Title: Trauma Informed Systems of Care (TISC) Policy

Prepared By: Clinical Director

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Purpose:

To define the guidelines that Huron Behavioral Health (HBH) will follow to address trauma in the lives of the people served and to ensure that Mid-State Health Network (MSHN) and HBH, as one of its affiliate members, maintains consistent trauma-informed systems of care philosophies across its network of care. More specifically, this policy outlines the steps that HBH will take to promote an understanding of trauma and its impact, to ensure the development of a trauma-informed system of care, and to make available trauma-specific services for all populations served.

Scope:

This policy applies to all employees (including full-time and part-time employees), contract clinical providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH). This policy also applies to all consumers served by Huron Behavioral Health.

Information:

1. For the purpose of this policy, the following definition of trauma will be used: "an 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" [Substance Abuse Mental Health Services Administration (SAMHSA)]. SAMSHA defines trauma-informed care as a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safely for both providers and survivors to rebuild a sense of control and empowerment.

2. The term "trauma" generally relates to experiences or situations that are emotionally painful and/or distressing, and that may overwhelm an individual's ability to cope. Exposure to trauma is common within the general population, with national studies finding that approximately 60.7% of men and 51.2% of women have experienced at least one traumatic event within their lives (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). For individuals with diagnoses of serious mental illness, rates of traumatic exposure, particularly violent victimization, are even higher (e.g., 34-53% report child abuse, 43-81% report lifetime victimization) (Mueser et at., 1998). Thus, trauma must be considered part of the common human experience.

3. Forms of potentially traumatizing events include diagnostically defined events such as serious injury, assault, and sexual violence (American Psychological Association/APA, 2013), as well as additional aversive experiences such as discrimination, racism, oppression, and poverty. These chaotic life conditions are often directly related to chronic fear and anxiety and can have serious long-term effects on mental and/or physical health and other life outcomes. In fact, many individuals with trauma histories have comorbid mental health (e.g., depression, other anxiety disorders, etc.), substance abuse, and physical health difficulties. It should also be noted that secondary trauma, which relates to the emotional distress that results when an individual hears about the firsthand trauma experiences of another, can also be experienced by individuals. Compassion fatigue can occur when a provider is repeatedly exposed to secondary traumatization.

4. Post-traumatic Stress Disorder (PTSD) can develop after exposure to an event in which an individual is exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence (APA, 2013). Individuals with PTSD may remain highly distressed or frightened even when they are no longer in danger. Individuals can develop PTSD through direct exposure to potentially traumatic events (PTE's), through the witnessing of PTE's, or through indirect exposure (e.g., learning of the sudden, unexpected loss of a loved one, working in a position that requires repeated exposure to aversive events – for example, a first responder, etc.). PTSD can occur in people of any age, including children and adolescents. While PTSD is often associated with combat trauma in veterans exposed to war, PTSD can occur in civilians exposed to a variety of potentially traumatic events including assault, rape, torture, kidnapping, child abuse, car accidents, bombings, natural

disasters, etc. In order to receive a diagnosis of PTSD, an individual must experience symptoms within the following domains and must experience functional impairments secondary to these symptoms:

- Intrusion: the traumatic event is persistently re-experienced (e.g., nightmares, intrusive thoughts, flashbacks, etc.)
- Avoidance: persistent effortful avoidance of distressing trauma-related stimuli after the event
- Negative alterations in cognitions and mood: changes in thoughts and/or mood that began or worsened after the traumatic event (e.g., lack of interest in previously enjoyed activities, constricted affect, feelings of guilt or self-blame, pulling away from others, etc.)
- Alterations in arousal and reactivity: changes in arousal and reactivity that began or worsened after the traumatic event (e.g., irritability, trouble sleeping, concentration difficulties, exaggerated startle response, etc.)

