Trauma-informed approaches

An Introduction and Discussion Guide for Health and Social Service Providers

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IWK Health Centre

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This discussion guide is designed to help individuals and agencies work toward developing trauma-informed approaches to service delivery in Nova Scotia. It defines trauma-informed practice and discusses the importance of integrating knowledge about trauma into policies, procedures, and practices. Trauma-informed services actively seek to avoid re-traumatization and have been shown to improve engagement, retention, and outcomes. This is the first in a series of four discussion guides.

What is trauma?

Trauma results from experiences that *overwhelm* a person's capacity to cope. Trauma can result from accidents and natural disasters, childhood abuse and neglect, sexualized violence, medical interventions, witnessing acts of violence, sudden loss, war, or intergenerational and historical acts such as genocide and colonization. Post-traumatic stress disorder (PTSD) is a diagnosis used to describe one type of mental health response that can result from trauma/violence. Depression and substance misuse and gambling related harms are also common responses.

Trauma is common for people in Canada overall, especially those with mental health and substance use concerns:

- 76 per cent of Canadian adults report some form of trauma exposure in their lifetime; 9.2 per cent meet the criteria for PTSD.[3]
- 90 per cent of women in treatment for alcohol problems at five Canadian treatment centres indicated abuse-related trauma as a child or adult; 60 per cent indicated other forms of trauma.[4]
- A 2008 survey of 10,000 Canadian youths revealed high rates of trauma; 21 per cent of girls and 31 per cent of boys reported physical abuse, while 13 per cent of girls and 4 per cent of boys reported sexual abuse.[5] The rates are higher among incarcerated youth: a study in BC found that majority of both male and female incarcerated youths had documented histories of physical abuse and neglect.[6] Additionally, 21.2 per cent of incarcerated male youths and 42.4 per cent of female youths had file-documented histories of sexual abuse.
- 31,000 Nova Scotians indicated that they were victims of sexual assault in 2004 – a rate of 40 per 1,000 population aged 15 and over; 44 per cent of victims were under 25 years of age. [7] The vast majority of sexual assaults in Canada are not reported to police, and during the consultations for creating Nova Scotia's Strategy for Diminishing Sexual Violence (http://novascotia.ca/coms/svs/docs/SexualViolenceStrategyInfographic.pdf), it was noted that victims often experienced re-traumatization while seeking support in the aftermath of the assault.

People who have experienced trauma often have a complex array of symptoms or adaptations in physical, emotional, cognitive, spiritual, interpersonal, and behavioural health. Trauma affects each person differently. The effects of trauma are discussed in *Discussion Guide 2: Recognizing and Responding to the Effects of Trauma.*

What is trauma-informed practice?

The Four Rs (SAMSHA, 2014)[1]

"A program, organization or system that is trauma-informed REALIZES the widespread impact of trauma and understands potential paths for recovery; RECOGNIZES the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and RESPONDS by fully integrating knowledge about trauma into policies and procedures, and practices, and seeks to actively RESIST RE-TRAUMATIZATION."

Trauma-informed practice (TIP) is a universal and systemic approach to service provision. It is based on an understanding of the prevalence of many forms of violence and trauma among children and adults – developmental, historical, simple/complex, weather-related, war-related, gender-based – and the wide range of adaptations people make to cope. TIP can be implemented in any service setting.

Trauma-informed practice is not about treating trauma; instead, it is about creating safety and trustworthiness in the course of health- and social-care interactions. TIP is concerned with making interactions/services/systems receptive and supportive of people who have been overwhelmed, are fearful, and have difficulty trusting and self-regulating.
In trauma-informed services,

- everyone is informed about trauma and works at the client, staff, agency, and system levels from the core principles of trauma awareness, safety and trustworthiness, choice and collaboration, and building of strength and skills
- the connections between trauma and related health and relational concerns are discussed in the course of work with all clients, trauma adaptations are identified, and supports and strategies that increase safety and support connection are offered

Service providers do not need to be specialists in treatment of trauma to work in a trauma-informed way. However, they do need to know enough to be able to recognize possible trauma responses and to adapt practices accordingly.

Disclosure of details about the experience of trauma is not necessary in trauma-informed services; instead, the focus is on stabilization, safety, and understanding the impact on current functioning.

Some find it helpful to contrast trauma-informed practice with non-trauma-informed practice.

