Trauma informed practice in different settings and with various populations

Webinar 3

in the Trauma Informed Practice in Nova Scotia Webinar Series

January 29, 2015

Agenda

Please type in any questions or comments in the box in the lower right hand corner of the screen

We will stop twice to address them

1. Intro
2. Bringing TIP into our practice with specific populations

   Questions and comments

1. Bringing TIP into our practice with specific populations

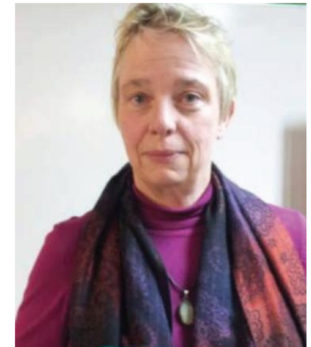
   Questions and comments

4. Wrap up - Next steps – getting involved

Presenters and Panelists

1. Dr. Bruce Dienes, Chrysalis House Association, Engaging Men and Boys, Kentville
2. Dr. Norma Jean Profitt, Women's Services, Mental Health and Addiction Services, Yarmouth
3. Patrick Daigle, Clinical Therapist, Capital Health District, Halifax
4. Daniel Abar, Director of Clinical Services, Chisholm Services for Children, Halifax
5. Nancy Bradley, Jean Tweed Centre, Toronto

Dale Gruchy, NS Health and Wellness



Holly Murphy IWK Health Centre

Nancy Poole BC Centre of Excellence for Women's Health

Key objectives of the NS TIP project are:

- To **identify** current efforts to provide trauma-informed and trauma-specific interventions on the part of addiction and mental health service providers in Nova Scotia
- To **engage** practitioners and partners in Nova Scotia with experience and/or interest in trauma informed in a collaborative project to more fully integrate trauma informed principles.
- To **increase** capacity amongst practitioners and organizations in NS to better serve people impacted by violence and trauma, and implement trauma-informed approaches to improve outcomes for people accessing a range of services, such as addictions and mental health services, children's services and primary care
- To **build** trauma informed practice into the accountability framework for the Mental Health and Addictions system

Today's webinar – Bringing the principles and practices of TIP into our work in various settings and with differing populations

