



Canadian Centre on Substance Abuse

This webinar will begin shortly:

“Trauma-informed Practice in Mental Health and Substance Use Fields”

Date: Tues. February 7, 2012

Time: 1 pm EST

Duration: 1 hour

Presenter: Nancy Poole

Moderator: Rebecca Jesseman

A webinar sponsored by SystemAction, the Canadian Centre on Substance Abuse, and the BC Centre of Excellence for Women’s Health



Canadian Centre on Substance Abuse

Housekeeping

- This webinar will be recorded.
- Recording and slides of the presentation:
 - SystemAction site: <http://systemaction.ccsa.ca> (members)
 - rolfert@ccsa.ca or jgreen@ccsa.ca
 - BC Centre of Excellence for Women's Health:
www.bccewh.bc.ca
- Please type in your questions as you have them. We will have discussion at 3 points in the presentation.
- Your feedback is welcome!



Canadian Centre on Substance Abuse



About Nancy Poole...





Trauma
informed
practice

Agenda

- Introduction** to trauma-informed and trauma-specific practice
- Examples** of how people are embedding trauma informed care in various settings in Canada
- Discussion** of why we need to focus on trauma informed care in our systems development work
- Summary** of key issues, themes and resources, highlighting promising practices and tensions

Introduction to trauma informed practice

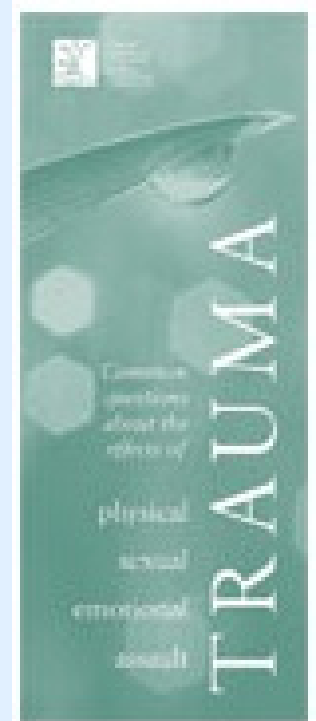
What is trauma?

“Trauma is the emotional response when an injury overwhelms us. The injury could be physical, sexual, or emotional.”

(Centre for Addiction and Mental Health, 2000)

