

Saskatchewan
April 2015

Trauma informed practice



Nancy Poole, British Columbia Centre of Excellence for Women's Health

Agenda

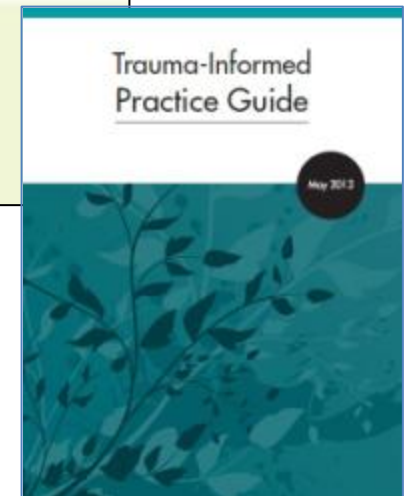
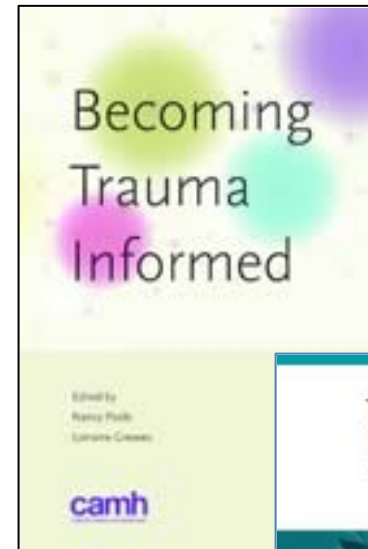
*Choose
what
works for
you*

*Learning
together*

1. Foundations
2. Understanding trauma
3. Applying principles of TIP
4. Examples of TIP in action
5. Attending to gender and culture
6. TIP at the organisational level
 - Supporting workers, preventing and reducing secondary trauma

Will draw on:

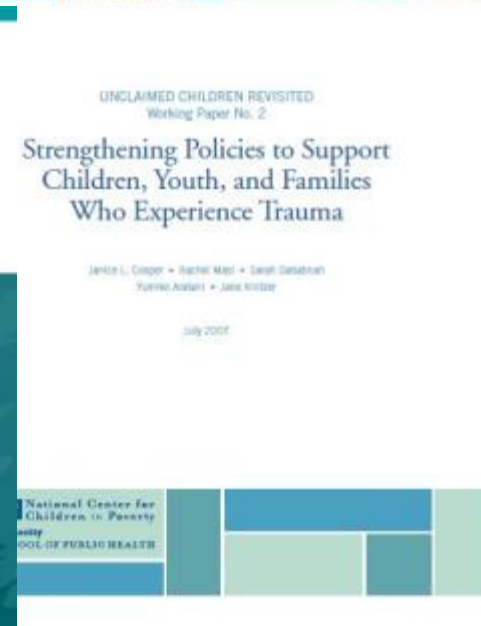
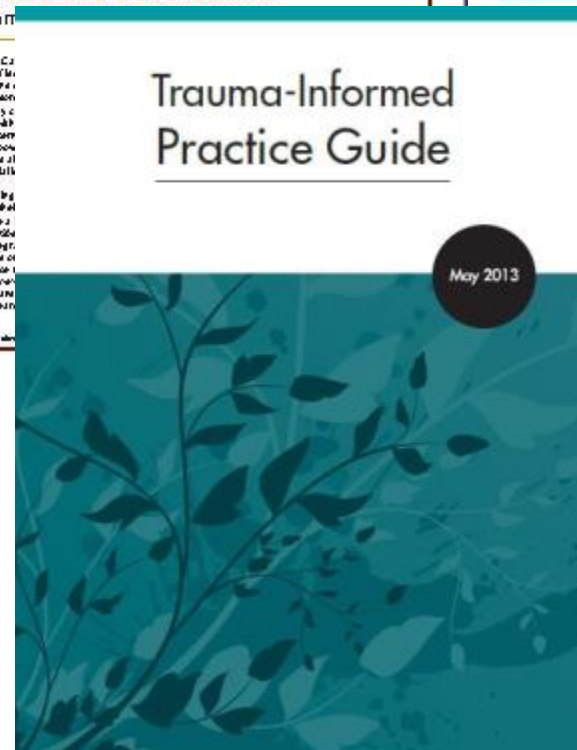
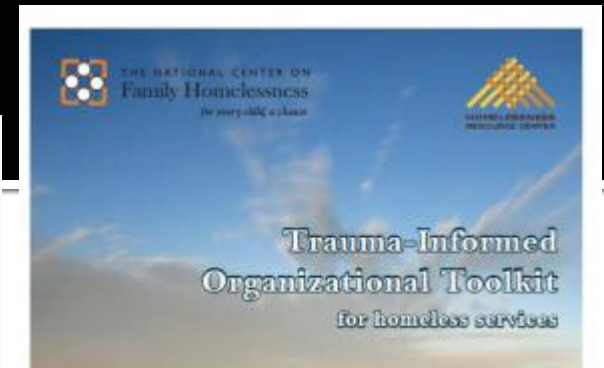
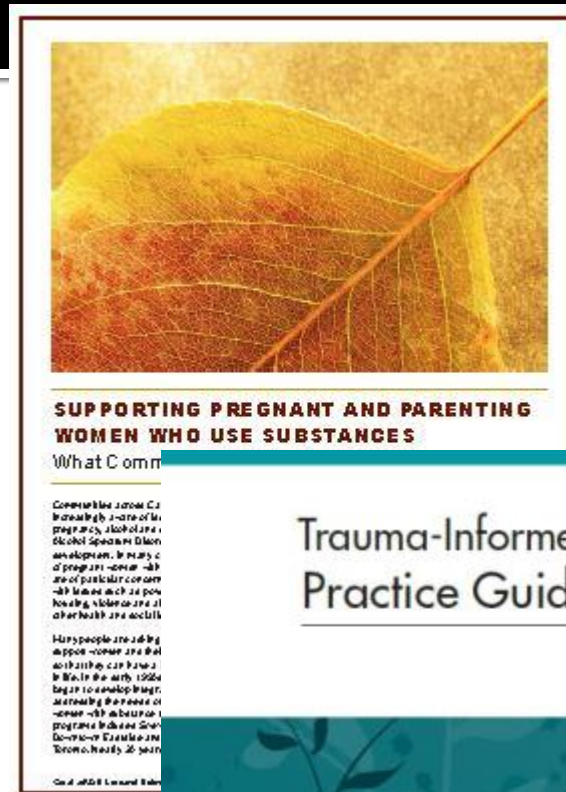
- System change work with a number of Canadian provinces and territories towards trauma informed practice, and the work of contributors to a book entitled *Becoming Trauma Informed*



A problem without one home

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

Carroll & Miller, 2006
Rethinking substance abuse: what the science shows, and what we should do about it.



