

# DEVELOPING TRAUMA-INFORMED PRACTICE GUIDELINES: A PRINCIPLE-BASED APPROACH

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**BC Centre of Excellence for  
Women's Health**



With appreciation to Julie Adams, Rob Lampard, Leslie Anderson, Karen Sam and all the others on the TIP Working and Advisory Committees and all their connections, who have provided leadership and/or input on the TIP Guidelines to date.

# OUTLINE

1. Herstory
2. TIP principles
3. BC guidelines for child and youth services
4. Where now – relational system change

Your comments



# What is trauma?

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**Trauma can result from early experiences in life such as child abuse, neglect, and witnessing violence as well as later experiences such as violence, accidents, natural disaster, war, and sudden unexpected loss.**

- Trauma results from experiences that overwhelm an individual's capacity to cope
- Trauma affects everyone differently.
- Post-Traumatic Stress Disorder (PTSD) is a diagnosis used to describe one type of mental health response that can result from trauma/violence.
- Depression or substance misuse are also common responses.

Thanks to Emily Wang for mentioning how the adaptations to trauma that children make can resemble symptoms of disorders.

# What do trauma-informed services look like?

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## The Four 'R's (SAMSHA, 2014)

"A program, organization or system that is trauma informed:

1. **REALIZES** the widespread impact of trauma and understands potential paths for recovery;
2. **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **RESPONDS** by fully integrating knowledge about trauma into policies and procedures, and practices;
4. Seeks to actively **RESIST RE-TRAUMATIZATION.**"

# Trauma-informed and trauma-specific

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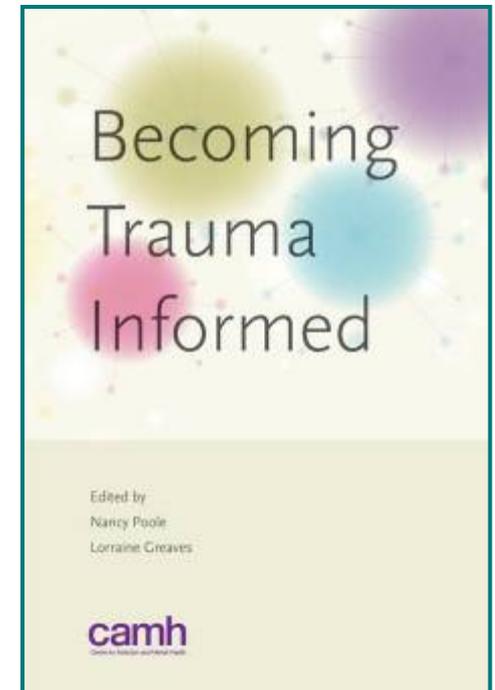
- ▶ Trauma-informed practice means integrating an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and interagency work.
- ▶ Trauma-specific services directly facilitate trauma recovery through specialized clinical interventions and Aboriginal traditional practices.

Thanks Warren Helfrich for integrating this in his presentation on a Model of Care for Children and Youth with Complex Care Needs

# What is 'TRAUMA INFORMED PRACTICE' ?

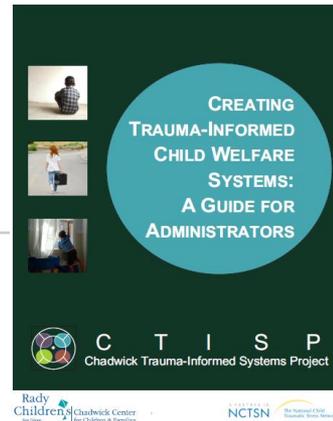
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- ▶ **Trauma Informed Practice is a movement - it includes changes in the way we think about how we provide social and health care services**
- ▶ **In practice, this means changes at the practice, program, and policy level**
- ▶ **TIP is built upon contributions and developments from a number of fields**