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment, voice and choice

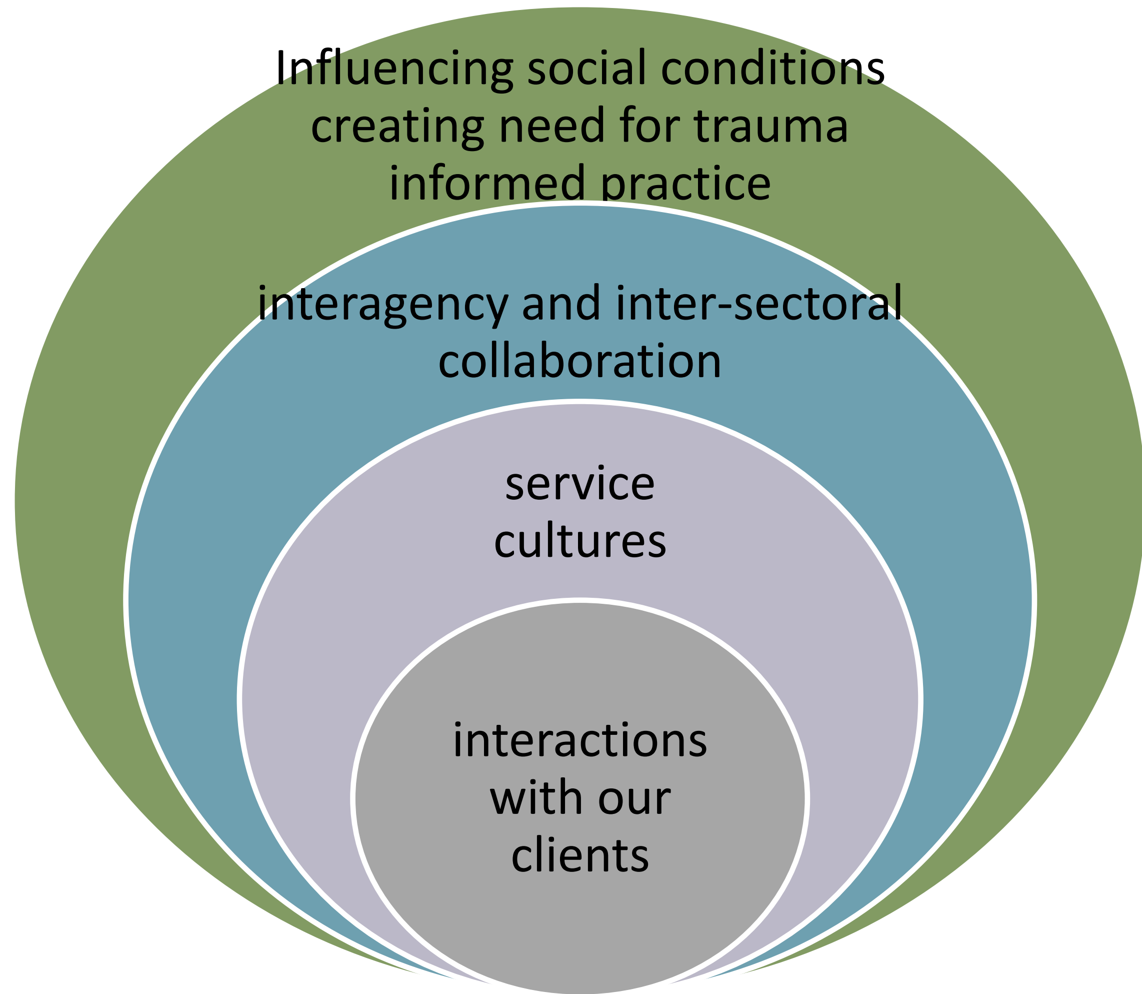
SAMHSA

- Awareness
- Safety and trustworthiness
- Opportunity for choice, collaboration and connection
- Skill building

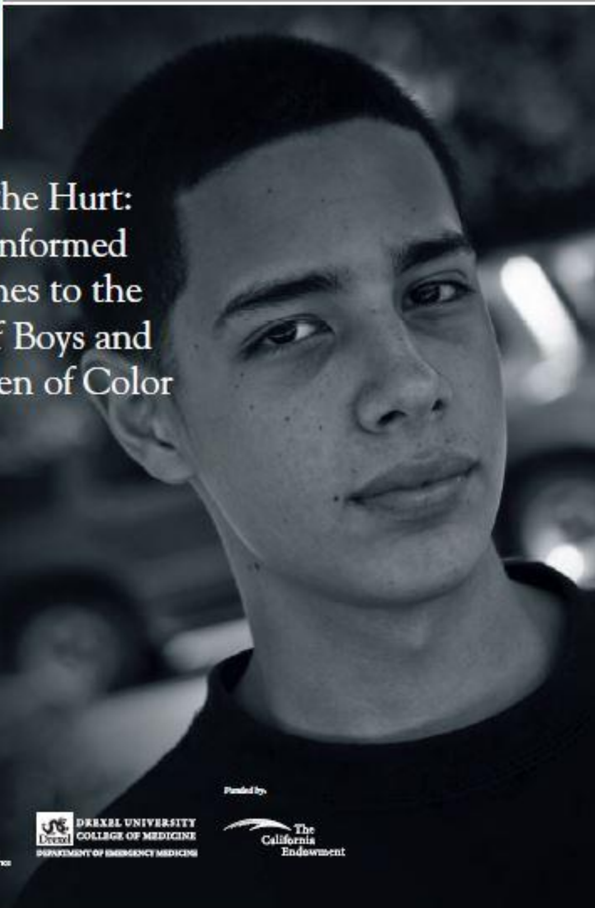
BC TIP guide

- Cultural, historical and gender issues
- Peer support

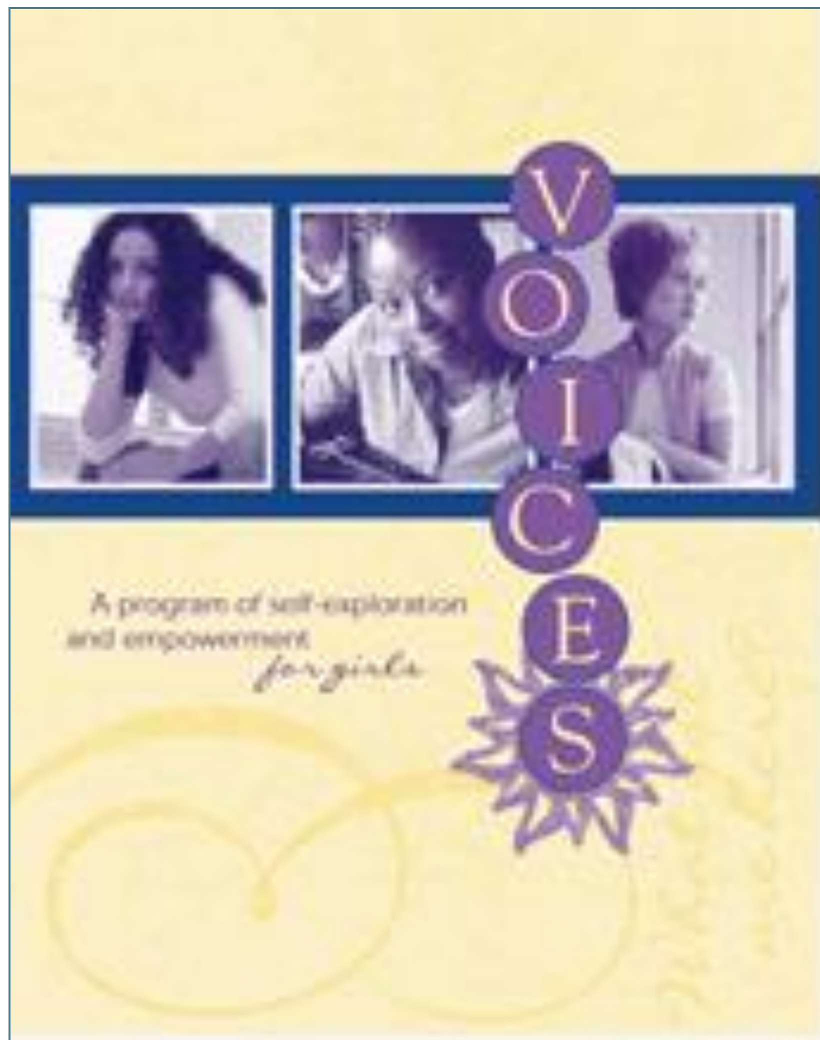
Trauma informed practice and policy is relevant at all these levels



