# An Introduction to Trauma Informed Care

## Creating Physically and Emotionally Safe Environments for Clients, Families and Staff

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**Trauma Informed Care Launch
February 3,4,5, 2016**

**IWK Health Centre**

# Welcome and Agenda

- Welcome!  Thank you for attending!

- Introduction to Trauma Informed Care

- Creating Cultures of Trauma Informed Care

- Break

- Staff Support in Human Service Settings: An Essential Element of Trauma Informed Programs

- Moving Toward Becoming a Trauma Informed Organization

- Logo and Website Launch

# Purpose of Today's Session

- To provide foundational information about Trauma Informed Care (TIC) and associated staff support as we start our 3-5 year journey toward becoming a trauma informed organization.

# Objectives

- To introduce you to the key concepts and principles of trauma and trauma informed care.

- To discuss how to create a culture of trauma informed care.

- To discuss how organizations can support staff experiencing stress, burnout, and/or vicarious trauma.

- To describe specific ways in which organizational responses, professional responses and personal responses contribute to a psychologically safe and healthy workplace.

- To describe the IWK's process/plan toward becoming trauma informed.

# Types of Stress

- **Positive stress**

- **Tolerable stress**

- **Toxic stress**

# What is trauma?

- Definition

  Trauma can be anything that results from experiences that overwhelm an individual's capacity to cope. Trauma can result from abuse and neglect, family conflict, poverty, having a life-threatening illness, undergoing repeated and/or painful medical interventions, accidents, witnessing acts of violence, grief and loss, intergenerational events, etc.
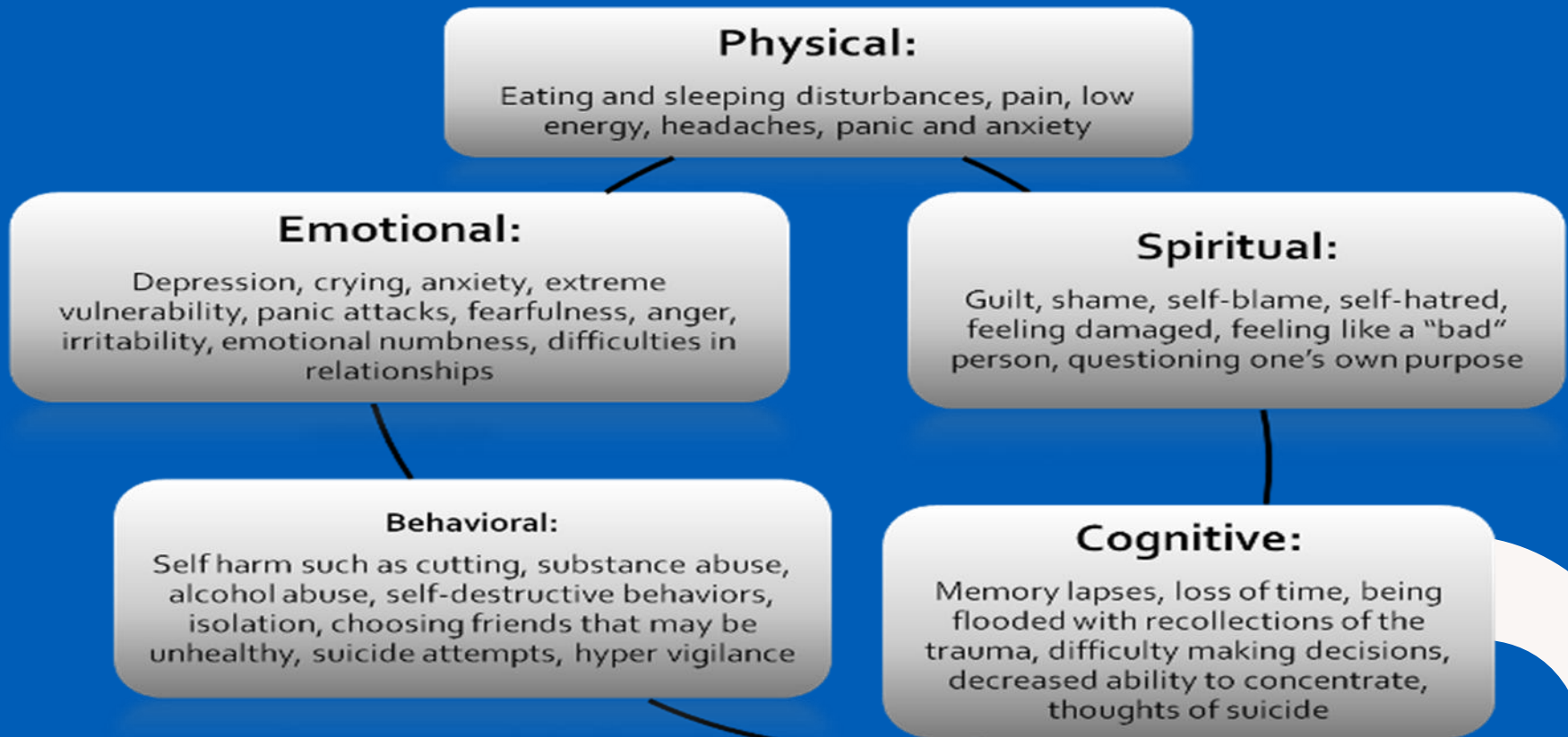
  (Adapted from BC MHSU, 2013)

