

Trauma informed practice at the agency, interagency and system level

Webinar 4

in the Trauma Informed Practice in Nova
Scotia Webinar Series

February 13, 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. Becoming trauma informed at the agency level - and building up and out to interagency level
Questions and comments
3. TIP at the interagency and system levels
Questions and comments
4. Wrap up

Presenters and Panelists

**Nancy Bradley and Lucy Hume, Jean
Tweed Centre,**

**Michelle Ward – Nova Scotia Family
Resource Centres Association**

**Donna Best and Kathy Bourgeois,
Child and Youth Advocacy Centre
(SeaStar)**

**Nancy MacDonald and Art Fisher,
Nova Scotia Trauma Informed
Network**

Dale
Gruchy,
NS Health
and
Wellness



Holly
Murphy
IWK
Health
Centre



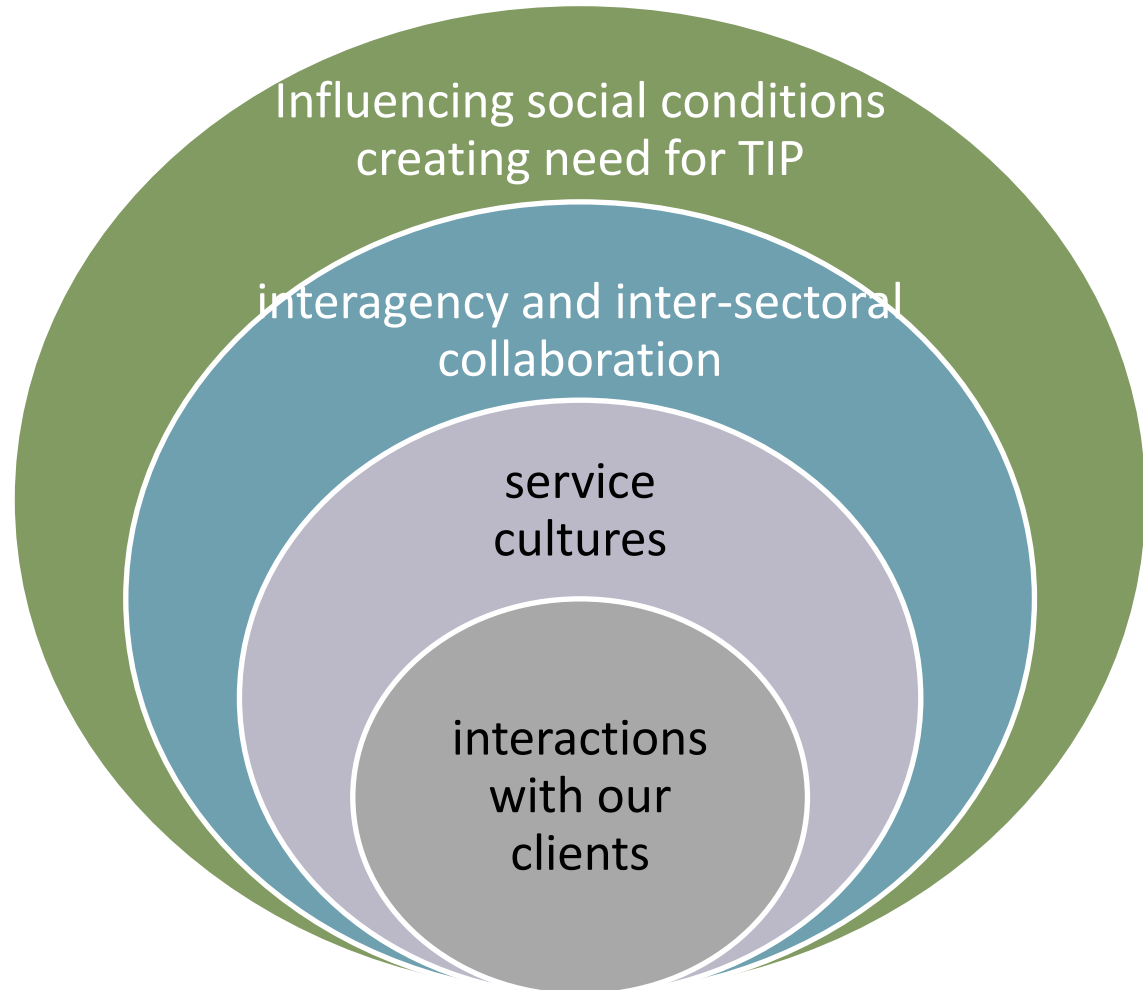
Nancy Poole
BC Centre of
Excellence
for Women's
Health



