

## Trauma Informed Care – Physical Space Assessment

Item	Connection to Toxic Stress	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. <b>Keywords: frontal lobe engagement, rational thinking, judgment, selective attention</b>	<ul style="list-style-type: none"> <li>Consider if there are more helpful designs on certain days or times of day.</li> </ul>
Lobby design	The openness, clean, and coordinated, non-broken furniture conveys this is a cared for space. Does not activate neglect.	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-threatening memories and associations.	<ul style="list-style-type: none"> <li>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.</li> <li>Have a child therapist review the lobby for any therapeutic improvements especially on days when there is a high volume of children.</li> <li>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.</li> <li>In the first welcoming offer options for where people can wait and what they can do and how to access the wifi.</li> <li>Are there peer support who can be in the lobby as needed or who can be easily seen and accessed?</li> </ul>
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.	Positive attachment and bonding can also suppress a stress response through the release of brain chemicals.	<ul style="list-style-type: none"> <li>There was some limited visibility that I know you are working on.</li> </ul>
Significant natural light throughout the building.	Benefits of nature. Reduces feeling trapped and use of lights that can activate headaches.	<b>Keywords: Perception, interpretation, non-threatening memories and associations, bonding</b>	None
Staff Art work.	Lovely way to connect staff to each other and those accessing the building. Develops community.		<ul style="list-style-type: none"> <li>May want to advertise this. How would you know a staff member was the artist?</li> </ul>
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		<ul style="list-style-type: none"> <li>Balance consistency with flexibility especially for staff. If there is a need for differentiation define how this can happen (a poster, toys, etc).</li> </ul>

	staff knowing where things are is helpful and essential when experiences toxic stress.		
WIC posters	Welcoming, cultural representation.		<ul style="list-style-type: none"> <li>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.</li> </ul>
Shower and bathroom accessible and available.	Bathrooms are welcoming, inclusive, and accessible.		<ul style="list-style-type: none"> <li>Note in the bathroom what to do if there is an issue or need (not clean, toilet paper). Some agencies have struggles with the amount of shower time. If this is an issue let me know.</li> </ul>
Outdoor access; open spaces	Gross motor skills and fresh air are helpful to reduce activation.		<ul style="list-style-type: none"> <li>Promote the usage of the outdoor spaces for staff and clients.</li> </ul>
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.		<ul style="list-style-type: none"> <li>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.</li> </ul>
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.		<ul style="list-style-type: none"> <li>Make signage more visible. Consider color coding and including pictures when appropriate. At a time of activation you are assessing quickly.</li> <li>Determine which signage is important to make visible such as the exit, bathrooms, or the lobby.</li> <li>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.</li> <li>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 see the person you will be working with. This could be staff pictures on your TV screen or a magnetic</li> </ul>

			picture & 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.		<ul style="list-style-type: none"> <li>• 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 the bathroom before starting and then what this is about, how long, where I can say no.</li> <li>• Consider if peer support can be there or even complete.</li> </ul>
Onsite crisis response	Supports safety for staff and clients. Diverts more harmful interventions.		<ul style="list-style-type: none"> <li>• Build in systematic debriefing strategies especially for a 24/7 shift.</li> </ul> <p>*I got to see this in action and was impressed with how this team worked together to deescalate.</p>
PCIT Room	The alternative time out space needs to be reviewed through a TI and equity lens in conjunction with the PCIT model		<ul style="list-style-type: none"> <li>• TIO will look into options as CHW is complying to PCIT protocols.</li> </ul>
Regulation tools	Important to have accessible ways for people to practice regulating to prevent and reduce activation.		<ul style="list-style-type: none"> <li>• Consider a basket of fidget toys in relevant rooms or 'mobile' baskets that a staff member can carry with them.</li> </ul>
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'.		<ul style="list-style-type: none"> <li>• Consider ways you can let clients and remind staff what CHW values. This can be through images of diversity and wellness and through words.</li> <li>• For staff it is helpful to have statements in a ways that when the work gets hard and we go to self-protection we have accessible reminders of how to proceed.</li> </ul>
Critical Incident training	Important to know what to do but also to decrease constant worry about what might happen this can diminish the ability to focus.		<ul style="list-style-type: none"> <li>• Define potential incidents from staff and clients.</li> <li>• Organize practice – can start with voluntary participation and move to mandatory or agree that enough core responders have what they need.</li> <li>• Include clients or include this role in a simulation.</li> <li>• Provide clear expectations and how to 'do' the simulation and the purpose.</li> <li>• Review the debrief questions before the simulations to prepare and support that the purpose is to learn from the exercise.</li> </ul>

**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.