

HEALTHWEST

Policy and Procedure

No. 12-020

Prepared by:
Trauma Informed Care Committee

Effective: November 1, 2024

Approved by:

Subject: Trauma Informed Care

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I. POLICY

It is the policy of HealthWest to have a trauma-informed system for individuals of all ages and populations who are served through direct service operations and network providers which ensures the following elements:

- A. Adoption of trauma informed culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
- B. Engagement in organization self-assessment of trauma informed care.
- C. Adoption of approaches that prevent and address secondary trauma of staff.
- D. Screening for trauma exposure and related symptoms for each population.
- E. Trauma specific assessment for all populations served.
- F. Trauma specific services for all populations served using evidence-based practice(s) (EBPs); or evidence informed practice(s) are provided in addition to EBPs.
- G. HealthWest shall join with community organizations to support the development of a trauma informed community that promotes healthy development of children and reduces the likelihood of adverse childhood experiences.

II. PURPOSE

The purpose of this policy is to address the trauma in the lives of individuals and families served by HealthWest. The goal of this policy is to promote the understanding of trauma and its impact, ensure the development of a trauma informed system and the availability of trauma specific services for all populations served.

III. APPLICATION

All HealthWest programs and contracted providers.

IV. DEFINITIONS

- A. Trauma: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
- B. Re-Traumatization: Reliving stress reactions experienced as a result of a traumatic event when faced with a new, similar incident.
- C. Secondary Traumatic Stress: The presence of post-traumatic stress disorder (PTSD) symptoms caused by a least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.
- D. Compassion Fatigue: A less stigmatizing way to describe secondary traumatic stress and has been used interchangeably with the term.
- C. Vicarious Trauma: A condition that may affect helping professionals who are indirectly exposed to the trauma of others. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another individual's traumatic experiences. Vicarious trauma can impact a staff member's professional performance and function, personal life and relationships, and health, both mental and physical.
- D. Compassion Satisfaction: The positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues and the conviction that one's work makes a meaningful contribution to clients and society.
- E. Burnout: Physical, emotional, or mental exhaustion brought on by prolonged or repeated stress which can lead to decreased motivation, lowered performance and negative attitudes towards oneself and others. While it is also work-related, burnout develops because of general occupational stress. The term is not used to describe the effects of indirect trauma exposure specifically.

V. PROCEDURE

- A. Adoption of trauma informed culture, values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
 - 1. HealthWest has a Trauma Informed Care Committee. This committee will include representatives from both clinical and administrative departments, as well as peer support/peer recovery coach, consumer representative(s), and a community partner member.
 - 2. HealthWest ensures that all staff, including direct care staff, is trained/has ongoing training in trauma informed care. Training needs to be updated on a regular basis due to changes in the research and/or evidence-based approaches. Staff trained in trauma informed care should:
 - a. Understand what trauma is and the principles of trauma informed care;

- b. Know the impact trauma can have on a person over a lifespan utilizing a developmental perspective;
 - c. Know strategies to mitigate the impact of the trauma(s);
 - d. Understand re-traumatization and its impact and works with colleagues to support systemic improvements to organizational cultures and processes to improve consumer and staff experience of care.
 3. Policies and procedures shall ensure a trauma informed system of care is supported and that the policies address trauma issues, re-traumatization and secondary trauma of staff.
 4. HealthWest will address trauma informed principles in hiring practices and staff performance reviews (i.e., interview questions include trauma related questions, etc.)
 5. HealthWest follows the six (6) principles of trauma informed care:
 - a. Safety: HealthWest will ensure an environment where individuals feel safe in the following ways:
 - i. Physical Safety: The sense of one's body not being threatened in any way.
 - ii. Psychological Safety: The ability to express oneself and be genuine without threat of humiliation or judgment.
 - iii. Emotional safety: The ability to express or share emotions freely without shame or punishment.
 - iv. Social Safety: The feeling of support from others, belonging, and a give-and-take that occurs in strong relationships.
 - v. Moral Safety: The sense of being surrounded by people who share similar values and a sense of right and wrong.
 - b. Trustworthiness and Transparency: HealthWest will ensure that staff are well-informed about policies and procedures that impact how they can care for individuals using the Relias training system, all staff meetings, weekly newsletters, and other methods of communication. This includes, but is not limited to, policies related to professional boundaries (Policy and Procedure No. 01-004 and HealthWest Code of Ethics), privacy and confidentiality (Policy and Procedure No. 04-001), and ensuring follow-through with supports and services. HealthWest seeks to build trust through transparency and making sure that information is clear and understood.
 - c. Peer Support: HealthWest offers Peer Support and Parent Support Services for those who need them. Those with life experience may best be able to support individuals who are dealing with trauma. Staff will actively listen without judgement and create regular opportunities to meet with

