General
Integration of a Trauma-Informed Care and Practice Approach

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

Record of Policy Review

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Person Initiating/Leading Review</th>
<th>Other People Consulted</th>
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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,
- [ ] 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
Trauma-Informed Care & Practice Policy

1. Purpose and Scope

The purpose of this policy is to enable the following:

- Every part of the organisation, including administration, management and service delivery is assessed and modified to incorporate trauma-informed principles into practice
- The 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 other 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, or co-occurring mental health and psychosocial difficulties
- Assistance to [insert organisation 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 past trauma histories; vicarious traumatisation (staff); and self-harming and challenging behaviours (clients)
- This policy applies to all consumer services and programs of [insert organisation name] and all staff of [insert organisation name]. It does not prescribe specific treatments, philosophies or counselling/therapeutic techniques. It is based on trauma-informed recovery-oriented practice and the collaborative recovery model for community managed organisations

Additional Comments

[for example, policy now covers details related to new legislation, regulations, standards and guidelines]
• The policy may be appropriate across a diversity of mental health and human service sectors and systems.

This policy is implemented in conjunction with the 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. Definitions

Complex trauma – occurs as a result of traumatic stressors that are interpersonal – premeditated, planned and perpetrated by one human being on another. It is particularly damaging if it occurs in childhood. These actions can be both violating and exploitative of another person. It is mostly cumulative, repetitive and interpersonally generated, and includes ongoing abuse which occurs in the context of the family and intimate relationships. Complex trauma usually involves a fundamental betrayal of trust in primary care relationships, because it is often perpetrated by someone in close contact with the victim. Unlike a one-off event, the cumulative impact of premeditated and multiple episodes of abuse involves compounded impacts and persistent effects. Complex trauma places the person at risk of mental illness and complex post-traumatic stress disorder and may impact physical health and psychobiological development (Courtois & Ford, 2009, ASCA, 2012).

Complex post-traumatic stress disorder – may lead to stress reactions associated with histories of multiple traumatic stressor exposures and experiences, along with severe disturbances in primary caregiving relationships (Courtois & Ford, 2009).

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”. It reminds us that people who do not belong to the dominant culture may have been subject to oppression, abuse or discrimination (TAFE, 2014).

Safety – The foundational principle in the treatment of complex trauma may require active facilitation not previously experienced by consumers with complex trauma histories. A sense of safety is prerequisite to the ability to regulate effect, which is itself critical to the capacity to process and integrate trauma. Safety is also a key concept of trauma-informed care and practice.

Trauma-informed – The re-conceptualisation of traditional approaches to health and human service delivery whereby all aspects of services are organised acknowledging the prevalence of trauma throughout society. ‘Trauma-informed’ services are aware of and sensitive to the dynamics of trauma as distinct from directly treating trauma per se. The appropriate term in the latter case is ‘trauma specific’ (note the overlap between the two).

Trauma-informed services are alert to the possibility of the existence of trauma in the lives of all clients/patients/consumers, irrespective of whether it is known to exist in individual cases. This is not the same as:

Trauma-specific – Treatment approaches and trauma–informed services which directly address trauma in its various forms.

Vicarious trauma (VT) – Vicarious trauma is described as a transformation in a worker as a result of working with a person who has been traumatised. Vicarious trauma is a cumulative
effect of working with trauma, which can affect many aspects of a person's life. It may consist of short-term reactions, or longer-term effects that continue long after the work has finished. Some effects of vicarious traumatisation parallel those experienced by the survivor, and can lead to a person experiencing the symptoms of post-traumatic stress disorder (PTSD). It does not in any way suggest weakness or fault on the part of the helper, but is often inherent in the work undertaken by the helper (Ross & Halpern, 2009).

3. Principles

[Insert organisation name] adheres to eight foundational principles that represent the core values and best practice of trauma-informed care and practice outlined below:

1. **Understanding trauma and its impact** - Understanding traumatic stress and how it impacts people, and recognising that many challenging behaviours and responses represent adaptive responses to past traumatic experiences.

