STATE OF VERMONT		
Agency of Human Services (AHS)		
Trauma Informed System of Care	REVISION HISTORY: 10/30/08, 10/23/17	Chapter/Number 1.07
	EFFECTIVE DATE: 10/23/17	Attachments/Related Documents:

Authorizing Signature: _Al J Gobeille_

Date Signed: 10/23/2017

Name/Title: Al Gobeille, Secretary

POLICY STATEMENT:
The Agency of Human Services is committed to being a trauma-informed and trauma-responsive organization (Act 45. section 3(12), (2003))[i]. The purpose of this policy is to foster a human services system that employs and practices trauma-informed principles in relation to staff and the individuals and families it serves. We recognize that:

- Everyone may have experienced trauma: the people we serve, those we encounter while conducting business and staff;
- It is possible to traumatize or re-traumatize individuals through insensitive systems or interactions that violate a person's sense of safety and control;
- Trauma-informed services are essential for people to successfully access and benefit from AHS services and supports. People tend to avoid places and situations that make them feel unsafe or disrespected, therefore it is important that AHS staff are skilled in using a trauma-informed approach;
- For AHS staff to provide effective services, they also need to be supported by a trauma-informed workplace.

Toward this end, AHS and its departments will adopt and implement policies and practices created with a trauma-informed and prevention focus.

SCOPE: This policy applies to all AHS departments, offices and designees

BACKGROUND:
For nearly two decades, Vermont has recognized the impact of trauma in the lives of Vermonters and has taken steps to develop trauma-informed systems and enhance prevention efforts.
Trauma sensitivity is a governing principle of the Agency of Human Services. AHS continuously works to: realize the widespread impact of trauma and toxic stress and understands potential paths for recovery; recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatizing[ii] clients or staff of the agency through use of policies and procedures that may leave people feeling without choice in the situation, their privacy violated, or at risk of emotional or physical abuse.

Systems within each department of the Agency must meet the needs of individuals (including staff) who

have experienced trauma by establishing an environment that protects privacy and confidentiality and minimizes the potential for re-traumatization. AHS shall promote recovery by ensuring staff acquire a working knowledge of trauma, its effects on individuals (including themselves) and families. AHS will provide staff with evidence-informed or best practice training regarding trauma-sensitivity and provision of services in a trauma-informed manner that encourages autonomy and hope. Individual opportunities for building resilience shall be a major focus in supporting recovery for individuals with a history of trauma. Regular self-care[iii] is considered fundamental to providing professional, trauma-informed services, and AHS will provide resources which may include evidence-informed training on appropriate self-care for the workplace.

DEFINITIONS:

Evidence-Informed: The integration of clinical expertise with the best available clinical evidence and the client's values and preferences.

Historical or Intergenerational Trauma: The collective emotional and psychological wounding both over the life span and across generations, resulting from institutional racism, cultural oppression, multigenerational poverty, community violence, war, and a history of genocide, as examples.

Resilience: an individual's ability to adapt or "bounce back" from adverse conditions or challenging life situations. Resilience is not a trait, but a process that involves behaviors, thoughts and actions that can be learned and fostered. A "combination of supportive relationships, adaptive skill-building, and positive experiences is the foundation of resilience."[iv] The interaction between biology and environment creates the conditions for developing resilience.

Re-traumatization: Individuals may be unintentionally traumatized or re-traumatized in agency or provider settings when psychological trauma is not recognized or addressed. Re-traumatization can be either overt, as in the use of seclusion and restraint, or less obvious, as in lack of sensitivity to the potentially triggering impact of words or behavior, or when the physical environment may emphasize control over an individual's comfort and safety.[v]

Toxic stress: results from strong, frequent or prolonged activation of the body's stress response, in the absence of a buffering supportive adult relationship and environment. Multiple stressors frequently resulting in a toxic stress response include child abuse or neglect, caregiver substance abuse or mental illness, and exposure to violence.[vi] For more detail, see the Appendix.

