Coos Health and Wellness

Walk-Through Summary

Purpose

Coos Health and Wellness recently moved into a new building that houses behavioral health, health promotion, and public health programs. Staff of Coos Health & Wellness (CHW) requested Trauma Informed Oregon review the physical space from a trauma informed lens. Trauma Informed Care (TIC) is an approach to providing services that takes into account how experiences of trauma, adversity, and toxic stress impacts our health and our ability to engage in receiving or providing services. Applying the principles of TIC within an organization includes considering everything from the type of services that are offered, to the physical environment, to organizational polices and procedures. Trauma Informed Oregon's *Standards of* Practice for Trauma Informed Care has five standards related to *Environment and Safety* that include:

> IIa. Our physical space is regularly reviewed for actual and perceived safety concerns that may affect employees and individuals receiving services.

> IIb. Our physical environment is regularly reviewed for inclusiveness for those accessing services as well as the workforce.

> IIc. We have a designated "safe space" for employees to practice self-care.

> IId. Physical safety and crisis protocols for employees and for individuals receiving services are in place and are regularly practiced.

> IIe. We have a process in place to hear and respond to safety concerns that arise.

This walk-through is one component in developing a regular process for assessing the environment, applying a TIC lens to this new building, and establishing baseline principles listed in these standards.

Method

The focus of this walk-through was the physical space of the new CHW building at 281 Laclair Street. The assessment was completed by Mandy Davis, LCSW, PhD who is the Director of Trauma Informed Oregon. Dr. Davis met with staff prior to the tour to hear about what services are

offered, identify who is and who is not accessing services, and any challenges that would inform the process. Dr. Davis was given a tour of the entire building including public and staff spaces. A brief verbal summary was provided at the end of the day.

There are no psychometrically tested instruments for assessing an environment from a trauma informed (TI) lens. There are tools (see below) an organization can reference. For this activity, Dr. Davis used the principles of TI (e.g., transparency) to guide the process in addition to variables known to relate to toxic stress and the functions of the brain (e.g., signage). See the instrument used, which is attached.

Limitations

A significant limitation to this assessment is that the summary of findings is based solely on Dr. Davis' knowledge, experience, and perceptions. This needs to be considered when reviewing the findings. As CHW continues this work including staff, service recipients, and the community will provide a more robust and TI process.

Summary of Findings

As CHW experienced, it is not yet common practice for architects to consider TI principles when designing building plans. In the absence of this explicit process TI principles are still clearly seen throughout the CHW building. For example, a critical principle of being TI is that the voice of those impacted is solicited and incorporated into programs. Throughout the tour there were examples that ideas from staff and service recipients were considered in the design process (e.g., considering the needs of the IT room, changing the formation of the waiting room seating).

The goal for an organization is having the physical space exemplify the principles of TIC versus being designated as TI. The expectation of TIC, even when the space can't be altered (e.g., old building), is that staff are aware of the impact of the environment on service delivery and they have made modifications as a result of this awareness. The goals for a TI physical space are to promote a setting that both the service recipients and the workforce can effectively engage in by promoting a welcoming environment and decreasing activation of the stress response system. It is important that a process for reviewing physical spaces for these traits is developed, sustained, and includes all those impacted. Having an outside assessment is consistent with the TI principles of transparency and collaboration. CHW's building is an exciting addition to this region. There are no essential recommendations. The following recommendations should be thought of as considerations for continuing to evolve the work.

Recommendations

It is recommended that CHW develop a process for the regular review of the physical environment. The process would include the voices of those served, staff, and community members. CHW should seek out the voices of those underserved as a result of race, geography, gender, language, mobility, etc. This process would include multiple methods for soliciting feedback such as a yearly walk-thru but also an option to complete a quick survey at a visit during a certain month. In addition there needs to be a way for CHW to hear about any safety concerns for those using the building. This could be an email account that goes to a safety committee (this is better than a person) and a suggestion box or a question asked while in services. A regular review process, the current staff self-regulation room, and the incident response plans meet the standards of practice IIa-IIe.

Interpersonal interactions that convey respect and value are the critical ingredients to provide services in a trauma informed way. The purpose of assessing the physical environment is to notice how it hinders or promotes these interactions. This includes noting how the environment supports staff wellness and conveys a sense of welcoming and a desire to serve those receiving services. It is helpful to focus efforts on the first point of contact and those not accessing services.