# Some Different Types of Trauma

- **Acute trauma**

- **Repetitive trauma**

- **Complex trauma**

- **Complex Developmental trauma**

- **Vicarious trauma**

- **Cultural, historical and/or**

   **Intergenerational trauma**

# Effects of Trauma

**Physical:**
Eating and sleeping disturbances, pain, low energy, headaches, panic and anxiety

**Emotional:**
Depression, crying, anxiety, extreme vulnerability, panic attacks, fearfulness, anger, irritability, emotional numbness, difficulties in relationships

**Spiritual:**
Guilt, shame, self-blame, self-hatred, feeling damaged, feeling like a "bad" person, questioning one's own purpose

**Behavioral:**
Self harm such as cutting, substance abuse, alcohol abuse, self-destructive behaviors, isolation, choosing friends that may be unhealthy, suicide attempts, hyper vigilance

**Cognitive:**
Memory lapses, loss of time, being flooded with recollections of the trauma, difficulty making decisions, decreased ability to concentrate, thoughts of suicide

(Figure taken from N. Poole, Building a Trauma-Informed Practice Framework, 2014).

# Resiliency and Recovery

*"In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways."*

*Resilience Research Centre.  Retrieved from: resilieneresearch.org  (See also Ungar, 2008 and Ungar, 2011).*

# Resiliency and Recovery

https://www.youtube.com/watch?v=cqO7YoMsccU

# How Common is Trauma?

- A large body of research estimates that between 55-90% of the population has experienced one or more forms of trauma in their lives (CDC & Kaiser Permanente, 1995-2011; Harris & Fallot, 2009; Farro et al., 2011).

- In a Canadian study, 76% of participants identified being exposed to at least 1 traumatic event in their lifetime (Van Ameringen et al., 2008)

- In a community-based mental health clinic in the US, researchers found that 90% of their 505 clients had been exposed to trauma (Cusack et al., 2004).

- As such, we need to presume the clients we serve and our staff members may have a history of traumatic stress and exercise "universal precautions" (Hodas, 2005)

# Trauma Informed Care Definition

TIC is a strengths-based service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and clients.

(Hopper, Bassuk, & Olivet, 2010)

# TRAUMA INFORMED CARE (TIC)

## DEFINITION

Being trauma informed is about creating safety and trustworthiness within health care practices, our physical/emotional environments and daily interactions with clients, families and staff.

## PRINCIPLES

- Awareness
- Safety
- Trustworthiness
- Choice
- Collaboration
- Skills Building

# Why We're Becoming Trauma Informed

## Optimizing Patient Experience

- To be proactive, prevention focused and strengths based
- To create and sustain ingredients for Patient and Family Centered Care: choice, power and control
- To reduce the possibility of re-traumatization
- To reduce negative encounters and events (seclusion and restraint)
- To increase client and family satisfaction
- To reduce unnecessary costs and reduce the need for unnecessary interventions

## Engaged Workforce

- To support engagement of the work force through support for self care
- To increase success/performance and job satisfaction
- To reduce sick time
- To reduce negative encounters and events which may lead to burn out and/or vicarious trauma