Today's Topic

TIP at the agency, interagency and system levels

Important to
focus on
trauma
informed
practice and
policy at all
these levels

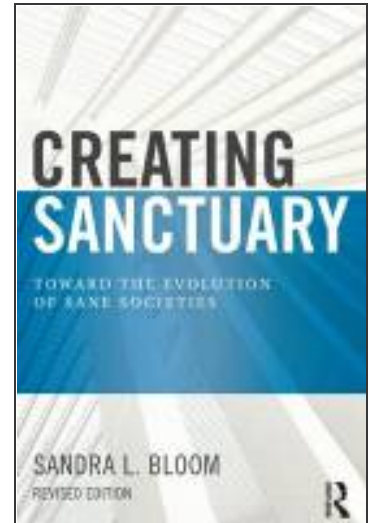


6 Key Elements of TIP at the agency, interagency and system levels

1. Agency culture shifts and commitments
2. Agency processes for learning together, reviewing policy and practice, shifting the paradigm
3. Preventing and addressing secondary trauma, by supporting worker health
4. Authentic and trustworthy mechanisms for service user input
5. Interagency collaborations to build a network of those working from TIP paradigm
6. Leadership involvement and commitment

Organizational TIP is “an approach to a whole culture that increases the emotional IQ of everyone and the organization as a whole”

Addressing and preventing secondary trauma - using workplace approaches such as the Resilience Alliance Intervention



ADDRESSING SECONDARY TRAUMATIC STRESS AMONG CHILD WELFARE STAFF A PRACTICE BRIEF

INTRODUCTION

Child welfare staff are not recognized as first responders — yet, just like police officers and the firefighters, they must react to crisis situations with incomplete information about what may lie ahead. In addition to the very real personal physical risks associated with responding to a report of suspected child abuse or neglect, there are risks of psychological injury when responding to situations involving children and families that are experiencing abuse, neglect, family and/or community violence. Unfortunately, child welfare staff receive little public recognition for the risks that work entails, and child welfare-related news very rarely focuses on the positive aspects of child protection and the many day-to-day successes that result from staff's efforts. Instead, the public focus is usually negative, which can increase stress and pressure on child welfare staff and the system overall.

Secondary traumatic stress (STS), also known as vicarious trauma or compassion fatigue, refers to the experience of people — usually professionals — who are exposed to others' traumatic stories and as a result can develop their own traumatic symptoms and reactions. Child welfare staff have to deal with both direct and secondary exposure to dangerous situations — this combination can result in occupational stress.

Child welfare staff are susceptible to STS and occupational stress because of the vulnerable nature of their clients, the unpredictable nature of their jobs, the nature of their workplaces and their relative lack of physical and psychological protection. Horowitz notes that “vicarious exposures to the events of disaster have an unavoidable for child welfare workers and may be more toxic than direct exposure to violence because they more fully reflect workers' lack of control and inability to adequately impact clients' lives.” Unaddressed, this can lead child welfare staff to feel hopeless, have reduced perspective and critical thinking skills, adopt a negative world view and have difficulty recognizing and monitoring their emotions and reactivity. As a result of repeated exposure to potentially traumatic events, they may be more apt to avoid memories of past cases, over- or under-act to potential hazards to themselves or to their clients, and experience isolationism and a lack of collaboration with their supervisors and colleagues.

Traumatic event exposure has consequences that can be contagious. If several people in a work unit are highly short-tempered, argumentative and pessimistic as a result of their exposure to traumatic events, this is bound to negatively affect the people around them. Over time, this can lead an entire work area or organization to behave like a traumatized person. In this sense, trauma exposure can function like a behavioral toxin, particularly at times of heightened stress and public scrutiny, where the focus is overwhelmingly on the negative and decisions may be made in a reactive way.