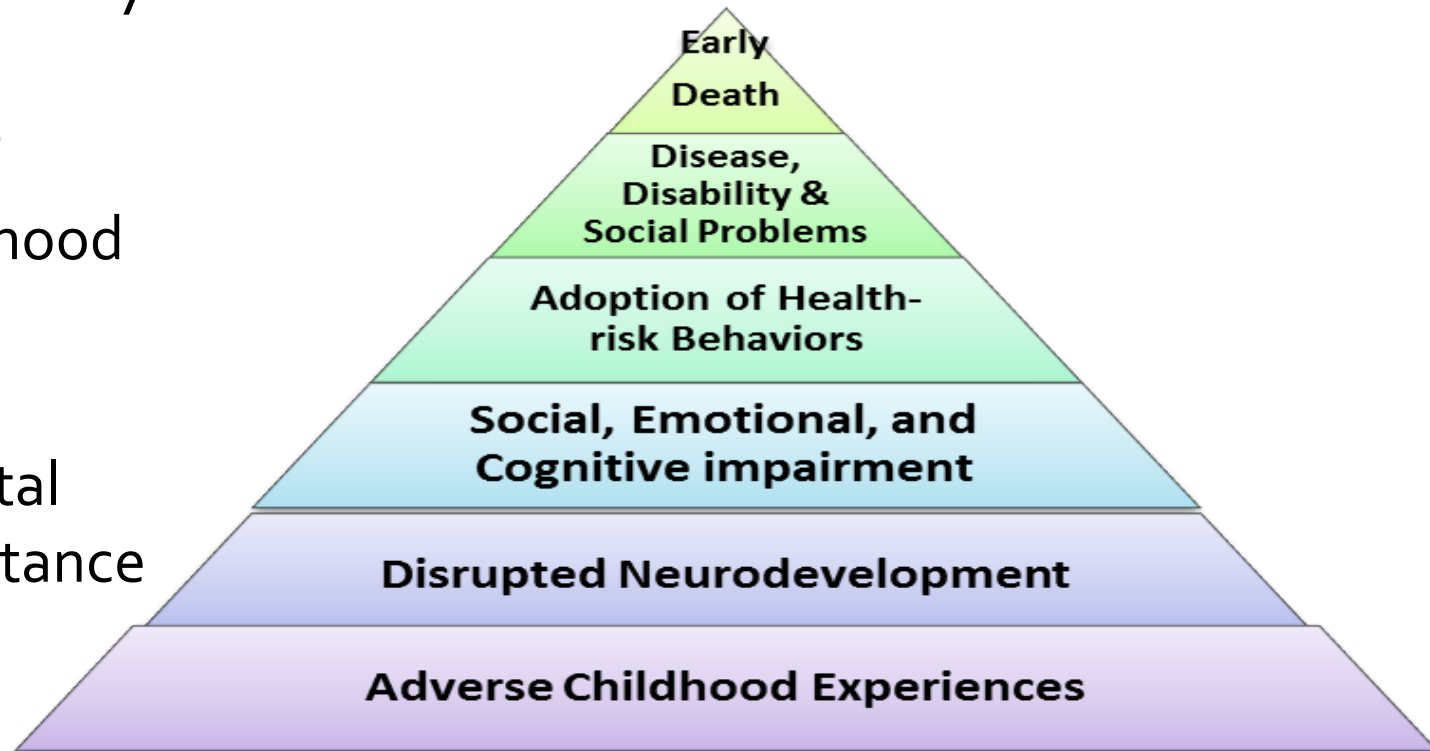


1. FOUNDATIONS

Contributions from public health

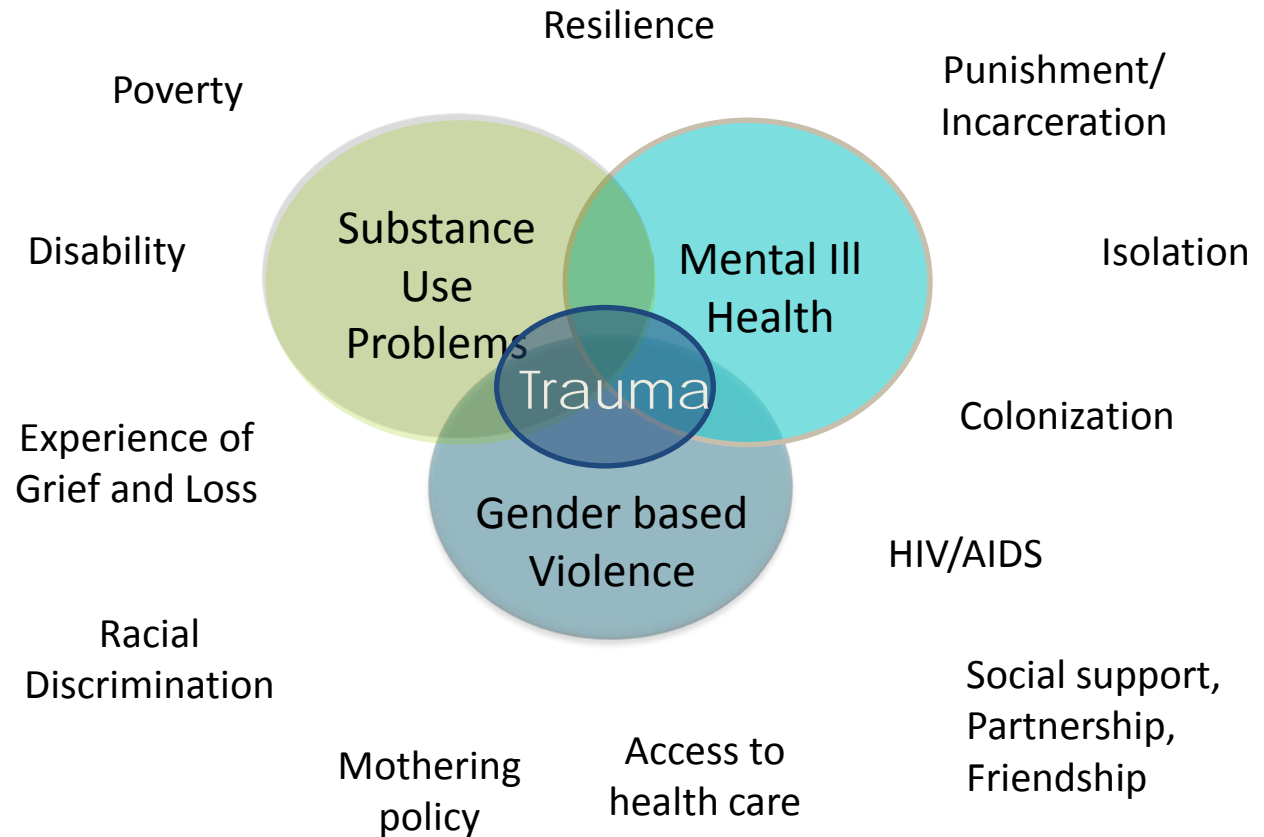
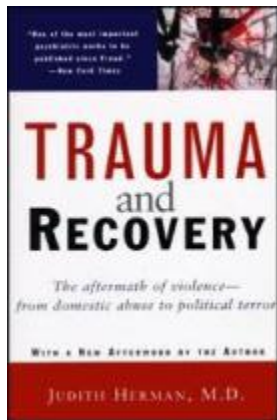
Adverse Childhood Experiences Study (ACE's)

- prevalence of adverse childhood experiences
- linkages with physical/mental health & substance use



Mechanisms by which Adverse Childhood Experiences influence Health and Well-being throughout the lifespan

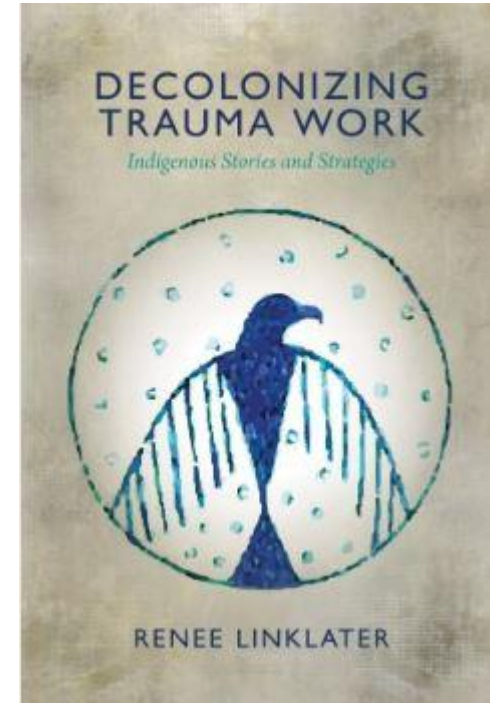
From women's health advocates and those working on social determinants of health



From indigenous scholars

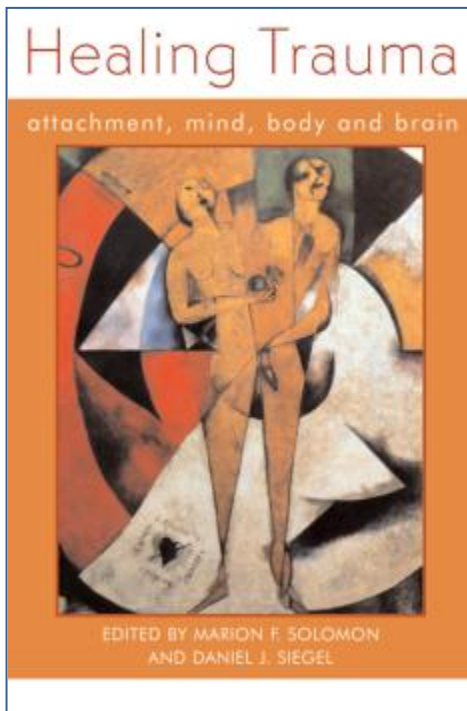
- Recognition of trauma caused by colonization & racism
 - Historical trauma (Indian Residential Schools, Indian Hospitals, 60's scoop)
 - Intergenerational trauma
 - Efforts to redress trauma related to residential schools

(Maria Yellow Horse Brave Heart, Michael Yellow Bird, Renee Linklater. Karina Walters)



From neurobiology

Neurobiological explanations and interventions



SENSORIMOTOR PSYCHOTHERAPY INSTITUTE


Professional Training in Somatic Psychology

Faculty



Pat Ogden, Ph.D., is a pioneer in somatic psychology. Founder and Educational Director of the Sensorimotor Psychotherapy® Institute, an internationally recognized school specializing in somatic-cognitive approaches for the treatment of post-traumatic stress disorder and other trauma-related disturbances. She is a clinical psychologist and the first author of the book *Sensorimotor Psychotherapy: Interventions for Trauma*.

