

# TRAUMA INFORMED PRACTICE

**BOOST LS3**

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# WHAT IS TRAUMA INFORMED PRACTICE?

- An awareness of the prevalence of trauma
- An understanding of the impact of trauma on physical, emotional, and mental health as well as on behaviors and engagement to services
- An understanding that current service systems can retraumatize individuals.

# TRAUMA INFORMED CARE VS. TRAUMA SPECIFIC SERVICES?

Trauma Specific Services are programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).

Trauma Informed Care is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

# WHAT IS TRAUMA?

- Trauma is an experience that overwhelms an individual's capacity to cope.
- Both internal and external resources are inadequate to cope with the external threat
- They are life-events that are out of one's control with potentially devastating emotional, physical and behavioural consequences.

*"Trauma experiences are inherently complex and present, in those exposed to them, a wide range of reactions that affect all aspects of their lives. Therefore, it is essential to create systems of care that respond to the complexity and diversity of trauma experienced in the lives of those whom practitioners in the helping professions serve in the context of various systems and agencies of service delivery."*

Quiros & Berger, 2015

# TYPES OF TRAUMA



## Single incident trauma

- An unexpected and overwhelming event

# TYPES OF TRAUMA



## **Complex, repetitive trauma**

- Ongoing abuse, domestic violence, war

# TYPES OF TRAUMA



## Developmental trauma

- Occurs during infancy, childhood or adolescence
- Includes physical, sexual, emotional abuse and neglect

# TYPES OF TRAUMA



## Historical trauma

- Massive group trauma causing emotional wounding over the lifespan and across generations (e.g., genocide, colonialism, slavery, war)



# A PROGRAM, ORGANIZATION, OR SYSTEM THAT IS TRAUMA INFORMED:

- Realizes the widespread impact of trauma and understand potential paths for recover
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization

Substance Abuse Mental Health Administration

(SAMHSA, 2012)

# PRINCIPLES OF TRAUMA INFORMED CARE

## Trauma Awareness

Understand the prevalence and impact of trauma among their service recipients and within the workforce.

Policy and practice reflect this awareness

## Safety

Policy and practice reflect a commitment to provide physical and emotional safety for service recipients and staff.

## Choice & Empowerment

to facilitate healing and avoid re-traumatization, choice and empowerment for both service recipients and staff.

## Strengths Based

With a focus on strength and resilience, service recipients and staff build skills that will help them move in a positive direction.

(Hopper, Bassuk, & Olivet, 2010)

# HOSPITAL



St. Paul's Hospital in 1923

# RESIDENTIAL SCHOOL




# HOSPITAL



# RESIDENTIAL SCHOOL





The **last residential school**  
operated by the **Canadian** government,  
**Gordon Indian Residential School** in Saskatchewan,  
was closed in  
**1996**