5. Because individuals with trauma histories are found across all systems of care, we need to presume that individuals served by Huron Behavioral Health may have been exposed to traumatic or aversive life experience and we must provide a trauma-informed system of care to facilitate a welcoming and safe environment throughout the course of treatment (see also "Welcoming Policy" SD.1.14). It is critical to understand that our most vulnerable individuals with Intellectual/Developmental Disorder (I/DD) have experienced a variety of traumas. Those with serious mental illness and co-occurring substance-use disorders who also have a significant trauma history may not initially respond to traditional treatments. The providers of care must have the training and sensitivity to respond with compassion and effective strategies to those they serve as well as have strategies to cope with their own compassion fatigue.
6. To ensure consistency with a trauma-informed culture of care, HBH staff will create and maintain a safe, calm, and secure environment with supportive care, a system-wide understanding of trauma prevalence and the impact of aversive life experiences, recovery and trauma specific services, and recovery-focused, consumer-driven services (see also "Recovery Oriented System of Care (ROSC) Policy" SD.1.18). This will be done by identifying and treating trauma-related issues, and by providing ongoing trauma education/training to all staff.
7. HBH providers will emphasize the following six (6) Core Values of Trauma-Informed Care:
   - Safety
   - Trustworthiness and transparency
   - Peer support
   - Empowerment, voice, and choice
   - Collaboration and mutuality
   - Knowledge of cultural, historical, and gender issues
8. HBH providers will emphasize the following core components of a Trauma Informed Systems of Care:
   - Recognition of the high prevalence of trauma
   - Recognition of primary and co-occurring trauma diagnoses
   - Assessment for traumatic histories and symptoms
   - Utilization of evidence-based practices
   - Professionals who understand the function of behavior (rage, repetition-compulsion, self-injury, etc.)
   - Use of objective, neutral language
   - Recognition and constant attention to culture and practices that can be re-traumatizing
   - Collaboration with caregivers and the individual's support system
   - Collaboration and transparency in the engagement in community outreach and partnership building such as engaging and educating community partners (e.g., courts, police, emergency services, hospitals, the general public, etc.) about trauma-informed care. HBH engages with external partners in the care of individual

consumers, with the individual's permission and involvement, to promote and ensure system-wide trauma-informed care.

- Addressing training needs of staff to improve knowledge, understanding, and sensitivity

9. Finally, HBH will emphasize the provision of trauma-specific services. Such services are designed to specifically address the consequences of trauma in the individual and to facilitate healing by recognizing the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery, the interrelation between trauma and symptoms of trauma, and the need to work collaboratively with survivors, family, and friends of the survivor and other human services agencies.

Policy:

1. It is the policy of HBH to utilize a trauma-informed approach and system of care that is inclusive of all ages and across the full spectrum of services. HBH has adopted the following policies and practices to ensure the presence of a trauma-informed system of care:
    - Adoption of trauma informed culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
    - Training in trauma-informed values and principles, as well as the development of a trauma-informed system of care ensuring safety and preventing re-traumatization
    - Ongoing organizational self-assessment of trauma-informed care
    - Adoption of approaches that address secondary trauma of staff
    - Screening for trauma exposure and related symptoms for all populations in the service system
    - Ongoing assessment for trauma issues for all populations
    - Trauma-specific services for all populations using Evidence-Based Practices (EBPs) or promising practices (where EBPs are not available)
    - Collaboration with other community organizations to support the development of a trauma-informed community that promotes behavioral health and reduces the likelihood of mental health and substance use disorders
    - Inclusion of strategies to address secondary trauma for all staff, including, but not limited to opportunities for supervision, trauma-specific incident debriefing, training, self-care, and other organizational support.
2. The following principles shall be upheld for all populations in the adoption of trauma-specific services:
    - Providing a safe, calm, and secure treatment environment to ensure safety
    - Developing a system-wide understanding of trauma prevalence, impact, and trauma-informed care
    - Understanding and embracing cultural competence and diversity
    - Providing consumer choice and control
    - Ensuring recovery-focused, consumer-driven, and trauma-specific services
    - Developing healing, hopeful, honest, and trusting relationships where there is shared power

