Trauma-Informed Practice Organization

Presenters:

- Rosanra Yoon, NP, MN, PHD(CAND) — Trauma Informed Practice Consultant

- Angelina Cheung, RN, BScN — Public Health Nurse

- Tiffany Beeston, RN, BScN, MN — Mental Health Promotion Team Lead

OMSSA: Break-Out Session

Date: June 13th, 2019

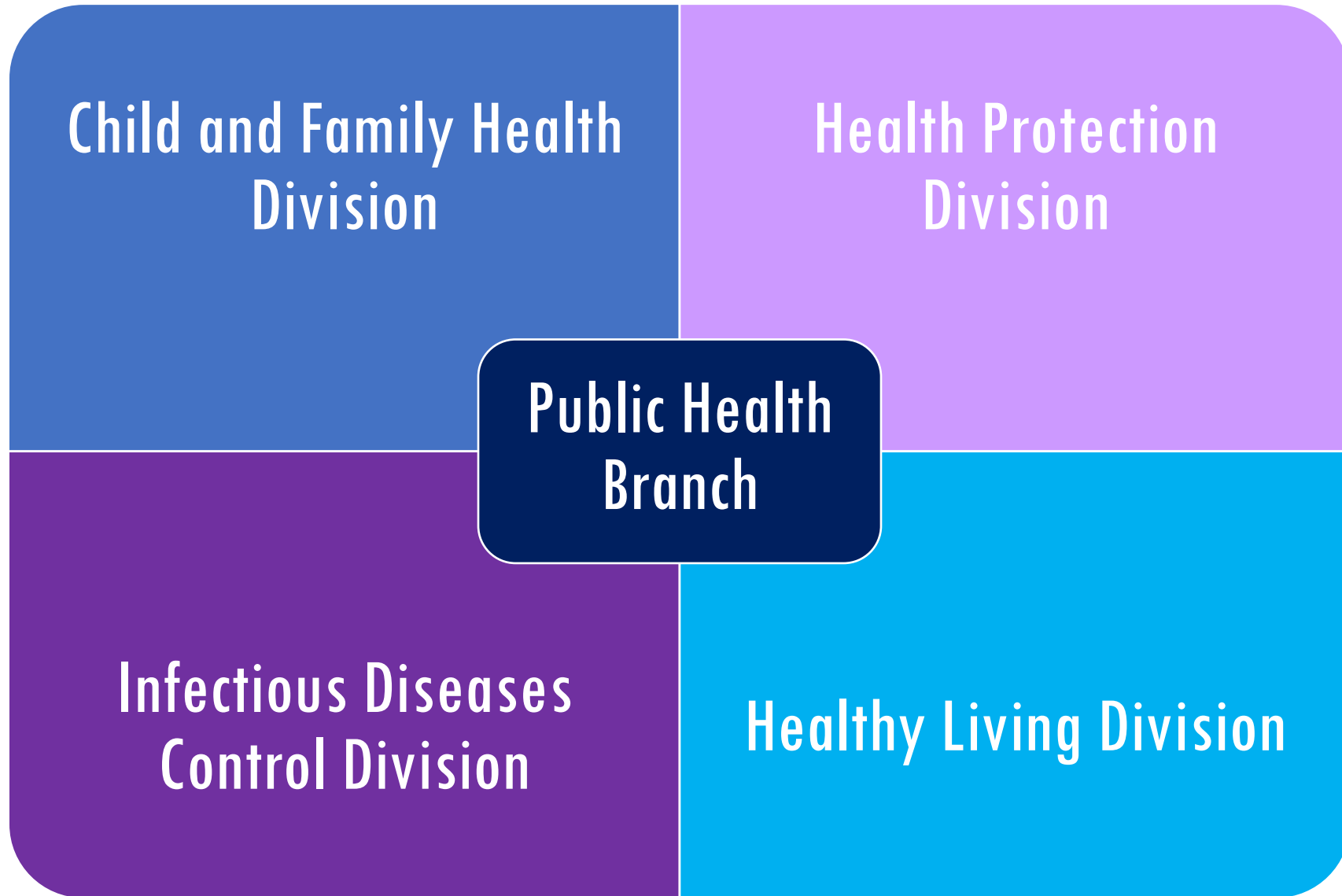**York Region**

Session Objectives:

- Prevalence & Impact of Trauma

- Overview of Principles of Trauma-informed Practice (TIP)

- How TIP can be integrated through Organizational policies, practices, and culture.

- Discussion of the impact of TIP for clients, providers, and organizational culture.

Community Health Services Department

Paramedic and Seniors Services

Integrated Business Services

Social Services

Community and Health Services

Start → Public Health

Housing Services

Strategies and Partnerships

York Region

Public Health Branch

Child and Family Health Division

Health Protection Division

Public Health Branch

Infectious Diseases Control Division

Healthy Living Division

Realize

PREVALENCE
& IMPACT OF TRAUMA

15 % Girls

Physical Abuse

10 % Boys

Physical Abuse

4% Boys

Sexual Abuse

13% Girls

Sexual Abuse

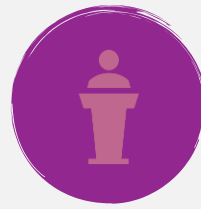# A 2008 survey of 10,000 Canadian Youth revealed high rates of Trauma;

Smith, A., et al.. 2014,

2 Landmark Studies

Trauma Prevalence & Impact

ACE Study ● WCDVS

- Large US study of 17,000 individuals middle income:
  - 3 categories of ACE
    - Abuse in all forms
    - Neglect
    - Household challenes
  - Impacts on life-span, co-morbid health conditions, and economic losses.

- Large Multi-site US study of Women with Mental health and substance use
  - High incidence of past and ongoing trauma.
  - Inter-connection with mental health and substance use.
  - Trauma-informed services essential.

