STATE Of VERMONT Department of Mental Health		
Policy Name **Trauma-Informed Mental Health System of Care**	Original Policy Adoption Date: Revision Date:	Chapter/Number
	EFFECTIVE DATE:	Attachments/Related Documents:
Authorizing Signature:_____ Date: _____		

POLICY:

The Department of Mental Health (DMH) will promote the delivery of trauma services through a trauma-informed system of care. The DMH will work in partnership with survivors of trauma, family members, advocates, trauma services providers, federal, state, and local agencies, health providers, domestic violence and substance abuse professionals, private citizens, and others in support of these principles. All mental health services will be trauma-informed and all DMH-funded treatment programs will develop and maintain the capacity to provide trauma-specific treatment.

PURPOSE:

To ensure that mental health services are respectful, sensitive to trauma, actively involve the survivor, promote resiliency and recovery, and reduce and eliminate practices that have the potential for traumatization or re-traumatization. To ensure that the DMH service delivery system is providing quality trauma-specific clinical services which are accessible and coordinated within the system of care including physical health, substance abuse, and domestic violence services.

AUTHORITY and BACKROUND

The mission of the Department of Mental Health (DMH) is to promote and improve the mental health of Vermonters. The widespread prevalence of trauma experienced by individuals and families who access services from DMH makes identifying and responding sensitively and effectively to trauma survivors a priority for the mental health system. DMH recognizes that survivors of trauma are resilient, have developed resourceful coping strategies, and can and do recover.

Trauma can have lasting impacts on child and adult outcomes including reduced school readiness and performance; increased development of substance abuse; serious health problems; social, emotional, behavioral and mental health problems; and decreased occupational attainment. It is

recognized that trauma has a particularly unique and significant impact on children due to their developmental vulnerabilities. Child maltreatment and trauma, especially chronic trauma, affects every aspect of a child's development and functioning including cognitive, emotional, behavioral, social, physical and moral development (Moroz, 2005).

Adults can be affected by acute and/or chronic trauma(s) that occurred in childhood or adulthood. The ACE study (Adverse Childhood Experiences; Felitti, Anda, Nordenberg, et al., 1998) found that adults who reported multiple adverse childhood experiences had a significant increase in adult health risk behaviors and diseases, many of which were leading causes of death. As reported by the Vermont Commission on Psychological Trauma (2000), national studies have reported that 30-70% of persons served in outpatient treatment for mental health problems have traumatic abuse histories. In Vermont's Community Mental Health system, 9.6% of all individuals served had a diagnosis of PTSD in FY07 (Pandiani & Carroll, 2008). It is also significant that in 2003, "88% of Vermont female inmates had experienced physical and/or sexual violence. 74% of these inmates experienced physical abuse as a child and as an adult." (Vermont Agency of Human Resources Domestic Violence Taskforce, 2005).

Finally, trauma and post-traumatic stress can significantly impact Veterans and their families, therefore military members, veterans, and/or families seeking supports and services within the civilian mental health system need trauma-informed and culturally competent services.

Evidence-based identification, intervention and support for children, adolescents, adults and families who have experienced trauma is imperative to reduce the impact of trauma, build resiliency and increase functioning in the short and long term. The DMH is committed to the provision of trauma-informed care for all mental health consumers and trauma-specific treatment services for those identified as needing more intensive treatment.

Progress in Vermont

For a complete detailed account of the progress of trauma-informed service delivery across the Vermont Agency of Human Services (AHS), please refer to the AHS Trauma Policy.

This DMH Trauma Policy serves to specify the application of the AHS Trauma policy within the mental health service system. In order to have an effective response to the mental health needs of Vermonters, DMH and the mental health service system must recognize the connection between trauma, mental health, health, substance use, and domestic violence and create effective and integrated approaches that increase safety and positive outcomes for Vermonters.

DEFINITIONS

The Vermont Department of Mental Health recognizes that people can experience different types of psychological trauma and thus require individualized approaches of service. Therefore, developing a common language is beneficial to the system of care.

Trauma- Psychological trauma is the unique personal experience of a single traumatic event or chronic (repeated) stressful conditions, in which (1) the person's ability to make sense of his/her emotional experience is overwhelmed, or (2) the individual subjectively experiences a

psychological or physical threat to life (self or significant other), bodily integrity, or sense of self. The person feels emotionally, cognitively and physically overwhelmed. The situations related to traumatic events often include on-going abuse of power, disruption of attachment, betrayal of trust, entrapment, helplessness, pain, confusion and/or loss.