# Involves system wide and cross system connections

- ▶ *A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices.*



## Essential Elements of a Trauma-Informed Child Welfare System Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

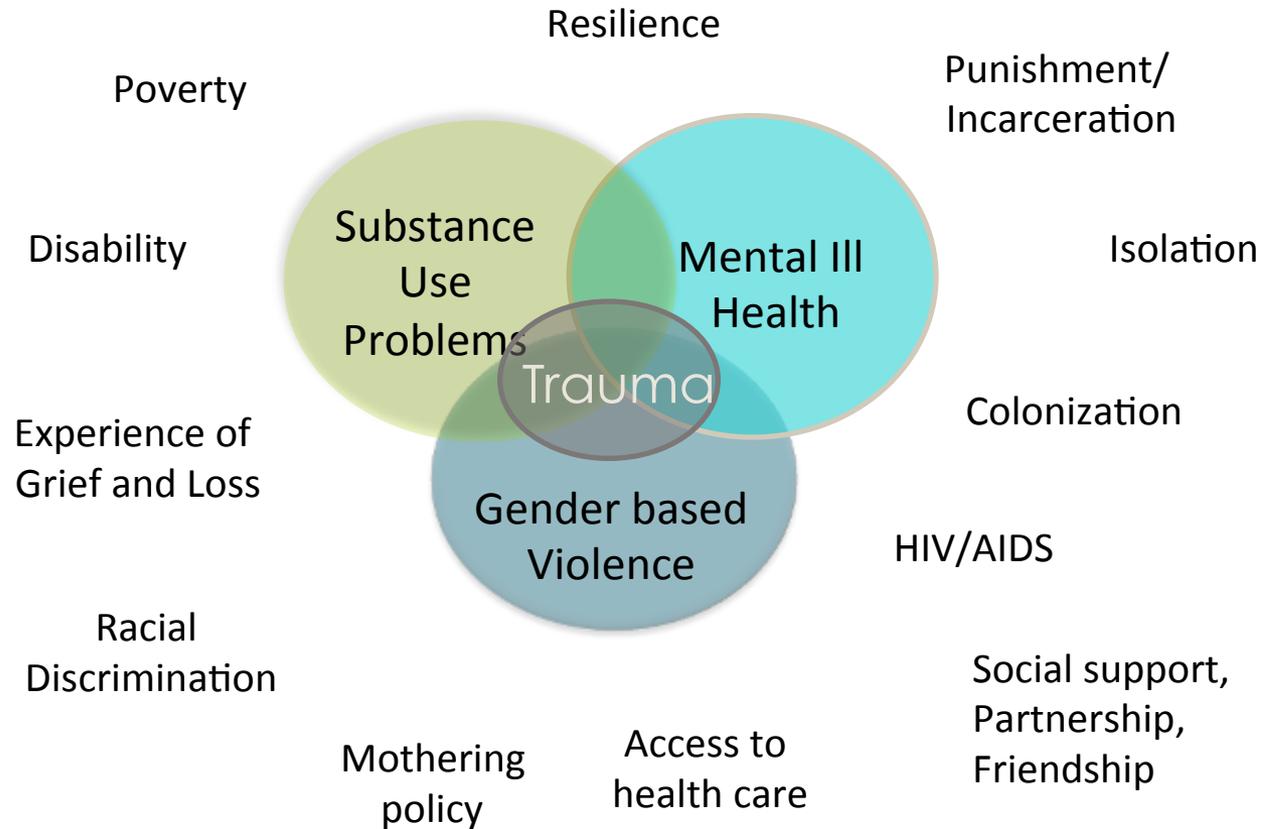
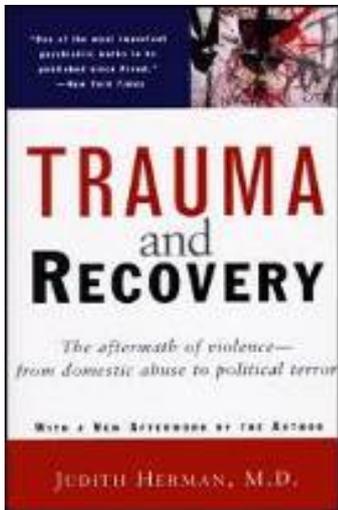
Partner with Agencies and Systems that Interact with Children and Families

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The wisdom at the foundation of TIP

# HERSTORY

# Contributions from women's health advocates, researchers and policy makers addressing social determinants of health

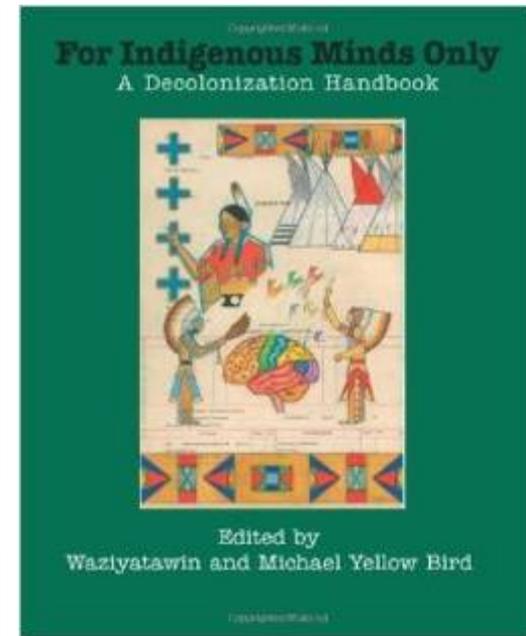
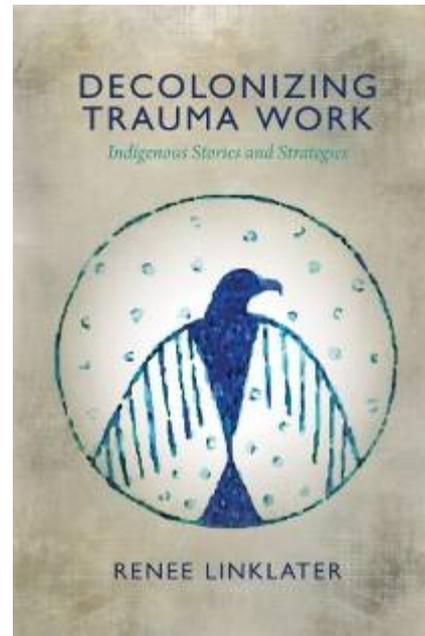


