



BECOMING 'TRAUMA-INFORMED'

**Creating safety, choice, and control
in our health care systems**

Nancy Poole, MA, PhD(c)

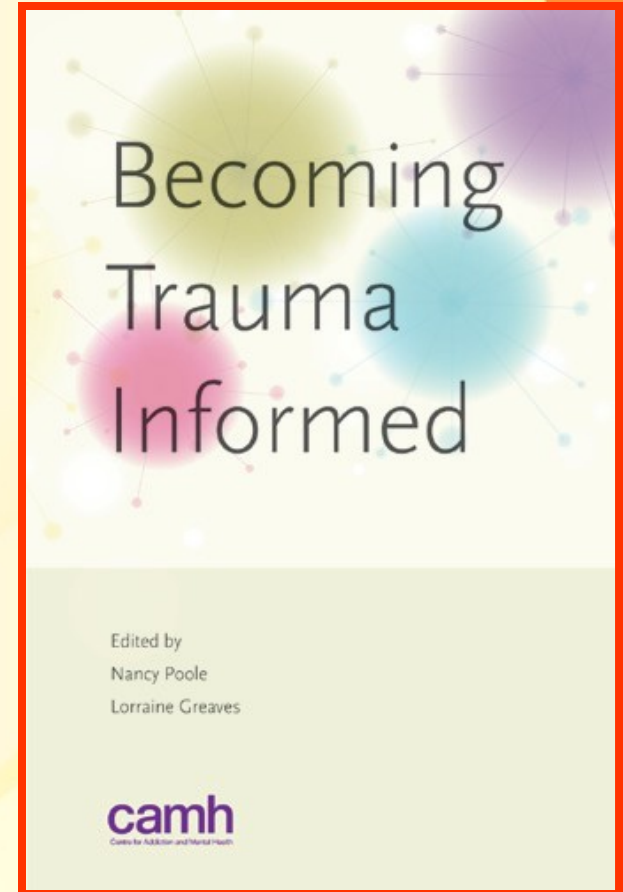
Lorraine Greaves, PhD

**7th Australia Women's Health Conference
May 9, 2013**



Our recent work

- ❖ Recent book *Becoming Trauma Informed* - perspectives on trauma-informed practice from diverse settings and with diverse groups
- ❖ Engaged in curriculum development on integrated approaches for anti-violence, mental health and addictions workers in Ontario
- ❖ Joined-up collaborative system change project with mental health and substance use services in British Columbia



Starting with perspectives of women's services providers

"We found that the big issues that kept coming up – addictions, FASD, domestic violence and residential schools – were all related to trauma."

Interview excerpt from an environmental scan of trauma-informed approaches in Canada, 2010-2011



Trauma- Informed: A New Paradigm?

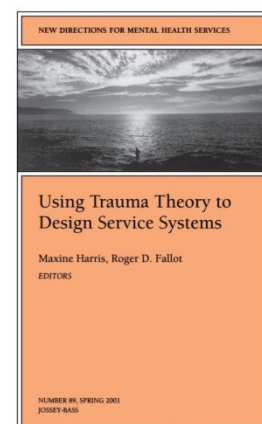
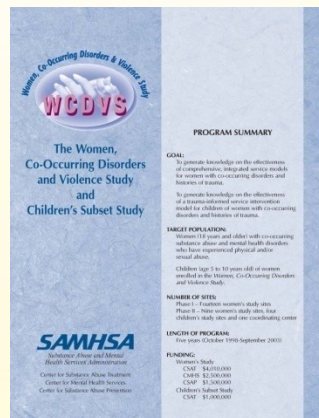
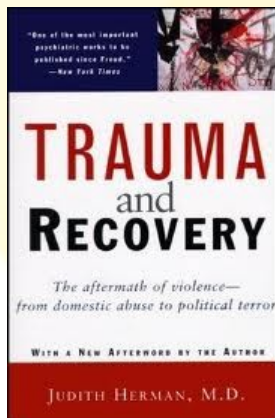
Goals

- ❖ Where has this movement towards becoming "trauma-informed" come from?
- ❖ Canadian examples in a women's health context
- ❖ Discussion: What does this paradigm mean for the women's health movement?