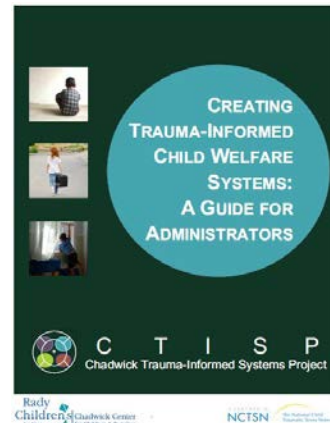
There is a growing literature documenting the effects of these occupational stressors on front-line child welfare staff. In a survey of Colorado child protective staff, 50 percent had “high” or “national high” risk of compassion fatigue, and in a survey of child welfare professionals across the states, more than 50 percent of respondents

**In many health authorities
COMMUNITIES OF PRACTICE are used as a key strategy
for advancing knowledge mobilization and discussion
of TIP implementation**

Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.

(Wenger, E. R. McDermott, and WM Snyder, Cultivating Communities of Practice, Boston: Harvard Business School Press, 2002)

Involves links to TIP in other systems

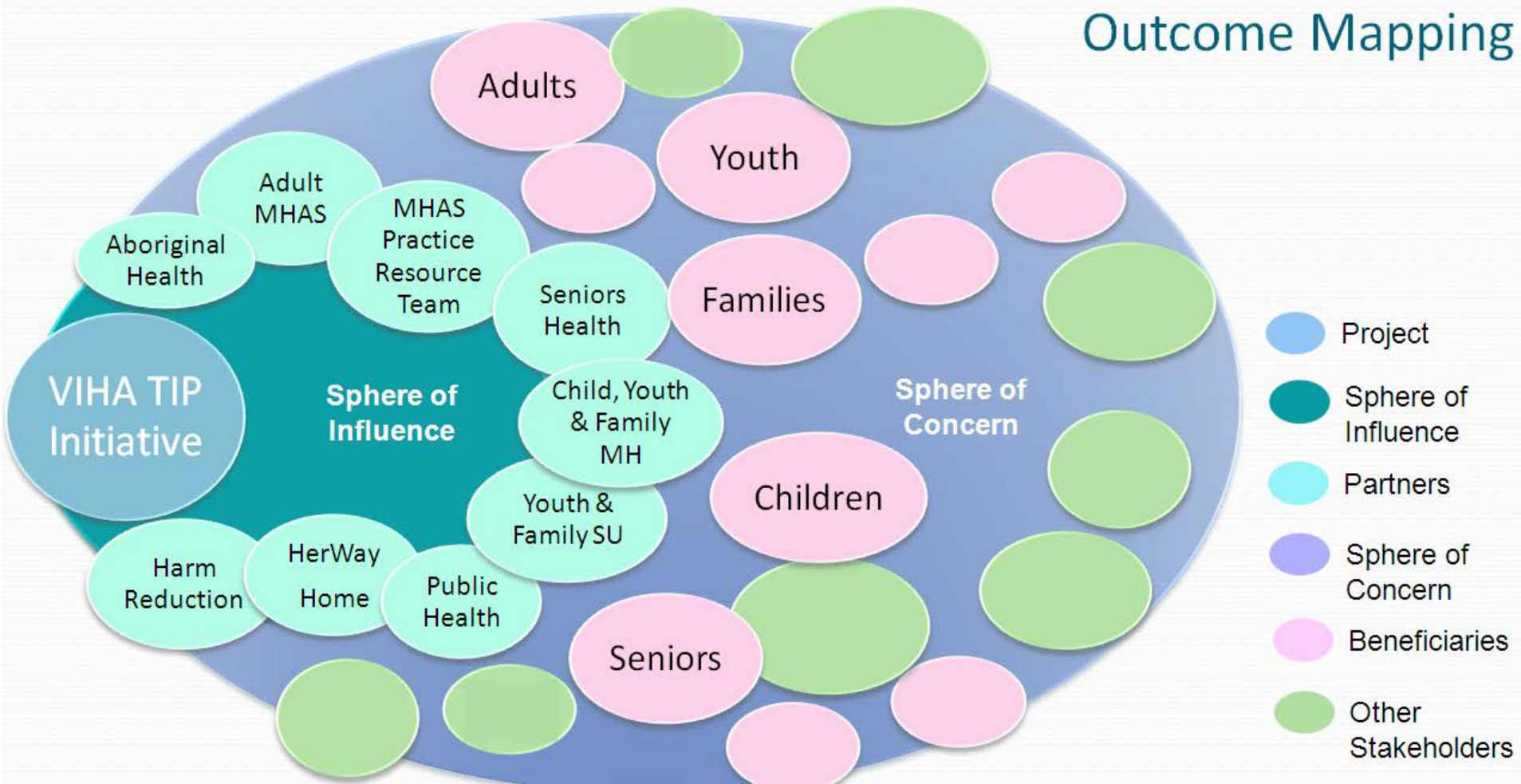


- *A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices.*

Essential Elements of a Trauma-Informed Child Welfare System Addressed



Example of Use of Outcome Mapping for TIP in VIHA



Walk through assessment tools and checklists