(Barton, Johnson & Price, 2009; Hodas, 2006; modified from National Council for Behavioral Health, 2013)
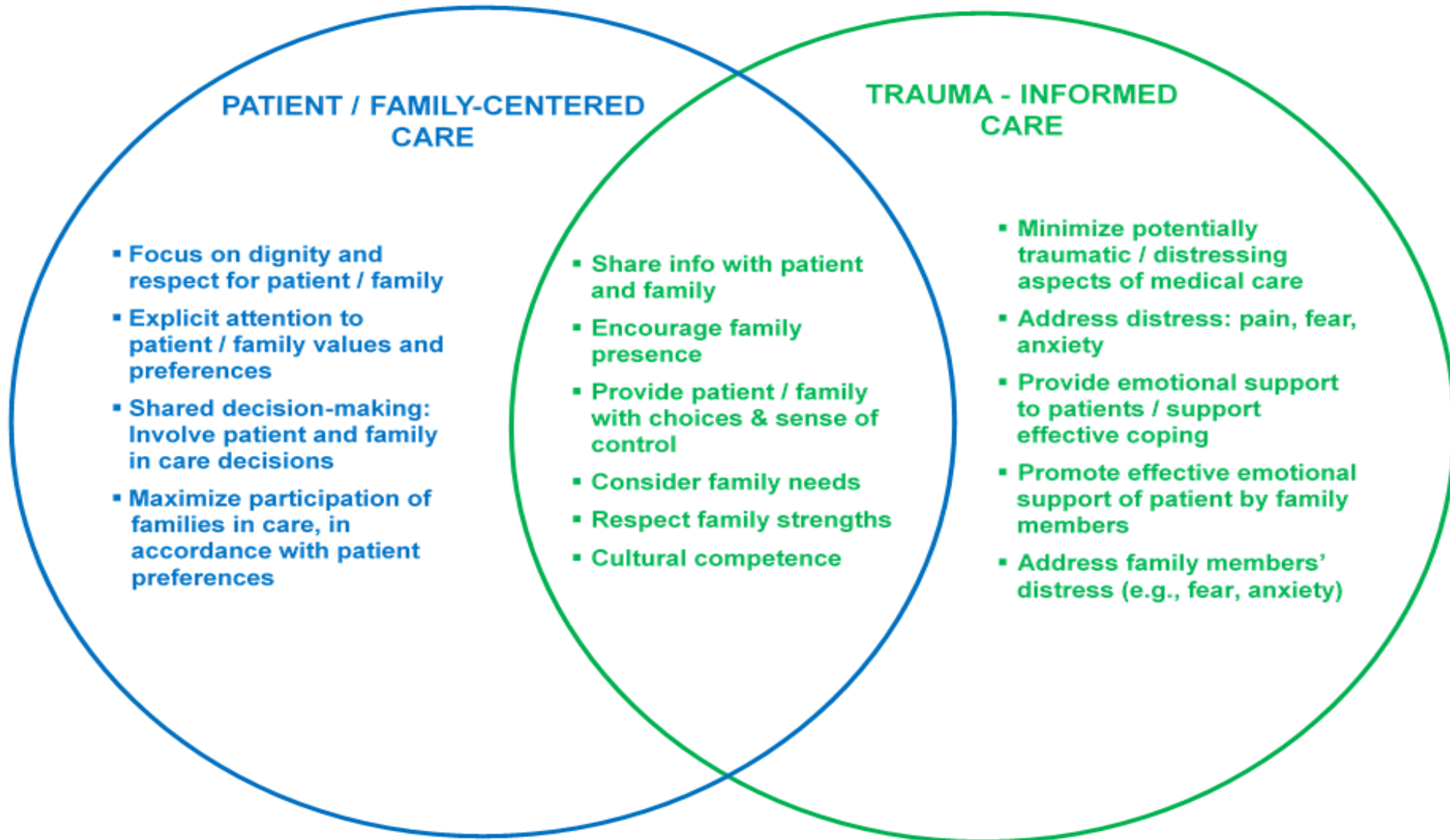
# Evidence-Based Benefits

- Reduced trauma symptoms, drug use severity and mental health symptoms (Moses et al., 2003)

- Increased effectiveness of services – in engagement, retention, and outcomes (SAMHSA, 2011)

- Cost effective treatment (Community Connections, 2005)

- Decreased patient use of acute care and crisis services (SAMHSA, 2011)

- Increased organizational outcomes, such as: enhanced staff skills and morale; more collaboration within and outside their agencies; reduced vicarious trauma; fewer negative events
(Hopper, Bassuk, Olivet, 2010)

(List adapted from: Trauma Matters Report, 2012)

# Complimentary Approaches



**PATIENT / FAMILY-CENTERED CARE**

- Focus on dignity and respect for patient / family
- Explicit attention to patient / family values and preferences
- Shared decision-making: Involve patient and family in care decisions
- Maximize participation of families in care, in accordance with patient preferences

- Share info with patient and family
- Encourage family presence
- Provide patient / family with choices & sense of control
- Consider family needs
- Respect family strengths
- Cultural competence

**TRAUMA - INFORMED CARE**

- Minimize potentially traumatic / distressing aspects of medical care
- Address distress: pain, fear, anxiety
- Provide emotional support to patients / support effective coping
- Promote effective emotional support of patient by family members
- Address family members' distress (e.g., fear, anxiety)

www.healthcaretoolbox.org

# Examples of TIC applicability

- Many medical interventions are traumatizing or re-traumatizing for clients and families.

- Recognizing the impact trauma, sexual abuse or domestic violence, can have as women experience prenatal care and child birth.

- Creating a safe and secure environment that supports disclosure of trauma.

- Recognizing the traumatic impact of seclusion and restraint.

- First contact staff

- Designing spaces that are trauma informed.

# Community Connections

- Community mental health center in Washington DC
  - Serve 3000 adults, 800 children and adolescents
  - Substance addiction, homelessness, legal involvement, medical conditions
- Developed Trauma Recovery and Empowerment Model (TREM), published in 1998
- Trauma specific work led to our development of trauma informed initiative
- Consult to agencies/organizations/states all across US and in Canada

# A Culture Shift: Core Values of Trauma-Informed Care

- <u>Safety</u>: Ensuring physical and emotional safety

- <u>Trustworthiness</u>: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries

- <u>Choice</u>: Prioritizing patient choice and control

- <u>Collaboration</u>: Maximizing collaboration and sharing of power with patients

- <u>Empowerment</u>: Prioritizing patient empowerment and skill-building

# A Culture Shift:
# Scope of System Change

- Involves <u>all</u> aspects of program activities, setting, relationships, and atmosphere (more than implementing new services)

