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### Becoming a Trauma Informed Care Organization

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School of Professional Studies

Capstone Project  
Katie Robery

## **Acknowledgement**

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## **Project Overview**

### **1a. Introduction**

The Brockton Area Mutli Services Inc or BAMSI is a private, non-profit human services organization providing services to adults and children with developmental disabilities, mental illness, behavioral health, and public health needs. Founded in 1975, BAMSI is in the business of “bringing people and services together.” BAMSI transforms lives by building the capacity of individuals, families, organizations, and communities to learn, thrive, and achieve their goals. BAMSI services promote the recovery, resiliency, and self-determination of the people we serve. As a human services leader, we strive to be the provider of choice. (Duffy, 2019) With an emphasis on respect and affirming the dignity of the individual, BAMSI assists persons served to manage whatever aspect of their life is causing concern. Persons served are offered choices and are empowered to make guided decisions at each step along their journey. (Duffy, 2019)

BAMSI’s mission embraces the belief that individuals need a variety of activities and supports that are designed to fulfill the agency’s mission of “empowering people and enriching their lives one individual, one family at a time.” (Duffy, 2019) With more than 40 years of experience working with individuals with developmental and intellectual disabilities, physical disabilities, those with visual and hearing impairments, as well as its more recent work with those with traumatic or acquired brain injury, the organization has the experience in and dedication to creating innovative and genuine opportunities for meaningful community participation. (Duffy, 2019)

## **1b. Research Problem**

BAMSI is in the process of becoming a Trauma Informed Care (TIC) Organization in an attempt to better and more comprehensively support each individual as a whole person. This research project is going to review current research and literature around TIC, how to implement and the impact TIC has on the supports for person served at BAMSI. In addition to reviewing research a template will be developed on how to assess TIC in individuals and how field staff can seek clinical assistance for further support as needed. Finally, staff training for all levels of support will be developed and a proposed system of implementation will be created.

## **1c. Rationale for Research Project**

This research has further implications if successful in enhancing BAMSI's service model. By study Trauma Informed Care, BAMSI will be able to support the whole person including their past and present while preparing for future support needs. This could increase BAMSI's marketability and value in the human service industry and make BAMSI a provider of choice.

## **1d. Definition and Explanation of Key Terminology**

The major stakeholders of this project were employees, participants, funders and families and guardians of participants of BAMSI's Community Living Services. The focus of this research project is to look at adult services defined as individuals over the age of 22 in residential group homes and day settings. There are many terms used to describe the people who receive services at BAMSI, those terms might include, person served, individuals, patients, adults, and children. BAMSI operates to acknowledge the person first and their disability second and utilizes the concept of people first language while services are completed in a person centered model.

BAMSI receives funding from a variety of sources which includes but is not limited to, the Department of Developmental Services, the Department of Mental Health, the Acquired Brain Injury Waiver, the Statewide Head Injury Program, and the Massachusetts Rehabilitation Commission. For the purpose of this project, the residential group homes where adults over 22 receive services will be focused on. These residential homes reside in the Community Living department which was formally called the Adult Services Division at BAMSI.

There will be many references in this project to the concept of Positive Behavior Supports. (Appendix 1) This is a clinical model to support individuals is to empower people and enhance quality of life, happiness, health, social engagement, choice and safety by providing universal and individualized positive behavior supports and skill building. The idea is that the concept of Trauma Informed Care can very naturally fit into this model so the transition process of the organization can be as seamless as possible.

## **2. Hypothesis**

### **2a. Brief Overview of Theoretical Foundations Utilized in the Research Study**

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. (SAMHSA, 2020) CIHS is funded jointly by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), and run by the National Council for Behavioral Health.

SAMHSA is focused on trauma and trauma-informed approaches, is geared towards health, behavioral health and integrated care leadership, staff, and patients/consumers. The information and resources listed here can be easily adapted to other groups and settings such as schools. (SAMHSA, 2020) Three important areas of health: trauma, Intimate Partner Violence (IPV), and suicide are interrelated as trauma is a major risk factor for IPV and suicide. (SAMHSA, 2020) It is vital for all leadership and staff of health, behavioral health, and integrated care organizations to understand the nature and impact of trauma and how to use principles and practices that can promote recovery and healing: Trauma-Informed Approaches.

