Trauma-informed systems and organizations

Suicide Prevention Webinar:
Tuesday April 8, 2014
1 to 2:15 p.m. ET

Presented By:
The Mental Health Commission of Canada
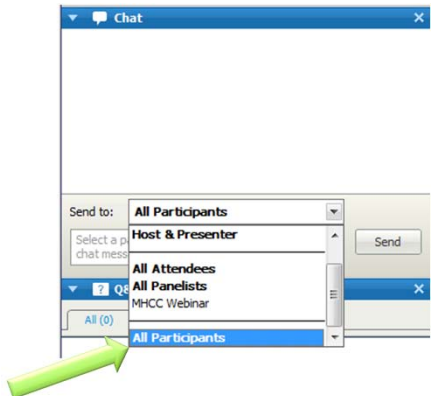& Tim Wall, Director of Counselling Services,
Klinic Community Health Center

Agenda

1. **Mental Health Commission of Canada**
   - Who we are
   - Our role in suicide prevention
   - Overview of Webinar Series

2. **Trauma-informed systems and organizations**
   - Tim Wall, Klinic Community Health Centre, Winnipeg, MB
   - Presentation (60 mins)
   - Q&A (10-15)

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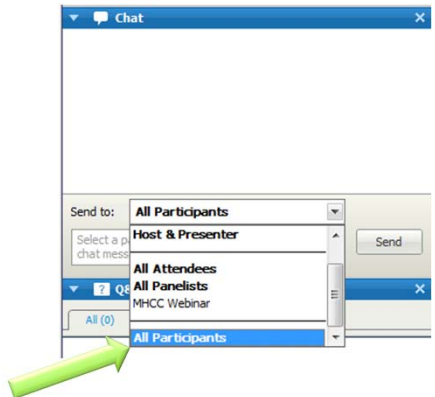
Important! Send questions/commens to 'All Participants'

MHCC Mandate (2007-2017)

"The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.

Through its unique mandate from Health Canada, the MHCC brings together leaders and organizations from across the country to accelerate these changes."

Program areas and priorities (2013-2015)

| Workplace | Anti-Stigma | Housing and Homelessness | Mental Health First Aid | Suicide Prevention |

Mental Health Strategy of Canada

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Suicide Prevention Webinar Series

Purpose
- Focus on suicide prevention, postvention and intervention across the lifespan;
- Share knowledge, resources and lessons learned with Canadians; and
- Showcase promising practices from across Canada and abroad.

Learning Objectives
- Create and exchange knowledge about the topic;
- Understand link between suicide and mental illness;
- Increase levels of comfort and confidence in addressing and discussing suicide;
- Increase awareness of resources and how to access them.

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Tim Wall

Tim Wall is the Executive Director for the Canadian Association for Suicide Prevention and Director of Counselling at Klinic Community Health Centre where he has worked for the past thirty-five years.

Klinic is the home of the Manitoba Trauma Information and Education Centre which is dedicated to enhancing the capacity of service providers and organizations to effectively meet the needs of people affected by psychological trauma.

For the past ten years Tim has been actively involved in promoting the importance of trauma informed practices and creating ACE informed health care and human service systems.

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"The past is never dead.
It's not even the past."
– William Faulkner

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Defining Trauma

"Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love".

~Tara Brach

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Trauma is an almost universal experience. It is part of the human experience.

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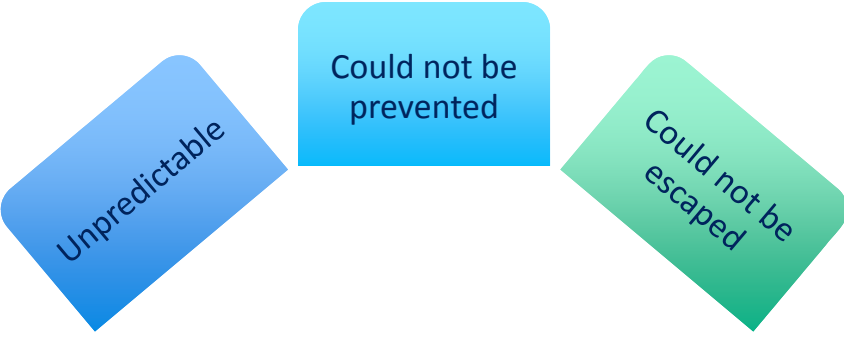
Three Components of Trauma

Unpredictable

Could not be prevented

Could not be escaped

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Dr. Judith Herman stated:

"The knowledge of horrible events periodically intrudes into public awareness but is rarely retained for long."

