Michigan Department of Health & Human Services
Behavioral Health and Developmental Disabilities Administration

TRAUMA POLICY

The purpose of the policy is to address the trauma in the lives of the people served by the public behavioral health system. The policy is promulgated to promote the understanding of trauma and its impact, ensure the development of a trauma informed system and the availability of trauma specific services for all populations served. Trauma is defined as:

> *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 threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.*[1]

Policy

It is the policy of Michigan Department of Health and Human Services – Behavioral Health and Developmental Disabilities Administration (MDHHS - BHDDA) that Community Mental Health Service Programs (CMHSPs), through their direct service operations and their network providers, shall develop a trauma-informed system for all ages and across the services spectrum and shall ensure that the following essential elements are provided:

I. Adoption of trauma informed culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.

II. Engagement in organizational self-assessment of trauma informed care

III. Adoption of approaches that prevent and address secondary trauma of staff (See Exhibit A)

IV. Screening for trauma exposure and related symptoms for each population

V. Trauma-specific assessment for each population

VI. Trauma-specific services for each population using evidence based practice(s) (EBPs); or evidence informed practice(s) are provided in addition to EBPs

VII. CMHSPs through their direct service operations and their network providers shall join with other community organizations to support the development of a trauma informed community that promotes behavioral health and reduces the likelihood of mental illness and substance use disorders[2] [3]

Standards

To ensure a trauma informed behavioral health system, the following standards are required to meet the stated policy.

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[1] Substance Abuse Mental Health Services Administration (SAMHSA),
http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx
[2] Substance Abuse and Mental Health Services Administration, Leading Change: SAMHSA's Role and Actions 2011-2012.
[3] SAMHSA's Initiatives, Preventing Substance Abuse and Mental Illness, 2010.

	Policy	Standards - Requirements
I.	**Adoption of trauma informed Culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.**	(a.) The CMHSP shall, through its direct service operations and its network providers, develop and support a Quality Improvement committee with representatives from children, adult, SUD, I/DD services and consumers. The committee's primary focus is to ensure the building and maintaining of trauma informed care within the CMHSP's direct service operations and its network providers.
		(b.) The CMHSP, through its direct services operations and its network providers, shall ensure that all staff, including direct care staff, are trained/has ongoing training in trauma informed care. Online module is available for use in training, but other curriculums can be utilized as long as they address the points delineated in the next paragraph. (online module, *Creating Cultures of Trauma Informed Care* with Roger Fallot, Ph.D. of Community Connections, Washington, DC is available at http://improvingmipractice.org).
		Training needs to be updated on a regular basis due to changes in the research and/or evidence-based approaches. Staff trained in trauma informed care should (1) understand what trauma is and the principles of trauma informed care; (2) know the impact of trauma on a child's and/or adult's life; (3) know strategies to mitigate the impact of the trauma(s); (4) understand re-traumatization and its impact and (5) understand traumatic loss which may include the loss of a therapeutic, direct care or service relationship.
		(c.) Policies and procedures shall ensure a trauma informed system of care is supported and that the policies address trauma issues, re-traumatization and secondary trauma of staff.
II.	**Engagement in organizational self-assessment of trauma informed care**	(a.) The CMHSP Quality Improvement committee conducts an organizational self-assessment to evaluate the extent to which current agency's policies are trauma-informed, identify organizational strengths and barriers, including an environmental scan to ensure that the environment/building(s) do(es) not re-traumatize. An online module is available to assist the committee in their self-assessment. No specific self-assessment tool is recommended but it is recommended that the tool being used is comprehensive and ensures that all aspects of the organization is assessed (administration, clinical services, staff capacity, environment, etc.) Online module is

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	available for use-- *Creating Cultures of Trauma-Informed Care: Assessing your Agency* with Roger Fallot, Ph.D. & Lori L. Beyer, LICSW, Community Connections, Washington, DC is available at http://improvingmipractice.org). The self-assessment is updated every three (3) years.
III. **Adoption of approaches that prevent and address Secondary Trauma of staff**	(a.) The CMHSP, through direct services operations and its network providers, adopt approaches that prevent and address secondary traumatic stress of all staff, including, but not limited to: • Opportunity for supervision • Trauma-specific incident debriefing • Training • Self-care • Other organizational support (e.g., employee assistance program).
IV. **Screening for trauma exposure and related symptoms for each population**	(a.) CMHSP, through direct service operations and provider network, shall use a culturally competent, standardized and validated screening tool appropriate for each population during the intake process and other points as clinically appropriate. [1,2]
V. **Trauma –specific assessment for each population**	(a.) CMHSP shall, through direct service operations and provider network, use a culturally competent, standardized and validated assessment instrument appropriate for each population. Trauma assessment is administered based on the outcome of the trauma screening.[3]
VI. **Trauma-specific services for each population using EBP(s) or evidence informed practices are provided in addition to EBPs**	(a.) The CMHSP, through its direct service operations and network providers, shall use evidence-based trauma-specific services for each population in sufficient capacity to meet the need. The services are delivered within a trauma informed environment.[4]

[1] ACE tool is a population screen and does not screen for related symptoms
[2] Examples of standardized, validated screening tools are provided in the trauma section of the website, www.improvingMIpractices.org.
[3] Examples of standardized, validated assessment tools are provided in the trauma section of the website, www.improvingMIpractices.org.
[4] Examples of trauma-specific services are provided in the trauma section of the website, www.improvingMIpractices.org

		Policy		Standards - Requirements
VII.		**CMHSP through its direct service operations and its network providers, shall join with other community organizations to support the development of a trauma informed community that promotes behavioral health and reduces the likelihood of mental illness and substance use disorders.**	(a.)	CMHSP and its network providers shall join with community organizations, agencies, community collaboratives (i.e., MPCBs) and community coalitions (i.e., Substance Abuse Coalitions, Child Abuse and Neglect Councils, Great Start Collaboratives, neighborhood coalitions, etc.) to support the development of a trauma informed community that promotes healthy environments for children, adults and their families.
			(b.)	Education on recovery and the reduction of stigma are approaches supported in a trauma informed community.
			(c.)	Substance abuse prevention programming is provided using a SAMHSA approved, evidence based and trauma informed approach.

Exhibit A. Source is the National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms captures elements of this definition but are not all interchangeable with it.

Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.