Psychotherapy: Interventions for Trauma

 **The ChildTrauma Academy**
www.ChildTraumaAcademy.org

Bonding and Attachment in Maltreated Children

Consequences of Emotional Neglect in Childhood



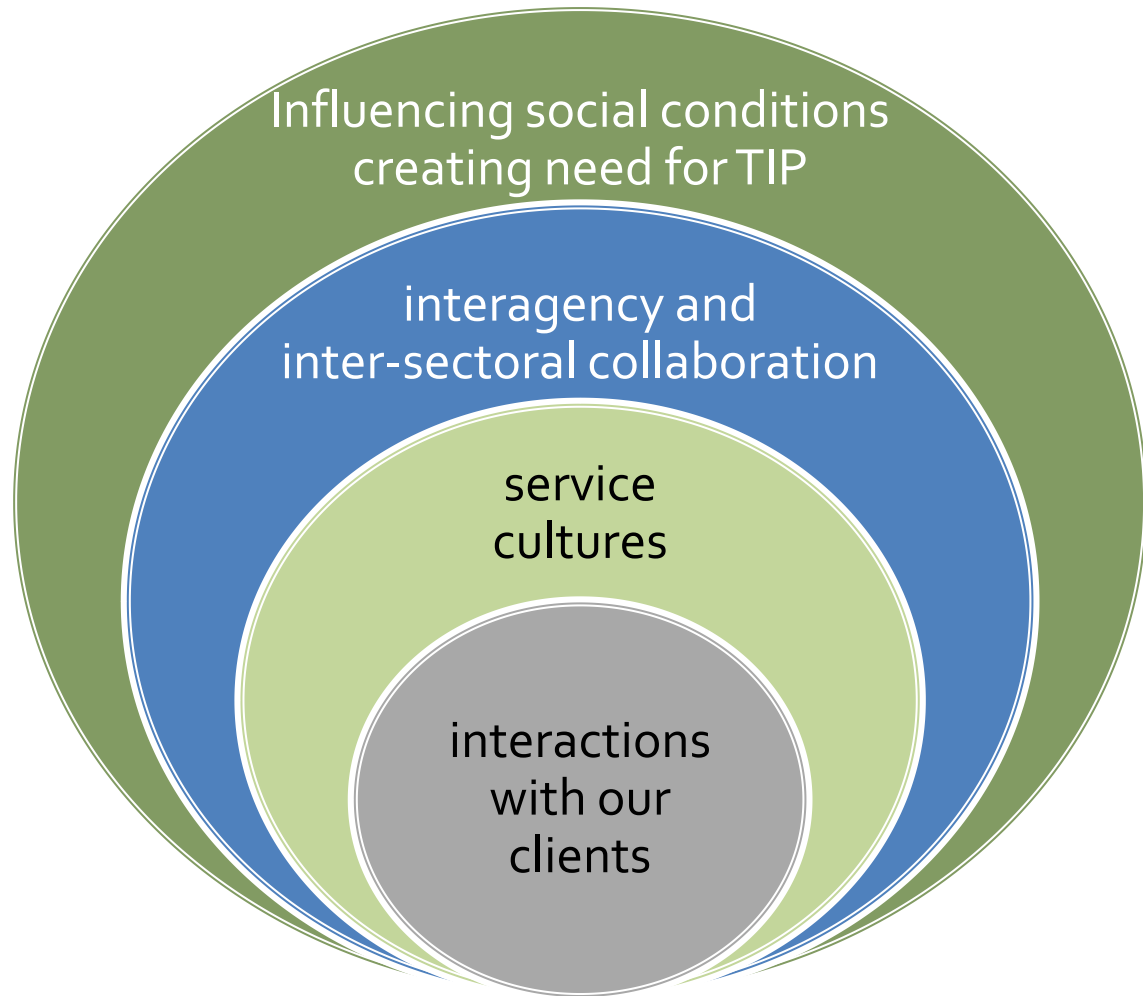
Bruce D. Perry, M.D., Ph.D.

Adapted in part from: *"Maltreated Children: Experience, Brain Development and the Next Generation"*
(W.W. Norton & Company, New York, in preparation)

Important to
apply what
we know
from all these
disciplines

and

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



Questions?



**We are creating a welcoming and
compassionate environment for all
our patients.**



2. UNDERSTANDING TRAUMA

Definitions of trauma

- 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 wellbeing.
- It generally overwhelms an individual's or community's resources to cope, and it often ignites the "fight, flight or freeze" reaction at the time of the event (s). It frequently produces a sense of fear, vulnerability or helplessness.

Definitions of trauma

- Interpersonal trauma will be defined as experiences involving disruption in trusted relationships as the result of violence, abuse, war or other forms of political oppression, or forced uprooting and dislocation from one's family, community, heritage, and/or culture.

(Bierman, Mason et al., 2010)

A range of trauma examples

- Caused naturally – wildfire, flood, tornado, tree falling
- Caused by people through accidents and technological catastrophes – train derailment, oil spill
- Caused by people via intentional acts - sexual assault, warfare, domestic violence, mob violence, home invasion, bank robbery, school shooting, terrorism, genocide
- Can be individual, group, community or mass trauma
- Can be interpersonal, developmental, political, or system-oriented (retraumatization)

Trauma and PTSD

- The terms violence, trauma, abuse, and post traumatic stress disorder (PTSD) often are used interchangeably. One way to clarify these terms is to think of trauma as a response to violence or some other overwhelmingly negative experience (e.g., abuse).
- Trauma is both an event and a particular response to an event.
- PTSD is one type of disorder that results from trauma.

(Covington, 2003)

Trauma Effects

Physical	Emotional or Cognitive	Spiritual	Interpersonal	Behavioural
<p>Unexplained chronic pain or numbness</p> <p>Stress-related conditions (e.g., chronic fatigue)</p> <p>Headaches</p> <p>Sleep problems</p> <p>Breathing problems</p> <p>Digestive problems</p>	<p>Depression</p> <p>Anxiety</p> <p>Anger management</p> <p>Compulsive and obsessive behaviours</p> <p>Dissociation</p> <p>Being overwhelmed with memories of the trauma</p> <p>Difficulty concentrating, feeling distracted</p> <p>Fearfulness</p> <p>Emotionally numb/flat</p> <p>Loss of time and memory problems</p> <p>Suicidal thoughts</p>	<p>Loss of meaning, or faith</p> <p>Loss of connection to: self, family, culture, community, nature, a higher power</p> <p>Feelings of shame, guilt</p> <p>Self-blame</p> <p>Self-hate</p> <p>Feel completely different from others</p> <p>No sense of connection</p> <p>Feeling like a 'bad' person</p>	<p>Frequent conflict in relationships</p> <p>Lack of trust</p> <p>Difficulty establishing and maintaining close relationships</p> <p>Experiences of re-victimization</p> <p>Difficulty setting boundaries</p>	<p>Substance use</p> <p>Difficulty enjoying time with family/friends</p> <p>Avoiding specific places, people, situations (e.g., driving, public places)</p> <p>Shoplifting</p> <p>Disordered eating</p> <p>Self-harm</p> <p>High-risk sexual behaviours</p> <p>Suicidal impulses</p> <p>Gambling</p> <p>Isolation</p> <p>Justice system involvement</p>

Trauma Effects (2)

Trauma effects can also be organized by the PTSD symptom clusters as identified in the DSM V

- **Intrusion/re-experiencing** e.g. memories, nightmares, flashbacks, intense emotional or psychological response to reminders of event
- **Avoidance** e.g. people, conversations, situations, places, objects and feelings, thoughts and bodily sensations
- **Arousal/reactivity** e.g. irritability, hyper vigilance (always on guard), difficulties with concentration and sleep
- **Negative mood/cognitions**, which may include, feeling detached, inability to experience emotions (numbing) and depressive symptoms, for instance, loss of hope, interest, persistent guilt, anger and/or fear

Responses to trauma

- There are predictable response patterns in the brain resulting from extreme threat.
- Two important examples of this are:
 - fight/flight (defense) – on the hyperarousal continuum
 - freeze/surrender – on the dissociative continuum
- Predominant style of the individual in acute trauma will determine specific effects
 - hyperarousal or dissociative

Window of Tolerance

A
R
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L

Sympathetic Arousal:
high activation

Hyperarousal

Overload: frozen, emotionally reactive,
racing thoughts, impulsive, aggressive

Window of Tolerance
Optimal Arousal Zone

Parasympathetic Arousal:
low activation

Hypoarousal

Numb, lethargic, collapsed,
cognitively slowed, psychomotor retardation

(Siegel, 1999; Perry; Ogden, 2007)

Retrieved from:

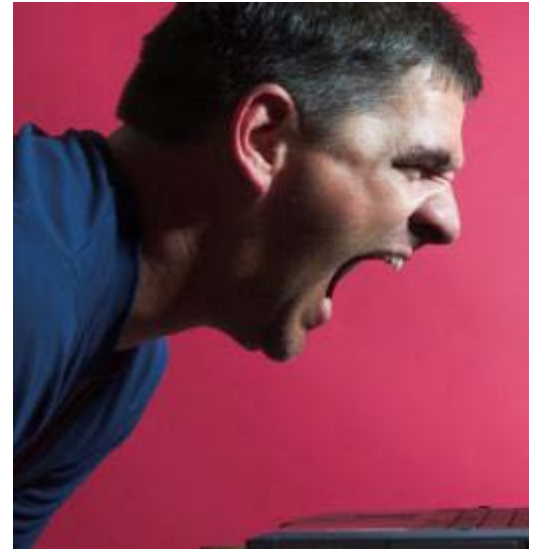
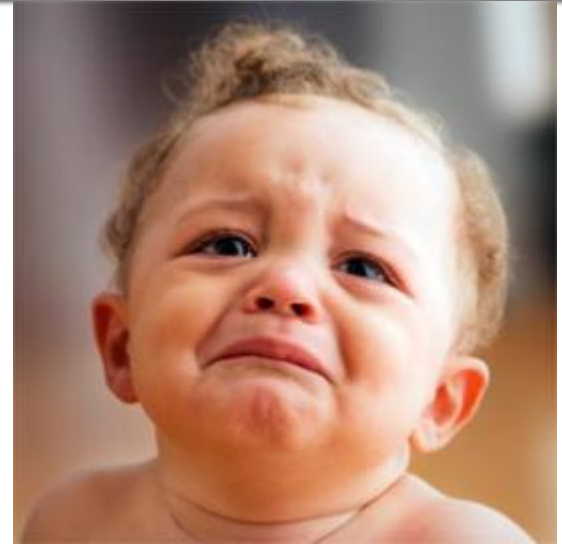
http://www.traumacenter.org/announcements/TConf.09_SMART_Handouts.pdf

Trauma and attachment

When abuse/neglect take place:

- Dysregulation occurs with no repair/recovery
- Must dedicate all of their regulatory resources to reorganizing dysregulation
- Increased levels of stress hormones
- Initially – alarm response, hyperarousal
- Chronic stress can result in profound dissociation/detachment - hypoarousal

(Tronick & Weinberge, 1997;
Schoore, 2001; Perry et al, 1995)



Possible signs of a trauma response

Possible Signs of a Trauma Response

- Sweating
- Change in breathing (breathing quickly or holding breath)
- Muscle stiffness, difficulty relaxing
- Flood of strong emotions (e.g., anger, sadness, etc.)
- Rapid heart rate
- Startle response, flinching
- Shaking
- Staring into the distance
- Becoming disconnected from present conversation, losing focus
- Inability to concentrate or respond to instructions
- Inability to speak

Implications for service access

- Trauma affects service access and engagement:
- Difficulty with trust and relationships
 - Reluctance to engage, and quick to drop out
 - Vigilance and suspicion
 - Previous traumatic experience caused by health care system/providers
 - Ambivalence to give up or change coping mechanisms
 - In the moment trauma responses . . .

