

Policy & Planning

Awareness	Safety	Trust	Empowerment	Cultural Competence
<p>1. Our mission includes a pledge to understand trauma and engage in trauma-sensitive practice.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Policy outlines health center response to clients in crisis.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Staff at all levels express commitment to using trauma-sensitive practices.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Policies invite input from clients and staff at all levels.</p> <p style="text-align: center;">To be done Done</p>	<p>1. A written pledge promises respect for all cultures, including ones commonly marginalized.</p> <p style="text-align: center;">To be done Done</p>
<p>2. Policies, job descriptions, orientation material, and office processes are trauma-sensitive.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Policy defines health center role in Title IX procedures for resolving complaints of sex discrimination.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Policies outline professional conduct for staff,</p> <p style="text-align: center;">To be done Done</p>	<p>2. Policies outline responsibilities during disagreement.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Leadership has addressed any cultural and policy barriers that could impede implementation.</p> <p style="text-align: center;">To be done Done</p>
<p>3. Policies and procedures reflect trauma-sensitive language and practice.</p> <p style="text-align: center;">To be done Done</p>	<p>3. MOUs define relationships with security and law enforcement entities serving the campus.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Policies are transparent and readily available to clients.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Policy involves staff at all levels in sustaining trauma-sensitive practice through periodic review.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Agreements provide short-notice access to interpreters as needed.</p> <p style="text-align: center;">To be done Done</p>
<p>4. MOUs define work with campus SART, local rape crisis, and other groups serving survivors.</p> <p style="text-align: center;">To be done Done</p>	<p>4. Existing policies have been examined for potential to recreate feelings associated with trauma,</p> <p style="text-align: center;">To be done Done</p>	<p>4. Release and consent forms are written in clear, simple terms.</p> <p style="text-align: center;">To be done Done</p>	<p>4. Grievance procedures are defined for clients and staff.</p> <p style="text-align: center;">To be done Done</p>	<p>4. MOUs formalize advocacy support with cultural, LGBT, women's, and counseling centers.</p> <p style="text-align: center;">To be done Done</p>

Staff Development

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<p>1. All staff at all levels are trained in traumatic stress and its effects, including effects on staff.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Clinicians are trained in grounding and de-escalation strategies to help triggered clients.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Staff at all levels are trained to establish and maintain healthy professional boundaries.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Vicarious traumatization is addressed in team meetings, and self care is encouraged.</p> <p style="text-align: center;">To be done Done</p>	<p>1. All staff are trained to respond sensitively to different cultures and subgroups.</p> <p style="text-align: center;">To be done Done</p>
<p>2. Staff at all levels are trained to identify triggers and common reactions to them.</p> <p style="text-align: center;">To be done Done</p>	<p>2. All staff are trained to employ trauma-sensitive and friendly responses.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Staff regularly meet with a supervisor trained in trauma.</p> <p style="text-align: center;">To be done Done</p>	<p>2. The health center invites staff feedback on program practices.</p> <p style="text-align: center;">To be done Done</p>	<p>2. All staff receive periodic training in applying cultural competence to trauma-sensitive practice.</p> <p style="text-align: center;">To be done Done</p>
<p>3. Clinicians incorporate trauma questions into the intake.</p> <p style="text-align: center;">To be done Done</p>	<p>5. Supervisors help staff understand their own stress reactions and the effect on work.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Supervisory and counseling staff receive advanced training in trauma and sexual violence.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Staff receive ongoing education in trauma-sensitive practice.</p> <p style="text-align: center;">To be done Done</p>	<p>3. All staff are trained to appreciate different responses to trauma.</p> <p style="text-align: center;">To be done Done</p>
<p>4. Regular staff meetings and visiting experts cover topics associated with trauma.</p> <p style="text-align: center;">To be done Done</p>			<p>4. Staff receive ongoing education in assault prevention and response.</p> <p style="text-align: center;">To be done Done</p>	