"Denial, repression, and dissociation operate on a social as well as on an individual level."

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The health of our citizens, our economic productivity and the stability of our institutions, are all being undermined by trauma.

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Trauma is often at the root of:

• Poverty, homelessness, violence
• Addictions, mental illness, suicide
• Poor health outcomes/physical and chronic illnesses
• Poor academic performance
• Lower efficiency, productivity

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First Nations people in particular have been profoundly effected by:

- intergenerational trauma
- colonization
- the residential school experience

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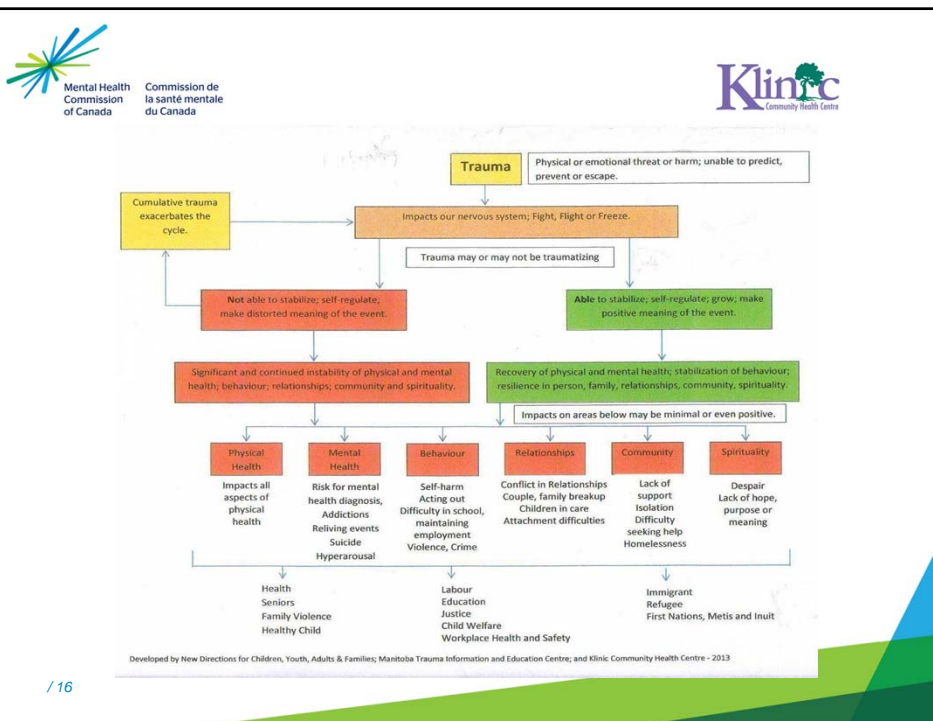
"The impact of trauma is felt throughout an individual's life in areas of functioning that might seem far removed from the trauma."

(Harris & Fallot, 2001)

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Continuum of Trauma & Impact

