

TRAUMA-INFORMED CARE

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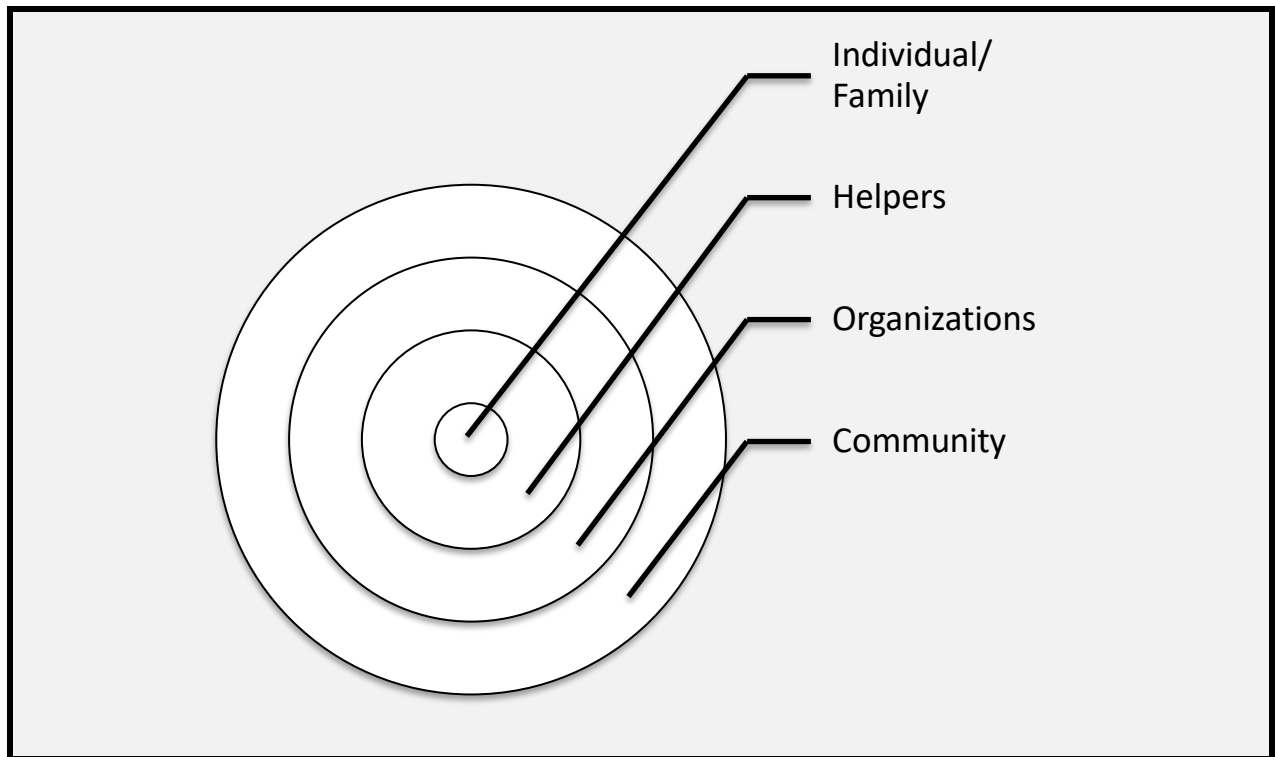
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TRAUMA-INFORMED OVERVIEW

The impact of trauma can influence how people engage with, manage and exit services. Any organization or system that works or serves people will encounter this influence due to the prevalence of trauma in our society. Proactively incorporating healing principles such as respect, compassion and collaboration into every role and the overall environment of an organization gives the best opportunity for all participants to benefit. All aspects of an organization can be therapeutic, or not.



The impact of trauma flows across all areas and relationships of a person’s life. Similarly, an effective healing approach needs to encompass all areas and relationships in the systems surrounding a person.

Trauma-informed organizations or programs encompass the core principles of being trauma-informed into all its actions and roles. The whole organizational culture influences the client.

Trauma-informed specific actions are the particular programming, interventions or supports offered to an organization’s clients, that operate within a *trauma-informed organization*.

CORE PILLARS OF BUILDING A TRAUMA-INFORMED CULTURE

The concept of being trauma-informed is most useful when it is applied to individual roles and whole organizations or systems. Regardless of setting, there are central pillars that create a trauma-informed structure. Specific principles can then be applied to fill in the details of how to implement this structure in an appropriate way in a particular setting.

