

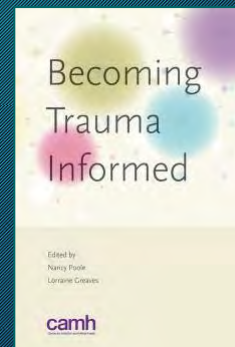
## Trauma informed practice- Learning from other sectors in BC

Nancy Poole, PhD  
Centre of Excellence for Women's Health



## Trauma Informed Practice as a movement

- Trauma Informed Practice is a movement - it includes changes in the way we think about how we provide social and health care services
- In practice, TIP means changes at the practice, program, and policy level
- TIP is built upon contributions and developments from a number of fields - public health, women's health, indigenous wellness, neuroscience

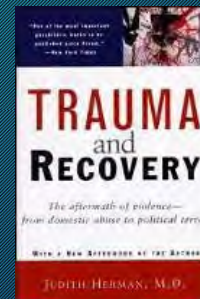
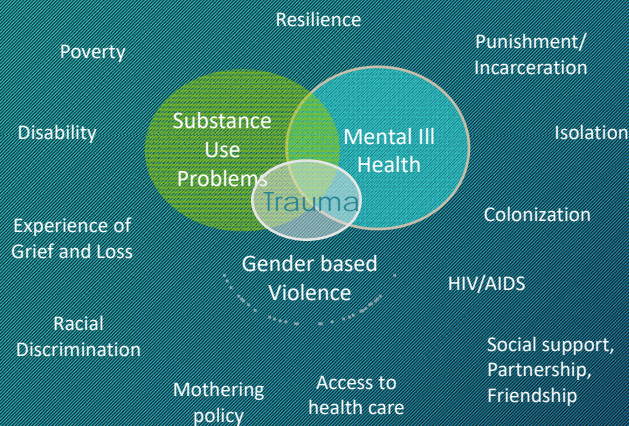


## What do we mean by trauma informed practice (TIP)?

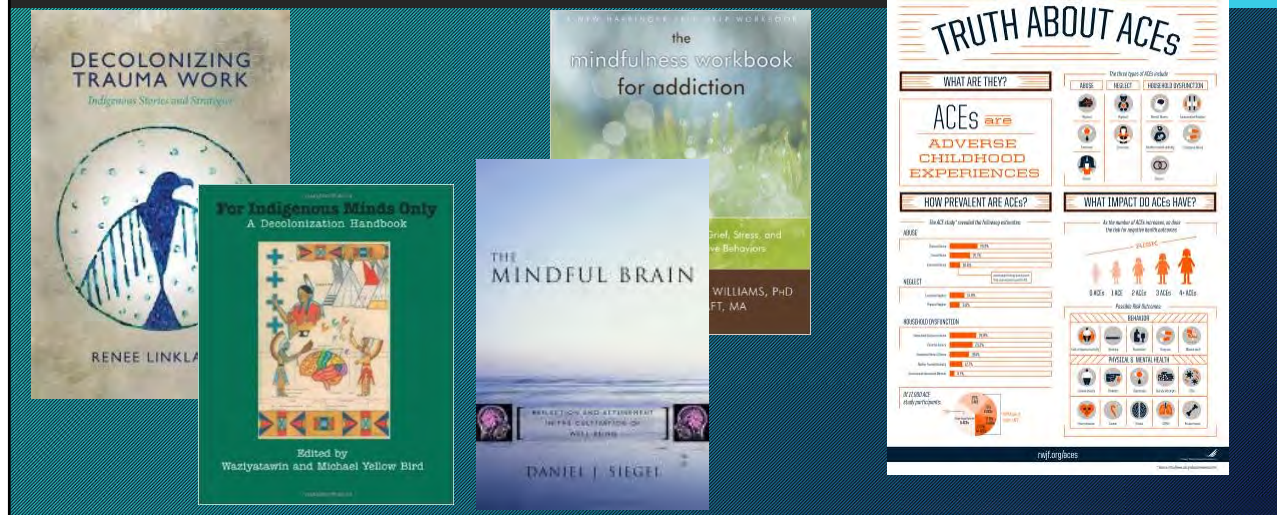
- Trauma-informed practice refers to integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery.
- The goal of trauma-informed services and systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote health and healing.