Trauma-informed	Not trauma-informed
Recognition of high prevalence of trauma and common trauma-related effects, and adaptation of services to focus on safety and connection	Lack of awareness of trauma, siloed service delivery, lack of attention to emotional and physical environment of service delivery
Staff understand the function of challenging behaviours (rage, self-injury, substance misuse and gambling related harms, etc.)	Difficult behaviours seen as intentionally provocative, attention seeking, manipulative, or uncooperative; service terminations common
Recognition and avoidance of practices that are re-traumatizing	Traditional, often-confrontational approaches employed, resulting in boundary violations and triggering of trauma reactions
Collaboration with service users in designing service plans, opportunity for choice and agency	Compliance with expert-designed service plans valued; power-over relationship
Recognition of trauma as central to service users' difficulties, and/or linked to mental health and substance use and gambling related harms concerns	Over-diagnosis of bipolar, conduct, and personality disorders, and singular addictions
Recognition of the importance of the offering of choices to our service users	Dictating the route of services without consultation; not allowing users to decide the gender or location of their services providers when such choices are available for clients; power-over relationship

Principles of trauma-informed practice

Principles[2]

- Trauma awareness
- Safety and trustworthiness
- Opportunity for choice, collaboration, and connection
- Strengths-based skill building and empowerment
- Recognition of cultural, historical, and gender issues
- Promotion of service user and peer involvement

Trauma awareness – A trauma-informed approach begins with building awareness among staff and service users of

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

Safety and trustworthiness – All individuals in an organization – from system planners to service providers to support staff – can make a significant positive difference in client engagement, retention, and outcomes by making services emotionally and physically safe. Physical, emotional, and cultural safety for clients is key to trauma-informed practice because trauma survivors often feel unsafe, are likely to have experienced abuse of power in important relationships, and may currently be in unsafe relationships or living situations.

Safety and trustworthiness are established through such practices as welcoming intake procedures, adapting the physical space to be less threatening, providing clear information about the programming, ensuring informed consent, creating safety plans, and demonstrating predictable expectations.[37]

Opportunities for choice, collaboration, and connection – Trauma-informed services create safe environments that foster a sense of efficacy, agency, self-determination, and dignity. A key aspect of trauma-informed services is to create an environment where clients do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their treatment needs at a pace that feels safe to them. Opportunities for collaboration and connection are important for people who have experienced trauma.

Strengths-based skill building and empowerment – Trauma-informed services are equipped with understanding of the effects of trauma, and of the skills that promote self regulation and resiliency, so they can assist children, youth, and families in developing resiliency and coping skills. Practitioners emphasize teaching and modelling skills for recognizing triggers, calming, centring, and staying present. Mindfulness and other skills are seen as important not only for service users but also for service providers.

Recognition of cultural, historical, and gender issues – In enacting these principles, trauma-informed services recognize that forms of trauma, such as historical trauma, war and interpersonal violence, are commonly experienced by aboriginal people, Nova Scotians of African descent, refugees, veterans, girls, and women. Services that are trauma-informed also need to be gender-responsive, culturally safe, and supportive of healing through cultural connections.

Promotion of service user and peer involvement – Trauma-informed principles recognize the importance of actively pursuing the participation and involvement of service users and their peers in the design and implementation of services. Through input from service users and their peers, it will be possible to get critical feedback to increase choices for the users of our service. Additionally, integration of peer support can be instrumental in creating safety and choices for service users.

Trauma "informed" versus trauma "specific"

It is critical to understand the distinction between trauma-informed and trauma-specific services. Trauma-informed approaches can be offered by any type of service: schools, community agencies, hospitals, addiction treatment clinics, child welfare agencies, and so on. Trauma-informed services do not necessarily treat trauma; instead, they notice trauma reactions and offer basic elements of safety and support. Trauma-informed services take into account an understanding of the prevalence and effects of trauma in all aspects of service delivery, and place priority on the individual's sense of safety, choice, empowerment, and connection[8] The following chart clarifies the distinction:

Trauma-informed services	Trauma-specific services
Are informed about trauma, and work at the client, staff, agency, and system levels from the core principles of trauma awareness, safety and trustworthiness, choice and collaboration, and building of strength and skills.	Are offered in a trauma-informed environment, and are focused on treating trauma through therapeutic interventions involving practitioners with specialist skills.
The connections between trauma and related health and relational concerns are discussed in the course of work with all clients; trauma adaptations are identified and supports; and strategies are offered that increase safety and support connection to services.	Offer services to clients with trauma, mental health, substance use and gambling related harms concerns who seek and consent to integrated treatment, based on detailed assessment.

Source: *Trauma-informed Practice Guide (2013), British Columbia Centre of Excellence for Women's Health and Ministry of Health, Government of British Columbia.*

Why is trauma-informed practice important?