Learn

It is essential to become aware of the reality and prevalence of trauma that can pervade all levels of our society. Realizing how this relates directly to one’s own community, organization, and personal life is the foundation for being able to go on to the second pillar.

Recognize

Once the power and impact of trauma is acknowledged, then the signs of its presence can be more easily recognized. Trauma does not select any particular group. Its impact involves all human beings, therefore this awareness relates to clients, volunteers, board members, staff and leaders. There is no “us and them” in terms of how we are impacted.

Act

Building on a solid understanding of how trauma works, it is possible to identify tangible steps that are appropriate in each individual role. A key goal is to avoid re-traumatization. This does not require knowing any specific details of a person’s experience. Rather, offering all services in a way that embody trauma-informed principles creates a setting where maximum healing is possible and brings forward strengths and resilience.

LEARN – WHAT IS TRAUMA?



We are built to survive!

Trauma is a wound that injures us emotionally, psychologically, physiologically, and spiritually. Human beings are wonderfully equipped to be able to orient, survive and adapt to a wide range of experiences. However, any human will find it more difficult to adapt in situations that do not *feel* safe.

When a person’s sense of well-being and survival is threatened, instincts kick in, setting off a *traumatic stress response*. The source of this experience may be a particular incident, an interaction or a series of events that create an atmosphere that is destabilizing. Sometimes this response may be short-lived, and adaptive. When the response continues long past the presence of a threat, a person may be experiencing *post-traumatic stress*. Any experience of trauma can leave a person more vulnerable to experience a subsequent stressor as traumatic.

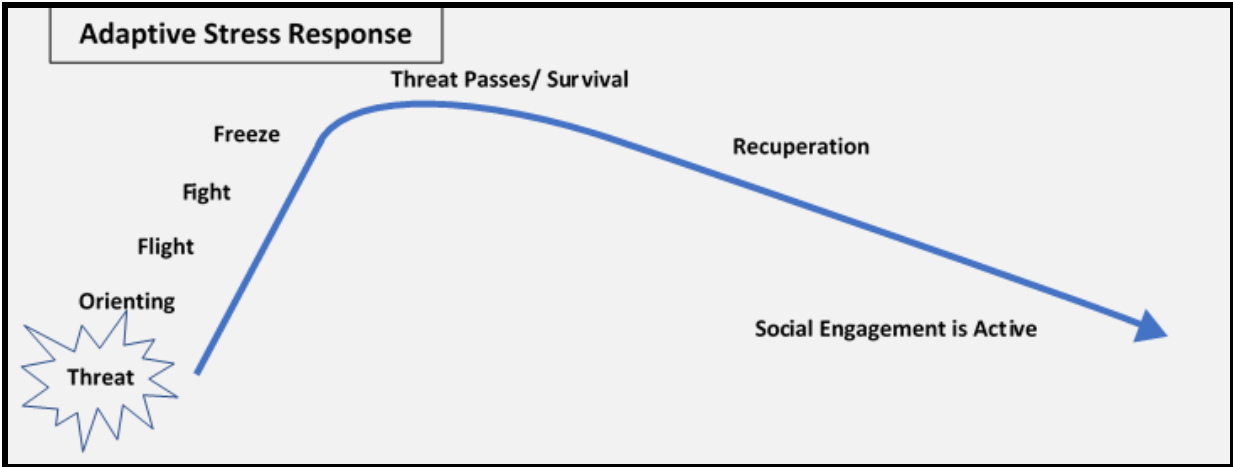
Trauma is inherently a violation or experience of violence. It is adaptive that survival instincts kick in under such circumstances.

What would be an *adaptive* traumatic stress response?

Individually _____

Interpersonally _____

Collectively _____



Orienting – Our senses, stress hormones and muscles start to react to focus in on the threat and what we need to do to have the best chance to survive it. Heart rate increases, airways open up and oxygen flows to bigger muscles to aid reaction.

Flight – Avoidance, running or hiding may all be flight responses, ideally to a place of increased safety. Non-essential physical functions (digestion, reproduction) are turned off.

Fight – Yelling, posturing, attacking or intense action (slam on brakes, leap over obstacle, move arms to break a fall or pull someone out of the way), may all be fight responses. Thinking is inhibited to allow quick reaction, and to lessen fear getting in the way.