Since trauma can have serious effects on health, behaviors, relationships, work, school, and other aspects of life, it is important for behavioral health, health care, and other providers to gain the knowledge and skills needed to promote healing, recovery, and wellness. (SAMHSA, 2020) A Trauma-Informed Approach, often referred to as trauma-informed care (TIC), is a promising model for organizational change in health, behavioral, health, and other settings that promotes resilience in staff and patients. Key principles of this approach include organizational safety, trustworthiness, transparency, cultural sensitivity, collaboration, and empowerment among and between staff and patients. (SAMHSA, 2020) This approach recognizes the role trauma plays in the lives of patients/consumers and seeks to shift the clinical perspective from “what’s wrong with you” to “what happened to you” by recognizing and accepting symptoms and difficult behaviors as strategies developed to cope with childhood trauma.

Through education about the impact of adverse experiences along with teaching healthy coping skills within a trauma-informed culture, staff can promote positive health and behavioral health outcomes. (SAMHSA, 2020) It is important to note that exploring traumatic experiences requires sensitivity, skills, and training. Building resilience is a valuable way to respond to

trauma as individuals can be taught skills that assist them to improve coping; manage emotions; connect with others; and find hope, purpose, and meaning.

Trauma-informed care (TIC) is the adoption of principles and practices, as well as organizational culture change that promotes a culture of safety, empowerment, and healing. Based on what we know about the prevalence and impact of trauma, it is necessary to ensure widespread adoption of trauma-informed care.

By adopting the principles proposed and practiced by SAMSHA, BAMSI will become competent in supporting the individual as a whole person including a comprehensive history that allows for clinical supports to understand what a person's behavior means. This will allow for decreased behaviors in person served and increased confidence and competence in support staff.

This project is expected to provide a comprehensive set of recommendations to assist BAMSI in becoming a Trauma Informed Care organization in order to enhance support services for those individuals who are supported at BAMSI. A Trauma Informed Care assessment and referral packet will be developed and implemented. Finally a comprehensive training will be developed for support staff, participants and family members for them to be educated on what Trauma Informed Care is and how BAMSI implements this model.

## **2b. Brief Overview of Literature Reviewed, Discussed and Applied**

The concept of Trauma Informed Care is one that is extensively studied and applied in the youth, child and family services division of the human service industry. There is limited research and practice in the adult services division. The most prominent study was the Adverse Childhood Experiences Study (ACEs) by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). This study illuminates a strong link among trauma and health, mental

health, substance use, and other social and behavioral difficulties, including suicidal ideations and behaviors and IPV. (SAMHSA, 2020) This study found that survivors of childhood trauma are up to 5,000 percent more likely to attempt suicide, have eating disorders, or become IV drug users. (SAMHSA, 2020) The ACE study also demonstrates that nearly every school has students who have been exposed to overwhelming experiences. (SAMHSA, 2020) To ensure that all students feel safe to learn, an increasing number of school districts are working to implement trauma-sensitive approaches. A trauma-sensitive school prioritizes development of trusting relationships, teaches students social and emotional skills, and addresses behavior with positive and compassionate approaches. (SAMHSA, 2020) It is a place where an ongoing, inquiry-based process allows for teamwork, coordination, creativity, and sharing of responsibility for all students, and support is focused on “what do you need” rather than “what is wrong with you?”

A trauma-informed approach is recommended by SAMHSA and the ACEs study to utilize the four r’s; realize, recognize, respond and resist. (SAMHSA, 2020) In this model an organization will realize the widespread impact of trauma and understands potential paths for recovery. This organization will recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system. They will then respond by fully integrating knowledge about trauma into policies, procedures, and practices and finally they will resist re-traumatization. (SAMHSA, 2020)

## **1. Methods**

### **3a. Study Method and Study Design**

This study method and design is limited for the length of time of the semester. The approach is going to be how to integrate TIC into support services. The actual outcome of the study will have to be completed after the project. This project will be considered complete when

a Trauma Informed Screening tool and a Trauma Informed Training is created that is comprehensive. The long term study of this project would be to determine in person served, if after utilizing a trauma informed approach, their behavioral challenges decrease.