TIP can be seen how we view clients who experience difficulty accessing services



Rich, J. A., Corbin, T. J., Bloom, S. L., Rich, L. J., Evans, S., & Wilson, A. S. (2009). **Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color** (pp. 86). Drexel University: The Center for Nonviolence and Social Justice.



Covington, S. (2004). **Voices: A program for self-discovery and empowerment for girls.** Facilitator guide. Carson City, NV; The Change Companies.

TIP with children and youth who have developmental disabilities

- **Nature of trauma may be different** – prevalence, experience of separation and loss, how trauma is understood, risk of hospitalisation and (re)traumatisation
- **Impact of cognitive impairments on reporting of trauma** - concrete thinking, communication issues, attention and memory, concept of time . . .
- **Using the TIP principles** – awareness and identification, empowerment, maximizing choice, safe and respectful environment, predictable environment, emphasis on resilience over pathology, minimize possibilities of retraumatisation, being culturally competent including competence related to the 'culture of disability'.

Paluka, Anna M., and Yona Lunsky. 2012. "Working in a trauma informed way with clients who have a developmental disability." In *Becoming Trauma Informed, edited by Nancy Poole and Lorraine Greaves,*

Strengths and Opportunities:

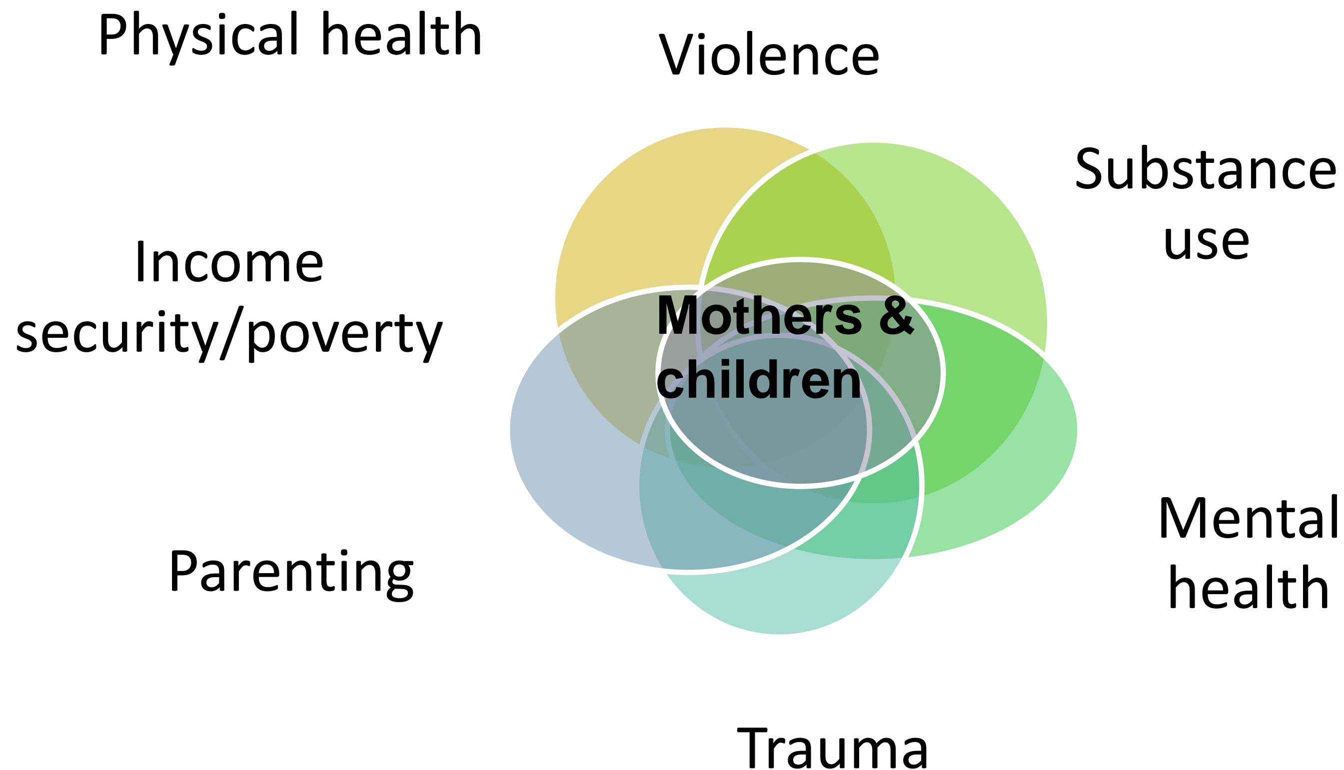
Port of Entry – TIP provides a safe space with which to hold challenging conversations about colonization, oppression, intergenerational trauma, racism, etc.