Trauma: "Trauma" refers to either a physical injury, such as a broken bone, or psychological injury. Psychological trauma refers to extreme stress that overwhelms and individual's ability to cope. Trauma involves events or experiences that confront the person directly or as a witness to a real or perceived threat of death, bodily harm, coercive exploitation or harassment, sexual violation, violence motivated by ethno-cultural prejudice, gender, sexual orientation, or politically based.
Psychological trauma has a direct impact on the brain, development and life-long health outcomes through associated physical, neurological, and stress response systems. These experiences directly and indirectly affect mood, memory, judgment, and involvement in relationships and work. The trauma impacts an individual's perception towards self, others and the world. The potential for reactivity to safety concerns must be consciously and thoughtfully planned to create an environment conducive to

building resilience, healing and recovery.[vii]

Trauma-informed care or services: A strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2010, p. 82). It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma [including AHS staff], and it upholds the importance of consumer participation in the development, delivery, and evaluation of services[viii].

Trauma-informed system: A trauma-informed system adheres to key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific. This is reflected in the following RICH[ix] principles of empowering and collaborative relationships:
  Respect
  Information
  Connection
  Hope

Further, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Services and supports must be trauma-informed, build on the best evidence available and focus on consumer and family engagement, empowerment, and collaboration.

Trauma-Responsive/Trauma sensitive: A program, organization, or system that is trauma-informed[x]:
  1. *"Realizes* the widespread impact of trauma and understands potential paths for recovery;
  2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices;
  4. Seeks to actively resist *re-traumatization*."

Trauma screening: Screening is used for the early identification of individuals at potentially high risk for a specific condition or disorder; can indicate a need for further evaluation or preliminary intervention; and is generally brief and narrow in scope. Trauma screens can be either functional or event based. Functional screens focus on the impact on an individual's functioning as a result of the traumatic event. Event based tools screen for specific experiences and types of traumatic exposure. Screening may be administered by clinicians, support staff with appropriate training, an electronic device (such as a computer), or self-administered.[xi]

Universal Precautions: "*Universal precautions*" is a term used in medical settings to describe the need to assume all individuals seeking services may have been exposed to negative conditions. In trauma informed care, universal precautions means *assuming that all individuals presenting for services may have experienced trauma* and may have symptoms from this exposure that are not immediately obvious. Some individuals may not be comfortable to disclose or able to recall their trauma. The high prevalence of trauma exposure in the general population and especially those served by AHS dictates that a universal precautions approach be used.

GUIDELINES:

All Departments will take a Universal Precautions approach. Each Department will determine whether their system should also implement an evidence-informed screening protocol. Consultation with the Child & Family Trauma Workgroup and their respective departmental representative is available. The Departments plan will be reviewed for approval by AHS.

AHS and its departments include trauma-informed principles in all grants and contracts.

AHS recognizes the work of the Child and Family Trauma Workgroup as a public/private committee with representation from each department and broad representation of community providers, advocates and people who have been impacted by trauma.

In order to support consumers with trauma histories, professional development shall be based in best practice, and training will be made available:
- For all staff regarding:
  - the potential effects and impact of trauma on self, other individuals, families and communities;
  - core competencies of a trauma-informed approach;
  - use of common terminology
  - personal and professional boundaries and understanding behaviors of individuals with a history of trauma;
  - cultural and gender sensitivity, including racism and economic diversity;
  - the promotion of an Agency that is trauma informed and sensitive through-out; and
  - promotion and support of self-care for employees and for consumers.
- For supervisors to provide trauma-informed supervision to minimize the risk of compassion fatigue or vicarious traumatization among staff

Accountability:
- This policy and measures will be introduced across the Agency via commissioner meetings, staff trainings and other professional development opportunities.
- Each department will designate a lead individual to:
  - participate in the Child and Family Trauma Workgroup
  - assist in creating training plans and materials
- In alignment with the Agency's commitment to accountability:
  - AHS shall develop trauma-informed service delivery. Departments shall establish their own protocol regarding implementation. This protocol may include an evidence-informed trauma screening protocol appropriate to the service setting. Information from the screening is to inform the effective delivery of services and supports.
- A training and monitoring plan shall be developed to ensure full implementation of this policy.