### **3.b Explanation of Sample to be used in the Study**

The term “People with disabilities” was used as a broad concept in this study. BAMSI supports children, families and adults with a variety of disabilities and a range of challenges. The focus of this study was services in the community living division which is defined as 24/7 residential sites where 1-5 people live together with a variety of support services. BAMSI has a spectrum of person served living in their residential homes. The amount of supports ranges from minimal support to 1:1 supports at all times. This study looks to target those individuals defined as needed clinical behavioral interventions in order for them to be safe and successful in their environment. These individuals have a clinical team that supports their behavioral interventions and works with the residential team to train staff to provide safe and effective interventions to reduce behaviors.

## **4. Findings**

### **4.a Brief Overview**

The design of this research project was to determine what methods have been used to measure and define trauma within the human service industry. A comprehensive implementation and training plan was created in a way that allows this concept to roll out to the entire organization and this will be managed ongoing by the clinical support division. A Trauma Informed Care assessment and referral packet will be developed and implemented.

#### **4b. Results of the Method Study**

Weekly meetings occurred at BAMSI between Dr. Susan Roberts, Christine Lopez and Kate Robery to review the industry standards of Trauma Informed Care as well as the best process of becoming a Trauma Informed Care Organization. This plan was reviewed with the Clinical Review Team. A comprehensive implementation plan was created and documented as this was going to be presented to the Board of Directors. (Appendix two)

This plan included three phases to achieving status as a Trauma Informed Care organization. The first phase was the focus on this research project with recommendations for the final two phases. During the weekly meetings, it was also determined that an agency wide training for managers and above would be conducted on February 26, 2020. This presentation would be a PowerPoint format dedicated to defining Trauma Informed Care, highlighting the importance of utilizing it in BAMSI support services while also previewing the assessment (Appendix three) and referral tool that would be utilized.

#### **4c.Unexpected Situations that Occurred**

This project began prior to the COVID19 pandemic. Much of the planning was created in a way that would allow this project to roll out over time and would include in person trainings. There was a lot accomplished in person prior to the state of emergency declared March 10, 2020 by Governor Baker. On February 26, 2020 there was a PowerPoint presentation of the plan for BAMSI to become a Trauma Informed Organization. That PowerPoint is attached to this project and would have been utilized in a Capstone presentation. A secondary PowerPoint was created with Dr. Russ Livingston, M.D. Director of Psychiatry, which is also attached to this project.

This PowerPoint presentation was an introduction to Trauma Informed Care from a clinical perspective to the entire group of managers.

Due to the pandemic, in person trainings have been delayed. BAMSI as an agency has had to respond to the crisis and determine where resources were needed immediately. The implementation plan for Trauma Informed Care was put on a soft hold. When the pandemic subsides, the efforts of phasing in Trauma Informed Care to the initial training and onboarding of all new staff as well as comprehensive training of existing staff will resume.

#### **4d. Explanation of the Hypothesis**

The long term outcome of the hypothesis, that BAMSI will become a Trauma Informed Care Organization and will reduce behaviors is not able to be measured within the scope of this project and timeline. The global pandemic also made it impossible to accurately measure success of TIC based behavioral interventions of person served.

BAMSI was able to develop and refine an implementation plan, an assessment and referral tool, introductory trainings and a plan for staff training and onboarding. It can be further hypothesized that using these techniques will enhance BAMSI's support services, reduce behaviors of person served, improve the quality of care and boost BAMSI' marketability as a provider of choice.

#### **5. Discussion**

The core values that guide the organization of BAMSI are as follows: honesty, compassion, inclusion, learning, accountability, and leadership. These core values guide staff in delivering service as well as the way in which they view each individual uniquely and how each

is valued as an adult and contributing member of society. (Duffy, 2019) BAMSI supports individuals to develop new skills by fostering a learning environment that is compassionate, yet still holds them accountable as adults.

BAMSI has experience operating the full spectrum of residential supports and services including Placement Services, Adult Companionship, Chore Services, Individual Supports, and Residential Habilitation; currently BAMSI supports more than 700 individuals through residential and day services. BAMSI is experienced with serving individuals with a variety of needs including those with medical and forensic issues, and individuals exhibiting co-morbid conditions, such as a history of substance abuse and/or psychiatric/behavioral disorders. (Duffy, 2019) BAMSI has experience transitioning individuals from a variety of settings including nursing facilities, institutional programs, residential educational programs, and homes of their families or other providers; BAMSI has also successfully transitioned individuals who have been homeless.

