Last Revision Date: July 29, 2020

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Developmental Disabilities Administration

TRAUMA POLICY

The purpose of this policy is to address the trauma in the lives of the individuals served by the community mental health system. This 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 the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) that Prepaid Inpatient Health Plans (PIHPs), through their direct service operations and their network providers, shall develop a trauma-informed system for all ages 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. The PIHP shall, through its direct service operations and its network providers, 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]

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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.

Standards

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

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 PIHP 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 individuals. The committee's primary focus is to ensure the building and maintaining of trauma informed care within the PIHPs direct service operations and its network providers. b.) The PIHP shall, through its direct service operations and its network providers, ensure that all staff, including direct care staff, are trained and has ongoing training in trauma-informed care. An online module is available for use in training, but other curriculums can be utilized if 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. This online module 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 the policies address trauma issues, re-traumatization, and secondary trauma of staff.

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

a.) The PIHP Quality Improvement committee conducts an organizational self-assessment to evaluate the extent to which current agency's policies are trauma-informed and to 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: *Creating Cultures of Trauma-Informed Care: Assessing your Agency* with Roger Fallot, Ph.D. & Lori L. Beyer, LICSW, of Community Connections, Washington, DC. This online module 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. (See Exhibit A)	a.) The PIHP shall, through its direct service 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.) The PIHP shall, through its direct service operations and its network providers, 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.) The PIHP shall, through its direct service operations and its 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 evidence-based practice(s) (EBPs). Evidence-informed practice(s) are provided in addition to EBPs.	a.) The PIHP shall, through its direct service operations and its network providers, 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

VII. The PIHP shall, through its direct service operations and its network providers, 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 SUD.

a.) The PIHP 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 adults, children, and their families.

b.) Education on recovery and the reduction of stigma are approaches supported in a trauma-informed community.

c.) Substance abuse prevention programs are provided using a SAMHSA approved, evidence-based, and trauma-informed approach.

Exhibit A

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

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

Compassion fatigue is a less stigmatizing way to describe secondary traumatic stress and 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 individual'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 because of general occupational stress. The term is not used to describe the effects of indirect trauma exposure specifically.

Source: 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.