

BSAS PRACTICE GUIDANCE: TRAUMA INFORMED CARE AS A TREATMENT PHILOSOPHY

Rationale/Purpose

The purpose of this Practice Guidance is to disseminate information about emerging best practices and stimulate examination of existing practices, in order to improve prevention and treatment of substance use disorders and promote lifelong recovery. This Practice Guidance explores the importance of Trauma Informed Care in substance use treatment programs, with particular attention to drug screening, physical assessments, and safety checks. Included are principles and definitions by experts in the field.

Definition

Currently, there is no consensus on the definition of trauma informed care. However, according to SAMHSA's TIP (Treatment Improvement Protocol) 57, Trauma Informed Care is defined as 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." Trauma informed care (TIC) is an organizational structure and treatment framework, as well as a program philosophy highlighting how trauma has impacted a person's life and may impact their treatment. It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services.

A program, organization, or system that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** signs and symptoms of trauma in patients, family, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist **re-traumatization**

A trauma-informed approach is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Ensuring patients and staff are treated with dignity and respect creates a foundation of TIC, facilitating the implantation of the 6 key TIC principles.

To create a TIC environment, it is important to model the 8 key principles of the trauma informed care approach:

- **Understanding Trauma and Its Impact:** Understanding traumatic stress and how it impacts people and recognizing that many behaviors and responses that may seem ineffective and unhealthy in the present, represent adaptive responses to past traumatic experiences.
- **Promoting Safety:** Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.

- **Ensuring Cultural Competence:** Understanding how cultural context influences one’s perception of and response to traumatic events and the recovery process; respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions respectful of and specific to cultural backgrounds.
- **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.
- **Sharing Power and Governance:** Promoting democracy and equalization of the power differentials across the program; sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures.
- **Integrating Care:** Maintaining a holistic view of consumers and their process of healing and facilitating communication within and among service providers and systems.
- **Healing Happens in Relationships:** Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to survivors of trauma.
- **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.

Background

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. Trauma occurs as a result of violence, abuse, neglect, loss, disaster, war, and other harmful experiences. A 2016 National Epidemiologic Survey on Alcohol and Related Conditions found that as many as 71% of persons with substance-related disorders had experienced traumatic events. Trauma informed care acknowledges the co-morbidity of trauma and substance use and seeks to prevent re-traumatization in patients and staff.

The prevalence of exposure to trauma among persons served in the behavioral health care system is widely acknowledged. Given the breadth of trauma among persons with substance related disorders, and the benefits of trauma-informed approaches, the Bureau of Substance Addiction Services requires Licensed and Approved Providers to guarantee every patient or resident treatment in a manner sensitive to individual needs and which promotes dignity and self-respect. Individualized care and a treatment environment that promotes trauma informed care is the expectation of all BSAS Licensed or Approved Providers.

This Practice Guidance intends to increase focus on the impact of trauma. With appropriate support and intervention, people can recover from traumatic experiences. In treatment settings, it is important to

recognize the power differential between a patient and treatment provider. Treatment programs and clinicians can create a re-traumatizing experience without being aware of it. Patients may not be conscious that an experience triggers a traumatic stress response and may not be able to articulate their feelings. As such, it is the responsibility of the treatment program to identify and respond to trauma responses as they arise.

Trauma Informed Toxicology

With the common use of urine drug screening (UDS) in substance use treatment programs, and the comorbidity of traumatic events and/or PTSD within the SUD treatment population, it is essential that staff approach obtaining a UDS in a trauma informed way. The practice of obtaining urine samples in a non-private setting is an example of what may cause re-traumatization for patients in SUD treatment programs.

For example, program procedure may require a staff person to physically witness the collection of urine, by utilizing a mirror within the stall of a toilet or by watching nearby as the patient urinates. This does not promote dignity and respect. Furthermore, the practice can re-traumatize patients, leading to mistrust between providers and the patients. Instead, a trauma informed approach to UDS does not include direct observation or the use of mirrors.

Providing details before and during any assessment or procedure can alleviate anxiety and foster a sense of control and empowerment for patients. As people absorb information differently, it is useful to also offer handouts such as the example provided in Table 1 in the Addendum. SAMHSA's TIP 57 states that applying rigid agency policies or rules without an opportunity for clients to question them can activate a trauma response. By allowing patients to become participants in their own treatment it builds trust, respect, and improves responsiveness to treatment.

