STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE – HEALTHCARE SETTINGS

The following Standards of Practice for Trauma Informed Care in Oregon are based on nationally recognized principles of trauma informed care (TIC) and are in alignment with SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.[1] In addition, the Standards reflect what we are learning about implementation from partners around the state and were reviewed by a workgroup from the Trauma Informed Oregon Collaborative that included family members, youth, and individuals with lived experience as well as providers from different fields of practice. The Standards are intended to provide benchmarks for planning and monitoring progress and a means to highlight accomplishments. **We recommend use of this tool by multi-level teams within organizations.**

Early in 2016, we collaborated with partners in healthcare to review and adapt the Standards for primary care clinic settings. As a result, some of the language in the original Standards was changed, one or two Standards were eliminated, and several were added.

Please keep the following in mind in using the Standards tool:

1) The Standards of Practice are intended to help organizations communicate to their constituencies (individuals seeking services, community partners, contracting or funding entities, etc.) how and to what extent they are working to build trauma informed care within their program, clinic, organization, or system. **The Standards are entirely voluntary.**

2) The Standards are also intended to assist behavioral healthcare providers and any other entities in Oregon that are affected by the Oregon Health Authority's Trauma Informed Services policy, effective July 1, 2015, to comply with policy provisions.

3) However, there is no assumption that the Standards will be equally useful across all organizations or systems. **Culturally specific organizations, for example, may describe how they effectively provide care for trauma survivors in quite different ways** than what appears in the Standards.

4) Individual Standards will be interpreted differently in different contexts. For this reason, **the Standards invite a qualitative (descriptive) response** rather than a yes/no answer.

5) However, in order to assist organizations to assess strengths and weaknesses and to set goals, we have included a simple set of ratings. These are for internal communication and planning purposes

[1] Substance Abuse and Mental Health Services Administration, *SAHMSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication NO. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

only. **The ratings cannot be used to compare one clinic, program, or organization to another**. Note that although the highest rating (4) says "we're stellar in this area," there is always room for improvement, and perspectives may vary depending on who is making the rating.

6) In using the Standards tool for planning, **it may be helpful to summarize the self-ratings into areas of strength and areas where work is needed.** We strongly encourage efforts to address issues that affect the workforce as well as those that affect individuals seeking or receiving services and to look for low cost/high impact opportunities.

7) **There is no expectation that any clinic or organization will be addressing every Standard.** We hope the Standards will support planning and ongoing quality improvement. Furthermore, **health care sites may be doing any number of other things to create trauma informed care** that we have not captured here. Space is provided for this additional information.

8) Finally, **we recognize that the experience of individuals seeking services (and of the workforce as well) often comes down to personal interactions that reflect (or don't) sensitivity, respect, caring, transparency, an understanding of trauma, etc.** We are not able to capture the quality of those individual interactions in a set of organization-level Standards. We hope that procedures for inviting and using feedback, commitment to training, supervision, and the involvement of individuals with lived experience in the service system(s) will help fill in those gaps. And, again, we encourage the use of this tool to stimulate discussion that includes multiple perspectives and experiences.

The Standards of Practice will be reviewed annually based on feedback from participating programs, agencies, and systems.

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STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE – HEALTHCARE SETTINGS

I. Organizational Commitment and Endorsement. Clinic leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly.

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Ia. Leadership (including administration and governance) has received information/training on trauma and trauma informed care. *Describe the process.*	1 2 3 4
Ib. Trauma Informed Care appears as a core principle in clinic policies, mission statement, strategic plan, written program/service information. *Describe or provide examples*: √	1 2 3 4
Ic. Individuals with lived experience in your service system have leadership roles at the clinic. *What roles?* √	1 2 3 4
Id. There is a process in place for regular feedback and suggestions from staff and patients/caregivers related to trauma informed care, e.g., perceived safety, welcoming environment, transparency, shared decision making, helpful/supportive staff, etc. *Describe process. Examples of feedback and change(s) that resulted?* √	1 2 3 4
Id(i). Leadership regularly visits with staff across the clinic (rounding). *Who is involved? When and how often does it happen? What has been learned that has resulted in changes?*	1 2 3 4
Ie. Decisions about changes in policy, practices, procedures, and personnel are made in a way that minimizes negative impact on workforce and on individuals/families receiving services. *How do you achieve this? What processes are in place?*	1 2 3 4
If. Clinic budget reflects a commitment to trauma informed care (e.g., resources for specialized training, flexible funding for staff wellness, peer specialists, staff time to coordinate or serve on workgroup, etc.). *How is this commitment reflected in the budget?*	1 2 3 4
Ig. Workforce wellness for all clinic employees is a priority and is addressed. *Describe. How many staff participate in wellness programs or activities?* √	1 2 3 4
Ih. The organization has made a commitment to diversity and equity within the organization and with the population served. *How is this reflected in policy and practice?* √	1 2 3 4

II. Environment and Safety. There is demonstrated commitment to creating a welcoming environment and minimizing and/or responding to perceived challenges to safety.