Implications for service access

“In many cases, people who endured childhood abuse and neglect develop what might seem like a bewildering array of problems throughout their lives.

Many service providers, and in many cases the survivors themselves, can misunderstand these difficulties as self-inflicted because they do not understand how abuse, trauma and their effects reverberate throughout a person’s life.” (Haskell, 2012)

What do trauma-informed services look like?

The Four 'R's (SAMSHA, 2014)

"A program, organization or system that is trauma informed:

1. **REALIZES** the widespread impact of trauma and understands potential paths for recovery;
2. **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **RESPONDS** by fully integrating knowledge about trauma into policies and procedures, and practices;
4. Seeks to actively **RESIST RE-TRAUMATIZATION.**"

Questions?

Grounding Activities

3. **Remind yourself of who you are now.**
 Say your name. Say your age. Where are you now? What time you done today? What will you do now? 2. **Go outside. Notice how it's different from where you just were.** Is it warmer? Is there a cold breeze? Is the sun shining? What season is it? 3. **Move around.** Feel your body. Experience a full stretch of your arms, hands, fingers. 4. **Splash water on your face.** 5. Try a butterfly hug by crossing your arms [as if giving yourself a hug] and alternately tapping your left and right upper arms. Breathe and gently hug for a minute or two. 6. **Carry a grounding object such as a stone or photo in your pocket. Touch it for comfort when you need it.** 7. **Name your favorite.** What are your three favorite colors? Favorite food? Favorite animal? 8. **Count to 30 very slowly.** Now count backwards. 9. **Walk slowly,** noticing each footstep. Leave "self" and "right" with each step. 10. **Say kind things to yourself,** such as "you are a good person going through a hard time. You'll get through this." 11. **Take ten breaths,** focus your attention on each breath on the way in and on the way out. Say the number of each breath to yourself as you exhale. 12. **Sp a cool drink of water.** 13. If you are with other people, and you feel comfortable with them, concentrate closely on what they are saying and doing, and remind yourself why you are with them. 14. If you are sitting, feel the chair under you and the weight of your body and legs pressing down onto it. 15. If you are lying down, feel the contact between your head, your body and your legs, as they touch the surface you are lying on. Starting from your head, notice how each part feels, all the way down to your feet, on the soft or hard surface. 16. During the night, as you awake, remind yourself who you are, and where you are. Tell yourself who you are and where you are. What age are you now? Look around the room and notice familiar objects and name them. Feel the bed you are lying on, the warmth or coldness of the air, and notice any sounds you hear. 17. **Stop and listen.** Notice and name what you can hear nearby and in the distance. 18. **Hold your palms together** (clap your hands). Listen to the sound. Feel the vibration. 19. **Take a shower.** 20. **Walk barefoot.** 21. Use your voice. Say your name. Pick up a toy or magazine and read whatever you find out loud. 22. **Imagine yourself in a familiar, comfortable place.** Relax in this safe place. 23. **Take a book outside.** Count the number of trees and street signs. 24. **Hold onto something comforting.** Maybe a blanket or an old stuffed toy. 25. **Describe step-by-step and in great detail how you made breakfast this morning.** 26. **Repeat five things in the room that are green.** 27. **Shuffle a deck of cards.** Try solitaire. Feel the cards in your palm them on the table. 28. If you play a musical instrument, play scales or chord progressions. Listen to the notes change. Feel the weight and shape of the instrument. 29. **Hum.** Feel the vibration in your throat. Listen to the sound in the air around your face. 30. Say the words to an inspiring or comforting poem. By "SAB" (for "My Maya Angelou" has like moon and like sun. With the certainty of tides, just like hopes springing high, still I'll rise." 31. Dig your feet into the ground. Feel supported, rooted, connected to the earth. 32. Try doing a push-up. Against the wall or on the ground. Feel the strength in your body. 33. If you have a pet, touch its fur and say its name out loud. 34. Do jumping jacks. Feel your body move through the air, the sensation of your feet touching the ground, your body working hard. 35. Comfort yourself as one would comfort a child. "I am loved. I am safe here." 36. Talk yourself through what you are experiencing. "My heart is pounding. It's slowing down as I breathe in and out. These feelings will pass. I will get through this." 37. Repeat the words to your favorite song. Choose a song that is encouraging or soothing or inspiring. 38. Repeat a prayer or mantra. Try "The Serenity Prayer": "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference." 39. Take a deep breath in through your nose. As you breathe out through your mouth, make a sound like the ocean. Feel the rhythm of your breathing. Use ocean waves moving in and out. 40. Write gentle reminders to yourself. "I am safe here and now. I am getting through this. I am strong. I am loved. I am a good person. I am kind." 41. Draw circles with a pen. Then squares. Feel the pen move against the paper. Feel the muscles move in your hand and arm. Gradually become aware of the rest of your body. 42. Hold your hands against your thighs. Breathe in and out. 43. Eat something. Slowly, notice the taste and texture. Observe it. 44. Repeat to yourself: "It's going to be okay. I'm okay." 45. **Recite the alphabet.** 46. Count to 20 in every language you know English, French, Japanese, Hindi, Swahili, Arabic. 47. Describe what you're wearing. List each item, when you got it from, what it's for, etc. Try borrowing it from my closet. It keeps me warm." 48. Wash your hands. Notice the smell of the soap. 49. **Flowers. Dig in the garden.** Make a yourself of the day of the week.

Effects of Trauma

The word cloud contains the following terms:

- sleep problems
- chronic pain
- chest pain
- asthma
- autoimmune disorders
- heart palpitations
- lumpiness
- BODY**
- breathing problems
- pelvic pain
- tension
- headaches
- digestive problems
- chronic fatigue
- nightmares
- dissociation
- anger
- flashbacks
- avoiding certain places
- hypervigilance
- people, situations
- overwhelmed
- difficulty
- feeling out of control
- with family and friends
- nervous
- mood swings
- suicidal thoughts
- anxiety
- loss of time
- concentrating
- memory problems



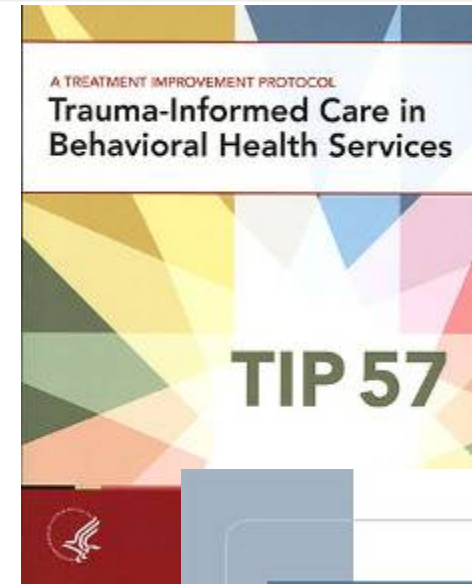
3. PRINCIPLES

Trauma Informed principles

Key Principles (SAMSHA, 2014)

1. Safety
2. Trustworthiness and Transparency
3. Collaboration and Mutuality
4. Empowerment, Voice and Choice

Grounded in Peer Support and addressing Cultural, Historical, and Gender Issues



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

- The high prevalence of trauma
- How the impact of trauma can be central to one's development
- The wide range of adaptations people make to cope and survive
- 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 safety plans

4 Key Principles

2. Emphasis on safety and trustworthiness

Service Providers:

- The safety and mental health needs of service providers are also considered within a trauma-informed service approach.

Key component of Service Provider safety:

- Education and support related to vicarious trauma.

4 Key Principles

2. Emphasis on safety and trustworthiness (Part 2)

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 and support preferences
- 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

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



Applying principles: Trauma awareness

- Acknowledge common connections between substance use and trauma
- Recognize range of responses people can have
- Recognize that because of trauma responses, developing trusting relationships can be difficult
- **Disclosure of trauma is not required**
- Recognize when someone is triggered or experiencing the effects of trauma & support

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



Shift from: “What is wrong with her” to
“What happened to her”

Change in language away from:

- Controlling
- Manipulative
- Uncooperative
- Untreatable
- Masochistic
- Attention seeking
- Drug seeking
- Bad mother
- Not believable, etc.