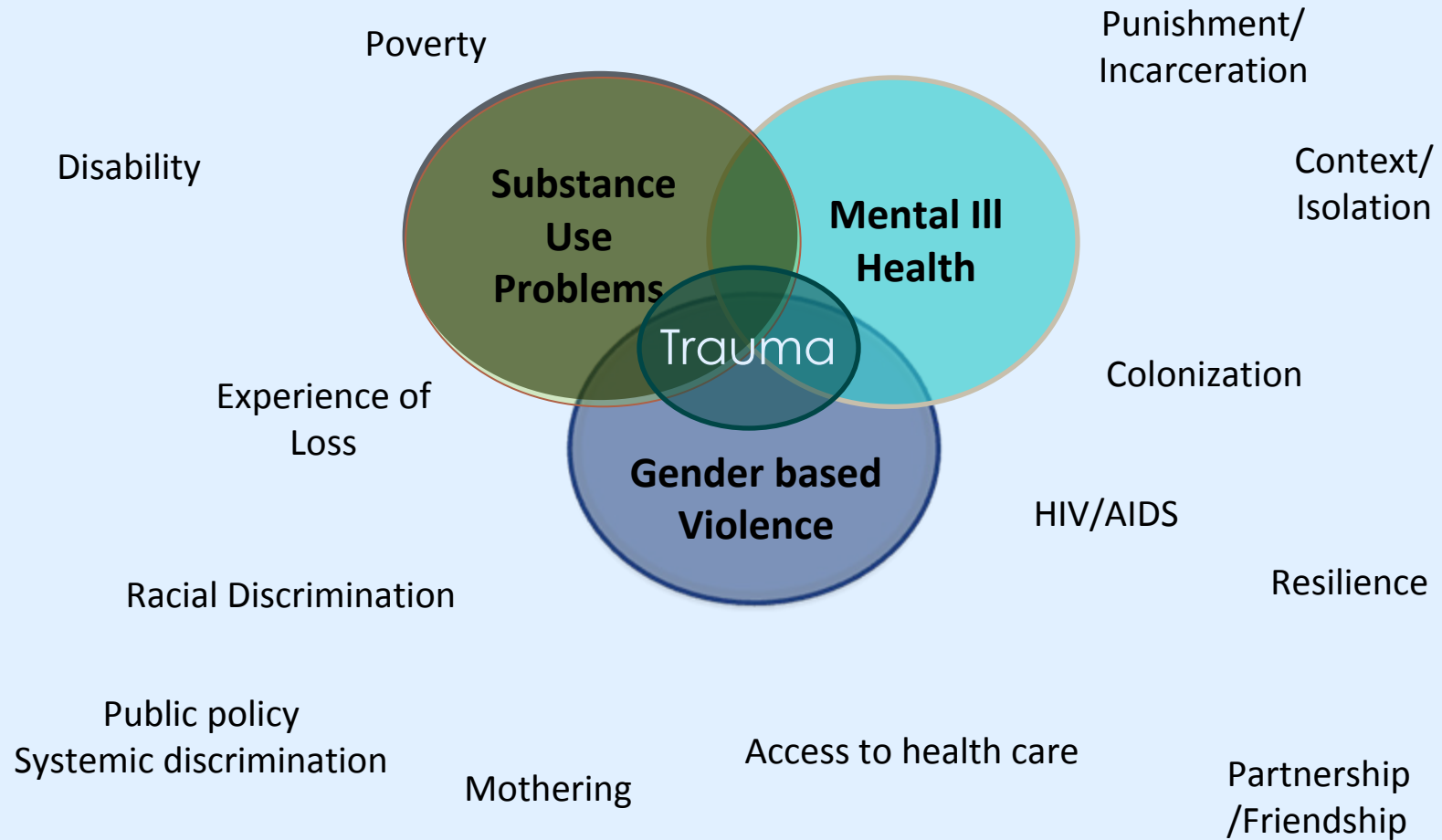
Some of the most common traumatic events in the lives of women and men include:

- physical assault
- sexual assault, including childhood sexual abuse, verbal assault
- being threatened with physical or sexual assault
- witnessing violence against others
- long-term neglect in childhood



CAMH
2000

Making the Links



Girls who experience physical & sexual abuse by dating partners are more likely to engage in risky behaviors.

(Note: Odds of 2.0 mean a girl is twice as likely to engage in the behavior as one who was not abused.)

<i>Behavior</i>	<i>Odds</i>
Heavy smoking (within 30 days)	2.5
Binge drinking (within 30 days)	1.7
Cocaine use (ever)	3.4
Diet pill use (within 30 days)	3.7
Laxative use & / or vomiting (within 30 days)	3.7
More than three sex partners (within 90 days)	3.3
Pregnancy (ever)	3.9
Considered suicide (within 1 year)	5.7
Attempted suicide (within 1 year)	8.6

Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behaviour, pregnancy, and suicidality. *The Journal of the American Medical Association*, 286, 572-579

Trauma Informed vs Trauma Specific

Trauma-informed services:

- embed an understanding of trauma in all aspects of service delivery
- place priority on trauma survivor's safety, choice and control
- create a treatment culture of nonviolence, learning, and collaboration.

Trauma-specific services:

- directly address the impact of trauma
- facilitate trauma recovery and healing

Examples of trauma-specific approaches

- Attachment, Self-Regulation and Competency (ARC)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Sanctuary Model
- Sensorimotor Psychotherapy
- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT).
- Seeking Safety, Trauma Recovery and Empowerment Model (TREM) & Beyond Trauma: A Healing Journey for Women
- Trauma Resiliency Model (TRM) & Veterans Resiliency Model (VRM)
- Aboriginal healing approaches

Why Trauma Informed Practice (TIP)?