When individuals are engaged in positive treatment relationships, and are treated with dignity and respect, trust and shared goals promote disclosure. Individualized treatment and trust are undermined when observed drug screens are universally required as part of program policy. Even randomized drug screens, as required by 105 CMR 164, should never include direct observation. However, if a program determines that an observed UDS is absolutely necessary for a patient, an individualized justification for the physical observation of the UDS should be clear, reasonable, and documented in the patient's treatment record. The program should be able to demonstrate that they have done everything possible to collect the specimen safely and respectfully from the patient without direct observation by a staff person present before proceeding with an observed UDS.

If a drug screen is indicated, for example as part of a contingency management plan, a conversation among the patient, the treatment provider, and the individual's healthcare provider can establish whether the screen is medically necessary. Given the importance of individualized care, which promotes dignity and respect, as the guide for treatment, drug screening is rarely warranted outside of acute care and medication assisted treatment.

It is important to recognize that drug screening is merely a tool, helping to inform appropriate clinical interventions. Positive UDS results should not influence a decision to discharge a patient from the

program. Programs should inform patients, in advance at admission and in the Client Policy Manual, about what happens when a drug screen is found positive, and what that means for them in their treatment. A positive drug screen should not be punitive for the patient. Rather, it is an opportunity for staff to reengage the patient in their treatment and determine the next steps for clinical interventions.

BSAS Licensed or Approved Treatment Providers should develop policies and procedures that address conducting drug screens in a trauma informed manner. Trauma informed toxicology procedures should also be found within the Client Policy Manual. Providers are encouraged to utilize [the Drug Screening as a Treatment Tool Practice Guidance](#) as they develop their individualized, trauma informed drug screen process.

Trauma Informed Physical Examinations

The physical examination is a standard component of the majority of medical encounters, including those within SUD treatment settings. It can be an opportunity to establish trust and reinforce a sentiment of care between provider and patient, but can also expose patients to shame, vulnerability, and/or triggers of prior trauma.

Patient's experiences are unique to the specific traumas they have faced and the surrounding circumstances before, during, and after that trauma. Even seemingly safe and standard treatment policies and procedures, such as undergoing a physical examination may be retraumatizing, especially if the exam is conducted by a medical professional of the same sex as the patient's previous perpetrator of abuse.

A review of biomedical conditions and complications are an important aspect of treatment as one of the six dimensions of the American Society of Addiction Medicine (ASAM) criteria. It is equally important to ensure staff are practicing within their scope of practice. As such, medically trained staff members shall conduct medical assessments and clinically trained staff shall lead clinical assessments. Because of the potential for re-traumatization in patients with a history of trauma, the physical exam must be conducted by Qualified Health Care Professionals (QHCP). A QHCP is a Practitioner, Registered Nurse, or Licensed Practical Nurse trained to do physical assessments, duly licensed, certified, or registered as such in the Commonwealth of Massachusetts and practicing within the scope of applicable Massachusetts and federal regulations. Members of each multidisciplinary treatment team are expected to practice within their scope. Engaging in interventions outside of your scope of practice tarnish the clinical rapport. If the patient's treatment plan includes a review of health issues, medical and nursing staff shall be consulted.

Because a physical exam may only be conducted by a QHCP, a physical exam may only be conducted in acute settings and should not be used in a residential setting. A physical exam must only include the necessary medical elements to determine if additional medical attention is warranted. Organizations with a commitment to trauma informed care emphasize proper training for all staff with trauma informed care related to assessments and physical exams. When staff are trained to recognize signs of trauma response and are mindful when walking patients through procedures such as physical examinations, there is less chance of re-traumatization. It is important for QHCPs to be aware of any shifts or changes in behavior before, during, and following the physical examination.

A trauma-informed approach to the physical examination involves language and maneuvers that help communicate respect and restore a sense of safety, autonomy, and trust. The following framework for a trauma-informed physical examination can be applied to all patient encounters, regardless of whether the patient has a known history of trauma.