DEFINING TRAUMA FROM A TIP PERSPECTIVE

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Defining Trauma

Trauma can be precipitated by a wide range of experiences and events – for example:
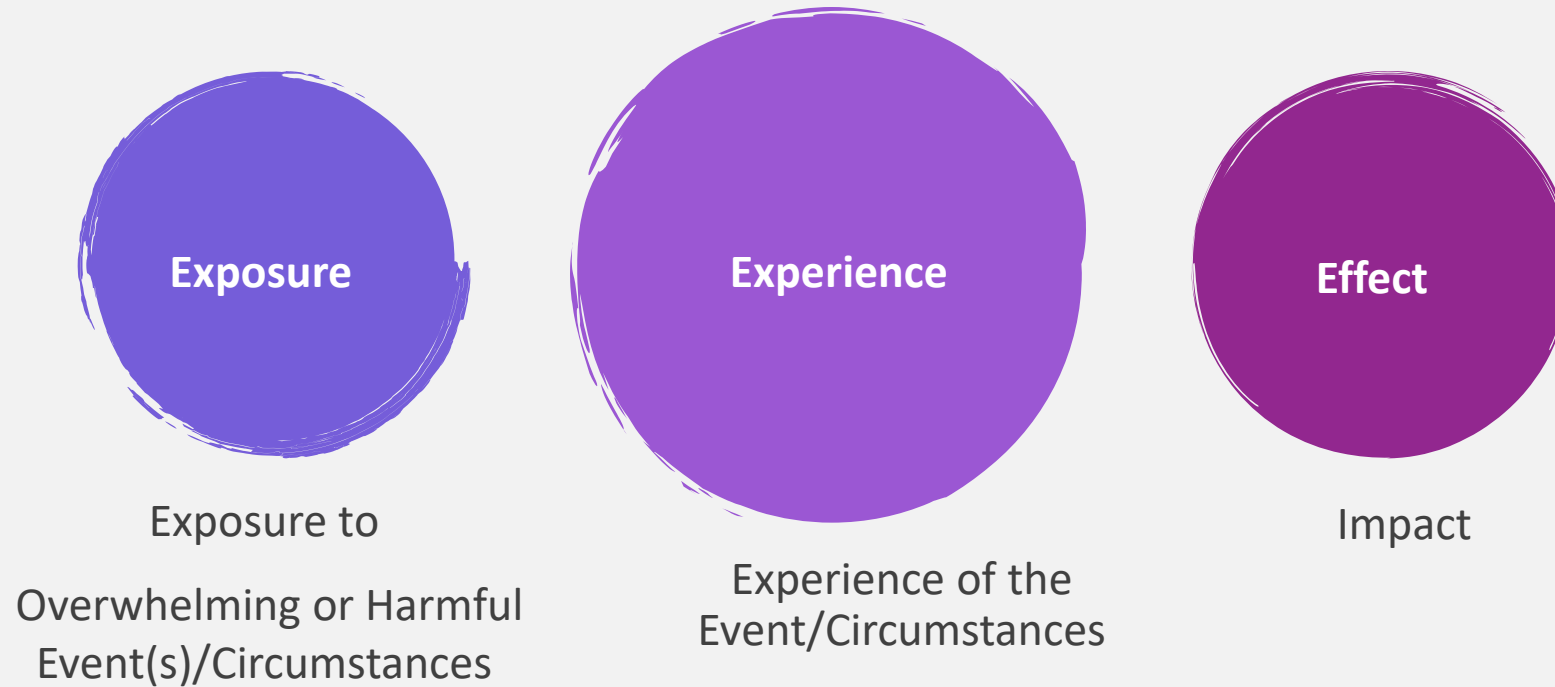
Physical/Sexual/Emotional Abuse,
Neglect, Significant Personal Losses,
Violence, Criminal Justice Involvement,
Accidents/Physical Injuries, Natural Disasters,
War, Colonization, Displacement, Oppression

Trauma can occur at collective levels – it can impact people and communities across generations

Trauma Matters (2013)

Rosanra Yoon, Independent Consultant

Defining Trauma

Defined & varies by individual(s) impacted

Exposure

Experience

Effect

Exposure to

Overwhelming or Harmful Event(s)/Circumstances

Experience of the Event/Circumstances

Impact

Centre, K.C.H., Trauma-informed: The Trauma Toolkit, 2nd Edition. 2013.
Jean Tweed Centre, Trauma matters: Guidelines for trauma-informed practices in women's substance use services. 2013: Toronto, ON.

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What is Trauma?? How do we Define Trauma?

Trauma results from experiences that **overwhelm a person's capacity to cope** and may have lasting impacts on the person in many **aspects of their life and sense of self**. The experience(s) and impact of trauma is unique to each person. **Trauma is defined not by the event(s) per se, but by the impact** on **each person/community.**

It is important to remember that it is not necessarily the event(s) themselves that are traumatizing; rather, it is how one experiences the events. A hallmark of traumatic experiences is that they typically overwhelm an individual mentally, emotionally, and physically

BC Ministry of Children and Family Development (2016).

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We Recognize & Acknowledge.

We recognize that trauma can affect individuals as well as whole communities, and generations

We recognize that certain groups of people who are impacted by factors that increase vulnerability such as children, women, poverty, discrimination, oppression, are at greater risk for experiences of trauma in their lives.

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

Nova Scotia Health Authority (2015).

