



Section: Clinical Practices	Policy Name: Trauma-Informed System of Care	Policy Number: 12.10
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Policy: Southwest Michigan Behavioral Health (SWMBH), requires direct service operations and network providers, to advance and provide a trauma-informed system for all ages and across the services spectrum.

Purpose: To address the trauma in the lives of people served by the public behavioral health system. 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.

Scope: SWMBH direct service operations and network providers. We assume that everyone may have experienced trauma. This included all people we serve, all staff, and anyone else we encounter while conducting business.

Responsibilities: SWMBH, regional CMHs, and Medicaid service providers will implement trauma informed care.

Definitions:

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.*¹

Secondary Traumatic Stress: the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Other terms capture elements of this definition but are not all interchangeable with it (i.e. Compassionate fatigue; Vicarious trauma and Burnout).



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.

Standards and Guidelines:

- A. SWMBH requires that the following essential elements (A through G below) are provided, to ensure a trauma-informed system of care:
1. Adoption of trauma-informed culture: values, principles and development of a trauma-informed system of care ensuring safety and preventing re-traumatization.
 - a. SWMBH supports a trauma-informed work group which is part of the Regional Clinical Practices Committee with representatives from children, adult, SUD, I/DD services and consumers. The committee's primary focus is to support the building and maintaining of trauma-informed care within SWMBH's direct service operations and its network providers.
 - b. SWMBH requires all direct services operations and network providers to train all staff, including direct care staff, 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>).
 - c. Training is updated to reflect changes in the research and/or evidence-based approaches. Staff trained in trauma-informed care will:
 - i. Understand what trauma is and the principles of trauma-informed care;
 - ii. Know the impact of trauma on a child's and/or adult's life;
 - iii. Know strategies to mitigate the impact of the trauma(s);
 - iv. Understand retraumatization and its impact and
 - v. Understand traumatic loss which may include the loss of a therapeutic, direct care or service relationship.
 - d. Policies and procedures reflect a trauma-informed system of care is supported and address trauma issues, re-traumatization and secondary trauma of staff.
 2. Engagement in organizational self-assessment of trauma-informed care
 - a. SWMBH and its CMHs, through the SWMBH Quality Management and Regional Clinical Practices Committees, will conduct agency self-assessments to evaluate the extent to which



current 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. Use of 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 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>).

- b. The self-assessment is updated every three (3) years.
3. Adoption of approaches that prevent and address Secondary Trauma of staff
 - a. SWMBH requires its direct services operations and its network providers, to adopt approaches that prevent and address secondary traumatic stress of all staff, including, but not limited to:
 - i. Opportunity for supervision
 - ii. Trauma-specific incident debriefing
 - iii. Training
 - iv. Self-care
 - v. Other organizational support (e.g., employee assistance program).
4. Screening for trauma exposure and related symptoms for each population
 - a. SWMBH requires its direct service operations and provider network to use culturally competent, standardized and validated screening tools appropriate for each population during the intake process and other points as clinically appropriate.^{1 & 2}
5. Trauma –specific assessment for each population
 - a. SWMBH and its provider network, adopts culturally competent, standardized and validated assessment instruments appropriate for each population. Trauma assessment is administered based on the outcome of the trauma screening.³
6. Trauma-specific services for each population using EBP(s) or evidence informed practices are provided in addition to EBPs
 - a. SWMBH, through its direct service operations and network providers, adopts 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
7. SWMBH through its direct service operations and its network providers, joins 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. SWMBH and its network providers joins 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 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.

Principles of A Trauma-informed System of Care⁶

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues
7. Administrative Support and Policies

Effectiveness Criteria:

1. Organizational self-assessment – as evidenced by a completed tool and work plan to address areas for improvement.
2. Training – agency wide training as evidenced by documentation of training for each staff.
3. Trauma Specific Services – documentation supporting EBP or evidence informed practices used by clinical staff.
4. Use of trauma screening tools – documentation supporting the use of trauma screening tools with all populations.

References:

¹ACE tool is a population screen and does not screen for related symptoms

²Examples of standardized, validated screening tools are provided in the trauma section of the website, www.improvingMIpractices.org.

³Examples of standardized, validated assessment tools are provided in the trauma section of the website, www.improvingMIpractices.org.

⁴Examples of trauma-specific services are provided in the trauma section of the website, www.improvingMIpractices.org

⁵Substance Abuse Mental Health Services Administration (SAMHSA).

⁶Becoming Trauma-informed MDHHS

https://www.michigan.gov/documents/mdhhs/Becoming_Trauma_Informed_576292_7.pdf

Attachments: None






12.10 Trauma Informed System of Care

Final Audit Report

2020-06-17

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