Journey to Trauma-informed Service Delivery in a Domestic Violence Shelter

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June 4, 2015

Canadian Domestic Violence Conference

Toronto, ON

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"Trauma Informed Care and Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment".

Hopper, Bassuk, & Olivey, (2010).

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- **Developing trauma-informed services is considered a best-practice approach in the literature for all human services.**
- **Offering trauma-informed services recognizes the pervasiveness of trauma and its impacts on a survivor's ability to cope, to access services, and to feel safe in a new environment.**
- **Programs that are informed by an understanding of trauma respond best to consumer needs and avoid engaging in re-traumatizing practices.**

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The 4 "Rs": Key Assumptions for TI

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 in clients, families, staff, and others involved with system;**
- ✓ **responds by fully integrating knowledge about trauma into policies, procedures, and practices; and**
- ✓ **seeks to actively resist re-traumatization of clients and staff alike.** (Samhsa, 2014)

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Paradigm Shift:

Trauma Informed Care changes the question from "What's wrong with you?" to "What happened to you"?

5 Core Values of Trauma-Informed Care

- **Safety: emotional and physical safety**
- **Trustworthiness: clear and consistent about our policies, honest with service users and maintain program-appropriate boundaries**
- **Choice: prioritizing consumer choice and control**
- **Collaboration: a collaborative approach with clients instead of a top-down hierarchical model**
- **Empowerment: prioritizing consumer empowerment and skill-building**

Harris & Fallot (2001)

N.B. SAMHSA, 2014 outlines 6 core values for TI services: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues.

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Trauma-Informed Domestic Violence Services

- In domestic violence services, many women and children have experienced multiple and complex traumatic events in addition to the trauma of associated with domestic violence.
- Trauma Informed services specifically avoid re-traumatizing both those who seek their services and those who are on their staff. Trauma Informed services put "Safety First" and commit to "do no harm".
- This knowledge is the foundation of an organizational culture of trauma-informed care.

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Trauma-Informed Domestic Violence Services

Domestic Violence services taking a trauma-informed approach builds awareness among staff and clients of:

- **How common trauma is;**
- **How its impact can be central to one's development;**
- **The wide range of adaptations people make to cope and survive; and**
- **The relationship of trauma with other issues such as substance use, physical health and mental health concerns.**

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Trauma-informed Domestic Violence Services

- Support women in understanding the connections between their experience of trauma and their current strategies for coping (both adaptive and maladaptive).
- Ensure women have choices and control about their service use and treatment options.
- Use collaborative ways of determining needs and plans and handling distress; every attempt is made to share power, decrease hierarchy and build trust.

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Rowan House Beginnings

- Early history – January 2000
- Move to new, 24 bed facility – July 2012
- Disastrous Flood – June 2013
- The Rebuild
- Wanted to create a best practice model

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Journey to Trauma-Informed Practice

- Best Practice is to be trauma-informed
- Already strength based and client centered with a solution focused modality
- Made decision early on for this to be bigger than tools and techniques
- We wanted a trauma-informed service delivery model

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- **Started with the tools**
- **Introduced as a practice approach first**
- **Started by training front line staff in trauma theory, practice techniques**
- **It turned into a true trauma-informed service delivery model**
- **Start somewhere and end up somewhere else**

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Rowan House Experience: Focus Areas

- Organizational Commitment
- Physical and Sensory Environment
- Screening, Intake and Assessment
- Program and Services
- Staff Support
- External Relationships
- Evaluation and Feedback

(National Center on Domestic Violence, Trauma & Mental Health, 2012)

N.B. SAMHSA, 2014 outlines ten implementation domains.

Rowan House Experience: Focus Areas

For each of the 7 focus areas:

- What are we doing well?
- What can we do better?
- What are the first steps?

Organizational Commitment

Focus area 1

- Does our mission statement and written policies and procedures include an express commitment to providing culturally relevant, domestic violence and trauma-informed services.
- Does our mission statement and written policies and procedures include a written commitment to serving people regardless of ethnicity, disability, language, sexual orientation, gender identity, culture, or immigration status.

