Looking Through a Trauma Lens:
What does it mean for your practice?
May 29, 2014
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Material from Trauma Matters, 2013, Klinic.
(2008), RNAO BPG, 2005
Objectives

• To understand the many ways people experience their trauma.
• To understand the core principles and central concepts of trauma-informed practices.
• To recognize and articulate expected triggered responses in your addiction or mental health setting and “imagine and articulate” effective strategies for working with the person.
• To consider your own trauma-informed practice and if there is room for growth.
Assessing your trauma competency

Complete the individual questionnaire

Reference
www.trauma-informed.ca
Voice of experience
Trauma Defined

“Trauma refers to experiences or events that by definition are *out of the ordinary* in terms of their overwhelming nature. They are more than merely stressful...they are *shocking, terrifying and devastating to the victim*, resulting in *profoundly upsetting feelings of terror, shame, helplessness and powerlessness.*”

(Courtois, 1999; Trauma-informed Toolkit)
Prevalence of Trauma

Trauma knows no boundaries; no cultural group, ethnic background, lifestyle, gender, educational or socio-economic background is spared
Examples of events that may have a trauma impact ...

*Interpersonal Trauma*

- Childhood abuse: sexual, physical, neglect, witnessing domestic violence
- Sexual assault: any unwanted sexual contact
- Historical trauma: colonization, forcible removal from family & home, destruction of culture and language
- Loss due to homicide
- Torture and forcible confinement
- Elder Abuse
Additional examples of events that may have a trauma impact ...

*External Trauma*

- War - combat, killing, fear of being killed, witnessing death and extreme suffering, dismemberment
- Being a victim of crime
- Sudden death of loved one
- Loss due to suicide
- Sudden & unexpected loss: of a job, housing, relationship
- Living in extreme poverty
- Natural disasters
- Accidents: vehicle, plane
“trauma is the rule, rather than the exception” (Trauma Matters, 2013)

Expect the expected!
How people display their trauma experiences

- Tears
- Outbursts
- Flight / drop-out
- Anger / aggression
- Fearfulness
- Posturing
- Sabotaging (self or others)
- Jumpy
- Scared
Examples of how trauma may be realized ...

- Substance abuse & smoking
- Depression & anxiety
- Eating & sleep disorders
- Feelings of shame & guilt
- Poor self-esteem
- Phobias & panic disorders
- Physical inactivity
- Psychosomatic disorders
- Post-traumatic stress disorder
- Suicidal behaviour & self harm

(Gorey, Richter & Snider, 2001; Liem & Boudewyn, 1999; Wonderlich et al, 2001; RNAO BPG Woman Abuse, 2005)
Triggers and Trauma Reactions

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

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.).
Describe examples of triggers that you are aware of in your past or current work setting.
Triggers and Trauma Reactions

Trauma responses can be misinterpreted as:
- Lack of motivation/commitment, resistance, defiance
- Aggression, lying, attention seeking, manipulation, trouble-making
- Symptoms of mental illness

The principles of trauma-informed practices help staff to understand and effectively work with trauma responses
Core Principles of Trauma-Informed Practices

What do we know makes a difference?
Trauma-informed vs. trauma-specific

**Trauma-informed practices**
- Should be applied universally – in *any* setting where people receive services
- Focus on understanding the impacts of trauma and creating safety

**Trauma-specific services:**
- Are delivered by practitioners who have extensive knowledge and skills in trauma treatment
- Focus directly on the trauma itself, and on trauma recovery
Trauma-informed practices

Organizations - and the team:

**REALIZE** the prevalence of trauma

**RECOGNIZE** how trauma affects everyone involved with the organization (including its own workforce)

**RESPOND** by putting that knowledge into practice

Trauma Matters, 2013
### Trauma-informed vs. not trauma-informed

*(Trauma Matters, 2013)*

<table>
<thead>
<tr>
<th>Trauma Informed</th>
<th>Not Trauma-Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes the prevalence of trauma and the nature of trauma responses</td>
<td>Lack of education about trauma and its impacts</td>
</tr>
<tr>
<td>Recognition of trauma responses</td>
<td>Misdiagnosis of trauma responses</td>
</tr>
<tr>
<td>Culture and practices that reduce risks of triggers and retraumatizing</td>
<td>‘Tradition of toughness’, reliance on heavy handed, confrontational approaches</td>
</tr>
<tr>
<td>Advocacy and collaboration encouraged</td>
<td>Closed system, advocacy is discouraged - ‘we are the experts’</td>
</tr>
<tr>
<td>Staff have trauma-informed education, training, and clinical supervision</td>
<td>Lack of understanding leads to client blaming and misinterpretation of behaviours</td>
</tr>
</tbody>
</table>
# Trauma-informed vs. not trauma-informed

*(Trauma Matters, 2013)*

<table>
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<th>Trauma Informed</th>
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<tbody>
<tr>
<td>Objective, neutral language</td>
<td>Labeling language such as ‘manipulative’, ‘needy’, ‘provocative’, ‘non-compliant’</td>
</tr>
<tr>
<td>Respectful interactions – women are involved in decisions and treatment planning</td>
<td>Lack of respect in routine interactions (e.g. yelling, issuing orders, ‘tough talk’)</td>
</tr>
<tr>
<td>Solution-focused responses that involve and engage the woman</td>
<td>Imposing automatic inflexible consequences for ‘rule violations’</td>
</tr>
<tr>
<td>Power and control are shared, client/staff collaboration</td>
<td>Power and control reside exclusively with staff, rules, and demands for compliance</td>
</tr>
</tbody>
</table>
Trauma-informed practices