CORE PRINCIPLES OF TRAUMA-INFORMED PRACTICE

Trauma-Informed Practice

Images Source: Creative commons license

Core Principles of Trauma-informed Practice

Acknowledge

Safety

Trust

Choice

Relational & Collaborative

Shared Power
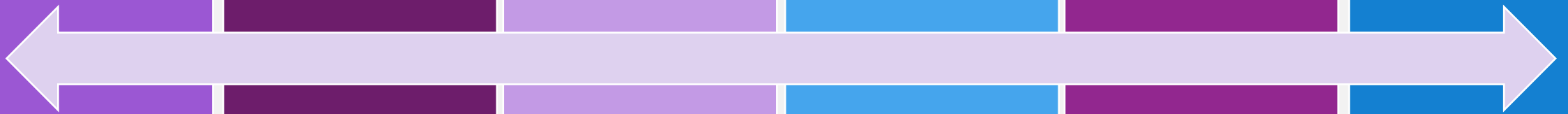
Jean Tweed,2013; Substance Abuse and Mental Health Services Administration, 2014

Images Source: Creative commons license

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Trauma-Informed Organizations & Their Staff

Realize
- The prevalence and widespread impact of trauma

Recognize
- How trauma affects everyone involved with the organization (Clients, Families, Communities, Workforce)

Respond
- Fully integrating knowledge about trauma into policies and procedures, and practices

Resist Re-traumatization
- Actively seeks to avoid re-traumatization

SAMHSA, 2014 TIP 57

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Core Principles of Trauma-informed Practice

Acknowledge | Safety | Trust | Choice | Relational & Collaborative | Shared Power
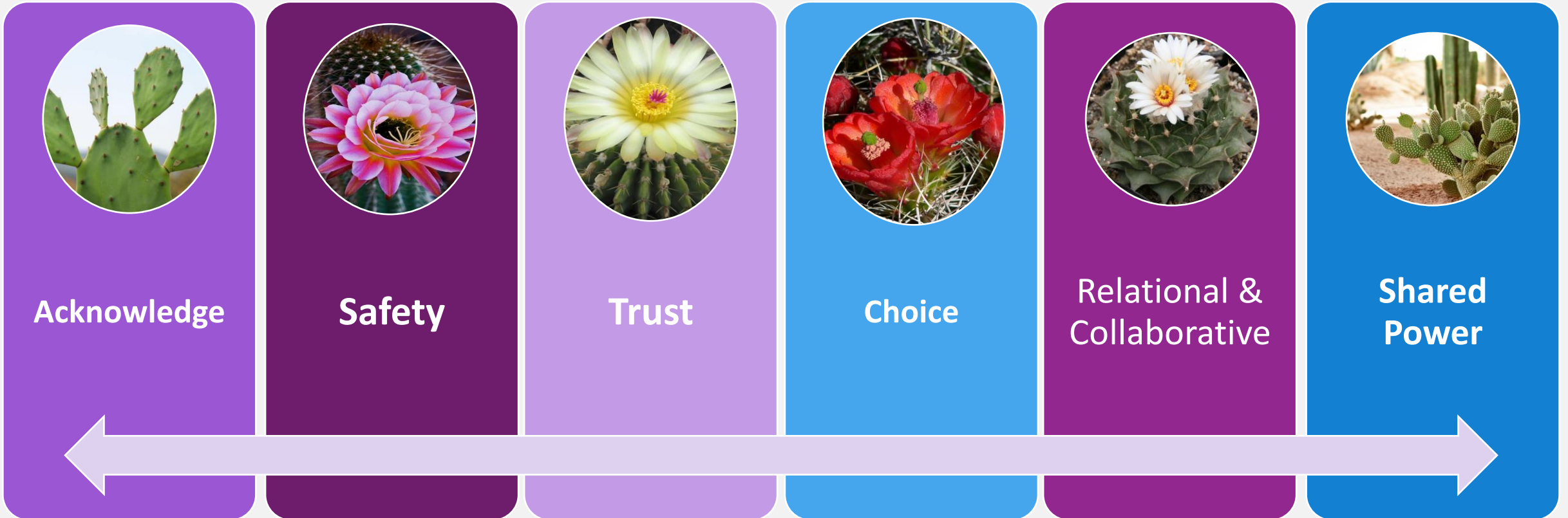
Realize. Recognize. Respond. Reduce Re-traumatization

Jean Tweed,2013; Substance Abuse and Mental Health Services Administration, 2014

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Trauma-Informed Principles

Creating a Culture of Trauma-informed Practice

Universal

Working with every person, whether or not experiences of trauma have been disclosed
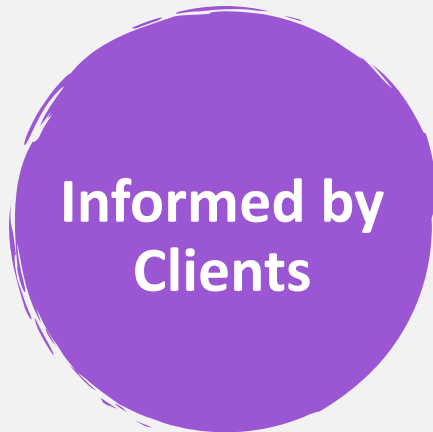
Informed by Clients

The Voice, Choice, and Control of Clients supported and integrated

Integrated

Embedded in the organization's culture and braided with current practices

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Trauma-Informed vs. Trauma-Specific

Trauma-Informed

Applied Universally in any setting

Focus is on understanding the impact trauma & promoting Safety

Trauma Specific

Focusses on directly addressing the trauma and treatment of trauma.

Delivered by specially trained professionals.

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Recognize

IMPACT OF TRAUMA

TRAUMA IMPACT

TRIGGERS

TRAUMA REACTIONS

Impact of Trauma

Developmental

Physical

Emotional

Impact

Relational

Psychological

Sense of Self

Triggers & Trauma Reactions

Triggers

- A trigger can occur from seeing, hearing, touching or smelling something or being in a situation that evokes past trauma.

- Trigger awareness is helpful to maximize safety and sense of control.

- Often we are not aware of all of our triggers.