The agency supports the principles of self-determination and maintaining relationships by creating opportunities for learning and emphasizing the importance of building a personal support network. (Duffy, 2019) BAMSI staff provides trainings and education with persons served in areas of self-determination and self-advocacy, enabling individuals to develop the necessary skills to exercise control and responsibility over the services and supports they receive. This allows individuals to become more independent, better integrated, and productive participants in their communities.

BAMSI engages in participant-directed services and supports tailored to the individual needs and specific goals and outcomes related to the successful acquisition, improvement, and retention of skills and abilities to prepare and support an individual for work and community

participation and/or meaningful retirement activities. BAMSI provides a variety of individual trainings and support services designed to increase self-help, socialization, and adaptive skills necessary to successfully participate in the community. BAMSI works to develop, support, and enhance the independent functioning skills of persons served in the areas of sensory-motor skills, cognition, personal grooming, hygiene, and general self-care.

BAMSI's Day and Residential Division also called Community Living Services, that staffs, manages, and oversees BAMSI's residential network of 90 homes is highly organized ensuring quality care for persons served. Every residential home has a Program Manager who reports to an Assistant Director. (Duffy, 2019) The Assistant Directors report to BAMSI Directors who oversee the management of BAMSI's residences. Two Senior Directors oversee the overall operations of the residential network. In homes with medically fragile individuals, a Lead Nurse is on staff who also report to the residence's Assistant Director. BAMSI's medical homes also benefit from R.N. supervisors who provide clinical supervision to agency nurses. (Duffy, 2019) BAMSI's Residential Division also employs two Directors of Nursing who report to BAMSI's Senior Director of Nursing; all three of whom provide overall leadership for BAMSI's nursing staff.

Program managers and direct service staff are engaged in a variety of forums including regularly scheduled supervision, staff meetings, training, professional development, and a number of program activities that serve to strengthen the division's overall operation. (Duffy, 2019) The Day and Residential Division is overseen by a seasoned, experienced manager, the Senior Vice President of Operations for Day and Residential Services. The Senior Vice President has assembled a dynamic team that integrates every aspect of BAMSI mission to program operations.

BAMSI's mission embraces the belief that individuals need a variety of activities and supports that are designed to fulfill the agency's mission of "empowering people and enriching their lives one individual, one family at a time." (Duffy, 2019) With more than 40 years of experience working with individuals with developmental and intellectual disabilities, physical disabilities, those with visual and hearing impairments, as well as its more recent work with those with traumatic or acquired brain injury, the organization has the experience in and dedication to creating innovative and genuine opportunities for meaningful community participation.

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As an established, dedicated human service provider with an extensive footprint across the Commonwealth, there is perhaps no greater commitment on BAMSI's part than to persons served and their rights. (Duffy, 2019) BAMSI's core values and Code of Ethics are aligned with the philosophy and values of partnering funders; these include: (1) Respecting each individual. (2) Disseminating human rights information to individuals and stakeholders and ensuring information is provided/communicated in a manner to promote understanding. (3) Empowering all individuals to express their wishes and exercise their rights. (Duffy, 2019)

BAMSI uses state regulations and the field's best practices to determine many of the mandatory training needs for employees, direct care staff, and managers. Developing a quality workforce that is well suited to support persons served requires BAMSI to provide trainings beyond what is required by the Commonwealth. (Duffy, 2019) Additionally, supplemental trainings and certifications are required for individualized needs and customized living situations. Based on each individual placement, these established training requirements for Home Providers are completed prior to admission. (Duffy, 2019) Trainings are tracked through a centralized database and monitored with notifications to assure certifications are maintained.

An analysis of BAMSI's practices for training new staff was essential in determining its ability to become a Trauma Informed Care organization. The concept of trauma informed care will need to be integrated into staff training and onboarding at all levels. BAMSI provides many "hands on" opportunities for the development and application of skills as well as regular reviews of individual-specific protocols and agency protocols. These trainings mandate employees and staff demonstrate a mastery of skills.

