

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Trauma Sensitive Services	Prepared By: CAPS	Original Date: 10/01/2007 Revised Date:

PURPOSE AND SIGNIFICANCE:

The following descriptions have been taken directly from the work of Ann Jennings, PhD. in her article *Models for Developing Trauma Informed Behavioral Health Systems and Trauma-Specific Services*. The article can be found at <http://www.annafoundation.org/>. The website has a powerful wealth of information on trauma-informed and trauma-specific services and should be considered a valuable resource for orienting new clinicians. Another excellent orientation tool is the Adverse Childhood Experiences (ACE) study by Vincent Filletti et al. A summary detailing the study is attached.

“To address the treatment and support needs of survivors of trauma within the public system requires a systemic approach characterized both by trauma-specific diagnostic and treatment services and a “trauma informed” environment capable of sustaining these services and supporting the positive outcomes to clients who receive these services.”

Change to a trauma-informed organizational or service system environment will be experienced by all involved as 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 new system will be characterized by safety from physical harm and re-traumatization; an understanding of clients and their symptoms in the context of their life experiences and history, cultures and their society; open and genuine collaboration between provider and consumer at all phases of the service delivery; an emphasis on skill building and acquisition rather than symptom management; an understanding of symptoms as attempts to cope; a view of trauma as a defining and organizing experience that forms the core of an individual’s identity rather than a single discreet event; and by a focus on what has happened to the person rather than what is wrong with the person (Saakvitne, 2000; Harris & Falot, 2001). Without such a shift in the culture of an organization or service system, even the most “evidence-based” treatment approaches may be compromised.

“Trauma-informed” services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors. A “trauma-informed” system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addiction services (Harris & Falot, 2001). A “trauma informed” system uses that information to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent retraumatization and will

facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships with other public sector service systems serving these clients and the local network of private practitioners with particular clinical expertise in “traumatology” (Harris & Fallot, 2001).

“Trauma-specific” services are designed to treat the actual sequelae of sexual or physical abuse trauma. Examples of trauma-specific services include grounding techniques which help trauma survivors manage dissociative symptoms, desensitization therapies which help to render painful images more tolerable, and behavioral therapies which teach skills for the modulation of powerful emotions (Harris & Fallot, 2001). Treatment programs designed specifically for survivors of childhood trauma are consistent on several points: the need for respect, information, connection and hope for clients; the importance of recognizing the adaptive function of “symptoms”; and the need to work in a collaborative empowering way with survivors of abuse (Saakvitne, 2000).”

PROCESS AND/OR PROCEDURE:

Again, this excerpt comes from the article by Ann Jennings cited above.

“All trauma-specific service models, including those that have been researched and are considered emerging best practice models, should be delivered within the context of a relational approach that is based upon the empowerment of the survivor and the creation of new connections. “...Recovery cannot occur in isolation. It can take place only within the context of relationships characterized by belief in persuasion rather than coercion, ideas rather than force, and mutuality rather than authoritarian control—precisely the beliefs that were shattered by the original traumatic experiences (Herman, 1992).”

At the writing of this handbook, a number of quality improvement initiatives have been underway throughout the Mid-Valley Behavioral Care Network (MVBCN) region related to trauma-informed and trauma-specific services. Examples include:

- Various trainings in trauma-specific practices such as Seeking Safety, Dialectical Behavioral Therapy, Trauma Recovery and Empowerment, etc.
- Participation in the Trauma Survivors Project and subsequent funding for peer-to-peer supports through Project ABLE and Consumer Care Partnerships.
- Quality Management Colloquiums focused on the experiences and needs of trauma survivors
- Quality Improvement initiatives focused on:
 - Utilizing natural support systems
 - Screening and assessing for trauma
 - Screening and assessing for systems trauma
 - Systematic utilization of consumer feedback in making adjustments to the service system or environment, policies and procedures, etc.

At a minimum, IDS providers should have the following in place:

- Policies and procedures that guide screening and assessment for trauma.
- Regular and consistent consumer feedback with a mechanism for incorporating proposed changes on issues related to trauma-informed and trauma-specific services.

- Policies and processes that facilitate actively utilizing natural support systems and peer-to-peer supports in recovery/treatment planning.
- A process for orienting new clinicians to the values and practices inherent in these approaches to trauma.
- A process for identifying training and supervision needs related to trauma.
- A process for measuring and responding to outcome or fidelity issues related to the service delivery of evidence-based trauma services.
- As these efforts move forward, CAPS will be utilizing chart audit measures designed to keep us informed as a system on our progress. Please see the attached Audit Tool for further details.