Trauma Reaction

- A trigger can set off a trauma reaction - a mind/body reaction *(e.g. panic, fear, flight, anger/defense, agitation, numbness/shutting down, self harm, etc.)*

- *We may not be aware that a trauma reaction/response is happening until later.*

Trauma Reactions can Cause Our own Reactions/Mis-interpretation

Behaviours

- Missed appointments/Cancellations/no-shows
- Yelling/Angry outbursts
- Disassociation
- Inconsistency
- Avoidant/withdrawal
- Overly attached
- Passive
- Aggressive
- Heightened sensitivity

Interpretation/Reaction

- Difficult client
- Hard to serve client
- Not ready for service
- Refusing service
- Making bad choices
- Does not care
- Irresponsible
- Not reliable
- Manipulative

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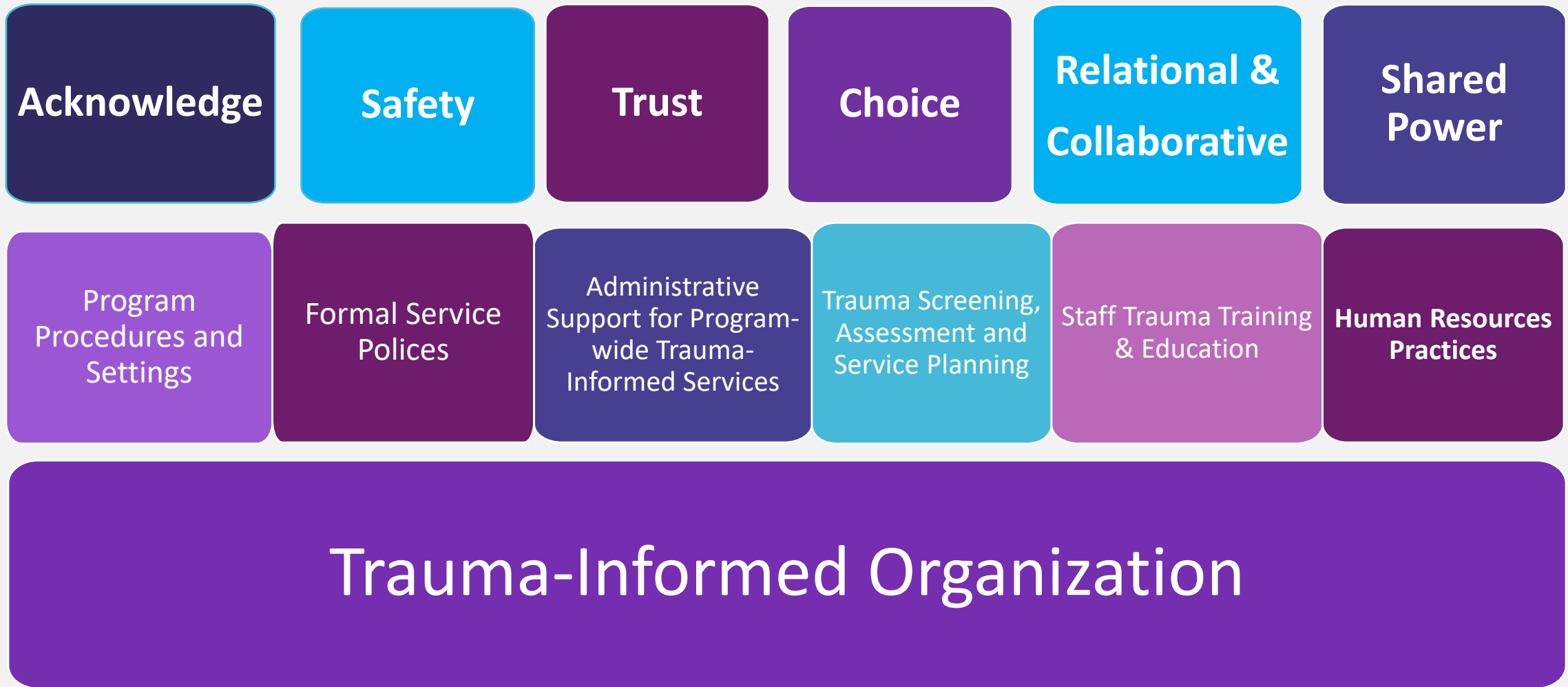# Moving Away from What is Wrong to What has Happened?

What is Wrong with the Person?

Trauma-Informed

What Has Happened to the Person

Cultivating an Organizational Culture of Trauma-Informed Practice

Adapted from Roger D. Fallot & Maxine Harris. 2014. & Trauma Matters, 2013

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Case Study of our Journey: York Region Community and Health Services

Project Roadmap

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┌─────────────┐     ┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│ Leadership  │ ──> │ Apply for   │ ──> │ Create a    │ ──> │ Literature  │
│ Buy-in      │     │ Funding     │     │ Working     │     │ Review      │
│             │     │             │     │ Group       │     │             │
└─────────────┘     └─────────────┘     └─────────────┘     └─────────────┘
                                                                    │
                                                                    v
┌─────────────┐     ┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│ Gap analysis│ <── │ Conduct     │ <── │ Hiring a    │ <── │ Environmental│
│             │     │ Organization│     │ Consultant  │     │ Scan        │
│             │     │ Assessment  │     │             │     │             │
└─────────────┘     └─────────────┘     └─────────────┘     └─────────────┘
       │
       v
┌─────────────┐     ┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│ Provide     │ ──> │ Evaluation  │ ──> │ Define Plan │ ──> │ Report      │
│ Divisional  │     │             │     │ for         │     │ Dissemination│
│ training    │     │             │     │ Sustainability│   │             │
└─────────────┘     └─────────────┘     └─────────────┘     └─────────────┘
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Leadership Buy-in → Apply for Funding → Create a Working Group → Literature Review → Environmental Scan → Hiring a Consultant → Conduct Organization Assessment → Gap analysis → Provide Divisional training → Evaluation → Define Plan for Sustainability → Report Dissemination