The beginnings of “trauma-informed”

Key Influences (for us)

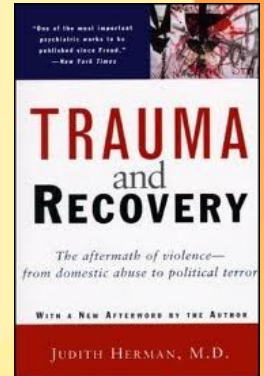
- ❖ Judith Herman
- ❖ Women and Co-Occurring Disorders and Violence Study, National Center for Trauma-Informed Care, Substance Abuse & Mental Health Services Administration
- ❖ The work of Maxxine Harris and Roger D. Fallot on using trauma theory to design service systems



Judith Herman: Expanding our understanding of trauma

In 1992, Judith Herman published her influential book *Trauma and Recovery*.

- ❖ Herman argues that trauma is a response to a wide range of experiences, not just limited to war and natural disasters.
- ❖ Traumatic reactions could also be related to experiences of physical and sexual abuse as a child, childhood neglect, sexual assault as an adult, domestic violence, witnessing violence, unexpected losses, and many other life events.
- ❖ Since then, many other researchers, service providers, and service users have continued to expand on Herman's work to understand the relationship between trauma and women's overall health.



Women, Co-occurring Disorders and Violence Study (WCDVS)

Multi-site effort to develop and evaluate integrated in US

Trauma informed services improve outcomes.

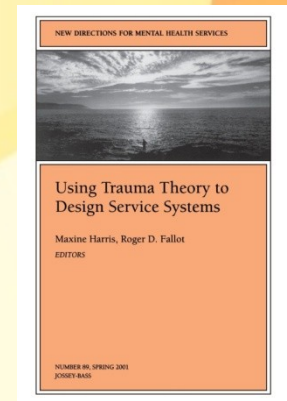
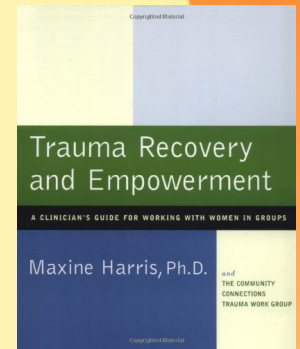
- ❖ Results indicated that women in a trauma-informed intervention group in community based treatment had **significant improvements in drug abstinence**, and **mental health and PTSD symptomatology** (at 6 and 12 month follow-up) across diverse racial/ethnic groups, compared to a control group (*Amaro et al., 2007a*)
- ❖ Results demonstrated that a trauma-informed intervention led to **improvements in women's substance use behaviors** and **reductions in their mental health symptoms** (*Morrissey et al., 2005*)
- ❖ Integrated trauma-informed services not only reduced substance use and improved mental health, but also was associated with **improved health behaviors and physical health** (*Weissbecker & Clark, 2007*)
- ❖ *Did not cost more*

Moving towards trauma-informed systems

Many researchers and service providers have developed principles of care for trauma-informed systems - bringing together individual approaches with organizational change

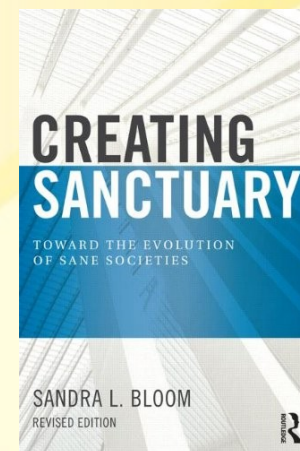
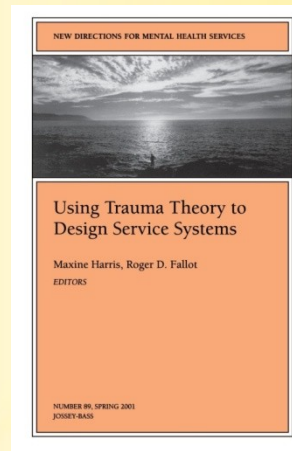
When working with women in trauma-informed systems:

- ❖ Understanding of multiple & complex links between trauma & addiction
- ❖ Understanding trauma related “symptoms” as attempts to cope
- ❖ A woman will not have to disclose a trauma history to receive trauma-sensitive services. All services will be trauma sensitive
- ❖ All staff will be knowledgeable about impact of violence & trained to behave in ways that are not re-traumatizing
- ❖ Women will have access to trauma specific services



What do trauma-informed health care systems look like?

