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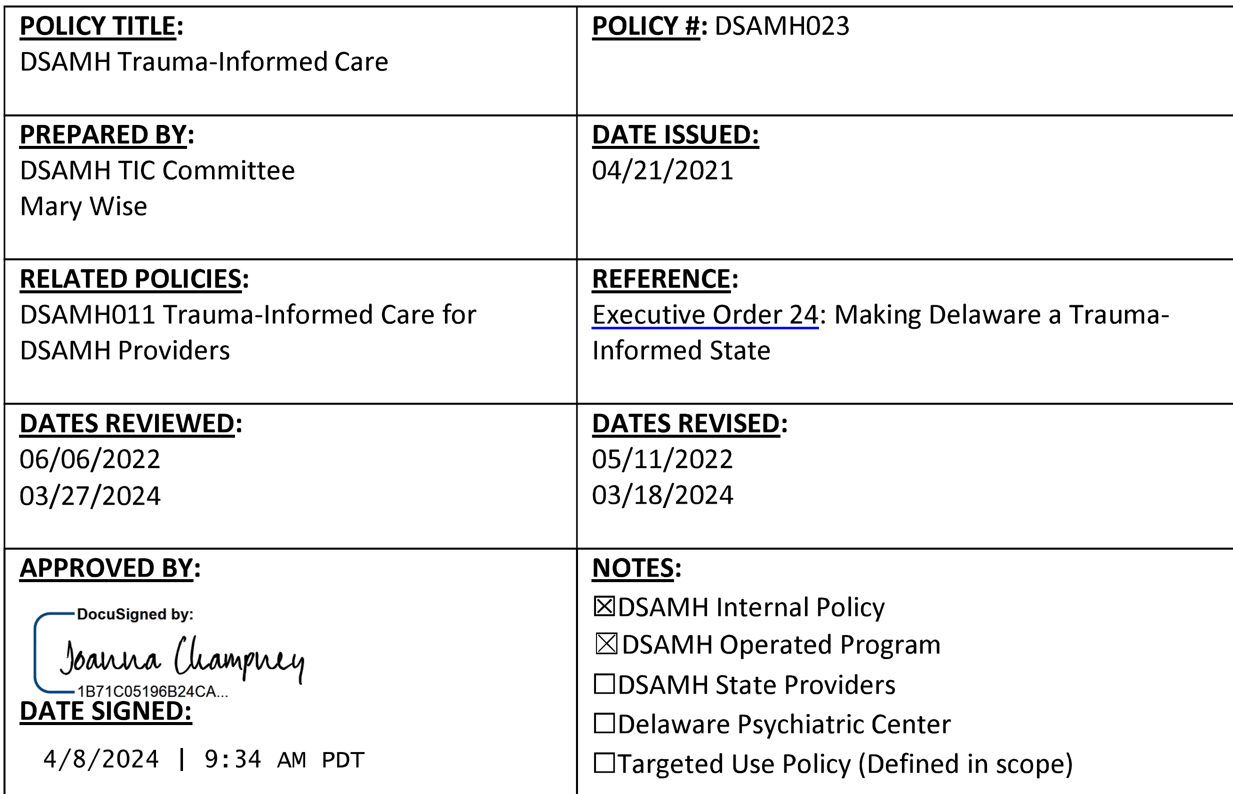
**POLICY AND PROCEDURE**



| **POLICY TITLE:**<br>DSAMH Trauma-Informed Care | **POLICY #:** DSAMH023 |
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| **PREPARED BY:**<br>DSAMH TIC Committee<br>Mary Wise | **DATE ISSUED:**<br>04/21/2021 |
| **RELATED POLICIES:**<br>DSAMH011 Trauma-Informed Care for DSAMH Providers | **REFERENCE:**<br>Executive Order 24: Making Delaware a Trauma-Informed State |
| **DATES REVIEWED:**<br>06/06/2022<br>03/27/2024 | **DATES REVISED:**<br>05/11/2022<br>03/18/2024 |
| **APPROVED BY:**<br>DocuSigned by:<br>Joanna Champney<br>1B71C05196B24CA...<br>**DATE SIGNED:**<br>4/8/2024 \| 9:34 AM PDT | **NOTES:**<br>☒DSAMH Internal Policy<br>☒DSAMH Operated Program<br>☐DSAMH State Providers<br>☐Delaware Psychiatric Center<br>☐Targeted Use Policy (Defined in scope) |