Not treatment, not a technique, instead a paradigm  
Not grounded in disclosure  
Importance of link to healers/trauma specific tx

## Contributions from women's health advocates



## Contributions from indigenous scholars, neuroscience and public health



## 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.**"

Principle based approach: awareness, safety and trustworthiness, choice collaboration and connection, skills enhancing (foundation of peer involvement and gender and culture considerations)



**Trauma-Informed Practice Principles**

Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote healing.

<p><b>Trauma Awareness</b></p> <p>Trauma awareness is the foundation for trauma informed practice. Being "trauma aware" means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).</p>	<p><b>Safety and Trustworthiness</b></p> <p>Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building strong and trusting relationships and service engagement and healing. Developing safety within trauma-informed services requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.</p>
<p><b>Choice, Collaboration And Connection</b></p> <p>Trauma informed services encourage opportunities for working collaboratively with clients, youth and families. They emphasize creating opportunities for choice and connection within the delivery of services provided. This experience of choice, collaboration, and connection often involves having involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service user rights and grievances.</p>	<p><b>Strengths Based and Skill Building</b></p> <p>Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy. A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of "emotional learning" and social learning.</p>

5 project examples

1. Work done with the MHSU system in BC

**Trauma-Informed Practice Guide**

May 2013

## 2. Work done with Nova Scotia Health and Wellness

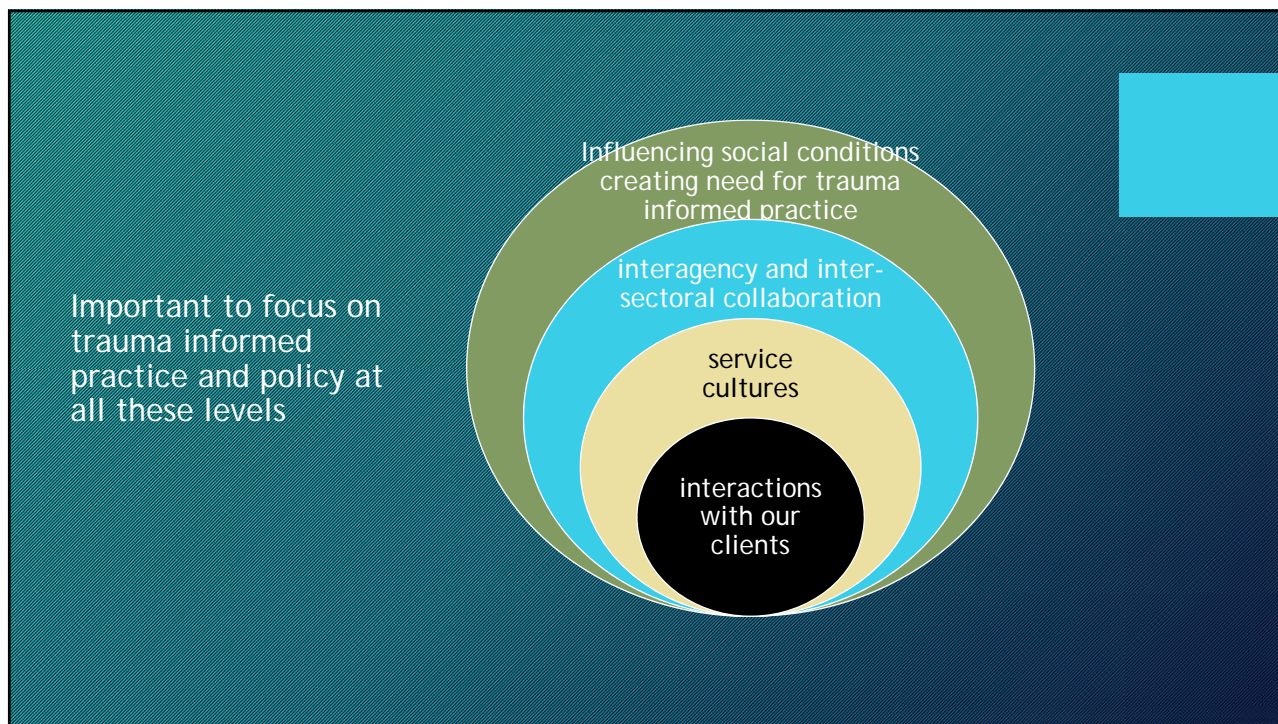


## 3. Current project with the YWCA of Toronto


This project will develop resources, education and a framework for organizational change related to integrating TIP for YWCA Toronto's clients, staff, managers and directors and program partners. The focus will be on creating health promoting program shifts that promote the use of trauma-informed information, resources, and programs in ways that take into account the violence and trauma that many of the YWCA clients and staff have experienced.

*Financial assistance from the Public Health Agency of Canada*





Wide involvement - appreciative approach



People's capacity for innovation when supported to work within their contexts to redesign service delivery  
- Knowledge Exchange Leads, leadership comfortable with complexity

Links to cultural safety - work at PHSA

Links to trauma specific care

TIP is not rocket science

# TIP in women's substance use treatment

Research project led by Colleen Dell from the University of Saskatchewan with who had been in conflict with the law and were seeking treatment from NNADAP treatment centres.

Women identified the RECLAIM principles as important for treatment providers to understand and apply, when supporting Aboriginal women's healing from illicit drug abuse.

The "R" of RECLAIM stands for recognition of "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)