- ❖ Understand the role that violence and trauma play in the lives of most people who access health services
- ❖ Integrate this knowledge into all aspects of service delivery, including supporting survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from the services
- ❖ This means not only do services and systems accommodate the vulnerabilities of trauma survivors, but they actively facilitate survivors' participation in treatment.





TRAUMA-
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APPROACHES
IN CANADA

Trauma informed practice in a women's substance use service

The Jean Tweed Centre first opened in 1983 as a treatment program specifically for women with substance use concerns. Since then their programs have evolved to include both residential and day programming including programs for women and their children.

In the early 1990s, as part of their woman-specific focus they recognized the trauma experiences of the women they were supporting and began providing trauma-informed and trauma-specific services. They transformed their services in a four-stage process.

The Jean Tweed Centre



For Women & Their Families

Step 1: Identifying the issue

Through tracking, they noticed that over 80% of their clients had a trauma-related experience.

- **Education** – they provided education for their staff and invited the Ministry of Health funders to be part of the learning;
- **Proposal development** – they received funding for a clinical supervisor and trauma counsellor;
- **Program evaluation** – they learned that the approaches used to raise the issue of trauma were, in some cases, contributing to instability and retraumatization.

Step 3: Depth and Capacity

Staff were offered more in-depth training in the practice of mindfulness and in the Seeking Safety model, which combines first-stage trauma treatment and relapse prevention. Now: 1) all programs at the Centre are trauma-informed; 2) Seeking Safety groups are offered to all women; and, 3) a dedicated trauma counsellor provides individual counselling for women and consultation/education with staff.

Step 2: Shift to trauma - informed

Services shifted from standardized screening and discussion of trauma to a more “trauma-informed” approach. Service providers became much more knowledgeable about the issues, and focused on creating a safe environment where trauma was acknowledged and the impact understood.

Step 4: Continuing development

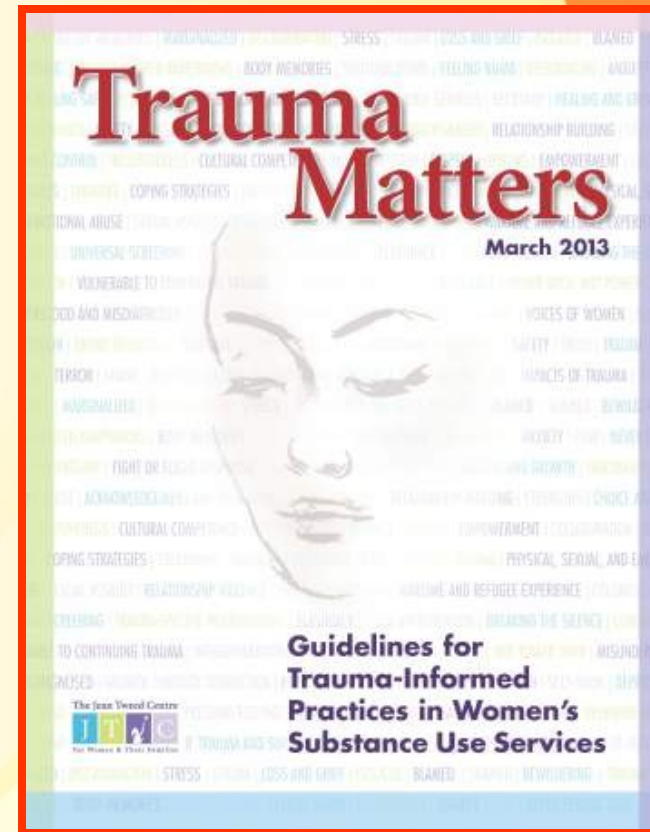
Emphasis is placed on integrating trauma and substance use services as new programs are developed. For example, in their more recently developed outreach services for pregnant and parenting women, they may see the impact of trauma in apprehension, birth, parenting, etc. With a trauma-informed approach, staff are able to address both aspects of healing concurrently.