Freeze – Frozen watchfulness, getting small, collapsing or dissociating may all be freeze responses. Becoming less visible can save our life.

Survival – When reaching increased safety, these instincts will turn off, allowing recuperation. If this cannot be reached, then the longer term activation of these responses continue.

Recuperation – Blood pressure and respiration return to regulated rhythms. Sleep, nutrition and social connection are all important to fully recover.

When have you witnessed or experienced some of these responses?

Notice how your body reacts even as you think about this. Ensure you help yourself come back all the way to recuperation – notice where you are now, and take good care.

RECOGNIZING TRAUMA

Recognizing trauma is the process of shifting from an illness or pathological symptom-based way of looking at people and their problems, to an approach that understands there are often external factors or experiences at play. These experiences can shape how a person copes with stress, sees oneself or engages with other people. A common way this is described is moving from a starting place of asking “What is wrong with this person?” to “What has happened to this person?” This invites curiosity to wonder how a particular behaviour *makes sense* in the context of past experiences. For example:

Shifting from Judgement to Curiosity

Illness Perspective : “What is wrong with you?”	Trauma-Informed Perspective: “What has happened to you?”
<i>Difficult</i> and aggressive clients; <i>Resistant</i> and avoidant clients	People have coping strategies that protect them from feeling coerced or hurt.
Clients with chaotic lives and multiple problems (i.e., addictions, mental health)	Recognition of the valid interaction between trauma, mental health and substance use, and non-shaming approaches to these issues.

Reflection Questions

How does this information fit your prior thoughts of what it means to be *trauma-informed*?

Do you recognize some of the themes mentioned above?

What do you recognize that you are already doing in a trauma-informed way?

What are examples you see of the following:

Individual impacts of trauma (Physical, Emotional, Psychological, Spiritual)

Relational impacts of trauma (Communication, Conflict, Closeness, Connection)

Workplace impacts of trauma (Teamwork, Collaboration, Problem-Solving, Leadership)

Community impacts of trauma (Traditions and Patterns of Connection, Identity, Culture)

How do you see the influence flow between these realms?

How are these impacts often misunderstood or mislabelled?

How would the impact be different in a collectivist compared to a more individualistic set of values?

Practice Shifting to a Trauma-Informed Understanding

The following chart describes some *challenging behaviours* and common explanations. Often these are explained as a deficit in personality or a pathological symptom. Practice coming up with an explanation that considers the possible influence of trauma and provides an alternate view of *how does this behaviour make sense?*

Behaviour	Common Belief or Explanation	Trauma-Informed Understanding
Individual gets mad “easily”	Always wants own way.	<i>Fear often underlies anger. Hypervigilance of threat.</i>
Child does not want to change clothes to go outside	Refuses to follow the rules. Challenges caregivers.	<i>Child fears for safety. Feels safer with street clothes on.</i>
Boundary issues, wants too much physical touching.	Acts needy, is manipulating, doesn’t know limits for affection.	<i>Needs reassurance including healing touch and closeness.</i>
Acts disinterested, does not pay attention or is disobedient and defiant.	Has become obstinate and likes to challenge authority.	
Youth has head on desk or is falling asleep in halls.	Being disrespectful – needs to “look me in the eye”.	
Colleague gets quickly defensive in staff meeting, feels “attacked”.	Personality problems, too reactive and hard to work with.	
Withdrawal in relationships, no intimacy with partner.	Frigid or uncaring. Can’t keep a relationship.	
Recurring crisis with violence, addiction or self-harm.	Lacking will power, just wanting attention, morally lacking.	
<i>What would examples be of what you experience or see in your setting?</i>		

Long Term Patterns of Collective Trauma in an Organization

When a organization has been multi-traumatized over time, we can see patterns of the impact of trauma at different levels of organization functioning:

Social – Cultural Environment

Norms exist for connecting, preserving relationships and building a sense of identity, belonging and contribution to the health of the organization. If there are patterns of aggression or bullying within an organization, maintaining trust and opportunities for communal progress break down. People become isolated; leaders become coercive and punitive.

Physical – Structural Environment

Physical buildings, space and infrastructure in an organization contribute to a sense of comfort, resources and expression of group identity. Economic hardship, vandalism or displacement create conditions for added stress. This drains the ability to support one another in times of traumatic stress. Organizations may become rundown with a cold, impersonal atmosphere.