- Involves <u>all</u> groups: administrators, supervisors, direct service staff, support staff,  and consumers (more than service providers)

- Involves making trauma-informed change into a new <u>routine</u>, a new way of thinking and acting (more than new information)

# A Culture Shift:  Changes in Understanding and Practice

- Thinking differently as a prelude to acting differently

- Thinking differently initiates and sustains changes in practice and setting

- Acting differently reinforces and clarifies changes in understanding

# Changes in Understanding: Trauma-Informed Services

- Trauma-informed vs. trauma-specific
- Trauma-informed services:
  - Incorporate knowledge about trauma—prevalence, impact, and the diverse paths to recovery—in <u>all</u> aspects of service delivery and practice
  - Are hospitable and engaging for people who have experienced trauma
  - Minimize revictimization: "do no harm"
  - Facilitate healing, recovery, empowerment
  - Emphasize collaboration throughout the system

# Changes in Understanding: Why Trauma-Informed Services?

- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma, especially interpersonal violence, is often self-perpetuating
- Trauma differentially affects the more vulnerable
- Trauma affects how people approach services
- The service system has often been re-traumatizing
- Staff members are deeply affected by systemic stressors

# Is Trauma-Informed Care a Fad?

- History of TIC
  - SAMHSA Matrix: Trauma as Cross-Cutting Principle; Women, Co-Occurring Disorders, and Violence Study; National Center for Trauma-Informed Care; NCTSN
  - Harris, M. & Fallot, R.D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems.* San Francisco: Jossey-Bass.
  - NASMHPD Initiatives

- Current Initiatives
  - Federal: inclusion in RFAs
  - States: State Public Systems Coalition on Trauma

Community Connections

# Changes in Understanding: The Paradigm Shift

- Understanding of Trauma

- Understanding of the Individual Who Has Experienced Trauma

- Understanding of Services

- Understanding of the Service Relationship

# Traditional Human Services Paradigm

- Understanding of Trauma
  - PTSD as organizing model
  - The impact of trauma is seen in predictable and obviously related domains of functioning
  - Trauma is viewed as a discrete event
  - The impact of trauma follows a definable course with specifiable time limits

# Trauma-Informed Human Services Paradigm

- Understanding of Trauma
  – Traumatic events are not rare; experiences of life disruption are pervasive and common
  – The impact of trauma is seen in multiple, apparently unrelated life domains
  – Repeated trauma is viewed as a core life event around which subsequent development organizes
  – Trauma may begin a complex pattern of actions and reactions which have a continuing impact over the course of one's life

