

<b>Governing Body -MVBCN Mental Health and Chemical Dependency Outpatient Services</b>		<b>Pages: 2 Date: October, 2010</b>
<b>Subject:</b> <b>Trauma Sensitive Services Policy Template for BCN Member Agencies</b>	<b>Prepared By:</b> Trauma Survivors Project Oversight Committee	<b>Approved By:</b> MVBCN Regional Advisory Council

**POLICY:** Since 2003 MVBCN has been assisting providers to create positive change in the treatment experience of trauma survivors, using a variety of mechanisms including provider training, universal screening for trauma history, development and funding of trauma peer support, consumer-driven crisis planning, staff-consumer dialogues within agencies, and monitoring of satisfaction through our annual consumer survey.

Each MVBCN member agency will adopt a trauma informed services policy consistent with the following principles, and will outline agency practices to ensure consistent implementation.

**PRINCIPLES:** Trauma-informed services are aware of and sensitive to trauma-related issues for survivors. Trauma is seen as a defining and organizing experience that can shape the core of an individual's identity and often has lifelong impact on both mental and physical health. A potentially life changing trauma occurs when a person experiences or witnesses an event which poses a threat to life, limb or sanity, and is overwhelmed by feelings of intense fear, horror, or helplessness. Childhood abuse and neglect and exposure to multiple interpersonal traumas have pervasive effects on brain development, on sense of self and relationship with the world.

Traumatic experiences include childhood maltreatment, interpersonal violence, accidents and natural disasters, war, and the effects of mistreatment or coercive interventions in medical, behavioral health, social service and criminal justice settings. Recognizing the prevalence of traumatic experiences in the lives of consumers, the trauma-informed system designs services to accommodate the vulnerabilities of trauma survivors and avoid inadvertent retraumatization. When all staff who have contact with consumers are prepared to respond with sensitivity, all phases of engagement with the agency will be more therapeutic.

Change to a trauma-informed environment requires a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently. The trauma-informed system is characterized by:

- focus on recovery: conveying hope and belief that people can make choices that transform their lives;
- consumer and staff education about the prevalence and impact of trauma;
- a healing environment which minimizes physical harm and emotional re-traumatization;

- an understanding of consumers and their symptoms in the context of their life experiences and culture;
- an understanding of symptoms as attempts to cope;
- open and genuine collaboration between providers and consumers; and
- a focus on what has happened to the person rather than what is wrong with them.

Without such a shift in the culture of an organization, even the most evidence-based treatment approaches may be compromised. Respect for consumer choice and shared decision making is at the core of trauma-informed care. These principles apply even when mandated treatment has narrowed a person's choices. Trauma-informed agencies bring this perspective to their work with community partners, finding opportunities to educate family members and medical, correctional and social service systems about the experiences of trauma survivors and to advocate for their needs.

Trauma-specific services are designed to treat the actual consequences of trauma. Recovery from the impact of trauma requires personal empowerment, skills to self-regulate and self-soothe, letting go of self-blame and shame, and supportive relationships. As therapeutic models evolve, MVBCN agencies will offer or link with multiple treatment choices for consumers. Peer support is especially powerful in conveying hope and normalizing the survivor's experience. Any treatment that revisits the specifics of the trauma must be provided by trauma-trained staff and have safeguards so that the treatment is not retraumatizing. Treatment designed specifically for survivors is based on respect, information, connection and hope; recognizes the adaptive function of symptoms; and creates collaborative, empowering partnership with survivors.

**AGENCY PRACTICES:** [each agency to describe details, adapting #'s 1 and 2 for staff with varied job duties]

1. Orientation of all staff who have contact with consumers to the values and practices which ensure trauma sensitivity:
2. Process for identifying and responding to supervision and training needs:
3. Trauma screening and trauma-sensitive assessment:
4. Availability of trauma-specific treatment options and trauma-competent staff:
5. Connection with peer support and other natural supports:
6. Integration of trauma-awareness into quality improvement activities including soliciting and responding to consumer feedback and review of critical incidents and complaints.