Economic and Education Environment

Opportunities for meaningful employment or education provide sustenance and ongoing purpose in people’s lives. Trauma exacerbates the loss of meaning and motivation to pursue goals and change. In organizations, people become more reactive and resistant to change.

BUILDING A CULTURE OF STRENGTH

Lasting Change Involves Multiple Levels of Awareness and Action

Any lasting change requires some congruency between these varying levels of awareness and action. It is common for initial changes to reflect the external goals and behaviours of some individuals within an organization. As a collective sense of identity and culture shifts within the organization, more individuals will also deepen their commitment, and lasting change can occur.

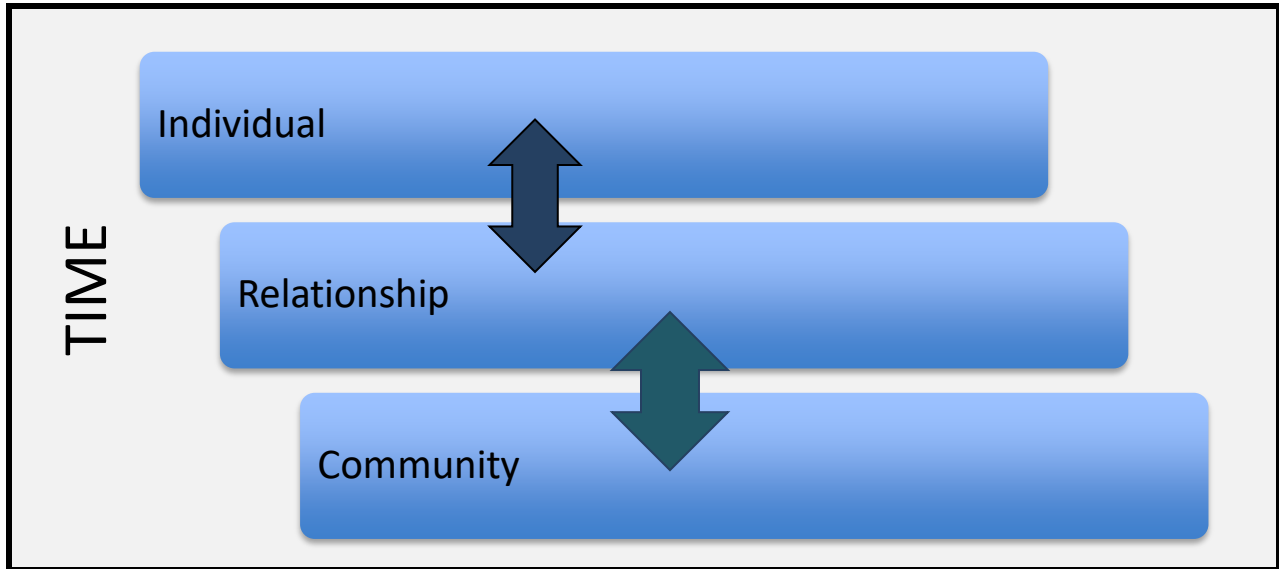
	Values (Internal)	Behaviours (External)
System or Organization	A collective sense of purpose, shared values and history. Principles that guide mission.	May or may not be reflected in their structures, procedures and patterns.
Individual	A person's beliefs and values. Driving force behind meaning and motivation.	May or may not be reflected in their choices, commitments and day to day behaviours.

Change is a process. Where is your organization or community in the process of change? Where is the motivation or energy for change?

Often changes at the behavioural level are emphasized. However, lasting change requires shifts also at the values level. What would make change *matter* to the individuals and organizations in your community?

Post-Traumatic Strengths and Resilience

A part of surviving a traumatic experience is the enhancing of strengths and potential that come to the fore when a person is under challenge. Trauma may also bring about unexpected positive changes for a person, family or community. With any challenge there is potential for growth.



Reflection Questions

When have you had or witnessed an experience within a larger system that:

- Gave you a clear picture of your choices and support to help you exercise them?
- Brought forward your sense of resilience and competence?
- Allowed you to have your full experience validated (emotions, thoughts, questions)?

What impact did this have on you? What difference did this make for your experience?

What examples of post-traumatic growth or resilience have you witnessed in an individual, organization or community? What helps support this?