# Adverse Childhood Experiences (www.ACEstudy.org)
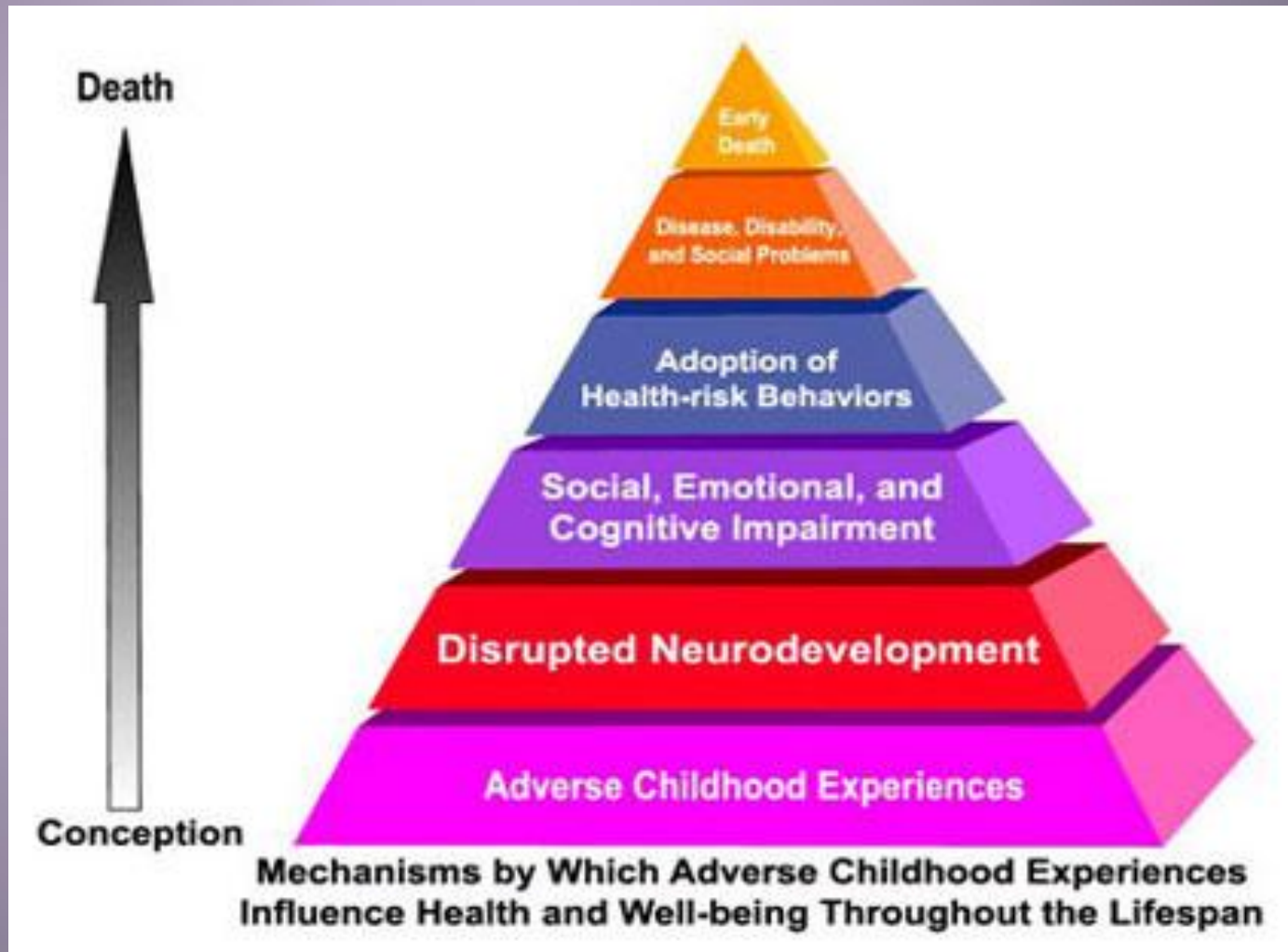
Community Connections



Death

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Conception

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

# Traditional Human Services Paradigm

- Understanding of the Individual Who Has Experienced Trauma

  - Each separate service system has its own view of the individual and her or his problems

  - The "problem" is understood as an individual difficulty independent of context

  - The problem and the symptom are synonymous

  - The individual is often attributed either too little or too much responsibility

# Trauma-Informed Human Services Paradigm

- Understanding of the Individual Who Has Experienced Trauma
  - An integrated, whole person view of both the individual and his or her challenges
  - A contextual, relational view of both challenges and solutions
  - Symptoms understood not merely as problems but primarily as attempts to cope and survive; "symptoms" may be "solutions"
  - Appropriate allocation of responsibility

# Traditional Human Services Paradigm

- Understanding of Services
  - The primary goals of services are stability and the absence of symptoms or social problems
  - Services are often reactive rather than proactive
  - Service time limits are economically and administratively driven

# **Trauma-Informed Human Services Paradigm**

- Understanding of Services
  - – Primary goals are growth, empowerment, resilience, and life skill development
  - – Service priorities are prevention driven
  - – Service time limits are determined by the individual's needs

# Traditional Human Services Paradigm

- Understanding of the Service Relationship
  - The individual is seen as passive recipient of services
  - The individual's safety and trust are taken for granted
  - Provider/patient relationships remain uniformly hierarchical

# **Trauma-Informed Human Services Paradigm**

- Understanding of the Service Relationship
  - Both patient and service provider have a unique and valuable perspective
  - Patient voices need to be drawn out in empathic relationships, sensitized to the silencing impact of trauma
  - The individual's safety must be guaranteed and trust must be developed over time
  - Service relationships involve appropriate collaboration

# Changes in Practice: Protocol for Developing a Trauma-Informed Culture

Community Connections

- Services-level changes
  - Service procedures and settings
  - Formal service policies
  - Trauma screening, assessment, service planning, and trauma-specific services
- Systems-level/administrative changes
  - Administrative support for program-wide trauma-informed culture
  - Trauma training and education
  - Human resources practices

# Changes in Practice: Reviewing Service Procedures and Settings

- 1)  Identify formal and informal activities and settings; specify sequence of events

- 2)  Ask key questions about each activity and setting

- 3)  Prioritize goals for change

- 4)  Identify specific objectives, responsible person(s), and allotted time

# A Culture Shift: Core Values of Trauma-Informed Care

- <u>Safety</u>: Ensuring physical and emotional safety

- <u>Trustworthiness</u>: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries

- <u>Choice</u>: Prioritizing patient choice and control

- <u>Collaboration</u>: Maximizing collaboration and sharing of power with patients

- <u>Empowerment</u>: Prioritizing patient empowerment and skill-building

# Safety:
# Physical and Emotional Safety

- To what extent do service delivery practices and settings ensure the physical and emotional safety of patients?

- How can services and settings be modified to ensure this safety more effectively and consistently?

Community Connections

# Where is the "here" in this quote?

## "IF PEOPLE DON'T FEEL SAFE HERE, NOTHING ELSE IS GOING TO HAPPEN."

http://www.youtube.com/embed/Pwghabw4N80?rel=0

Community Connections

# Denial Stops Here!

Community Connections

"YOU ARE ENTERING A SAFE AND SPECIAL PLACE"

From wherever you are, enter and be welcome.

# Trustworthiness: Clarity, Consistency, and Boundaries

Community Connections

- To what extent do current service delivery practices make the tasks involved in service delivery clear?  Ensure consistency in practice?  Maintain boundaries, especially interpersonal ones, appropriate for the program?