- Informs general services about Indigenous-specific history in Canada.
- Potential to broaden perspectives and strengthen relationships.

TIP provides a common ***language*** and is driven by principles that are aligned with Indigenous values and beliefs – gaining huge momentum in Aboriginal communities.

Source: Kat Hinter – Aboriginal Knowledge Exchange Lead, IH BC

Thinking about related service areas we need to work with, to offer integrated TIP approach with subgroups such as mothers and fathers



Presenters

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Men’s experience of Trauma and Healing

What is distinctive? What is Universal?

Harmful Myths

Myths and stereotypes about sexual assault of males create barriers to healing:

- The "Vampire Myth": Erroneous assumption that men who have been abused are likely to become abusers. This is a huge block in men seeking assistance or speaking out.
- Men and boys always enjoy sex. If the perpetrator is female they should consider themselves fortunate to have been initiated into sex.
- Men and boys are less traumatized by the abuse experience: they can suck it up and get over it.
- Abuse of boys is very rare. Actually it's about one in six. (Dube, et al., 2005.)

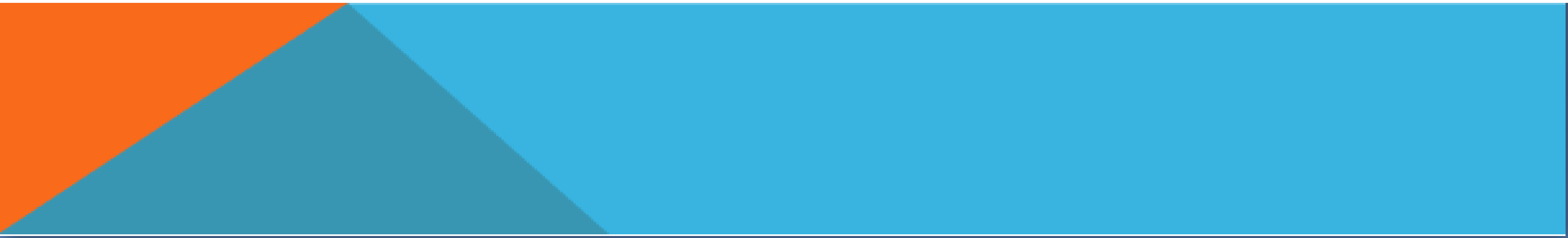
Key Issues

Therapy/Counselling for sexual abuse survivors is often crafted through a female lens

Men may be reluctant to engage approaches that do not reflect their reality.

Every person is unique, but male social conditioning creates a different experience:

- Talk therapy may feel passive.
- Focus on past memories may feel irrelevant.
- Focussing on expressing emotion may feel threatening.



