

Policy Title:	Psychological Trauma Informed Services Policy – DRAFT 02/02/2007		
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Approved By: *DHS Chief Administrative Officer*

Date Approved

Overview

Description: This policy describes expectations for the implementation of psychological trauma-informed and trauma-sensitive services in human service delivery venues under direct supervision, or in contract with of the State of Oregon.

Purpose/Rationale: The Department of Human Services (DHS) is committed to promoting the health and safety of the clients it serves, with an emphasis on client safety. Safety in the therapeutic and service relationship is the starting point for all services.

The long-term adverse effects of interpersonal violence, abuse, neglect, and other serious traumatic experiences are seen in people from infancy to old age, across gender, race, culture, socioeconomic status, intelligence, or educational level. However, most people who ask for help for themselves or family members do not usually seek services specifically for trauma-induced problems.

The symptoms that are adaptations to the effects of psychological trauma are sometimes not recognized as associated with prior trauma by survivors, family members, or provider and agency staff. The cluster of issues, personal adaptations, problems, and symptoms that are seen in these individuals may result in Post-Traumatic Stress Disorder (PTSD), but more commonly other mental health conditions including mood, anxiety, and substance use disorders.

DHS clients cross many of our agency boundaries, requiring comprehensive service coordination. Knowing and being sensitive to trauma histories will improve outcomes for clients. Without addressing underlying trauma issues, we may continue to treat presenting symptoms and/or initiate services, which do not take into account the root issue(s), therefore delaying client recovery.

Applicability: All DHS service delivery areas.

Policy

It is the policy of the Oregon Department of Human Services that all state and community providers, and those who oversee public services are informed about the effects of psychological trauma, screen/assess for the presence of symptoms and problems related to that trauma, and develop and offer services that facilitate recovery.

When psychological trauma is not recognized or addressed, people may be unintentionally retraumatized by the agencies and providers trying to serve them. Retraumatization can be overt as in the use of coercive interventions, such as seclusion or restraint, or less obvious as occurs when health care/service providers are not aware of the potential triggering impact of their words or behavior. Unless people are able to recover from the adverse effects of trauma, those effects may continue throughout their lives

DHS shall promote a coordinated approach within Divisions and other social and health service agencies to incorporate trauma-informed systems and trauma-sensitive services at all levels of the human services spectrum.

1. The Department of Human Services will lead the development and implementation of statewide policies and procedures to deliver services that are sensitive and responsive to the needs of survivors of psychological trauma. This will be accomplished through development and revision of Oregon Administrative Rules, regulatory and quality assurance activities, revised contract language, creation of guidance documents for service providers, and workforce development efforts.
2. Service agencies will develop policies and procedures that are both trauma-informed and trauma-specific. This includes developing sensitive and effective methods for screening and assessing clients for trauma, developing person-directed treatment interventions, and providing specific and broad-based staff training to support the implementation and provision of such services. This will be accomplished through quality assurance and licensing activities and through specific policy guidance. Workforce development and technical assistance initiatives will also provide support for service agencies in developing trauma-informed and trauma-specific policies and procedures. Policies and procedures will address ways to avoid the inadvertent traumatizing or re-traumatizing of people receiving services.
3. Establish a DHS trauma policy consumer advisory council comprised of DHS Divisions, providers of services, and consumers of mental health and addiction services. The council's mission is to advise, review, collaborate, and recommend policies related to trauma-informed systems and trauma-sensitive services for clients receiving DHS services.

DHS will encourage partnership across other public, private, and non-profit agencies in developing trauma-informed systems, and where needed, trauma-sensitive services. DHS will offer training and technical assistance on developing trauma-informed systems and in the development of trauma-sensitive services that address initial, secondary, or vicarious trauma.

Resource(s) that apply:

See Addictions & Mental Health trauma web site for the following resources:

[Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services. \(Anna Foundation\)](#)

[National Center for PTSD](#)

[National Child Traumatic Stress Network](#)

[National Trauma Consortium](#)

[PTSD Research Quarterly Newsletter](#)

[SAMHSA's Center on Women, Violence and Trauma](#)

[SAMHSA Publications on Disaster Response and Recovery](#)

[Sidran Institute \(Traumatic Stress Education and Advocacy\)](#)

Reference(s):

Addictions & Mental Health Division trauma web sites

<http://www.oregon.gov/DHS/addiction/trauma.shtml>

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Definition(s):

Definition of psychological trauma

In this policy, psychological trauma refers to the cluster of symptoms, adaptations, and reactions that interfere with the functioning of an individual who has extreme suffering (including neglect and deprivation), as a result of severe physical abuse and injury, sexual abuse and/or exploitation, witnessing or surviving severe community or domestic violence (including accidents, natural or human-caused disasters). This includes effects of mistreatment, abuse, neglect, or coercive interventions in the broad context of health services (e.g., outpatient, hospital, residential, employment, or criminal justice settings).

Trauma-informed services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors. A trauma-informed system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that trauma plays in the lives of people seeking mental health and addictions services. A trauma-informed system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent re-traumatization and will facilitate consumer participation in treatment. It also requires collaborative relationships with other public and private practitioners with trauma-related clinical expertise.

Trauma-specific services are designed to treat the actual consequences of trauma. Treatment programs designed specifically for survivors of childhood trauma are consistent on several points: the need for respect, information, connection, and hope for clients; the importance of recognizing the adaptive function of “symptoms;” and the need to work collaboratively in a person-directed and empowering way with survivors of abuse. Treatment providers should recognize a person’s right to receive services in the most integrated setting in the community. Traumatized individuals seeking help must be given opportunities to be involved as partners in the planning and evaluation of services offered. They should also be given the opportunity to invite and include family and/or friends in that process (Jennings, A. 2004).

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Policy History:

Addictions & Mental Health Division Policy, revised February 14, 2006.

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Snow, Elizabeth and SAFE, Inc, Healing in Safety, 2004.

Jennings, A., Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services. National Association of State Mental Health Program Directors, (2004).