(Williams & Paul, 2008)

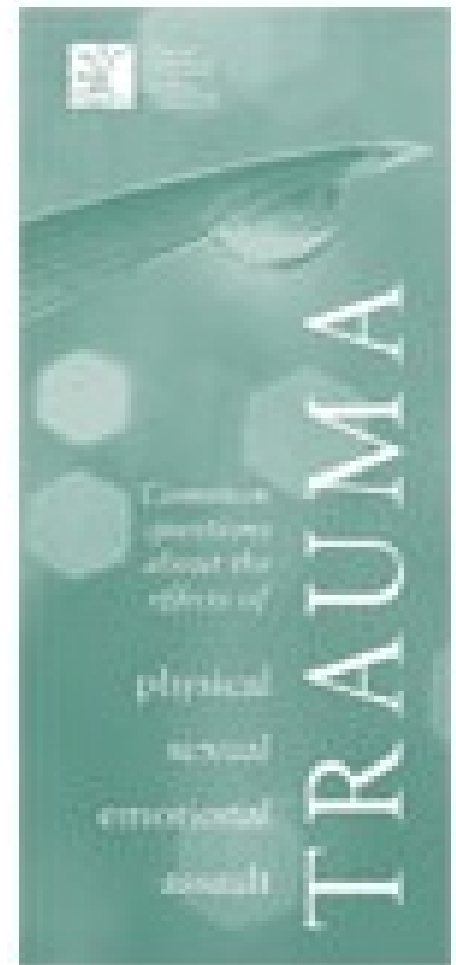
From...	To...
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking for what they want
Attention seeking	The individual is trying to connect the best they can
Symptoms	Adaptations
Borderline	The individual is doing their best given their early experiences
Malingering	The individual is seeking help in a way that feels safer

Deciding how to build awareness as an organization, among staff and with clients

A plain language CAMH pamphlet:

“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)



TIP can be seen in flexible intake practices

Trauma informed intake practices - TIP can be seen in flexible intake and assessment processes that:

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

TIP in early interactions

All staff collaborate with clients to:

- Provide clear, practical information at initial contacts about what to expect, choices for being contacted and rationale for processes
- Provide opportunities for questions
- Respond to people who arrive in distress

- Trauma-informed Organizational Assessment for programs serving families experiencing homelessness, 2003
- Creating Cultures of Trauma-informed Care, 2009
- Trauma Matters, 2013 (Jean Tweed Centre)
- The Trauma Toolkit 2nd Edition 2013 (Klinic)

TIP application: Physical environment

Consider:

- Signage with welcoming messages, avoiding “do not” messages
- Waiting areas - comfortable and inviting
- Lighting in outside spaces
- Accessibility and safety of washrooms
- In counseling rooms – choice about whether door is open or closed

Tips for Creating a Welcoming and Safe Environment



Creating a welcoming environment for individuals with diverse or past experiences of trauma and violence can be a simple but important strategy in becoming trauma-informed. Making changes to the physical space in which your program or organization operates can reduce possible triggers for clients, increase feelings of emotional and physical safety, and encourage the development of new and lasting relationships. Below are some practical suggestions to get started.

1. Think about your clients' first contact with your program. What is there to greet them and what are some of the things they might see? Provide an orientation to the physical space by showing people where they can sit or wait, offering or showing them where they might be able to get something to drink or eat, mentioning any activities happening in the building that might be something to watch, providing directions to the bathroom, and giving them an opportunity to ask questions.

2. If at all possible, organize your program space in such a way that recognizes that people might require different things to be comfortable and that staff might need to accommodate a wide range of behaviours. Offer waiting for an appointment or participating in a program. Some individuals might prefer a quieter place or might need to move around more. Noisy or cluttered environments might be unsettling for some people. Providing choices about where people can wait and providing information about how long the wait might be can help people feel more in control.

3. There are many aspects of our physical environment that can be triggering and/or potentially re-traumatizing for people. While it's impossible to address all possible

triggers, it is possible to make many environments feel less “institutional.” Plants, a box of toys, art or posters reflective of the community or population the program serves, and warm colours can make a difference. For individuals who have clearly stated their discomfort with a particular setting, it might be necessary to offer alternate ways of working together or help them to develop strategies to manage possible distress.

4. Physical and emotional safety for both clients and staff should be considered together. For example, what are your program's policies about gifts and tools? What might be comfortable and safe for one person might feel restrictive or triggering for another. Take a walk through the waiting area, the reception area, gross-up spaces, and interview rooms at your organization. Do they increase feelings of safety for both clients and staff? Ask clients for their perspectives on your organization's physical space.

5. Make sure that your program has a policy on working with individuals who are intoxicated, acutely psychotic or suicidal. Is there a separate space for a client to de-escalate and calm down? Are staff able to support grounding activities or encourage a sense of safety? How can staff work to ensure the comfort and safety of other clients?

For practice tips, see *Trauma-Informed Practice: Skills Manual for ChildWelfare*. Visit www.bornforthis.ca.



With Gratitude
Center of Excellence
for Women's Health

Illustration of applying the principles

- Identifying triggers
- Noticing precursors of distress
- Implement sensory integration and sensory modulation opportunities
- Promote thinking skills and choice making skills
- Ensure opportunity for relational development
- Wrap around

American Association of Children's Residential Centers. (2010). **Redefining Residential: Trauma-Informed Care in Residential Treatment** (pp. 5). Milwaukee, WI: Author.

Questions?



Choice & Collaboration

We are offering children, youth and families opportunities to be involved in decisions about their care.



We appreciate the strengths of the people we work with everyday.

A young woman with dark hair styled in long braids, wearing a black headband and a light-colored t-shirt, is leaning against a red brick wall. She is looking down and to the left. The wall is made of red bricks with visible mortar lines. The lighting is bright, suggesting an outdoor setting.

4. EXAMPLES OF TIP IN VARIOUS SETTINGS

Involve clients

Trauma survivors cannot learn the essential ability of defending their own boundaries if people who are supposed to care for them, trample them. Client rights are about being treated as full citizens in the mental health and addictions treatment systems. Creating an environment in which these rights flourish is the first step to making a space where real healing can happen

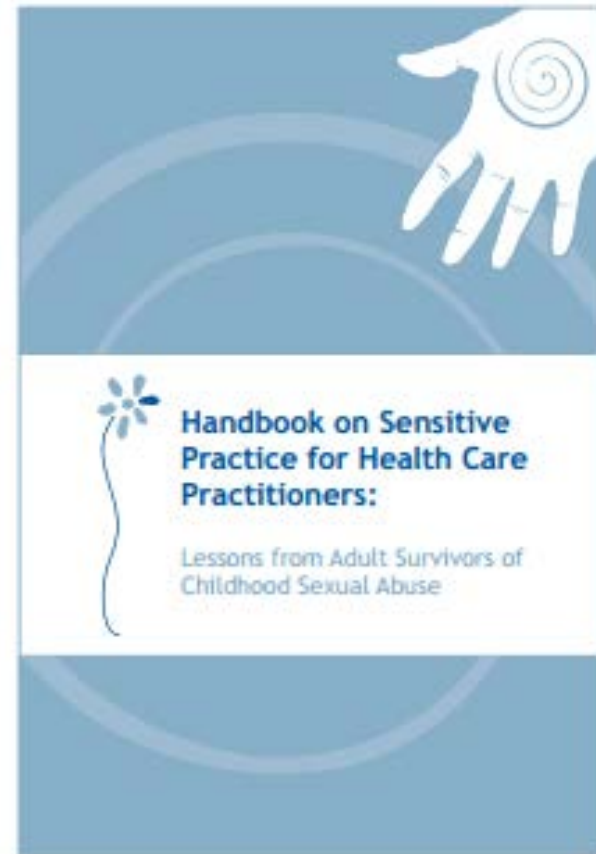
Jennifer Chambers (2012) What do client rights have to do with trauma-informed care? in *Becoming Trauma-Informed*. Toronto: CAMH



TIP in primary care settings

This handbook presents information that will help health care practitioners practise in a manner that is sensitive to the needs of adult survivors of childhood sexual abuse and other types of interpersonal violence.

It is intended for health care practitioners and students of all health disciplines who have no specialized training in mental health, psychiatry, or psychotherapy and have limited experience working with adult survivors of childhood sexual abuse.



TIP in homeless shelters



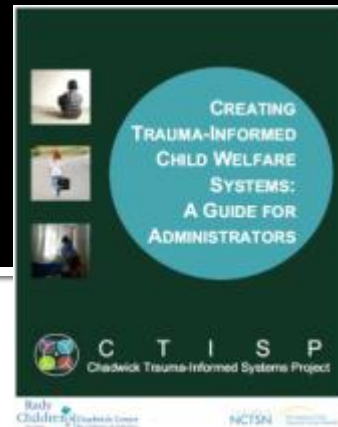
Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*.

Trauma-informed programming was implemented in Boston metropolitan homeless shelters

Evaluation results indicated positive outcomes: ***high levels of support for the organizational shift to trauma-informed programming, increased staff confidence, fewer resident conflicts, better relationships among staff and residents, and fewer resident terminations***

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3, 80-100.