Events
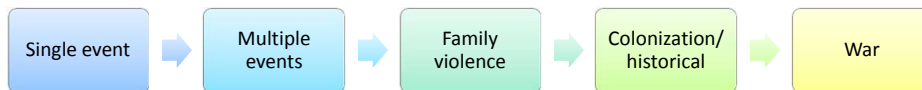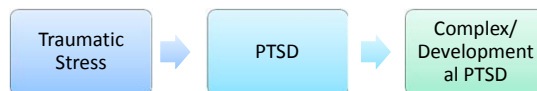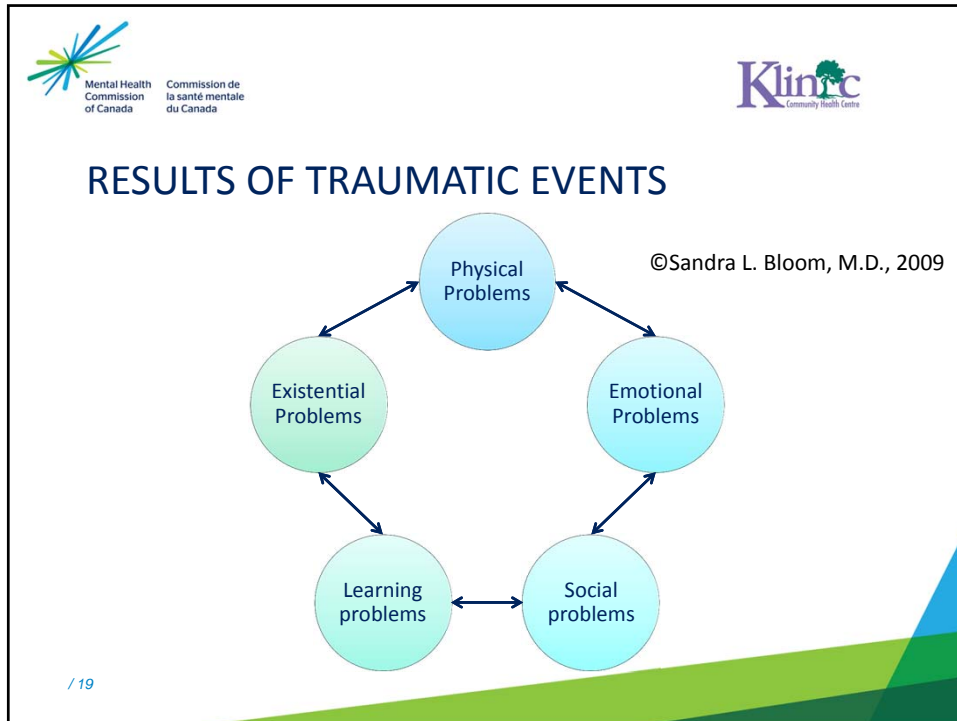
| Single event | ⟶ | Multiple events | ⟶ | Family violence | ⟶ | Colonization/ historical | ⟶ | War |

Impacts

| Traumatic Stress | ⟶ | PTSD | ⟶ | Complex/ Developmental PTSD |

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RESULTS OF TRAUMATIC EVENTS

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Physical Problems

Existential Problems

Emotional Problems

Learning problems

Social problems

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Effects of trauma include:

• Changes to the brain
• Increased physical and mental stress
• Compromise immune system
• Decreased trust
• Attachment difficulties; conflictual relationships
• Hyper arousal and hyper-vigilence
• Rigid or chaotic behaviour

Effects of trauma are felt across the life span

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Fight - Flight – Freeze

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Traumatic Growth

Individual has not only "survived" the experience; but has gone beyond the status quo.

Growth is the direct result of how the individual struggled with the trauma.

Compassionate and trusting relationships play a pivotal role in this struggle.

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Trauma Exposure Response
(Vicarious Trauma)

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Trauma Exposure Response

"The transformation that takes place within us as a
result of working directly with individuals affected by
trauma".

(Van Dernoot Lipsky, 2009)

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The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaboration effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.

Robert F. Anda, M.D.

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"The chronic public health disaster of adverse childhood effects on human development are real. The first step towards healing (people, families, communities and our institutions) comes with understanding the problem. The face of the disaster is in full view."

(Dr. Anda, 2010)

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Early Death

Disease, Disability & Social Problems

Adoption of Health-Risk Behaviours

Social, Emotional & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experience

