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## THE UCSF TRAUMA RECOVERY CENTER CORE ELEMENTS

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- 1. ASSERTIVE OUTREACH AND ENGAGEMENT WITH UNDERSERVED POPULATIONS.**

Conduct outreach and provide services to survivors of violent crime who typically are unable to access traditional services, including, but not limited to, survivors who are homeless, chronically mentally ill, members of immigrant and refugee groups, disabled, who have severe trauma-related symptoms or complex psychological issues, are of diverse ethnicity or origin, or juvenile survivors, including minors who have had contact with the juvenile dependency or justice system.
- 2. SERVING SURVIVORS OF ALL TYPES OF VIOLENT CRIMES.**

Serve survivors of a wide range of crimes, including, but not limited to, survivors of sexual assault, domestic violence, battery, crimes of violence, vehicular assault, human trafficking, and family members who have lost a loved one to homicide.
- 3. COMPREHENSIVE MENTAL HEALTH AND SUPPORT SERVICES.**

Mental health and support services are structured and evidence-based, including but not limited to crisis intervention, individual and group treatment, medication management, substance abuse treatment, case management and assertive outreach. Care must be provided in a manner that increases access to services and removes barriers to care for survivors of violent crime. This includes providing services in the client's home, in the community, or other locations that may be outside the agency.
- 4. MULTIDISCIPLINARY TEAM.**

Staff shall consist of a multidisciplinary team that includes psychiatrists, psychologists, social workers, and marriage and family therapists. The TRC Clinician is a licensed clinician, or in some cases a closely supervised clinician engaged in the applicable licensure process. Clinical supervision and other support are provided to staff on a weekly basis to ensure the highest quality of care and to help staff constructively manage the vicarious trauma they experience as service providers to survivors of violent crime.
- 5. COORDINATED CARE TAILORED TO INDIVIDUAL NEEDS.**

Psychotherapy and case management are coordinated through a single point of contact for the survivor, with support from an integrated multidisciplinary trauma treatment team. All treatment teams shall collaboratively develop treatment plans in order to achieve positive outcomes for clients.
- 6. CLINICAL CASE MANAGEMENT.**

Services shall encompass assertive case management, including but not limited to: accompanying a client to court proceedings, medical appointments, or other community appointments as needed; case management services such as assistance in the completing and filing of applications to the Victim Compensation Board, the filing of police reports, assistance with obtaining safe housing and financial entitlements, linkages to medical care, providing assistance securing employment, working as a liaison to other community agencies, law enforcement or other supportive service providers as needed.
- 7. INCLUSIVE TREATMENT OF CLIENTS WITH COMPLEX PROBLEMS.**

Clients are not excluded from services solely on the basis of emotional or behavioral issues that result from trauma, including but not limited to: substance abuse problems, low initial motivation or high levels of anxiety.
- 8. USE OF TRAUMA-INFORMED, EVIDENCE-BASED PRACTICES.**

TRC staff shall adhere to established, evidence-based practices, including but not limited to: Motivational Interviewing, Seeking Safety, Cognitive Behavioral Therapy, Dialectical Behavior and Cognitive Processing Therapy.
- 9. GOAL-DRIVEN.**

Primary goals are to decrease psychosocial distress, minimize long-term disability, improve overall quality of life, reduce the risk of future victimization, and promote post-traumatic growth.
- 10. ACCOUNTABLE SERVICES.**

Provide holistic and accountable services that ensure treatment shall be provided up to 16 sessions. For those with ongoing problems and a primary focus on trauma, treatment may be extended after special consideration with the clinical supervisor. Extension beyond 32 sessions requires approval by a clinical steering and utilization group that considers the client's progress in treatment and remaining need.