TAKE STEPS – TRAUMA–INFORMED PRINCIPLES

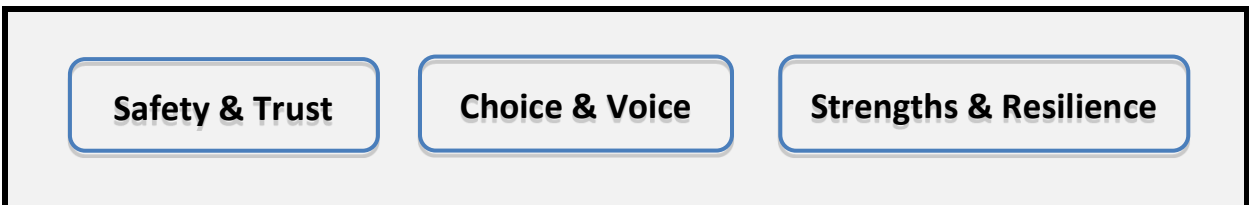
Trauma-Informed Organizations

The majority of people who seek help in various helping settings have experienced multiple adversities and trauma. They often have well-developed coping strategies to manage emotional pain and isolation, and are highly sensitive to any further threat of rejection or danger. Due to the vulnerability of seeking help from these services, there is also a high risk for re-traumatization in these very settings that are crucial as part of recovery. The central need for connection and compassion at these times is heightened and covered with self-protection.

It is imperative that social service and healthcare settings become trauma-informed to create safe, welcoming environments that can create the opportunity for healing. This can only work if these principles are reflected in the overall culture and environment of these services, as well as in the specific intervention or steps of care that a person receives.

The central principles are the same, whether we are considering the broader systemic implementation or the approach of individual treatment providers.

Principles of Trauma-Informed Organizations and Delivery



1. Safety and Trust

Central to the impact of trauma is the violation of safety and trust. Therefore, central to the creation of any healing environment is consideration of what can promote *safety* in your particular setting. This includes what will allow participants to feel physically and psychologically safe while they engage with your service, as well as what promotes safety for all staff in your organization. A key aspect of this is *trust and transparency* in decision-making and service delivery.

2. Choice and Voice

Another central factor of any traumatic experience is the reality of something happening outside of a person's (or group's) choice and control. Infusing a sense of choice into the environment means considering how to pay attention to shifting from *power over* to *power with* people. This may include opportunities for voices of administration, staff and participants to be involved in decision-making about the services they receive, or the way work is done.

3. Strengths and Resilience

Recognition of the reality of trauma and its pervasive impact allows greater empathy and curiosity in how every situation is considered. Starting from the knowledge that every person has inherent strengths that help them survive, opportunities can arise to identify, honour and utilize resilience. This includes an affirmation of the natural diversity of people. We can work to actively move past stereotypes and biases, toward curiosity and respect for the wisdom people bring. This is informed by their gender, culture, ethnicity, sexuality, life stage and other minority experiences. Trauma is inherently *disconnecting*. Bridging areas of difference to allow opportunities for connection and collaboration builds resilience.

1. Safety and Trust

a. Key Elements at an Organizational Level

Leadership

- Awareness of trauma and how their services in particular may relate to trauma.
 - Awareness and support for how staff may be impacted by trauma.
 - Give consistent messages and support for a trauma-informed culture throughout organization.
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Policies

- Written policies that reflect the organizational commitment to being a trauma-informed system and providing trauma-informed care and practices. This includes recognition of the evolving long-term change involved, and possibly a committed role for monitoring the change (e.g., a *champion* or a committee).
 - Clear policies that build proactive staff development and self-care into the regular processes of the organization. This may be reflected by time, benefits, training or safe spaces for staff support on site.
 - Policies are written, updated, communicated and accessible to all.
 - Planned, regular evaluation of the effectiveness of the trauma-informed policies. Changes and updates are considered an integral part of the culture.
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Environment

- Public spaces are managed well for safety – for example, parking lots and hallways are well-lit. Waiting areas provide some privacy and comfort. Meeting rooms are available with low stimulation that is comfortable and calming.
 - Access to the services of the organization are thoughtfully managed. What steps does a person need to take and what may be the barriers? For example, are there interpreters available who are trauma-aware and accessible?
 - Confidential and private space for intake procedures and any information sharing.
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b. Key Elements For Trauma-Informed Specific Actions

