Purpose
The Department of Human Services (DHS) is committed to becoming a trauma informed organization, building resiliency in agency staff and interacting with service recipients and one another in a way that is aware of and responsive to the impact of trauma in the lives of individuals. This commitment to trauma informed approach ensures that the agency is fulfilling its mission by promoting healing and resiliency in children, adults and communities so that people, systems and communities can function at their full capacity and potential. Trauma informed care practices and building resiliency are critical to our workforce, our service recipients and all Oregonians.

Description
This policy and its related training, tools and resources create a framework to guide DHS in being a trauma informed organization. This policy sets standards for all DHS programs as well as central and shared services and sets minimum requirements for all staff training. This policy does not apply to specific program area decisions or practices related to trauma informed service delivery, direct care or specific program policies and procedures. Trauma informed practices and being a trauma informed organization are in alignment with RiSE – DHS Organizational Culture and are foundational to the RiSE elements.

Applicability
This policy applies to all DHS staff including employees, volunteers, trainees and interns.

As keepers of the public trust, all agency employees have a responsibility to comply with state and agency policies, administrative rule, and state and federal law. Employees who do not comply may face discipline, up to and including dismissal from state service.

Policy
1. A trauma informed approach (TIA), also referred to as trauma informed care (TIC), is a model for organizational change in health, safety, independence, and other life outcomes that promotes resilience in staff and service recipients.
2. DHS is adopting an approach of presumed trauma. We will engage all staff and service recipients on the presumption that they have experienced trauma.
3. Resilience is:
   a. Creating positive outcomes in spite of an individual’s exposure to trauma.
   b. Preventing trauma recurrence even when an individual is at high risk for further exposure.
   c. Avoiding traumatic experiences altogether in the face of significant risk.

4. Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening. These events have lasting negative effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
   a. Historical trauma is the cumulative emotional harm of an individual or generation caused by a traumatic experience or events.
   b. Intergenerational trauma is a traumatic event or societal experience that began years prior to the current generation and has impacted the ways in which individuals within a family understand, cope with, and heal from trauma. Intergenerational trauma may include the impacts of living with or having a close relationship with an individual with trauma exposure or PTSD.
   c. Racial trauma or race-based traumatic stress is the cumulative effect of racism on an individual’s mental and physical health. It has been linked to feelings of anxiety, depression, and suicidal ideations, as well as other physical health issues.
   d. Secondary or vicarious trauma is indirect exposure to trauma through a firsthand account or narrative of a traumatic event.
   e. Those coping with a disability, whether emotional or physical, have very similar physical and emotional and responses to those noted in subsection c in their unique experience of trauma.

5. DHS shall adopt a trauma informed care structure.

6. A trauma informed care structure is an organizational structure and treatment framework that:
   a. Involves understanding, recognizing, and responding to the effects of all types of trauma.
   b. Emphasizes physical, psychological and emotional safety for both consumers and providers,
   c. Helps survivors rebuild a sense of control and empowerment.

7. DHS shall use a trauma informed approach that is inclusive of all people, especially populations that have experienced historical and racial trauma.

8. The DHS trauma informed approach shall:
   a. Promote the awareness and understanding of trauma and its impacts on individuals and communities.
   b. Provide resources and training to support a trauma informed approach in all interactions, including with employees, service recipients, contractors, providers and partners.
   c. Create supportive environments by applying a trauma-informed lens in policy making, program development, facility decisions, and other organizational areas.

9. DHS shall incorporate trauma informed and resiliency approaches as part of policy-making and rule-setting.

10. DHS shall develop and use trauma informed human resources, management, and supervision strategies that are restorative and transformational rather than punitive, whenever possible.

11. DHS shall increase the use of trauma informed care principles and practices in services provided to various service populations and communities.

12. DHS staff shall receive training on trauma-informed approaches and resiliency on an annual basis.

13. DHS executives and managers shall model behaviors that are trauma informed.

14. DHS executives and managers shall pursue education and understanding in trauma informed care and create strategies for supporting the workforce in their own education and understanding of trauma informed care.
15. DHS executives and managers shall promote the intersections between a trauma informed approach and RiSE, DHS’s organizational culture.
16. DHS shall create and provide a forum for sharing trauma informed practices and initiatives that are in place across the agency.

References
https://www.traumainformedoregon.org

Related policies

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