## STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE

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] Each section of the Standards references specific elements in the SAMHSA Guidance document. 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 multilevel teams within organizations.**

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

1) The Standards of Practice are a **voluntary** tool to document and communicate how and to what extent organizations are working to build TIC within their program, clinic, agency, or system. The Standards may also assist providers in Oregon that are affected by the Oregon Health Authority's Trauma Informed Services policy.

2) **There is no expectation that an agency or program will be able to respond affirmatively to every item listed.** Furthermore, **agencies may be doing any number of other things to create TIC** that we have not captured here. Space is provided for this additional information.

3) **There is no assumption that the Standards will be equally useful across all organizations or systems**. The Standards have been adapted for primary healthcare settings and for K-12 education, but other systems and culturally specific organizations may describe how they

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[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.

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, some organizations have found it helpful to summarize their descriptive responses by rating each item on a numeric scale, for example: (1) "We haven't started yet," (2) "We've done a little," (3) "We've done quite a bit," (4) "We're stellar!" Ratings can be helpful for communicating to leadership, employees, and stakeholders areas of particular strength and to assist in prioritizing areas where work is needed. It is important not to over-interpret ratings. They are subjective, likely to vary across "raters," and cannot be used to compare one program or organization to another

6) Finally, **we recognize that the experience of individuals seeking services (and of the workforce as well) often comes down to personal interactions that may or may not reflect sensitivity, respect, caring, transparency, and an understanding of trauma.** We are not able to capture the quality of those individual interactions in a set of agency-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.

We welcome your feedback on the Standards and we are especially interested in learning more about how they are administered and used for planning and monitoring of implementation efforts. Please send your comments to info@traumainformedoregon.org. If you need to reference the Standards, we recommend the following citation: Trauma Informed Oregon (2015). *Standards of practice for trauma informed care*. Retrieved from http://traumainformedoregon.org/standards-practice-trauma-informed-care/

## STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE

**I. Agency Commitment and Endorsement**. Agency leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly [includes **Governance and Leadership, Policy, Financing** and aspects of **Engagement and Involvement***].

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| **Ia.** | Leadership (including administration and governance) has received information/training on trauma and trauma informed care (TIC).<br>*Describe the process.* |
| **Ib.** | TIC appears as a core principle in agency policies, mission statement, strategic plan, and written program/service information.<br>*Describe or provide examples.*<br>✓ |
| **Ic.** | Individuals with lived experience in our service system have decision-making roles in the organization.<br>*What roles?*<br>✓ |
| **Id.** | We have a process in place for regular feedback and suggestions from employees and service recipients related to TIC (e.g., perceived safety, welcoming environment, transparency, shared decision-making, helpful/supportive employees, etc.).<br>*What is the process? Who is invited to participate? What changes have been made as a result? How often does it happen?*<br>✓ |
| **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.<br>*How do you achieve this? What processes are in place? How are changes communicated?* |
| **If.** | Our agency budget reflects a commitment to TIC (e.g., resources for specialized training, flexible funding for employee wellness, peer specialists, employee time to coordinate or serve on workgroup, etc.).<br>*How is this commitment reflected in the budget?* |
| **Ig.** | Agencywide workforce wellness is systematically addressed.<br>*Describe the activities. Is it adequately funded? How many employees participate? Is it meeting employee's needs? Are employees involved in creating the activities?*<br>✓ |
| **Ih.** | Our organization demonstrates a commitment to diversity and equity within the organization and with the population served.<br>*How is this reflected in policy and practice?*<br>✓ |

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**II. Environment and Safety.** There is demonstrated commitment to creating a welcoming environment and minimizing and/or responding to perceived challenges to safety [includes **Physical Environment** and aspects of **Engagement and Involvement***].