TIP in child welfare practice



- *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

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

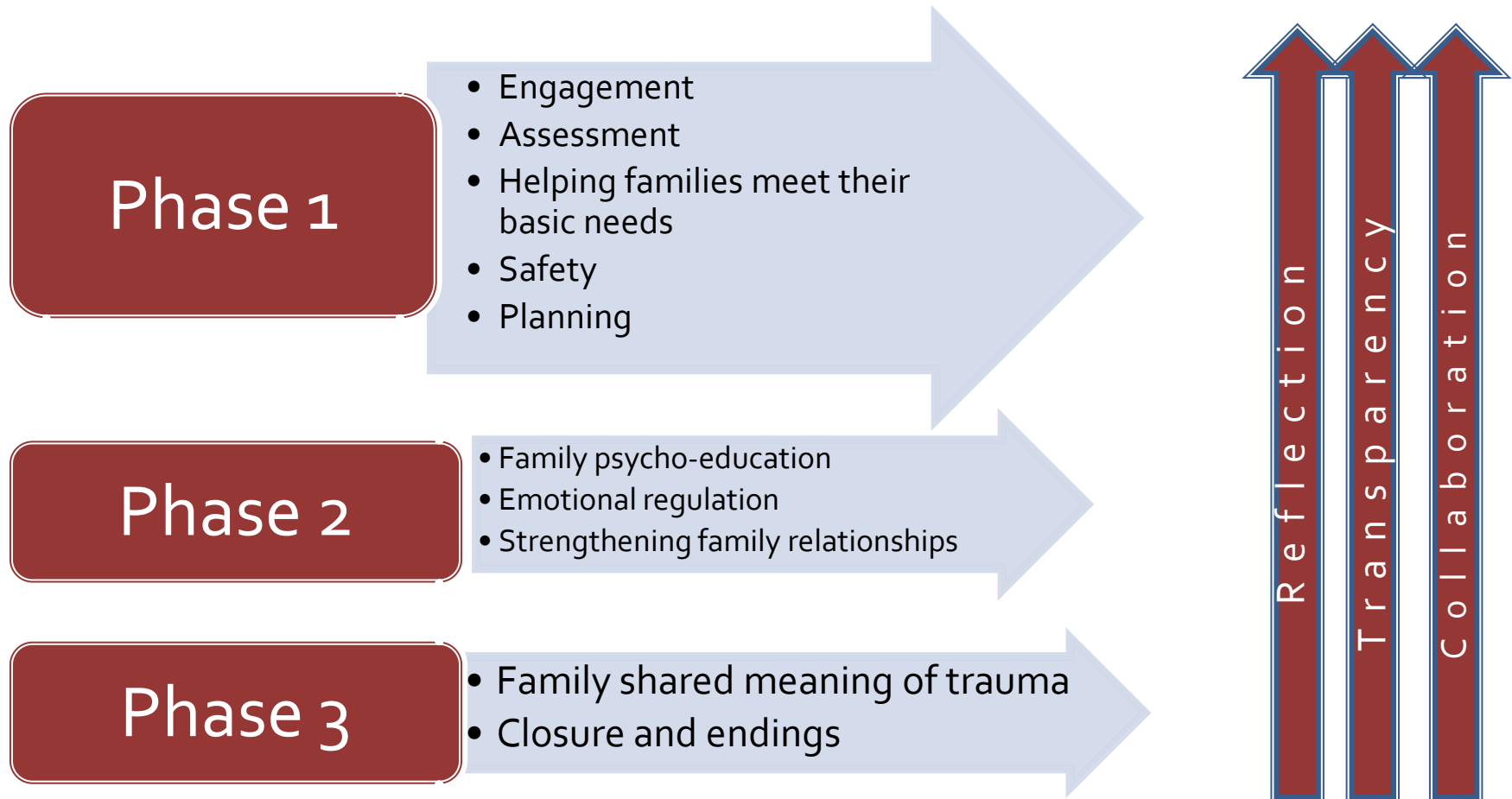
Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

TIP with families

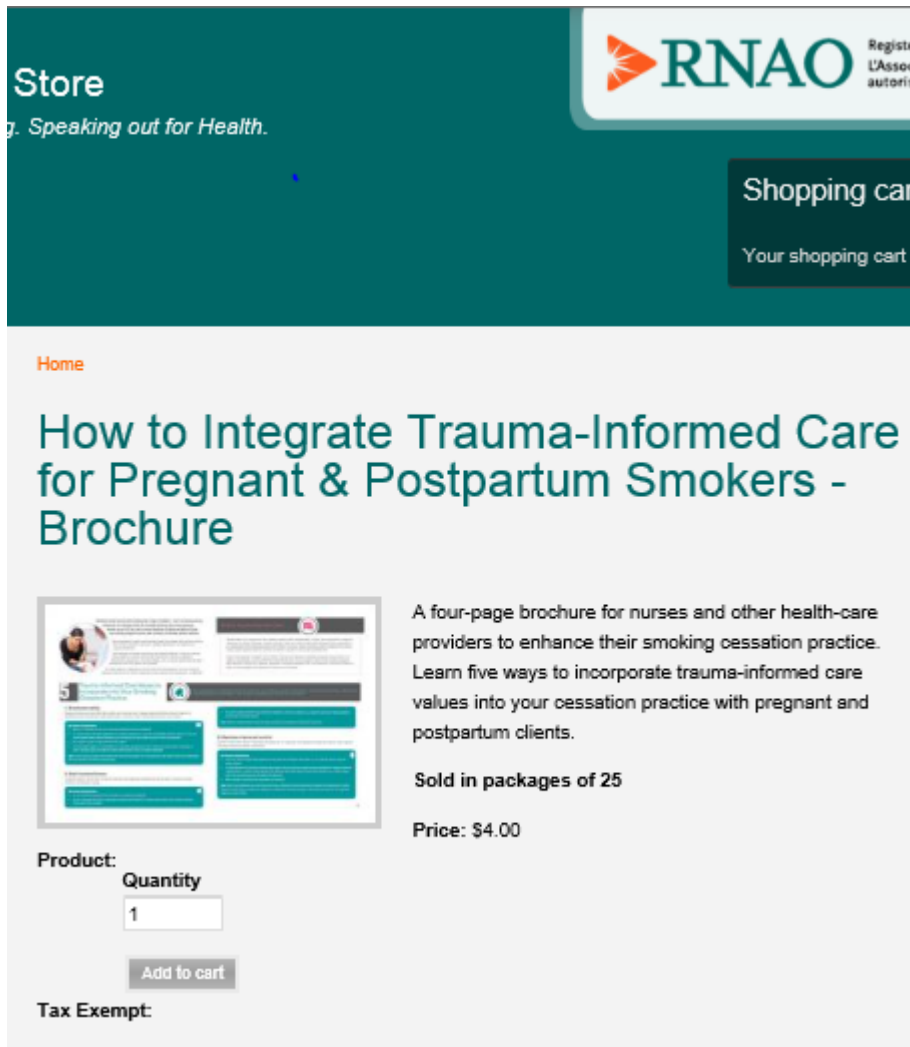
Collins, et al. (2011). Trauma adapted family connections: Reducing developmental and complex trauma symptomatology to prevent child abuse and neglect.

- Families living in urban poverty – Trauma Adapted Family Connections (TA-FC)



TIP in interventions on specific substances

Trauma informed tobacco interventions



The screenshot shows the RNAO Store website. The header includes the RNAO logo and the text "Registra L'Assoc autoris". The main content area features a product listing for a brochure titled "How to Integrate Trauma-Informed Care for Pregnant & Postpartum Smokers - Brochure". The product description states: "A four-page brochure for nurses and other health-care providers to enhance their smoking cessation practice. Learn five ways to incorporate trauma-informed care values into your cessation practice with pregnant and postpartum clients." The price is listed as \$4.00, and it is sold in packages of 25. The product page includes a "Quantity" input field set to 1, an "Add to cart" button, and a "Tax Exempt" checkbox.

Provides questions that guide the practitioner to:

1. emphasize safety
2. build trustworthiness
3. maximize choice and control
4. collaborate
5. empower

TIP in a psychiatric unit setting

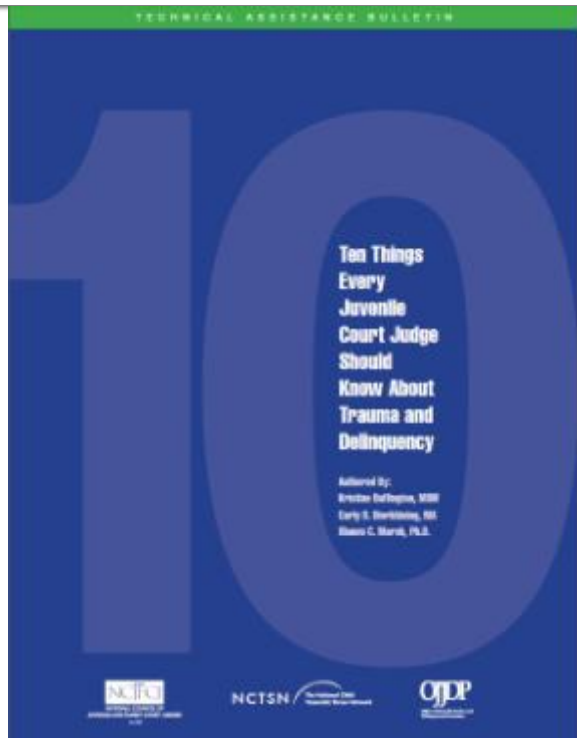
- Oregon hospital committed to a cultural shift of healing and flexibility
 - Daily community meetings held for problem solving
 - Labels designating people by type of disorder are avoided
 - Admissions occur in a comfortable room with family members present, instead of entering a locked unit via an “ante” room escorted by security.
 - Clients are full participants in planning and decision making for their own treatment.
 - Staff attend regular training to hone therapeutic and coping skills.
- Use of seclusion and restraint reduced by 87%

TIP in community setting – using Seeking Safety group model

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



TIP in Juvenile Court settings



Buffington, K., Dierkhising, C. B., & Marsh, S. C. (ND). **Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency** *TECHNICAL ASSISTANCE BULLETIN* (pp. 18). Los Angeles, CA: National Child Traumatic Stress Network.