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- It was important to get the Board involved
- How could the Board support each focus area
- They saw the excitement of staff
- They saw the impact on clients
- They understood the importance of staff support and self-care
- Kept them involved and excited in every step

Physical and Sensory Environment Focus Area 2

- **Is the shelter's physical and sensory environment welcoming, accessible, inclusive, non stigmatizing, non-triggering, non re-traumatizing, and physically safe for both people receiving services and staff members?**

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Physical and Sensory Environment
Focus Area 2

- Consideration is given to the impact of the physical and sensory environment on both people receiving services and staff members.
- Staff members attend to aspects of the physical and sensory environment that may be triggering to people receiving services.
- Staff members work with residents on developing strategies to deal with potentially triggering aspects of the environment.
- Rowan House provides physical space that a person receiving services can use to practice self-care and self-soothing.
- Staff members encourage residents to use spaces set side for self-care and self-soothing, as appropriate.
- Rowan House has a dedicated Spiritual Room and a stand alone Multi-sensory Room

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Rowan House Experience

- **We did a physical/sensory walk through starting outside the shelter, giving consideration to all five senses.**
- **From this we were able to make some immediate physical changes to our site.**

- **We will do a similar exercise later in this workshop with your own programs in mind**

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Rowan House Experience-Contest Responses

- Mantrap is more welcoming with the new wall decals – "hang your troubles at the door" has been removed
- Taking time to acknowledge resident's actions and body language to recognize when grounding techniques may be needed or when to take a break during meeting or intake
- Trying to prevent any doors from slamming shut
- Recognized that we may need to give some residents a heads up of a fire drill as we now recognize that someone may be triggered by the alarm

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Intake and Assessment: Focus Area 3

- Are questions about current and past domestic violence and other lifetime trauma and ongoing physical and emotional safety incorporated into agency intakes and assessments in sensitive and culturally relevant ways? Promote emotional safety?
- Are staff members trained to ask questions in ways that that are inclusive, non-stigmatizing, and reflect principles of cultural humility?

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Intake and Assessment: Focus Area 3

- What is Rowan House doing well? How do we know?
- What can we improve to be more trauma-informed while respecting our shelter mandate?
- Why do we ask the questions we do?
- Is it because we have always done it this way?
- What is the value to the resident, what is the impact to resident and staff alike?

Intake and Assessment: Focus Area 3

- We adapted our screening and intake procedures so that women do not have to have their intake completed immediately upon arrival. They are welcomed and given time to settle in. TI best practice recommends waiting 24-48 hours before intake is completed.
- We now recognize the range of emotional responses and symptoms that women may experience and view these as symptoms or adaptations to difficult life experiences rather than problem behaviours.
- We now facilitate the learning of healthy coping strategies, healing and empowerment.

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Important steps in intakes…

1. Ensure that she and her children have settled in before moving forward with the process.
2. Always offer the individual the choice regarding the time of the intake. Empower her with options.
3. Validate the individual's ability to "walk through the door."
4. Are you leaning forward, nodding and conveying interest?
5. Perform an environmental scan and be mindful of your space and how it may feel to the individual.
5. Explain the process with sensitivity, and share that you will be asking questions about difficult topics.
6. Show empathy during the process to build trust.
7. Convey your understanding of trauma, triggers and responses to build a sense of safety.
8. At the closing of the intake process, ensure that the person is not leaving feeling emotionally vulnerable.

Rowan House Emergency Shelter Intake Form

Identifying Information

***CIW please note: Everything that is italicized is meant to be spoken. Regular text is an explanation of why we ask the questions or points for you to note throughout the Intake.**

Doing the intake is part of the process we do with every woman that comes into shelter. The purpose of the intake is to help us identify with you what your needs are and to understand your situation as best we can. Some of the things we'll be asking about incudes: Identification, previous housing, financial and legal needs, your children, a little about what brought you to the shelter and how we can support you while you're here.

The intake is broken into sections and it can take a while so is there anything you need before we get started? Please feel free to ask me questions at any time if anything is unclear or uncomfortable. I take notes during this meeting because I want to be sure I don't miss anything so please don't think I am not fully attentive to you, I just cannot remember everything without writing it down. If at any time, you want to take a break, just let me know. I will check in with you as we go. Is it ok if we get started?