BAMSI pairs new employees with a mentor; a skilled and seasoned staff member who counsels, advises, and guides the new worker as he or she acclimates to the new job. (Duffy, 2019) Management plays an essential role in training direct care employees, relief and per diem. Shadow shifts allow new employees to observe and learn skills from experienced staff members becoming being part of the direct-care ratio. (Duffy, 2019) Senior employees introduce new workers to the individuals served providing advice on how to interact and support the individual.

Prior to the conclusion of the six-month orientation period, supervisors evaluate new employees based on completion of required trainings, job knowledge and performance, attendance and workplace conduct, including compliance with BAMSI policies and funder regulations. (Duffy, 2019) Employees who successfully complete their orientation period become "regular" employees and annual evaluation occurs thereafter. An off-cycle evaluation and Performance Improvement Plan may be used if an employee does not meet performance expectations. BAMSI also uses progressive disciplines to address problematic behavior and policy violations.

BAMSI is constantly growing its pool of relief per diem staff. As a result, BAMSI has created a comprehensive system to ensure relief staff are properly trained in all clinical, behavioral, and medical components of the individuals they are supporting. (Duffy, 2019)

Similar to full and part time employees, relief also have an orientation period where human resource policies, scheduling policies, dress codes, a review of BAMSI logs, and general job expectations are reviewed. BAMSI's. An emphasis of ongoing training and support offered throughout Services ensures appropriate knowledge, skills, and resources are acquired and

BAMSI also monitors and improves the quality of services by using the Quality of Universal Implementation Checklist (QUIC), a Positive Behavior Supports (PBS) teaching and monitoring tool. (Duffy, 2019) BAMSI has embraced PBS and targeted, universal, and leadership teams are established. QUICs are being used monthly to observe and provide quality feedback to employees on their clinical skills.

BAMSI uses a standardized supervision form that meets funder regulations and adheres to CARF standards. Observations conducted using the QUICs are woven into the clinical feedback. In addition to monthly supervision meetings, the full program team assembles each month for a staff meeting. (Duffy, 2019) Employees will meet with the Program Manager to share updates on individuals served, receive training, review new regulations and agency policies, and foster strong team relations. (Duffy, 2019) Compliance with the regular individual supervision and staff meeting schedules is monitored by Assistant Directors and Directors of Operations and by members of BAMSI's Quality Management Department.

In addition to the mandatory trainings, BAMSI's Professional Development and Training (PD&T) Department coordinates and hosts many opportunities for staff and administrators to develop new skills sets. (Duffy, 2019) Clinical Best Practices, BAMSI conferences, and leadership meetings are regularly scheduled forums which provide professional development opportunities.

In order to ensure the quality and competency of its workforce, BAMSI has worked to develop high quality opportunities for staff to both extend service knowledge and also develop new skills for future opportunities. BAMSI's Day and Residential network is comprised of many Program Managers and/or Assistant Directors who were highly trained and skilled. Management staff fosters an environment that ensures the high standards that the organization has set are being met. (Duffy, 2019) It has been paramount that staff receives the skills, knowledge, and training needed for superior programs.

BAMSI operates 25 medically intensive houses that have nursing support 24 hours/day, 7 days/week. BAMSI currently has 284 nurses on staff. BAMSI nurses are thoroughly trained on the particular needs of the individuals within the programs they are permanently assigned. Per Diem nurses may be assigned to a person on a temporary basis. These individual program nurses are supervised by a program specific Nurse Manager who is the nursing manager for a medically intensive or a home with less than 24 hours/day nursing. BAMSI has a number of homes with less than 24 hour nursing ranging from a nurse on a consulting basis to 16 hours/day, 7 days/week. For Placement Services, a Nurse Manager will be hired to oversee individuals with complex medical needs. Nurse Managers are supervised by BAMSI RN nurse Directors who possess at least seven years of progressive responsibility as a nurse. These RN Nursing Supervisors are assigned to BAMSI programs. (Duffy, 2019) The Nursing Supervisors are guided by BAMSI's two Assistant Directors of Nursing and the Director of Nursing; all who are RN's with at least 10 years of progressive responsibility. The Nurse Directors' primary responsibilities are to provide clinical and administrative oversight to BAMSI programs regarding Department of Public Health Medication Administration procedures, protocols, and compliance. The Nurse Directors review and approve individualized health care protocols for medically at-risk individuals. (Duffy, 2019) They plan, develop, and select appropriate health

education standards, materials, and group education. BAMSI's Nurse Directors also provide in-service trainings regarding medication administration and medical supports for Home Providers, direct care, management, and nursing staff. The composition of the medical homes is important for consideration of Trauma Informed Care. Trauma informed care will be essential to hiring, training and educating nurses at BAMSI.

