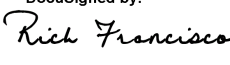




Policy Title: Trauma Informed Care	Policy or Procedure #: 12-020	<u>Review Dates</u>	
Category: Clinical Subject: The purpose of this policy is to address the trauma in the lives of those served, our community, and to support our staff in the provision of trauma services. The goal of this policy is to 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.	Prepared by: Trauma Informed Care Committee Approved by: DocuSigned by:  447FBD48ABR04A3... Rich Francisco, Executive Director	08/14/2026	
	Effective Date: 11/01/2024	Last Revised Date: 09/03/2025	

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 ensure 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. APPLICATION

All HealthWest programs and contracted providers.

III. 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 (STS): Work related, secondary exposure to extremely or traumatically stressful events; trauma-related symptoms are usually quick in onset and associated with a particular event
- D. Vicarious Trauma (VT): Development of negative changes in the world view as a result of the cumulative impact of witnessing trauma/adversity over time.
- E. Compassion Fatigue: Experiencing the combination of STS, VT, and/or burnout.
- F. Compassion Satisfaction: Pleasure that helping professionals derive from being able to perform their work effectively. Includes positive feelings about helping others and contributing to the greater good of society.
- G. Burnout: Feelings of hopelessness, fatigue and being overwhelmed from excessive workloads and unsupportive work environments; develops gradually over time.

IV. 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 promote inclusion of 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, are 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. Understand strategies to mitigate the impact of the trauma on individuals served(s).
 - d. Provide education regarding the impacts of serving those who have experienced trauma in an effort to support staff health and longevity in the helping professions.
 - 3. Policies and procedures 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 seek to hire and evaluate employee competency in supporting a trauma-informed care environment in the provision of care to those served and in interactions with support persons, providers, colleagues, and community partners.

5. HealthWest adheres to the following 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.
 - b. Trustworthiness and Transparency: HealthWest will ensure that staff are well-informed about policies and procedures that impact the ways 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 support 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, discuss 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 Understanding: HealthWest recognizes and values cultural differences and actively promotes an environment of awareness that

seeks understanding, addresses barriers, and builds intentional relationships within our organization and our community using a cultural lens.

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

1. HealthWest conducts an organization self-assessment to evaluate the extent to which current organizational policies and practices are trauma-informed and identify organizational strengths and barriers. 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 Structured Supervision, 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 Comprehensive MichiCANS (Children's Assessment of Needs and Strengths), which incorporates a trauma screen as a submodule of the Assessment. 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 when deemed medically necessary.

E. Trauma-specific and trauma-informed 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, 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 environments for children, adults, and their families and reduces the likelihood of adverse childhood experiences.

V: REFERENCES

A. Fallot, PhD, Roger, Harris, PhD, Maxine. *Creating Cultures of Trauma Informed Care*. Community Connections, Inc., March 2009. Page 59.

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B. The National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC. National Center for Child Traumatic Stress.

C. Substance Abuse Mental Health Services Administration (SAMHSA), <https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder88/Folder2/Folder188/Folder1/Folder288/Trauma-Policy.pdf?rev=928ce68949f640cfbdce418cd872cdfb#:~:text=Last%20Revision%20Date:%20July%2029,I>

D. Substance Abuse Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

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