I. **PURPOSE:**
The purpose of this policy is to provide guidance to the Division of Substance Abuse and Mental Health (DSAMH) on the development, implementation, and maintenance of trauma-informed best practices within the Division. This guidance shall pertain to all services, policies, and practices affecting all internal DSAMH staff and all staff and clients of DSAMH Operated Programs in order to integrate trauma-informed best practices throughout the organization per Executive Order 24: Making Delaware a Trauma-Informed State.

II. **POLICY STATEMENT**:
DSAMH is committed to realizing the impact of trauma on the lives of all persons served and employed by the Division, recognizing the signs and symptoms of trauma, ensuring responsiveness to trauma, and resisting re-traumatization of staff, clients and communities engaged with the Division. This policy acknowledges that comprehensive and widespread use of trauma-informed care principles across organizational policies and culture are necessary for true implementation of a trauma-informed approach. This policy sets these standards to guarantee that evidence-based services and agency policies, procedures, processes, and interactions are aligned with a thorough understanding of trauma and its impact on the lives of individuals, families, and communities. This shall be attained through the ongoing development and integration of a holistic, trauma-informed system of care that guarantees access to trauma-specific services for all populations served and also confirms a commitment to DSAMH workers' health, safety, and wellbeing by providing a trauma informed work environment.

III. **DEFINITIONS**:

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**"ACE" or "Adverse Childhood Experiences"** means potentially traumatic events that occur in childhood (0-17 years). ACEs include emotional, physical, or sexual abuse; emotional or physical neglect; domestic violence; parental substance use; parental mental illness; parental separation or divorce; or incarcerated household member. Such experiences are linked to long term health outcomes in a series of studies (Felitti et al,1998).

**"Burnout"** means the sense of not doing well or being effective in your work accompanied by a feeling of exhaustion and a negative and cynical attitude. It is one of two components that leads to compassion fatigue.

**"Compassion Fatigue"** means a state of physical and mental exhaustion experienced by people who are regularly exposed to the traumatic experiences of those they serve. It results in an inability to cope with daily life and regular work conditions and affects their ability to be effective in their service to others.

**"Compassion Satisfaction"** means the pleasure and satisfaction derived from helping others and is the antidote to compassion fatigue.

**"Resilience"** means the capacity to cope with stress, overcome adversity and thrive despite (and perhaps even because of) challenges in life. People who are resilient see setbacks and disappointments as opportunities to grow. While some people may seem to be naturally more resilient, research shows that children, adults and even communities can learn skills and ways of thinking that boost resilience and help them grow.

**"TIC Steering Committee" (TICC)** means a standing trauma-informed care committee of DSAMH interdisciplinary staff from all bureaus, who will oversee compliance and implementation of the executive order.

**"Trauma"** means an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening. It may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. It becomes the lens through which a traumatized person views the world.

**"Trauma-Informed Care" (TIC) or "Trauma-Informed Approach" (TIA)** means a model for organizational change in health, behavioral health, and other settings, promoting staff and patients' resilience. It is also referred to as a Trauma-Informed Approach.

**"Trigger"** means individualized perception of a current non-traumatic experience as potentially dangerous because one or more aspects of the experience, such as sights, sounds, or touch, resembles an unresolved traumatic event experienced by the individual. The individualized perception then leads to an emotional, physical, or behavioral response such as fear, panic, dizziness, or agitation.

**"Vicarious Trauma"** means "the negative changes that happen to humanitarian workers over time as they witness and engage with other people's suffering and need," as defined by SAMHSA.