The following table outlines items observed or discussed, an explanation of how it relates to TIC, a neurobiological explanation, followed by considerations.

Further definitions of neurobiological explanations are provided at the end of the table.

Coos Health & Wellness – Walk-Through Summary			
Item	**Connection to TIC**	**Impact from Neurobiology**	**Considerations**
Lobby chairs are movable and options for seating.	Gives staff options to rearrange based on need. Provides seating options that allows the person waiting to determine how much distance they need to feel safe and to best fit their body's needs.	Items promote or hinder: 1) A safe environment ensures that the frontal lobe can stay engaged and that rational thinking, judgment and attentional control can occur. This higher-level thinking is important in control and suppression of a stress response. **Keywords: frontal lobe engagement, rational thinking, judgment, selective attention** Or 2) perceptual processing, the formation of memory, and the benefit of attachment and bonding. Stimuli enters the brain to be interpreted by the individual. Those experiencing stress and trauma are more prone to interpret as threat because of prominent neural pathways. Having a rational person (aka someone else's frontal lobe) helps guide perception and sense making – leading to the creation of non-	• Consider if there are more helpful designs on certain days or times of day.
Lobby design	The openness, clean, and coordinated, non-broken furniture conveys this is a cared for space. Does not activate neglect.		• Monitor lobby behaviors. Are there different needs for different times of the day or days? Depending on wait times it may help to have a distraction that also promotes wellness and CHW values. • Have a child therapist review the lobby for any therapeutic improvements especially on days when there is a high volume of children. • Make visible techniques for responding to behaviors you see often (e.g.,.words to use when children are arguing over a toy) for caregivers, visitors, and staff. • In the first welcoming offer options for where people can wait and what they can do and how to access the wifi. • Are there peer support who can be in the lobby as needed or who can be easily seen and accessed?
Front desk centralized.	It is important for survivors to know you will keep the space safe and one way to demonstrate this is that you can see all that is going on.		• There was some limited visibility that I know you are working on.
Significant natural light throughout the building.	Benefits of nature. Reduces feeling trapped and use of lights that can activate headaches.		None
Staff art work.	Lovely way to connect staff to each		• May want to advertise this. How would you know a

	other and those accessing the building. Develops community.	threatening memories and associations.	staff member was the artist?
Consistent design in offices.	Consistency and predictability are essential for survivors to feel safe; reducing anxiety of the unknown that has often been dangerous. For staff knowing where things are is helpful and essential when experiencing toxic stress.	Positive attachment and bonding can also suppress a stress response through the release of brain chemicals. **Keywords: Perception, interpretation, non-threatening memories and associations, bonding**	• Balance consistency with flexibility especially for staff. If there is a need for differentiation define how this can happen (e.g., a poster, toys, etc).
WIC posters	Welcoming, cultural representation.		• Continue to find ways to make visible how you value diversity. Ask those you serve about your images specifically. This is what they are seeing while waiting and a great opportunity.
Shower and bathroom accessible and available.	Bathrooms are welcoming, inclusive, and accessible.		• Note in the bathroom what to do if there is an issue or need (e.g., not clean, toilet paper). Some agencies have struggles with the amount of shower time. If this is an issue let me know.
Outdoor access; open spaces	Gross motor skills and fresh air are helpful to reduce activation.		• Promote the usage of the outdoor spaces for staff and clients.
Staff break room	Welcoming, basic needs, options for being in the space. Shows value to staff.		None.
Staff room for regulation – self care	Can prevent, reduce, or repair from activation with a focus on stress hormones. Provide a space to recharge as needed.		• Monitor usage. Is there signage that it is in use and for how long (e.g., will be open in 15 minutes). If it is not being used explore why not.
Signage (parking)	Was not overstimulating or overwhelming. Signage lets people know where to go and how to get out – often a first thought for a survivor.		• Make signage more visible. Consider color coding and including pictures when appropriate. At a time of activation you are assessing quickly. • Determine which signage is important to make visible such as the exit, bathrooms, or the lobby. • Consider ways to make parking and entrance more clear. There are signs that state 'Employee Only' that can perpetuate othering. Consider 'Client Only' as well. • I appreciate the benefits of offices signs stating the