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ACE Study

Probability of Outcomes Given 100 American Adults

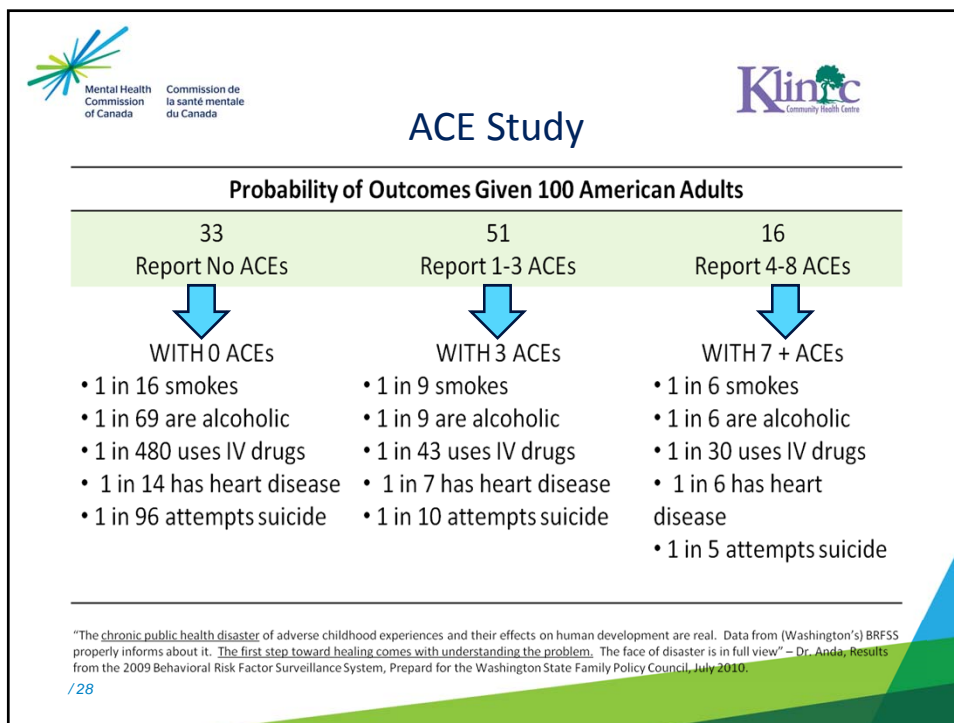| 33 Report No ACEs	51 Report 1-3 ACEs	16 Report 4-8 ACEs
WITH 0 ACEs	WITH 3 ACEs	WITH 7 + ACEs
• 1 in 16 smokes	• 1 in 9 smokes	• 1 in 6 smokes
• 1 in 69 are alcoholic	• 1 in 9 are alcoholic	• 1 in 6 are alcoholic
• 1 in 480 uses IV drugs	• 1 in 43 uses IV drugs	• 1 in 30 uses IV drugs
• 1 in 14 has heart disease	• 1 in 7 has heart disease	• 1 in 6 has heart disease
• 1 in 96 attempts suicide	• 1 in 10 attempts suicide	• 1 in 5 attempts suicide

"The chronic public health disaster of adverse childhood experiences and their effects on human development are real. Data from (Washington's) BRFSS properly informs about it. The first step toward healing comes with understanding the problem. The face of disaster is in full view" – Dr. Anda, Results from the 2009 Behavioral Risk Factor Surveillance System, Prepard for the Washington State Family Policy Council, July 2010.

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www.acestoohigh.com

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Neurobiology of Trauma

"Who we are today is not who we need to be tomorrow" (Davidson, 2004)

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Effects of Trauma on Brain Development in Early Childhood

Impairs connection of brain circuits and in extreme cases, results in smaller brain development

May cause development of low threshold for stress, resulting in over reactivity (chronic hyperarousal)

High levels of stress hormones, including cortisol, can suppress body's immune response

Sustained high levels of cortisol can damage the hippocampus, responsible for learning and memory. Cognitive deficits can continue into adulthood.

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Attachment Basic Assumptions

The basis of normal human development is attachment

Anything that interferes with the attachment relationship of a child is experienced as traumatic and affects development

Traumatic experience at any time disrupts attachment

Disrupted attachment can interfere with every human capacity and that interference looks different in different people

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Nine Functions of an Integrated Prefontal Cortex/Upstairs Brain

1. Body Awareness
2. Ability to Attune to Others
3. Balanced Emotions
4. Ability to Calm Fears
5. Ability to Pause before Acting
6. Capable of Insight and Reflection
7. Ability to Feel Empathy
8. Capable of having a Sense of Morality, Fairness and the Common Good
9. Ability of Being Intuitive

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Trauma Lives in the Nervous System

Trauma trumps logic every time.

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Although trauma may be central to many people's difficulties and awareness of it pivotal to their recovery, in public mental health settings their trauma is seldom identified or addressed.

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"Trauma is an injury."

"What has happened to you" vs. "What is wrong with you"

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Trauma affected people frequently encounter services that mirror the power and control experienced in abusive relationships that caused past trauma.