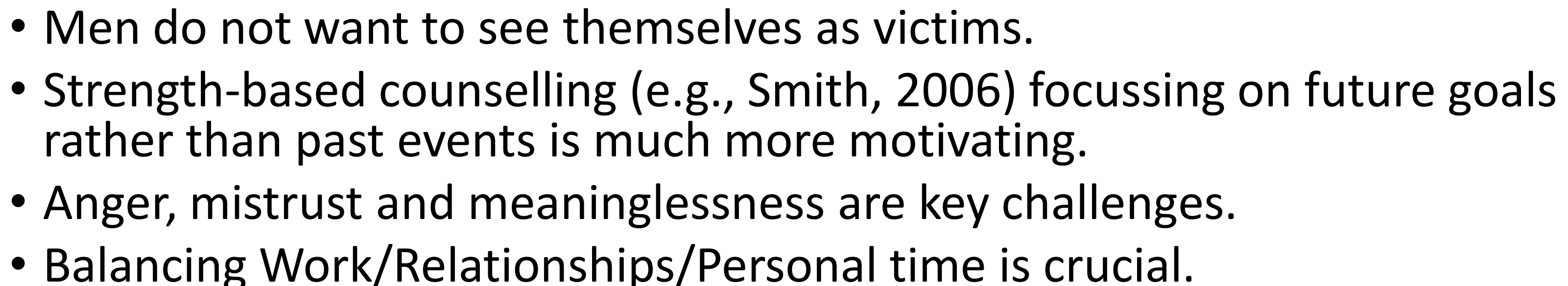
Rod Tobin

Rod Tobin (1999) is a therapist called upon to respond to male survivors impacted by the Mount Cashel Orphanage abuse scandal in Newfoundland. It was new for men to come forward, so he used the same form of treatment used for female survivors.

Men would come for a session or two, then not come back.

Realizing that he had failed them, he called them to apologize and ask what would be more helpful.

Key Insights:

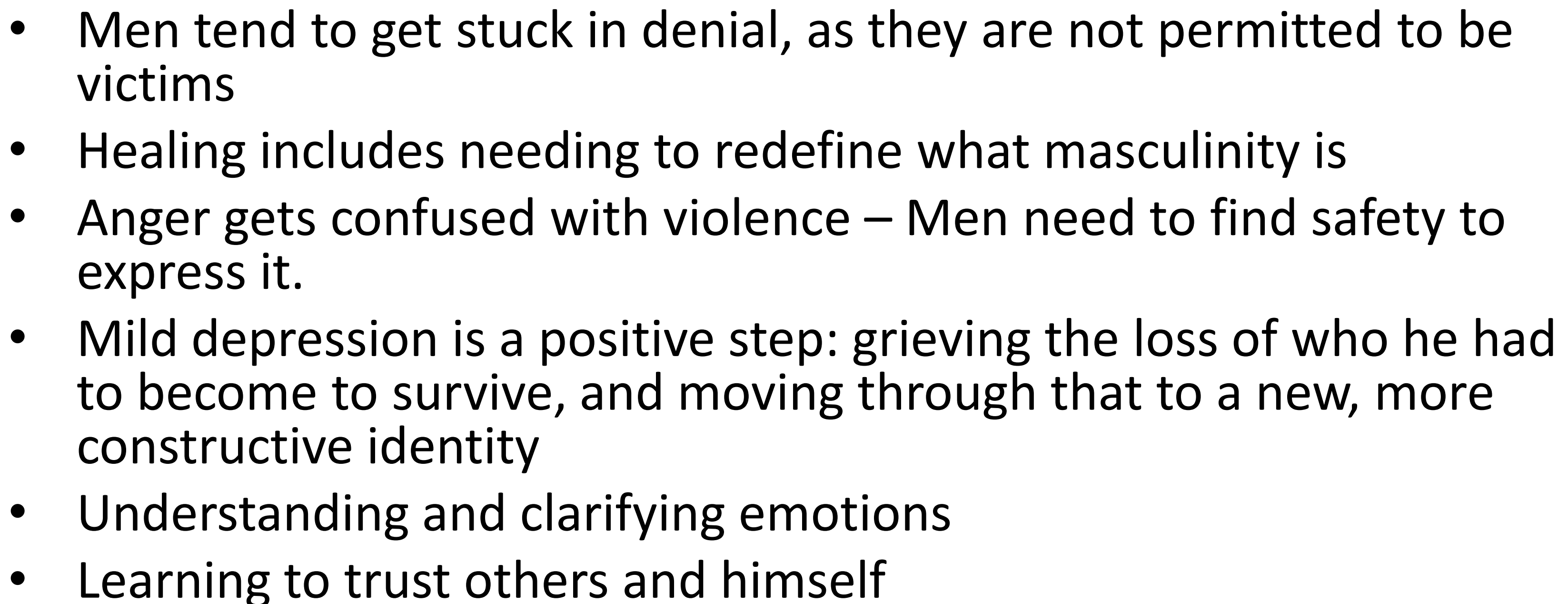


- Men do not want to see themselves as victims.
- Strength-based counselling (e.g., Smith, 2006) focussing on future goals rather than past events is much more motivating.
- Anger, mistrust and meaninglessness are key challenges.
- Balancing Work/Relationships/Personal time is crucial.

