Trauma-Informed Care and Practice Approach

POLICY TEMPLATE

Reference: Trauma-informed Care and Practice Toolkit (TICPOT MHCC, 2019)

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Trauma-Informed Care and Practice Approach: Policy Template Example

Document Status: **Draft or Final**
Date Issued: **[date]**
Lead Author: **[name and position]**
Approved by: **[insert service name] Directors on [date]**
Scheduled Review Date: **[date]**

Record of Policy Review

Review Date		Other People Consulted

Triggers for Policy Review (tick all that apply)

- ☐ Standard review is timetabled
- ☐ A gap has been identified
- ☐ Additional knowledge or information has become available to supplement the policy
- ☐ External factors
  - ☐ Policy is no longer relevant/ current due to changes in external operating environment
  - ☐ Changes to laws, regulations, terminology and/or government policy
  - ☐ Other/s (please specify)
- ☐ Internal/organisational factors
  - ☐ A stakeholder has identified a need, e.g., by email, telephone etc.
  - ☐ A serious or critical incident has occurred, requiring an urgent review
  - ☐ A potential critical incident almost occurred, requiring a review to prevent a serious critical incident in the future
  - ☐ Need for consistency in service delivery across programs and organisations
  - ☐ Separate, stand-alone TI policy is now required (KPIs) or part of QI processes

Additional Comments *[for example, policy now covers details related to new legislation, regulations, standards and guidelines]*

Integration of a Trauma-Informed Care and Practice Approach

This service _____ **[insert name]** utilises policies and procedures to guide all its activities that are underpinned by recovery orientation and a trauma-informed practice approach. The service seeks to implement its core values at every level of engagement with clients, their carers and families, staff and the community utilising this practice approach.

Note: This template is designed to provide guidance as to possible inclusions as appropriate in a particular service/ setting; and is by no means comprehensive. It serves as an example for the development of specific policy document/s and related documents as required.

1. Purpose and Scope

The purpose of this policy is to enable the following:
Every part of the service, including administration, management and service delivery is assessed and modified to incorporate trauma-informed principles into its practice approach

- Provision of safe environments is paramount. Re-traumatisation of consumers is minimised, carers' needs are understood and acknowledged, and staff health and wellbeing is fostered

- Staff understand the need to recognise and be informed about trauma and its dynamics, so as to minimise triggers which may interfere with effective executive functioning in both consumers and staff members with a lived experience of trauma

- Staff are informed about pathways to other services which can provide appropriate integrated support and/or referrals for consumers presenting with complex trauma related needs or co-occurring mental health and psychosocial difficulties

- To provide assistance to **[insert service name]** to establish clear policies and procedures to minimise risks to work health and safety, e.g. re-traumatisation of staff and/or clients/ consumers with lived experience of trauma; vicarious traumatisation (staff); and self-harming and challenging behaviours (clients)

- That this policy applies to all consumer services and programs of **[insert service name]** and all staff of **[insert service name]**. It does not prescribe specific treatments, philosophies or counselling/therapeutic techniques. It is based on a trauma-informed recovery-oriented practice approach and the collaborative model of engagement across service systems
- That this policy may be appropriate across a diversity of mental health and human service sectors and systems, and contexts.

This policy is implemented in conjunction with a number of other policies, all of which reflect a recovery oriented trauma-informed practice approach, e.g.,: Abuse and Neglect Policy, Advocacy Policy, Dignity of Risk Policy, Diversity Policy, Emergency and Critical Incidents Policy, Individual Supports Policy, Professional and Personal Development Policy and Supervision Policy.

2. Key Terms

Complex need [2] is a term often used to define suitability for supports or services. Within a recovery oriented approach, we consider that a person and their needs are not complex, rather their circumstances and/or the environment they experience is complex. The term 'complex needs' is commonly used to refer to individuals who present with an inter-related mix of coexisting mental health and physical health issues, who often also live with developmental and psychosocial difficulties. People may also have lived experience of trauma.