- How can services be modified to ensure that tasks and boundaries are established and maintained clearly, consistently, and appropriately?

# Learning from the Remodelers



**in·tune**
customer service™
FROM KITCHEN TUNE-UP

It's customer service that's in tune with you. It's the fresh new look you want without the remodeling hassles you may have experienced in the past. **It's eight trustpoints that set us apart from ordinary remodeling service companies.**

TRUSTPOINT NO.1
We guarantee our estimates.

TRUSTPOINT NO.2
We guarantee our work.

TRUSTPOINT NO.3
We arrive on time.

TRUSTPOINT NO.4
We clean the work area daily.

TRUSTPOINT NO.5
We return messages within 24 hours.

TRUSTPOINT NO.6
We strive for harmony with our daily routine.

TRUSTPOINT NO.7
We tell you what we're going to do before we do it.

TRUSTPOINT NO.8
We listen carefully, tell it straight and keep our promises.

Community Connections

# Choice:
# Consumer Choice and Control

- To what extent do current service delivery practices prioritize patient experiences of choice and control?

- How can services be modified to ensure that patient experiences of choice and control are maximized?

# "An Ounce of Choice is Worth a Pound of Cure"

- Patient preferences in routine practice

- Patient preferences in crisis

- Small choices can have big consequences

# Collaboration: Collaborating and Sharing Power

- To what extent do current service delivery practices maximize collaboration and the sharing of power between providers and patients?

- How can services be modified to ensure that collaboration and power-sharing are maximized?

# "All Abuse is the Abuse of Power"

- Doing <u>to</u>

- Doing <u>for</u>

- Doing <u>with</u>

# Empowerment: Recognizing Strengths and Building Skills

- To what extent do current service delivery practices prioritize patient empowerment, recognizing strengths and building skills?

- How can services be modified to ensure that experiences of empowerment and the development or enhancement of patient skills are maximized?

# A Starbucks Customer Satisfaction Survey Story

- Was your drink prepared properly?

- Did anyone greet you by name?

- Was your visit to Starbucks _____?

(fill in the blank)

# Changes in Practice: Revisiting the Core Principles Yet Again—for <u>Staff</u> this Time

- <u>Safety:</u> How can we ensure physical and emotional safety for <u>staff members</u> throughout our system of care?

- <u>Trustworthiness</u>: How can we maximize trustworthiness <u>as administrators and supervisors</u>? Make tasks and procedures clear? Be consistent?

- <u>Choice:</u> How can we enhance <u>staff members'</u> choice and control in their day-to-day work?

- <u>Collaboration:</u> How can we maximize collaboration and sharing of power with <u>staff members</u>?

- <u>Empowerment:</u> How can we prioritize <u>staff</u> empowerment and skill-building at every opportunity? Provide resources?

Community Connections

# Review of Formal Policies

- Confidentiality policies are clear and shared with patients

- Policies avoid involuntary or coercive elements of treatment

- De-escalation policy is formalized and minimizes possibility of retraumatization

- Program prioritizes patient preferences in responding to crises (e.g., use of preference forms)

- Program has clearly written, accessible statement regarding patient rights and grievances

# Trauma Screening, Assessment, Service Planning, and Trauma-Specific Services

Community Connections

- Universal trauma screening

- Follow-up with appropriate assessment of trauma exposure history and impact

- Include trauma-based information in collaborative, person-centered recovery planning

- Offer, or link to, trauma-specific services

# Administrative Support for Trauma-Informed Culture

- Support for the integration of knowledge about trauma into all aspects of agency functioning

- Possible indicators:
  - Formal policy or mission statements
  - Developing a "trauma initiative"
  - Making resources available
  - Active administrator participation

# Trauma Training and Education

- General trauma education for all staff (including administrators and support staff)

  – Recognize trauma dynamics; avoid retraumatization; understand range of coping behaviors; boundaries

- Clinical trauma education for direct service staff

  – Modifications for their specific areas; trauma-specific interventions; staff self-care

# Human Resources Practices

- Hiring or identifying "trauma champions"
  - Knowledgeable about trauma; prioritize trauma sensitivity in service provision; communicate importance of trauma
- Including trauma content in interviews of prospective staff
  - Knowledge about trauma, trauma sequelae, and recovery
- Including trauma-related activities in performance reviews

# Conclusion

- What we know about trauma, its impact, and the process of recovery calls for trauma-informed service approaches

- A trauma-informed approach involves fundamental shifts in thinking and practice at all programmatic levels

- Trauma-informed services offer the possibility of enhanced collaboration for all participants in the human service system

# Community Connections (www.ccdc1.org): Materials for "Creating Cultures of Trauma-Informed Care"

- Harris, M. and Fallot, R.D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems.* San Francisco: Jossey-Bass.

- "CCTIC Program Self-Assessment and Planning Protocol"

- "CCTIC Program Self-Assessment Scale"

- "CCTIC Program Services Implementation Form"

# 15 min Break

Enjoy!!!

