

Policy Title:	Trauma Informed Services				
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Approved By: *(Authorized Signer Name)*

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Date Approved

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Overview

Description: It is the policy of the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) that state and community providers and those who oversee public mental health and addiction services are informed about the effects of psychological trauma, assess for the presence of symptoms and challenges related to that trauma, and develop and offer or refer to services that facilitate recovery in accordance with best or promising practices, Oregon Administrative Rules (OAR), Oregon Revised Statutes (ORS), County Financial Assistance Agreements (CFAA) and federal regulations. The policy includes national guidelines for establishing resources for the development of trauma informed services, and to provide educational resources to treatment providers and individuals receiving services regarding the impact of trauma, healing and resiliency strategies.

Purpose: The purpose of the Trauma Informed Services Policy is to:

- Promote resiliency, health and wellness for those who have experienced trauma and for their families;
- Create a minimum standard of care for those serving individuals with mental health and addiction challenges in addressing the impact of trauma;
- Establish a standard to provide treatment in a trauma informed manner;
- Increase access to effective and appropriate services for individuals who have experienced trauma; and
- Mitigate vicarious traumatization of treatment providers and others working with traumatized individuals.

Rationale: Trauma is a hidden epidemic. As the OHA leads health system transformation, and improves health outcomes, understanding the impact of trauma and providing trauma informed service delivery is critical to better health, better care and lower costs. The human and economic costs of adverse experiences drain individuals’ resources for health and productivity across the lifespan and affect all the major human service systems in Oregon.

Addressing individual, family, and community trauma requires a comprehensive, multi-faceted

public health approach. This approach includes increasing awareness of the harmful short and long term effects of trauma experiences across the life span; development and implementation of effective preventive, treatment and recovery/resiliency support services that reflect the needs of diverse populations; creation of strong partnerships and networks to facilitate knowledge exchange and systems development; training and tools to help providers effectively identify trauma and intervene early; and establishing public policy that supports and guides these efforts.

Applicability: Individuals receiving services and their families, and staff and administrators in all programs licensed and/or funded by AMH. These include Community Mental Health Programs (CMHPs), subcontracted providers of CMHPs, and other entities receiving behavioral health funding either directly or indirectly through Medicaid or state general funds.

Compliance:

Providers shall follow OARs 309-018-0100, 309-022-0100 and 309-019-0100 and any applicable contracts with AMH with respect to providing trauma informed services. Service providers in need of technical assistance to implement the policy shall follow through with AMH recommended targeted technical assistance.

Policy

1. Effective July 1, 2015, AMH funded and/or licensed services and supports shall be engaged in a clearly outlined process to become trauma informed. Providers will examine existing practices, environment and treatment approaches to insure trauma specific services (see definitions) are readily available to all individuals. Agencies contracted with AMH will provide trauma services that are individualized, as defined. Services are recommended to be evidence based, promising, or best practices.
2. Community Mental Health Programs, and any providers contracted with CMHPs, must follow the AMH Biennial Implementation Plan Guidelines to describe, assess and plan for effective trauma informed services.
3. Services are provided in a collaborative, person-centered process. A person receiving services and their designated support person(s) will be partners in the treatment planning process.
4. AMH will facilitate the implementation of this policy by providing educational resources, toolkits and other technical assistance, as available, to agencies, customers, community partners or providers.
5. AMH will share guidelines for behavioral health providers to screen, assess and treat acute, chronic and complex trauma (see definitions).

Recommended Resources

1. Universal precautions (see definition) are recommended in the provision of services and supports.
2. AMH shall make available fact sheets to provide basic information for CCOs, families, child serving systems, and other interested and impacted stakeholders.

Procedures that Apply:

AMH Trauma Informed Services

Forms that Apply:

Definition(s):

Evidence-based Practices: Evidence-based practices are those practices for which there is consistent scientific evidence of positive outcomes. AMH approved evidence-based practices for trauma treatment include but are not limited to Trauma Focused Cognitive Behavioral Therapy, Seeking Safety, Child Parent Psychotherapy, Cognitive Behavioral Interventions for Trauma in Schools, Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical Behavioral Therapy (DBT).

Individualized: Customized treatment strategies, services and other supports that suit the particular needs and strengths of an individual.

Promising Practice: A program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations.

Provider: An organizational entity, or qualified person, that is operated by or contractually affiliated with, a community mental health program, or contracted directly with the Division, for the direct delivery of addictions, problem gambling or mental health services and supports.

Re-traumatization: Individuals may be unintentionally traumatized or re-traumatized in agency or provider settings when psychological trauma is not recognized or addressed. Re-traumatization can be either overt, as in the use of seclusion and restraint, or less obvious, as in a lack of sensitivity by clinicians or others to the potentially triggering impact of their words or behavior, or when the physical environment may emphasize control over an individual's comfort and safety.

(Psychological) Trauma: Trauma is the unique individual experience of an event or enduring conditions in which a person's ability to integrate his/her emotional experience is overwhelmed. The person experiences, either objectively or subjectively, a threat to his or her psychological safety, bodily integrity, life or the safety of a caregiver or family member.