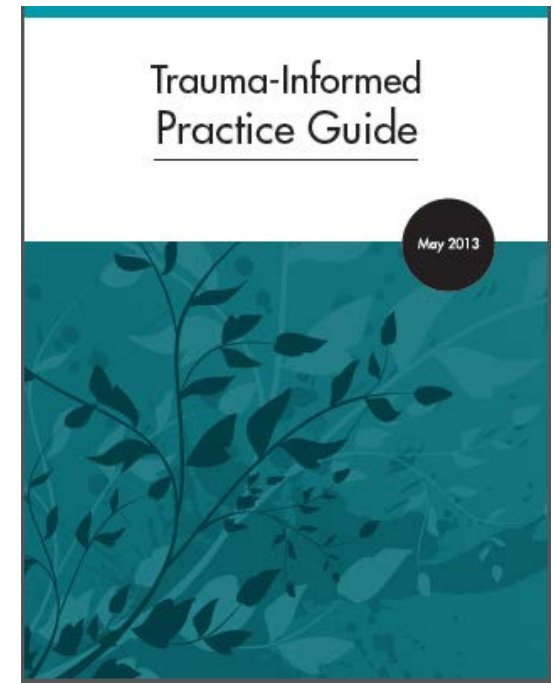
Service Policies Section

1. Are policies regarding confidentiality clear and do they provide adequate protection for the privacy of consumers?
2. Does the program avoid involuntary or potentially coercive aspects of treatment, whenever possible?
3. Has the program developed a de-escalation policy that minimizes the possibility of re-traumatization?
4. Are staff sensitive to the potential of re-traumatization of the clients during certain procedures (e.g., urine testing, searching belongings, administration of medications)?

Brown, V. B., Harris, M., & Fallot, R. (2013). **Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment.** *Journal of Psychoactive Drugs, 45(5), 386-393*

TIP Organizational Checklist

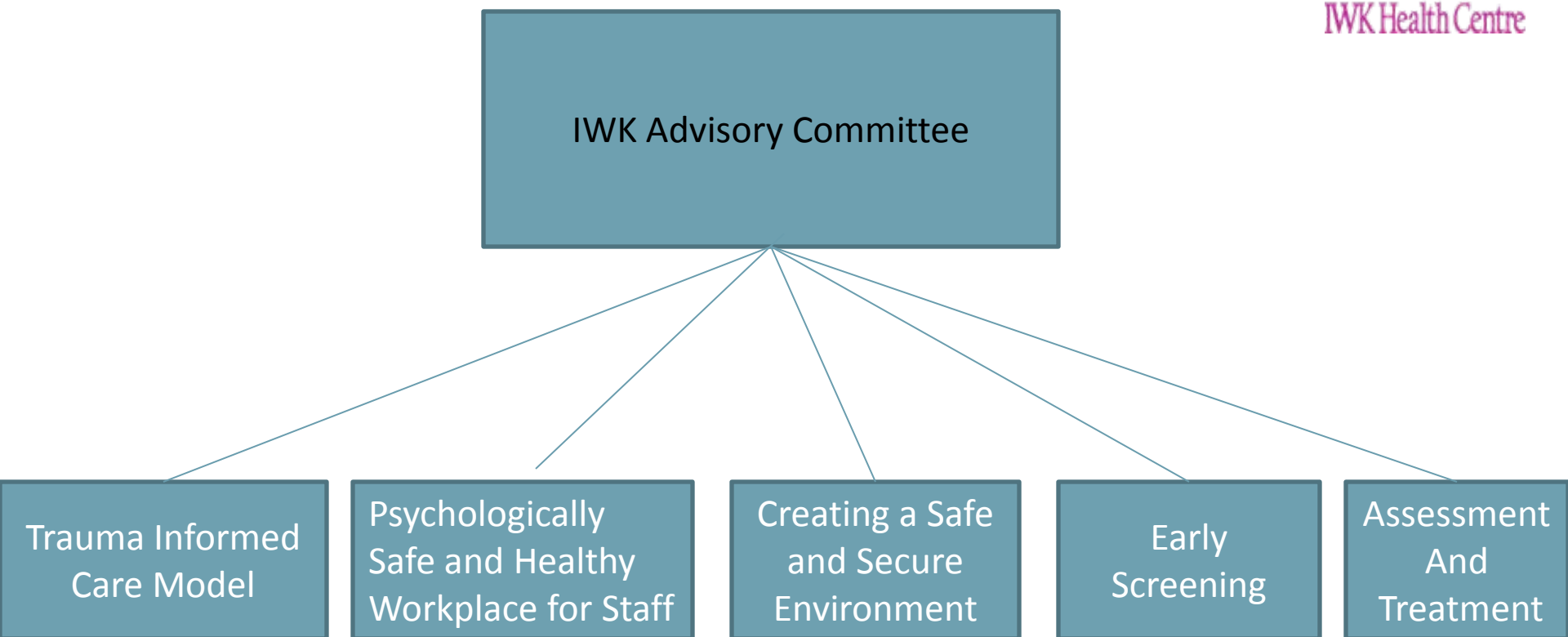
1. Overall Policy and Program Mandate
2. Administration
3. Hiring Practices
4. Training for Staff
5. Support and Supervision of Staff
6. Assessment and Intake
7. Policies and Procedures
8. Monitoring and Evaluation