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IIa. Physical space (external environment, exits and entrances, waiting room, offices, halls, lighting, restrooms, etc.) has been reviewed (see NOTE below) for actual and perceived safety concerns that may affect staff, patients, and families or caregivers. *What was the process? Who was involved? When did this last occur? What changes were made as a result?* √	1 2 3 4
IIb. Physical environment has been reviewed for "welcoming" quality, e.g., cleanliness, odor, color, furniture (in good repair and arranged for comfort), access to water, etc. *What changes have been implemented?* √	1 2 3 4
IIc. Physical environment has been reviewed for cultural responsiveness. *Describe modifications made.*	1 2 3 4
IId. There is a designated "safe space" (permanent or temporary) for staff to practice self-care. *Describe.*	1 2 3 4
IIe. Physical safety and crisis protocols are in place and are regularly practiced, including debriefing and care of staff. *What's the protocol? How do you ensure protocol is available and used when needed?*	1 2 3 4
IIf. Individuals who have received services from the clinic have helped develop and/or have reviewed decisions about physical environment and/or safety protocols. *What was the process?*	1 2 3 4
IIg. There is a process in place to hear and respond to safety concerns that arise. *Describe the process and how it is trauma informed.*	1 2 3 4

NOTE: The term "reviewed" can mean many things. Please consider, throughout this document, who was involved in the process of reviewing aspects of the physical environment or practices/policies, and what perspectives were represented.

III. Workforce Development. Human Resource policies and practices reflect a commitment to trauma informed care for staff and the population served.

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Training **IIIa.** Employees have received core training in trauma informed care. Check the content that staff has had: A= all staff; M= management/admin; DS= direct service staff. ○ The Adverse Childhood Experiences study ___ ○ The prevalence and impact of trauma on individuals in our agency ___ ○ The neurobiology of trauma___ ○ Issues of power and oppression related to the experience of trauma____ ○ Historical oppression; intergenerational trauma ___ ○ Principles and implementation of Trauma Informed Care___ ○ The role and benefits of peer support services___ ○ Trauma in the workforce; secondary trauma___ *If you provide (or make available) more in-depth training, please describe.* *Other trauma-related training regularly offered/required (including on trauma specific services)?* √	1 2 3 4
IIIb. Core training is offered at least annually. *Which modules? How frequently? How many staff attend? How is annual training delivered, by whom?* √	1 2 3 4
IIIc. Training is provided for all staff on supporting, managing, and responding to reactivity (e.g., de-escalation training). *Describe. How often is this training offered? How many staff have participated?*	1 2 3 4
IIId. Organization is building internal capacity to ensure that ongoing training and education for staff on trauma informed care is available. *How? What is the current status?* √	1 2 3 4
IIIe. Alternative opportunities for staff to learn about TIC (e.g., webinars or videos, community events) are offered regularly. *Examples? How many staff have utilized?* √	1 2 3 4

Hiring and Onboarding Practices **IIIf.** Screening and interviewing protocols include applicant's understanding and prior experience/training regarding the prevalence and impact of trauma and the nature of trauma informed care. *What questions are asked during the interview process? How do you gauge an applicant's ability to respond in a trauma-sensitive way to the individuals you serve (some organizations are hiring for "warmth and emotional intelligence")?*	1 2 3 4
IIIg. Individuals with lived experience of trauma and our service system participate in the hiring process. *How? How is their feedback utilized?*	1 2 3 4
IIIh. New employee orientation and training includes the core principles of trauma informed care and affirms the agency's commitment to ongoing trauma awareness and education for staff. *Describe.*	1 2 3 4
Supervision and Support **IIIi.** Clinic staff receives regularly scheduled supervision. *Which staff? How often does this process happen?* √	1 2 3 4
IIIj. Peer Support personnel, whether contracted or on staff, also receive regular support and guidance. *What is the process?*	1 2 3 4
IIIk. Supervision includes discussion of staff care and wellness. *Describe or provide example.* √	1 2 3 4
IIIl. Supervision includes learning and application of knowledge about Trauma and TIC. *Example of how this happens?* √	1 2 3 4
IIIm. Supervisors have had training/consultation on supervising for TIC. *When and how does this occur?*	1 2 3 4
IIIn. Performance reviews expect increased awareness, understanding, and practice skills related to trauma informed care. *Describe.* √	1 2 3 4
IIIo. Supervisors and staff can explain personnel policies. Disciplinary actions reflect principles of transparency, predictability, and inclusiveness insofar as possible, given legal or contractual considerations. *Examples of how this is ensured?*	1 2 3 4