A one-time funding to be applied to a trauma-informed practice project

Project Roadmap

Trauma-informed Practice Working Group

- Two managers
- An external consultant who is an expert in trauma-informed practice
- A full-time team lead
- Mental Health Promotion team lead
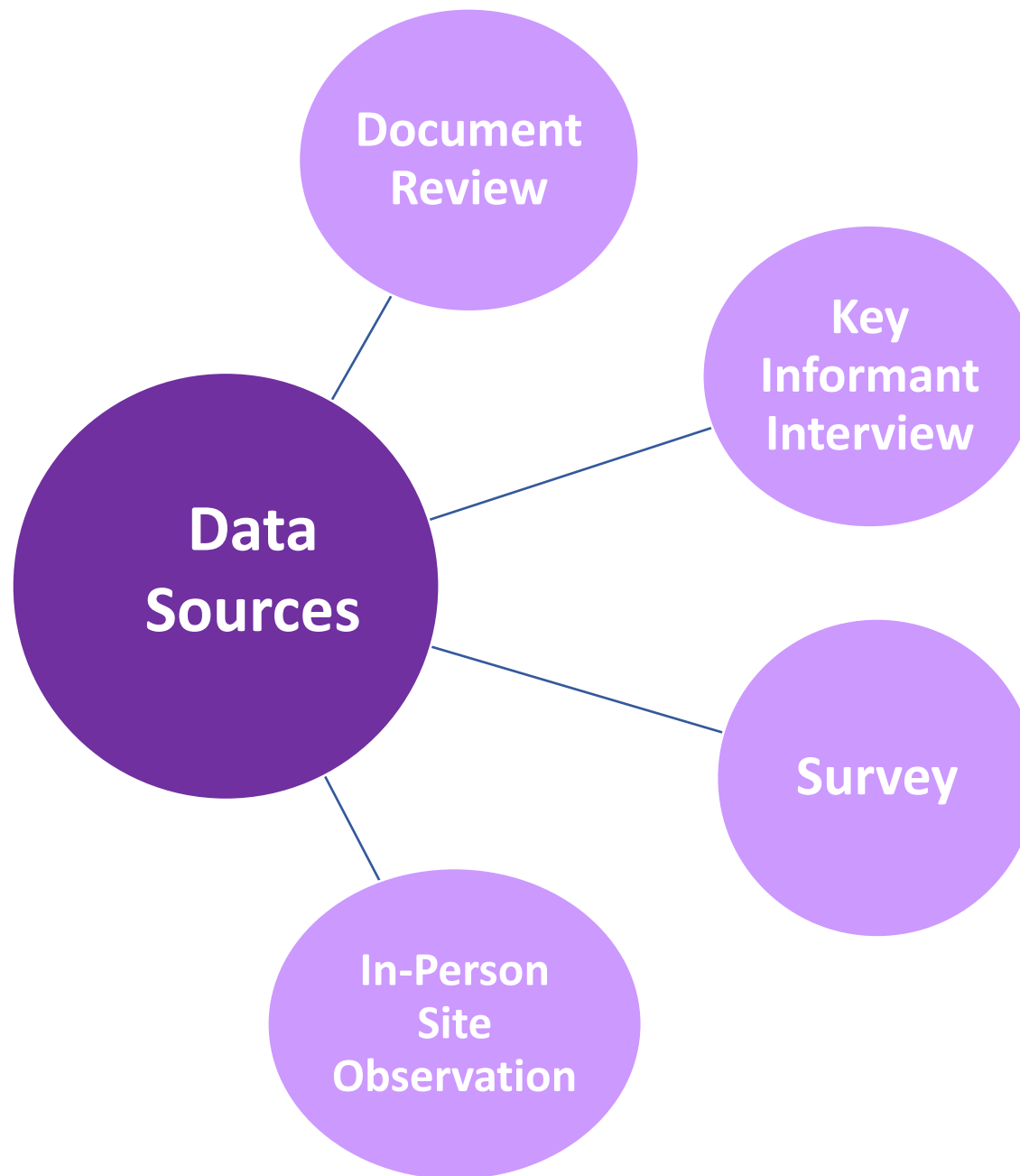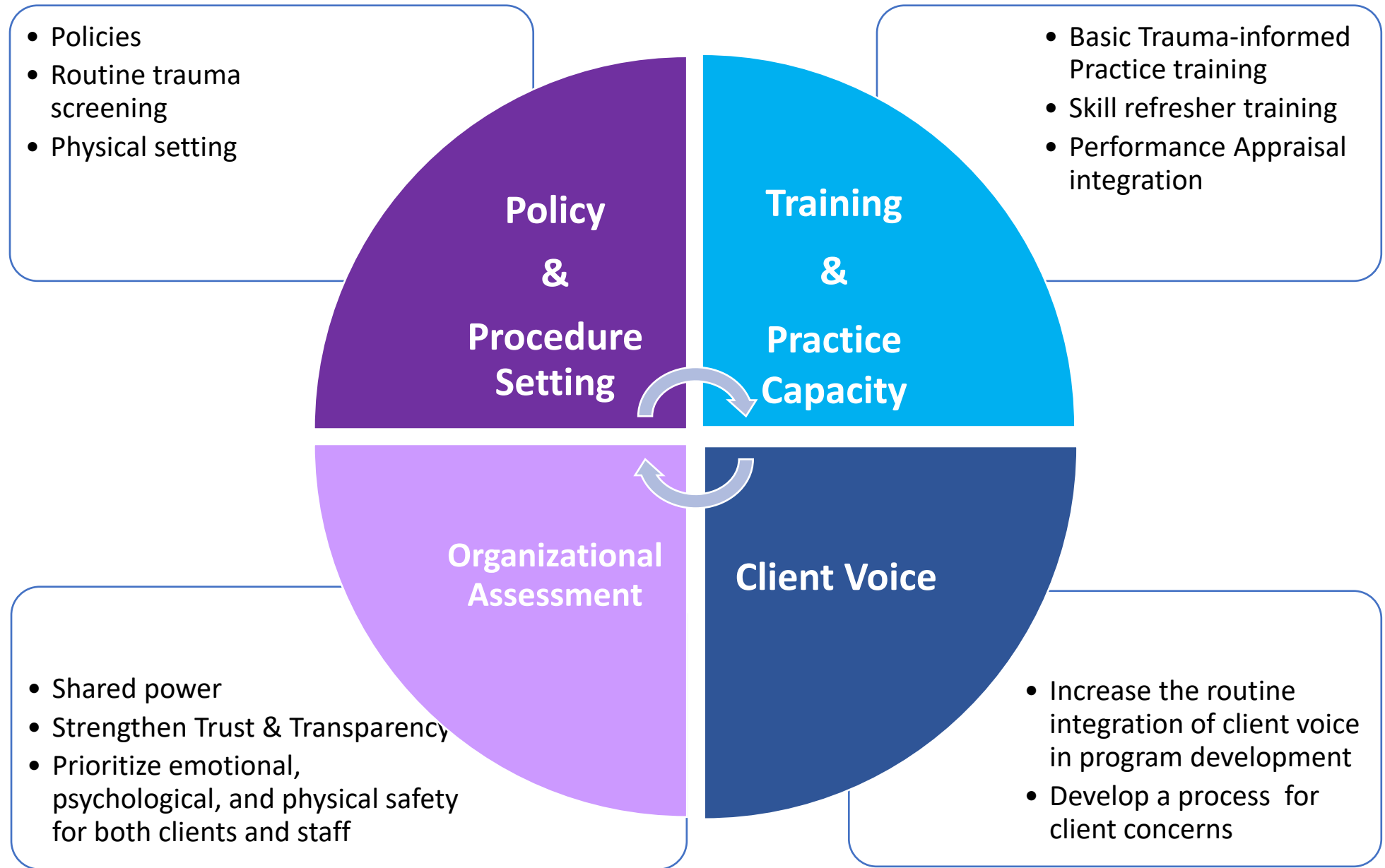- Representative from Peer Support Team

