



TRAUMA INFORMED-CARE

What qualifies as trauma?

A traumatic event is a shocking, scary, or dangerous experience that can affect someone emotionally and physically.

What is trauma-informed care?

- Trauma-informed care acknowledges the need to understand a patient's life experiences in order to deliver effective care and has the potential to improve:
- Patient engagement.
- Treatment adherence.
- Health outcomes, for provider and staff wellness.

What is trauma-informed care?

Trauma-informed care is a service delivery approach that recognise:

- ▶ High rates of trauma exposure among clients and its potential impact on clients' circumstances.
- ▶ Respond by integrating that knowledge into policies, procedures, programs and practices
- ▶ Create a safe environment that accommodates the needs of clients presenting with a history of trauma.
- ▶ Physical and psychological safety as core to the fundamental goal of trauma-informed approaches.
- ▶ Create treatment environments that are more healing and less re-traumatising for both clients and staff.

Recognising trauma and its impact.

- ▶ Given the high rates of trauma exposure among people entering treatment, it is recommended that
- ▶ Workers and services adopt a ‘universal precautions’ approach; that is, operating on the assumption that all clients have experienced trauma.
- ▶ Operating under this assumption does not, however, negate the need to assess clients individually.
- ▶ Trauma exposure should be routinely assessed sensitively by suitably trained practitioners.
- ▶ Before conducting trauma assessments, workers should seek training and supervision in dealing with trauma responses.

Recognizing trauma & its impact.

- ▶ Incorporating some questioning into most initial assessments signals that this is a standard process.
- ▶ That is important in both understanding why people present to treatment and in determining appropriate treatment pathways.
- ▶ Each worker must use their judgement and expertise in determining when it is clinically appropriate to ask more detailed questions based on a client's presentation.
- ▶ In some situations, for example, it may be more beneficial to raise the issue of trauma some weeks after the initial assessment interview.
- ▶ Once the client feels safer and a therapeutic relationship has been developed.

Responding to trauma: Practitioner approaches, programs, and procedures.

A number of models have been developed to guide organisations and individual workers in incorporating trauma-informed care into their policies, programs, procedures and practices. Common to all of them are six guiding principles:

1. **Safety:** Ensuring clients and staff feel physically and psychologically safe with respect to the physical setting and interpersonal interactions.
2. **Trustworthiness and transparency:** Making decisions with transparency to build and maintain trust.
3. **Peer support:** Promoting mutual support to aid in healing and recovery.

Responding to trauma: Practitioner approaches, programs, and procedures:

- 4. Collaboration and mutuality:** Leveling power differentials and recognising that everyone plays a role in recovery and care.
- 5. Empowerment, voice, and choice:** Recognising and building upon individuals' experiences and strengths (including their strength in coming through their traumatic experiences and seeking help and helping clients to establish a sense of control).
- 6. Cultural, historical, and gender issues:** Acknowledging and addressing the impact of historical trauma, overt discrimination, and implicit biases.

At the organisational level, creating a trauma-informed approach requires continual review of policies, procedures, and programs to identify possible areas of re-traumatisation. Workers should, similarly, regularly undertake a review of their own individual practices to identify areas for potential improvement.

Responding to trauma: Practitioner approaches, programs, and procedures

- ▶ A focus on building trust is essential in worker-client interactions. Many clients' traumas have occurred in the context of interpersonal relationships in which their trust, safety and boundaries have been violated. They may also have had personal information used against them in the past, making it difficult for them to trust others. Attention to boundaries, and the use of language that communicates the values of empowerment and recovery is important.
- ▶ An additional part of the process of building a sense of trust and safety is helping clients to regain a sense of control, as both trauma and substance use disorders are characterised by feeling out of control. For example, rather than telling a client that, *'It's time for your doctor's appointment'*, providing clients with choice and control by saying, *'It's time for your doctor's appointment, are you still ok to meet with them now?'*
- ▶ For those who have experienced interpersonal trauma in particular, healthcare providers may also be seen as authority figures and some interactions may imitate the interpersonal dynamics that were evident in an abusive relationship. There is an inherent power imbalance in the helper-helped relationship and workers must do their best to reduce this inequity.

Creating a safe environment

Creating a safe environment relates to creating an environment in which clients and staff have a sense of both physical and psychological safety. As such, it pertains to the services' physical surroundings, as well as practitioner approaches, programs.

1. Adequate lighting and common areas are well-lit.
2. Sufficient space for comfort and privacy.
3. Clear pathways to building entrances and exits.
4. Sufficient staffing to monitor the behaviour of others that may be perceived as intrusive or harassing.
5. No groups of people loitering at the entrances and exits.
6. An absence of exposure to violent, sexual, or offensive material in common areas (e.g., magazines left in the waiting area; television programs, films or music that may be playing).
7. Welcoming language is used on signage.

Barriers to providing trauma-Informed care

Challenges in implementing a trauma-informed approach to care

- Inconsistent understandings of what it means to be trauma-informed.
- Translating trauma-informed care to specific practice and service settings.
- Facilitating complex system change.
- Evaluating a trauma-informed approach to care.
- Many facilities have systematically failed at inquiring about patients' trauma. Survivors can experience stigmatization and a lack of acknowledgement. Trauma screening is the most fundamental aspect for a trauma-informed approach, but experts can be conflicted on when or how to screen.

Is my service trauma-informed?

What are the 5 principles of a trauma-informed Care?

-Safety

-Trust

-Choice, Collaboration

-Empowerment

-Cultural Consideration

Thank you

Okey Ikewibe M.Ed., RBT., CIAS Level III

Phone: 867-975-5976

Email: oikewibe@gov.nu.ca