Complex trauma occurs as a result of cumulative traumatic stressors that are most often intentionally perpetrated by one human being on another, usually commencing in childhood. These actions can be both violating and exploitative of another person and include ongoing abuse which occurs in the context of the family and intimate relationships. Complex trauma typically involves a fundamental betrayal of trust in primary care relationships. The cumulative impacts of repetitive and interpersonal traumatic stress, particularly during developmental periods, can result in compounded and persistent effects of a complex nature. Complex trauma is associated with increased risk of mental illness and complex post-traumatic stress disorder and may impact physical health and psychobiological development across multiple domains. [3] [4]

Cultural safety has been described as providing "an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening." [5] It reminds us that people who do not belong to the dominant culture may have been subject to oppression, abuse or discrimination.

Cultural competence [6] refers to an ability to interact effectively with people from different cultures and socio-economic backgrounds, particularly in the context of human resources; and providing services in any community, public or private context where employees work with persons from different cultural/ethnic backgrounds. Cultural competence comprises four components: awareness of one's own cultural worldview, attitude towards cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures. To be trauma-informed is to acknowledge the inherent privilege of race, education, status, gender etc. that a provider may hold or be perceived to have and reflect on the barriers that privilege may evoke in engaging with people who experience marginalisation and disadvantage in our society.

Diversity , is refers to the inclusion and acceptance of difference and variation among people inclusive of but not limited to their culture, religion, spirituality, ability, power, status, gender and sexual identity and socioeconomic status (State of Victoria, Department of Health 2013, p. 13). [7]

Direct Services in most instances refers to services provided that are active services to a client and include work with clients, as distinguished from staff functions or organisational functions. However, in the context of some organisations, a direct service may also be considered training provided to students; services to members of an organisation such as a telephone information service, online or telephone counselling etc.

Trauma-informed is the re-conceptualisation of traditional approaches to health and human service delivery whereby all aspects of services are organised around acknowledgment of the prevalence of trauma throughout society, including in the lives of people who access services. `Trauma-informed'

services are aware of and sensitive to the dynamics of trauma, including its effects on people's lives, health and engagement with services. A trauma-informed approach is strengths-based and responsive to the impacts of trauma; emphasising physical, psychological, and emotional safety for both service providers and survivors.

Trauma-informed services are alert to the possibility of the existence of trauma in the lives of all clients/ patients/consumers/service users, irrespective of whether it is explicitly known. Trauma-informed services are distinct from trauma specific or trauma treatment services.
Trauma-specific refers to treatment approaches and services which directly address the impacts of trauma using therapeutic means (counselling, psychotherapy etc).

Secondary Traumatic Stress is often used interchangeably with the term Vicarious Trauma. However, the term specifically refers to the emotional distress that occurs when an individual hears about or is exposed to the impacts of the first hand trauma experiences of another. Its symptoms are similar to those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary traumatic stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence. [8]

Vicarious Trauma is the debilitating emotional and psychological impact of connecting with the traumatic and disturbing life events of other people. It is an insidious form of stress and is pervasive among people working with those who have experienced trauma. It often occurs without awareness, accumulates over time, and can change a worker's overall view of the world and the people around them. It can affect cognitive functioning and values and can be as debilitating as primary trauma. [9]

3. Principles

[Insert service name] adheres to **eight foundational principles** that represent the core values of trauma-informed care and practice approach. 10 These principles are outlined below:

1. **Understanding trauma and its impact** - A trauma-informed approach recognises the prevalence of trauma and understands the impact of trauma on the emotional, psychological and social wellbeing of individuals and communities.

2. **Promoting safety** - A trauma-informed approach promotes safety - Establishing a safe physical, psychological and emotional environment where basic needs are met, which recognises the social, interpersonal, personal and environmental dimensions of safety and where safety measures are in place and provider responses are consistent, predictable, and respectful.

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[2] Rosengard, A, Laing, I, Ridley, J & Hunter, S 2007, A Literature Review on Multiple and Complex Needs, Scottish Executive Social Research, Edinburgh. Available from: http://www.scotland.gov.uk/Resource/Doc/163153/0044343.pdf
[3] Kezelman, C & Stavropoulos. P 2012, 'The Last Frontier': Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery, Adults Surviving Child Abuse (ASCA), Kirribilli, NSW.
[4] Courtois, CA. & Ford, JD (eds) 2009, Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide, The Guildford Press, New York, NY.
[5] McGough, S Wynaden, D & Wright, M 2018, Experience of providing cultural safety in mental health to Aboriginal patients: A grounded theory study. International Journal of Mental Health Nursing. 27(1): pp. 204-213.
[6] Martin, M & Vaughn, B 2007, 'Cultural Competence: The Nuts and Bolts of Diversity and Inclusion', Strategic Diversity and Inclusion Management, vol. 1, no. 1, pp. 31-36, DTUI Publications Division, San Francisco, CA.
[7] State of Victoria, Department of Health 2013, National Practice Standards for the Mental Health Workforce 2013, Victorian Government Department of Health, Melbourne, VIC.