* **CIW note**: **Refer to crisis call sheet for all starred questions**. Keep in mind; they have already answered these questions on the phone. Use the information already provided as an exploration tool to expand on the questions below.

*Date Admitted: _____

*Name: Last_____ First: _____ Middle: _____

Alternate names: _____

*Date of Birth: _____ Age: _____ Marital status: _____

*Most recent address: _____

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Programs/Services: Focus area 4

- RH written mission statement and policies express a commitment to trauma-informed principles for shelter clients and staff.
- RH policies and protocols reflect a commitment to avoiding re-traumatization and promoting healing and recovery.
- Incorporated 4 stand alone healing circles into residential programming to support residents to develop trauma-informed awareness and grounding tools.

Is it Working?

Examples from case notes in first few months of TI:

- **staff member observed resident getting anxious and invited resident to do a grounding exercise; first attempt did not work, staff suggested another with success**
- **Resident commented that she was offered tea when she first arrived; then a tour of shelter before doing any paperwork at all**
- **Resident Z - Sherrie**
- **Resident M - Kathleen**

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Staff Support: Focus area 5

- Staff members are supported in their work with survivors (supervision, self-care strategies, professional development, etc.).
- In what ways does Rowan House support staff members? What can we do better?
- Are we trauma-informed when dealing with staff?
- What do our human resource policies demonstrate?

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Rowan House Experience

- Every second Friday afternoon was dedicated to a staff training on a trauma related topic
- Every second Thursday was a resident circle where staff were trained and then practiced facilitating the circle with Kathleen's support (mask-making, intergenerational, self-compassion, creating safety)

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External Relationships and Collaboration: Focus area 6

- Rowan House connects with other systems in ways that improve services for survivors of domestic violence with mental health issues, addictions, trauma
- Rowan House has collaborative relationships with other agencies in the community. Staff members know how to connect people with other resources in the community

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External Relationships and Collaboration: Focus area 6

- We decided we needed a detailed resource list on trauma-specific services for referral purposes
- We dedicated staff time to research all resources in the area and create a compendium of services with details on trauma-specific services and any other services (ie. Mental Health, Addiction, School-based counselling, etc.)
- We have dedicated staff time to ensure this is kept current

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Evaluation/Gathering Feedback: Focus area 7

- Does Rowan House have mechanisms in place for obtaining regular input and feedback from the people who are utilizing their services?
- Is attention to accessibility, culture, trauma, and domestic violence included in agency quality improvement mechanisms?

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Evaluation/Gathering Feedback: Focus area 7

- We are using an informal process of evaluation initially
- After any change or implementation, we allowed time to use it, then gave an opportunity to review and decide on any changes
- Get feedback from staff, then verify again internally

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Evaluation/Gathering Feedback: Focus area 7

- Are the changes onerous, are we missing something
- All we do is now embedded in supervision
- We ensure practice is reviewed in individual and group supervision (introduced as a result of TI journey)
- Just because we "know that now", we do not shorten the process
- A formal evaluation has yet to be completed

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SENSORY EXERCISE

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Inventory Sheet

Document	Revisions/ additions ongoing Date:	Revisions/additions Completed Date:	Review/ approval completed	Requires Training/orientation before utilizing		Date document becomes active into RH policies or practices
				Date	Format	
Trauma-informed 5 core principles	Sherrie, Kathleen, Michele	Jan 5 - graphic graphic plus RH TI-SD wording added- Sherrie to do	Sherrie	Jan 15	Trauma Informed Service Delivery (TI-SD)	Jan 26 Board approval
Crisis call Sheet	Oct 16 most recent review-Cheralee and Kathleen to make final changes and circulate draft	To be completed by Oct 24 Completed Nov 3	Sherrie Reviewed Nov 4	Nov. 13-14	Trauma Informed Service Delivery (TI-SD)	Tentatively Nov 17 with additional training for staff who do not attend nov 13-14
General Call Sheet		Completed – Sept/14	Sherrie	Dec 2	TI-SD	Jan 1
Waivers **General confidentiality** **RH services (OR/in-shelter)** **OT** **Childcare** **Damages/Injuries**	Kathleen and team leads	Sent for final review Nov 5 Nov 5 Nov 5 Nov 5 Nov 5	Sherrie	Nov. 13-14		December 4/14

Rowan House Experience-Paper Quilt

Safety, trustworthiness, choice, collaboration and empowerment are the core values at Rowan House.