IV. **SCOPE**: This policy applies to all DSAMH staff.

V. **PROCEDURES/RESPONSIBILITIES**:

A. DSAMH shall adopt a Trauma-Informed Approach in all operations, policies, procedures, and interactions with all audiences, demonstrating DSAMH's commitment to six key principles of Trauma Informed Care, as outlined by the CDC. These are:
1. safety,
2. trustworthiness and transparency,
3. peer support,
4. collaboration and mutuality,
5. empowerment, voice, and choice, and
6. cultural, historical, and gender identity acceptance.

B. DSAMH shall maintain a multidisciplinary TIC steering committee (TICC) to provide guidance to the Division on trauma-informed best practices, in accordance with Executive Order 24. The TICC shall:
1. Include leadership appointed representation from each program, unit, and office within each bureau of DSAMH, and shall include at least 1 primary member and 1 back-up member from each bureau to ensure consistent participation;
2. Lead efforts to ensure DSAMH is a trauma-informed organization by utilizing guidance and resources developed by the Family Services Cabinet Council, such as the *Delaware Developmental Framework for Trauma Informed Care*, and similar the Substance Abuse and Mental Health Services Administration (SAMHSA) and others, as appropriate;
3. Appoint 2 DSAMH TICC members to maintain active membership and participation in the larger DHSS Trauma Informed Care Committee;
4. Collaborate with the larger DHSS Trauma Informed Care Committee and submit reports and plans as requested;
5. Create an annual report of progress, gap analysis, and recommendations and submit this report to leadership for approval;
6. Develop a strategic plan that includes specific measurable goals and a method of data collection and analysis to help evaluate progress and identify needs;
   a. Develop workgroups to support of the TICC's strategic plan, as needed;
   b. Guide and support regularly scheduled staff trainings on trauma-informed care best practices and the impact of all types of trauma, including ACEs and toxic stress, on long and short-term health outcomes;
   c. Provide supportive resources for staff development and implementation of TIC principles, such as using trauma-specific language in requests for proposals, and in service contracts with providers, as appropriate;
   d. Promote strategies to enhance staff resilience and self-care;
   e. Utilize guidance and resources developed by the Family Services Cabinet Council, such as the Delaware Developmental Framework for Trauma Informed Care; and
   f. Provide resources and guidance to support implementation of evidence informed services to prevent and respond to toxic-stress and build resilience in staff, clients, and communities, as appropriate.

C. DSAMH shall ensure all staff are provided with comprehensive TIC training that supports the continued development and maintenance of the Division as a trauma-informed organization.
1. All staff shall receive onboarding and ongoing annual TIC training including but not limited to the following topics:
   a. The prevalence of trauma among staff and how that may affect the workplace;
   b. The prevalence of trauma in the histories of the population they serve;

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c. The impact of ACEs and toxic stress on health outcomes;
d. Population-specific traumas such as racial trauma, LGBTQIA+ trauma, domestic violence, and the traumatic experience of having a substance use disorder and/or mental illness;
e. The compounding traumatic effects of generational trauma, implicit bias, stigma, microaggressions, and weathering;
f. Trauma triggers, symptoms, and presentations, and how to navigate them personally and professionally;
g. The importance of building and maintaining a trauma-informed culture within the workplace;
h. Practices that reduce the likelihood of retraumatization;
i. Practices that prevent and are sensitive to possible existence of primary trauma, secondary or vicarious trauma, compassion fatigue, and burnout;
j. Practices that promote compassion satisfaction;
k. Practices that support trauma-informed supervision of staff;
l. Trauma-sensitive and person-first language;
m. Strategies, tools, and resources, to enhance resilience and self-care for all staff and the clients they serve; and
n. Understanding of DSAMH's Trauma-Informed Care policy through redistribution post-annual policy review.