Leadership ideas

- Activate and appreciate the early adopters
- Dialogic approaches to leading change
- Curate knowledge
- Build networks

Adapted from *The new era of thinking and practice in change and transformation: a call to action for leaders of health and care* NHS UK



Client, Family and Community Partnerships are embedded throughout

Trauma-informed & trauma-specific services approaches at the IWK Health Centre



Trauma-informed services

Increasing the awareness, knowledge and skills of the entire workforce to deliver services that are effective, efficient, timely, respectful and person centered taking into consideration that service providers also have histories of trauma.

We have several working groups addressing various aspects of TIC: working toward implementing a model of TIC, creating trauma informed safe and secure environments, screening and creating trauma informed psychologically safe and healthy workplaces for staff.

Trauma-specific services

Increasing the awareness, knowledge and skills of the clinical workforce in delivering research informed treatment services designed to address the cognitive, emotional, behavioral, substance use and physical problems associated with trauma.

This month we will be starting to look at assessment and treatment. How do clients access services? When do we assess? What services/treatments are offered? Are there service gaps/ opportunities to implement best practice? What education do staff require to support them to deliver trauma treatment?

Becoming trauma informed requires strong partnerships and collaboration



Agency, Interagency and Systems

- Systems need to work together to be affective holistic services. They must be coordinated across systems to have lasting impact.
- In order to create a trauma informed culture we must follow the principles of: awareness, safety trustworthiness, opportunity for choice, collaboration connection and skill building with our clients, families, staff, organizations, communities, agencies and systems.

Who we are

The Jean Tweed Centre



For Women & Their Families



- Working from a framework of safety, connection and empowerment, women-centered care is a holistic approach which validates the experiences of women and contextualizes substance abuse and mental health within her broader social and cultural experiences, including trauma and violence

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

Our Story – Building Capacity

Recognizing Prevalence: (80-90%) – “Listening”

Connecting The Dots: Trauma & Substance Use (self-medication)

Agency Response: Leadership/Advocacy/Commitment

VOICES OF WOMEN – FOCUS GROUPS

“They need to realize that there is nothing wrong with us, something happened to us”

Making It Happen – Agency

- ❑ Trauma Framework & Workplan
- ❑ Trauma Informed Practices across all services “universal practice”
- ❑ Commitment to Ongoing training & Clinical Supervision
- ❑ Introduction of Mindfulness**

- ❑ Trauma Services
- ❑ Stage 1 (Seeking Safety/Building Resilience/ Parenting Through Trauma)
- ❑ Stage 2 & 3 (Individual & Group Counselling)
- ❑ Complimentary strategies, i.e. yoga

CREATING TRAUMA INFORMED CULTURE

*Safety. Client Choice. Empowerment.
Validation. Hope. Resilience. Healing*

Partners and Collaboration

- ❑ 16 Partnerships
- ❑ Shared values/MOU's
- ❑ Knowledge Sharing
- ❑ Training
- ❑ Consultation
- ❑ Sector Networks
- ❑ Conferences
- ❑ Agency Specific training