- To help people make connections between their experience of trauma and problematic substance use or mental health concerns
- Client engagement, retention and outcomes improve when:
 - services are emotionally and physically safe
 - opportunities for learning & building of coping skills are present
 - clients have choice and control

Questions, Answers, Discussion (5 minutes)

Key principles of TIP

All services taking a trauma-informed approach begin with building awareness among staff and clients of:

- how common trauma is
- how the impact can be central to one's development
- the wide range of adaptations people make to cope and survive, and
- the relationship of trauma with substance use, physical health and mental health concerns.

This knowledge is the foundation of an organizational culture of trauma-informed care

4 Key Principles

1. Trauma Awareness

Trauma Survivors:

- Likely have experienced boundary violations and abuse of power
- Need to feel physical and emotionally safe
- May currently be in unsafe relationships

Safety and trustworthiness are established through:

- welcoming intake procedures
- adapting the physical space
- providing clear information and predictable expectations about programming
- ensuring informed consent
- creating crisis plans . . .

4 Key Principles

2. Emphasis on safety and trustworthiness

- The safety and mental health needs of service providers are also considered within a trauma-informed service approach.
- Key component: Education and support related to vicarious trauma.

4 Key Principles

2. Emphasis on safety and trust-worthiness

Trauma-informed services create safe environments that foster a client's sense of efficacy, self-determination, dignity, and personal control.

Service providers are encouraged to:

- communicate openly
- equalize power imbalances
- allow the expression of feelings without fear of judgment
- provide choices as to treatment preferences, and
- work collaboratively

4 Key Principles

3. Opportunity for choice, collaboration and connection

Service providers...

- help clients identify their strengths
- further develop resiliency and coping skills
- teach and model skills for recognizing triggers, calming, centering and staying present
- support an organizational culture of 'emotional intelligence' and 'social learning'
- maintain competency-based skills, knowledge, and values that are trauma informed

4 Key
Principles

4. Strengths
based and
skill building

Questions, Answers, Discussion (5 minutes)

Examples of Trauma Informed Practice (TIP)

Trauma informed practice within treatment for Aboriginal women



Collaborative research project (2005) led by Dr. Colleen Dell, between the National Native Addictions Partnership Foundation, the Canadian Centre on Substance Abuse and the University of Saskatchewan.

<http://www.addictionresearchchair.ca/creating-knowledge/national/aboriginal-women-drug-users-in-conflict-with-the-law/present-our-findings-by-delivering-a-workshop/>

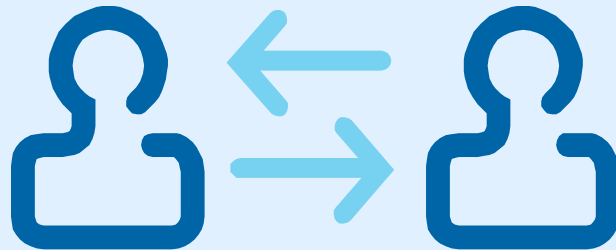
The role of the treatment provider in Aboriginal women's healing from illicit drug abuse

The project examined the role that identity and stigma have in the healing journeys of criminalized Aboriginal women in treatment for illicit drug abuse at National Native Alcohol and Drug Abuse Program centres across the country.

