



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
222 SOUTH WARREN STREET
PO Box 700
TRENTON, NJ 08625-0700

CHRIS CHRISTIE
Governor

JENNIFER VELEZ
Commissioner

KIM GUADAGNO
Lt. Governor

LYNN A. KOVICH
Assistant Commissioner

February 13, 2015

Dear Colleague:

As we grow more toward becoming a trauma informed system of care, NJ DMHAS acknowledges that approximately 50–60% of the general population has experienced a high-magnitude, potentially traumatic event such as a serious accident, natural disaster, or witnessing a trauma. (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995.) Adults in psychiatric hospitals have high rates of physical and/or sexual abuse, ranging from 43% to 81%. Up to 2/3 of men and women in substance abuse treatment suffer from posttraumatic stress disorder, acute stress disorder or other trauma related symptoms; and up to 80% of women in prison and jails were victims of sexual and physical abuse.

Because Universal Trauma Informed screening can prevent misdiagnosis and inappropriate treatment planning, SAMHSA has put forth, and NJ DMHAS has adopted, the following recommendation:

“All adults and children who enter the system of care, regardless of which “door” they enter, should be screened for abuse and trauma at or close to admission. At a minimum, questions should include histories of physical and sexual abuse, domestic violence, and witnessed violence. Individuals with a positive response to the screen should have a trauma assessment as an integral part of the clinical picture, to be revisited periodically and used as a part of all treatment, rehabilitation, and discharge planning. Clients with trauma histories should be informed about and referred to quality, trauma-informed and trauma specific services and supports.”

Screening is the process by which an individual is determined to be appropriate and eligible for admission to services. Screening also provides us with vital understanding about the needs of those we serve so that we might begin planning appropriate interventions and treatment. Trauma-informed screening is an essential part of the intake evaluation and the treatment planning process. Once we identify a need through screening, we then move toward further assessment to determine the extent of the impact of trauma-related symptoms. The DMHAS

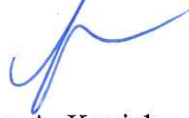
Trauma Informed Care Work Group is presently finalizing our recommendations on assessment tools for you.

Together with our DMHAS Trauma Informed Care Work Group, I am pleased to announce that we have selected two evidence based screening tools that we are recommending for use within all of our agencies throughout the system of care. These measures are identified as evidence based through SAMHSA and in the Center for Substance Abuse Treatment's: TREATMENT IMPROVEMENT PROTOCOL 57: Trauma-Informed Care in Behavioral Health Services. Both of these screenings can both be used as either self-report, or with the assistance of staff members, and are provided, for your use, in the attached guiding document. Please allow these attachments to serve as the Divisions position on screening for trauma issues. If you are already screening for trauma, using a different evidenced based tool, please continue to use what has been proven as successful for you. If you do not have policy for a formal screening process or tool, please use this documentation to move with us toward being more trauma informed.

If you have any questions, or need additional information or assistance, please contact Kathi Bedard at: Kathi.bedard@dhs.state.nj.us.

Thank you!

Sincerely,



Lynn A. Kovich
Assistant Commissioner

Attachment
C: Kathi Bedard