

**Oregon Department of Human Services
Addictions and Mental Health Division
Trauma Policy
February 14, 2006**

Policy

It is the policy of the Addictions and Mental Health Division (AMH) of the Oregon Department of Human Services that all state and community providers, and those who oversee public mental health and addiction services are informed about the effects of psychological trauma, assess for the presence of symptoms and problems related to that trauma, and develop and offer services that facilitate recovery in accordance with Oregon Administrative Rules.

Definition of psychological trauma

In this policy, psychological trauma refers to the cluster of symptoms, adaptations, and reactions that interfere with the functioning of an individual who has extreme suffering (including neglect and deprivation), as a result of severe physical abuse and injury, sexual abuse and/or exploitation, witnessing or surviving severe community or domestic violence (including accidents, natural or human-caused disasters). This includes effects of mistreatment, abuse, neglect, or coercive interventions in the broad context of health services (e.g., outpatient, hospital, residential, employment, or criminal justice settings).

Background

The long-term adverse effects of interpersonal violence, abuse, neglect, and other serious traumatic experiences are seen in people from infancy to old age, across gender, race, culture, socioeconomic status, intelligence, or educational level. However, most people who ask for help for themselves or family members do not usually seek services specifically for trauma-induced problems.

The symptoms that are adaptations to the effects of psychological trauma are sometimes not recognized as associated with prior trauma by survivors or clinicians. The cluster of issues, personal adaptations, problems, and symptoms that are seen in these individuals may result in Post-Traumatic Stress Disorder (PTSD), but more commonly other behavioral health conditions including mood, anxiety, and substance use disorders.

Children and adolescents with labile emotions, impulsivity, difficulty in maintaining attention, self harm, or unmanageable behaviors should also be evaluated for a history of abuse or other traumatic events.

People who experience social impairment as a result of psychological trauma will frequently describe suffering from depression, anxiety, difficulty controlling

arousal of emotions, dissociation, suicidal thoughts, self-harm, guilt, low self-esteem, mistrust of others, substance misuse or relapse, and unsatisfactory interpersonal relations.

Significant progress has been made, and efforts will continue, to identify, validate, and disseminate evidence-based and promising practices to reduce the risks and consequences of psychological trauma. Mental health and addiction service agencies must implement policies and procedures to identify and treat psychological trauma and to provide services and trauma-specific treatment within a trauma-informed model.

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 trauma plays in the lives of people seeking mental health and addictions services. A trauma-informed system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent re-traumatization and will facilitate consumer participation in treatment. It also requires collaborative relationships with other public and private practitioners with trauma-related clinical expertise.

Trauma-specific services are designed to treat the actual consequences of trauma. 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 collaboratively in a person-directed and empowering way with survivors of abuse. All treatment providers should recognize a person’s right to receive services in the most integrated setting in the community. Traumatized individuals seeking help must be given opportunities to be involved as partners in the planning and evaluation of services offered. They should also be given the opportunity to invite and include family and/or friends in that process.*

When psychological trauma is not recognized or addressed, people may be unintentionally traumatized or re-traumatized by the agencies and providers trying to serve them. Re-traumatization can be overt as in the use of coercive interventions, such as seclusion or restraint. It can be less obvious and insidious as occurs when clinicians are not sensitive to the potential inflammatory impact of their words or behavior or when the design and physical environment of treatment facilities emphasize control more than comfort.

Unless people are able to recover from the adverse effects of trauma, those effects may continue throughout their lives. Parents who have experienced trauma without effective support or treatment, may negatively affect their children's development. Children and adolescents who have experienced trauma may have great difficulty in interpersonal relationships.

AMH recommends a coordinated approach within mental health and addiction and other social and health services that recognizes, responds to, and helps people recover. This approach encourages other human service agencies to promote the reduction of negative effects of psychological trauma on an individual's health, safety and independence.

Action Plan

1. The Addictions and Mental Health Division will lead the development and implementation of state-wide policies and procedures to deliver mental health and addiction services that are sensitive and responsive to the needs of survivors of psychological trauma. This will be accomplished through development and revision of Oregon Administrative Rules, regulatory and quality assurance activities, creation of guidance documents for mental health and addictions service providers, and workforce development efforts.
2. Service agencies will develop policies and procedures that are both trauma-informed and trauma-specific. This includes developing sensitive and effective methods for assessing clients for trauma and person-directed treatment interventions and the specific and broad-based staff training to support the implementation and provision of such services. This will be accomplished through quality assurance and licensing activities and through specific policy guidance. Workforce development and technical assistance initiatives will also provide support for service agencies in developing trauma-informed and trauma-specific policies and procedures. Policies and procedures will address ways to avoid the inadvertent traumatizing or re-traumatizing of people receiving mental health, medical, or addiction services.
3. AMH will encourage partnership across DHS and with other public, private, and non-profit agencies in developing trauma-informed services that include assessment and appropriate referral of people who exhibit significant effects of psychological trauma. AMH will cooperate with other DHS agencies to offer training for staff that includes addressing secondary or vicarious trauma and in the development of trauma-informed services.

*The definitions of trauma-informed and trauma-specific services were adapted from *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*, Jennings, A. (2004). National Association of State Mental Health Program Directors.