Project Roadmap

Assessment of current organizational capacity of Trauma-informed Practice within Child and Family Health Division

Gap Analysis

- Policies
- Routine trauma screening
- Physical setting

Policy & Procedure Setting

- Basic Trauma-informed Practice training
- Skill refresher training
- Performance Appraisal integration

Training & Practice Capacity

- Shared power
- Strengthen Trust & Transparency
- Prioritize emotional, psychological, and physical safety for both clients and staff

Organizational Assessment

Client Voice

- Increase the routine integration of client voice in program development
- Develop a process for client concerns

Project Roadmap

```
Leadership Buy-in → Apply for Funding → Create a Working Group → Literature Review
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Gap analysis ← Conduct Organization Assessment ← Hiring a Consultant ← Environmental Scan
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Provide Divisional training → Evaluation → Define Plan for Sustainability → Report Dissemination
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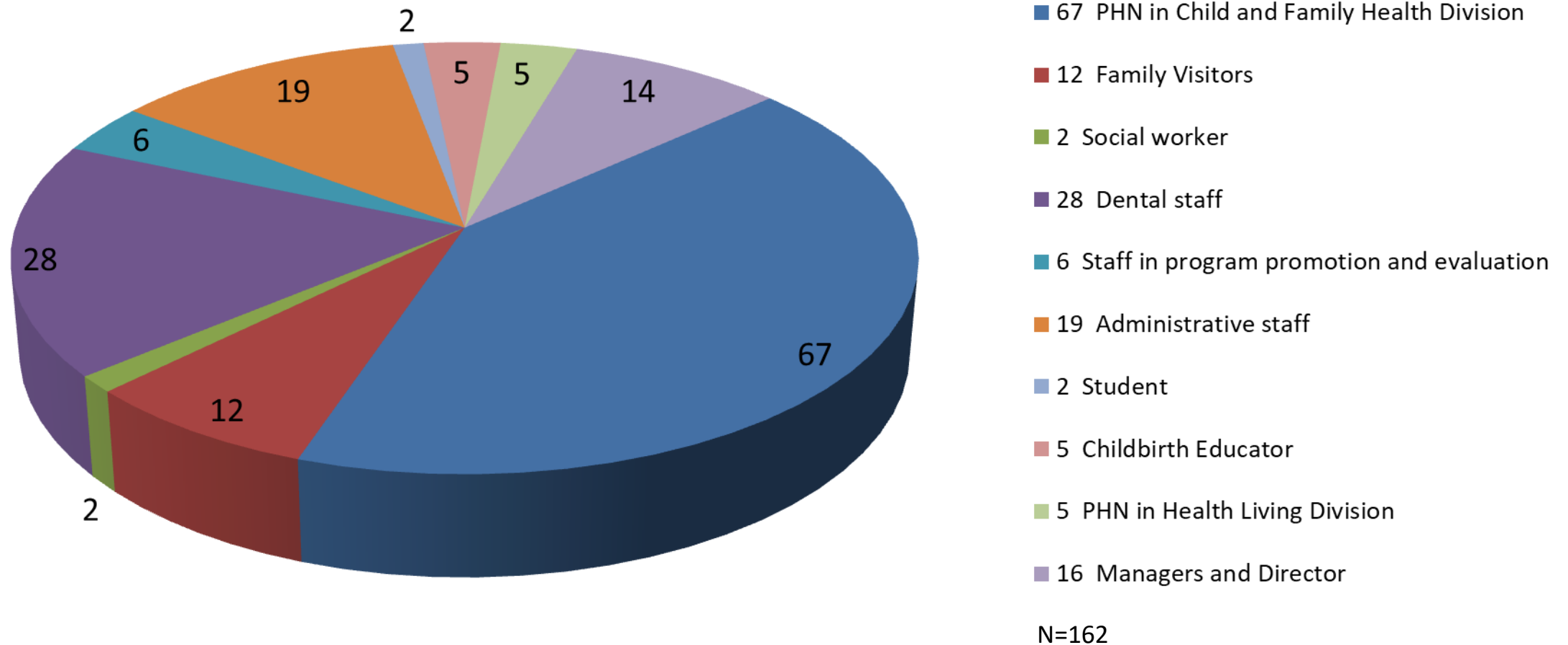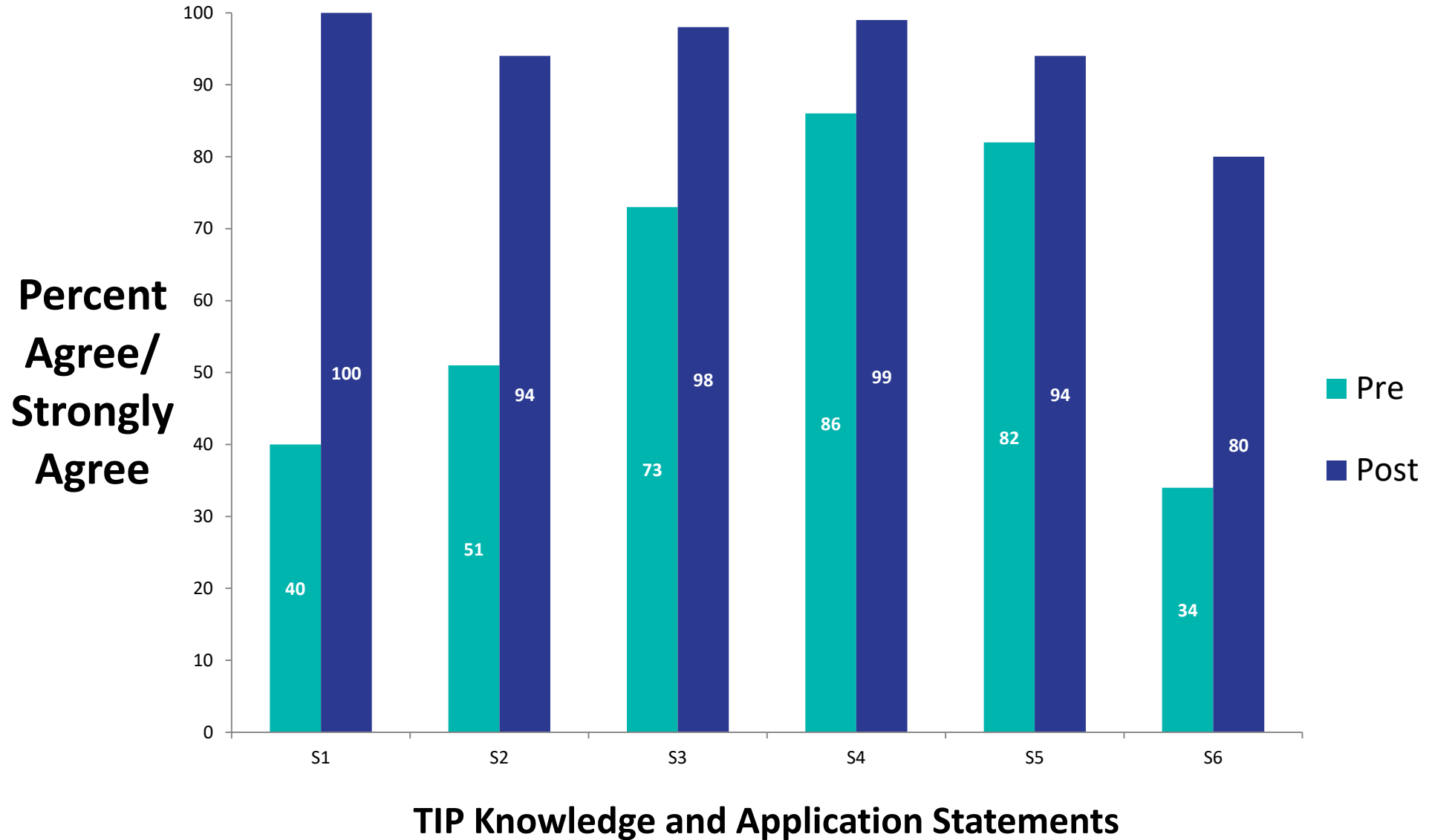
Objectives for Staff Training

Knowledge

Skill

Competency