			program and not the person. Two issues to ponder: 1) staff need to personalize the work. It has been found that staff being able to decorate their cubicles is helpful. 2) it is helpful to know and even better to see the person you will be working with. This could be staff pictures on your TV screen or a magnetic picture and name that can go on the door. 3) Is it helpful to know who is in the room "in use"?
Intake room off of lobby.	The lobby noise could be a sensory distraction. This is a critical time to set the stage of how you value working with this person/family.		• Consider another room as an option if the lobby is busy. Consider toys or distractions if there are multiple people and ages. Have a "script" about water or the bathroom before starting and then what this is about, how long, where I can say no. • Consider if peer support can be there or even complete.
Onsite crisis response	Supports safety for staff and clients. Diverts more harmful interventions.		• Build in systematic debriefing strategies especially for a 24/7 shift. *I got to see this in action and was impressed with how this team worked together to deescalate.
PCIT Room	The alternative time out space needs to be reviewed through a TI and equity lens in conjunction with the PCIT model		• TIO will look into options as CHW is complying to PCIT protocols.
Regulation tools	Important to have accessible ways for people to practice regulating to prevent and reduce activation.		• Consider a basket of fidget toys in relevant rooms or "mobile" baskets that a staff member can carry with them.
Visible values	Survivors are scanning the environment for safety. This includes physical safety assessments and emotional safety assessment. Will you physically hurt me and will you understand me and have "my back".		• Consider ways you can let clients and remind staff what CHW values. This can be through images of diversity and wellness and through words. • For staff it is helpful having statements in place so when the work gets hard and we go to self-protection we have accessible reminders of how to proceed.
Critical Incident training	Important to know what to do but also to decrease constant worry about what might happen this can		• Define potential incidents from staff and clients. • Organize practice – can start with voluntary participation and move to mandatory or agree that

		enough core responders have what they need.
diminish the ability to focus.		• Include clients or include this role in a simulation. • Provide clear expectations and how to 'do' the simulation and the purpose. • Review the debrief questions before the simulations to prepare and support that the purpose is to learn from the exercise.

Perception: Sensory information (visual, auditory, tactile, smell etc.) comes into the brain and is processed for meaning. In most cases, this processing is accompanied by memories and context (supplied by the hippocampus) and rational thinking and judgment (supplied by the frontal lobe). With individuals who have experienced chronic trauma or stress, the information provided from the memory areas, and frontal lobe may be missing or inaccurate. The interpretation of incoming information will be influenced by prior experience and knowledge (perceptual expectancy), which, in the case of trauma and toxic stress, is often related to threat. Further, sensory input will be intensified, meaning sounds will be louder, smells will be stronger, etc. Strategies to aid in perception can include being mindful of the possible intensity of sensory input and the potential connection to threat. Communication regarding people's perceptions is important.

Attention: individuals who have experienced chronic trauma or stress often struggle to *control* their attention (selective attention). They have been primed to observe all sensory information in order to avoid danger—thus, they have a difficult time not paying attention to everything that's going on around them. They can get easily distracted, and overwhelmed by stimulation. Because survival is a priority, attention will be automatically directed toward sensory information with a threatening nature. Strategies to focus attention should include the elimination or reduction of competing distractors and the awareness of potential threatening stimuli.

Memory: Chronic trauma or stress can damage the memory area responsible for our recollection of facts, details, and episodes (the hippocampus)—those things that we are able to consciously "declare". Therefore, when trauma survivors struggle to remember information or stories change, we shouldn't jump to the conclusion that they are lying . . .it simply may reflect impairment in that brain area. It's possible that the information never made it into long-term memory, or that the memory is fragmented and incomplete. In contrast, a trauma survivor's memory for threat and danger is often quite strong. This implicit memory happens outside of our conscious awareness and can easily evoke a stress response.

Executive Function: The frontal lobe is responsible for the cognitive processes known as executive function. Among these are impulse control and self-regulation, decision-making, judgment, and planning. These functions are often impaired with individuals who have experienced chronic trauma or stress and can be the root of many problematic behaviors. Fortunately, people can learn strategies to compensate for impaired function. Further, when the stress response areas of the brain (amygdala, hypothalamus) are less active it allows the frontal lobe to be engaged. Reducing stress and trauma is helpful in this regard. Strategies to aid with impaired executive function should focus on building skills around decision making, controlling impulses and planning. Sometimes, however, these individuals will need us to act as their frontal lobe.