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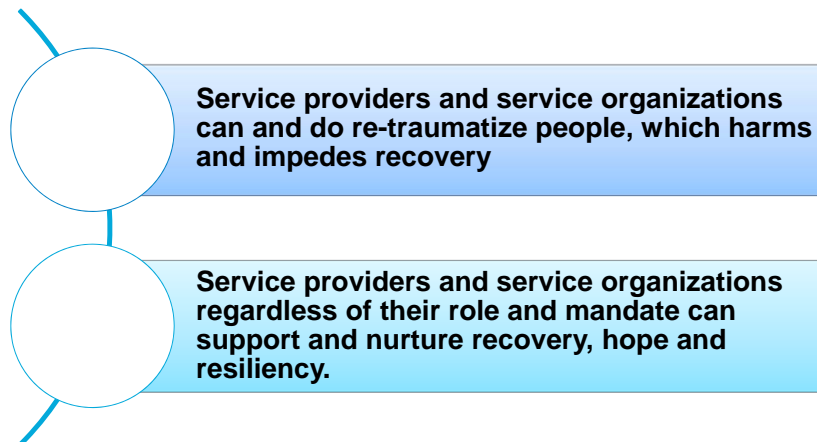
Service providers and service organizations can and do re-traumatize people, which harms and impedes recovery

Service providers and service organizations regardless of their role and mandate can support and nurture recovery, hope and resiliency.

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What is a Trauma-Informed System?

REALIZES
the widespread impact of trauma and understands potential paths for healing.

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RECOGNIZES
the signs and symptoms of trauma in staff, clients, and others involved with the system.

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RESPONDS
by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

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Human service systems expect that service providers should be:

- objective
- empathically attuned
- unconditionally positive in regard to clients

Yet they usually do little to actually help service providers to accomplish these goals.

(Fulton, 2005)

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Organizations and systems that are trauma- informed are:

- More accessible
- More effective
- More efficient
- More compassionate
- Healthier – for clients and service providers

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Trauma informed reduces:

- individual and systemic frustration
- fear and anxiety
- judgement

Above all it substantially reduces the risk to do harm and markedly increases the probability of being helpful.

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Trauma Informed Care

Provides the foundation for a basic understanding of the:

- **psychological**
- **neurological**
- **biological**
- **relational**
- **spiritual**

impacts of trauma and violence on the individuals receiving service

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Core Principles of Trauma Informed Practices

The core guiding principles of Trauma Informed Care are based on:

- Safety
- Trustworthiness
- Compassion
- Collaboration
- Choice and Control
- Cultural Competence
- Empowerment/Strength Based
- Interconnectedness of Mind, Body and Spirit
- Staff Wellness

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Trauma Informed Organizational Practices

Trauma informed organizations need Leadership that:

- initiates and/or promotes organizational change consistent with TIP
- develops a strategy for strengthening TIP over time
- considers resources, organizational capacity and pressures in developing TIP plans

All staff contribute to TIP at the organizational level
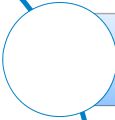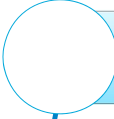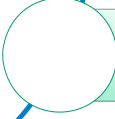
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Changing the Organizational Culture

"Organizational culture reflects what a program considers important and unimportant, what warrants attention, how it understands the people it serves and the people who serve them, and how it puts these understandings into daily practice".

Fallot & Harris, 2009

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What does your organization value most?

How does your organization live / practice / demonstrate those values?

How does your organization promote relationships grounded in trust, safety and compassion?

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Reflection – What do I bring to the organizational culture

- How optimistic am I about how people with trauma recover and how does this influence my colleagues? Do I believe that people can change?

- Am I aware of my own triggers?

- How do I calm and sooth myself in the workplace? How do I calm and sooth others?

- Do I believe that people are basically good or bad? How does this influence my colleagues and my interactions with them?

- How do I contribute to creating a compassionate workplace?

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How compassionate is your organization?

http://greatergood.berkeley.edu/quizzes/take quiz/11#

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Is your organization psychologically safe?

http:// www.workplacestrategiesformentalhealth.com

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The Story of Klinic and Just Care

Organizational Assessment Areas:

1. Administrative Commitment to Change
2. Universal Screening
3. Training and Education
4. Hiring Practices
5. Review Policies and Procedures
6. Clinical Supervision, Support and Consultation
7. A Commitment to Organizational Health and Healing

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Organizational Self Assessment

- Trauma –Informed Services: A Self Assessment and Planning Protocol. Fallot & Harris
- Trauma-Informed Quality Improvement Tool. Markoff
- Trauma-Informed Organizational Toolkit for Homeless Services
- Trauma Informed Tool Kit

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Creating a Trauma-Informed System

- **Commit** to become trauma-informed
- **Identify** a trauma champion/leader.
  - There is an identified point of responsibility within the system to lead a trauma-informed agenda.
- **Adopt** universal screening
- **Train** on trauma-informed care, practices, policies
- **Review** policies and procedures
- **Support** staff development and wellness.
- **Create** a safe and supportive environment.
- **Integrate** knowledge about violence and abuse into service delivery practices.