Tom Wilken

- Tom Wilken (2008) has worked with groups of male survivors for over two decades, and has developed a ten stage healing model for males. (See his web site.)

Key insights:



- Men tend to get stuck in denial, as they are not permitted to be victims
- Healing includes needing to redefine what masculinity is
- Anger gets confused with violence – Men need to find safety to express it.
- Mild depression is a positive step: grieving the loss of who he had to become to survive, and moving through that to a new, more constructive identity
- Understanding and clarifying emotions
- Learning to trust others and himself

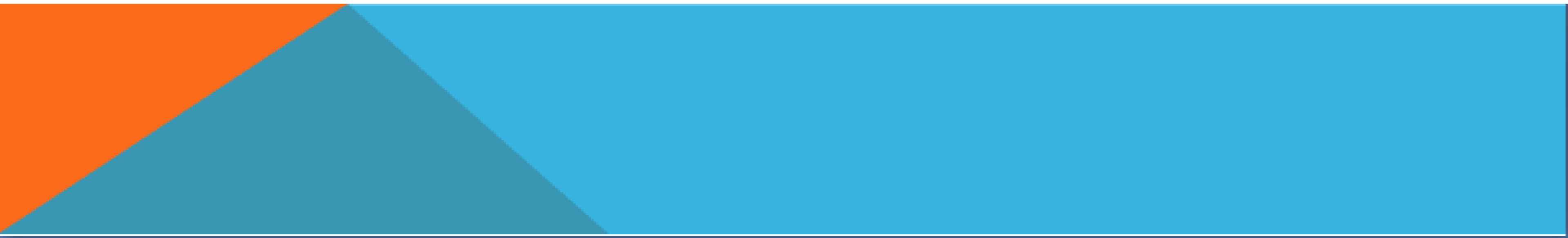
The Universal Experience

The male experience has distinctive features, but it is important to also remember that, despite the need to fine tune approaches for different populations, the human experience of trauma, and the healing of trauma, have many common aspects.

Vital Cycles (2012) provides resources and trauma recovery groups irrespective of the cause of the trauma or the category of the individual. They use insights from Positive Psychology and Neuroplasticity to create processes and texts that have a universal healing appeal.

For example, most paragraphs in the Toolkit start with something positive, include a challenge, and end with something positive. This attention to detail in the method of presenting information is quite a profound application of trauma informed practice.

A Vital Cycles group may include sexual assault survivors, military veterans, tornado survivors, friends of those who died by suicide, etc. That mix helps people get beyond the story of what happened to them, and helps them notice the natural capacity of humans to heal from trauma, given the appropriate environment. Instead of a “survivor identity”, it is about growth and hope. The focus is on the healing, not the trauma.



References and Resources

Dube, S. R., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 5, pp. 430–438. http://www.ajpmonline.org/article/S0749-3797%2805%2900078-4/abstract

Hunter, M. (2007). *Honor Betrayed: Sexual Abuse in America's Military.* Ft. Lee, New Jersey: Barricade Books

McDonald, S. & Tijerino, A (2013). *Male Survivors of Sexual Abuse and Assault: Their Experiences*. Research and Statistics Division, Department of Justice Canada. http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr13_8/rr13_8.pdf

Smith, E. J. (2006). The Strength-Based Counseling Model. *The Counseling Psychologist*, 34: 13

Tobin, R. (1999). *Alone and Forgotten: The Sexually Abused Man*. Creative Bound: Carp, Ontario,

Vital Cycles (2012). *Vital Cycles Healing Toolkit.* http://vitalcycles.org/Resources/Documents/Healing%20Toolkit%20-%20Vital%20Cycles.pdf

Wilken, T. (2008) *Rebuilding Your House of Self Respect: Men recovering in group from childhood sexual abuse*. 2nd edition. Hope and Healing Associates, Ontario. http://www.silencetohope.com/

Web Resources

1 in 6: https://1in6.org/

Just Detention International http://www.justdetention.org/ (Prisoner rape issues)

Male Survivor: http://malesurvivor.org/

Mike Lew: http://www.nextstepcounseling.org/

Sexual Abuse of Males: Prevalence, Possible Lasting Effects and Resources. http://www.jimhopper.com/male-ab/ (Last revised Jan 22, 2015)

Survivors of Abuse Recovering: Resources for Men: http://survivorsofabuserecovering.ca/resources/for-survivors#men

Vital Cycles (2012). *Vital Cycles Healing Toolkit.* http://vitalcycles.org/Resources/Documents/Healing%20Toolkit%20-%20Vital%20Cycles.pdf

Recognition of the reality that women's experiences of violence and trauma often precede their substance use and/or mental health issues and of the reality of systemic oppressions.