While an organization may value the principles of trauma-informed service delivery such as the core values indicated above, it can be difficult to transform these concepts into specific practices that align with the all levels of an organization. It is important to explore what these 5 trauma-informed core values look like and mean to each of Rowan House's programs and administration.

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Rowan House Experience-Paper Quilt

First completed with staff and then with Board

1. **What does trauma informed practice look like in your specific area?**
2. **How do we put into practice each of the five core values in each specific area?**
3. **What is one word to describe each value?**

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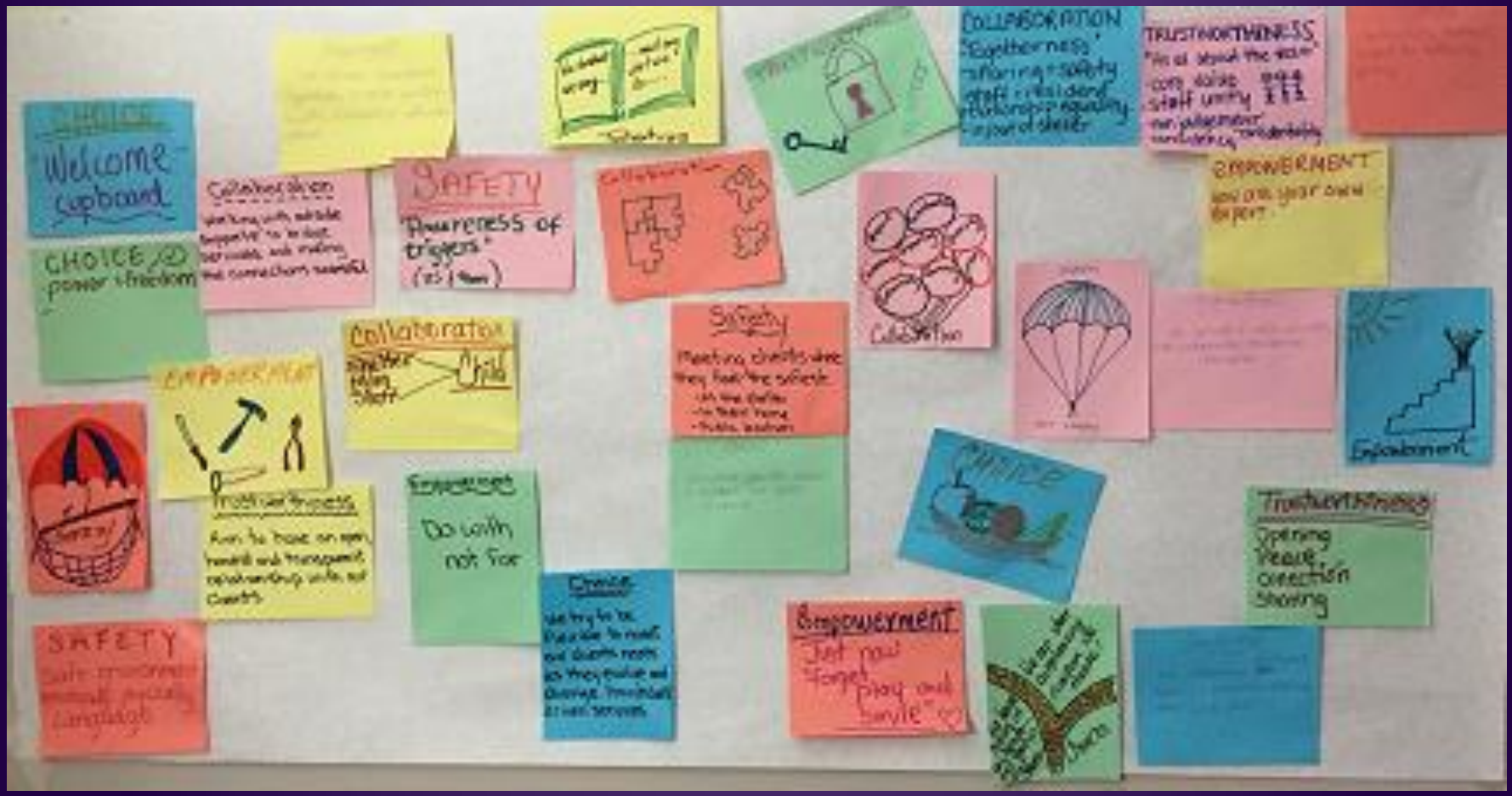