Appendix

History of Vermont's Trauma-Informed efforts

The widespread prevalence of trauma that individuals and families experience brings the importance of identifying and responding sensitively to trauma survivors who access services from AHS, to the forefront of our priorities as a human service agency. As evidence of the importance of this issue, the 1999 Legislative session created a Commission on Psychological Trauma to study the issue and make recommendations to the General Assembly. During the summer and fall of 2000 the Commission conducted hearings and reported to the General Assembly. This Commission drew together representatives of the Departments of Aging and Independent Living, Mental Health, Health, Children and Family Services, Corrections, the White River Veterans Administration National Trauma Center, and survivor and advocacy groups. The report reviewed the literature on psychological trauma, defined a number of concerns involving training and service gaps in the provision of trauma-related services to Vermonters, and made recommendations for broad system change.[xii]

Appreciating the implications for AHS clients, in March 2001 the Secretary created an AHS Trauma workgroup to examine the issues more closely. In April 2002, in recognition of the important work of this group, the Secretary elevated the workgroup to the status of Policy Cluster. In the fall 2002, the Trauma Policy Cluster added consumer and direct service provider representatives to enhance its' knowledge and expertise to create a trauma-informed public human services system through inter-departmental strategies.

In May of 2003, An Act Relating to Restructuring the Agency of Human Services (ACT 45) was passed by the Vermont legislature stating, "Service delivery systems should recognize the prevalence of the many kinds of trauma, including psychological trauma, and agency staff and service providers should be trained to ensure that client interactions are respectful and sensitive to trauma" (Act 45, section 3(12)). The promulgation of the 2008 AHS Policy provided the framework for AHS to meet this legislative mandate to provide trauma informed systems of care.

Additional Definitions

ACE: Adverse Childhood Experiences are 10 types of abuse, neglect and other trauma that an adult experienced in childhood. The Adverse Childhood Experiences (ACE) study shows the link between early childhood experiences and physical, mental, and behavioral health outcomes in adulthood. https://www.cdc.gov/violenceprevention/acestudy/

AFE: Adverse Family Experiences are 9 types of neglect and trauma that a child may experience in his or her home or neighborhood. AFE questions are asked of a parent / guardian about his or her child (except questions about physical or psychological abuse). http://www.childhealthdata.org/docs/drc/aces-data-brief_version-1-0.pdf?Status=Master

Epigenetics: interactions between genes and the environment shape human development. Early experiences can determine whether certain genes are turned "on" or "off," and therefore have strong influences on behavior and health over the lifespan. http://developingchild.harvard.edu/science/deep-

dives/gene-environment-interaction/

NEAR Science: a cluster of fields of study (Neuroscience, Epigenetics, ACEs, and Resilience), which provides a holistic framework for understanding the impact of experiences on child development, across the lifespan and over generations. https://thrivewa.org/work/trauma-and-resilience-3/

Trauma Screening (additional information)

Principles for screening:
- Ongoing relationship is central
- If we ask the question we 'own the answer'
- Knowing the community's resources is essential
- Screening should be appropriate to the setting and role.

Examples of functional screens:
- Primary Care PTSD Screen (PC-PTSD; Prins, Oulmette, Kemerling et al., 2003);
- Child Stress Disorders Checklist-Screening Form (CSDC_SF; Saxe,G. Ph.D. & Bosquet, M., Ph.D. NCTSN & BU School of Medicine);
- TSI Belief Scale (Traumatic Stress Institute, South Windsor, CT.)
- Trauma Symptom Checklist for Children (TSCC) and for Young Children (TSCYC; Briere, J.)

Examples of event based screens:
Screening questions:
  a. Have you ever been in a situation when you thought that you might die or be seriously injured (hurt very badly)?
  b. Have you ever seen something terrible happen to someone else and you thought that the person might die or be seriously injured?
  c. For children: "Since the last time I saw you, has anything really scary or upsetting happened to you or your family?" For children younger than 8 years, screening optimally relies on parent report, so the analogous question should be asked to parents, ie, "Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?" (JAMA 2008)
Or more detailed questions and inventories such as:
- An Interview for Children: Traumatic Events Screening Inventory (TESI-C; National Center for PTSD, Dartmouth Child Trauma Research Group, 2008)
- UCLA PTSD Reaction Index
- ACE questionnaire
For more details on screening tools, National Child Traumatic Stress Network (www.NCTSN.org), SAMHSA (www.samhsa.gov) and Veteran's Affairs National Center for PTSD https://www.ptsd.va.gov/PTSD/professional/assessment/screens/index.asp have up-to-date information.