Build Awareness

Making Space

Numbers of staff who have completed the Trauma-informed practice Training

- 67 PHN in Child and Family Health Division
- 12 Family Visitors
- 2 Social worker
- 28 Dental staff
- 6 Staff in program promotion and evaluation
- 19 Administrative staff
- 2 Student
- 5 Childbirth Educator
- 5 PHN in Health Living Division
- 16 Managers and Director

N=162

TIP Pre- and Post-Training Survey Results

Percent Agree/ Strongly Agree

TIP Knowledge and Application Statements

	Pre	Post
S1	40	100
S2	51	94
S3	73	98
S4	86	99
S5	82	94
S6	34	80

Staff Training

- On-site staff training

- Train-the trainer model for sustainability

Project Roadmap

Environmental Scan → Literature Review → Leadership Buy-in → Apply for Funding

Gap analysis ← Conduct Organization Assessment ← Hiring a Consultant ← Create a Working Group

Provide Divisional training → Evaluation → Define Plan for Sustainability → Report Dissemination

Sustainability

- Integrated into organizational culture
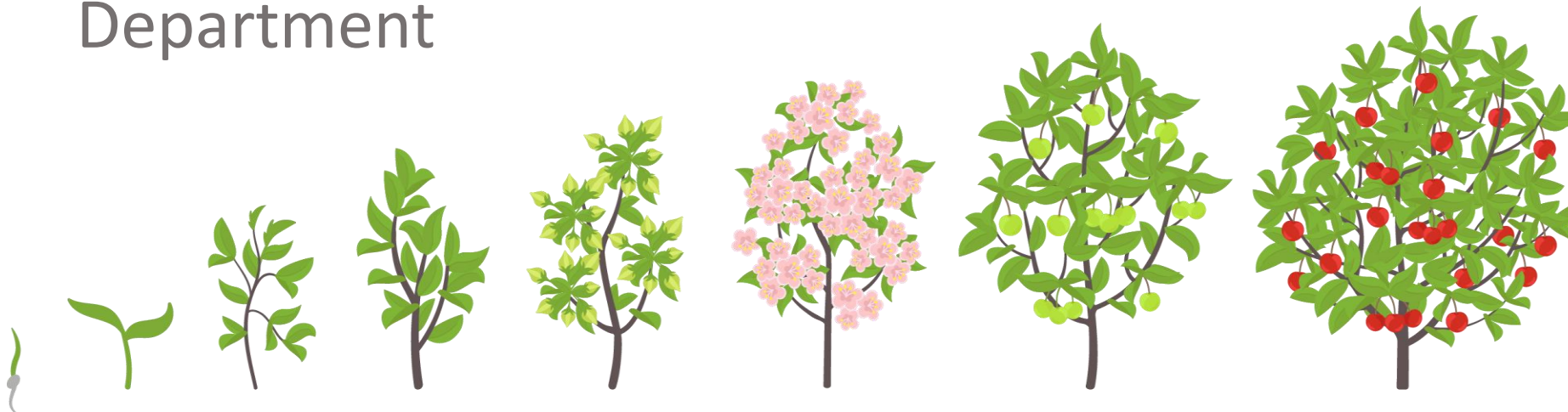
- Trauma-Informed Practice Policy

- Continued training
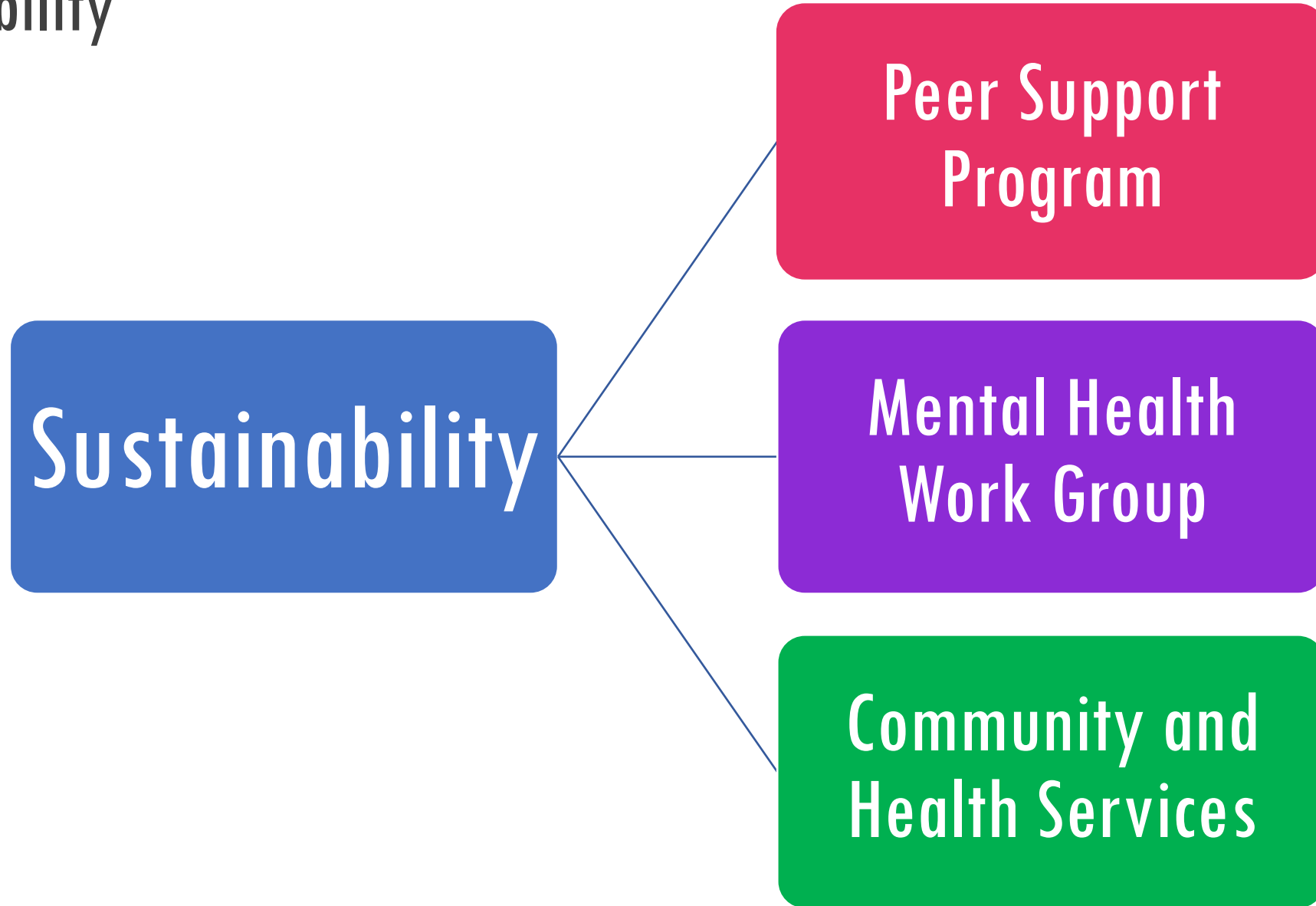
Phase Two – Trauma Informed Approach Training

✓ Provide a Train-the-Trainer Program to ensure and sustain the core principles of a Trauma-Informed Approach

✓ Deliver Trauma-Informed Approach Training to appropriate staff within the Community and Health Services Department

Questions?

THANK YOU

York Region

Resources

BC Centre of Excellence for Women's Health:
http://bccewh.bc.ca/category/post/trauma-violence-mental-health

SAMHSA's National Center for Trauma-Informed Care
www.samhsa.gov/nctic/

Trauma Matters : Guidelines for Trauma-Informed Practices in Women's Substance Use Services
http://traumaandsubstanceabuse.files.wordpress.com/2013/03/trauma-matters-final.pdf

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A Trauma-Informed Practice Guide for Working with Children, Youth and Families

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Women's Substance Use Services http://traumaandsubstanceabuse.files.wordpress.com/2013/03/trauma-matters-final.pdf

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https://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_1.pdf

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Smith, A., et al., From Hastings Street to Haida Gwaii: Provincial results of the 2013 BC Adolescent Health Survey. 2014, McCreary Centre Society: Vancouver, B.C.

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