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| **IIa.** | Our physical space (e.g., external environment, exits and entrances, waiting room, offices, halls, lighting, restrooms, etc.) are regularly reviewed for actual and perceived safety concerns that may affect employees and individuals receiving services.<br>*What is the process? Who is involved? When did this last occur? What changes have been made as a result of the review?*<br>✓ |
| **IIb.** | Our physical environment is regularly reviewed for inclusiveness for those accessing services as well as the workforce.<br>*What is the review process? Who is involved? When did this last occur? What changes have been made as a result of the review?*<br>✓ |
| **IIc.** | We have a designated "safe space" for employees to practice self-care.<br>*Describe.* |
| **IId.** | Physical safety and crisis protocols for employees and for individuals receiving services are in place and are regularly practiced (e.g., fire safety, disaster response, tragedy response).<br>*Who was involved in creating the protocols? How often are they practiced? How are they communicated to employees and individuals receiving services?* |
| **IIe.** | We have a process in place to hear and respond to safety concerns that arise.<br>*What is the process? For whom? Is it resulting in change?* |

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**III. Workforce Development.** Human Resource policies and practices reflect a commitment to TIC for employees and the population served [includes **Training and Workforce Development***].

**Training**

**IIIa.** Our agency provides to all employees access to the following content:

- **What is Trauma**
  - Three E's from SAMHSA
  - Individual and collective
  - Systemic and historical
  - Different types of stress
  - Prevalence
- **What is TIC**
  - Four R's from SAMHSA
  - Difference between trauma specific and trauma informed
  - Six SAMHSA principles of TIC
- **The Science of Trauma**
  - N.E.A.R. (neurobiology, epigenetics, adverse childhood experiences, and resilience)
  - Toxic stress and the functions of the brain
  - Organizational change
- **An Introduction to the Application of TIC**
  - Principles of TIC, operationalized
  - Emphasis on inclusivity
- **An Introduction to Workforce Wellness**
  - Parallel process and why it's important
  - Vicarious trauma, secondary stress, burnout, vicarious resilience, and compassion satisfaction.
  - Self-care versus workforce wellness.

*For whom? How often? In what format? What content is covered? How is it inclusive?*

✓

**IIIb.** We provide training on supporting, managing, and responding to reactivity (e.g., de-escalation training).

*Describe. How often is this training offered and to whom? How many employees have participated?*

**IIIc.** Our organization provides ongoing training and education on topics relevant to applying TIC principles (e.g., webinars, videos, events, learning collaboratives).

*How? What is the process? For whom?*

✓

**IIId.** Our agency provides opportunities for practice and application of TIC principles.

*Examples of how this is done? How many employees have utilized?*

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**Hiring and Onboarding Practices**

**IIIe.** Our screening and interviewing protocols include applicant's knowledge of the prevalence and impact of trauma and the nature of TIC.

*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 (e.g., some organizations are hiring for "warmth and emotional intelligence")?*

**IIIf.** Individuals with lived experience in our service system participate in the hiring process.

*How? How is their feedback utilized?*

**IIIg.** New employee orientation and training includes the core principles of TIC and affirms the agency's commitment to ongoing trauma awareness and education for employees.

*Describe.*

**Supervision and Support**

**IIIh.** Employee receives regularly scheduled supervision and support.

*Which employees? How often does this process happen?*

✓

**IIIi.** Peer support personnel, whether contracted or on staff, also receive regular supervision and support.

*What is the process?*

**IIIj.** Supervision includes discussion of employee care and wellness.

*Examples of how this happens.*

✓

**IIIk.** Supervision includes learning and application of knowledge about Trauma and TIC.

*Example of how this happens.*

✓

**IIIl.** Supervisors have access to training and support to supervise for TIC.

*When and how does this occur?*

**IIIm.** Our performance reviews expect ongoing skill development related to TIC.

*Describe.*

✓

**IIIn.** Our personnel policies and disciplinary actions reflect principles of transparency, predictability, and inclusiveness insofar as possible, given legal or contractual considerations.

*Examples of how this is ensured?*

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**IV. Services and Service Delivery.** Service delivery reflects a commitment to trauma-informed practice [includes activities related to **Screening, Assessment, Treatment Services,** aspects of **Engagement and Involvement**, and **Cross-Sector Collaboration***].