Building Trust and Safety – "Trust is earned, not given"

- Familiarization with the office space and surroundings.
- Review information sheet on Women's Services – what does working together mean, client's rights and responsibilities, how they can access their files, etc.
- "Normalize" that often women have experienced/are experiencing violence and trauma, and that there is no pressure to disclose or give details. Offer grounding techniques when relevant and timely as well as information on trauma.
- Provide clarity around Consent to Treatment and Limits to Confidentiality document and examples: "If other people in our health care system are also working with you or trying to look after your health, we can share information with them if we need to in order to look after you in the best possible way".
- Discussion of Child Protection involvement and what that means for our work together.
- "Check-in" at end of session to see that the woman is okay to leave.

Ongoing Information and Education

- provide information and education about how MHAS, health systems and policies work and the rationales for processes, etc.
- Fill out referrals, applications, etc. with the woman and let her know what I will say.
- Listen for what women say about how service responses can compound/exacerbate trauma reactions.
- Advocate with/for women and accompany them if they wish, ie., go with a woman to speak with nursing staff; to the Well Woman's Clinic, etc.
- Ongoing exploration of what the woman would find helpful and offer alternatives, referrals, materials, in a way that allows time for her to consider and make an informed decision.

Trauma Informed Practice

Being conscious that any client may have trauma. This may be impacting their life outwardly or laying under the surface waiting to be triggered in some way

Trauma Informed Practice

Clients struggling with various issues:

- Substance abuse clientele
- Affected Other community
- Mental Health clientele
- Transgender Assessor for readiness for change
- Lesbian, Gay, Bisexual & Intersex community

Trauma Informed Practice

- Starts at first contact
  - Intake
- Office environment
  - Physical Space
    - Waiting areas
    - Washrooms
    - Offices
    - Groups rooms
- Clinical Treatment
  - Awareness
  - Empathy
  - Open/Closed Questions
  - Education
  - MI Approach

Trauma Informed Practice

Youth Project Ally Network ~ http://www.youthproject.ns.ca/ally/index.php

An Ally is someone who accepts, appreciates and celebrates lesbian, gay, bisexual, transgender, and queer(LGBTQ) youth

prideHealth Directory of Health and Wellness Providers ~ http://www.cdha.nshealth.ca/phsafeproviders/

Provides information on health and wellness service providers and organizations (including complementary and alternative healthcare) that have self identified as providing competent, knowledgeable, respectful and welcoming care for gay, lesbian, bisexual, trans, intersex and queer people in Nova Scotia.

QUESTIONS AND COMMENTS

Presenters

1. Daniel Abar, Director of Clinical Services, Chisholm Services for Children, Halifax
2. Nancy Bradley, Jean Tweed Centre, Toronto

Chisholm services for children

Daniel Abar, Director of Clinical Services.

Implementation

- <u>Designing Programming to meet the individualized needs of children</u>
- Trauma Informed NVCI Training
- Recovery and Resiliency
- Identifying the Trauma Narrative
- Understand the triggers – Interventions
- Involving the children in recognizing triggers
- Co-regulation, adult led calming

Chisholm

Making the Shift

Trauma Informed Care in a residential setting

- Importance of staff support
- Symptoms are adaptations to the trauma narrative
- Maladaptive Behaviour = Survival
- What happened to you versus what is wrong with you?
- Moving from power and control into collaboration

Becoming A Trauma Detective

- Formulation (Trauma isn't logical)
- Review of Documentation/Reports
- Caregiver Interview
- Educator Interview
- Team Meetings/Summaries
- Progress Notes Review
- Debriefing Incidents: Opportunity for growth and change

Debriefing Protocols
Opportunity for Growth and Change

- Be empathetic
- Normalize the feelings
- Avoid invalidating the child's emotions
- Avoid lecturing or interrogating the child
- Avoid criticizing or blaming the child

- Take the time to debrief
- Repair the rupture
- Focus on what is underneath the behaviour.

Continuum of Care

- Stabilization & Support
- Day & Residential Program
- Wrap-around Services (Family, Continuing Care, Trauma Programs, Individual counselling)
- Outreach Services (Pregnancy & Parenting, Concurrent Disorders, Justice)
- Supportive Housing
- Telemedicine

- Substance use by a caregiver can have a devastating effect on the family, especially children and needs to be understood from a trauma informed perspective from all those involved.

  Working with caregivers who misuse substances presents a number of challenges for the child welfare system and the treatment system(if they are involved).

- It is key for all those involved to work from a trauma framework of safety, connection , empowerment and women-centered care that validates the experiences of women and understands substance abuse and mental health within the broader social and cultural experiences.