3. **Supporting consumer control, choice and autonomy** - A trauma-informed approach values and respects the individual, their choices and autonomy, their culture and their values.

4. **Ensuring cultural competence** - A trauma-informed approach understands how cultural context influences perception of and response to traumatic events and the recovery process; respecting diversity; and uses interventions respectful of and specific to cultural backgrounds.

5. **Safe and healing relationships** - A trauma-informed approach fosters healing relationships where disclosures of trauma are possible and are responded to appropriately. It also promotes collaborative, strengths-based practice that values the person's expertise and judgement.

6. **Sharing power and governance** - A trauma-informed approach recognises the impact of power and ensures that power is shared.

7. **Recovery is possible** - A trauma-informed approach understands that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer and former consumer involvement at all levels of the system; facilitating peer support; focusing on strength and resiliency; and establishing future-oriented goals.

8. **Integrating care** - A trauma-informed approach maintains a holistic view of consumers and their recovery process; and facilitating communication within and among service providers and systems.

To undertake trauma-informed care and practice, **[insert service name]** will promote the principles (detailed above) as core values of a trauma-informed practice approach.

4. Strategies

A. Recognise the prevalence of trauma in the community, among mental health consumers as well as people using a diversity of mental health and human services

B. Recognise the evidence behind high rates of poor mental and/or physical health and complex psychosocial difficulties related to exposure to trauma in children and adults

C. Recognise that mental health treatment and environments are often traumatising, in and of themselves, both overtly and covertly

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[8] Stamm, BH (ed) 1999, Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educators, 2nd edn, Sidran Institute Press, Baltimore, MD.

[9] Department of Communities, Child Safety and Disability Services 2014, 5. Implement Strategies to Manage Stress, Vicarious Trauma and Critical Incident Stress, The State of Queensland, Brisbane, QLD. Available from: http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/chapters/10-general/10-11-staff-safety-and-well-being/key-steps/5-implement-strategies-to-manage-stress-vicarious-trauma-and-critical-incident-stress

[10] These principles were identified and adapted on the basis of knowledge about trauma, its prevalence and its impact. Findings of the Co-Occurring Disorders and Violence Project (Moses, DJ, Reed, BG, Mazelis, R & D'Ambrosio, B 2003, Creating Trauma Services for Women with Co-Occurring Disorders: Experiences from the SAMHSA Women with Alcohol, Drug Abuse, and Mental Health Disorders who have Histories of Violence Study, Policy Research Associates, Delmar, NY, literature on therapeutic communities); Campling, P 2001, Therapeutic Communities, Advances in Psychiatric Treatment, vol.7, pp.365–372; Fallot, RD & Harris, M 2009, Creating Cultures of Trauma-Informed Care (CCTIC): A Self- Assessment and Planning Protocol, Community Connections, Washington, DC. Available from: https://www.theannainstitute.org/CCTICSELFASSPP.pdf and 'The Sanctuary Model' as developed by Sandra Bloom and colleagues, Bloom, SL & Sreedhar, SY 2008, 'The Sanctuary Model of Trauma-Informed Organizational Change', Reclaiming Children and Youth: From Trauma to Trust, vol. 17, no. 3, pp. 48-53; Bloom, SL & Farragher, B 2013, 'Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care', Oxford University Press, New York, NY.