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

In 2005, a community-based collaborative research project was initiated by the National Native Addictions Partnership Foundation, the Canadian Centre on Substance Abuse and the University of Saskatchewan. The project examined the role that identity and stigma have in the healing journeys of criminalized Aboriginal women in treatment for illicit drug abuse at National Native Alcohol and Drug Abuse Program centres across the country.

**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.

Funded with an operating grant from the Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health, 2005-2009

www.addictionresearchchair.ca/wp-content/uploads/2011/10/Turtle-Fact-Finding.pdf

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Participatory research project (Stiletto to Moccasins) led by Dr. Colleen Dell, See <http://www.addictionresearchchair.ca/>

Women in addictions treatment identified what qualities they wanted in service providers - notably that they recognize the impact of trauma in women's healing



## 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
- Adapted *Seeking Safety* model:
  1. *Seeking Information* sessions (3): focus on coping strategies, setting up opportunity for choice
  2. *Seeking Understanding* (12 weeks): in-depth examination of topics related to trauma and substance use



[www.seekingsafety.org](http://www.seekingsafety.org)

## 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, Valuing of Experiential Wisdom  
Dedication to participant engagement and consent to share information.
- Drum Group and opportunities for healing related to the drum
- TIP tools – Motivational Interviewing, building space with TIP in mind, gardening, food as medicine, yoga and mindfulness activities.
- System navigation and interdisciplinary collaboration
- Low Threshold Intake process



Oriented towards kindness

## Impact of trauma awareness for women with HIV

- Randomized control trial of women living with HIV/AIDS and a history of childhood sexual abuse
- *Living in the Face of Trauma (LIFT)* group program that focused on coping skills - fifteen 90-minute sessions delivered to same-gender groups (about 6-8 persons per group)
- Learning about and recognizing how symptoms of sexual trauma had complicated their relationships, affected their ability to cope with HIV, negatively impacted medical and self-care, and contributed to sexual risk behavior and substance abuse was a new and empowering experience for many women



Living in the Face of Trauma (LIFT) Program is considered a CDC HIV prevention best practice program

<http://www.cdc.gov/hiv/prevention/research/compendium/rr/lift.html>

Puffer ES, Kochman A, Hansen NB, Sikkema KJ. (2011). An evidence-based group coping intervention for women living with HIV and history of childhood sexual abuse. *Int J Group Psychother*. 61(1): 98-126 [Open Access].

The Mother-Child Study: Evaluating Treatments for Substance-Using Women

## A Focus on Relationships



Given the impact of trauma on relational capacity, agencies working with mothers and children have found that perceived support from service providers, and children's and mothers' ability to feel secure with others, is related to improved outcomes for mothers and children.