Key principles of TIP

Four key principles shape the trauma-informed work at the Jean Tweed Centre:

1. Avoiding re-traumatisation
2. Empowering women
3. Working collaboratively with flexibility
4. Recognizing trauma symptoms as adaptations.

The Centre's trauma-informed work is based on the understanding that symptoms related to trauma are coping strategies developed to manage traumatic experiences.



Trauma-informed care with Aboriginal women - From Stilettos to Moccasins

The role of the treatment provider in Aboriginal women's healing from illicit drug abuse

In 2005, a community-based collaborative research project was initiated by the National Native Addictions Partnership Foundation, the Canadian Centre on Substance Abuse and the University of Saskatchewan. The project examined the role that identity and stigma have in the healing journeys of criminalized Aboriginal women in treatment for illicit drug abuse at National Native Alcohol and Drug Abuse Program centres across the country.



	RE-CLAIM
Empathy	• Relay <i>empathy</i> for the struggles that women face due to their problematic substance use (for example, loss of custody of their children).
Acceptance / Having a non-judgmental attitude	• Be <i>accepting and non-judgemental</i> about women's past behaviours (for example, women's involvement in prostitution for survival).
Inspiration	• Provide <i>inspiration</i> by acting as a role model (for example, when appropriate share parts of your own healing journey to show it is possible to gain further education as an adult and secure meaningful employment).
Recognition	• <i>Recognize</i> the impact of <i>trauma</i> in women's healing (ranging from the intergenerational effects of colonialism through to the disproportionate rates of inter-personal violence faced by Aboriginal women).
Communication	• Open lines of <i>communication</i> for two-way, non-hierarchical dialogue with the women.
Care	• Show <i>care</i> for the women and passion for your own role as a treatment provider.
Link to spirituality	• Support the link to <i>spirituality</i> in women's healing through Aboriginal culture as well as any other traditions and teachings with which the women identify.
Momentum	• Promote <i>momentum</i> in the women's healing journeys; that is, assist the women in <i>moving toward the future</i> after <i>acknowledging the past</i> (promoting accountability). For example, assist the women in developing healthier relationships and parenting skills. Fostering the women's ties to their communities will help break generational cycles.

Funded with an operating grant from the Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health, 74289

- ❖ Recognition of trauma by addictions treatment providers highlighted as important to Aboriginal women's healing

Colleen Anne Dell, Research Chair in Substance Abuse, University of Saskatchewan

www.addictionresearchchair.ca

(Colleen has also done work on women's self-harm and trauma-informed care)