D. Recognise that coercive interventions cause traumatisation/re-traumatisation and avoid such practices

E. Recognise that the majority of mental health staff are uninformed about trauma, do not recognise it and do not know how to manage it

F. Review education and training to incorporate the principles of a trauma-informed care and practice approach

G. Provide staff education and training on reducing re-traumatising practices

H. Inform staff about the appropriate inclusion of trauma screening and assessment processes and necessary prerequisites (i.e. establishing safety first)

I. Review policies, procedures and practices to incorporate trauma-informed principles (see item 3)

J. Understand the impacts of trauma, complex needs and the importance working with people utilising a trauma-informed approach that is coordinated across all services providing integrated care, treatment and support

K. Articulate and uphold a trauma-informed human rights perspective to access and equity and service provision.

5. Outcomes

[Insert service name] works with (and assesses, where required) all service users informed by a trauma-informed understanding of mental health and psychosocial difficulties; including that these difficulties commonly co-exist as a consequence of exposure to all forms of trauma. Experience and consequences of trauma do not constitute criteria for service exclusion or denial.

[Insert service name] provides staff with trauma-informed information, education, and have access to training and workplace supports required to develop their skills and undertake their specific role/s, which may include: assessment and screening where appropriate; and support/care planning, development and coordination and direct service delivery.

[Insert service name] develops and maintains partnerships with trauma-specific services, and mental health and related services that are capable of providing trauma-informed coordinated/integrated support to clients.

[Insert service name] creates a safe and healthy work environment for consumers, carers, employees, contractors, volunteers and visitors.Support is provided for staff members who may have difficulty addressing trauma-related issues. This may include workers living with their own experiences of trauma. The high prevalence of lived experience of trauma in community and helping professions is recognised and acknowledged.

[Insert service name] fosters a person-led, holistic, creative, open and therapeutic culture that supports workers adopt a collaborative approach informed by a recovery-oriented trauma-informed practice approach.

[Insert service name] ensures all policies and procedures are trauma-informed and that disciplinary processes are consistently managed in accordance with the Staff Performance and Conduct Procedures that are likewise informed.

6. Functions and Delegations

Position	Delegation / Task
Directors	Endorse policy which integrates a trauma-informed culture
Management	Develop, maintain and formalise (where appropriate) collaborative partnerships and interagency relationships with relevant government and community managed services that are trauma-informed. Ensure workers are supported by leadership culture that is trauma-informed.
Staff	Identify support needs directed by consumers that maximise autonomy. Maintain trauma-informed knowledge and skills required to ensure best practice in service provision related to complex trauma and co-existing mental health and psychosocial issues. Develop, foster and maintain partnerships and collaborative arrangements with local mental health and related services.

7. Risk Management

As far as possible, traumatic events and re-traumatisation are prevented, and the impacts of trauma are minimised following traumatic events.

Workers, with responsibility for intake and assessment, are identified and appropriately trained and/or qualified to conduct trauma screening/ assessment (only when appropriate and taking into account willingness/capacity of consumer to share lived experience), and to support access or referral to trauma-specific services, avoid re-traumatisation and engage in ongoing support. Refer to e.g., Supervision Policy.

Assessment of and responses to suicide and self-harm risk is undertaken by appropriately trained and qualified staff, using evidence-based assessment and response practices within trauma-informed service systems. Refer to e.g., Dignity of Risk Policy.

The service has a suite of policy documents that are trauma-informed. This may include (as relevant) practice guidelines, policies, procedures, rules, regulations and standards which all must be trauma-informed. All employees including administrative staff (who interact with service users) receive orientation about the prevalence and impact of trauma; the impacts of culture and other demographics on experience and perception and the ways people cope and have survived trauma; recovery and healing. Direct service staff members undertake more extensive training and are provided with ongoing professional development. Refer to e.g., Professional and Personal Development Policy.

8. Policy Implementation

This policy is developed and co-designed in consultation with staff, consumers and carers, and is approved by Directors.

This policy is part of staff orientation/induction processes and all staff members are responsible for understanding and adhering to it.

This policy is reviewed in line with **[insert service name]**'s continuous quality improvement program and/or relevant legislative changes.

9. Policy Detail

9.1 Supporting Consumers

[Insert service name] provides collaborative/integrated support for consumers which is trauma-informed i.e. collaborating organisations are aware of past trauma, its mental and physical health impacts and possibilities for recovery.