# Contributions from indigenous scholars and decolonizing movements

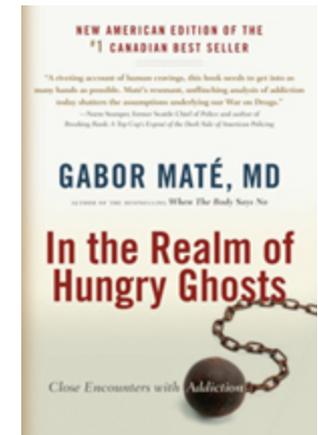
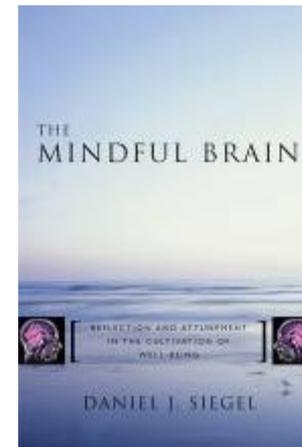
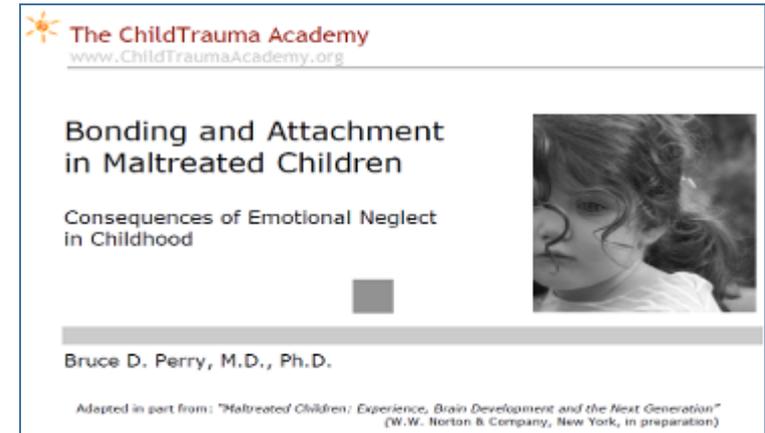
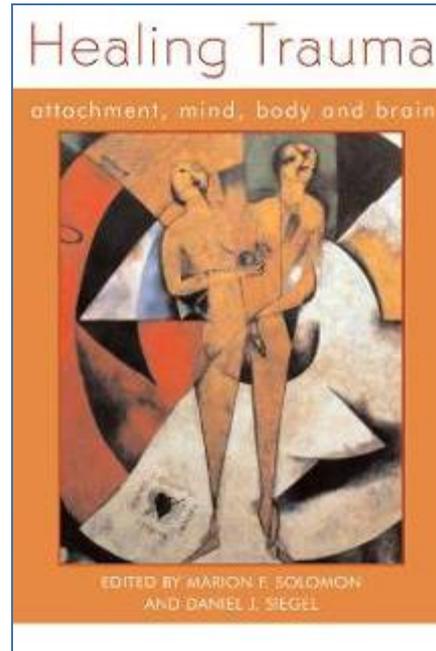
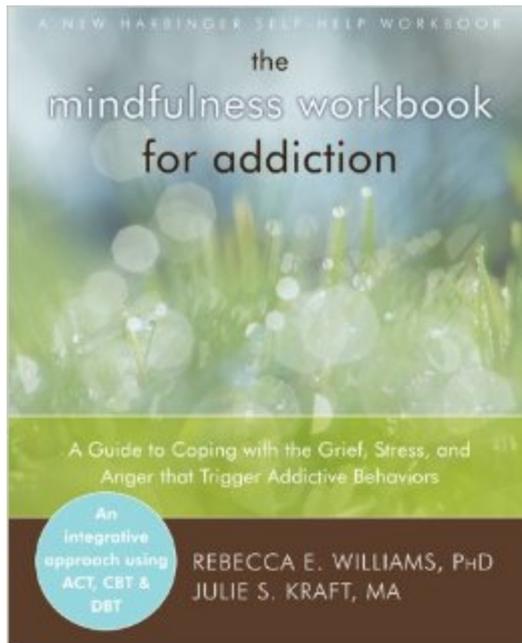
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## Recognition of trauma caused by colonization & racism

- Historical trauma (Indian Residential Schools, Indian Hospitals, 60' s scoop)
- Intergenerational trauma
- Efforts to redress trauma related to residential schools (Maria Yellow Horse Brave Heart, Michael Yellow Bird, Renee Linklater. Karina Walters)



# Contributions from neurobiology and related research





# Intersections neuroscience and determinants of health approaches

## Video clip:

- ▶ Building Adult Capabilities to Improve Child Outcomes: A Theory of Change
- ▶ Center on the Developing Child at Harvard University
- ▶ [https://www.youtube.com/watch?v=urU-a\\_Fs5Y](https://www.youtube.com/watch?v=urU-a_Fs5Y)



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**TIP as a principle based approach**