Attitude of Respect and Honesty

- Approach each individual with recognition of their innate value, strengths and abilities to adapt to what they have experienced. See the *person* behind behaviours.
 - Commit to the trauma-informed principles to actively avoid re-traumatization. Keep alert to asking the question “How does this behaviour make sense? What happened to this person?”
 - Tell the truth.
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Universal Screening

- Intake or history taking includes consideration of trauma history and the connections to the present experience of the client, in a supportive and non-shaming manner.
 - Make sure the client is comfortable with the conversation and knows they do not need to answer questions, disclose anything they don't want to, or go into detail.
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Emotional Regulation is Central

- Staff ability to stay grounded and regulate themselves is the first step.
 - Developing skills to regulate one's stress response and increase emotional vocabulary is a foundation skill for healing the impact of trauma and allowing engagement in other tasks.
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Self Regulation and Supervision

- Avoid taking on extreme *rescuing* roles. Adopt “I don't know, and I will find out” into your vocabulary.
 - Stay connected to regular consultation and supervision that invites reflection, consideration of alternative perspectives, and no-fault exploration when stuck.
 - Stay current and updated on best practices for trauma-informed service in your area.
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Connecting the Principle to Your Setting

Which steps for incorporating **Safety and Trust** at an Organization Level fit for you?

Which steps for incorporating **Safety and Trust** in Specific Actions fit for you?

What additional information do you need to help you with this principle?

2. Choice and Voice

a. Key Elements at an Organizational Level

Power

- Awareness and mindful consideration of how power is distributed and managed in the organization. This includes thoughtful processes of considering gender distribution, diversity and communication patterns.
 - Practices of intentionally inviting the voices of those with minority identities and with less organizational power (e.g., decision-making) to share their experiences and suggestions. Listening and responding to these voices.
 - Being willing to change.
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Collaboration in Decision-Making

- Opportunities for client voices to be included in shaping policy and service delivery.
 - Regular input from staff about their experiences related to trauma-informed policies.
 - Collaboration with other stakeholders, community groups and health promotion organizations that relate to the services the organization provides. This relationship-building contributes to safer and more consistent services across settings.
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Information Sharing

- Clients are clearly informed about their choices, rights and responsibilities in participating in services or programming. Written information is available.
 - Record-keeping and storing of client information is clearly communicated. Clients are informed about their choice of what they disclose.
 - Guidelines to protect and limits of confidentiality are explained clearly and are known by all staff. All staff receive training for the ethical handling of electronic, verbal and written information.
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There may be specific practices that are important in your work that may not fit these guidelines. The important thing is to be conscious and intentional so this can be explained.

b. Key Elements For Trauma-Informed Specific Actions

Informed Consent and Choice for Services

- Provide clear information of what a client can expect and what options are. Allow time for them to voice questions or concerns. Provide written information about their treatment or options when you can.
 - When there aren't options to have something done differently, be transparent and let the client know before you act. (Examples: administer a treatment; your need to share information with others.)
 - Provide options and support for alternate services or referrals if the current service is not a fit.
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Make Room for Client Agency

- Recognize client agency over their own health and coping. Central to healing is a person's ability to exercise their own healthy power when they can. Allow them to set the pace and help clients notice their own boundaries and needs.
 - Allow space and time for client to express themselves, ask questions or express feelings. Give options for quieter or different environment if warranted. Allow silence or time between information and taking next steps.
 - Provide opportunities for clients to give you feedback. This may be verbal or written, and ideally during and after treatment. Make collaborative assessment of the treatment or progress of services a regular and expected part of the process.
 - Recognize that it is common clients may have had difficult experiences with organizations or services in the past. Consider this through the client's eyes, and understand the fear that may be underlying their engagement with you.
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Collaboration With Other Services

- Build knowledge and relationships with other services that your clients often need.
 - Emphasize continuity of care through collaboration with other systems.
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Which steps for incorporating **Choice and Voice** at an Organization Level fit for you?

Which steps for incorporating **Choice and Voice** in Specific Actions fit for you?

What additional information do you need to help you with this principle?

Application of the Principles

Consider the path of a student in your setting. How may a history of trauma affect their experience at various points of interactions? (Examples: first contact, application, coming in for the first time, first class, test writing, report cards, receiving services, etc.).