Toxic stress: Emotional or psychological trauma may result in toxic stress. While adults who grew up in adversity may suffer from toxic stress, the roots of toxic levels of stress are most often found in chronic traumatic events experienced in childhood. A toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance use disorder or mental illness, exposure to violence, and/or the accumulated burdens

of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years[xiii]. Without identification and treatment, children who are exposed to toxic stress and trauma are at increased risk for mental and substance use disorders as well as learning deficits, which in turn predict academic failure, compromised occupational achievement, lower socioeconomic status, and health problems. Adults who experience violence and trauma are also at increased risk for a variety of poor health and social outcomes. Without effective support and intervention, the risk increases for inter-generational exposure to toxic stress and trauma, creating a 'vicious circle' of self-reinforcing mechanisms that undermine population health and well-being.[xiv]
http://developingchild.harvard.edu/science/key-concepts/resilience/

Acute Traumatic Events: Single events that provoke intense feelings of helplessness and fear. Car accidents, assaults, fires, community violence, natural disasters and sudden loss of a loved one are some of the most common acute traumatic events[xv].

Chronic Traumatic Events: Persistently repeated threats or violations of safety and integrity, associated with a complex range of emotions, including fear, shame, distrust, hopelessness and numbness. Examples of such events include chronic physical and/or emotional abuse and/or neglect, family violence, growing up with addicted family members, incarcerated family members, or family members with untreated mental illness.[xvi]

Additional Resources:

A TREATMENT IMPROVEMENT PROTOCOL: TRAUMA INFORMED CARE IN BEHAVIORAL HEALTH SERVICES, SAMHSA

HTTP://STORE.SAMHSA.GOV/SHIN/CONTENT/SMA14-4816/SMA14-4816.PDF

> While the title names Behavioral Health Services, this guide is for "teams working with clients and communities who have experienced trauma" as well as service providers in the criminal justice system. Called a "TIP" for "Treatment Improvement Protocol," the guide provides:
> …evidence-based and best practice information for…service providers and administrators who want to work more effectively with people who have been exposed to acute and chronic traumas and/or are at risk of developing traumatic stress reactions. Using key trauma-informed principles, this TIP addresses trauma-related prevention, intervention, and treatment issues and strategies…. The content is adaptable across … settings that service individuals, families, and communities—placing emphasis on the importance of coordinating as well as integrating services.

VERMONT CHILD & FAMILY TRAUMA WORKGROUP

HTTP://MENTALHEALTH.VERMONT.GOV/SITES/DMH/FILES/DOCUMENTS/CAFU/CHILDTRAUMA/CFTWG_SUMMARY_2016.PDF
A collaborative public/private group with representation from across AHS, AOE and community partners.

Vision: Vermont's communities and social services are trauma-informed. Mission: Building trauma-informed systems. Our works includes:

- identifying and prioritizing unmet needs in the system of care for traumatized children and their families, adults and communities;
- providing trauma-specific best practices to the practitioners in the system of care;
- sharing information about what's happening in Vermont and nationally in the field of trauma services; and
- pursuing funding opportunities to facilitate attainment of these goals.

---

[i] An Act Relating to Restructuring the Agency of Human Services (ACT 45)

[ii] National Center for Trauma Informed Care, SAMHSA

[iii] http://socialwork.buffalo.edu/resources/self-care-starter-kit/introduction-to-self-care.html

[iv] Harvard Center on the Developing Child

[v] Adapted from Oregon Health Authority, Addictions and Mental Health Division, Trauma Informed Services Policy

[vi] Adapted from Oregon Health Authority, Addictions and Mental Health Division, Trauma Informed Services Policy

[vii] Adapted from State of Connecticut, Department of Mental Health & Addiction Services, Trauma Services Policy

[viii] National Center for Trauma Informed Care, SAMHSA

[ix] Risking Connection, Karen Saakvitne

[x] National Center for Trauma Informed Care, SAMHSA

[xi] The American Psychological Association and American Psychological Association Practice Organization Work Group on Screening and Psychological Assessment, 2004

[xii] Harris, M., & Fallot, R. EDS. (2001) Using Trauma Theory to Design Service Systems, Jossey-Bass, San Francisco.

[xiii] Harvard Center on the Developing Child

[xiv] Mental Health America

[xv] Trauma Informed Oregon

[xvi] Trauma Informed Oregon