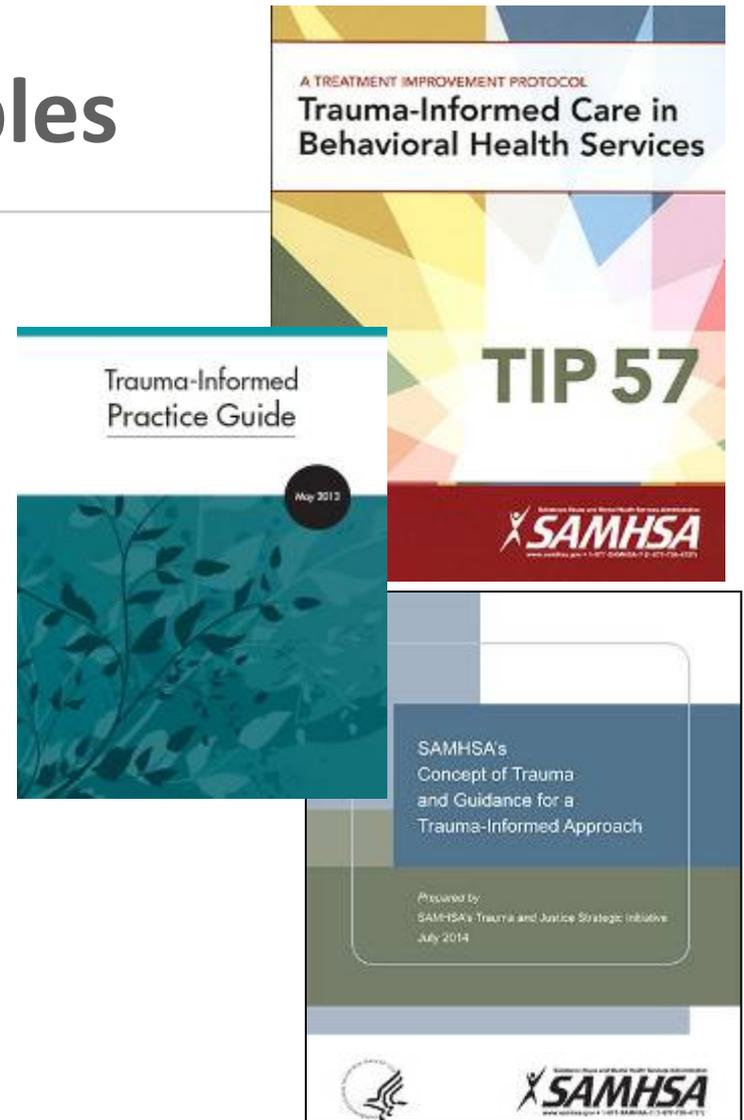
# **THE PRINCIPLES**

# Trauma Informed Principles

1. Awareness
2. Emphasis on safety, trustworthiness
3. Choice, collaboration, mutuality, connection
4. Empowerment, Skill building, building on strengths

## Also

5. Cultural, Historical, and Gender Issues
6. Peer Support



# TIP as a ‘Universal Precaution’

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- TIP recognizes the widespread prevalence of individuals with past and current experiences of violence and trauma
- TIP is NOT about treating trauma – instead, how can we make changes that are grounded in an understanding of trauma, that improve our systems of care for everyone?



UNIVERSAL  
PRECAUTIONS

# FOUNDATION FOR TIP: Understanding and awareness of trauma

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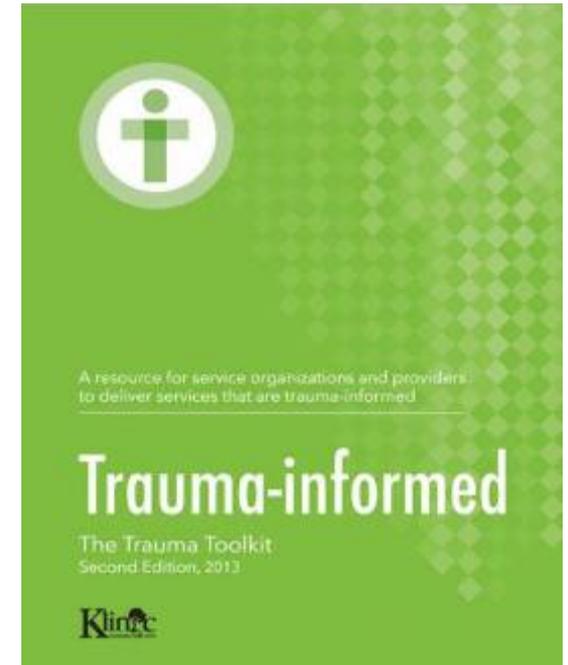
- ▶ **Being "trauma aware" does not mean that we have to be experts on trauma**
  - Recognize range of responses people can have to trauma – physical, mental, emotional, behavioral, spiritual
  - Recognize that because of trauma responses, developing trusting relationships can be difficult
  - Developing skills to recognize when someone is triggered or experiencing the effects of trauma & provide basic support

Note: to provide/receive care, people do not need to disclose trauma

# FOUNDATION FOR TIP: What does skill building look like?

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- ▶ **Many trauma-informed organizations are placing a priority on teaching skills in the following areas to clients, partners and staff:**
  - **Self-soothing**
  - **Self-trust**
  - **Self-compassion**
  - **Self-regulation**
  - **Limit setting**
  - **Communicating needs and desires**
  - **Accurate perception of others**



Klinck Trauma Toolkit

Download for free  
from: <http://trauma-informed.ca/>



**KEEP  
CALM  
AND USE  
COPING  
SKILLS**

# FOUNDATION FOR TIP: Safety, cultural safety and agility

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- ▶ The concept of cultural safety asks: How safe did the service recipient experience a service encounter in terms of being respected and assisted in having their cultural location, values, and preferences taken into account in the service encounter? (Jessica Ball)
- ▶ Trauma-informed practice provides a safe space with which to hold challenging conversations about colonization, oppression, intergenerational trauma, racism, etc. Potential to broaden perspectives and strengthen relationships
- ▶ TIP provides a common language and is driven by principles that are aligned with Indigenous values and beliefs.