2. **Promoting safety** - Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place particularly in relation to responding to suicidality, and provider responses are consistent, predictable, and respectful.

3. **Ensuring cultural competence** - Understanding how cultural context influences perception of and response to traumatic events and the recovery process; respecting diversity, providing opportunities for consumers to engage in cultural rituals, and using interventions respectful of and specific to cultural backgrounds.

4. **Supporting consumer control, choice and autonomy** - Helping consumers regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy; keeping consumers well-informed about all aspects of the system; outlining clear expectations; providing opportunities for consumers to make daily decisions and participate in the creation of personal goals; and maintaining awareness and respect for basic human rights and freedoms.

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5. **Sharing power and governance** - Promoting democracy and equalisation of power differentials; and sharing power and decision-making across all levels of an organisation whether related to daily decisions or in the review and creation of policies and procedures.

6. **Integrating care** - Maintaining a holistic view of consumers and their recovery process and facilitating communication within and among service providers and systems.

7. **Healing happens in relationships** - Understanding that safe, authentic and positive relationships can aid recovery through restoration of core neural pathways.

8. **Recovery is possible** - Understanding 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.

**Strategies**

(A) Recognise the prevalence of trauma in mental health consumers as well as clients engaging across a wide diversity of mental health and human services

(B) Recognise high rates of poor mental and/or physical health and psycho-social difficulties related to trauma exposure in children and adults

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

(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 trauma-informed practice

(G) Provide training on reducing re-traumatising practices

(H) Inform regarding the appropriate inclusion of trauma screening

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

(J) Understand the impacts of trauma, complex needs and the importance of coordinated care

(K) Articulate and uphold trauma-informed human rights.
To undertake trauma-informed care and practice, [insert organisation] will promote the following as core values of trauma-informed care including:

1. Understanding trauma and its impact
2. Promoting safety
3. Ensuring cultural competence
4. Supporting consumer control, choice and autonomy
5. Sharing power and governance
6. Integrating care
7. Healing happens in relationships
8. Recovery is possible.

4. Outcomes

[Insert organisation name] assesses and works with all consumers with a trauma-informed understanding of mental health and psychosocial difficulties; that mental health and psychosocial difficulties commonly co-exist as a consequence of trauma. They do not constitute criteria for service exclusion or denial.

Workers are provided with trauma-informed education, skills and access to workplace supports to undertake their specific role, which may include: mental health assessment & screening where appropriate; and support/care plan development and coordination.

[Insert organisation name] develops and maintains partnerships with trauma-specific services, and mental health and related services, to provide integrated support for consumers.

[Insert organisation name] creates a safe and healthy work environment for all employees, contractors, consumers and visitors.

Support is provided for staff members who may have difficulty addressing trauma-related issues. This may include those with their own trauma history. The high prevalence of pre-existing trauma in workers needs to be recognised and acknowledged.

[Insert organisation name] fosters a personal, holistic, creative, open and therapeutic culture that supports service providers in moving from a caretaker to a collaborator role using a trauma-informed recovery-oriented approach.

[Insert organisation name] ensures all disciplinary processes are consistently managed in accordance with the Staff Performance and Conduct Procedure.
5. Functions and Delegations

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<tr>
<th>Position</th>
<th>Delegation/Task</th>
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<tbody>
<tr>
<td>Board of Directors</td>
<td>Endorse a Policy which integrates a Trauma-Informed Culture</td>
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<tr>
<td>Management</td>
<td>Develop, maintain and formalise (where appropriate) collaborative partnerships and interagency relationships with relevant government and non-government services.</td>
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<tr>
<td>Staff</td>
<td>Identify consumers’ support and support needs.</td>
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<td></td>
<td>Maintain knowledge of current good practice related to complex trauma and co-existing mental health and psychosocial issues.</td>
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<td></td>
<td>Develop and maintain partnerships with local mental health and related services.</td>
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6. 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 consumer intake and assessment, are identified and appropriately trained and/or qualified to conduct trauma screening (only when appropriate and taking into account willingness/capacity of consumer to share lived experience), and to support access to trauma-specific services, avoid re-traumatisation and engage in ongoing support. Refer to 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 Dignity of Risk Policy.

