicate if a component is an *immediate* action item or if they desire to implement it within the next two, three, or five years. Identifying priority levels allows the team to focus their resources and efforts toward their most critical components while still holding space for the others. The perspectives and input of those with lived expertise and local community members should help determine each component's priority level.

NCSACW created the [Trauma-Informed Care Tutorial Video](#) to guide teams through its major elements, demonstrate how to enter information, and examine the best ways teams may use the tool to plan the implementation of their trauma-informed approach.

The information gained from this tool paves the way for teams to develop an action-oriented plan to improve their response to the effects of trauma on children, parents, and family members facing substance use-related and co-occurring mental health challenges.



Table 1. CORE DOMAIN: Implementation of Trauma-Informed Policies and Procedures

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Integrate PWLE in the development of each component						
Create a written document or agreement across systems that articulates 1) system-specific commitments to identifying and treating trauma, and 2) recognizing the unique needs of the individual and family members affected by trauma						
Identify and adopt a core set of policies for promoting a trauma-informed approach that aligns with trauma-informed principles and can be adopted across systems (e.g., policies related to staff awareness of trauma and secondary trauma, cultural competence, involvement of PWLE, staff wellness, cross-system collaboration, transparency)						
Create a shared language related to trauma-informed expectations and requirements in documents (e.g., forms, requests for proposals and agency solicitations, contracts for services)						



Table 1. CORE DOMAIN: Implementation of Trauma-Informed Policies and Procedures

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Develop memoranda of understanding and data-sharing agreements across systems to help with information-sharing priorities related to trauma-informed care						
Develop shared benchmarks of success that can be monitored to track cross-system progress toward adopting a collaborative trauma-informed approach						
Identify potentially retraumatizing policies and practices common across service systems and plan how to reduce or eliminate them						
Create a process to regularly review and assess progress on these components						



Table 2. CORE DOMAIN: Building a Trauma-Informed Workforce

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Integrate PWLE in the development of each component						
Conduct an inventory of existing trauma training available to staff across systems						
Develop or identify a training curriculum on the basics of trauma and trauma-informed care that applies to all staff training across systems and all professional levels (some material will be tailored by context)						
Create a plan for promoting cross-system professional development on trauma, secondary trauma, trauma-informed care, and related approaches that recognize the unique needs of families affected by intergenerational, racial, and historical trauma (e.g., consider aligning trauma training with training on approaches with shared principles and practices, such as cultural competence or restorative practices)						
Explore and identify funding opportunities for cross-system training on trauma-informed care						



Table 2. CORE DOMAIN: Building a Trauma-Informed Workforce

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Create and adopt common guidelines and practices for identifying and treating secondary trauma and supporting staff wellness and resilience						
Develop and implement cross-system guidelines and strategies for promoting trauma-informed supervision						
Establish learning communities for promoting ongoing trauma-informed practice across systems						
Consider trauma-informed practice experience during the hiring process						



Table 3. CORE DOMAIN: Supporting Relationships with Families

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Integrate PWLE in the development of each component						
Develop or identify common tools for assessing the extent of family engagement						



Table 3. CORE DOMAIN: Supporting Relationships with Families

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Develop universal standards for promoting family engagement that can be implemented across systems (with context-specific tailoring as needed)						
Establish cross-system standards for culturally responsive direct service delivery (with context-specific tailoring as needed)						
Create a process to regularly review and assess progress on these components						



Table 4. CORE DOMAIN: Fostering Trauma-Informed Services

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Integrate PWLE in the development of each component						
Identify opportunities to enhance timely, valid, and reliable trauma screening and assessment for children, parents, and family members (when appropriate)						



Table 4. CORE DOMAIN: Fostering Trauma-Informed Services

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Undertake agency budget and service contract reviews to explore ways to develop or scale up evidence-based trauma-informed service capacity through stable financing and reimbursement options						
Develop universal standards for service delivery that align with the guiding principles of a trauma-informed approach (i.e., one that recognizes the unique needs of families affected by intergenerational, racial, and historical trauma)						
Identify opportunities in the current service array to infuse the trauma-informed approach						

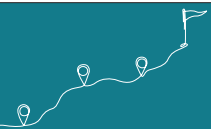


Table 5. CORE DOMAIN: Creating Safe and Respectful Service Environments

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Integrate PWLE in the development of each component						
Develop universal standards for promoting safe and respectful service environments						



Table 5. CORE DOMAIN: Creating Safe and Respectful Service Environments

Component	Priority for Action	Precontemplation	Contemplation	Preparation	Action	Maintenance
Create processes for service systems to gather feedback from youths, families, and staff, and determine how to incorporate feedback into system and service improvements						
Create a process to regularly review and assess progress on these components						

The effectiveness of trauma-informed practice hinges on 1) recognizing the extent, reach, and effect of trauma; and 2) understanding that attending to all three requires a coordinated cross-system approach. By understanding the effects of trauma, collaborative professionals can improve outcomes for children, parents, and family members affected by SUD and co-occurring mental health challenges. Trauma-informed collaborative teams realize the effects of trauma; recognize its signs and symptoms; integrate knowledge about trauma into policies, procedures, and practice; and avoid re-traumatization.

Simply put, these approaches strengthen families by keeping them engaged in services—allowing all involved to develop resilience, heal, and improve individual health, family functioning, and overall well-being.

We hope this tool, as part of the [Collaborative Teams Toolkit for Trauma-Informed Care](#), enables collaborative teams to implement trauma-informed practices that improve outcomes for children, parents, and family members affected by substance use and co-occurring mental health challenges.

For more information on this and other topics, please visit [NCSACW](#).

References

- ¹Brennen, J., Guarino, K., Axelrod, J., & Gonsoulin, S. (2019). *Building a multi-system trauma-informed collaborative: A guide for adopting a cross-system, trauma-informed approach among child-serving agencies and their partners*. Chicago, IL: Chapin Hall at the University of Chicago & Washington, DC: American Institutes for Research. <https://www.chapinhall.org/wp-content/uploads/PDF/Multi-System-Trauma-Informed-Care-MSTIC-Guide.pdf>
- ²Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical Model of Behavioral Change. *Journal of Psychotherapy Integration*, 12(2), 148-170.

CONTACT US

This resource is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).

 Email NCSACW at
ncsacw@cffutures.org

 Visit the website at
<https://ncsacw.acf.hhs.gov/>

 Call toll-free at
866.493.2758