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Organizations Should Consider:

- Power & Control
  - Who's needs are being served?
  - Doing "with" rather than doing "to"
- Explaining What, Why & How
  - Offering real choices.
- Flexibility
- Understanding

- Fight, Flight, Freeze Responses
  - Being able to identify
- Focusing on Strengths not Deficits
- Examining Power Issues
  - Within the organization
  - Promoting democratic principles

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Trauma-informed programs teach clients and staff skills in the following areas:

- Self Soothing
- Self trust
- Self regulation
- Self Compassion
- Limit setting and assertiveness
- Communicating needs and desires
- Accurate perceptions of others
- Appreciating mutuality and reciprocity.
- Recognizing Fight - Flight - Freeze responses.

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Key Components of Process for Becoming Trauma Informed

- Familiarize yourself and your staff with the ACE study
- Identify the ACE findings that are most relevant to your workplace
- Identify trauma champions/leaders within your organization
- Review organizational culture
- Undertake an organizational self assessment
- Establish a TIP working group

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Key Components of Process for Becoming Trauma Informed (cont'd)

- Identify and include TIP as a strategic priority/direction
- Provide training to all staff on trauma
- Facilitate conversations, formal and informal, on how to use knowledge on trauma to reduce re-traumatization
- Promote trusting and safe relationships within the organization
- Establish a Staff Wellness Committee

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"Human compassion, is at the very heart and soul of how we must address this issue."

(Briere, 2010)

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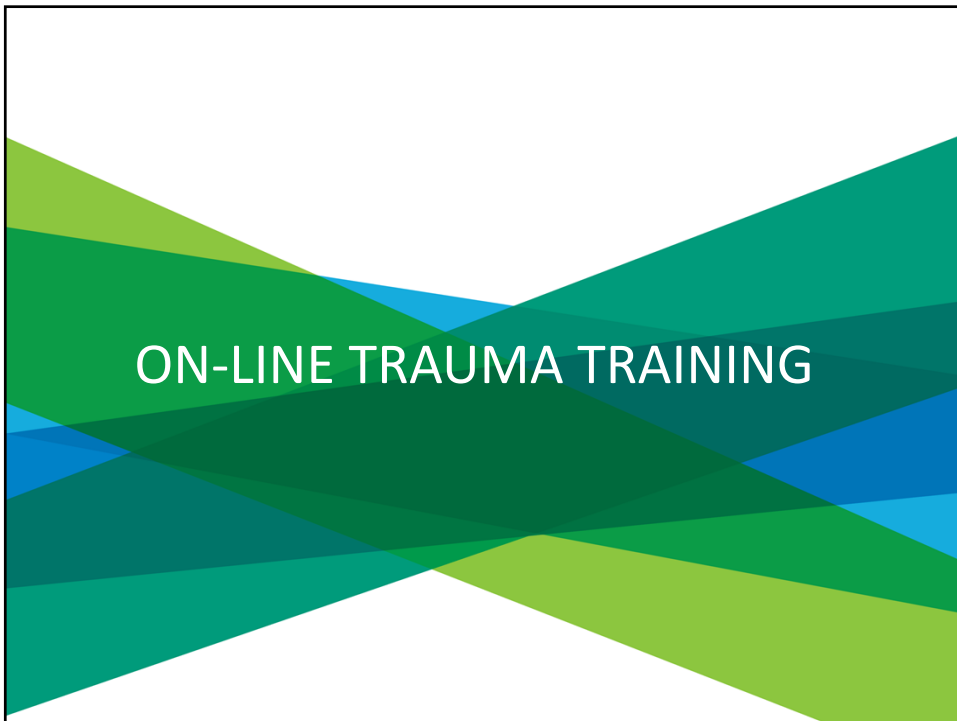
www.trauma-informed.ca

www. trauma-recovery.ca

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ON-LINE TRAUMA TRAINING

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"Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending."

(Carl Bard)

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Self Compassion Practice

May I be safe

May I be healthy in body and in mind

May I be happy, truly happy

And may I live my life with peace and ease.

May you be safe

May you be healthy in body and in mind

May you be happy, truly happy

And may you live your life with peace and ease.

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Thank you!

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