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How have we evolved since end of project

- Continue with the circles, staff sharing the facilitation
- Have group supervision every 4-6 weeks
- Have built in a mechanism for ensuring all new staff are trained in trauma-informed practice
- Have found ways to make this work with an already full program

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Challenges

- How will we ensure all we have implemented over the year, will continue?
- How do we ensure new staff receive the same training and understanding of the journey we have taken?
- Demonstrating to new team members the importance of the work – orientation, training, supervision, shadowing, mentoring.

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- Integrating it into a way of "doing our work"
- Has become a part of our agency foundation
- Must have ongoing commitment from Board and high level management
- Time consuming to continue the journey
- Huge amount of work to become fully trauma-informed in practice

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Successes

- The organizational work was important
- We knew we needed "all agency buy-in"
- We were able to access a grant to contract a trauma specialist
- We decided to think outside the box
- Kathleen came in 2 times/month for 3 days at a time
- Kathleen's job was to put a trauma-informed lens to our work and walk this journey with us.

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- It was important we were not traumatizing clients or staff with the work we were doing
- We decided to review all of our current paperwork
- We knew it had to be clear there were advantages, hopefully immediate ones
- We knew it had to be caring to and supportive of staff

Journey to Trauma-Informed Practice =

With Trauma Specialist Kathleen:

- **100+ hours of staff training in trauma theory**
- **200+ hours of management training and consultations**
- **60+ hours of resident (healing) circles and prep work with staff. We saw the buy in and the beauty of adding these circles to our practice. We continue to do these circles**
- **500+ hours of staff time including 1-on-1 time, program area meetings, debriefs**
- **Hours of paperwork review by Kathleen, on and off-site**
- **50+ hours of 1-on-1 time with our Residents**

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- 6+ hours of Board training
- Hours and hours of reviewing paperwork and programming with staff – too many to count!
- Kathleen was on site for 60 hours plus an additional 20 hours off-site every month for 16 months = 1280 hours
- Number of staff hours spent = 1000's

RESULT = A Trauma-informed practice delivery model that will continue to grow and evolve and require commitment to and honoring of, the work we do at Rowan House.

Journey to Trauma-Informed Practice =

Examples of TI training provided to staff by Kathleen:

- **The historical and contemporary impacts of colonization on Indigenous Peoples**
- **Trauma-informed service delivery parts one and two**
- **The neurobiology of trauma**
- **The relationship between attachment and trauma**
- **The relationship between childhood trauma and adult revictimization**
- **Trauma-informed staff support and self-care**
- **The relationship between trauma and mental health**
- **Triggers and grounding: ways to support shelter residents**
- **Traumatic/complicated grief**

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Journey to Trauma-informed Practice in a Domestic Violence Shelter – Executive Summary

After the devastating June 2013 floods in Southern Alberta, Rowan House Emergency Shelter in High River began the journey towards a trauma-informed service delivery model.