Pilnik, L., & Kendall, J. R. (2012). **Identifying Polyvictimization and Trauma Among Court-Involved Children and Youth: A Checklist and Resource Guide for Attorneys and Other Court-Appointed Advocates** (pp. 12). North Bethesda, MD: Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

TIP In Action in a Pregnancy Outreach Program for Aboriginal women - Manito Ikwe Kagiikwe: The Mothering Project, Winnipeg

- Peer Driven Program Development – Women’s Advisory Committee
- Drum Group and opportunities for healing related to the drum
- Low Threshold Intake process
- Valuing of Experiential Wisdom
- Oriented towards kindness
- TIP tools – Motivational Interviewing, building space with TIP in mind, gardening, food as medicine, yoga and mindfulness activities.
- Dedication to participant engagement and consent to share information.
- System navigation and interdisciplinary collaboration



A young boy with short brown hair is shown in profile, facing right. He is wearing a dark blue jacket with a red and white striped collar. He is pointing his right index finger upwards towards the sky. The background is a clear, bright blue sky with some faint, wispy clouds. The overall mood is positive and hopeful.

5. GENDER AND CULTURE

Trauma informed, gender responsive work with men



Fallot, R., & Bebout, R. (2012). Acknowledging and Embracing "the Boy inside the Man": Trauma-informed Work with Men. In N. Poole & L. Greaves (Eds.), *Becoming Trauma Informed* (pp. 165-174). Toronto, ON: Centre for Addiction and Mental Health

- **Safety and trustworthiness** - Empathize with the 'disconnection dilemma', i.e. the conflict between their identity as men and their experience of powerlessness
- **Skill building** - A key trauma recovery skill for men is developing a broader range of options for expressing emotions
- **Collaboration and connection** – Men who have been sensitized to abuse of power in relationships may need to **hear offers of collaboration repeatedly**.
- **Strengths based** – acknowledgement of relational strengths may be 'water in the desert' for male survivors

1. Recognize the Impact of Trauma on Development and Coping Strategies

2. Identify Recovery from Trauma as a Primary Goal

3. Employ an Empowerment Model

4. Maximize Choices and Control Over Recovery

5. Base Services in a Relational Collaboration

6. Create an Atmosphere Respectful of the Need for Safety, Respect, and Acceptance

7. Emphasize Strengths, Adaptations, and Resilience.

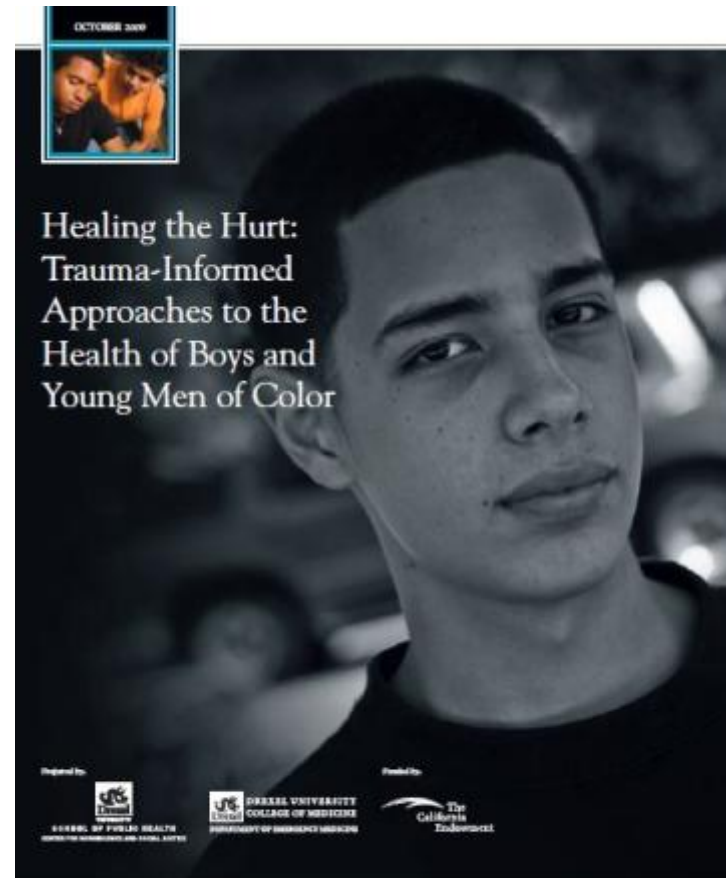
8. Minimize the Possibility of Retraumatization

9. Understand each Client in the Context of Experiences and Culture

10. Solicit Consumer Input and Involvement in Designing and Evaluating Services

Crime & Justice Institute. (January 26, 2006). **Interventions for High-Risk Youth: Applying Evidence-Based Theory and Practice to the Work of Roca** (pp. 26). Boston, MA: Crime & Justice Institute.

Roca's core strategies include outreach and street work, transformational relationships, peacemaking circles, and engaged institutions.



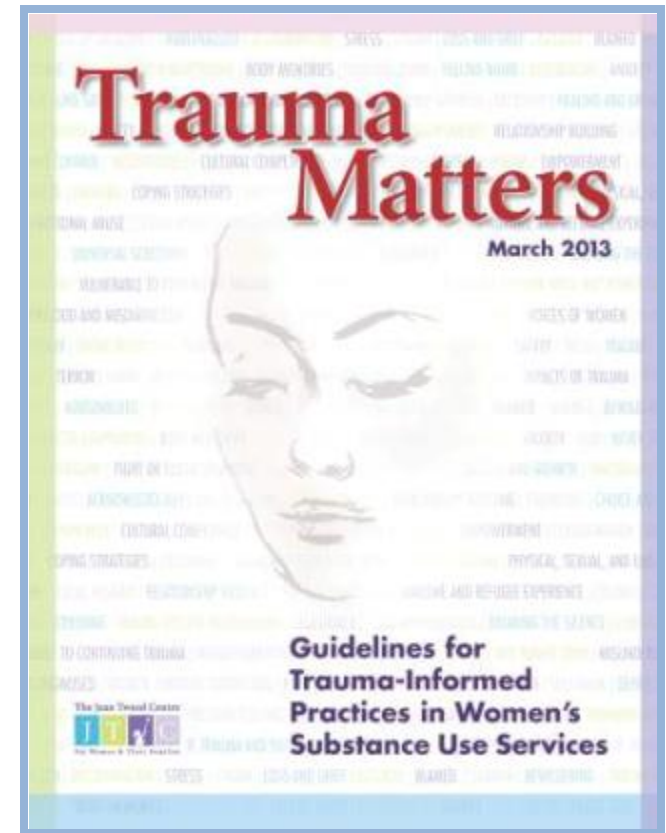
Rich, J. A., Corbin, T. J., Bloom, S. L., Rich, L. J., Evans, S., & Wilson, A. S. (2009). **Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color** (pp. 86). Drexel University: The Center for Nonviolence and Social Justice.

Key principles of TIP

Four key principles shape the trauma-informed work at the Jean Tweed Centre:

1. Avoiding re-traumatisation
2. Empowering women
3. Working collaboratively with flexibility
4. Recognizing trauma symptoms as adaptations.

The Centre's trauma-informed work is based on the understanding that symptoms related to trauma are coping strategies developed to manage traumatic experiences.



Trauma informed practice within treatment for Indigenous 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/>

RE-CLAIM

Empathy

- Relay **empathy** for the struggles that women face due to their problematic substance use (for example, loss of custody of their children).

Acceptance / Having a non- judgmental attitude

- Be **accepting and non-judgemental** about women's past behaviours (for example, women's involvement in prostitution for survival).

Inspiration

- Provide **inspiration** by acting as a role model (for example, when appropriate share parts of your own healing journey to show it is possible to gain further education as an adult and secure meaningful employment).

Recognition

- **Recognize** the impact of **trauma** in women's healing (ranging from the intergenerational effects of colonialism through to the disproportionate rates of inter-personal violence faced by Aboriginal women).

Communication

- Open lines of **communication** for two-way, non-hierarchical dialogue with the women.

Care

- Show **care** for the women and passion for your own role as a treatment provider.

Link to spirituality

- Support the link to **spirituality** in women's healing through Aboriginal culture as well as any other traditions and teachings with which the women identify.

Momentum

- Promote **momentum** in the women's healing journeys; that is, assist the women in **moving toward the future** after **acknowledging the past** (promoting accountability). For example, assist the women in developing healthier relationships and parenting skills. Fostering the women's ties to their communities will help break generational cycles.

Participatory
research project
(Stiletto to
Moccasins) led by
Dr. Colleen Dell,
See
[http://www.addictio
nresearchchair.ca/](http://www.addictio
nresearchchair.ca/)

Indigenous Culture as Intervention for healing from addictions

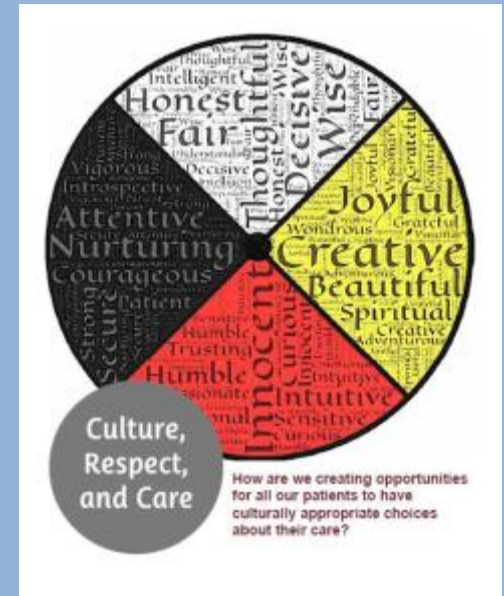


Download these resources from
<http://tinyurl.com/CultureAsIntervention>

Questions?