2. Direct clinical treatment providers shall also be trained in the trauma-sensitive use of appropriate screening tools for trauma exposure, related symptoms based on the populations that they serve, and follow-up practices. This includes but is not limited to the following topics:
   a. Appropriate frequency, timing, and documentation of a brief trauma screening and assessment;
   b. Best practices in the use of screening and documentation to guide development and implementation of an appropriate, individualized, trauma-informed treatment plan;
   c. The intersection of trauma with substance use disorders, serious persistent mental illness, and co-occurring disorders;
   d. Knowledge and impact of birth trauma, interpersonal trauma and domestic violence, stigma, systemic racism and implicit bias, and where to find additional resources and support;
   e. The importance of strengths-based and resiliency-focused interventions and how to integrate these with trauma-specific treatment modalities;
   f. Resources for ongoing access to evidence-based practices and evidence-informed practices that provide clients with potential interventions and informed-choice treatments, utilizing an empowerment model;
   g. Possible trauma-specific treatment modalities, including when and how to offer them;
   h. Understanding of national standards for Trauma-Informed Care;
   i. Understanding of how tools and supervisory structure will vary by setting and population served; and
   j. Understanding that, where possible, tools and supports utilized will be uniform across the division.

D. DSAMH shall ensure all units' and bureaus' written procedures, or standard operating procedures (SOP) manuals, include Trauma-Informed (TI) staff supervision guidelines and that all included practices, procedures, and language shall:
   1. Be created with an appreciation of the benefits of a TI approach for all, where all staff and service recipients' engagement are through the presumption that they have experienced

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trauma that may or may not be job related;
2. Maintain safety, including psychological, personal, and physical environment;
3. Take practical steps to reexamine strategies, procedures and policies in order to minimize the risk of retraumatization or replicating prior trauma dynamics (e.g. loss of control, being trapped, feeling disempowered);
4. Promote practices that eliminate the "power gradient," ensuring that all staff feel comfortable with and are aware of proper channels to bring questions and concerns of any kind to supervisors or executive leadership for support and guidance, without negative repercussions;
5. Provide supportive, non-penalizing resources and responses if staff become triggered while working;
6. Support and encourage staff self-care, such as respecting lunch breaks and providing opportunities for mindfulness practices throughout the day;
7. Ensure that staff roles and expectations as well as other key information, such as the program's mission, goals, and objectives, are clearly defined;
8. Ensure the program's mission, goals, and objectives are clearly communicated to all staff and supervisors, and that each understands where their role fits into the larger picture;
9. Promote a balance of autonomy, clear expectations, and guidance for staff roles and job duties from supervisors;
10. Provide staff members with the opportunity to regularly collaborate with peers, supervisors, and leadership, about all aspects of their role, duties, and work environment;
11. Support a forum that encourages regular staff and supervisor feedback;
12. Ensure that all staff's strengths and skills are maximized and appreciated and that the opportunities for skill-building and education are supported;
13. Ensure adoption of a positive, affirming, empowering attitude and matching language choices;
14. Ensure a positive, non-blaming, constructive feedback approach that opens an opportunity for support and collaboration as needed; and
15. Ensure staff have the opportunity to debrief and receive support after a challenging situation or experience.

E. Individual DSAMH units and programs shall be responsible for self-evaluation of TIC practices and may be asked to participate in surveys or reports initiated by the TICC to better understand needs. Self-evaluations should include feedback from staff and supervisors and be guided by the following:
    1. SAMHSA's six guiding principles of TIC,
    2. Guidelines set forth by DSAMH's TIC and the resources the committee recommends,
    3. All specifics of this policy,
    4. Requirements outlined in Executive Order 24, and any changes that may occur,
    5. The recommendations of Family Services Cabinet Council's Trauma Informed Toolkit for State Employees, as appropriate, and
    6. National TIC recommendations.

VI. **POLICY LIFESPAN**: The policy will be reviewed annually.

VII. **RESOURCES**:
    A. Trauma Informed Care in Behavioral Health Services: Quick Guide for Clinicians Based on TIP 57
    B. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

C. CDC's 6 Guiding Principles to a Trauma Informed Approach
D. Family Services Cabinet Council Trauma Informed Toolkit for State Employees
E. SAMHSA's Understanding and Addressing Vicarious Trauma (Reading Course)
F. PCAR's Guide to Trauma-Informed Supervision
G. The ACE Study