Rowan House is one of the first women's emergency shelters in Alberta to embark upon a journey to formally develop into a trauma-informed domestic violence service. Developing trauma-informed services is considered a best-practice approach in the literature for all human services. With respect to trauma-informed domestic violence (DV) services, much of the literature comes from the United States and suggests that offering trauma-informed domestic violence services recognizes the pervasiveness of trauma and its impacts on a survivor's ability to cope, to access services, and to feel safe in a new environment (Fallot & Harris, 2006; 2009). In domestic violence services, many women and children have experienced multiple and complex traumatic events in addition to the trauma associated with domestic violence. As such, the more a shelter incorporates trauma-informed approaches into its services, the more opportunity for shelter clients and staff alike to experience an environment that operates within a "do no harm" philosophy ((National Center on Domestic Violence, Trauma & Mental Health, 2012)).

The literature suggests that taking a trauma-informed approach builds awareness among staff and clients of: how common trauma is; how its impact can be central to one's development; the wide range of adaptations people make to cope and survive; and the relationship of trauma with other issues such as substance use and abuse, high risk behaviours, homelessness, poor physical health, revictimization and mental health concerns.

In essence, Rowan House has adopted the philosophy identified in the literature on trauma-informed care to put safety first and specifically avoid re-traumatizing those who seek their services and those who are on their staff. This knowledge is the foundation of any organizational culture of trauma-informed care and it has become the foundation of Rowan House Emergency Shelter. Because trauma-informed practice changes the question from what's "wrong with you" to "what's happened to you", Rowan House practices changed to reflect this understanding. By expanding on this paradigm shift, we were able to develop a strong trauma-informed practice in all aspects of our service delivery. As a result, our new statement of practice after fully engaging all aspects of our agency became:

Rowan House Trauma Informed services take into account an understanding of trauma in all aspects of service delivery. Safety, trustworthiness, choice, collaboration and empowerment are the core values at Rowan House.

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Questions and Comments

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Agency Self-Assessment Tool

- **The Agency Self -Assessment for Trauma-Informed Care is intended to be a tool that to assess an organization's readiness to implement a trauma-informed approach. See: http://traumainformedcareproject.org/resources/Trauam%20Informed%20Organizational%20Survey_9_13.pdf**

Agency Self-Assessment Tool

- National Center on Domestic Violence, Trauma & Mental Health (2012). Creating Accessible, Culturally Relevant, Domestic Violence and Trauma-Informed Agencies. Retrieved at http://www.nationalcenterdvtraumamh.org/publications-products/creating-accessible-culturally-relevant-domestic-violence-and-trauma-informed-agencies-a-self-reflection-tool/

Trauma-Informed Resources

- http://www.guidancecouncil.ca/?p=1824www.nationalcenterdvtraumamh.org **Link provided by Alberta Health Services**
- http://www.mhcc.org.au/sector-development/recovery-and-practice-approaches/trauma-informed-care-and-practice.aspx
- http://www.mhcc.org.au/sector-development/recovery-and-practice-approaches/ticp-articles-and-papers.aspx
- http://www.albertafamilywellness.org/resources
- **Community of Practice (CoP) for Trauma Informed Care in Alberta: For more information or to participate in the CoP, please contact: AHS.Trauma-InformedNetwork@albertahealthservices.ca**
- http://trauma-informed.ca/canadian-trauma-informed-collaborative/
- http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

Trauma-Informed Resources

- **Fallot, R. & Harris, M. (2009). Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol, Washington, DC: Community Connections. Available at http://www.annafoundation.org/CCTICSELFASSPP.pdf**
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Trauma-Informed Resources

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- Hummer, V. L., Dollard, N., Robst, J., & Armstrong, M. I. (2010). Innovations in implementation of trauma-informed care practices in youth residential treatment: a curriculum for organizational change. Child welfare, 89(2).
- Jennings, A. (2004). Models for developing trauma-informed behavioral health systems and trauma-specific services. Alexandria, VA: National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning.

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- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., ... & Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. Professional Psychology: Research and Practice, 39(4), 396.
- Poole, N., & Greaves, L. (Eds.). (2012). Becoming trauma informed. Centre for Addiction and Mental Health.
- Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed care in Behavioral Health Services. Treatment Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from: http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

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- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Retrieved from: http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
- Health Council of Canada (2012). Empathy, dignity, and respect Creating cultural safety for Aboriginal people in urban health care. Retrieved at http://www.healthcouncilcanada.ca/rpt_det.php?id=437