## 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%

Bloom, S. L. Et al . (2003). Multiple opportunities for creating sanctuary. *Psychiatric Quarterly*, 74(2), 173-190.

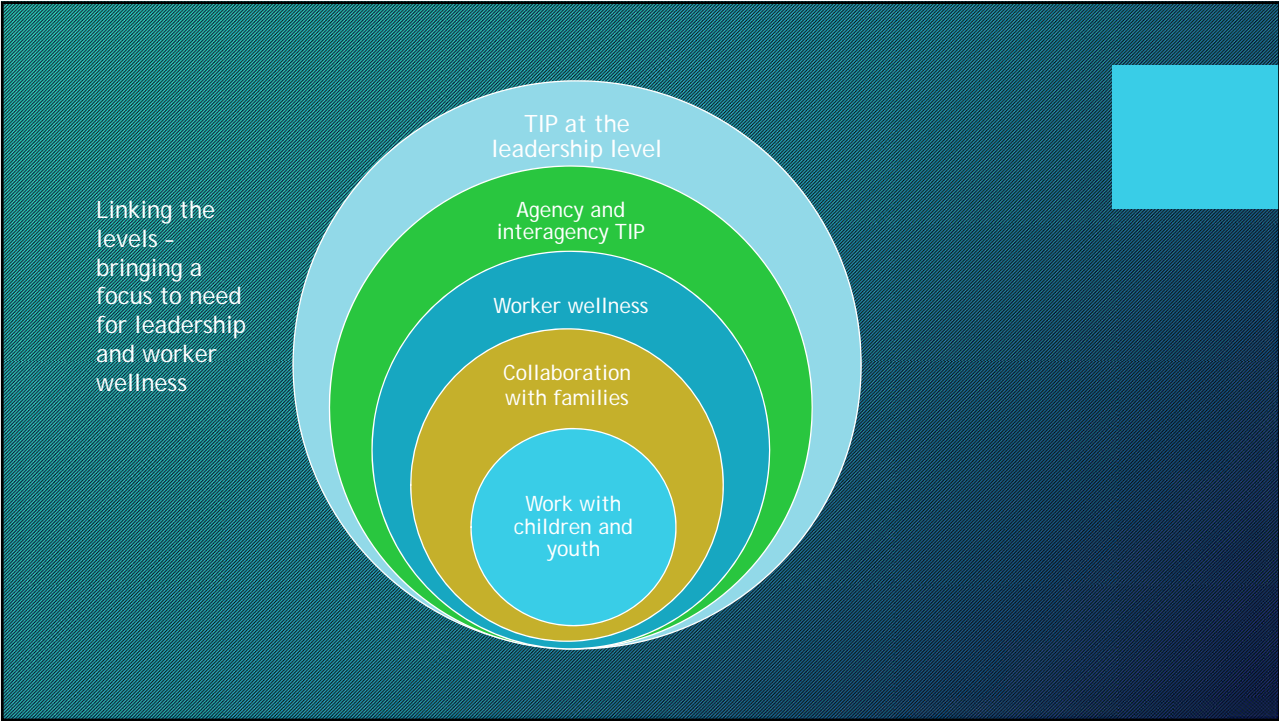
## Key Principles of current MHSU System Initiatives What TIP Adds

(over-arching lens of cultural competency)

Common themes	Trauma informed	Harm reduction	Stigma and discrimination	Client centred	Recovery orientation
Client driven	Choice	Prioritize immediate goals & maximize options	Promote autonomy & respond to self stigma	Start where client is at	Self-determination
Collaborative approach with client, community, and service systems	Collaboration with client and service systems to prevent re-traumatization	User involvement/ cross system collaboration	Community participation: (peer support, public awareness, clients/families on committees)	Collaborate with client	Collaboration to support recovery goals & partnerships to support skills for recovery
Building trust through respect and dignity	Trustworthiness	Human rights/self determination	Holistic and personalized	Client identifies what's important	Promote culture of hope
Strengths based	Strength based	Strength based	Strengths based	Strengths based	Strengths based
TIP adds a specific focus -	Skills to cope with trauma responses & trauma awareness to increase service access and retention				

