




**STATE OF CONNECTICUT  
Department of Mental Health & Addiction Services**



**Commissioner's Policy Statement and Implementing Procedures**

<b>SUBJECT:</b>	Trauma-Informed Systems and Services Policy	
<b>P &amp; P NUMBER:</b>	Chapter 6.5	
<b>APPROVED:</b>	 Miriam Delphin-Rittmon, Commissioner	3/1/18 Date:
<b>EFFECTIVE DATE:</b>	4/15/2010	
<b>REVISED:</b>	10/15/2015, 2/23/18	
<b>REFERENCES:</b>		
<b>FORMS AND ATTACHMENTS:</b>		

**STATEMENT OF PURPOSE:** The purpose of this policy is to foster a health care system that employs and practices principles that are trauma-informed and trauma-responsive to individuals served by the Department of Mental Health and Addiction Services and funded agencies.

**POLICY:** Trauma responsiveness is a governing principle of DMHAS. Services within this system must meet the needs of individuals who have experienced trauma by establishing an environment that is safe, protects privacy and confidentiality, and eliminates the potential for re-victimization. DMHAS promotes recovery by understanding trauma and its effects on individuals and their families. DMHAS providers shall be sensitive and respectful towards individuals while encouraging autonomy and hope. Individual strengths shall be a major focus in guiding individuals with a history of trauma towards recovery.

**DEFINITION AND EFFECTS OF TRAUMA:** Trauma refers to extreme stress that overwhelms an individual's ability to cope. Trauma involves events or experiences that confront the person directly or as a witness, indirectly regarding an intimate relationship, or through repeated or extreme exposure, to a real or perceived threat of death, human suffering, severe bodily harm or injury, coercive exploitation or harassment, sexual violation, or violence. The actions of others are often motivated by ethno sociocultural prejudice (gender, ethnicity, class, sexual orientation, or politically based).

Psychological trauma has a direct impact on the brain through associated physical, neurological, and stress response systems. These experiences directly and indirectly affect mood, memory, judgment, and involvement in relationships and work, and other areas of important functioning. The psychobiological impact of trauma may lead to avoidant behavior, negative thoughts and feelings, arousal and reactivity, and re-experiencing the traumatic event. It also impacts an individual's perception towards self, others, and the world. The potential for reactivity to safety concerns in the treatment environment must be consciously and thoughtfully planned in order to create an environment conducive to healing and recovery.

Experiences of trauma (such as childhood physical or sexual abuse or neglect, or adult domestic violence) are a betrayal of basic human values and often cause lasting and severe post-traumatic impairment in the survivor's basic sense of self, trust in others, involvement in society, culture, health and integrity of his/her body.

A high percentage of individuals with severe and persistent behavioral health difficulties have experienced the direct or indirect effects of trauma. Many live with post-traumatic symptoms exacerbating other behavioral health problems, impairing psychosocial functioning and interfering with the quality of their lives.

#### **TRAUMA RESPONSIVE SYSTEM:**

A trauma-responsive system of care has developed approaches which are both trauma-specific and trauma-informed. Providers must have an understanding of trauma and the effects and symptoms displayed by the individuals within the system. The system must be designed in such a way to allow individuals to participate in their own recovery without possibility of re-traumatization. The goal of an integrative approach is to recognize and be cognizant of the fact that mental health and substance use disorders often co-occur with trauma, thereby necessitating that all aspects of an individual's needs be treated concurrently.

Trauma-specific services include techniques which are designed to assist individuals with a history of trauma in managing dissociative symptoms; desensitization therapies which help render painful images more tolerable; and behavioral therapies which teach skills for the modulation of powerful emotions (Harris & Falot, 2001). Examples include Seeking Safety and Trauma Recovery and Empowerment Model (TREM for women and M-TREM for men) interventions and Eye Movement Desensitization and Reprocessing (EMDR) psychotherapy.

#### **GUIDING PRINCIPLES: DMHAS providers:**

- Recognize that the majority of individuals seeking services and/or are currently involved in services, have at one point in their life experienced trauma. Trauma responsive services are applied universally to every individual.
- Identify and screen for individuals who have experienced trauma. Universal trauma screening should be appropriate to the service setting and should be performed upon intake with ongoing reassessment incorporated into the recovery plan. An appropriate assessment of trauma exposure includes history and symptoms, as well as the linkage to trauma-specific services that are developed specifically to an individual's desired outcome.
- Provide education to all staff members on: the potential effects and impact of trauma on therapeutic relationships and employee wellbeing; personal and professional boundaries; understanding behaviors of individuals with a history of trauma; cultural competence and gender responsivity; and, the promotion of a system that is both trauma informed and sensitive.
- Provide adequate supervision and training to mitigate the effects of compassion fatigue and/or vicarious traumatization on employees.

- Provide clear and specific services to individuals, informing those served of their rights and the expectations of their participation. Boundaries are clear and consistent in order to achieve trustworthiness.
- Focus on individual choice as a way to maximize autonomy and empowerment. Individuals have a right to choose the services they receive and who provides them. Recovery is best achieved by supporting individuals in making their own decisions and choosing their own goals.
- Promote shared decision making between the individual and the service provider. Individuals receiving services are present in service planning, goal setting and in all other facets of treatment. Individuals are seen as the expert on his or her recovery.
- Empower individuals and teach skill building as an integral part of the services provided with an emphasis on individual growth and a focus on individual strengths.