Working together – relationships

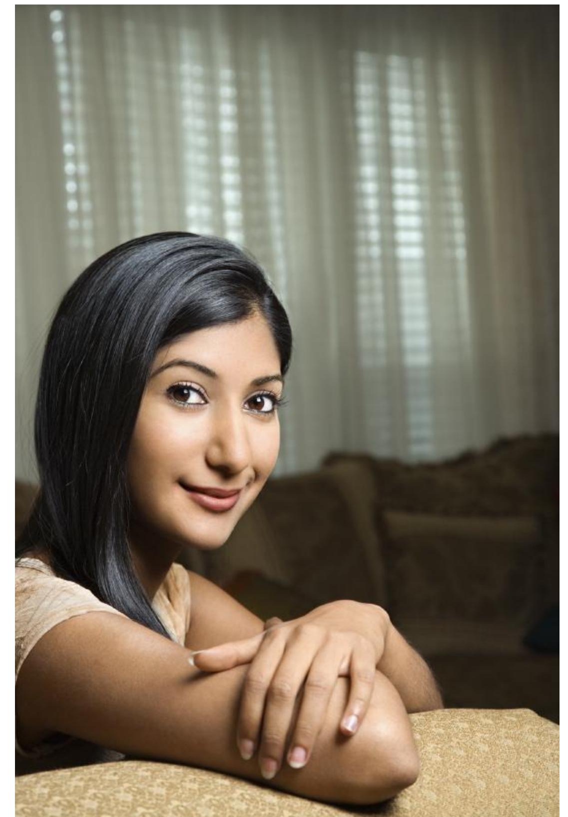
Key responsibilities:

- that systems involved with the caregiver understand each other's role, responsibilities and perspective. The child welfare system's key role is to protect the child. The treatment system is to build a trusting and therapeutic relationship with the caregiver.
- that communication, trust, joint training, meeting together to plan is important to a healthy and functional working relationship
- that a commitment to better understand the issues and to work together for the benefit of the family from those who make organizational decisions including governmental agencies is fundamental.
- to develop plans to cross train, do student placements and staff exchanges
- The development of best practice guidelines for Child welfare services that include a trauma informed system of care.

Trauma informed practice principles and relationship building practices

- Always be open and honest so that trust can be built
- Include the caregiver in the process—encourage and support her to make the call to child welfare if needed
- Always use a family centered approach as each situation is unique and individual.
- Work from an anti-oppression and strength based framework
- Build trust through relationships, engagement, responsiveness and collaboration
- Use a determinants of health as a lens
- Use a harm reduction approach

  - Adapted from Best Practice Guidelines for work with caregivers who misuse substances 2011



Trauma informed Practice Principles and relationship building practices continued

- Encourage visits between organizations
- Develop a shared understanding of the situation
- Understand that for caregivers child welfare is involvement is frightening and very anxiety provoking
- Include both the child welfare staff along with other important support services to and the caregiver to discuss care plans and expectations.

Responding to Trauma

- If an apprehension is required be sure that the communication with the caregiver is clear, focused, and that she understands the next steps are including a support plan.

QUESTIONS AND COMMENTS

Core TIP principles and practices

Many applications of TIP with diverse adults, youth and children have common core relational principles, such as:

- Establish widespread and ongoing **training** of staff on trauma-informed practices, and prevention of burnout.
- Build **awareness** of universality of the experience of trauma.
- Create **safety** and avoid retraumatization in service interactions.
- Create opportunity for **choice** and connection in interactions.
- Teach **skills** to manage symptoms/dysregulation/adaptations.

Core TIP principles and practices

- **Integrate** and audit trauma-informed practices **vertically** within a single system from top to bottom
- Create **multi system** initiatives to enhance consistency, helpful staging of treatment and programming, and **integration**
- Develop **community and family linked initiatives**
- Develop **Indigenous-specific** trauma-informed practices
- Integrate **gender and diversity analyses**

Next steps

Get involved

Friday Feb 13th

TIP at the agency and interagency level

Friday March 13th

Summing it up

Starting at noon

Preparing guidance

Possible themes for webinars and resources

- Awareness of trauma effects and responses
- Practice level conversations
- TIP in different settings and with different populations
- Agency and interagency level work – including prevention of secondary trauma

Get involved as a identifier of resources and/or reviewer

2 Resources on language

Two articles on analyzing the language that we use to talk about interpersonal violence, including sexual assault, that were mentioned in the webinar.

- Lamb, S. (1991). Acts without agents: An analysis of linguistic avoidance in journal articles on men who batter women. *American Journal of Orthopsychiatry*, 61(2), 250-257.
- Coates, L., & Ridley, P. (2009). Representing victims of sexualized assault. In E. Faulkner & G. MacDonald (Eds.), Victim no more: Women's resistance to law, culture and power (pp. 109-124). Black Point, NS: Fernwood Publishing.

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