
Chapter: Clinical Practice
Title: Trauma/Trauma Informed Services

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Approved by: _____

Executive Director

Date

I. Abstract

This policy establishes the standards and procedures of the Macomb County Community Mental Health (MCCMH) Board with respect to the development and support of a trauma-informed system that ensures the availability of trauma-specific services for all populations served by MCCMH.

II. Application

This policy shall apply to all MCCMH administrative/management staff and workforce members, including but not limited to, administrative and directly-operated network provider employees, independent contractors, and volunteers; and MCCMH Board contracted organizational network provider workforce members, included but not limited to, employees, independent contractors, and volunteers.

III. Policy

It is the policy of the MCCMH Board to ensure that MCCMH is a trauma-informed system that delivers trauma-informed care and trauma-specific services appropriate for all ages and across the services spectrum, and to ensure that policies and procedures are in place that address and attempt to prevent the experience of secondary trauma by MCCMH staff.

IV. Definitions

A. Trauma: 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.

- B. Trauma-informed: A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. The four key elements of a trauma-informed approach include: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; (3) responding by putting this knowledge into practice; and (4) resisting re-traumatization.
- C. Trauma-informed care: Trauma-informed care is a strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and trauma survivors, and that creates opportunities for trauma survivors to rebuild a sense of control and empowerment.
- D. Trauma-specific treatment services: Trauma-specific services include those prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
- E. Trauma survivor: This phrase can refer to anyone who has experienced trauma or has had a traumatic stress reaction.
- F. Re-traumatization: Re-traumatization refers to both the effect of being exposed to multiple traumatic events, as well as implies the process of re-experiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences (e.g., specific smells or other sensory input; interactions with others; responses to one's surroundings or interpersonal context, such as feeling emotionally or physically trapped).
- G. Secondary trauma: In this policy, the term secondary trauma describes trauma-related stress reactions and symptoms experienced by a behavioral health service provider, which result from the service provider's exposure to a consumer's traumatic experiences, rather than from exposure directly to a traumatic event.

V. **Standards**

In order to ensure a trauma-informed behavioral health system, it is the policy of MCCMH that the following standards shall be met and maintained:

- A. MCCMH shall adopt a trauma-informed culture, which fosters trauma-informed values and principles, as well as the development of a trauma-informed system of care which ensures safety and the prevention of re-traumatization.
- B. MCCMH shall engage in periodic organizational self-assessments of its internal policies and procedures and evaluate the extent to which they are trauma-informed.

- C. MCCMH shall adopt approaches that seek to prevent and address the experience of secondary trauma by MCCMH staff.
- D. MCCMH, through direct service operations and its network providers, shall screen consumers for trauma exposure and related symptoms for each population.
- E. MCCMH, through direct service operations and its network providers, shall provide trauma-specific assessments appropriate for each population.
- F. MCCMH, through direct service operations and its network providers, shall provide trauma-specific services appropriate for each population using evidence based practices (EBP(s)) or evidence informed practices in addition to EBPs.
- G. MCCMH, through its direct service operations and its network providers, shall collaborate 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.

VI. Procedures

- A. The MCCMH Board shall adopt policies and procedures that ensure that a trauma-informed system of care is supported, and which address trauma issues, re-traumatization and the secondary trauma of staff.
- B. MCCMH shall, through its direct service operations and its network providers, develop and support a Quality Improvement Committee (QIC) with representatives from children, adult, SUD, I/DD services and consumers. The QIC shall be a formal standing subcommittee of the QA Committee, its primary focus shall be to ensure the building and maintenance of a system of trauma-informed care within MCCMH direct service operations and its network providers.

MCCMH's QIC shall conduct an organizational self-assessment every three (3) years in order to evaluate the extent to which current MCCMH policies are trauma-informed, and identify organizational strengths and barriers, including an environmental scan to ensure that the environment/building(s) do not re-traumatize (online module available to assist the QIC in their orientation to self-assessment. The module, *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>).

- C. MCCMH, through its direct services operations and its network providers, shall ensure that all staff, including direct care staff, are trained and receive ongoing training in trauma-informed care (TIC Training) (online module, *Creating Cultures of Trauma Informed Care with Roger Fallot, Ph.D. of Community Connections, Washington, DC* is available at <http://improvingmipractice.org>)

TIC Training should ensure that staff (i) understands what trauma is, and the principles of trauma-informed care; (ii) knows the impact of trauma on a child's and/or adult's life; (iii) knows strategies to mitigate the impact of trauma(s); and (iv) understands re-traumatization and its impact. TIC Training will be updated on an annual and as-needed basis to reflect changes in research and/or evidence based approaches.

- D. MCCMH, through direct services operations and its network providers, will adopt approaches that prevent and address secondary trauma of staff, including, but not limited to: (i) opportunity for supervision; (ii) trauma-specific incident debriefing; (iii) training; (iv) self-care; and (v) other organizational support (e.g., employee assistance program).
- E. MCCMH, 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. Examples of standardized, validated screening tools are provided in the trauma section of the website, www.improvingMIpractices.org.
- F. MCCMH shall, through direct service operations and provider network, use a culturally competent, standardized and validated assessment instrument appropriate for each population, which assessment should be administered based on the outcome of the trauma screening. Examples of assessment tools are provided in the trauma section of the website, www.improvinMIpractices.org.
- G. MCCMH, through its direct service operations and network providers, shall use evidence based trauma-specific services appropriate for each population in sufficient capacity to meet program and individual needs, and shall deliver such services within a trauma-informed environment. Examples of trauma-specific services are provided in the trauma section of the website, www.improvingMIpractices.org
- H. MCCMH and its network providers will collaborate 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. Collaborations in furtherance of this goal will include efforts focused on: (i) education on recovery and the reduction of stigma, supported in a trauma-informed community; (ii) substance abuse prevention programming provided using a SAMHSA approved, evidence based and trauma-informed approach.

VII. References / Legal Authority

- A. SAMHSA News, Key Terms: Definitions. Spring 2014, Volume 22, Number 2.
https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html

- B. SAMHSA's Treatment Improvement Protocol (TIP) 57, Trauma-Informed Care in Behavioral Health Services 2014
- C. Michigan Department of Health & Human Services Behavioral Health and Developmental Disabilities Administration, TRAUMA POLICY FY2016
- D. MCCMH MCO Policy 8-001, QUALITY IMPROVEMENT PROGRAM

VIII. Exhibits

None.