Consider the themes of traumatic impact explored: persistent worry about danger; feelings of helplessness and lack of power; withdrawal and disconnection.

When might these be most likely to come to the forefront?

What does your organization or setting already have in place that reflects trauma-informed principles?

What areas do you see that could use more attention to incorporate trauma-informed principles?

3. Strengths and Resilience

a. Key Elements at an Organizational Level

Job and Service Descriptions

- Trauma awareness is specifically named in all job descriptions and interviews.
 - Language used in programming reflects the view that people have experienced trauma, are more than their experiences, and that ongoing healing is possible.
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Diversity

- Policies and language reflect an awareness and intent to embrace diversity in ethnicity, culture, ability, spirituality, sexuality and gender for clients and staff.
 - Awareness and training for administration and staff of various cultural experiences of trauma, and for understanding ways of coping with trauma as adaptive strengths.
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Supervision

- Adequate supervision and support for staff development; support that is grounded in trauma awareness.
 - Training is supported for all staff that reflects learning and promotion of trauma-informed principles.
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Vicarious Trauma

- The impact of trauma exposure is recognized and actively addressed through training, information, preventative policies and support to staff.
 - Maintain an environment of care for staff that addresses, minimizes and treats secondary and vicarious traumatic stress, and that proactively increases wellness.
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b. Key Elements For Trauma-Informed Specific Actions

Watch for Opportunities to Strengthen Skills for Resilience

- Healthy connection and attachment is the foundation for healing trauma. Continually build on ways to connect positively with your client. Make a true effort to get to know them.
 - As healthy connection builds, more of a person's story will emerge. Allowing for appropriate and contained sharing is often very reparative.
 - Recognize what you can learn and how you are impacted by your clients. Recognize the common humanity in experiences of vulnerability and need.
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Create Climate of Hope and Resilience

- Acknowledge the client's abilities to survive and even grow from adversity.
 - Acknowledge the strength it takes to get to where the client currently is.
 - Let the client know that you believe in them and support their efforts to heal.
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Use a Strengths-Based Approach

- Practice seeing symptoms and behaviours as *adaptive* in the right context. Consider how a person's way of coping helps them as well as how it may hinder.
 - Use language that reflects the whole of the person, not just their problems or symptoms. For example, refer to the client as "someone who has experienced trauma," and who is more than what has happened to them. Focus on healing and recovery as possible.
 - Ask about exceptions to problems, and attempted solutions. Listen for hidden successes in how a client manages their daily life.
 - Work to become aware of your own hidden biases and expectations.
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Honour Strength in Diversity

- Practice considering the multiple life experiences your client has, to expand your understanding of their experience. Adopt a stance of cultural humility.
 - Use culturally sensitive questions and interventions. Get to know your client's cultural contexts and recognize the inherent resources and resilience this brings.
 - Understand what healing means to the client within their cultural context. Be open to learning and asking questions about the client's culture.
 - Be open to referring to or collaborating with traditional or culturally sensitive healing services.
 - Consider when advocacy may be an appropriate part of your role. Supporting clients who face additional barriers due to language, socioeconomic status, ability, gender, age or other minority stress can allow clients to gain traction in their own healing.
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Adopt a Systemic Approach

- Consider the broader contexts (family, community) of your client. Explore possible strengths, support and resources that might be part of these relationships.
 - When possible, include parents, caregivers or close relationships in the treatment of the client. Consider the impact of treatment on these relationships.
 - Make information and resources available to clients, families and other service providers on the links between trauma exposure, its impact and current treatment.
 - Encourage establishment and strengthening of client support networks. Build on your own therapeutic relationship as a foundation for building social skills.
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Take Good Care

- Regularly consider and monitor the impact of traumatic exposure on you. Learn and consult about vicarious trauma to know signs of impact specific to you.
 - Proactively build a plan for your own meaningful self-care. Engage in regular supervision, debriefing and learning.
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Which steps for incorporating **Strengths and Resilience** at an Organization Level fit for you?

Which steps for incorporating **Strengths and Resilience** in Specific Actions fit for you?

What additional information do you need to help you with this principle?

ABOUT US

The Crisis & Trauma Resource Institute and ACHIEVE Centre for Leadership provide training to over 20,000 people each year across Canada. We believe that training, knowledge, and skill development changes lives.

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