Attachment and Bonding: Social support is key to an individual's ability to be resilient in the face of trauma and toxic stress. Healthy attachment and bonding offer a buffering effect for stress and promote beneficial prosocial behaviors. In the brain, tactile stimulation, through positive touch, is associated with a release of oxytocin and serotonin—both influencing mood, pleasure, and happiness. Imitation and the ability to attribute mental states to others (theory of mind) are fundamental to the development of empathy, but rely on human interaction. Disrupted attachment is not uncommon among trauma survivors, and is prevalent within the child welfare system, therefore it is important to promote consistent and reliable relationships and positive social support.

Resources

Questions to consider when making a policy or program decision:

For those we serve and for our workforce to what extent does this policy/procedure reflect or hinder.

- A sense of safety (physical and emotional)
- Transparency
- Choice
- Importance of relationships
- Institutional responsibility
- A sense of welcoming
- Inclusivity (consider the creation, perpetuation, or activation of structural oppression)
- Partnership, mutual aid (by not perpetuating power imbalances where they shouldn't exist)
- The voice of those impacted

Online Resources

Design Resources for Homelessness

http://designresourcesforhomelessness.org/foundation-information/

Portland Homeless Family Solutions

http://www.pdxhfs.org/lents-campus-design/

Scanning the Physical Environment on TIO's website

https://traumainformedoregon.org/resources/resources-organizations/

Hosting a Meeting Using Principles of Trauma Informed Care

https://traumainformedoregon.org/resource/hosting-meeting-using-principles-trauma-informed-care/

Trauma Lens Exercise

http://traumainformedoregon.org/wp-content/uploads/2016/01/Trauma-Lens-Exercise.pdf

Trauma Informed Physical Environment Assessment

1. For SERVICE USERS (SU) and STAFF (ST) what promotes or hinders a sense of:

PHYSICAL & EMOTIONAL SAFETY (exits, lobby, confidentiality, reminders of danger)

TRANSPARENCY – TRUST (predictable, consistent, know what to expect, communicates

WELCOMING (what says we want you hear or we do not want you hear and for whom)

2. What do you notice about SENSROY input (too much, not enough, activating, culturally responsive?)

3. Is signage clear and helpful?

4. Strategies and solutions for regulations.

5. Are your values/TIC visible for STAFF AND SERVICE USERS? What do I know you care about based on your environment?

6. Suggestions.

Logic Model for Trauma Informed Care

Assumptions
1) Human service settings are populated with people (service users and staff) with experience of past or present trauma.
2) Services and settings can be re-traumatizing for individuals when they feel unsafe or don't feel that they have control, power, choice, voice, or value.
3) Trauma informed care takes these challenges into account and creates services and settings that are safe, welcoming, and supportive.

For Trauma Informed Care,

Experience of TIC

[------ Short-term Outcomes ------)
hypothesized

Organizations need

- **Awareness** of trauma among service users and staff.

- **TIC Competence** among staff and leadership.

- **Commitment** to TIC from leadership and staff. TIC is identified as a priority in budget, mission/vision, and strategic plan.

- **Information** to identify strengths and areas of improvement.

- **Process & Infrastructure** to support and sustain TIC efforts.

Then what do we do?

Organizations ensure

- policies
- **Practices,** for example
  - Performance reviews
  - Hiring and onboarding
  - Supervision
- **physical environment**
- **personal interactions**

Reflect TIC values:

Safety; trustworthiness, transparency; empowerment, voice, choice; collaboration; and consideration of cultural, historical, and gender issues (SAMHSA, 2014)

What will happen?

With that, then
service users and staff will

Feel safe

Feel empowered (with voice and choice)

Feel valued and cared for

Believe the organization has their best interests in mind

Trust the organization, staff, and leadership

Then what might change?

Service users will be engaged
↑Appt completion
↓No shows
↓Absences (school)

Staff will be engaged
↓Turnover
↓Sick days

Service users will be satisfied with services
Satisfaction survey
Self report

Staff will be satisfied with work
↓Turnover
Commitment to Org measure
↓Burnout, compassion fatigue
ProQOL
Self report

Long-term Outcomes
Better health & wellness