A provider is successful in integrating trauma informed care during an examination if they:

- Are polite and professional
 - Use language that is clear and inoffensive, and explains terms well
 - Explain the standard nature of the examination to be performed and its medical relevance and necessity
- Consistently check in regarding patient comfort
 - Remain mindful of patient modesty, dignity, and comfort throughout the examination
 - The physical exam should be patient centered
- Ask permission before proceeding
 - Ask the patient where they would like to begin (hands, feet, etc.)
 - Patients should have right to refuse
 - Verbally introduce exam components and explain why they are being done
 - Ask permission before touching the patient and allow the patient to move clothes when possible
- Set an agenda and identify patient concerns before transitioning to the physical exam
 - Provide instructions using easy-to-understand, professional language (e.g., “I will now inspect the chest for any rashes” vs. “Now I want to look at your chest”)
 - Utilize appropriate non-verbal skills (i.e., maintain eye contact, stay within eyesight)
 - Avoid the phrase, “for me” (e.g., “lower your shirt for me”), and language which may have sexual connotation (e.g., “exam table” vs. “bed”)
- Stay within the patient’s eyesight while also respecting personal space
 - Do not force patients to remove clothing for any reason
- Balance of safety and trauma informed approach
 - For medical assessment, done with chaperone in room and done with safety screen, section by section
 - Appropriate for nurse to offer, but not a condition for treatment

One component of the physical exam that may trigger a trauma response is the skin check. For patients with a history of trauma, a close examination of their skin must be handled very carefully. The only purpose of the skin check is to assess for any lesions or contusions that would require additional medical care.

The physical exam should never include a search for contraband. A skin check is not the same as a contraband search. The physical exam process should never be used to search the patient beyond what is absolutely medically necessary. Organizations with a trauma informed culture carefully distinguish and separate a physical examination from search procedures.

A body cavity, or strip search, is not trauma informed and has no place in SUD treatment settings. Per BSAS regulations 105 CMR 164.079 (B)(2), patients have the right to freedom from strip searches and body cavity searches. A strip search requires a person to remove or arrange some clothing so as to permit a visual inspection of the person’s breasts, buttocks, or genitalia. Although strip searches are

intended to locate hidden contraband, the practice is invasive, degrading, and can cause re-traumatization.

Moreover, less intrusive approaches can generally accomplish the same goals. The experience of a strip search can cause patients to experience anxiety, depression, loss of concentration, sleep disturbances, difficulty adjusting to the treatment setting, phobic reactions, shame, guilt, depression, and other lasting emotional scars. These negative consequences can last for years. Strip searches can also retraumatize survivors of sexual abuse, as well as individuals previously incarcerated.

Trauma Informed Safety & Signs of Life Checks

Periodic safety checks are critical to ensuring the wellbeing of patients, residents, and even staff in SUD treatment settings. Safety checks and signs of life checks must be completed periodically by staff on all shifts in all SUD treatment service settings. Providers are required to have policies and procedures in place for trauma-informed safety and signs of life checks. To learn more about the requirements and the differences between safety and signs of life checks, please see the [BSAS Safety Check Guidance](#).

Though critical and required, safety checks may potentially be a trigger for some patients, generating strong emotions and reactions in a trauma survivor. Providers must anticipate potential practices, such as safety checks, that may be perceived or experienced as retraumatizing to patients. Trauma informed providers develop processes that prevent or mitigate triggers to trauma-related responses and implement strategies to help patients cope with triggers that evoke their experiences with trauma.

Education must be provided to patients upon admission to the program explaining and outlining why safety checks are necessary, and the how the program conducts these checks. This orientation to the practice of safety checks provides patients or residents with the necessary information and allows for patients to become participants in their own treatment by asking questions or raising concerns related to their potential triggers. The program should develop individualized plans for safety checks based on the individual's needs and history of trauma. To the best extent possible programs should consider gender identity of patients and residents being served and the staff conducting safety checks for those patients.

During new employee orientation staff should be trained in the program's policy for trauma informed safety checks, and, if applicable, signs of life checks. When staff are trained in the organizations trauma informed process for safety checks, they can recognize symptoms as originating from adaptations to the traumatic event(s) or context. Staff trained in trauma informed care can recognize that the individual's experience of trauma can greatly influence a patient's receptivity to and engagement with services, interactions with staff and clients, and responsiveness to program guidelines, practices, and interventions.