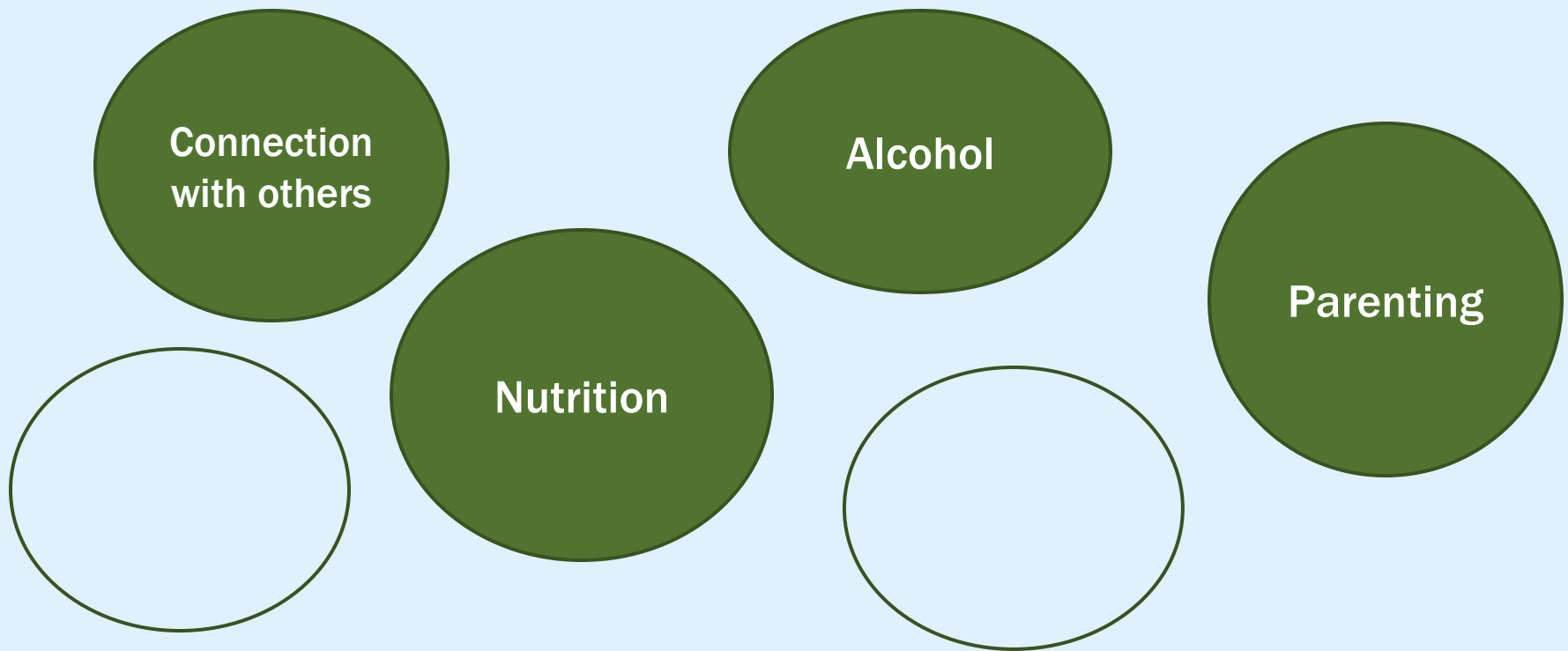


Evidence-based interventions used in substance use treatment, consistent with trauma informed practice

- Client Directed Outcome Informed (CDOI) Therapy
- Motivational Interviewing (MI)



COLLABORATING with women with trauma and substance use concerns



Seeking Safety Model

Adaptation at Victoria Women's Sexual Assault Centre

- A community collaboration to provide integrated services
- Collaborated with the Vancouver Island Health Authority (VIHA)
- Outpatient group run by trauma counsellor and addiction counsellor
- Adapted Seeking Safety Model:
 1. Seeking Information (3 weeks): focus on coping strategies
 2. Seeking Understanding (12 weeks): in-depth examination of topics related to trauma and substance use

Seeking Safety model

adaptation at Victoria Women's Sexual Assault Centre

Evaluation findings:

- safety to explore both issues,
- learning about the effects of trauma & skills to manage
- reduction in stigma and increasing self acceptance,
- breaking through isolation, connecting with other women
- developing hope for future

Poole, N., & Pearce, D. (January 2005). *Seeking Safety, An Integrated Model for Women Experiencing Post Traumatic Stress Disorder and Substance Abuse: A Pilot Project of the Victoria Women's Sexual Assault Centre, Evaluation Report*. Victoria, BC: Victoria Women's Sexual Assault Centre

Trauma Informed Intake Practices

2011 focus groups of BC addictions and mental providers

Flexible intake and assessment processes that:

- Create safety (including cultural safety)
- Engage – establish a therapeutic relationship
- Do not “press for compliance.”
- Screen for present concerns
- Normalize client experience(s)
- Set boundaries
- Identify symptoms

Braiding in response to trauma

Jean Tweed Centre, Toronto

Braiding together trauma, substance use and gambling.