peers, debrief experiences, and celebrate progress toward goals.

- d. Collaboration and Mutuality: HealthWest views individuals in services as partners when developing treatment plans, uses person-centered planning (Policy and Procedure No. 06-026) and allows individuals to have control and responsibility for addressing their needs (Procedure No. 06-020). HealthWest employees engage with colleagues to make systemic improvements to organizational cultures and processes, through efforts such as Cultural Intelligence and the Introduction of Kata as a performance improvement tool.
- e. Empowerment, Voice, and Choice: HealthWest empowers individuals to share their stories and be heard. Examples of this are seen within the Consumer Advisory Committee, Club House, use of Peer Support and Recovery Coaches, and in sponsored events such as the Walk-a-Mile event. HealthWest works to communicate with individuals about their options for treatment and to enable them to actively participate in their treatment plan.
- f. Cultural, Historical, and Gender Issues: HealthWest works, to recognize cultural differences. Those with lived experience are invited and encouraged to lead conversations on challenging topics if they feel comfortable doing so. HealthWest offers learning opportunities through Diversity Walks and other events as facilitated by the Team for Inclusion, Diversity, and Equity (T.I.D.E) Resource Groups. At access and throughout treatment, HealthWest staff use person first language and ask open-ended questions to better understand how experiences are interpreted by individuals from diverse backgrounds.

B. Engagement in organization self-assessment of trauma informed care.

- 1. HealthWest conducts an organization self-assessment to evaluate the extent to which current organization's policies are trauma-informed, identify organizational strengths and barriers, including an environmental scan to ensure that the environment does not re-traumatize. The self-assessment will be updated every three (3) years.

C. Adoption of approaches that prevent and address Secondary Trauma of staff.

- 1. HealthWest adopts approaches that prevent and address secondary traumatic stress of all staff, including but not limited to:
 - a. Opportunity for supervision
 - b. Trauma-specific incident debriefing
 - c. Training
 - d. Opportunities to support wellness and resilience

- e. Organizational support, such as Employee Assistance Program (EAP) and Psychological First Aid (PFA).
- D. Screening and Assessment for trauma exposure and related symptoms for each population.
- 1. HealthWest uses a culturally competent, standardized and validated screening tool appropriate for the populations served during the intake process and other points in service as appropriate.

Children are screened utilizing the Children's Trauma Assessment Center (CTAC) Trauma Screening Checklist, as well as a submodule integrated within the MichiCANS (Children's Assessment of Needs and Strengths). Adults are screened utilizing the Life Events Checklist for DSM-5 (LEC-f), as well as through screening that is built into the Comprehensive Assessment of Needs and Strengths (CANS).
 - 2. HealthWest uses a culturally competent, standardized and validated assessment instrument appropriate for child and adolescent populations served. Trauma assessment is administered based on the outcome of the trauma screening. Children and adolescents are assessed utilizing the UCLA Trauma Assessment.
- E. Trauma-specific services for individuals served using evidence-based practice(s) (EBPs) or evidence informed practice(s) are provided in addition to EBPs. EBPs used by HealthWest include but are not limited to: Trauma Informed Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), and Eye Movement Desensitization and Reprocessing (EMDR) Therapy.
- F. HealthWest joins with other community organizations, agencies, faith-based organizations, community collaboratives and coalitions (i.e. the Great Start Collaborative, Substance Abuse Council, Child Abuse Council, etc.) to support the development of a trauma informed community that promotes healthy development of a trauma informed community that promotes healthy environments for children, adults, and their families and reduces the likelihood of adverse childhood experiences.

VI: REFERENCES

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