Should be universal
- Working with every person, whether or not experiences of trauma have been disclosed

Should be integral
- Embedded in the organization’s culture and braided with current practices

Should be informed by people’s lived experience
Pathways to Trauma-Informed Practices

- Shift in organizational culture
- Formal organizational commitment
- Leadership to support change
- Training for all staff
- Assessment of programs, services, and organizational practices through a ‘trauma-informed lens’
- Clinical supervision and consultation
- Monitoring, evaluation, and ongoing positive change

Trauma Matters, 2013
Trauma-informed practices

Six key principles:

- Acknowledgement
- Safety
- Trustworthiness
- Choice and control
- Relational and collaborative approaches
- Strengths-based empowerment modalities

(Trauma Matters, 2013)
Trauma-informed practices (Trauma Matters, 2013)

Acknowledgement

Safety

Trustworthiness
Acknowledgement

- Understand pervasiveness
- Don’t expect disclosure
- Reframe trauma experiences
- Encourage process of change

- Questions to ask yourself ... page 50; Trauma Matters, 2013 guidelines page 73
Safety

• Includes emotional, psychological, physical and cultural safety
• Emphasize relationship building
• Flexible services
• Safety for all

• What does this look like in a co-ed program?
• Questions to ask yourself ... page 55; Trauma Matters, 2013 guidelines page 74
Trustworthiness

- Understand the patience and respect needed
- Clear boundary guidelines

- Questions to ask yourself ... page 60; Trauma Matters, 2013 guidelines page 75
In the Trauma Matters Guidelines for Trauma-Informed Practices in Women’s Substance Use Services (2013) document, it is suggested that counsellors use the simple acronym RICH to remember the four most important things to offer to people:

- Respect
- Information
- Connection
- Hope
Trauma-informed practices (Trauma Matters, 2013)

Choice and Control
Relational & Collaborative Practices
Strengths-based empowerment modalities
Choice and Control

• Understand the connection between choice, control and safety

• Understand the *Impact* of enhanced choice and control

• Questions to ask yourself ... page 64; Trauma Matters, 2013 guidelines page 76
Relational & Collaborative Approaches

- Importance of relational approaches for respectful and compassionate care
- Collaboration between providers has great impacts

- Questions to ask yourself ... page 67; Trauma Matters, 2013 guidelines page 77
Strengths-based Empowerment Modalities

- Crucial role of self-efficacy
- Emphasizing hope, optimism and resilience

- Questions to ask yourself ... page 70; Trauma Matters, 2013 guidelines page 77
A new mindset...

from:

What is wrong with this person?

to:

What has happened to this person?

(Trauma Matters, 2013)
Exercise

At your table, with each group having one of the six principles: Acknowledgement, Safety, Trustworthiness, Choice & Control, Respect, Information, Connection and Hope, Relational & Collaborative Approaches and Strengths-based Empowerment Modalities – consider “triggers” in our work setting and describe how you would operationalize / “make happen” each of the six principles in your unit, exactly what it would look and feel like for the person to reduce the experience of triggers.
Be prepared to report back to the group
Beginning the conversation

What is important?
Asking about trauma

Questions about experiences of trauma can:
- open the door to helping a person understand and deal with its impacts of trauma
- communicate validation and hope
- help to flag needs for trauma-specific services

AND asking about experiences of trauma can also
- Trigger trauma-related responses or detailed disclosures

Questions about experiences of trauma
- must be asked with skill, sensitivity, and flexibility:
- Should not be intrusive, and should be paced within the therapeutic process
How to ask ..., beginning

*Because abuse is so common in people’s lives, I now ask everyone I see about it. May I ask you?*

or

*Many people are dealing with abuse in their relationships. Some are too afraid or embarrassed to bring it up themselves, so now I routinely ask about abuse. May I ask you?*

(RNAO BPG: Woman Abuse: Screening Identification & Initial Response, 2005)
How to ask ..., what to ask

*Have you ever been threatened or hurt by someone?*

*Are you or have you ever been in a relationship where you have been physically hurt, threatened or made to feel afraid?*

**If “Yes” to disclosure...then**

*No one deserves to be hurt or to live in fear. You are very brave to talk about this.*

(RNAO BPG: Woman Abuse: Screening Identification & Initial Response, 2005)
How to ask …, make sure to ask

Are you safe?

Are you currently getting help with this situation?

Can I refer you to someone who can help you?

Can I offer you some information on resources available to you?

(RNAO BPG: Woman Abuse: Screening Identification & Initial Response, 2005)
Take Home Messages
“Trauma leaves you raw”  (Voice of experience, 2011)
Trauma has a wake - its impact extends to families, significant others, the community, health care and social systems, and society overall. (Trauma Matters, 2013)
Think about the possibility of trauma as an underlying problem

Recognize issue of trust & betrayed trust will be a major, ongoing issue

(Bloom, 2009)
Being a Trauma-Informed Program

Means ...
Building relationship on respect, trust and safety
Using a strengths-based approach with all
Being empathic and non-judgmental
Framing / naming coping behaviours as survival
Believe and validate
Help with containment / grounding
Watch for trauma reactions – respond appropriately
Trauma-informed program, environment & policy
Resources

Trauma Matters is available on-line at:

www.jeantweed.com
www.ofcmhap.on.ca
eenet.ca

And is posted on many other websites!
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