Inter-relational trauma refers to the range of mistreatment, interpersonal violence, abuse, assault, and neglect experiences encountered by children and adolescents, and some adults, including familial physical, sexual, emotional abuse and incest; community-, peer-, and school-based assault, molestation, and bullying; severe physical, medical, and emotional neglect; experiencing or witnessing domestic violence; as well as the impact of serious and pervasive disruptions in caregiving as a consequence of severe caregiver mental illness, substance abuse, criminal involvement, or abrupt separation or traumatic loss. Inter-relational trauma is characterized by a repeated pattern of damaging interactions.

Children and adults can also experience trauma from accidents, natural or human-caused disasters, death of a caregiver, and interventions associated with medical procedures.

Trauma experiences are emotionally painful or distressing, and frequently result in lasting mental and physical effects. Trauma responses are described as acute, chronic, or complex:

- **Acute trauma response**: Immediate response to a situation where a person experiences or witnesses an event that causes the victim/witness to experience extreme, disturbing or unexpected fear, stress or pain, and that involves or threatens serious injury, perceived serious injury or death to themselves or someone else. Acute trauma is generally short-lived. A single event can lead to long-term trauma responses. The presence of supportive people in the individual's life can make a difference.
- **Chronic trauma response**: Chronic trauma is described as exposure to trauma repeatedly over long periods of time and can encompass a variety of traumatic events. Individuals who have experienced chronic trauma can have a range of responses, from fear, guilt and shame, to loss of trust in others and they become less able to tolerate normal stress. Because each traumatic event serves as a reminder of another traumatic event, the effects accumulate and each event reinforces the negative impact of the previous trauma.
- **Complex trauma response**: Complex trauma describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually begin early in life and can disrupt many aspects of the child's development and the very formation of a self.

Since these traumatic events often occur in the context of the child's relationship with a caregiver, they interfere with the child's ability to form a secure attachment bond. Traumatic events associated with the failure of those charged with protecting and nurturing a child have profound and far-reaching effects on nearly every aspect of a child's life. This child's experience has been labeled "toxic stress" to more fully describe this impact.

Toxic stress results from strong, frequent or prolonged activation of the body's stress response, in the absence of a buffering supportive adult relationship. Multiple stressors frequently resulting in a toxic stress response are child abuse or neglect, parental substance abuse, and maternal depression.

Complex trauma can have devastating effects on a child's physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others. **Across the life span**, complex trauma is linked to a wide range of problems, including chronic physical conditions, addiction, depression and anxiety, self-harming behaviors, and other psychiatric disorders. Changes in the brain and in emotional development can result in self-initiated isolation, and/or inability to get or remain connected to potentially supportive people in the community, further impacting the individual.

Trauma-informed services: Trauma-informed services are services and supports that are

informed about and sensitive to trauma-related issues present in individuals who have experienced trauma. The service system has been reconsidered and evaluated in regard to understanding the impact of trauma in the lives of people seeking mental health and addictions services. A standard of “universal precautions” (see definition) exists where people are assumed to have experienced trauma and treated accordingly, rather than the inverse approach. Service systems accommodate the vulnerabilities of individuals who have experienced trauma, and deliver services in a manner that avoids inadvertent re-traumatization, and facilitates their participation in treatment. Collaboration with other practitioners with trauma related clinical expertise takes place. Clinicians and others are encouraged and assisted to address their own vicarious traumatization in working with individuals who have experienced trauma.

Trauma-specific services: Trauma-specific services refer to treatment or treatment programs specifically designed to treat individuals who have experienced trauma. Consistency in several areas is paramount: the need for respect, information, connection, and hope for individuals, recognition of the adaptive function of any symptoms that are present; and working collaboratively and in a person-directed empowering manner with individuals who have experienced trauma. Treatment providers recognize a person’s right to services in the most integrated community setting available.

Universal Precautions: “*Universal precautions*” is a term used in medical settings to describe the need to assume all individuals seeking services have been exposed to negative conditions. In trauma informed care, universal precautions means *assuming that all individuals presenting for services may have experienced trauma* and may have symptoms from this exposure that are not immediately obvious. Some individuals may not be comfortable to disclose or able to recall their trauma. The high prevalence of trauma exposure in the general population and especially in mental health and addictions populations dictates that a universal precautions approach be used.

Vicarious Traumatization: Vicarious trauma is a stress reaction that may be experienced by professionals and peer support specialists who are exposed to disclosures of traumatic images and events by those seeking help. Helping persons may experience long lasting changes in how they view themselves, others, and the world. The symptoms of vicarious trauma are similar to, but usually not as severe as those of posttraumatic stress disorder, and can affect the lives and careers of even those with considerable training and experience in working with disaster and individuals who have experienced trauma.

Resources:

Reference(s):

Revised OARs 309-018-0100, 309-022-0100 and 309-019-0100

SAMHSA Strategic Initiative¹

ACES study²

SAMHSA document on trauma³

Building Resiliency: Preventing Adverse Childhood Experiences [ACEs] OHA Public Health

¹ <http://store.samhsa.gov/shin/content/SMA11-4629/04-TraumaAndJustice.pdf>

² <http://www.ajpm-online.net/article/PIIS0749379798000178/abstract>

³ <http://store.samhsa.gov/product/Helping-Children-and-Youth-Who-Have-Experienced-Traumatic-Events/SMA11-4642>

Division July 2013.⁴

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⁴ <http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/Documents/OregonACEsReport.pdf>