Overview of MCFD Guidance (BC)

Supporting children and youth	Applying gender, cultural and developmental lenses	Involving families and peers	Worker wellness and safety	Agency cultures policies	Action by leadership



# 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.



# Workforce supports

**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 firefighters, they must react to critical situations with courage, determination and a great deal of stress. In addition to the very real personal physical stress 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 violence, community violence. Unfortunately, child welfare staff receive the public recognition for the stress that we work under, and child welfare leaders have very little to say on the positive aspects of their profession and the ways they do the profession that make their 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 impact on people... usually professionals... who are exposed to others' traumatic stories and as a result can identify their own traumatic symptoms and reactions. Child welfare staff have to deal with both direct and secondary exposure to traumatic situations... This presentation will focus on 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 workplace and the nature of their physical and psychological production. Vicarious trauma that requires responses to the needs of others that are demanding for child welfare workers and may be because their direct exposure to violence because they must be able to respond to a wide range of needs and respond to situations that are often traumatic. Unfortunately, the child welfare system that is not helpful, has reduced perspectives and critical thinking skills, adopt a negative world view and have difficulty recognizing and recognizing their emotions and reactions. As a result of repeated exposure to potentially traumatic events, they have the same as to avoid workplace of their own, their... instead of all to potential hazards to themselves or to their clients, and experience vicarious trauma and a lack of connection with their experiences and colleagues.

Traumatic event exposure has consequences that can be complex. It is not possible to avoid and we might want to avoid, arguments and possible as a result of their exposure to traumatic events. We do need to recognize what the people around them. Over time, this can lead to work with stress or organizations... because they are exposed to others in the system. Stress responses can be direct due to exposure to the particularity of stress of long-term stress and public scrutiny, where the focus is accountability on the negative and obscuring the positive in the workplace.

There is a growing need to document the effects of these occupational stressors on both the child welfare staff in a survey of Ontario child protective staff, 50 percent had "high" or "extremely high" rate of compassion fatigue, and a survey of child welfare professionals across the state, more than 50 percent of respondents...

**NYC Department of Social Services** **NYC** **ACC-NYU CHILDREN'S TRAUMA INSTITUTE**

**When Compassion Hurts:**  
Burnout, Vicarious Trauma and Secondary Trauma in Prenatal and Early Childhood Service Providers

**Staying Deadly**  
Strategies for preventing stress and burnout among Aboriginal and Torres Strait Islander alcohol and other drug workers

**RESTORING SANCTUARY**

**Comparing Burnout, Vicarious Trauma and Secondary Trauma**

Burnout	Vicarious Trauma	Secondary Trauma
Difficulties usually not being aware of their own symptoms	Consistent with symptoms but not aware of their own symptoms	Recognizable and consistent with vicarious trauma
Work dissatisfaction	Less dissatisfaction	Less dissatisfaction
Frustrated in work environment	Increased trust and loyalty	Increased trust and loyalty
Reduced or no sense achievement	Related to empathic relationship with colleagues and children	Related to empathic relationship with one child's trauma
Can lead to health problems	Can lead to health problems	Can lead to health problems
Feel under pressure	Feel not at control	Feel not at control
Lack of motivation	Empathic or not empathic	Empathic or not empathic
Depressed or irritable	Empathic or not empathic	Empathic or not empathic
Results in more work from work situation, often leads to negative or positive change in work environment that might result in less job.	Results in more work from work situation, often leads to negative or positive change in work environment that might result in less job.	Results in more work from work situation, often leads to negative or positive change in work environment that might result in less job.

## Leadership on TIP implementation in agencies - using learning models

- In the implementation of Signs of Safety in Australia, practice leaders in each district lead e-learning, peer reflection and feedback initiatives; and deliberate, ongoing coaching and supervision (including coaching by credible peers) is made available.
- They have built upon and adapted the 70/20/10 learning model where:
  - 70% of learning is acquired through work based activities such as mentoring, debriefing and group reflection
  - 20% through networking and collaboration
  - and only 10% through formal learning strategies

Salveron, M., et. al. (2015). 'Changing the way we do child protection': The implementation of Signs of Safety® within the Western Australia Department for Child Protection and Family Support. *Children and Youth Services Review*, 48(0), 126-139.