Key aspects:

- Look for client readiness (not worker readiness)
- Educate staff and funders
- Support women's pacing – no prescribed trauma schedule
- Good clinical supervision
- Peer support for staff and clients
- Evaluation – quality assurance plan

van Wyck, L., & Bradley, N. (2007). A braided recovery: Integrating trauma programming at a women's substance use treatment centre. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto, ON: Centre for Addiction and Mental Health

Other examples

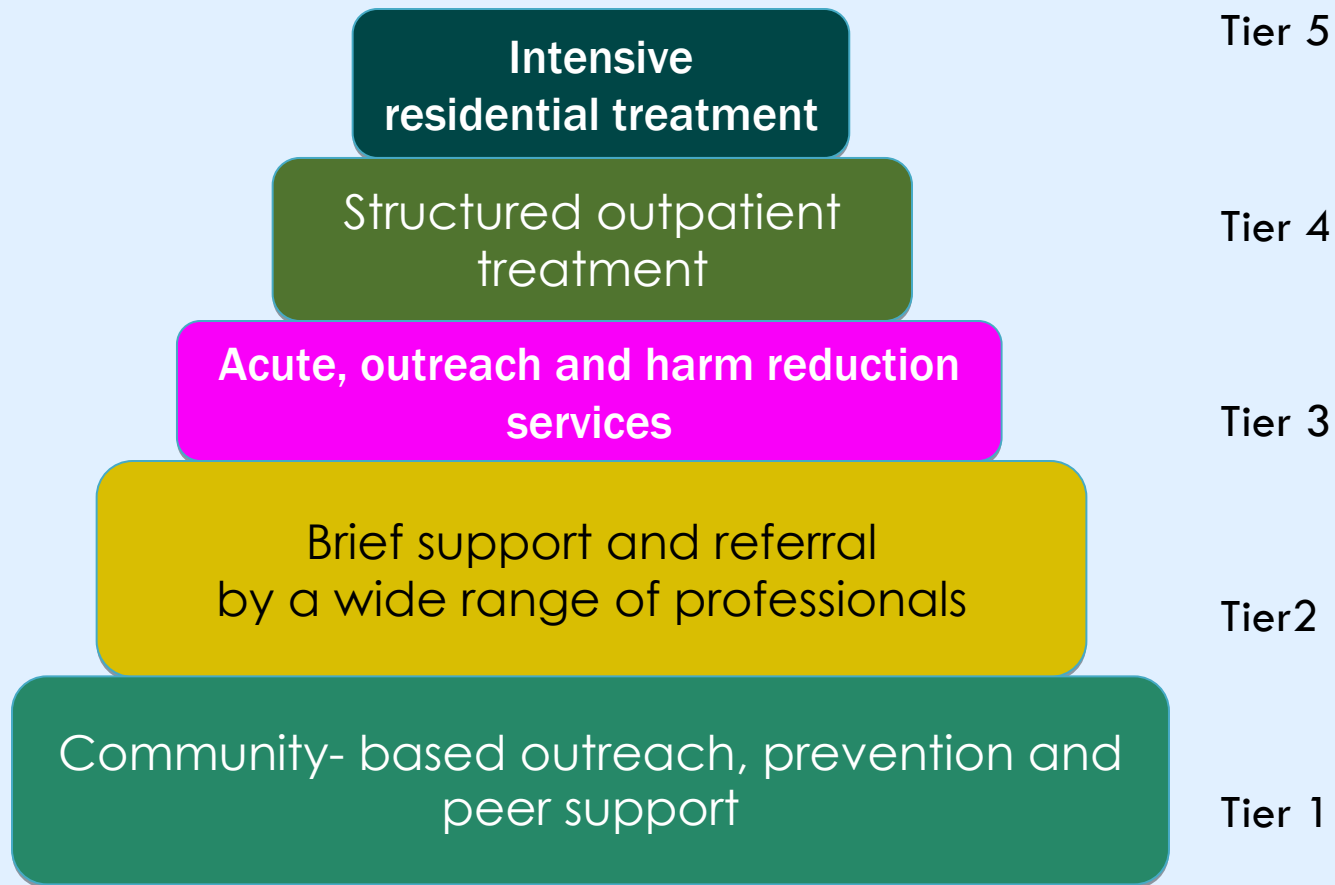
- Different populations:
 - Men
 - Aboriginal people
 - Girls
 - People with developmental disabilities
 - Refugees
 - Women who have lost custody of their children
 - Homeless people. . .
- Diverse settings:
 - Outpatient
 - Inpatient
 - Clinics
 - Psychiatric settings
 - Systems of care...