System Wide

- ❑ Local Health Planning Bodies (Priority Setting)
- ❑ Provincial Advisory Committee – Women & Substance Use
- ❑ Best Practice Guidelines
- ❑ Web site/Blog

- ❑ Curriculums
- ❑ Research/Evaluation
- ❑ Publications
- ❑ Website/Blog
- ❑ Policy
 - Provincial
 - Municipal
 - Interprovincial



TRAUMA INFORMED PRACTICE – AGENCY/INTERAGENCY/SYSTEM

Michelle Ward – Executive Director – Kids First Association

CORE TRAUMA COMPETENCIES FOR FAMILY RESOURCE SECTOR

- Creating safe/supportive environments for families
- Recognize and build on families' strengths
- Develop process and program delivery that reflect principles of trauma informed practice
- Professional development opportunities - learning about trauma and its effects
- Work with families to get back on track
- Develop relationships with other agencies for seamless referrals and collaborative program delivery
- Using networking tables to transform policies and processes that are not trauma sensitive

TRAUMA INFORMED COLLABORATIVE PROGRAMMING

- Trauma Informed Parenting Support (TIPS) program
- Funded by the Mental Health and Addictions Strategy Community Grant Program
- Partnership between Mental Health Services, Family Services of Eastern Nova Scotia and Kids First Association
- 10 participants who are involved in programs/services and have identified challenges and are in need of supports/services outside of traditional parenting programs
- 26 sessions – 3 hours per session which includes 1 hour of food preparation and eating a meal together
- The intention is to research the outcomes but currently sitting with the PCHA Ethics Committee for final approval.

TOPICS COVERED

- Family Genealogy and History of Trauma
- Personal Trauma and life challenges including neglect and exposure to addiction, mental illness and domestic conflict
- Drug and Alcohol Abuse
- Physical and Sexual Abuse
- Relationships
- Personal Life History from birth to present (this is ongoing with a layer added each week)
- Attachment

GUIDING PRINCIPLES OF THE TIPS PROGRAM

- Ensuring the program is *Child, youth, adult, and family centered*
- Participant knowledge and skill is *integrated into ongoing design and evaluation of services*
- Responses to trauma becomes *integrated & transforms all service delivery contexts (working collaboratively while positioning the client in the center)*
- Emphasizing all clients *safety, choice, and control over process*
- Understanding the *significance* of actions verses evaluating/judging as healthy/unhealthy
- Build on resiliency – focus on strengths and positive coping
- *Embedding transformative collaboration across disciplines and together with clients*
- Understanding a *strengths and resilience based perspective* versus pathologizing
- *Minimizing re-traumatization*