# Staff Support in Trauma Informed Programs

Lori L. Beyer, LICSW

Community Connections

Washington, DC

# Staff Support and Well-Being

Understanding trauma-informed change as a "cultural" and "systemic" process means:

- Support and care for entire staff is <u>essential</u>, not an option or luxury

- Staff support is an <u>organizational</u> obligation as well as a "personal" or "professional" concern

- In stressed systems, trauma is a literal and figurative reality for many administrators and staff

- In such settings, we can apply much of what we know about trauma and recovery to the agency or program as a whole

# The Basic Lesson

Staff members—__all__ staff members—can create a setting of, and offer relationships characterized by, safety, trustworthiness, choice, collaboration, and empowerment __only__ when they experience these same factors in the program as a whole.  It is unrealistic to expect it to be otherwise.

# A Culture Shift: The Core Principles of a Trauma-Informed System of Care (Revisited)

- <u>Safety:</u> Ensuring <u>staff</u> physical and emotional safety

- <u>Trustworthiness</u>: Maximizing trustworthiness of the system and making <u>staff</u> tasks clear

- <u>Choice:</u> Enhancing <u>staff</u> choice and control

- <u>Collaboration:</u> Maximizing collaboration and sharing of power with <u>staff</u>

- <u>Empowerment:</u> Prioritizing <u>staff</u> empowerment and skill-building

# Name that Stressor

# Some Common Stressors in Human Services

- Goals/demands exceed resources: do more with less
- Conflicting obligations or expectations
- Ambiguous standards for success
- Physical danger
- Emotional challenges, including vicarious trauma
- Few staff supports

Adapted from Russo, 2007

# Vicarious Trauma and Burnout

- Vicarious Trauma (Compassion fatigue): Client-related flashbacks, troubling dreams, intrusive thoughts, sudden recall of frightening experiences, losing sleep

- Burnout: Work-related feelings of being trapped, hopeless, tired, depressed, worthless; unsuccessful at separating work from personal life

Adapted from  Adams et al., 2006

# Levels of Work-Related Stress

- Organizational: budget constraints; limited leave, supervision, physical resources (space, e.g.); increased caseloads

- Professional: beliefs about empathy, independence, and stoicism; number of education/consultation events

- Personal: personal trauma history; ineffective coping attempts; current stressors in personal life

Adapted from Russo, 2007

# A Multi-Level Response to Stress

- Organizational:  what the agency, program, or setting can do to support staff

- Professional:  what the staff member and agency can do to enhance professional and work-related strengths

- Personal: what the staff member and agency can do to enhance personal well-being

# Psychologically Healthy Workplaces

- Employee involvement
- Work-life balance
- Employee growth and development
- Health and safety
- Employee recognition

American Psychological Association, 2007

# Toxic vs. Healthy Work Cultures
## Adapted from Kahn & Langlieb, 2003 and Russo, 2007

- People do not help each other.
- Human needs are ignored.
- People feel alienated and dehumanized.
- Alternative approaches are met with derision.
- Cliques are common.
- There is systemic rigidity; boss is always right.

- Workers know what is expected of them.
- They have the resources to do the work.
- They have daily opportunities to do what they do best.
- Praise is offered regularly.
- Personal and professional development is encouraged.

# What Helps? Organizational Responses

- Supervision/consultation/case discussion
- Time off for staff
- Education/training/new skills
- Opportunities to discuss and debrief about client- and work-related stressors
- Variety in caseload and work tasks
- Mental health benefits

Adapted from Russo, 2007

# What Helps?
# Professional Responses

- Understand your own work needs
- Take time off from work
- Find education/training for new skills
- Take advantage of supervision/consultation
- Identify strengths—clients' and your own
- Accept reality of stress and strain
- Nurture your sense of humor

Adapted from Russo, 2007

# What Helps on a Daily Basis?

- Pace yourself; take breaks when possible
- Talk to someone else—someone helpful
- Develop your own list of self-soothing activities that "fit" at work—and use them
  - Breathing, relaxation, meditation
  - Self-talk that is reassuring
- Monitor your body's reactions to the day

Adapted from Russo, 2007

# Helping Yourself/Helping Others

- Accept stress and related feelings as legitimate—for yourself and for coworkers
- Express support and find supportive others
- Promote solutions rather than complaints
- Contribute to cohesion of your workgroup
- Strive for open and direct communication
- Frame problems and solutions as group concerns rather than individual ones

Adapted from Russo, 2007

# What Helps?
# Personal Responses

- Be honest about your exposure to emotionally stressful material
- Attend to inner experience; therapy?
- Build in transition times between work and home
- Use coping skills common in trauma curricula
- Have fun, be spontaneous, laugh
- Personal life? Balanced life? Spiritual life?