Upcoming book from Centre for Addictions and Mental Health: “Becoming Trauma Informed”

Why we need to focus on
trauma-informed care in our
systems development

Weaving the Threads 2001	<i>Saving Lives</i>	<i>Stabilization</i>	<i>Healing</i>	<i>Reintegration</i>
Not ready to change	<ul style="list-style-type: none"> ■ Outreach ■ 24 hour crisis interventions 	<ul style="list-style-type: none"> ■ Outreach ■ Needle exchange ■ Safe injection facilities 	<ul style="list-style-type: none"> ■ Brief intervention ■ Medical treatments 	
Thinking about change	<ul style="list-style-type: none"> ■ 24 hour sobering shelter ■ Wet housing 	<ul style="list-style-type: none"> ■ Low threshold methadone ■ Drop in day programming ■ Damp housing support 	<ul style="list-style-type: none"> ■ Withdrawal management ■ Brief counseling 	
Ready to change		<ul style="list-style-type: none"> ■ Drug maintenance ■ Damp skill development ■ Dry pretreatment housing 	<ul style="list-style-type: none"> ■ Long term counseling and day treatment ■ Residential treatment 	<ul style="list-style-type: none"> ■ Aftercare counseling and relapse prevention ■ Supported housing
Reinforcing change				<ul style="list-style-type: none"> ■ Workforce integration programs ■ Disability services

TIERED SYSTEM



Source: *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy.* (2008) National Treatment Strategy Working Group.

Intervention is not a specialist problem but a broad social responsibility that should be shared by many public and private sectors

Rethinking Substance Abuse: what the Science Shows and What We Should Do about It

Edited by William R Miller and Kathleen M Carroll, 2006

Study of Birth Mothers of 160 children with Fetal Alcohol Syndrome

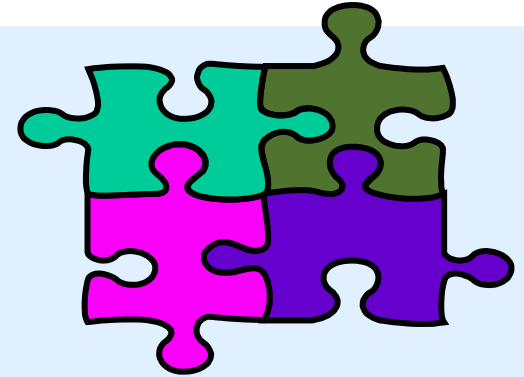
Of the 80 interviewed:

- 100% seriously sexually, physically or emotionally abused
- 80% had a major unaddressed mental illness
- 80% lived with men who did not want them to quit drinking

Astley, S. J., Bailey, D., Talbot, C., & Clarren, S. K. (2000). Fetal Alcohol Syndrome (FAS) Primary Prevention through FASD Diagnosis II: A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol and Alcoholism*, 35(5), 509-519.