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| **IVa.** | The first point of contact is as welcoming and engaging as possible for individuals seeking support or services.<br>*Describe or provide examples of how this is achieved.* |
| **IVb.** | All intake and direct service staff are prepared to talk with individuals seeking services about the prevalence and impact of trauma and how it can affect engagement and involvement.<br>*How is this information delivered in a trauma-informed way? Do you have a script or coaching for staff?*<br>✓ |
| **IVc.** | Direct service staff understand the heightened risk of suicide for trauma survivors and are able to respond appropriately.<br>*What is the protocol? What ensures that staff are able to implement?*<br>✓ |
| **IVd.** | Our forms and processes have been reviewed and modified to reduce unnecessary detail that might be activating to individuals who are accessing services.<br>*What has been modified to improve the intake process for the service user?* |
| **IVe.** | Our agency has written easy-to-read documentation for staff and service recipients that explain core services, key rules and policies, and process for concerns/complaints.<br>*Describe or provide documentation. How is it available in the agency? Note if service recipients have reviewed.* |
| **IVf.** | Our policies related to treatment services (e.g., cancellations, no-shows, other rules) have been reviewed and modified as needed to reflect TIC principles.<br>*What was the review process used? What has happened as a result of these changes?* |
| **IVg.** | Individuals receiving services have the opportunity to provide input/feedback and/or to grieve policies that affect them.<br>*What is the process or structure for this to happen? How is the process trauma informed?* |
| **IVh.** | The importance of relationship is recognized and supported through policy and practice.<br>*How do you work towards continuity of care? How do you manage employee changes? Do those accessing services have choice in providers?* |

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| **IVi.** | Culturally responsive and linguistically appropriate trauma specific services are offered or referred.<br>*What services are offered? How do you ensure this information is available and used?* |
| **IVj.** | When utilized, are screening and assessment tools and protocols trauma informed?<br>*What tools are used? What is the process?* |
| **IVk.** | Our direct service staff has up-to-date information about trauma-informed providers and services in the community.<br>*How do you ensure this information is available and used?*<br>✓ |
| **IVl.** | Peer support is available and routinely offered to individuals receiving services.<br>*If yes, what services are offered? What is the role of peers in the organization (e.g., paid employees, volunteer)?*<br>✓ |
| **IVm.** | When services are discontinued, individuals are notified and provided assistance in connecting with other resources in the community (unless precluded by circumstances).<br>*How do you ensure this? What is the protocol?*<br>✓ |
| **Cross-Sector Collaboration** | |
| **IVn.** | Our agency is working with community partners and/or other systems to develop common trauma-informed protocols and procedures.<br>*Describe efforts and progress in this area, including any shared or cross-training that occurs.*<br>✓ |

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**V. Systems Change and Progress Monitoring.** There is demonstrated commitment to planning, implementation, and continuous improvement [includes **Progress Monitoring and Quality Assurance, Evaluation**, and aspects of **Engagement and Involvement***].

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| **Va.** | Our agency has infrastructure to sustain TIC (e.g., a multi-level/cross-program workgroup that meets regularly).<br>*What does this structure/process look like? Who participates?*<br>✓ |
| **Vb.** | Our agency has initiated or completed an agency self-assessment.<br>*What process was/is used? What priorities have been established as a result?*<br>✓ |
| **Vc.** | The perspective of persons with lived experience was or is being included in our agency self-assessment process.<br>*How?* |
| **Vd.** | Our agency policies have been reviewed through a trauma-informed lens and modified to meet TIC principles.<br>*Example of policy changes that were made?*<br>✓ |
| **Ve.** | We have a regular mechanism for communicating out to employees and stakeholders about emerging TIC practices and our agency's efforts to promote and sustain TIC principles.<br>*How does this happen? How often?*<br>✓ |
| **Vf.** | Leadership receives regular updates on progress and priorities for systems change to ensure TIC.<br>*Describe the process? How often does it occur?* |
| **Vg.** | Leadership and/or TIC implementation team is using agency data to help establish priorities and measure impact (e.g., employee retention, absenteeism, engagement and retention of service recipients, etc.).<br>*What data?* |
| **Vh.** | The self-assessment or quality assurance process for TIC is ongoing.<br>*Provide examples of objectives met and current priorities.* |

**VI.** Please add anything else you would like stakeholders to know about how your organization/program is implementing TIC principles.

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