



STEP 1

Change Management Strategies: Create the Conditions for Change

Implementing change in any organization can be challenging. This is especially true in fast-paced settings that rely on precise time management to be effective and efficient. This section provides Action Steps and Implementation Tools to create optimal conditions for moving your organization's trauma-informed initiative forward.



Action Steps

- Develop a CIT.
- Ensure continued support from leadership.
- Educate CIT members.
- Conduct an OSA.
- Align trauma-informed initiative with existing organizational initiatives.
- Communicate to stakeholders for engagement and support.
- Develop a plan.
- Monitor progress.



Implementation Tools

- [Trauma-Informed Primary Care CIT Checklist](#)
- [Agency-wide Communication Checklist](#)
- [OSA](#)
- [OSA Action Planning Workbook](#)
- [OSA Tutorial](#)
- [Trauma-Informed Primary Care Initiative Alignment Tool](#)
- [Key Factors to Successful Leadership](#)
- [Communicating for Buy-in Tool](#)
- [SMART Action Planning Tool](#)



DEVELOP A CORE IMPLEMENTATION TEAM

The first step in the change process is to form a CIT that drives the work of the trauma-informed initiative. This Change Package is for the CIT to help lead the planning and execution of the project's change management strategies and five Change Concepts.

CIT Membership

Because trauma-informed practice involves staff at all levels, it is important that membership includes representatives from all levels of the organization. A successful CIT is comprised of champions in the organization who are willing to take on initiatives even when the directive is not clear, are strong communicators and are social leaders among staff. To help minimize and prevent burnout on the CIT, consider including individuals who are working on different initiatives within the organization to evenly distribute work so that a small group of staff is not overburdened with many initiatives. Table 4 contains recommended membership and responsibilities for your CIT.

Table 4. Example CIT Members and Responsibilities

TEAM MEMBER	RESPONSIBILITIES
Project Lead	Acts as communication liaison across team and as the internal champion of change (e.g., clinical executive, primary care clinician with leadership authority or executive backing). The CIT should include one or more people to carry out the change and someone in a supervisory role to ensure change implementation.
Quality Improvement Lead	Ensures accurate data collection and develops workflow for collection and communicating data (e.g., staff from information technology or quality improvement).
Clinical Lead (including behavioral health clinicians, as available)	Supports care integration and coordination in operations and for patients in need of specialized behavioral health care. May be internal staff or external referral partner (e.g., director or empowered clinician of behavioral health, social services).
Trauma-Informed Champions from Executive, Human Resources, Primary Care and/or Behavioral Health Teams	Supports functional implementation and integration of trauma-informed care into organizational culture.
Individuals with Lived Experience	Individuals with lived experience provide unique and valuable contributions in every stage of planning, implementation and assessment of a trauma-informed approach.



Demands on time and effort make it difficult to organize an optimal team. Only include people who have the interest and time to contribute meaningfully to the project. You may need to adjust your goals, time frames and scope to align with the capacity of the organization and the CIT.

 **Key Considerations for Choosing CIT Members**

- Are there members from leadership positions who are responsible for guiding change processes?
- Do members represent all levels of the organization?
- Is the voice of lived experience represented on the CIT?
- Will members carry out the change in their day-to-day activities?
- Are members involved that will provide trauma-related services (e.g., behavioral health specialists and clinicians)?
- Are members able to access resources to support the ongoing adoption of trauma-informed approaches?
- Are members highly committed to the aims of the change?
- Have all members learned what trauma is, its impacts and its prevalence?
- How will your team explain trauma-informed primary care to others?



ENSURE CONTINUED SUPPORT FROM LEADERSHIP

Throughout the planning and implementation process it is critical to grant the CIT authority to make decisions and take action. The CIT provides on-the-ground support by carrying out the planning, implementation, monitoring and quality improvement steps. Executive leadership removes any barriers to progress and provides the required approval, resources and support to enact the changes in the organization.