Thanks to Wedlidi Speck for introducing the language of cultural agility

Kat Hinter – Aboriginal Knowledge Exchange Lead, Interior Health, BC)

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For child, youth and family-serving organizations

# BC TIP GUIDELINES

# From individual interactions to organizational and systemic change

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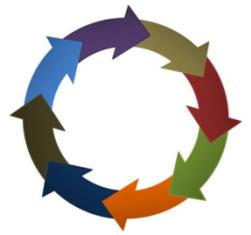
# What's already working

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## ▶ 4 examples are woven in the guidance

- ▶ By understanding the effects of attachment trauma on a young person's behaviour, caregivers at the Maples are better equipped to respond in a way that balances the youth's needs for connection and independence.
- ▶ MCFD's Youth Custody Services has engaged in staff training in trauma-informed practice and have developed a trauma-informed working group. Ongoing professional development in self-regulation skills for both staff and youth is being implemented.
- ▶ VACFSS workers approach families with an acknowledgement of these intergenerational traumas, committed to the idea of "doing with" rather than "doing to" families, with widespread use of collaborative practices like circles and Family Group Decision-Making Conferences.

## Supporting children and youth

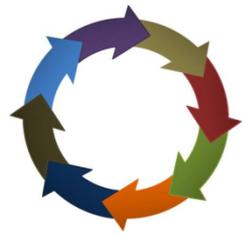


- ▶ **Maximize children’s and young people’s sense of safety; assist them in managing their emotions and in making meaning of their current coping strategies and trauma histories. Provide emotional safety for children/youth to talk about trauma and safety if they choose to.**
- ▶ **Continuously explain and clarify to children and youth the agency processes, next steps, and measures being taken to ensure their safety and wellness.**
- ▶ **Understand and map the supports and treatments available for children and youth experiencing trauma and build relationships with the provider agencies to facilitate appropriate and timely referrals.**

## **Applying the principles in context specific way, in general TIP means:**

- ▶ providing clear information and predictable expectations about support**
- ▶ welcoming intake procedures**
- ▶ seeing and responding to challenging behaviours through a trauma lens, tolerating a range of emotions**
- ▶ focusing on relational growth, acknowledging that because of trauma responses this can be difficult**
- ▶ adapting the physical space, so as to not re-traumatize**
- ▶ fostering the development of resiliency and coping skills**
- ▶ recognizing the role of substance use as a coping mechanism, not only as an illness or problem independent of trauma, helping service users to understand these connections, and be less reliant on substance use as a mechanism to cope, and less self critical for using substances as a coping mechanism**
- ▶ providing choices as to preferences for support**
- ▶ working collaboratively, providing services users with opportunities to rebuild a sense of control**

## Collaboration with families



- ▶ **Provide training to families of all types (birth, adoptive, blended, foster, kinship, respite, families of choice etc.) on: bringing a trauma lens to understanding what factors may be affecting a child/youth's behaviour, managing conflict and displaying empathy, and teaching coping and resilience strategies.**
- ▶ **Provide opportunities for families of all types who are parenting children and youth to enhance self-care and where relevant to access support/treatment for their own experiences of trauma.**
- ▶ **Link to, refer to and collaborate with multi-setting, multi-level, interagency supports and services that optimize child and family resilience.**
- ▶ **Involve brokers, liaisons and Elders to bridge trauma-informed and culture- and gender-informed approaches for children, youth and families, communities, and child and youth serving agencies.**

The Mother-Child Study: Evaluating Treatments for Substance-Using Women

# A Focus on Relationships



Given the impact of trauma on relational capacity, agencies working with mothers and children have found that perceived support from service providers, and children's and mothers' ability to feel secure with others, is related to improved outcomes for mothers and children.

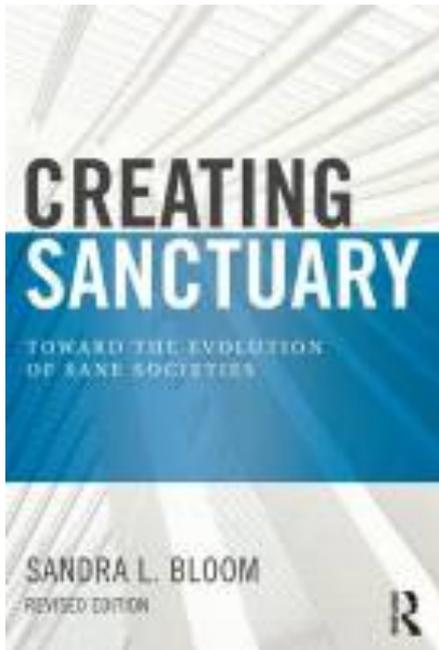


## Worker wellness and safety



- ▶ **Understand and recognize the risk of secondary traumatic stress for all staff members, and the agency as a whole.**
- ▶ **Provide training on secondary trauma and stress management for all staff, promote self-care and well-being through policies and communications and encourage ongoing discussion among staff and administration.**
- ▶ **Create and maintain a work environment that conveys respect and appreciation, that is safe and confidential, and that provides support for continuing education, supervision, collaboration, consultation, and planned mental health breaks.**
- ▶ **Support staff development, debriefing/reflection, individual/group supervision and related strategies that support worker health.**
- ▶ **Cultivate a workplace culture that normalizes (and does not stigmatize) getting help for mental health challenges and actively promotes awareness of the supports available to workers.**

# Organization - Protective practices of a trauma-informed organization



Organizational TIP is “an approach to a whole culture that increases the emotional IQ of everyone and the organization as a whole”

## ADDRESSING SECONDARY TRAUMATIC STRESS AMONG CHILD WELFARE STAFF

A PRACTICE BRIEF

### INTRODUCTION

Child welfare staff are not recognized as first responders — yet, just like police officers and fire fighters, they must react to crisis situations with incomplete information about what may lie ahead. In addition to the very real personal physical risks associated with responding to a report of suspected child abuse or neglect, there are risks of psychological injury when responding to situations involving children and families that are experiencing abuse, neglect, family and/or community violence. Unfortunately, child welfare staff receive little public recognition for the risks their work entails, and child welfare-related news very rarely focuses on the positive aspects of child protection and the many day-to-day successes that result from staff's efforts. Instead, the public focus is usually negative, which can increase stress and pressure on child welfare staff and the system overall.