The most appropriate options should be available for the consumer. These include:

- Trauma-informed and trauma specific mental health support are facilitated by a staff member and/or between staff and/or teams at [insert service name], with collaborative support planning and frequent communication processes across collaborating organisations/agencies.
- Where a consumer gives consent, trauma-related support is provided by **[insert service**
- **name]** at the same time as trauma-specific mental health service provision by a specialist trauma/mental health service, private psychiatrist, GP or private psychologist within a 'shared care' model, or within collaborative support planning and frequent communication.
- In circumstances where consumers are receiving services from two or more support services/

agencies and/or other practitioner/s, it is recommended that regular case conferences are convened. This involves a meeting between all support providers and support workers, carers, and, unless it is not in the consumer's best interests or the consumer does not wish to attend, the consumer.

In a case conference, the roles of each support provider/practitioner and support worker are clarified, and the needs and goals of the consumer are discussed in order to formulate a coordinated approach to the support plan, reduce the gaps between services and provide better outcomes for consumers.

For more information refer to e.g., Individual Supports Policy and Integration Policy.

Workers assist consumers with referrals and linkages to other specialist and generalist services that the consumer may require or request during their support at **[insert service name]**.

Where appropriate, staff advocate for consumers to receive trauma-informed mental health support, and, where possible, facilitate access to this support.

For more information refer to e.g., Individual Supports Policy.

9.2 Supporting Employees of [Insert service name]

9.2.1 Establishing a supportive workplace culture

[Insert service name] promotes a supportive culture, in which employees are able to seek the assistance of their employer in a non-threatening environment, through:

- providing non-threatening assistance to employees who recognise that they have trauma relate/ vicarious trauma issues (e.g. access to an employee assistance program)
- providing opportunities to access practice supervision that is independent of line management
- providing opportunities for 'communities of practice', enabling staff to share information and learnings with colleagues (and across disciplines)
- ensuring that clear and consistent processes are in place for addressing risks to health and safety in the workplace
- respecting the privacy of employees by ensuring that appropriate systems are in place to maintain confidentiality

9.2.2 Procedure

It is the goal of [Insert service name] to:

- Promote a supportive culture that encourages a co-operative approach between management and employees which builds on their shared interest in trauma-informed work health and safety.

10. References + Resources

10.1 Internal

List the policy documents that may relate to this document e.g.
Abuse and Neglect Policy
Advocacy Policy
Diversity Policy
Emergency and Critical Incidents Policy
Professional and Personal Development Policy
Service Entry Policy
Individual Supports Policy
Dignity of Risk Policy
Supervision Policy

10.2 External Resources

Air American Institute for Research, Available: http://www.familyhomelessness.org/

Adults Surviving Child Abuse 2012, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Adults Surviving Child Abuse: Authors: Kezelman C A & Stavropoulos P A.

Guarino, K Soares, P Konnath, K Clervil, R & Bassuk, E 2009, *Trauma-Informed Organizational Toolkit*, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available: https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf and www.familyhomelessness.org

Fallot, R & Harris, M 2009, *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*, Washington, DC: Community Connections. Available: https://www.theannainstitute.org/CCTICSELFASSPP.pdf

Jennings, A 2004, *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*, National Association of State Mental Health Program Directors (NASMHPD) and the National Technical Assistance Centre for State Mental Health Planning (NTAC): United States. http://www.theannainstitute.org/Models%20for%20Developing%20Traums-Report%201-09-09%20_FINAL_.pdf

Mental Health Coordinating Council (MHCC) 2013, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction*, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA).

Substance Abuse and Mental Health Services Administration (SAMHSA) U.S. Department Of Health and Human Services, Center for Substance Abuse Treatment 2014, 'A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services', Part 2, Chap 1 – Trauma-informed Organizations, pp. 151- 171. Available: https://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

Guide', British Columbia Provincial Mental Health and Substance Use Planning Council. Available: http://bccewh.bc.ca/publications-resources/documents/TIP-Guide-May2013.pdf

McGough, S Wynaden, D & Wright, M 2018, Experience of providing cultural safety in mental health to Aboriginal patients: A grounded theory study. International Journal of Mental Health Nursing. 27(1): pp. 204-213.

10.3 Quality and Accreditation Standards

EQuIP4 - Provided by the Australian Council on Healthcare Standards (ACHS)
Select appropriate criteria to identify

Health and Community Service Standards (6th edition) - Provided by the Quality Improvement Council (QIC)