

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> Trauma-Informed Care Policy	<u>POLICY #:</u> DSAMH011
<u>PREPARED BY:</u> DHSS/DSAMH Policy Group	<u>DATE ISSUED:</u>
<u>RELATING POLICIES:</u>	<u>REFERENCE:</u>
<u>DATES REVIEWED:</u> 08/16/19	<u>DATES REVISED:</u>
<u>APPROVED BY:</u>	<u>NOTES:</u>

I. PURPOSE:

The purpose of this policy is to outline the factors to be considered when implementing and providing Trauma-Informed Care (TIC).

II. POLICY STATEMENT:

The Division of Substance Abuse and Mental Health (DSAMH) is committed to ensuring that our public behavioral health system is responsive to the impact of trauma on the lives of the people we serve. This policy defines expectations for our service providers, promotes the understanding of trauma and its impact, ensures the ongoing development of a trauma-informed system, guarantees the availability of trauma-specific services for all populations served, and confirms a commitment to our staff's health and safety. Overall, the purpose is to promote resiliency, health, and wellness for those who have experienced trauma and for their families.

III. DEFINITIONS:

“Trauma”: An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

“Trauma-Informed Care”: Trauma-Informed Care (TIC), often referred to as a Trauma-Informed Approach, is a promising model for organizational change in health, behavioral health, and other settings, which promotes resilience in staff and patients.

“Trauma-Informed Approach (the 4 Rs) model”:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;

2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices;
4. Resists re-traumatization.

IV. SCOPE: This policy covers any provider that has contracted with DSAMH to provide services, as well as all providers contracted through the PROMISE HCBS waiver program.

V. PROCEDURES/RESPONSIBILITIES:

1. **Training:** At a minimum, providers will ensure on-boarding training and ongoing annual training, as appropriate to agency scope of service and staff scope of responsibility, to promote and maintain the following principles and practices:
 - a. knowledge of the prevalence of trauma in the histories of their service population;
 - b. awareness of trauma symptoms and presentation;
 - c. adoption of trauma-informed culture that maximizes client safety and healing;
 - d. practices that reduce likelihood of re-traumatization; and
 - e. practices that prevent and address secondary and/or vicarious trauma of staff.
2. **Clinical Practices:** Direct clinical treatment providers will be trained in the trauma-sensitive use of appropriate screening tools for trauma exposure and related symptoms, based on population(s) that they serve. Clients who have a positive screen for trauma will receive trauma-specific assessments and be offered treatment modalities appropriate for them. All progress notes and treatment plans should reflect the screening and assessment results, and should guide the implementation of the plan. In addition, all interventions should be strengths-based and resiliency-focused, not just focused on the trauma itself. Agency and clinical staff must have access to evidence-based practices and evidence-informed practices to provide clients with potential interventions and informed choice treatment utilizing an empowerment model.
3. **Staff care:** Staff interfacing with clients with trauma histories require appropriate supervision and support. Self-care support and supervision for clinical staff is expected to be detailed in the agency organizational plan. Staff on-boarding process should include awareness of secondary traumatic stress, compassion fatigue, burnout, as well as compassion satisfaction.
4. **Agency self-assessment:** Agencies that are providing direct clinical care must have, as part of their quality assurance protocol, a review of TIC practices, interventions, and adherence to ongoing national standard changes. Critical incident reports must also be reviewed for trauma prevalence and potential intervention strategies. At a minimum, agency documentation must reflect commitment to staff education on trauma, definitions of what TIC means for the organization, and actual policies/practices that support implementation and growth of a Trauma-Informed Program.