Trauma-Informed Leadership

The concept of trauma-informed leadership provides a holistic approach that incorporates the day-to-day tasks of management and the relationship-based skills that facilitate the culture shift needed to change organizational norms, policies, practices, procedures and structure. This framework includes the core principles of trauma-informed approaches, adaptive leadership skills, fostering supportive environments and implementation strategies for organizational change. Monitoring and measuring trauma-informed leadership factors is a useful process to assess the strength of leadership efforts as they relate to adopting trauma-informed principles. Please see The National Council's Framework for Trauma-Informed Leadership to help assess successful leadership in your organization.



Key Considerations for Ensuring Continued Support from Leadership

- Is the organization's leadership visibly supportive of all trauma-informed approach efforts?
- Is leadership willing to remove barriers to implementation, such as freeing up casework, so team members can meaningfully contribute to the initiative?
- Is the governing board engaged and knowledgeable about a trauma-informed approach?
- Are trauma-informed principles part of the organization's vision and mission?
- Are trauma-informed principles embedded in the organization's strategic plan?



EDUCATE CIT MEMBERS

After assembling the CIT, provide education to team members on the principles of a trauma-informed approach and how implementing a trauma-informed approach will impact patients, staff and the entire organization. See [Change Concept 2: Develop a Trauma-Informed Workforce](#) for a more in-depth discussion of training.



CONDUCT THE ORGANIZATIONAL SELF-ASSESSMENT

Conducting the OSA provides the CIT with a better understanding of how the organization currently aligns with trauma-informed primary care principles and practices. The OSA is a performance improvement tool designed to help engage primary care organization in a self-reflective process specific to becoming a trauma-informed organization. This process:

- Reinforces activities and interventions that are working.
- Identifies opportunities to change activities that are not working.
- Identifies new activities to advance efforts to become a trauma-informed care organization.



**Case Study:
Colorado Coalition for the Homeless**

The Colorado Coalition for the Homeless successfully surveyed one-third of its entire organization (200 of 600 employees) when completing the OSA. Before distributing the tool among staff, the CIT and organizational leadership led previous efforts throughout the organization to integrate trauma-informed primary care approaches, including past surveys and trainings. These efforts helped build trust with staff that their input would be anonymous and valued. Because they spent time ensuring staff understood what they were asked to do and how they would use their responses, staff was eager to provide feedback using the OSA.

The OSA questions provoke critical thinking about how you design and deliver your services and the underlying philosophies that define your organization's culture. Unlike a simple checklist to determine fidelity to a clinical guideline or set of accreditation standards, the OSA provides the questions necessary to structure a trauma-informed approach workplan using the [OSA Action Planning Workbook](#).

Results from the OSA will inform the CIT's priorities and action steps as they develop an implementation plan. Repeat this process on an annual basis. The data from each OSA should be in the same workbook to help the CIT track implementation progress over time.

The Organizational Self-assessment (OSA) Tutorial provides step-by-step guidance for conducting the OSA, utilizing the OSA Action Planning Workbook and communicating the results.



Key Considerations for Completing the OSA

- Have you decided who will complete the OSA?
- How will you explain the OSA and why it's important for participants to complete?
- Have you sent the OSA to those chosen to take it?
- Have you provided two-to-three weeks for participants to complete the OSA?
- How will you communicate the results of the OSA outside the CIT?
- After putting your aggregate results in the OSA Workbook, what key indicators stand out as possible Action Steps to support implementation?
- What can you learn from the highest and lowest values and those with the largest discrepancies?



ALIGN TRAUMA-INFORMED INITIATIVES WITH EXISTING ORGANIZATIONAL INITIATIVES

To reduce the challenges of adding another initiative to an organization, the CIT should utilize the [Initiative Alignment Tool](#) to identify existing initiatives that align with implementing a trauma-informed approach. Organizations should consider areas of overlap and ways to avoid “reinventing the wheel.” The results of this assessment will help determine how to strategically align change processes within an organization.