Along with a highly trained nursing staff, BAMSI provides behavioral supports with the same systematic approach utilized in BAMSI's medical care. To support person served with behavioral health needs, BAMSI makes every effort to place individuals in appropriate settings. BAMSI has assembled a monthly Clinical Review Team for in-depth analysis and discussion of more complicated cases. (Duffy, 2019) The team reviews the treatment and services provided to specific individuals. High risk situations, repeated medical or psychiatric hospitalizations, frequent use of emergency services, challenging behaviors, coordination of care among providers, or multiple incidents might trigger a clinical review.

The Clinical Review Team includes two full-time masters' level behaviorists/clinicians each with more than 25 years' experience in addition to a full time Ph.D, psychologist, a consulting psychiatrist, Director of Nursing, and senior BAMSI administrators. (Duffy, 2019) There is careful coordination with the entire BAMSI team, state agency personnel, families/guardians and other clinicians/providers. Direct support staff are made knowledgeable through staff education and training in the individualized behavior plans or guidelines to be implemented.

This is the team that will finalize and implement the roll out of Trauma Informed Care. Clinical staff work directly with the residential group homes to create plans and train on the needs of the individuals. This plan for rolling out Trauma Informed Care is one that will take many years and dedication by a team. Many great first steps were completed in the duration of

this research project that will provide the foundation of successful implementation. BAMSI continues to be a provider of choice and will become one that can advertise as experts in Trauma Informed Care.

## **6. Conclusion**

There were more limitations to this project than originally hypothesized prior to the implementation. There is limited research done on Trauma Informed Care in adult services for people with intellectual, developmental disabilities and brain injuries. When creating the trainings for the management team it was discovered that much of the literature was focused on children. Research and review was done through the SAMSHA website as a certified provider of information on this topic.

### **6a. Reference to Literature Review**

Trauma is a widespread, harmful and costly. With adequate public supports and intervention, people can overcome health problem. (Felitti, Nordenberg, 1998) Trauma significantly increases the risk of mental boundaries with regard to age, gender, socioeconomic and substance use disorders and chronic physical status, race, ethnicity, geography or sexual orientation. (Felitti, Nordenberg, 1998) It is an almost universal experience of people with mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery. (Felitti, Nordenberg, 1998) BAMSI is a behavioral health service provider and would benefit from these comprehensive services.

Additionally, it has become evident that addressing trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and

early identification, and effective trauma-specific assessment and treatment. In order to maximize the impact of these efforts, they need to be provided in an organizational or community context that is trauma-informed, that is, based on the knowledge and understanding of trauma and its far-reaching implications. (Felitti, Nordenberg, 1998)

The effects of traumatic events place a heavy burden on individuals, families and communities and create challenges for public institutions and service systems. (Perry, 2004) Although many people who experience a traumatic event will go on with their lives without lasting negative effects, others will have more difficulty and experience traumatic stress reactions. (Perry, 2004) Emerging research has documented the relationships among exposure to traumatic events, impaired neurodevelopmental and immune systems responses and subsequent health risk behaviors resulting in chronic physical or behavioral health disorders. (Perry, 2004) Research has also indicated that with appropriate supports and intervention, people can overcome traumatic experiences. This is the goal of support services and should be considered at BAMSI.