Environment

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<p>1. The health center periodically uses the environmental checklist to inspect the facilities.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Staff monitor people coming and going from the facility.</p> <p style="text-align: center;">To be done Done</p>	<p>1. The health center seeks client input to improve the physical space.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Staff use a strengths-based, person-centered approach in all interactions with clients.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Staff show acceptance for personal religious or spiritual practices.</p> <p style="text-align: center;">To be done Done</p>
<p>2. The health center shows intent to increase the sense of safety, trust, and empowerment among clients.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Staff and clients discuss personal matters in private spaces.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Staff review rules, rights, and grievance procedures with clients.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Staff supply handouts explaining student rights, self-care, trauma, and confidentiality policies.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Posters depict awareness of trauma and sexual assault in a culturally sensitive manner.</p> <p style="text-align: center;">To be done Done</p>
	<p>3. The environment is attuned to safety, calming, and de-escalation.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Staff inform clients about the extent and limits of privacy and confidentiality.</p> <p style="text-align: center;">To be done Done</p>		<p>3. Staff show acceptance for the cultural realities of a diverse campus.</p> <p style="text-align: center;">To be done Done</p>
	<p>4. The health center is established as a safe place to address trauma and is publicized as such.</p> <p style="text-align: center;">To be done Done</p>	<p>4. Staff do not talk about clients in common spaces.</p> <p style="text-align: center;">To be done Done</p>		

Collaboration

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<p>1. We work with organizations on and off campus providing appropriate services.</p> <p style="text-align: center;">To be done Done</p>	<p>1. We work with security and law enforcement entities serving the campus.</p> <p style="text-align: center;">To be done Done</p>	<p>1. We foster a continuity of care, accompanying clients or allowing advocate present.</p> <p style="text-align: center;">To be done Done</p>	<p>1. The health center involves staff in policy review.</p> <p style="text-align: center;">To be done Done</p>	<p>1. We work with agencies with expertise in cultural sensitivity.</p> <p style="text-align: center;">To be done Done</p>
<p>2. A trained staff member participates on the campus SART.</p> <p style="text-align: center;">To be done Done</p>			<p>2. We involve clients in policy review.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Ongoing training and consultation from other agencies provide expertise in cultural sensitivity.</p> <p style="text-align: center;">To be done Done</p>
<p>3. We serve on integrated campus counseling teams as available.</p> <p style="text-align: center;">To be done Done</p>			<p>3. Staff is encouraged to seek support or aid from their peers.</p> <p style="text-align: center;">To be done Done</p>	
			<p>4. Clients asked to give feedback on staff demonstration of trauma-sensitive values.</p> <p style="text-align: center;">To be done Done</p>	

Encounters

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<p>1. We have adopted intake questions screening for trauma.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Patients remain fully clothed to first meet health center staff.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Clinicians keep to a minimum the amount of time a patient must remain in a subordinate position.</p> <p style="text-align: center;">To be done Done</p>	<p>1. Clinicians seek consent at every step of the encounter, and patients know they can withdraw it.</p> <p style="text-align: center;">To be done Done</p>	<p>1. All patients are met with validation and acceptance.</p> <p style="text-align: center;">To be done Done</p>
<p>2. Clinicians provide a running commentary about what they are doing and why.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Parts of the body that are customarily-covered remain covered if they are not being examined.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Clinicians make no assumptions as to patient understanding of exam, treatment, or procedure.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Clinicians and patients discuss time constraints at the outset and as they arise.</p> <p style="text-align: center;">To be done Done</p>	<p>2. Clinicians ask all patients if they have cultural considerations that should be attended.</p> <p style="text-align: center;">To be done Done</p>
<p>3. Explanations accompany all requests and actions throughout the encounter.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Clinicians are trained in techniques to help de-escalate patients who trigger or are in crisis.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Clear instructions are provided in both written and verbal form.</p> <p style="text-align: center;">To be done Done</p>	<p>3. Staff discuss referrals with patients and get clear consent to make them.</p> <p style="text-align: center;">To be done Done</p>	
<p>4. Staff are familiar with fight-flight-freeze responses.</p> <p style="text-align: center;">To be done Done</p>	<p>4. Reception and telephone staff are trained in trauma-sensitive response.</p> <p style="text-align: center;">To be done Done</p>	<p>4. Clinicians solicit patient concerns and preferences throughout the encounter.</p> <p style="text-align: center;">To be done Done</p>	<p>4. The patient experience is validated at every step.</p> <p style="text-align: center;">To be done Done</p>	