QUESTIONS AND COMMENTS

SeaStar Child & Youth Advocacy Centre



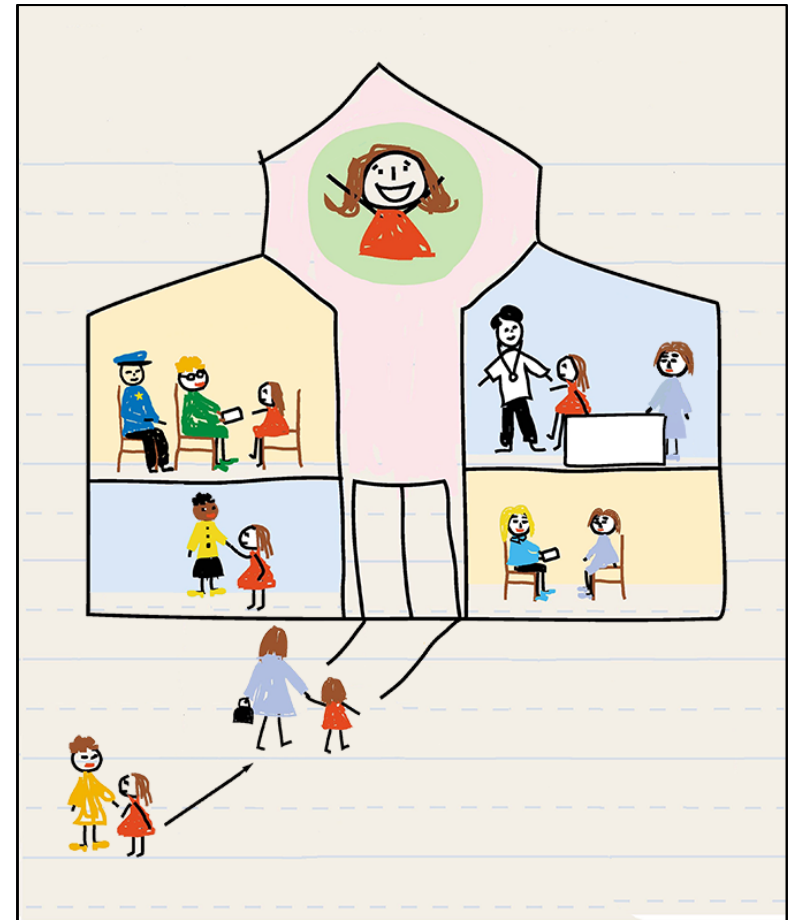
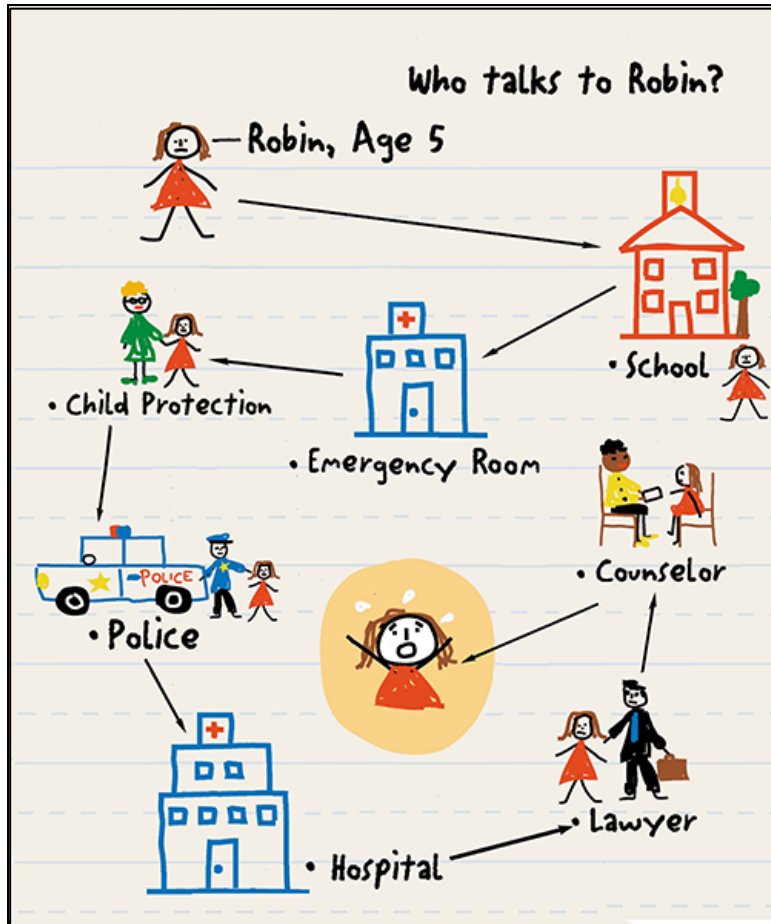
Donna Best, BAASW
Child and Youth Advocate



Kathy Bourgeois, MSW
Child and Youth Advocate



The CYAC Model



Seastar CYAC Steering Committee

The Seastar is led by a multisectoral Steering Committee with representation from:

IWK Health Centre
Department of Community Services
Department of Justice
Department of Health and Wellness
Department of Education
Mi'kmaq Family and Children's Services
Law Enforcement
Public Prosecution Services
Transition House of Nova Scotia
Avalon Sexual Assault Centre

Building Partnerships Across Organizations

- Tip: When forming sub-committees, consider individuals that are passionate for the cause and committed to the task; having a few strong advocates in your corner can help you gain buy in from others.
- Tip: If you are trying to develop multiple partnerships, start by having small discussions with staff you already have a relationship with. Build on those relationships to develop the partnership and have them help you to spread the message and get others on board.

The Seastar Interview Room



TIC Framework at the Seastar Centre

- Transparency
- Information Sharing
- Agencies working together
- Cultivating a healthy and open work environment whereby the team members, even though working for different agencies with different mandates, can support each other's efforts to support the families we serve.