## The ACE (Adverse Childhood Experience) Study

Conducted by the US Center for Disease Control & Kaiser Permanente

**17,000 PARTICIPANTS SURVEYED**

### Female Participants:

13% emotional abuse

27% physical abuse

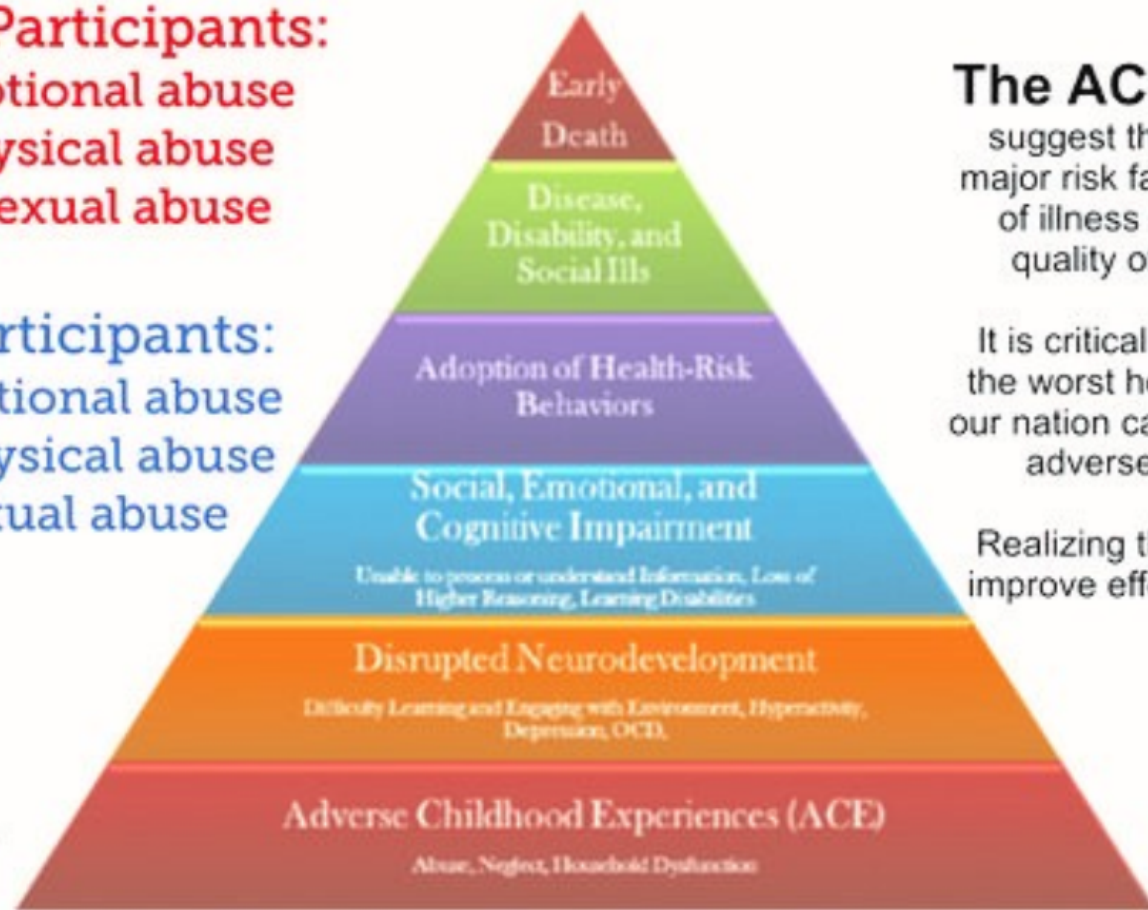
24.7% sexual abuse

### Male Participants:

7.6% emotional abuse

29.9% physical abuse

16% sexual abuse



### The ACE Study Findings

suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences.

Realizing these connections is likely to improve efforts towards prevention and recovery.





## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

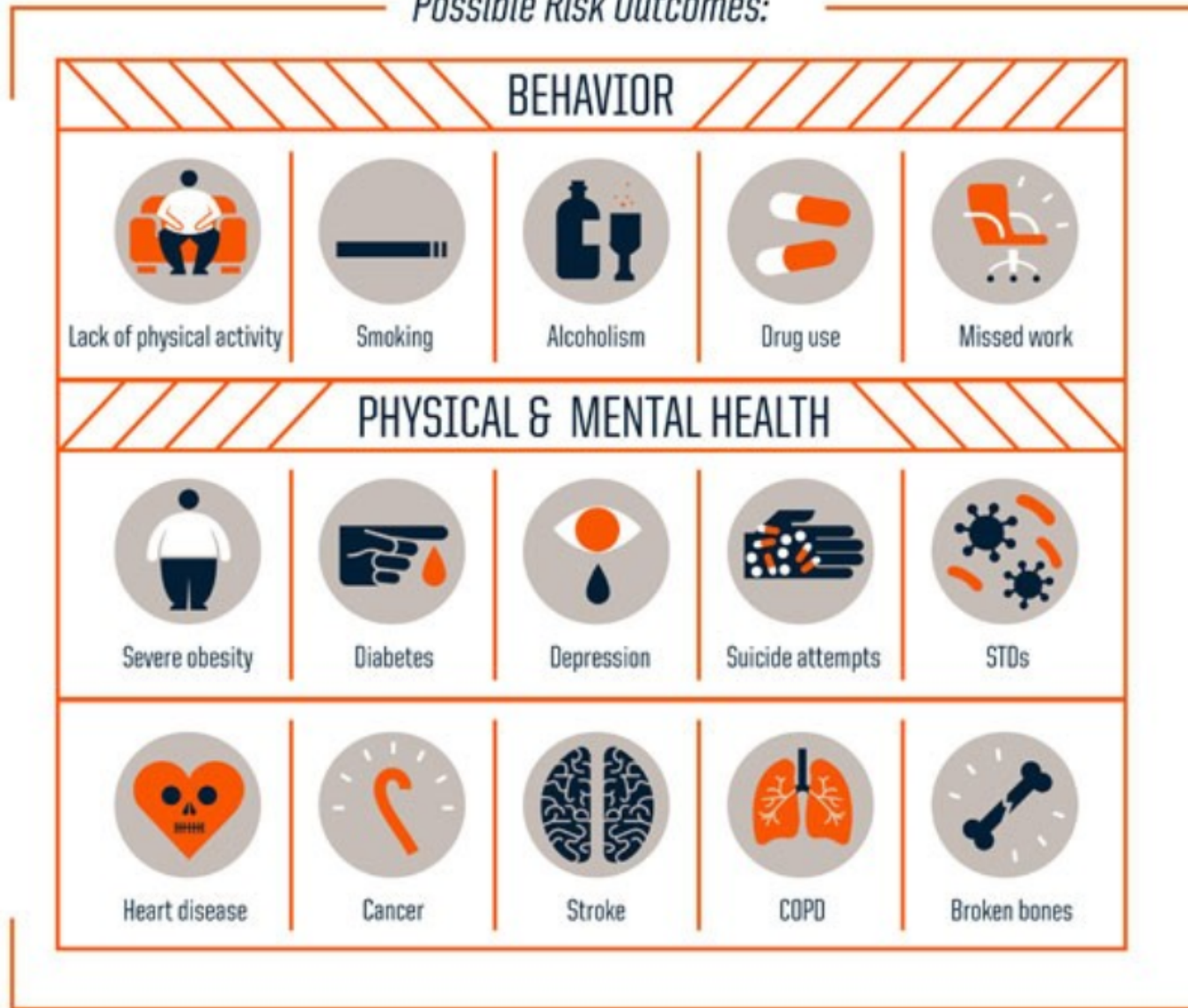


Divorce

*As the number of ACEs increases, so does the risk for negative health outcomes*



*Possible Risk Outcomes:*



# THE ACE SCORE

Isn't a crystal ball

ACE scores don't tally the positive experiences in early life that can help build resilience and protect a child from the effects of trauma

*Being Trauma-informed doesn't mean you are  
informed of all your patient's trauma*



“At its core, the trauma-informed model replaces the labeling of clients or patients as being ‘sick’, resistant or uncooperative with that of being affected by an ‘injury’.

Viewing trauma as an injury shifts the conversation from asking

*‘What is wrong with you?’ to ‘What has happened to you?’”*

Klinic Community Health Centre, 2013

**STIGMA** IS ONE OF THE BIGGEST BARRIERS TO TREATMENT AND RECOVERY FOR SUBSTANCE USE DISORDERS TODAY. OFTEN THE LANGUAGE WE USE CONTRIBUTES TO STIGMA. THERE ARE A LOT OF STIGMATIZING WORDS THAT ARE COMMON IN OUR DAY-TO-DAY LANGUAGE.

## WHAT YOU SAY

ABUSER  
DRUG HABIT  
ADDICT  
DRUG USER

VS

## WHAT PEOPLE HEAR

IT'S MY FAULT  
IT'S MY CHOICE  
THERE'S NO HOPE  
I'M A CRIMINAL

**BY CHOOSING ALTERNATE LANGUAGE, YOU CAN HELP BREAK DOWN THE NEGATIVE STEREOTYPE ASSOCIATED WITH SUBSTANCE USE DISORDER.**

## **INSTEAD OF**

**ABUSER, ADDICT**

**DRUG HABIT**

**FORMER/REFORMED ADDICT**

## **TRY**

**PERSON WITH A SUBSTANCE USE DISORDER**

**REGULAR SUBSTANCE USE, SUBSTANCE USE DISORDER**

**PERSON IN RECOVERY/LONG-TERM RECOVERY**



**Canadian Centre  
on Substance Use  
and Addiction**



## **Trauma-Informed Practice & the Opioid Crisis**

A Discussion Guide for Health Care  
and Social Service Providers

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June 2018

[www.bccewh.bc.ca](http://www.bccewh.bc.ca)



# Trauma-informed services look different depending on the service setting and organization.

- Provide welcoming spaces
- Offer choice, voice, and control to all patients/clients accessing services
- Work to create physical, emotional, and cultural safety for everyone, including staff
- Offer opportunities to learn wellness skills and coping skills for managing trauma responses
- Provide information about the effects of trauma and resources for learning more about trauma or how to access trauma treatment in the community
- Identify and work with people's strengths rather than focusing on deficits and "difficult behavior"