Individuals with experiences of trauma are found in multiple service sectors, not just in behavioral health. Studies of people in the juvenile and criminal justice system reveal high rates of mental and substance use disorders and personal histories of trauma. (Perry, 2004) Children and families in the child welfare system similarly experience high rates of trauma and associated behavioral health problems. (Shonkoff, Garner, Siegel, Dobbins, McGinn, Wood, 2012) Young people bring their experiences of trauma into the school systems, often interfering with their school success. And many patients in primary care similarly have significant trauma histories which has an impact on their health and their responsiveness to health interventions. (Shonkoff, Garner, Siegel, Dobbins, McGinn, Wood, 2012) In addition, the public institutions and service

systems that are intended to provide services and supports to individuals are often themselves trauma-inducing. The use of coercive practices, such as seclusion and restraints, in the behavioral health system; the abrupt removal of a child from an abusing family in the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; or intimidating practices in the criminal justice system can be re-traumatizing for individuals who already enter these systems with significant histories of trauma. (Shonkoff, Garner, Siegel, Dobbins, McGinn, Wood, 2012) These program or system practices and policies often interfere with achieving the desired outcomes in these systems.

## **6b. Future Recommendations**

As the global pandemic continues to unfold it is evident that there is a need for comprehensive supports that include Trauma Informed Care. Data collection on person served behavior before and after the implementation of Trauma Informed Care planning and training will be essential to determine effectiveness of the program. It can be assumed that support staff will feel more confident in providing supports and services to adults in residential and day settings knowing how to support them in regards to trauma.

Further research and collaboration will be needed with other human service providers in Massachusetts to determine the effectiveness of Trauma Informed Care. Consideration will be needed for certification standards if funding sources adopt Trauma Informed Care as a mandatory model. BAMSII should continue its implementation plan and support from the Clinical Review Team will allow for a continuous roll out that will enable individuals to be supported as comprehensively as possible.

## Appendix One

### **Positive Behavior Support Mission Statement**

BAMSI's mission is to empower people and enhance quality of life, happiness, health, social engagement, choice and safety by providing universal and individualized positive behavior supports and skill building.

**Staff Competency:** All direct care, nursing and supervisory staff in designated programs will participate in a comprehensive training on Positive Behavior Supports that will include classroom instruction, observation and competency testing. As a result of this training staff will effectively implement the components of Positive Behavior Supports across all settings. (QUIC – on back)

### **Key Indicators:**

#1: Persons served will experience more self-control as evidenced by the reduction in the use of physical restraint. The number of restraints and the duration of restraints will be reduced.

#2: Individuals will have increased opportunities to make decisions across all environments. Decision making opportunities will be tailored to the environment and person specific.

#3: Individuals will have increased opportunities to communicate in their preferred method of communication inclusive of the use of augmentative communication devices.