Other work described in Becoming Trauma Informed

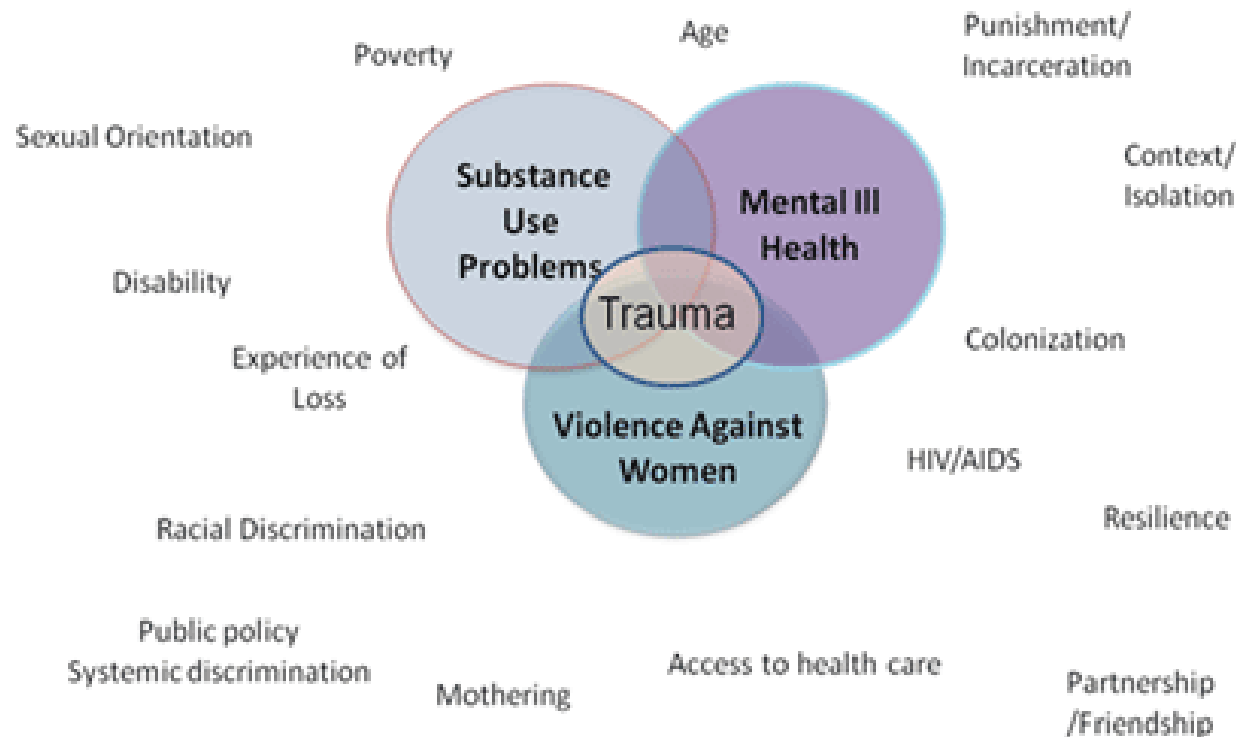
- ❖ Creating trauma-informed anti-violence services
- ❖ YWCA moving to trauma-informed approach across shelter and other housing services
- ❖ Feminist- and trauma informed approaches in therapy with women
- ❖ Trauma informed work with women with psychosis – bringing new meaning to hearing voices
- ❖ Considering trauma in an outpatient substance use treatment planning with young women and men
- ❖ Addressing grief and trauma related to child apprehension



TOWARDS
TRAUMA-
INFORMED
HEALTH CARE
SERVICES

Expanding our work

Making the Links



Becoming Trauma-Informed?



- ❖ “Becoming trauma informed requires a range of adjustments in practice and system designs, supported by research, innovative change and inspired leadership. This is a tall order, and requires complex thinking.”
- ❖ How can the women's health movement align our work with the widespread interest in being "trauma-informed"?

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ABSTRACT

Attention is increasingly being paid to the need for trauma-informed practice in the context of health care for girls and women, boys and men, refugees, veterans, indigenous people, transgendered people and others. This presentation will briefly describe principles and practices of trauma-informed care at individual, organizational and systemic levels, and how such work builds on decades of work by feminists related to gender-based violence against women. The application of trauma-informed principles is complex, requiring a range of adjustments in practice and system design, supported by research, innovative change and inspired leadership. There are challenging theoretical dilemmas to be faced by multiple sectors, a need for integrating gender and equity lenses into planning and change processes, and clear challenges to “mainstream” practices and policies.

Across Canada, individuals, agencies and institutions are taking up these challenges. In this presentation the perspectives of Canadian service providers from various settings who work with diverse groups of women will be highlighted. These perspectives arise from a recently published book entitled *Becoming Trauma Informed* published by the Centre for Addiction and Mental Health in Toronto, Canada. In this book, practitioners describe how they are taking into account an understanding of trauma, and placing priority on trauma survivors' safety, choice and control in their diverse practices. Their examples are part of a “joined-up” service system approach to becoming trauma-informed, reflecting significant efforts in practice and health system design to function as whole systems and to engage meaningfully with transdisciplinarity. The examples in this book highlight how the process of becoming 'trauma-informed' requires shifts in awareness regarding the prevalence of violence and trauma in society, changes in support and treatment, the introduction of new modalities and approaches, and the development of more flexible and caring systems.

The presenters, as editors of the book, will invite questions and comments about the nature of trauma-informed service interventions, the influence of specific contexts, the integration of anti-oppressive and feminist theory and other challenges when becoming trauma-informed.