Case Study:

Oregon Health and Science University, Family Medicine at Richmond Clinic

Oregon Health and Science University, Family Medicine at Richmond Clinic transitioned an existing committee where staff could voice their opinions and concerns to a CIT when starting their trauma-informed primary implementation. The CIT opened its meetings to all staff, created common language and literacy on trauma-informed care, provided monthly trainings and provided a space for staff to voice concerns and issues. The clinic found that the CIT’s activities were extremely important to the success of the initiative because, “if they aren’t a trauma-informed workplace, they can’t perform trauma-informed care.”



COMMUNICATE TO STAKEHOLDERS FOR ENGAGEMENT AND SUPPORT

To gain support from leadership and other stakeholders it is important to communicate about the trauma-informed initiative in an effective manner. Understanding the needs and priorities of the leadership team and other stakeholders, such as patients, staff and community partners will help the CIT develop a tailored approach that will resonate for each audience.



Messaging Quick Tips

- Align trauma-informed care with the overall mission and values of the organization.
- Clearly identify the resources necessary for the initiative to be successful.
- Explain the expected outcomes of the initiative for patients, staff and the community.



Case Study: Colorado Coalition for the Homeless

The Colorado Coalition for the Homeless developed an internal communication strategy to gain support from staff and create shared understanding of trauma-informed primary care. The CIT wanted to ensure their communication methods met the needs and interests of their audience — their staff. Their internal communication strategy included bite-sized content with short monthly blurbs in staff communications about the five Change Concepts that could be read in 10-15 seconds, fliers in staff areas and unified messages about trauma-informed primary care approaches disseminated by supervisors.

There are several important questions to consider, such as the “who, what, where, when and why” that will make communication more effective and result in better engagement. Additionally, using different forms of media and communication tools is important for engagement. The [Communicating for Buy-in Tool](#) will help the CIT answer the following checklist questions:



Key Considerations for Communicating for Engagement and Support

- | | |
|--|---|
| <input type="checkbox"/> Why are you proposing the initiative for the organization? | <input type="checkbox"/> the stakeholders? |
| <input type="checkbox"/> Who are the stakeholders? | <input type="checkbox"/> When will you deliver the message to keep stakeholders continuously engaged? |
| <input type="checkbox"/> What culturally relevant factors will be considered? | <input type="checkbox"/> Where will you deliver messages? |
| <input type="checkbox"/> What key points are likely to align with the felt needs, concerns or desires of | <input type="checkbox"/> How will you deliver messages? |
| | <input type="checkbox"/> What are your expected outcomes and how will you measure them? |



DEVELOP A PLAN

One of the CIT’s main priorities is to develop a detailed implementation plan in response to the OSA that is adapted to the unique needs and resources of the primary care organization. This plan should include:

1. Reasonable and feasible goals.
2. Actions steps towards achieving the goals.

The CIT uses the results of the OSA to choose one or more of the goals listed under a Change Concept. After choosing a goal, the CIT can clarify how their current policies, processes and procedures relate to the chosen goal. In this way, you may be able to leverage or adapt well-established approaches within the organization to support making progress on your goal. The [OSA Tutorial](#) contains detailed guidance.

A [Practical Toolkit for Adopting Trauma-Informed Approaches in Primary Care](#) is a useful tool to guide goal identification and development that is a modification of the Plan, Do, Study, Act model adapted specifically for implementing trauma-informed approaches in primary care settings.²⁸

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**Key Considerations
for Developing a Plan²⁹**

- What were the results of the OSA related to your selected change concept-related goal?
- Was this a relative strength or area that needed considerable improvement in relation to the other change concepts?
- What organizational policies may you need to change as a result of the goal you selected?
- What practices and/or workflows are related to or affected by the goal you selected?
- What routine procedures are related to or affected by the goal you selected?

Table 5. SMART Action Steps

Action Step Considerations	
S	Specific and Strategic
M	Measurable
A	Attainable
R	Relevant
T	Timeframe

After the CIT identifies its goals, the next step is to develop Action Steps, an important way to measure progress. Interim, short and medium-term Action Steps help your CIT stay focused and organized and will identify successes to celebrate along the way. Teams should develop SMART goals. Table 5, provides questions that will guide you when developing SMART action steps.