### **Universal Supports:**

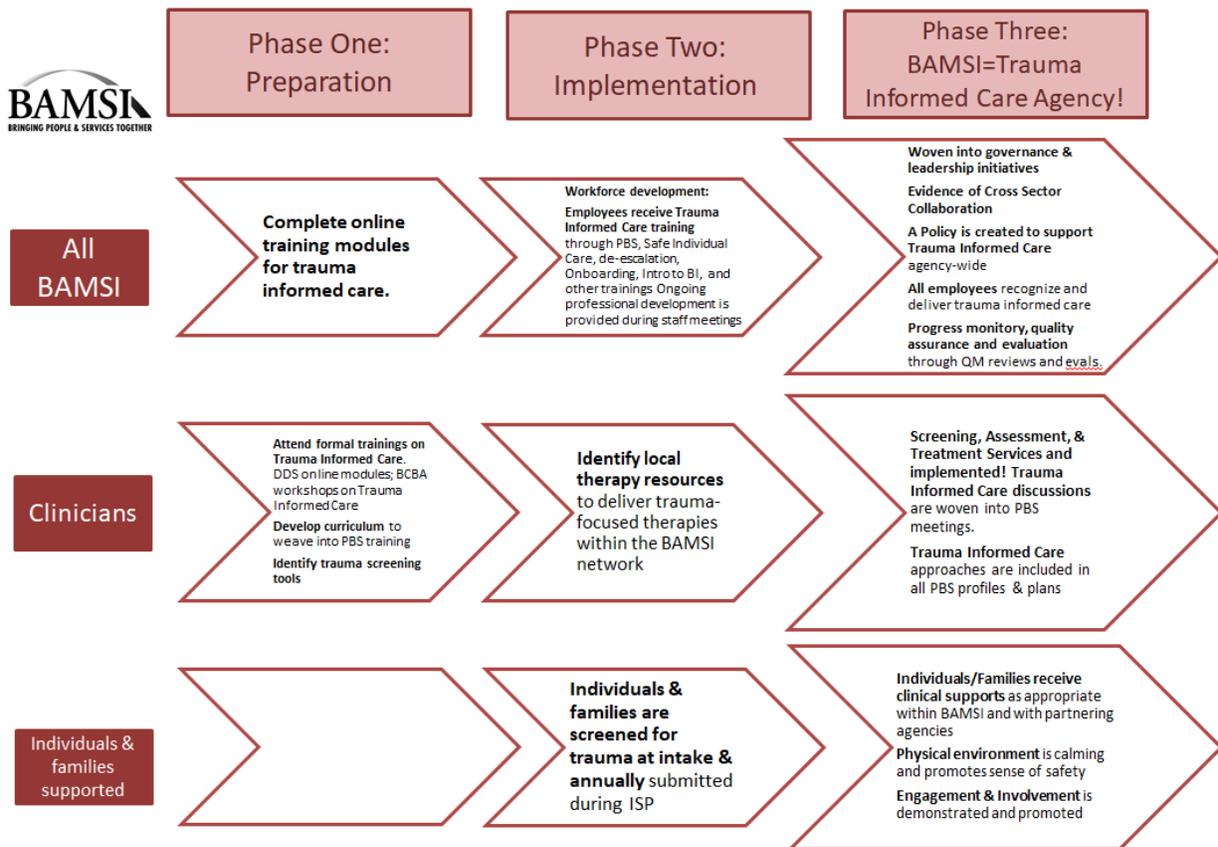
**Behavioral Awareness:** Assure that each individual is familiar with what behaviors are acceptable according to setting by developing a standardized set of expectations and reviewing those expectations daily.

**Daily Choice Making:** Opportunities to make choices within the context of daily life such as selecting food items, planning a vacation, developing a budget and determining recreational activities to participate in.

**Individualized Schedules:** Encourage and support people to develop a preferred daily routine that allows them to complete household tasks, personal hygiene needs, work tasks, leisure activities, etc. based upon personal preferences.

**Communication Enhancement:** Speech and Language Pathologists will evaluate persons served in designated programs to determine who may benefit from the increased use of augmentative communication devices.

## Appendix Two



## Appendix Three



## TRAUMA SCREENING TOOL ADULT SERVICES

**Purpose:** To identify trauma experienced by an individual referred to BAMSI.

**Directions:** The Program Manager/Director should complete this screening tool during the intake process, prior to accepting the referral. Information should be gathered by previous assessments, conversations with past/current care providers, guardians, family/friends, and other stakeholders. Once complete, the screening tool should be shared with other members of the BAMSI leadership team.

**Name:** [REDACTED]

**Current Residence:** [REDACTED]

**BAMSI Program(s) being Referred to:** [REDACTED]

**Trauma**, defined by the Substance Abuse Mental Health Services Administration (SAMHSA) is the result of 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 wellbeing. Complete this screening with information shared by the individual, family, guardians, staff, or intake information. (Check all appropriate boxes.)

<i>The individual should consider his/her entire life when reflecting on questions. One or more boxes can be checked for each event. Indicate the frequency for each event.</i>	Happened to individual	Observed by individual	Individual learned that it happened to someone close	Frequency		
				Single event	Ongoing event	No occurrence
1. Natural disaster (flood, hurricane, earthquake, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire, explosion, exposure to toxic substances (chemicals, radiation, poison)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transportation accident (car, train, plane, boat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Serious accident at work, home, or during recreational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Physical abuse (kicked, hit, slapped, punched, beat up, etc.) or neglect (omitting care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assault with weapon (stabbed, shot, bomb, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mental abuse (name calling, bullying, etc.) or neglect (no mental stimulus or communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual assault or attempted sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Combat or exposure to a war-zone (civilian or in military)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Captivity (kidnapped, abducted, prisoner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Long-term and/or life-threatening illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Long term separation from family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Financial abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other stressful event(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of life events which impact trauma experienced by individual

[REDACTED]

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