Work done with Nova  
Scotia Health and  
Wellness and IWK



Large organizations like hospitals  
can become trauma informed -  
using organizational development  
and quality improvement  
approaches

# Trauma Informed Care at the IWK Health Centre

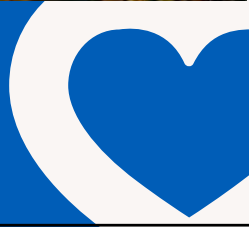


## VISION

A culture that understands trauma and actively creates safe physical and psychological spaces that improve everyone's experiences

## MISSION

To embed safety and trustworthiness into everyday interactions, policies and practices. To acknowledge and understand the effects of trauma on people.



# Organizational Readiness

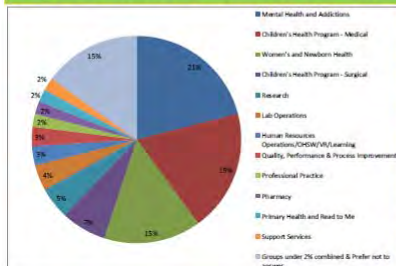


## IWK Health Centre April 2016 Trauma Informed Care (TIC) Organizational Assessment—Key Findings



A big thank you to all staff, physicians and volunteers who completed the 2016 IWK Trauma Informed Care Organizational Assessment. In just two weeks, we had 877 participants complete this survey, resulting in a \$1754.00 donation to your selected community partner (Feed Nova Scotia).

### Representation from Across the IWK



This is what our sample looked like when broken down by program. As you can see we had almost even representation across the three direct care programs (Women's and Newborn, Children's, and Mental Health and Addictions) and representation from several center-wide programs as well.

The teams with the greatest number of participants were: Adolescent Intensive Services (AIS), Garron Centre, Neonatal Intensive Care Unit (NICU) and the Emergency Department.

## Building our culture together

- Trauma informed care education sessions (Community Connections)
  - KICK OFF EVENT held in February 2016. Attended by 1100 internal and external partners.
  - Additional 500 individuals trained
  - Facilitator Training (June, 2016)
  - Embedded in General Orientation and MHA Orientation
- Consults
  - Trauma Informed Environmental Checklist
  - Identify 3 priorities for the year
- Champions
- Communication- emails, posters, Website (yourexperiencesmatter.com)



## Environmental Checklist

Trauma Informed Care ~ Safe and Secure Environment Checklist

Area:	
Please complete the questions below to assess your current team and work environment. This checklist will be conducted annually to measure progress across the Health Center as we strive toward all teams and work environments becoming trauma informed and becoming a Trauma Informed Organization.	
<b>Rating Scale:</b> 1 = Disagree/Rarely 2 = Neutral/Sometimes 3 = Agree/Usually N/A not applicable	
Questions	Rating
<b>Safety and Comfort</b>	
1. The environment inside/ outside the service is well lit.	
2. Entrances and exits are clearly marked.	
3. All signs in our area have clear, concise and positive messaging.	
4. Reception areas and waiting rooms are welcoming, comfortable and inviting.	
5. Artwork is generally liked by clients/patients and staff (i.e., Empowering, Culturally diverse, done by clients/patients, Soothing/Calmng).	
6. The service incorporates age/developmentally-friendly decorations and materials.	
7. Staff are conscious about their body language and tone of voice during all interactions.	
8. Clients/patients/caregiver are provided a clear process to gain or give up access to restricted areas.	
<b>Staff Safety and Support Practices</b>	
9. My service has a policy/process that we use to manage client/patient/caregiver and staff safety concerns (i.e., aggression).	
10. My team knows what to do if a client//patients/caregiver discloses a safety concern/issue.	
11. Staff are encouraged to provide ongoing feedback to improve their physical safety at work.	
12. Topics related to client/patients well-being, staff well-being, and safety concerns are discussed in team meetings.	
13. My team holds meetings/debriefs to discuss serious events/situations after they happen.	
14. On my team, self-care (i.e., taking breaks, exercise, nutrition, debriefing) is encouraged and	