The [SMART Action Planning Tool](#) is a useful tool to assist with the Action Plan for your trauma-informed initiative.

²⁸ Salerno, A. (2018). A Practical Toolkit for Adopting Trauma Informed Approaches in Primary Care. Developed for the National Council for Behavioral Health.
²⁹ Ibid.



MONITOR PROGRESS

It is critical that the CIT develop progress indicators related to each chosen goal and check, study and monitor these indicators to ensure the team has the needed information to evaluate progress and take appropriate action. The OSA Workbook facilitates performance monitoring through sample performance monitoring indicators and a tab for tracking progress. Table 6, provides a partial list of potential performance indicators to consider depending on organizational goals.

Table 6. Sample Performance Monitoring Indicators

CHANGE CONCEPT	PERFORMANCE MONITORING INDICATORS
<p>1. Help All Individuals Feel Safety, Security and Trust</p>	<ul style="list-style-type: none"> • Active team that is responsible for assuring a safe, secure and trusting physical and interpersonal environment. • Trauma-Informed care (TIC) related informational materials for patients, staff and partners. • Trauma-Informed (TI) strategic plan with clear commitment to TI organizational culture and communication of process to patients, staff and partners.
<p>2. Develop a Trauma-Informed Workforce</p>	<ul style="list-style-type: none"> • Formalized HR hiring process including integration of TI principles and code of conduct into job descriptions, job announcements, hiring and on-boarding process. • All processes related to workforce development (including hiring, orientation, training and ongoing professional development) are culturally and linguistically appropriate (adoption and integration of CLAS Standards). • Informal HR practices re: managing work-related stress.
<p>3. Build Compassion Resilience in the Workforce</p>	<ul style="list-style-type: none"> • A policy/procedure on reviewing adverse incidents by the safety team as part of the continuous quality improvement (CQI) process. • A policy/procedure regarding appropriate response to workforce concerns (burnout, secondary traumatization and compassion fatigue). • A policy/procedure for supporting patients with the regulation of their emotions and/or physical responses.
<p>4. Identify and Respond to Trauma</p>	<ul style="list-style-type: none"> • Observable behaviors and practices that demonstrate a policy/procedure that describes the mechanism and frequency for trauma assessments. • Observable behaviors and practices that demonstrate a policy/procedure that describes a system to collaborate with other treatment providers to coordinate services for patients, when needed. • Observable behaviors and practices that demonstrate a policy related to the identification of and response to trauma in culturally and linguistically appropriate ways (adoption and integration of CLAS Standards).
<p>5. Finance and Sustain Trauma-Informed Initiatives</p>	<ul style="list-style-type: none"> • Documentation in medical record of patient connection with social, religious, cultural and other community social resources that align with patient interests and needs as a routine part of care. • Consistent engagement and discussion around TI approaches with community stakeholders. • Consistent messaging and discussion about TI practices within the organization.



 **Key Considerations for Monitoring Progress**

- What part of the plan worked well?
- What didn't work well?
- What was surprising?
- What assumptions did you make that were accurate and not accurate?
- Do you need to do things differently?
- Do you need to put the next action steps on hold until you make needed changes?
- If it is too early to tell what needs to change? Should we continue the process and give it more time?

Based on findings and answers to these questions, the CIT should take action to ensure they continue to make progress and/or revisit the initial plan.

Actions will likely reflect one of the following:

- Continue with the implementation that is working. Focus on sustaining gains or addressing another workforce development standard.
- Change or modify aspects of the implementation.
- Abandon or stop the process and analyze implementation barriers.
- Start over and explore what is not working and what other domain and/or approach is likely to be more successful.

Once the organization has found a practical and effective improvement approach, the CIT and leadership may decide to establish a formal policy to sustain the trauma-informed related change.