The Service/organisation policy is trauma-informed. This includes practice guidelines, policies, procedures, rules, regulations and standards which all must be trauma-informed. All employees including administration receive orientation to the prevalence and impact of trauma, and the impacts of culture and other demographics on experience and perception and ways of coping or healing. Direct service staff members undertake more extensive training and are provided with ongoing professional development. Refer to Professional and Personal Development Policy.

7. Policy Implementation

This policy is developed in consultation with staff, consumers and carers, and is approved by the Board of 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 organisation name]’s continuous quality improvement program and/or relevant legislative changes.

8. Policy Detail

8.1 Supporting Consumers

[Insert organisation name] provides integrated support for consumers which is trauma-informed i.e. is 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 organisation name], with collaborative support planning and frequent communication processes.

- Where consumer consent allows, trauma-related support is provided by [insert organisation 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 agencies and/or other practitioner, 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 the 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 organisation name].

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

For more information refer to the Individual Supports Policy.
8.2 Supporting Employees of [Insert organisation name]

8.2.1 Establishing a supportive workplace culture

[Insert organisation 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 related/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.

8.2.2 Procedure

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

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

9. References + Resources

9.1 Internal

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

9.2 External

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.


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.

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).


Ross, C A & Halpern, N 2009, *Trauma Model Therapy: A Treatment Approach For Trauma, Dissociation And Complex Comorbidity*, Manitou Communications: TX, USA.


9.3 Quality and Accreditation Standards

**EQuIP4**

Provided by the Australian Council on Healthcare Standards (ACHS)

**Standard 1.1:** Consumers/patients are provided with high quality care throughout the care delivery process.
**Criterion 1.1.1:** The assessment system ensures current and ongoing needs of the consumer/patient are identified.

**Criterion 1.1.2:** Care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes.

**Criterion 1.1.3:** Consumers/patients are informed of the consent process, and understand and provide consent for their health care.

**Criterion 1.1.4:** Processes for discharge/transfer address the needs of the consumer/patient for ongoing care.

**Criterion 1.1.5:** Systems for ongoing care of the consumer/patient are coordinated and effective.

**Standard 1.2:** Consumers/patients/communities have access to health services and care appropriate to their needs.

**Standard 1.3:** Appropriate care and services are provided to consumers/patients.

**Criterion 1.3.1:** Health care and services are appropriate and delivered in the most appropriate setting.

**Health and Community Service Standards (6th edition)**

Provided by the Quality Improvement Council (QIC)

**Standard 2.2:** Service and programs are provided in an effective, safe and responsive way to ensure positive outcomes for consumers and communities.

**Evidence Questions:** What is the evidence that:

a) interventions and action are based on assessment and planning?

b) services and programs are managed to ensure positive outcomes for consumers and communities?

c) information about the rationale, risks and effects of services and programs is routinely provided to consumers and communities?

d) consumers and communities participate in decision-making about services and programs they receive?

e) services and programs are safe and risks are identified and addressed?

i) services and programs are evidenced based?

j) services and programs follow case/care plans developed with consumers?
The MHCC **Trauma-informed Care & Practice Organisational Toolkit (TICPOT)** links certain practice against three national standards and the MHCC ROSSAT (Recovery Oriented Service Self-Assessment Toolkit). Each organisation, as part of a quality improvement process, will need to assess the relevant standards and achieve parity.

9.4 **Recovery Oriented Service Self-Assessment Toolkit 2015 (ROSSAT)** - Identify where practice aligns to this set of self-assessment standards.

9.5 **National Mental Health Practice Standards for the mental health workforce 2013 (NMHPS)** - Identify where practice aligns to this set of standards.

9.6 **National Mental Health Service Standard 2010 (MHSS)** - Identify where practice aligns to this set of standards.

9.7 **National Disability Service Standards 2013 (NDSS)** - Identify where practice aligns to this set of standards.

**RESOURCES**