

## NORTHCARE NETWORK

<b>POLICY TITLE:</b> Trauma Informed Care	<b>CATEGORY:</b> Clinical Practices	
<b>EFFECTIVE DATE:</b> 12/9/20	<b>BOARD APPROVAL DATE:</b> 12/9/20	
<b>REVIEW DATE:</b> 8/21/25	<b>REVISION(S) TO POLICY STATEMENT:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OTHER REVISION(S):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>RESPONSIBLE PARTY:</b> Clinical Practices Specialist	<b>CEO APPROVAL DATE:</b> 11/4/25 Megan Rooney, CEO	

### **APPLIES TO**

NorthCare Network Personnel  
Member CMHSPs  
SUD Providers

### **POLICY**

Agencies will be trauma informed to ensure a safe and welcoming work environment for staff, visitors, and persons served. An environment that cares for the health, wellbeing, and safety of, as well as respect for staff, will enhance the ability for staff to provide the best possible trauma-informed care to individuals and create and promote a positive environment for staff. Services will be provided with a trauma-informed approach.

### **PURPOSE**

The purpose of this policy is to recognize and address trauma in the lives of individuals served, as well as the secondary trauma experienced by staff. This policy is intended to enhance the understanding of trauma and its impact, ensure the development of a trauma informed system and the availability of trauma specific services for persons served. Secondary trauma will be addressed at NorthCare and its providers.

### **DEFINITIONS**

1. **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. (SAMHSA)
2. **Secondary Traumatic Stress:** Refers to the presence of post-traumatic stress disorder (PTSD) symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.
3. **Compassion Fatigue:** Is a less stigmatizing way to describe secondary traumatic stress and has been used interchangeably with the term.
4. **Vicarious Trauma:** Refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another individual's traumatic material.
5. **Compassion Satisfaction:** Refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues and the conviction that one's work makes a meaningful contribution to clients and society.
6. **Burnout:** Is characterized by emotional exhaustion, depersonalization, and a

reduced feeling of personal accomplishment. While it is also work-related, burnout develops because of general occupational stress. The term is not used to describe the effects of indirect trauma exposure specifically.

7. **Trauma Informed Services:** A trauma-informed approach involves being aware of how clients who are affected by traumatic experiences may perceive and respond to your agency's practices and services. Trauma-informed agencies, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.
8. **Trauma Focused Cognitive Behavioral Therapy:** An Evidence Based practice for children age 3-18 who have experienced trauma.
9. **Trauma Recovery and Empowerment Model (TREM/M-TREM):** An Evidenced Based Practice, group based, gender specific intervention for adults with a history of trauma aimed at developing coping skills and social support.
10. **Seeking Safety:** A flexible group treatment model for adults with a history of trauma and substance abuse.

## **REFERENCES**

- Improving MI Practices <https://www.improvingmipractices.org/focus-areas/courses/trauma-informed-care>
- Example trauma policy [https://www.michigan.gov/documents/mdhhs/Trauma\\_Policy\\_Framework\\_Guide\\_576279\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Trauma_Policy_Framework_Guide_576279_7.pdf)
- Michigan Trauma Informed Initiatives [https://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4911\\_69588\\_87676\\_87692---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_69588_87676_87692---,00.html)
- MDHHS Policies & Practices Guidelines – Trauma Policy <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>

## **HISTORY**

NEW POLICY: 12/9/20

REVISION DATE: 6/1/21, 11/21/23, 8/21/25

REVIEW DATE: 6/1/21, 4/19/22, 2/20/23, 11/21/23, 9/9/24, 8/21/25

CEO APPROVAL DATE: 12/1/20, 6/1/21, 5/3/22, 3/7/23, 12/5/23, 10/1/24, 11/4/25

BOARD APPROVAL DATE: 12/9/20

## **PROCEDURES**

The agency shall develop a trauma-informed system of care for all consumers and staff and shall ensure that the following elements are provided:

- A. The agency will have a trauma informed culture, adopting values and principles to ensure safety and prevent re-traumatization.
  1. This may be achieved in the following ways:
    - i. Organizational self-assessment to evaluate current policies and practices are trauma informed and improve where necessary. This assessment should be repeated every three years.
    - ii. Developing a committee, including persons served from all populations, with a focus on building and maintaining trauma informed care within the agency.

- iii. Ensure trauma informed training for all clinical designated staff initially (within 90 days) and on an annual basis.
    - An online module on [www.improvingmipractices.org](http://www.improvingmipractices.org) *Creating Cultures of Trauma Informed Care* is available, or other curriculums can be utilized if they meet the standards set forth in MDHHS policy.
  - iv. Ensure trauma-informed training for all non-clinical designated staff initially (within 90 days) and on an annual basis.
    - A self-directed non-clinical training course developed by NorthCare Network is available for use. The training meets the standards set forth in MDHHS Trauma Policy.
  - v. Ensure policies and procedures support trauma informed care and address secondary trauma of staff.
  - vi. Ensure trauma informed practices are implemented across the agency from hiring of staff to performance reviews and from intake to discharge of a person.
- B. Clinicians will be aware of the impact of trauma and will provide trauma informed care.
- C. Clinicians will ask about trauma as part of the assessment process.
1. Based on results of the trauma section of the assessment, appropriate trauma-specific treatment or trauma-informed services for the child and family shall be included in the Individual Plan of Service, as decided upon during person centered planning, to help the consumer heal and build resiliency.
- D. Trauma Focused treatments will be encouraged. Such treatments might include Trauma Focused Cognitive Behavioral Therapy (TFCBT), Trauma Recovery and Empowerment Model (TREM/M-TREM) and Seeking Safety.
- E. The agency will aim to reduce trauma within the community by supporting and/or collaborating with local agencies for the development of a trauma informed community.

#### NorthCare

NorthCare will facilitate a regional trauma informed committee composed of PIHP, CMHSP, SUD staff, and consumers. This committee will share ideas for becoming trauma informed, discuss and problem solve barriers, and promote regional trauma initiatives.

#### Secondary Trauma:

- A. NorthCare and each county CMHSP and SUD office shall adopt and outline approaches that help prevent and address secondary traumatic stress and related conditions for all staff consider the following options:
1. Development of a written/formal protocol on the process for accessing help and support for staff who are experiencing secondary traumatic stress.
  2. Discussion during supervision on the impact of the work on staff. It is recommended as best practice that supervision be provided via a trauma-informed approach and a trauma informed question be part of performance reviews.

3. Utilization of evidence-based management practices to promote a supportive office culture/climate.
4. Training to help supervisors/managers recognize signs of secondary traumatic stress among staff.
5. Mechanisms for sharing self-care and coping strategies.
6. Other agency support available (employee assistance program, etc.).
7. Incident debriefing.