Secondary traumatic stress (STS), also known as vicarious trauma or compassion fatigue, refers to the experience of people — usually professionals — who are exposed to others' traumatic stories and as a result can develop their own traumatic symptoms and reactions. Child welfare staff have to deal with both direct and secondary exposure to dangerous situations — this combination can result in occupational stress.

Child welfare staff are susceptible to STS and occupational stress because of the vulnerable nature of their clients, the unpredictable nature of their jobs, the culture of their workplaces and their relative lack of physical and psychological protection. Horowitz notes that “vicarious exposure to the events of clients' lives are unavoidable for child welfare workers and may be more toxic than direct exposure to violence because they more fully reflect workers' lack of control and inability to adequately impact clients' lives”. Unaddressed, this can lead child welfare staff to feel helples, have reduced perspective and critical thinking skills, adopt a negative world view and have difficulty recognizing and monitoring their emotions and reactivity. As a result of repeated exposure to potentially traumatic events, they may be more apt to avoid reminders of past cases, over- or under-react to potential hazards to themselves or to their clients, and experience isolationism and a lack of collaboration with their supervisors and colleagues.

Traumatic event exposure has consequences that can be contagious. If several people in a work unit are highly short-tempered, argumentative and pessimistic as a result of their exposure to traumatic events, this is bound to negatively affect the people around them. Over time, this can lead an entire work area or organization to behave like a traumatized person. In this sense, trauma exposure can function like a behavioral toxin, particularly at times of heightened stress and public scrutiny, where the focus is overwhelmingly on the negative and decisions may be made in a reactive way.

There is a growing literature documenting the effects of these occupational stressors on front-line child welfare staff. In a survey of Colorado child protective staff, 50 percent had “high” or “extremely high” risk of compassion fatigue, and in a survey of child welfare professionals across five states, more than 50 percent of respondents

NYU Langone  
Medical Center

NYC  
Department of  
Social Services

ACS-NYU CHILDREN'S TRAUMA INSTITUTE

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## Resilience Alliance Intervention

ACS-NYU Children's Trauma Institute.  
Addressing Secondary Traumatic Stress  
Among Child Welfare Staff. New York

# 7 Principles: Sanctuary Model

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The Sanctuary Model represents an organizational value system that is committed to seven principles:

1. non-violence
2. emotional intelligence
3. social learning
4. democracy
5. open communication
6. social responsibility
7. growth and change

Dr. Sandra Bloom  
[www.sanctuaryweb.com/](http://www.sanctuaryweb.com/)

## TIP at the organizational level



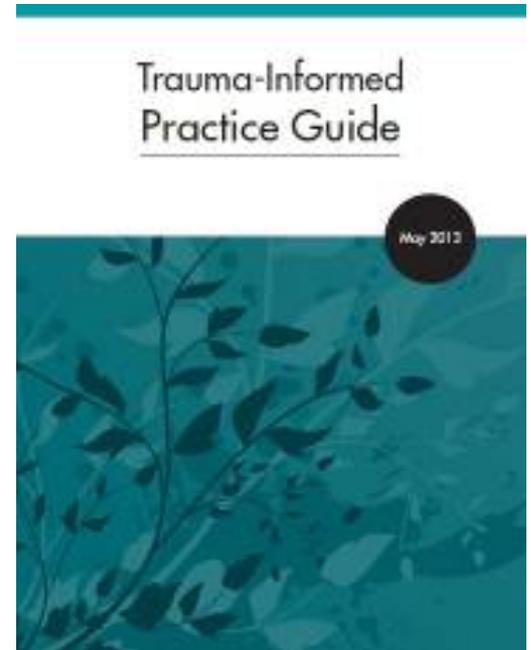
- ▶ **Conduct organizational level assessments that identify the range of practices and policies that might be initiated and/or enhanced to support trauma-informed practice.**
- ▶ **Facilitate culture change in the organization towards social learning and agency-wide emotional intelligence.**
- ▶ **Identify and map existing trauma-informed practices, which can be built upon and more broadly implemented.**
- ▶ **Incorporate trauma knowledge into all practice models.**
- ▶ **Integrate safe, respectful, learning-oriented, solution focused approaches to case review, debriefing and supervision, paying close attention to language.**
- ▶ **Discuss how to address trauma experienced by different system stakeholders (children, parents, workers, Aboriginal communities) and how strategies for building resilience in all these groups can be linked in agency-wide approaches. Attention to the impact of intergenerational trauma is particularly important in such strategic planning for/with workers and communities.**
- ▶ **Share trauma-informed resources, including resources reflecting traditional Aboriginal healing practices, across systems.**

# Organizational checklists/assessment

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## ▶ Example: BC Mental Health and Substance Use Services

