NATIONAL ALLIANCE OF
TRAUMA RECOVERY CENTERS

Are You Ready to Develop a Trauma Recovery Center?

The mission of the National Alliance of Trauma Recovery Centers (NATRC) is to advocate and increase access to trauma-informed quality care for all people impacted by violence and systemic inequities. We envision a world where every survivor of violence gets the help they need to heal.

Our network includes TRCs that are community-based, hospital-based/affiliated, and university-affiliated. NATRC member programs are developed to be responsive to local community needs and strengths and share a commitment to implementing the evidence-based UCSF TRC model with fidelity to support positive outcomes for the diverse survivor communities we serve.

The NATRC provides training and technical assistance, including TRC Implementation Workshops for organizations developing a TRC, that include orientation to our evidence-based model and its eleven core elements. Participation in TRC Implementation Workshops is a pathway for organizational membership in the National Alliance of Trauma Recovery Centers.

We use the following **Organizational Readiness Criteria** to assess a program's readiness to develop a TRC and to participate in the NATRC's TRC implementation workshops. All criteria are essential components of the TRC model.

Organizational Readiness Criteria for TRC Implementation Workshop Participation

Is your program already doing or open to incorporating the following components of the TRC model:

- ❑ **Serve survivors of all types of violent crime**

  TRCs serve survivors of a wide range of violent crimes, including, but not limited to survivors of sexual assault, gun violence, domestic violence, battery, physical assault, vehicular assault, human trafficking, and family members who have lost a loved one to homicide. Many TRCs serve survivors of police violence, and some serve child victims, youth, and their families.

- ❑ **Prioritize engaging and serving underserved populations**

  TRCs prioritize accessibility for survivors of violent crime, especially those from underserved populations who have not been well served by traditional mental health and victim services models, including: people of color, people who are unhoused, people who have severe trauma-related sequelae or complex psychological issues,

members of the LGBTQ+ community, members of immigrant and refugee groups, or juvenile survivors, including minors who have had contact with the juvenile dependency or justice system.

- ❑ **Provide services free of charge**

  TRC services are free of charge to ensure accessibility for all. Individualized and comprehensive treatment and services are determined by survivor need and preference, independent of what an insurer or funder does or does not cover. There are no charges or co-pays for TRC services. Medicare, insurance, or workman's compensation cannot be used to supplement treatment expenses.

- ❑ **Take an inclusive approach to client eligibility**

  Survivors who meet other eligibility criteria for TRC services are not excluded from services solely based on emotional or behavioral challenges that result from trauma, including but not limited to substance abuse, low initial motivation, or high levels of anxiety.

- ❑ **Have the funding and staffing capacity for the TRC's multidisciplinary team and comprehensive services**
  - The **TRC core staffing model** consists of masters-level TRC Clinicians including clinical social workers, marriage and family therapists, and licensed professional counselors; at least one psychologist; and a psychiatrist (or access to one). TRC Clinicians are licensed or engaged in the applicable licensure process and receive all required clinical supervision.
  - The **multidisciplinary team also includes** a director or manager who oversees the TRC, a clinical supervisor/coordinator/director role who provides regular clinical supervision and oversight, or a combination of these. It also includes operations staff, including a data manager role. It may also include case managers, outreach workers, peer support specialists, and/or clinical trainees who are integrated members of the treatment team.
  - **All members of the treatment team are employed by the program** (not contracted), except for psychiatrists who may provide services as a consultant, or via telehealth, when necessary.
  - **Diverse leaders and teams.** All TRCs strive to recruit, hire and retain leaders, staff and trainees who reflect and/or are from the communities they serve. We value diversity and equity at all levels including management and leadership at TRCs.
  - **Provide integrated care by one multidisciplinary team**. When multiple programs agree to partner with each other to provide components of these comprehensive services, that is coordinated care, not the integrated care provided by the TRC.

- ❑ **Ensure all clients receive a comprehensive biopsychosocial intake assessment**
  - TRCs are designed to be **one-stop centers that remove barriers to care** by conducting assertive outreach, care coordination and advocacy, clinical case management, and trauma-focused mental health treatment by members of one multidisciplinary team. Every TRC client participates in a comprehensive biopsychosocial assessment that is the foundation for collaboratively developing an individualized care plan. Services encompass case management / care coordination / mental health treatment and interventions / advocacy and accompaniment.
  - Is your program using or open to incorporating **core TRC standardized clinical assessments**? These will enable clinicians to assess both psychological and practical needs for care and services, to provide measurement-guided treatment for individuals, and enable program leaders to analyze aggregate clinical outcomes for ongoing program evaluation.

- ❑ **Use evidence-based and evidence-informed treatments for trauma**

  TRCs use evidence-based and evidence-informed treatments for trauma and its impacts. Evidence-based treatments are defined as those that have demonstrated clear research outcomes that support their use for the treatment of trauma, and evidence-based practices that are considered emerging/promising based on research outcomes may also be used. Examples of EBTs include narrative exposure therapy, cognitive processing therapy, eye movement desensitization and reprocessing, prolonged exposure therapy, trauma-focused cognitive behavioral therapy, motivational interviewing, child parent psychotherapy, and parent child interaction therapy. In addition to EBTs, TRCs also use culturally rooted and culturally responsive practices as a component of client engagement and comprehensive mental health service provision.

- ❑ **Focus on engaging survivors of acute violence/crime**
  - TRCs use an assertive outreach approach to engaging individual survivors, including providing services out in the community and conducting home visits as needed.
  - The short-term, trauma-focused TRC treatment model was developed to help individuals and families stabilize and heal and prevent the cascade of negative impacts that result from untreated trauma.
  - Most TRCs have a window of eligibility based on 3 years from the violent incident (except for homicide loss, for which there is no time limit).
  - Many people who come to the TRC have also experienced other incidents of violence/trauma over their lifetimes, while also meeting eligibility based on the 3-year window from the most recent incident.

- ❑ **Use a healing-centered (Ginwright, 2018) and trauma-informed (SAMHSA, 2014) approach to services and operations, including:**
  - Using a **strengths-based approach** and acknowledging individuals' expertise on their own lives
  - Acknowledging and **addressing root causes of violence**, rather than only focusing on the experiences of individuals
  - Incorporating healing-centered engagement based on **cultivating and promoting healthy collective identity** (i.e. racial/ethnic, gender, sexual orientation) and shared sense of belonging

  - **Safety**: Ensuring physical and emotional safety for both clients and providers.
  - **Trustworthiness and Transparency**: Cultivating transparency in all communications and decisions.
  - **Peer Support**: Integrating relationships with peers who have lived experiences for mutual recovery.
  - **Collaboration and Mutuality**: Fostering collaboration and shared decision-making.
  - **Empowerment, Voice, and Choice**: Empowering individuals to have a voice and make choices.
  - **Cultural, Historical, and Gender Issues**: Considering and centering cultural and gender factors in care.

- ❑ **Provide training and ongoing support for all program staff, trainees and leaders to manage vicarious trauma and provide high-quality care**
  - Provide onboarding training on vicarious trauma risk and protective factors
  - Provide regular, ongoing opportunities for the team to practice caring for themselves and each other (self-care, collective care)
  - Provide regular (weekly) clinical supervision for all staff, regardless of role or licensure status
  - Offer and provide ongoing training and professional development so staff have the skills and knowledge they need for their work and ongoing professional growth

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For questions or more information,
please contact NATRC Training and Technical Assistance here:
Contact - National Alliance of Trauma Recovery Centers