Lessons from a BC Study

Substance using women entering 13 transition houses



Women's alcohol and illicit drug use decreased significantly in the 3 months following a transition house stay, whether the house provided significant substance intervention or minimal substance use intervention.

Source: Poole, N., Greaves, L., Jategaonkar, N., McCullough, L., & Chabot, C. (2008). Substance use by women using domestic violence shelters. *Substance Use & Misuse*, 43(9), 1129-1150.

Provider needs

- accessible, relevant training to support uptake of tools and changes in practice over time
- training and skills development in conjunction with organizational shifts
- integrated with practice – opportunity for practical application
- KE models such as PHSA indigenous cultural competence training and communities of practice were identified as helpful, for their accessibility and opportunity for social learning
- opportunities to reflect on personal social location and life experiences

Identified in focus groups with providers in BC 2011

Summary of key issues, themes and resources

**social conditions creating need
for trauma informed practice**

**interagency and inter-sectoral
collaboration**

**our service
culture**

**our
interactions
with our
clients**

Some Canadian websites on trauma and substance use resources

- Centre for Addiction and Mental Health:
http://knowledgex.camh.net/amhspecialists/specialized_treatment/trauma_treatment/Pages/res_trauma_informed_care.aspx
- Klinic's Trauma Toolkit:
<http://www.suicideline.ca/trauma-informed.html>
- Coalescing on Women's Substance Use:
<http://www.coalescing-vc.org>
- Building Bridges research:
<http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Building+Bridges.htm>
- Connections KE:
<http://www.connectionsCanada.ca/>
- CAST Canada:
<http://cast-canada.ca/>

Some sites related to trauma, homelessness, mental illness and substance use

A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness

<http://www.familyhomelessness.org/media/89.pdf>

- *Trauma-informed Organizational Toolkit for Homeless Services*. Published by the National Center on Family Homelessness.

<http://www.familyhomelessness.org/media/90.pdf>

Some USA websites related to trauma informed care

- SAMHSA Trauma Informed Care Centre: www.samhsa.gov/nctic/
- The National Trauma Consortium:
<http://www.nationaltraumaconsortium.org>
- Women and Co-occurring Disorders and Violence Study:
<http://www.wcdvs.com/>
- Community Connections: www.communityconnectionsdc.org
- Seeking Safety: www.seekingsafety.org
- Stephanie Covington: <http://www.stephaniecovington.com/>

More Resources on TIP



Contact: Nancy Poole



WEBSITES:

www.coalescing-vc.org

www.bccewh.bc.ca

www.expectingtoquit.ca

www.hcip-bc.org

www.womenshealthdata.ca

www.addictionsresearchtraining.ca

<http://promotinghealthinwomen.ca>

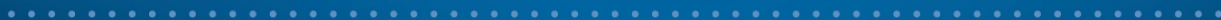
BLOG

<http://fasdprevention.wordpress.com/>



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Questions, Answers, Discussion





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The recording of this webinar will be available at:

- <http://systemaction.ccsa.ca> (members)
- rolfert@ccsa.ca or jgreen@ccsa.ca
- www.bccewh.bc.ca (see Events section)

The “Essentials of Trauma Informed Care” toolkit is available at www.cnsaap.ca (under Toolkits tab)



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Our next SystemAction webinar...

- Title:** **Building cross-sectoral collaboration to foster implementation of evidence-based practice: The Cape Breton Experience**
- Date:** Wednesday, April 4, 2012
- Time:** 2 pm EST
- Length:** 1 hour
- Presenters:** Gloria Chaim, Centre for Addiction and Mental Health
Joanna Henderson, Centre for Addiction & Mental Health
Brandy MacNeill, Cape Breton Health Promotion & Prevention

For further information: Contact Rod Olfert at rolfert@ccsa.ca or Jenny Green at jgreen@ccsa.ca



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Thank-you for your participation!

We look forward to working with you
in the future.