The Benefits of CYACs

CYACs have demonstrated improved outcomes, including:

- Efficient and cost-effective service delivery
- Better communication and collaboration amongst service providers
- Improved client access to forensic examination
- Improved client access to mental health services
- Enhanced and consistent support for children, youth, and their families
- Improved caregiver and child satisfaction

Donna Best, BAASW

Child and Youth Advocate

Kathy Bourgeois, MSW

Child and Youth Advocate

<http://www.iwk.nshealth.ca/childrens-health/child-and-youth-advocacy-centre>



The Nova Scotia Trauma Informed Network (NSTIN) National Webinar for PHAC February 26, 2015

- *Family Violence Prevention – Building Trauma Informed Communities / La prévention de la violence familiale – sensibiliser les collectivités aux traumatismes*
- This free, introductory Fireside Chat invites participants to deepen their knowledge of how historical and ongoing violence impacts people’s lives. Trauma will be positioned as a strengths-based, embodied response to violence and will be explored at personal, interpersonal and social/systems levels.
- The Chat will show how a culturally competent, Trauma Informed practice can easily be integrated across a continuum of supports and services together with diverse children, youth, adults, families and communities. Link to PHAC registration: http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=339%3Afamily-violence-prevention–building-trauma-informed-communities–la-prevention-de-la-violence-familiale–sensibiliser-les-collectivites-aux-traumatismes&Itemid=6&lang=en

The NSTIN Presenters for PHAC on February 26, 2015

- **Nancy MacDonald**, Director of Family Service of Eastern Nova Scotia www.fsens.ns.ca and **Art Fisher**, Director of Family Service of Western Nova Scotia www.fswns.org are co-founders of the **Nova Scotia Trauma Informed Network**. For the past decade, they have been pioneering the development of community-based Trauma Informed Prevention in the context of Family Violence Intervention.



The NSTIN Presenters on *Trauma Informed Prevention*

- The Nova Scotia Department of Community Services has funded (2014) a Prevention/Early Intervention/Intervention_service delivery prototype housed at FSWNS in Lunenburg County. In the prototype, Family Violence Intervention is embedded within a Preventive Community Capacity Building Youth Outreach, Family Support, and Community Hub coordination of supports and services.
- The presenters have developed a national two-day Trauma Informed Prevention training at the request of PHAC Ottawa and based on community practice experience informing the Nova Scotia prototype.
- The NSTIN workshops are assisting practitioners, organizations, and government with implementing a community-based Trauma Informed Prevention paradigm shift in the Atlantic Region and nationally.

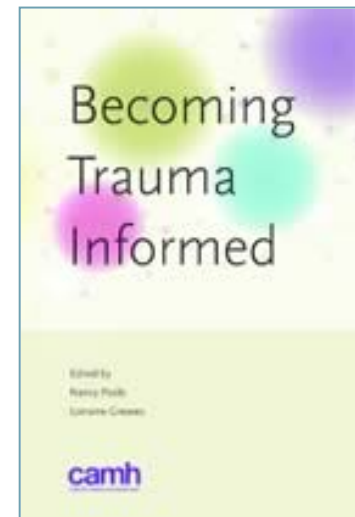
The Nova Scotia Trauma Informed Network

- Becoming a Trauma Informed Province is about supporting increased access to existing services in the province in response to ongoing *individual, inter-personal, and social/structural experience of violence*, by supporting all access sites for child, youth, adult, and family services in the Province in becoming Violence and Trauma Informed (Smye, 2014).
- This work is about reducing stigma and misinformation surrounding both Violence and Trauma. It's about building our community capacity to support ALL Nova Scotians in coming forward for Preventive, Early Intervention, and Intervention help, through the access sites they prefer.
- Emphasis is being placed on developing community-based Trauma Informed Prevention in order to better respond to populations vulnerable to being defined and re-traumatized within both traditional and Trauma Informed settings.

QUESTIONS AND COMMENTS

TIP requires work at the systemic level – is about “relational system change”

- Becoming trauma informed requires a range of adjustments in practice and system designs, supported by research, innovative change and inspired leadership. This is a tall order, and requires complex thinking.
- Becoming trauma informed benefits from collaboration and cooperation between all levels of service delivery.
- Becoming trauma informed is an ongoing process of system change and quality improvement, requiring constant adaptations and ongoing monitoring.



Next steps

- Writing and reviewing discussion guides
- Summing it up (for now) – in a framework and recommendations for action

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

CONTACT INFORMATION

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