Trauma-Informed Practice Organization

Presenters:
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• Tiffany Beeston, RN, BScN, MN — Mental Health Promotion Team Lead

OMSSA: Break-Out Session
Date: June 13th, 2019
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.
TIP Framework

Environmental Scan, Planning, Training, Organizational Assessment

Implementation & Sustainability Plan

York Region
PREVALENCE & IMPACT OF TRAUMA

Realize

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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

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

WCDVS

- 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.

Rosanra Yoon, Independent Consultant
DEFINING TRAUMA
FROM A TIP
PERSPECTIVE
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)
Defining Trauma

Defined & varies by individual(s) impacted

Exposure to
Overwhelming or Harmful Event(s)/Circumstances

Experience of the Event/Circumstances

Impact

Jean Tweed Centre, Trauma matters: Guidelines for trauma-informed practices in women’s substance use services. 2013: Toronto, ON.
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.

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.

CORE PRINCIPLES OF TRAUMA-INFORMED PRACTICE
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

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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
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

Images Source: Creative commons license
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

Trauma-Informed Principles

Creating a Culture of Trauma-Informed Practice
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.
Recognize

IMPACT OF TRAUMA

TRAUMA IMPACT
TRIGGERS
TRAUMA REACTIONS

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Impact of Trauma

- Developmental
- Physical
- Emotional
- Relational
- Psychological
- Sense of Self

Impact
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
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

- Acknowledge
  - Program Procedures and Settings

- Safety
  - Formal Service Policies

- Trust
  - Administrative Support for Program-wide Trauma-Informed Services

- Choice
  - Trauma Screening, Assessment and Service Planning

- Relational & Collaborative
  - Staff Trauma Training & Education

- Shared Power
  - Human Resources Practices

Trauma-Informed Organization

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

Rosanra Yoon, Independent Consultant
Case Study of our Journey: York Region Community and Health Services
Emerging Learning Needs

Organizational culture to provide support to staff

Mental Health Communities

Trauma-informed as an emerging theme in social science

Enhancing best practice to serve the public
Project Roadmap

Leadership Buy-in → Apply for Funding → Create a Working Group → Literature Review

Gap analysis → Conduct Organization Assessment → Hiring a Consultant → Environmental Scan

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

Leadership Buy-in → Apply for Funding → Create a Working Group → Environmental Scan

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Provide Divisional training → Evaluation → Define Plan for Sustainability → Report Dissemination
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
Leadership Buy-in → Apply for Funding → Create a Working Group → Literature Review

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Project Roadmap
Assessment of current organizational capacity of Trauma-informed Practice within Child and Family Health Division
Gap Analysis

- Increase the routine integration of client voice in program development
- Develop a process for client concerns
- Shared power
- Strengthen Trust & Transparency
- Prioritize emotional, psychological, and physical safety for both clients and staff
- Basic Trauma-informed Practice training
- Skill refresher training
- Performance Appraisal integration
- Policies
- Routine trauma screening
- Physical setting
- Policies
- Routine trauma screening
- Physical setting
Leadership Buy-in ➔ Apply for Funding ➔ Create a Working Group ➔ Literature Review

Gap analysis ➔ Conduct Organization Assessment ➔ Hiring a Consultant ➔ Environmental Scan

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

Project Roadmap
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 | 100 | 94
S2 | 51 | 73
S3 | 98 | 66
S4 | 99 | 82
S5 | 94 | 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
Sustainability

Peer Support Program

Mental Health Work Group

Community and Health Services
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
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
References


References


References


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.