STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE – HEALTHCARE SETTINGS

The following Standards of Practice for Trauma Informed Care 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 partners at the Oregon Pediatric Society and the Oregon Health Sciences University Department of Family Medicine.

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 organizations are working to build TIC within their program, clinic, organization, or system. The Standards may also assist providers in Oregon that are affected by the Oregon Health Authority's Trauma Informed Services policy.

2) Not all Standards will be equally useful across clinics, organizations, or systems. Moreover, 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, **individual clinics 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) 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.

4) 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

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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.

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. Having said that, 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.

5) 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. (2016). *Standards of practice for trauma informed care - healthcare settings*. Retrieved from https://traumainformedoregon.org/resource/healthcare-standards-practice-trauma-informed-care/

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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.

Ia.	Leadership (including administration and governance) has received information/training on trauma and trauma informed care (TIC). *Describe the process.*
Ib.	TIC appears as a core principle in clinic policies, mission statement, strategic plan, and written program/service information. *Describe or provide examples.* ✓
Ic.	Patients and/or family members are included in TIC program development. *What roles?* ✓
Id.	We have a process in place for regular feedback and suggestions from employees and patients/caregivers related to TIC (e.g., perceived safety, welcoming environment, transparency, shared decision-making, helpful/supportive employees, etc.). *What is the process? Who is invited to participate? What changes have been made as a result? How often does it happen?* ✓
Ie.	Leadership regularly visits with employees across the clinic (rounding). *Who is involved? When and how often does it happen? What has been learned that has resulted in changes?*
If.	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 care. *How do you achieve this? What processes are in place? How are changes communicated?*
Ig.	Our clinic 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.). *How is this commitment reflected in the budget?*
Ih.	Workforce wellness for all clinic employees is a priority and is addressed. *Describe. How many employees participate in wellness programs or activities?* ✓
Ii.	Our organization demonstrates a commitment to diversity and equity within the organization and with the population served. *How is this reflected in policy and practice?* ✓

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

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, patients, families, or caregivers. *What was the process? Who was involved? When did this last occur? What changes have been made as a result of the review?* ✓
IIb.	Our physical environment is regularly reviewed for inclusiveness for employees, patients, families, or caregivers. *What is the review process? Who is involved? When did this last occur? What changes have been made as a result of the review?* ✓
IIc.	We have a designated "safe space" for employees to practice self-care. *Describe.*
IId.	Physical safety and crisis protocols are in place and are regularly practiced, including debriefing and care of employees. *What is the protocol? How do you ensure protocol is available and used when needed?*
IIe.	We have a process in place to hear and respond to safety concerns that arise. *Describe the process and how it is trauma informed?*

III. Workforce Development. Human Resource policies and practices reflect a commitment to TIC for employees and the population served.

Training

IIIa. Our clinic 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 de-escalation training for all employees.

Describe. How often is this training offered? How many employees have participated?

IIIc. Our clinic 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?

✓

Hiring and Onboarding Practices

IIIe. Our interview protocols include assessment of applicant's understanding and prior experience/training regarding 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. Patients, family, or caregivers participate or consult 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 clinic's commitment to ongoing trauma awareness and education for employees.
Describe.

Supervision and Support

IIIh. Clinic employee receives regularly scheduled supervision.
Which employees? How often does this process happen?
✓

IIIi. Peer support personnel, whether contracted or on staff, also receive regular support and guidance.
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.
Examples of how this happens.
✓

IIIl. Supervisors have access to training and consultation 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?

IV. Patient Care. Service delivery reflects a commitment to trauma-informed practice**.**

IVa.	The first point of contact is as welcoming as possible for new patients and their caregivers. *Describe or provide examples of how this is achieved.*
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?* ✓
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?* ✓
IVd.	Our forms and processes have been reviewed and modified to reduce unnecessary detail that might be activating to individuals who are seeking or entering services. *What has been modified to improve the intake process for the patient/caregiver?*
IVe.	Our 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.*
IVf.	Our policies related to care delivery (e.g., cancellations, no-shows, other rules) have been reviewed and modified as needed to reflect TIC principles. *What was the review process used? What has happened as a result of these changes?*
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?*
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?*
IVi.	Our clinic has a system in place to enhance communication with our mental/behavioral health providers (e.g., psychiatric telephone support, co-location, co-manage health aspects). *Describe the system.*
IVj.	Clinic regularly assesses for trauma history and the need for trauma specific services. *Describe when and how this occurs and who is responsible. Does this process reflect TIC principles?* ✓

IVk. Clinic procedures reflect an understanding of the potential activation 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?

IVl. Our 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?

✓

IVm. Peer support is available and routinely offered to patients.

If yes, what services are offered? What is the role of peers in the organization (e.g., paid employees, volunteer)?

✓

IVn. Our clinic provides assistance in navigating healthcare and other systems.

Which staff members are assigned to outreach and navigation tasks? How many patients utilize this service?

IVo. If/when clinic services are denied, patients are provided assistance in connecting with other resources in the community.

How do you ensure this? What is the protocol?

✓

Cross-Sector Collaboration

IVp. Our 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.

✓

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

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