Definitions/Acronyms:

Acronyms:

APA – American Psychological Association
COA – Council on Accreditation
EBP – Evidence Based Practice
HBH – Huron Behavioral Health
I/DD – Intellectual/Developmental Disability
MDHHS – Michigan Department of Health and Human Services
MSHN – Mid-State Health Network

PTE – Potentially Traumatic Events
PTSD – Post Traumatic Stress Disorder
SAMHSA – Substance Abuse Mental Health Services Administration
TISC – Trauma Informed System of Care

Definitions:

Acute trauma: refers to a single, time-limited event such as a serious accident, an act of violence or crime, a natural disaster (e.g., earthquake, flood), sudden violent loss of a loved one, physical or sexual assault (e.g., being shot or raped).

Chronic trauma: refers to a recurrent trauma such as physical or sexual abuse, or varied trauma such as witnessing domestic violence and then becoming a victim of community violence. The effects of chronic trauma tend to build on each other, as each event serves as a reminder of past trauma and reinforces its negative impact.

Post Traumatic Stress Disorder (PTSD) – was officially termed in 1980 and refers to a debilitating psychological condition triggered by a major traumatic event, such as rape, war, a terrorist act, death of a loved one, a natural disaster, or a catastrophic accident. It is marked by four specific symptoms clusters including intrusions, avoidance, changes in cognitions and mood, and alterations in physiological arousal and reactivity.

Re-traumatization – A situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma and triggers overwhelming feelings and reactions associated with them.

Secondary Trauma – The emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder. Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure.

Trauma: refers to an overwhelming event/events, experiences, or situations that are emotionally painful and distressing, and that overwhelm a person's ability to cope. Traumatic experiences can be dehumanizing, shocking, or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety. Trauma can result from experiences of violence and include physical, sexual, or institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and/or a constant state of alert. Trauma may impact one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Examples of traumatic events include (but are not limited to):

- War, battles, combat (death, explosions, gunfire, etc.)
- Natural disasters (floods, tornados, fires, etc.)
- Catastrophe (harmful/fatal accidents, terrorism, etc.)
- Violent attack (animal attack, assault with or without a weapon, battery and domestic violence, rape, threats of bodily harm with or without a weapon, etc.)
- Abuse (physical, sexual, mental and/or verbal)

Trauma-Specific Services: refers to services that are designed to specifically to address the consequences of trauma in the individual and to facilitate healing.

Forms:

N/A

Records:

Records are maintained in accordance with the "HBH Record Retention & Storage Policy" QI.1.23.

Reference(s) and/or Legal Authority

COA standards
MDHHS Behavioral Health and Developmental Disabilities Administration Trauma Policy
MSHN Policy entitled" Service Delivery - Trauma Informed Systems of Care"
QI.1.23 HBH Record Retention and Storage Policy
SD.1.03 Service Delivery Policy
SD.1.14 Welcoming Policy
SD.1.18 Recovery Oriented System of Care (ROSC) Policy

Change History:

Change Letter	Date of Change(s)	Changes
None	06/24/14	New policy to clarify practices and further support MSHN policy
A	05/31/16	Total rewrite of policy – see Controlled Documentation Manager for revisions and/or previous versions of this document.
B	03/20/18	Reviewed by Outpatient Supervisor – no content changes needed.
C	02/19/20	In "Acronyms" section added "APA", "EPB", "PTE", and "SAMHSA", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
D	02/20/21	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
E	12/16/22	In "Information" section #1 added last sentence, in "Policy" section #7 added "Peer support", Empowerment, voice, and", & "Knowledge of cultural, historical, and gender issues", in "Acronyms" section added "I/DD", made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
F	10/21/24	Reviewed – no content changes made.
G	09/08/26	In "Policy" section #1 added first and last bullets, in "Definitions" section added "secondary trauma", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.