IV. Services and Service Delivery. Service delivery reflects a commitment to trauma informed practice**.**

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IVa. The first point of contact is as welcoming as possible for new patients and their caregivers, including reducing distress related to the setting and circumstances. *Describe or provide examples of how this is achieved.*	1 2 3 4
IVb. All staff are able to talk with patients about the prevalence and impact of trauma and how it can affect engagement and involvement. *How is this information delivered in a trauma informed way? Do you have a script or coaching for staff?* √	1 2 3 4
IVc. All staff understand the heightened risk of suicide for trauma survivors and are able to respond appropriately and get appropriate help. *What is the protocol? What ensures that staff are able to implement?* √	1 2 3 4
IVd. Required forms and processes have been reviewed and modified to reduce unnecessary detail that might be triggering to individuals who are seeking or entering services. *What has been modified to improve the intake process for the patient/caregiver?*	1 2 3 4
IVe. Clinic has written easy-to-read documentation that explains core services, key rules and policies, and process for concerns/complaints. *Describe or provide documentation. How is it available in the agency?* *Note if service recipients have reviewed.*	1 2 3 4
IVf. Policies related to treatment services (cancellations, no-shows, other rules) have been reviewed and modified as needed to reflect an understanding of trauma and its impact. *What was the review process used? What has happened as a result of these changes?*	1 2 3 4
IVg. Patients have the opportunity to provide input/feedback and/or to grieve policies that affect them. *What is the process or structure for this to happen?* *How is the process trauma informed?*	1 2 3 4
IVh. The importance of the patient's relationship with a primary care team is recognized and supported through policy and practice. *How do you work towards continuity of care? How are transitions between staff and providers handled to increase a sense of safety and engagement?*	1 2 3 4

IVi. Clinic regularly assesses for trauma history and the need for trauma specific services. *Describe when and how this occurs and who is responsible.* √	1 2 3 4
IVi(i) Clinic procedures reflect an understanding of the potential triggers related to physical touch and close contact for patients affected by histories of trauma. *How is this managed? What kinds of choices are patients offered to reduce potential distress?*	1 2 3 4
IVj. Clinic staff has up-to-date information about trauma informed providers and services in the community. *How do you ensure this information is available and used?* √	1 2 3 4
IVk. Peer support is available and routinely offered to patients. *If yes, what services are offered? What is the role of peers in the organization (paid staff, volunteer)?* √	1 2 3 4
IVk(i) Clinic reaches out to patients in the community and provides assistance in navigating healthcare and other systems. *Which staff members are assigned to outreach and navigation tasks? How many patients utilize this service?*	1 2 3 4
IVl. If/when clinic services are denied, patients are provided assistance in connecting with other resources in the community. *How do you ensure this? What's the protocol?* √	1 2 3 4
Cross-Sector Collaboration **IVm.** Agency is working with community partners and/or other systems to develop common trauma informed protocols and procedures. *Describe efforts and progress in this area, including any shared or cross-training that occurs.* √	1 2 3 4

V. Systems Change & Progress Monitoring. There is demonstrated commitment to planning, implementation, and continuous improvement.

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Va. The clinic has a structure/process in place to further develop and sustain trauma informed care (e.g., a multi-level/cross program workgroup that meets regularly). *What does this structure/process look like? Who participates?* √	1 2 3 4
Vb. Clinic has initiated or completed an organizational self-assessment. *What process was/is used? What priorities have been established as a result?* √	1 2 3 4
Vc. The perspective of patients and/or former patients was or is being included in the clinic's self-assessment process. *How?*	1 2 3 4
Vd. Clinic policies have been reviewed through a trauma informed lens and modified to meet TIC principles. *Example of policy change that was made? Changes that resulted?* √	1 2 3 4
Ve. There is a regular mechanism for communicating out to staff and stakeholders about emerging TIC practices and the clinic's efforts to promote and sustain TIC. *How does this happen? How often?* √	1 2 3 4
Vf. Leadership receives regular updates on progress and priorities for systems change to ensure trauma informed care. *Describe the process? How often does it occur?*	1 2 3 4
Vg. Leadership and/or trauma informed care implementation team is using agency data to help establish priorities and measure impact (e.g., staff retention, absenteeism, engagement and retention of service recipients, etc.). *What data?*	1 2 3 4
Vh. The self-assessment or quality assurance process for trauma informed care is ongoing. *Provide examples of objectives met and current priorities.*	1 2 3 4