Trauma informed safety checks should include the following:

- Announcing or identifying oneself when appropriate
- Address patients or residents by name in a steady, calm low tone of voice
- Knocking on doors prior to entering a room
- Whenever possible do not approach a patient/resident from behind
- Avoid any physical contact with patients/residents

- When conducting signs of life checks at night, do not directly shine a light source on the patient/resident
- When using a light source such as a flashlight, enter a space with the flashlight pointed at the floor, ceiling, or yourself, not the patient/resident
- Avoid standing and/or hovering directly over patients/residents in their sleeping areas
- Stand at a distance from patients/residents in their sleeping areas
- Only remain in the space as long as needed to conduct the sign of life check

BSAS Standards of Care: Commitment to Providing Trauma Informed Care

BSAS Licensed and Approved Providers committed to trauma-informed care emphasize individual patient choice and decision making. Providers must approach drug screens, physical examinations, and safety checks in a trauma-informed manner. Providers should design and implement integrated collaborative systems which provide for access to trauma specific services. Screening for trauma should be an element in all assessments, and a part of periodic reassessments. Organizations committed to trauma informed care prohibit coercion or force in treatment.

BSAS Licensed and Approved Providers should periodically assess the degree to which policies and procedures:

- Ensure that the environment is safe and clearly provides a sense of safety, e.g., interactions are predictable; staff are aware of potential triggers in the environment; service provision is transparent;
- Review questionnaires and interview/assessment questions to ensure they are trauma sensitive.
- Recognize that some behaviors may be attempts to cope with trauma-related symptoms and respond accordingly;
- Ensure that program design and workforce development reflect understanding of:
 - Pervasive effects of trauma, for example, on relationships, families and communities;
 - The complex links between trauma and addiction;
 - Trauma-informed services do not depend on staff knowledge of an individual's trauma experiences, nor on an individual's disclosure of trauma experiences;
 - Sensitive and effective methods of exploring trauma, making referrals and supporting individuals; and
 - Potential for staff to experience secondary trauma (or their own trauma) thus requiring organizational and supervisory supports.

Adopting a trauma informed approach will empower staff and patients, helping people in their recovery and wellness journey. Developing a trauma-informed approach requires change at multiples levels of an organization and systematic alignment with the eight key principles described above. The guidance for implementing a trauma-informed approach is presented in the ten domains as described in [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

Organizations seeking assistance with developing trauma-informed policies and procedures are encouraged to contact the Institute for Health & Recovery. The Institute for Health & Recovery (IHR)

provides program policy development and capacity building. IHR can help organizations integrate trauma informed care into systems and operations. To learn more about how IHR can help, please visit: <https://www.healthrecovery.org/contact>.

Addendum

Table 1

<p>Date: _____</p> <p>Participant name _____</p> <p>ID number: _____</p> <p>Staff: _____</p> <p>Today you will provide a urine drug screen that will test for opiates, cocaine, methamphetamine and THC. The drug screen will be observed by the trained staff member listed above. We understand that this can be an uncomfortable process and want you to feel as safe as possible. The staff member will explain the screening process before entering the restroom. Below are options to choose from during the process.</p> <p>Please circle yes or no to the following:</p> <p>Aside from staff explaining the process, would you like to converse while in the restroom? Yes no</p> <p>Would you like music playing? Yes no</p> <p>Would you like the water running? Yes no</p> <p>Would you prefer to use a hat to catch specimen and then pour in cup? Yes no</p> <p>You will have access to your results via email in 2-3 business days. If the screening is positive for substances, your counselor will wish to speak with you regarding results. You have a right to appeal results within 30 days of providing specimen. To appeal your results, please complete request with counselor.</p>

Resources

- ❖ [A Novel, Trauma-Informed Physical Examination Curriculum for First-Year Medical Students](#)
- ❖ [BSAS Practice Guidance: Drug Screening as a Treatment Tool](#)
- ❖ [BSAS Standards and Guidelines](#)
- ❖ [Juvenile Law Center: Addressing Trauma - Eliminating Strip Searches](#)
- ❖ [Sexual Assault Resource Centre: Sensitive trauma-informed healthcare for health professionals](#)
- ❖ [The National Council on Mental Wellbeing: Trauma Informed Assessments](#)
- ❖ [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- ❖ [SAMHSA's Treatment Improvement Protocol 57: Trauma Informed Care in Behavioral Health Settings](#)
- ❖ [About the ASAM Criteria](#)
- ❖ [ASAM Criteria Intake Assessment Guide](#)
- ❖ [Trauma Informed Oregon: A centralized source of information and resources for trauma informed efforts](#)
- ❖ [Institute for Health & Recovery \(IHR\): Institute for Health & Recovery provides direct services, program & policy development, training & capacity building](#)