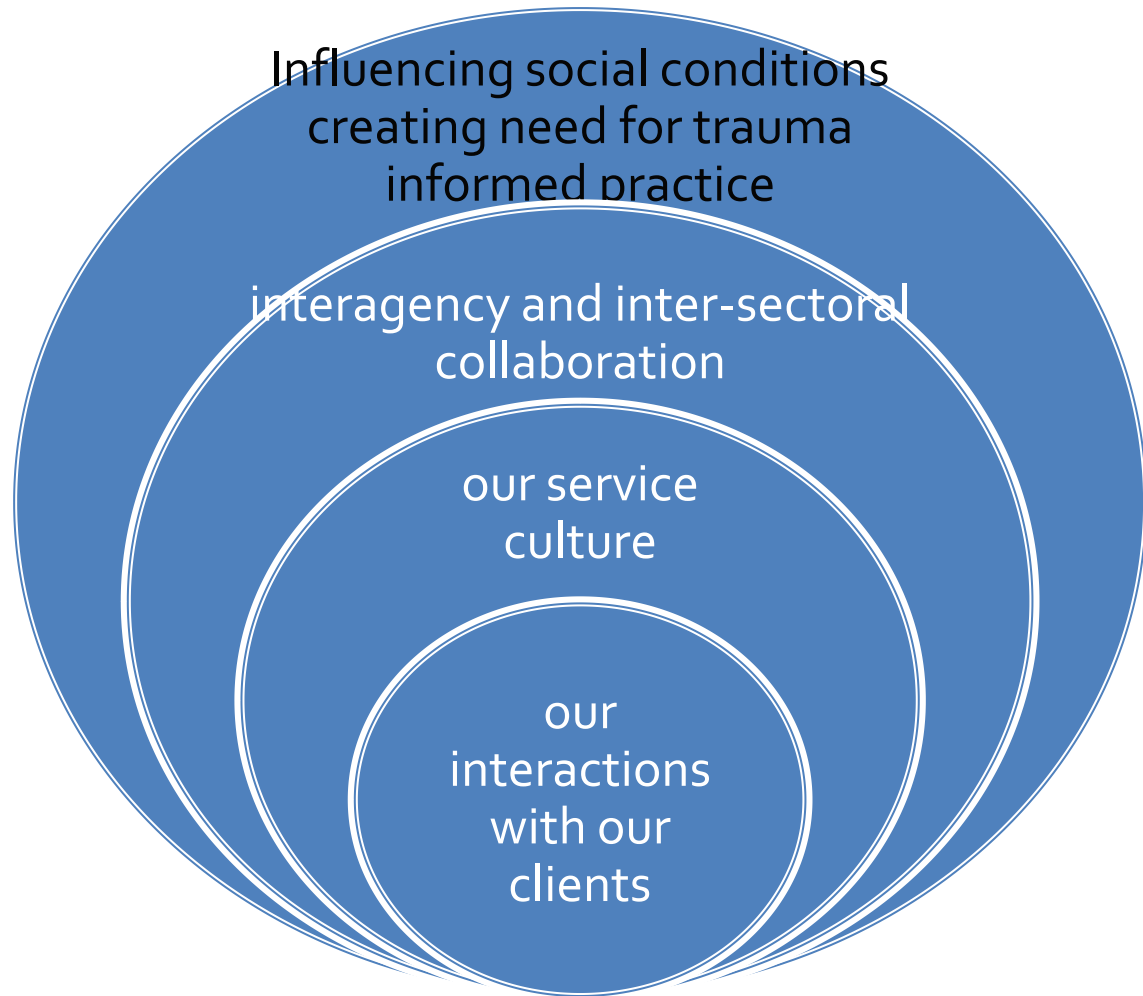
We are creating a community of support for everyone, starting with our first connection.



**6. TIP AT THE
ORGANIZATIONAL
LEVEL**



Trauma
informed
practice and
policy is
relevant at
all these
levels



TIP Organizational Checklist

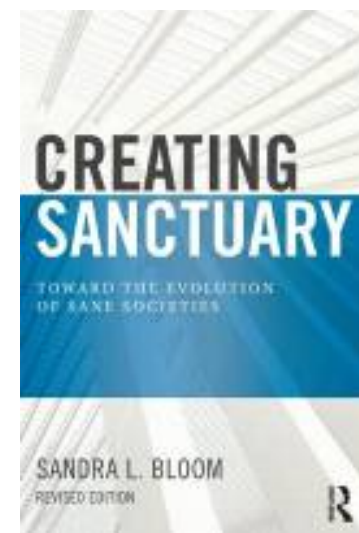
1. Overall Policy and Program Mandate
2. Administration
3. Hiring Practices
4. Training for Staff
5. Support and Supervision of Staff
6. Assessment and Intake
7. Policies and Procedures
8. Monitoring and Evaluation

Healthy organizations are emotionally well regulated

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

Blooms 7 qualities of TI Organizational culture

1. *Culture of non-violence*
2. *Culture of emotional intelligence*
3. *Culture of inquiry and social learning*
4. *Culture of democracy*
5. *Culture of open communication*
6. *Culture of social responsibility*
7. *Culture of growth and change*



Secondary Trauma

Secondary traumatic stress is the distress that results from hearing about the firsthand trauma experiences of others.

Symptoms of STS in child welfare workers include:

- Cynicism, anger, or irritability
- Anxiety, fearfulness
- Emotional detachment or numbing
- Sadness, depression
- Intrusive imagery or thoughts about clients' traumas
- Nightmares and sleep disturbance
- Social withdrawal
- Pessimistic worldview
- Diminished self-care
- Increased physical complaints and illness
- Use of alcohol/drugs to "forget about work"

(Osofsky, Putnam, & Lederman, 2008)

Professional Impacts – Secondary trauma

Job performance	Morale	Behavioural	Interpersonal
Obsession about detail	Loss of interest	Frequent job changes	Poor communication
Decreased productivity	Apathy	Overwork	Staff conflicts
Avoidance of certain task	Dissatisfaction	Tardiness	Withdrawal from others
Low motivation	Decreased confidence	Exhaustion	Impatience

Vicarious Traumatization

(Trauma Exposure Response)

“refers to the cumulative transformative effect on the helper working with the survivors of traumatic life events”

Saakvitne and Pearlman, 1996

The impact of vicarious trauma occurs on a continuum, influenced by factors such as:

- role
- amount of exposure to traumatic information
- degree of support in the workplace
- personal life support
- personal experiences of trauma

BCTIP Guide, 2013

Protective Practices

- Empathic engagement
- Develop mindful awareness
- Embracing complexity
- Active optimism
- Professional satisfaction
- Countering isolation
- Holistic self-care
- Honoring limits
- Creating meaning

Practitioner Wellness

Attend to mental and physical health through:

- Active & ongoing self-care strategies
- Engagement with colleagues
- Adequate time to “de-stress”
- Attention to personal needs

ABC Model – promoting wellness

Awareness – attunement to one's needs, limits, emotions and resources

Balance – balancing the multiple aspects of self & one's activities

Connection – to oneself, to others and to something larger

Addressing secondary trauma - Resilience Alliance Intervention

Who

- new and veteran staff at all levels of the organizational structure (child protective specialists, supervisors, managers and deputy directors).

What

- 3 core concepts – optimism, mastery and collaboration
- Teaches / helps staff apply emotion regulation and other resilience related skills

Outcome:

- increasing self-reported resilience and perceived coworker and supervisor support
- decreasing negative emotions and perceptions of themselves and their work.



ACS-NYU Children's Trauma Institute. (ND). Addressing Secondary Traumatic Stress Among Child Welfare Staff (pp. 5). New York, NY: NYU.

Questions?



We recognize the importance of communication.



We are making our programs and services safe and accessible for everyone.



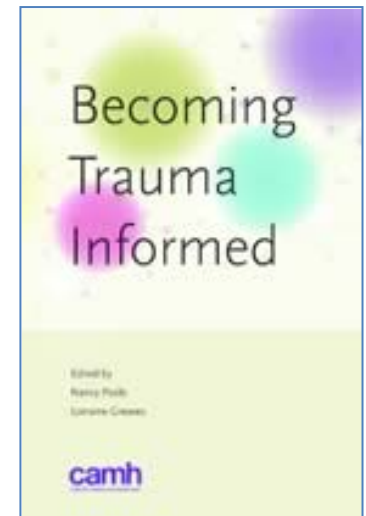
**TRAUMA INFORMED PRACTICE:
A SYSTEM-WIDE QUALITY
IMPROVEMENT STRATEGY**

For system leaders

- Build a system-wide learning culture about trauma: provide forums for training and learning
- Identify staff who can serve as trauma champions to promote change on the local and regional levels
- Link with leaders in other systems to collectively:
 - provide opportunities for learning about trauma
 - share trauma-informed resources across systems
 - adapt practice and policy, and
 - create a trustworthy service network of support and treatment

Becoming trauma informed

- 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.



Poole, N., & Greaves, L. (Eds.). (2012). **Becoming Trauma Informed**. Toronto, ON: Centre for Addiction and Mental Health

There are many reasons to be hopeful

- Strong interest by practitioners - e.g. online web workspace, and CoPs
- Great contributions by survivors – e.g. Grounding Trauma conferences
- Interest at the level of systems improvement – for example in mental health and substance use plans, in collaborations between substance use and child welfare systems

Nancy Poole

www.bccewh.bc.ca

www.coalescing-vc.org

Blog: fasdprevention.wordpress.com