> *"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." (L. Haskell)*[9]

In the past decade, important evidence related to trauma prevalence, trauma effects, neuroplasticity, and emotional regulation have become available to us – evidence that invites action. For example:

- We are aware of the high prevalence of trauma and the range and scope of its harmful effects. A lack of understanding of the effects of trauma by both survivors and professionals can result in misdiagnosis, stigma, and unnecessary suffering.[10]
- We recognize how Indigenous people are survivors of specific forms of historical (and ongoing) trauma related to the residential school experience, the '60s scoop, and other colonial practices. We can support change, redress, and healing.
- We are aware of trauma as a costly public health problem. Studies such as the Adverse Childhood Experiences study[11] show that impaired neurodevelopmental and immune systems responses, the uptake of health risk behaviours, and a wide range of chronic health problems are directly related to key experiences of early trauma. We can enact trauma-informed approaches broadly, linking many issues and agencies to create a broad public health response.
- We are aware of the effects of trauma at the neurobiological level, which prompts us to fundamentally rethink how we frame client responsibility for behaviour. And we are aware of how the use of basic skills of emotional regulation can be helpful as strategies to reduce trauma symptoms and support relational growth.
- We are aware of how experience of trauma affects service access and retention and can adapt service delivery to enhance connection, growth, and recovery.
- We are aware of how practices such as seclusion and restraints, child apprehension, the use of invasive medical procedures, and disciplinary practices in educational and criminal justice systems can be re-traumatizing for individuals with significant histories of trauma who access these systems. We can work differently to avoid re-traumatization.
- We are aware of how unhealthy service cultures, work with clients with complex trauma, and lack of opportunities for collective debriefing and learning can compromise worker safety and health. In the course of applying basic principles of TIP, service cultures are reshaped, improving worker safety and agency.
- We are aware that users of our services have sometimes been forgotten or overlooked. In a TIP approach, an integration of first voice and peer support are encouraged and actively sought, thus creating a collaborative and co-operative approach.

Thus, trauma-informed practice becomes a responsibility to be taken up and shared by all public sector service systems. It benefits from collaboration and co-operation between all levels of service delivery.[10] It requires adjustments in practice and system designs, supported by research and leadership and by engagement of service providers and service users alike.

Selected resources

Becoming Trauma Informed
Published by the Centre for Addiction and Mental Health in Ontario, this book offers examples of the ways in which practitioners have applied principles of trauma-informed practice in their work with diverse populations and in diverse settings within the MHSU field.
http://www.camh.ca/en/education/about/camh_publications/Pages/becoming_trauma_informed.aspx

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
Introduces a concept of trauma and offers a framework for how an organization, system, service sector can become trauma-informed. Includes a definition of trauma (the three E's), a definition of a trauma-informed approach (the four R's), six key principles, and ten implementation domains.
http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

Trauma-Informed Practice Guide
This guide was developed on behalf of the BC Provincial Mental Health and Substance Use Planning Council in consultation with researchers, practitioners, and health system planners across BC. The TIP Guide and Organizational Checklist support the translation of trauma-informed principles into practice. Included are concrete strategies to guide the professional work of practitioners assisting clients with mental health and substance use concerns.
http://www.bccewh.bc.ca/publications-resources/documents/TIP-Guide-May2013.pdf

TIP 57: Trauma-Informed Care in Behavioral Health Services
Published by the US Substance Abuse Mental Health Services Administration, this manual assists behavioural health professionals in understanding the impact and consequences for those who experience trauma. It discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.
http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

Trauma Matters
Guidelines developed by the Jean Tweed Centre, in consultation with service providers, experts, and women with lived experience from across Ontario, to support organizations that provide substance use treatment services for women. Designed to aid in understanding the interconnections of trauma and substance use and providing better care for substance-involved women who have experienced trauma.
http://traumaandsubstanceabuse.files.wordpress.com/2013/03/trauma-matters-final.pdf

The Trauma Toolkit (2nd Edition)
Developed by Klinic Community Health Centre in Winnipeg, MB, this resource offers general guidelines for trauma-informed practice to assist service providers and agencies to increase their capacity in delivering trauma-informed services.
www.trauma-informed.ca/

Discussion questions

1. Overall, how prevalent is trauma in the population(s) you work with?
2. In what ways is your organization already trauma-informed and addressing trauma (directly or indirectly) with your clients?
3. How might your organization learn more about the effects of trauma and ways in which the principles of trauma-informed practice might be applied in your setting?
4. What other practices could you or your organization engage in to enhance your agengy's culture, practice, and policy toward becoming trauma-informed? Are there safe and democratic routes for people working within your organization to challenge practices that are not inclusive of the principles of trauma-informed practice?
5. In what ways does your organization seek input from service users on what safety means to them, and how might you integrate this into your work?

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