## Education Plan

- **Level 1:** Foundational Education and support for EVERYONE
- **Levels 2:** Attachment, Regulation and Competency Training For Designated Mental Health and Addictions Staff & Identified Individuals/Teams
- **Levels 3:** Specific Trauma Treatment For Designated Mental Health and Addictions Staff & Identified Individuals /Teams  
(core competencies in development for all levels)



## For More Info on IWK approach

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Your experiences matter  
website

<http://yourexperiencesmatter.com/>



APPROACHES	Gender unequal	Gender blind	Gender sensitive	Gender specific	Gender transformative
FEATURES	Perpetuates gender inequalities	Ignores gender norms	Acknowledges but does not address gender inequalities	Acknowledges gender norms and considers women's and men's specific needs	Addresses the causes of gender-based health inequalities and works to transform harmful gender roles, norms and relations
	Exploit		Accommodate	Transform	

Source: Making it Better: Gender Transformative Health Promotion Greaves, Pederson, Poole (2014) page 22

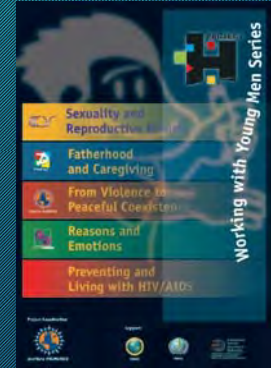
Current national project invites the addiction field to not be gender blind but instead to be gender transformative, ie work on gender equity and trauma informed approaches together

- “Despite the increasing recognition of the important role that men and boys play in family planning and sexual and reproductive health, HIV/STI prevention, gender-based violence, maternal health and in childcare, they are still rarely engaged in health policies and programmes.”

Great global examples of gender transformative work

## Group programming - Promundo

- “Promundo is a global leader in promoting gender justice and preventing violence by engaging men and boys in partnership with women and girls. We believe that working with men and boys to transform harmful gender norms and unequal power dynamics is a critical part of the solution to achieve gender equality”
- **Program H|M|D** have been adapted for use in more than **20 countries**
  - Program H (homens) - For young men (ages 15 to 24) on gender, sexuality, reproductive health, fatherhood and caregiving, violence prevention, emotional health, drug use, and preventing and living with HIV and AIDS.
  - Program M (mujeres) - For young women on gender inequities, rights, and health.
  - Program D - Promotes respect for sexual diversity by inviting youth to reflect on questions, and potential fears and prejudices, related to homosexuality
- Program H and Program M are carried out at the same time (“gender synchronization”)



<http://promundoglobal.org>

## 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

- Healing the Hurt - Recommends a range of systemic and individual strategies including:

“Creating effective trauma-informed violence prevention and male development approaches—especially group-based strategies such as *healing circles* and *trauma-recovery groups*—that are acceptable and accessible to men and boys.”

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

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.