Trauma Types- Definitions of specific types of trauma are universally identified and used throughout the mental health service system. These types include, but are not limited to, definitions for Emotional Abuse/ Psychological maltreatment, Physical abuse/ maltreatment, Sexual maltreatment/ abuse, Neglect, Domestic Violence, Traumatic loss or bereavement, War/ terrorism/ political violence, Forced displacement, Impaired Caregiver, Injury/Accident, Illness/Medical, Extreme personal/ interpersonal violence, Community violence, School violence, and Vicarious Trauma (NCTSN; NCANDS).

Effects of Trauma- Psychological trauma has a direct effect on the brain, including associated bodily, neurological, and stress response systems. This causes imbalances in mood, memory, judgment, and impairment in relationships and work. The bio-psycho-social impact of trauma can lead to a sense of fear, helplessness, horror, detachment, and/or confusion.

Experiences of interpersonal 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 who they are, trust in others, participation in society and culture, and the health and integrity of his/her body.

Persons with severe and persistent behavioral health problems, including mental illness and/or substance use disorders, often have experienced trauma. Many suffer from post-traumatic symptoms that exacerbate their other behavioral health problems, impair their psychosocial functioning, and interfere with the quality of their and their loved ones' lives.

Trauma situations frequently involve experiences of powerlessness and loss of control. Consumer-survivors often are extremely sensitive to the ways in which power and control dynamics are expressed in relationships, including relationships with professional and helping roles. Many trauma survivors have difficult experiences with people in positions of authority and who then function in an over- or under-controlling fashion.

Trauma Informed services- Trauma-informed services are designed to deliver mental health, addictions, housing supports, vocational or employment counseling services, etc., in a manner that recognizes the presence of trauma symptoms and acknowledges the role that violence and victimization play in the lives of most consumers of mental health, substance abuse, education, child care, public health and other social services. This understanding drives the design of service systems that accommodate the vulnerabilities of trauma survivors and provide services in a way that will facilitate consumer participation that is appropriate and helpful to the special needs of trauma survivors.

Trauma Specific Services- Trauma specific clinical services are designed specifically to treat the actual sequelae of emotional, physical or sexual abuse and other psychological trauma and are available and accessible to all consumers, including adults, adolescents, children and their

families. These services utilize evidence-based and promising practice trauma treatment models appropriate for adults or children, are recovery- and resiliency- oriented, emphasize consumer voice and consumer choice, and are provided by staff who are fully trauma-informed and culturally-competent.

SCOPE:

This policy applies to the DMH and all DMH-designated and/or contracted mental health service providers.

COMPLIANCE

The overall responsibility for providing trauma-informed and trauma specific mental health services rests primarily with the Department of Mental Health and its designated and contracted network of service providers. To ensure a consistent and comprehensive approach, the DMH Commissioner, in conjunction with the Agency of Human Services, shall oversee the implementation of this policy and provide the Department with direction, support and consultation. The Department's designated service providers will have an identifiable program improvement process to ensure the effective implementation of trauma-informed care and trauma-specific services.

ENFORCEMENT

The DMH Commissioner, or designee, may conduct reviews, assessments or other means to ensure that this policy is being followed. Such reviews and assessments will be incorporated into the Quality Assurance/ Improvement, Contracting and Designation processes.

RELATED DOCUMENTS/ STATUTORY REFERENCES:

AHS policy # 01.07: **Trauma Informed Systems of Care** (Original policy adopted date: 8/2003, draft revision date: 1/06)

Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med 1998 May;14(4):245-58.

Harris, M., & Fallot, R. EDS. (2001). Using Trauma Theory to Design Service Systems, Jossey-Bass, San Francisco.

Hodas, G. (2006). Responding to Childhood Trauma: The Promise and Practice of Trauma-Informed Care, Office of Technical Assistance, National Association of State Mental Health Program Directors. from http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf.

Jennings, A. (2004). Trauma informed mental health service systems: Blueprint for action. Alexandria, VA: National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning.

Moroz, K. (2005). The Effects of Psychological Trauma on Children and Adolescents. White paper, Child Adolescent and Family Unit, Department of Mental Health, Agency of Human Services, State of Vermont.

NCTSN Core Clinical Dataset. Trauma type definitions based on National Child Abuse and Neglect Data System (NCANDS) Glossary.

Vermont Agency of Human Services Domestic Violence Task Force, Richard, J., M.Ed., and Sutphen, J. (2005). *Report on Domestic Violence Policy and Practice at the Vermont Agency of Human Services: Recommendations for Systems Change.*