1. Administration
2. Hiring Practices
3. Training for Staff
4. Support and Supervision of Staff
5. Assessment and Intake
6. Policies and Procedures
7. Monitoring and Evaluation
8. Overall Policy and Program Mandate



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

# TIP at the Organizational or Agency level

The Jean Tweed Centre



For Women & Their Families

A decade of evolution towards becoming trauma informed

- ▶ **Recognizing Prevalence: (80-90%) – “Listening”**
- ▶ **Connecting the Dots: Trauma & substance use (self-medication)**
- ▶ **Agency Response: Leadership/ Advocacy/ Commitment**

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## VOICES OF WOMEN – FOCUS GROUPS

“They need to realize that there is nothing wrong with us, something happened to

Thanks to Judith Wright and Chris De Boer for showing how this has agency level commitment has worked in Victoria in the WISH project

TIP at the provincial and regional level



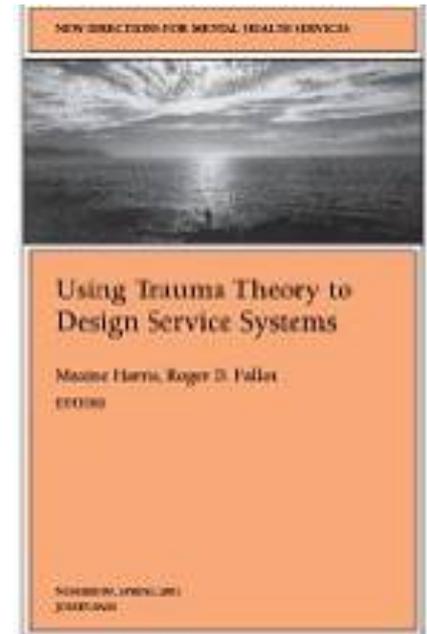
- ▶ **Build a system-wide learning culture about trauma. Provide forums for training all staff, as well as providing co-learning opportunities with families, on types of trauma, common reactions to traumatic events, short- and long-term impact of trauma, and principles of trauma-informed practice**
- ▶ **Identify leaders who can serve as trauma champions to promote change within their workplaces. Cultural advisors and Elders may take such leadership roles.**
- ▶ **Link leaders in all six services areas, provincial programs, contracted agencies and Aboriginal designated agencies in learning together and discussing and acting on trauma-informed approaches.**

- ▶ **Link leaders in child safety, mental health, education, juvenile justice, victim services, police, crown attorneys, community agencies, youth and family advocacy groups , Peer Support Agencies/Programs and other systems to collectively take a trauma-informed approach to their work with children, youth and families.**
- ▶ **Discuss with other systems the benefits of a trauma-informed approach and the importance of interagency collaboration when creating safe environments, learning about trauma and adapting practice and policy, and creating a trustworthy service net/ network of support and treatment. This advocacy with leadership in other systems, needs to include systems interacting with adults who are parents and/or caregivers, those working on cultural wellness interventions, gender-informed interventions, etc.**

# Trauma-Informed means changing our organizational cultures

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- ❖ Implementing trauma-informed practice requires a shift in organizational culture for many organizations and programs.
- ❖ The culture of an organization reflects what is considered important and unimportant, how it understands the people it serves, and how it puts these understandings into daily practice (Fallot & Harris, 2009). Culture expresses the basic values of a program.
- ❖ The implementation of trauma-informed practice is most effective when it begins with a widespread recognition of the impact trauma has on mental health and substance use and the importance of being trauma-informed for improving the outcomes of those accessing these services.



## Gender, Cultural and Developmental Lenses



- ▶ **Recognize how gender affects the types of trauma experienced and the expression of its effects and openness to discussing trauma. Provide gender responsive options for support.**
- ▶ **Recognize how historical trauma affects Aboriginal children and youth, and involve Aboriginal youth, parents, Elders and communities in bringing holistic wellness and other culturally competent practices to trauma-informed approaches with Aboriginal children and youth.**
- ▶ **Recognize how age and developmental trends impact the experience and effects of trauma for children and youth. Provide responses that are appropriate for their age and cognitive, physical, and emotional developmental stage.**

## Supporting children and youth

Maximize children's and young people's sense of safety, assist them in managing their emotions, and in making meaning of their current coping strategies and trauma histories.

Include the perspectives of children and youth in defining what is triggering for them and what creates safety and learning.

Continuously explain and clarify to children and youth the agency processes, next steps, and measures being taken to ensure their safety and wellness.

Make the service's physical environment welcoming and safe. Signal through the physical environment and informational materials that talking about and getting support on trauma is welcome/available in the setting.

Understand and map the supports and treatments available for children and youth experiencing trauma and build relationships with the provider agencies to facilitate appropriate and timely referrals.

Use trauma-informed universal screening and other methods to understand the level of trauma a child/youth is experiencing in order to make appropriate placements and referrals and guard against multiple placements.

Support and promote positive and stable relationships in children's and young people's lives

## Applying gender, cultural and developmental lenses

Recognize how gender affects the types of trauma experienced and the expression of its effects and openness to discussing trauma. Provide gender responsive options for support.

Recognize how historical trauma affects Aboriginal children and youth, and involve Aboriginal youth, parents, Elders and communities in bringing holistic wellness and other culturally competent practices to trauma-informed approaches with Aboriginal children and youth.