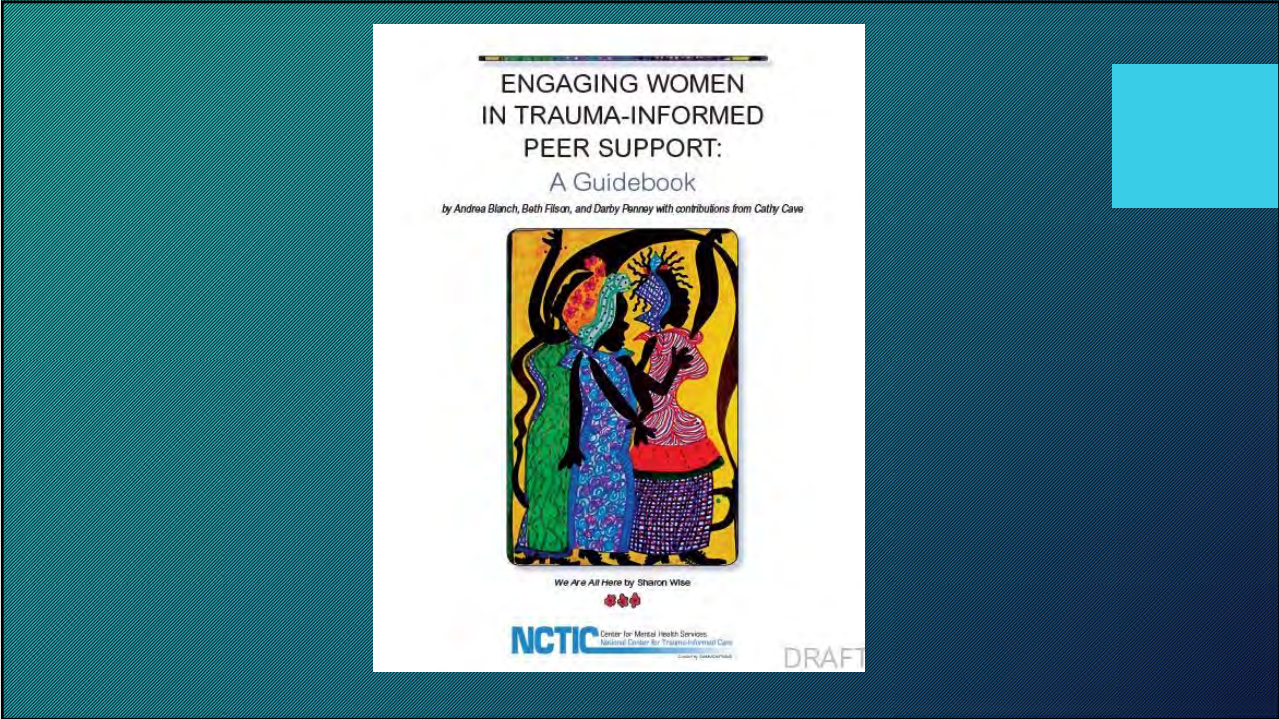
The image shows the cover of a report titled "GLBTQDVP: Trauma-Informed Approaches for LGBTQ\* Survivors of Intimate Partner Violence". The cover has a blue gradient background. At the top, the acronym "GLBTQDVP" is displayed in a white box, with "GLBTQ" in black and "DVP" in white on a green background. Below this, it says "GLBTQ Domestic Violence Project". The main title is "TRAUMA-INFORMED APPROACHES FOR LGBTQ\* SURVIVORS OF INTIMATE PARTNER VIOLENCE" in white, bold, uppercase letters. Below the title, it says "A Review of Literature and a Set of Practice Observations June 2016". On the right side, there is a list of authors and the principal investigator. At the bottom left, there is a small text block about funding and a logo for the Department of Health and Human Services. The logo is a circular emblem with a stylized figure and the text "DEPARTMENT OF HEALTH AND HUMAN SERVICES".

**GLBTQDVP**  
GLBTQ Domestic Violence Project

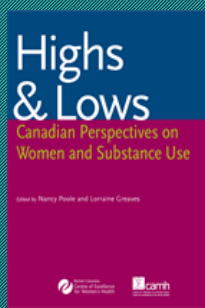
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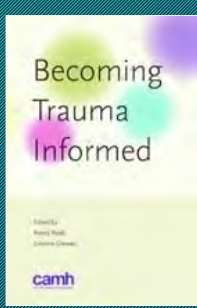
The production of this publication was supported by Grant Number 50EY0421 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, US Department of Health and Human Services. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Administration on Children, Youth and Families, Family and Youth Services Bureau, US Department of Health and Human Services.



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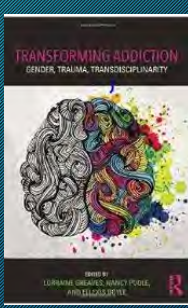
2007



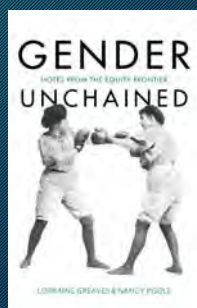
2012



2014



2015



2017