

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA142

**NAME: TRAUMA-INFORMED CULTURE and SECONDARY TRAUMATIC STRESS
PROTOCOL**

INITIAL APPROVAL DATE:	01/19/2018	BY: Clinical Policy Committee
(LAST) REVISION DATE:	02/19/2025	BY: COO
(LAST) REVIEW DATE:	02/20/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To promote the understanding of trauma and its impact, ensure the development of a trauma-informed system of care and the availability of trauma-specific services for all populations served.

II. APPLICATION

Populations: **ALL**

Programs: **Direct - ALL**
Contracted - None

III. DEFINITIONS

- A. Critical Incident: A situation relating to clinical care that could cause significant stress to one or more staff/care workers beyond usual work experiences. Examples would include situations where there is death, serious illness or injury; behavioral episodes with the risk of harm; threats of potential danger; alleged case of abuse or neglect; serious medical complications; serious legal events; or distressing clinical situations. (Refer to policy RR012 Critical Incidents, Sentinel Events and Risk Events.)
- B. Secondary Trauma: Trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. Can occur among behavioral health service providers across all behavioral health settings and among all professionals who provide services to those who have experienced trauma.
- C. 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.
- D. Trauma-Informed System of Care: A system of care in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, adults, caregivers, and service providers. All who are involved with the individual are committed to using the best available evidence-based practices to facilitate and support the recovery and resiliency of the child, adult, and family, and to infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. The system of care includes an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress and that increases staff resilience.

- E. Trauma Team: The team shall consist of the Chief Operating Officer (COO) and departmental Supervisors or the Agency's CISM team, whichever is appropriate for the situation, to ensure assistance is provided to staff and/or individuals in dealing with trauma or secondary trauma.
- F. Secondary Trauma Stress Protocol: The Agency maintains a Trauma Team to ensure assistance is provided to staff and/or individuals in dealing with trauma or secondary trauma. A request for assistance by staff can be made to their direct Supervisor or Human Resources Department.

IV. POLICY

- A. Sanilac County Community Mental Health Authority (Sanilac CMH) shall develop and maintain a trauma-informed system of care for all ages and populations which includes a safe, functional, clean and welcoming environment for individuals served and staff in compliance with all relevant federal, state, and local laws and regulations regarding safety, facility cleanliness, and accessibility.
- B. The Agency shall promote a trauma-informed culture including values, principles, and development of a trauma-informed system of care to ensure safety and prevention of re-traumatization.
- C. Maintenance of the trauma-informed culture shall occur through organizational self-assessment.
- D. The Agency shall maintain approaches that prevent and address secondary trauma of staff and promote self-care.
- E. The Agency shall prepare for and effectively respond to emergency situations and critical incidents that may negatively impact staff, through the appropriate use of resources.
- F. Trauma-specific screening, assessment, and services for each population shall be utilized.
- G. Sanilac CMH shall collaborate with other community organizations to support trauma-informed systems of care.

V. PROCEDURE

- A. Maintain a Trauma Team, as identified above, to ensure the building and maintaining of a trauma-informed system of care within Sanilac CMH's direct service operations.
- B. Sanilac CMH, through its direct services operations, shall ensure that all staff, including direct care staff, are trained/have ongoing training in trauma-informed care.
- C. Training shall be updated on a regular basis due to changes in the research and/or evidence-based approaches. Training in trauma-informed care should help staff: a) understand what trauma is and the principles of trauma-informed care, b) know the impact of trauma on a child's and/or adult's life, c) know strategies to mitigate the impact of the trauma, d) understand traumatization and its impact, and e) understand the importance of self-care.
- D. The QI Committee shall conduct an organizational self-assessment every three years to evaluate the extent to which current Agency policies are trauma-informed, identify organizational strengths and barriers, including an environmental scan to ensure the environment/building(s) does not re-traumatize using an online module available on <http://improvingmipractice.org> to assist the committee in their orientation to self-assessment.
- E. The QI Committee shall recommend to the Management Team approaches that prevent and address secondary traumatic stress of all staff, including, but not limited to:
 - 1. Opportunity for supervision
 - 2. Trauma-specific incident debriefing
 - 3. Training
 - 4. Self-Care
 - 5. Other organizational support (e.g., employee assistance program)
- F. The QI Committee shall recommend culturally competent, standardized, and validated screening tools appropriate for each population during the intake process and other points as clinically appropriate.
- G. Culturally competent, standardized, and validated assessment instruments appropriate for each population shall be used. Trauma assessment is administered based on the outcome of the trauma screening.

- H. Sanilac CMH, through its direct service operations, shall use evidence-based trauma-specific services for each population in sufficient capacity to meet the need. The services shall be delivered within a trauma-informed environment.
- I. Sanilac CMH shall join with community organizations, agencies, community collaboratives, and community coalitions to support the development of a trauma-informed community that promotes healthy environments for children, adults, and their families.
- J. Education on recovery and the reduction of stigma shall be approaches supported in the trauma-informed culture.

VI. REFERENCES

- MDHHS/CMHSP Managed Mental Health Supports and Services Contract
- *Creating Cultures of Trauma-Informed Care: Assessing Your Agency*, Roger Fallot, Ph.D., and Lori L Beyer, LICSW, Community Connections, Washington, DC- <http://improvingmipractice.org>. This website also includes examples of standardized, validated screening tools- trauma section.
- MDHHS- Michigan Great Start Trauma Informed Website- www.michigan.gov/traumatoxicstress. This website provides information on the effect of trauma and toxic stress on young children and ways to lessen negative outcomes.
- Policy RR012 - Critical Incidents, Sentinel Events and Risk Events
- Policy BA035 – Quality Improvement Committee