



TRAUMATIC STRESS INSTITUTE

Check List for Team Collaboration in Tough Times

- Have team discussions of what is going on and how it is affecting us as people
- Are we connecting with anyone who has been hurt and expressing our concern?
- Team discussion of possible reasons for chaos
- Reinstatement of positive activities that do not have to be earned, such as board games, art projects, music nights, walks, special food events (pizza competition)
- Make sure therapists are spending individual time with clients
- Divide and conquer- do things with clients in small groups
- Do we need training on a specific issue or problem?
- Should we bring in a consultant, maybe from another part of the agency or from outside the agency?
- Can we repair any damage that has been done, and what resources do we need to make the living quarters look nice?
- Can we reinstitute routines and rituals such as meals together, bedtime stories (no matter how old the clients are) or hellos and goodbyes?
- Are the therapists spending time hanging out on the units?
- Are the staff staying out of the office and engaging the clients in games, discussions, jokes, fun?
- Does the program leadership need any additional support or training?
- Is supervision happening?
- Do we have enough structure with regular activities and little down time and not too much reliance on electronic distraction?
- Are we flexible enough to respond to individual needs?
- Is our environment too noisy?
- Can we add music?
- Can we make the space more pleasant, add decorations?
- Have we talked openly with the clients about recent losses, such as a staff leaving?
- Have we looked for secrets the clients may be keeping- such as bullying or sexual activity that may be going on?
- Have we had group and individual discussions with the clients about what they think is going on, and what they think would help?
- Do we have mechanisms in place to recognize staff for special effort?
- Are we planning staff fun activities like pot luck lunches?
- Has administration expressed gratitude for the efforts of the staff, and sadness for their pain and injuries?
- Are we continuing to talk about what is going on, with compassion and respect, recognizing that everyone is doing the best they can?

Signs that Trauma-Informed Care is Eroding

- Grounding are more frequent and longer
- Restorative tasks begin to look like punishments
- People start talking about clients “getting away with” things
- Behaviors are described as deliberate and attempts to get at staff
- Team members are not trying to understand behavior or figure out how it is adaptive for the client. Instead they focus on how to change it.
- Divisions start between team members, there is more blaming of each other
- Team members start asking for more rules to govern their interactions
- Staff stay in offices and interact less with clients
- The words “consistency” and “structure” are used more than usual
- Activities begin to have to be earned, and clients are not allowed to attend fun events or arts or recreation activities due to recent problem behaviors
- Clients are described in pejorative terms such as “manipulative” and “borderline”
- People say things like "she wants to be that way"
- People make hopeless and cynical statements
- Less laughter and fun
- People are talking about returning to points and levels or adding more severe consequences

What to look for as contributing factors:

- Client turnover
- Staff vacancies and over work of remaining staff
- A new, more severe type of client
- Administration being less available
- Any particular staff having severe problems
- Personal issues and losses
- New reporting or oversight demands
- Difficult incidents and/or bad discharges