Recognize how age and developmental trends impact the experience and effects of trauma for children and youth. Provide responses that are appropriate for their age and cognitive, physical, and emotional developmental stage.



## Involving families and peers

Understand that all children and families with histories of trauma have areas of strength and resilience, and support workers to identify not only risk factors, but also protective factors for each child and family.

Provide training to families of all types (birth, foster, respite) on: bringing a trauma lens to understanding child behaviour, managing conflict and displaying empathy, and teaching coping and resilience strategies.

Provide opportunities for families of all types who are parenting children and youth to enhance self-care and where relevant to access support/treatment for their own experiences of trauma.

Link to, refer to and collaborate with multi-setting, multi-level interventions that optimize child and family resilience.

Involve brokers, liaisons and Elders to bridge trauma-informed and culture- and gender-informed approaches for children and families, communities, and child serving agencies.

## Worker wellness and safety

Understand and recognize the risk of secondary traumatic stress for all staff members, and the agency as a whole.

Provide training on secondary trauma and stress management for all staff, promote self-care and well-being through policies and communications and encourage ongoing discussion among staff and administration

Create and maintain a work environment that conveys respect and appreciation, that is safe and confidential, and that provides support for continuing education, supervision, collaboration, consultation, and planned mental health breaks.

Support staff development, debriefing after critical incidents, individual/group supervision and related strategies that support worker health.

Cultivate a workplace culture that normalizes (and does not stigmatize) getting help for mental health difficulties.

## Agency cultures policies

Conduct organizational level assessments that identify the range of practices and policies that might be initiated and/or enhanced to support trauma-informed practice.

Facilitate culture change in the organization towards social learning and agency-wide emotional intelligence.

Identify and map existing trauma-informed practices, which can be built upon and more widely used.

Incorporate trauma knowledge into all practice models.

Integrate safe, respectful, learning-oriented approaches to case review, debriefing of incidents and supervision

Discuss how to address trauma experienced by different system stakeholders (children, parents, workers) and how strategies for building resilience in all these groups can be linked in agency-wide approaches.

Share trauma-informed resources across teams, agencies and systems.

## Action by leadership

Build a system-wide learning culture about trauma. Provide forums for training all staff on types of trauma, common reactions to traumatic events, short- and long-term impact of trauma, and principles of trauma-informed practice

Identify leaders who can serve as trauma champions to promote change within their workplaces.

Link leaders/champions in all six services areas, provincial programs, contracted agencies and Aboriginal designated agencies in learning together and discussing and acting on trauma-informed approaches.

Link leaders in child safety, mental health, education, juvenile justice, victim services, police, crown attorney's and other systems to collectively take a trauma-informed approach to their work with children, youth and families.

Discuss with other systems the benefits of a trauma-informed approach and the importance of interagency collaboration when creating safe environments, learning about trauma and adapting practice and policy, and creating a trustworthy service net/network of support and treatment.

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Relational system change

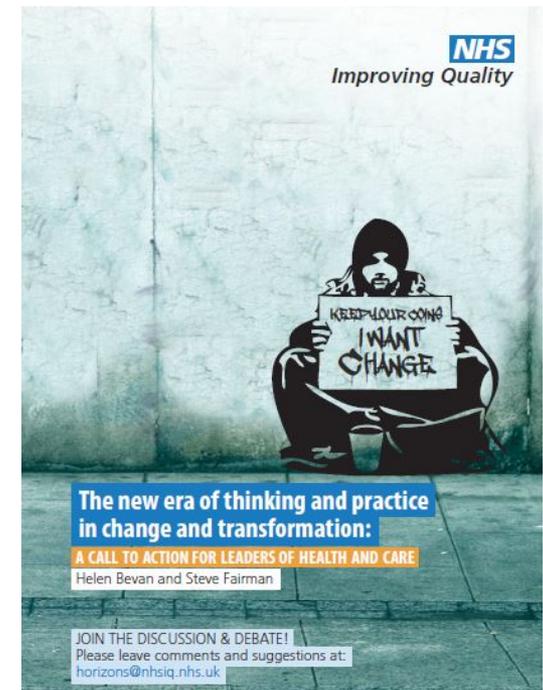
**WHERE NOW**

# Leadership ideas

***“Leadership is the art of mobilising others to want to struggle for shared aspiration” Jim Kouzes***

- ▶ Activate and appreciate the early adopters
- ▶ Dialogic approaches to leading change
- ▶ Curate knowledge (the synthesizing mind, Gardner, 2008)
- ▶ Build bridges, link networks

Adapted from *The new era of thinking and practice in change and transformation: a call to action for leaders of health and care* NHS UK



# Where co-learning is working

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- ▶ In BC in the MHSU system – knowledge exchange leads – provincial, regional and Aboriginal – guide learning culture on TIP
- ▶ In the implementation of Signs of Safety in Australia, practice leaders in each district lead e-learning, peer reflection and feedback initiatives; and deliberate, ongoing coaching and supervision (including coaching by credible peers) is made available. In fact they have built upon a 70/20/10 learning model where 70% of learning is acquired through work based activities such as mentoring, debriefing and group reflection, 20% through networking and collaboration, and only 10% through formal learning strategies.



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BC Centre of Excellence for Women's  
Health [www.bccewh.bc.ca/](http://www.bccewh.bc.ca/)

Girls, Women, Alcohol and Pregnancy  
(blog) [http://  
fasdprevention.wordpress.com](http://fasdprevention.wordpress.com)