Adapted from Russo, 2007

# Conclusion

- Trauma-informed service approaches involve the entire culture and all constituencies of a program

- Staff support and care are therefore a key element in this model

- Organizational, professional, and personal resources can help staff deal more effectively with work-related stress

# How We're Becoming Trauma Informed

# Implementing Trauma Informed Care in Nova Scotia

**First Steps**

- External Review – Child and Adolescent Mental Health and Addictions Services in the Halifax Regional Municipality (DHW/IWK)
- Action plan developed regarding how to proceed with recommendations (IWK/DHW)

**DHW /IWK Initiatives**

- Formation of Provincial Project Advisory Team
- Provincial Consultations
- Webinars
- Framework ,Practice Briefs and Standards.

**IWK Initiatives**

- Formation of IWK CDHA Advisory Committee and Working Groups
- Work started on all working groups

# Trauma Informed Care Team Structure
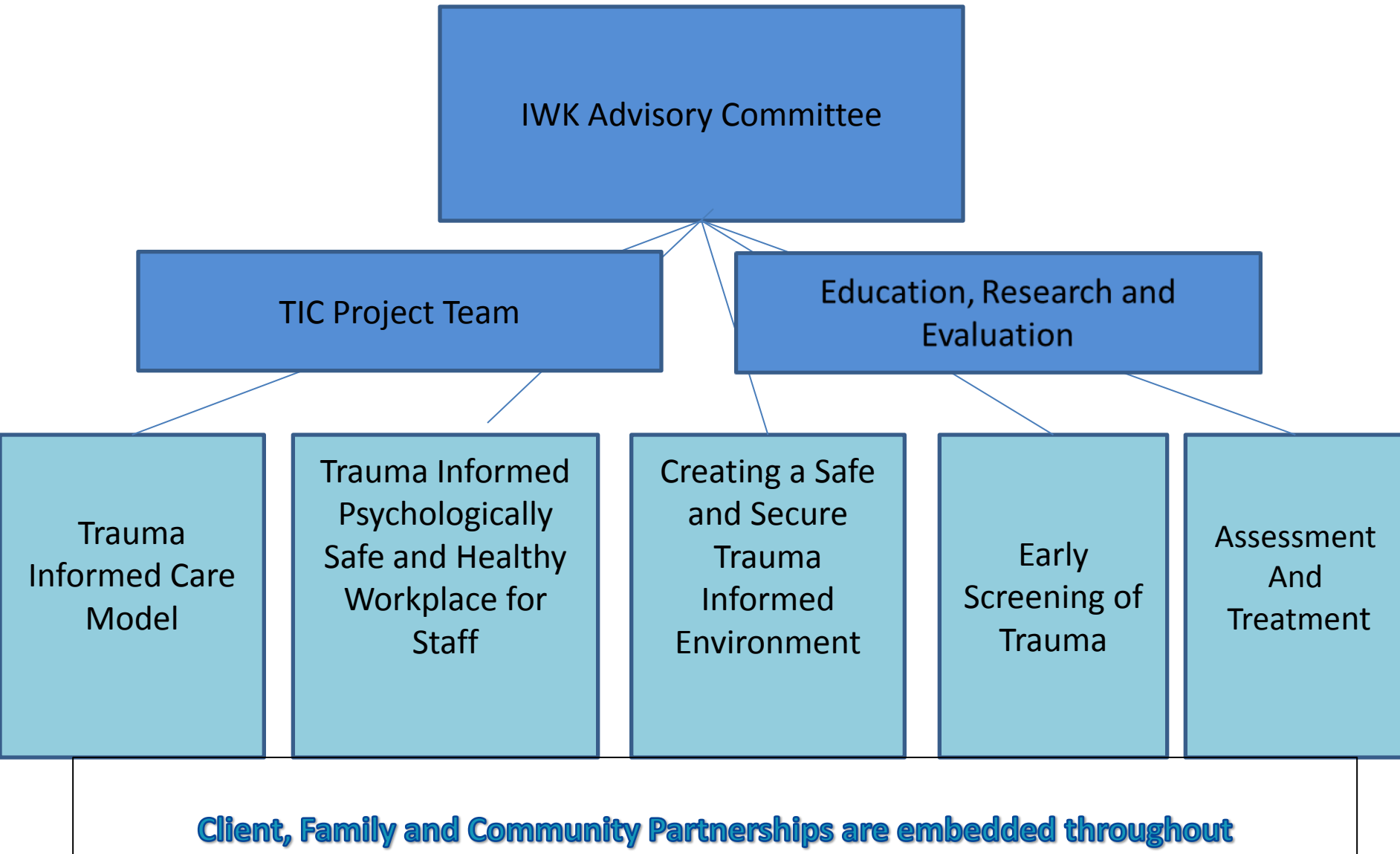
# Some Examples of Working Group Initiatives

- Staff Mindfulness Training Pilot Study

- Debriefing Process and Resources

- Support for Staff - Resource List

- Website

- Trauma Informed Environmental Checklists

# Look Around Your Physical Environment

- Examine your physical spaces to ensure they are comfortable, safe and calming

- Signage– Is the wording framed as what you can do vs. what you can't do?

- Are your waiting areas welcoming and friendly with comfortable furniture with maintenance up to date?

- Do you have information in client/patient areas that is intended to assist staff but may be triggering for clients/patients?

- Provide culturally appropriate symbols of safety in the physical environment (e.g. if you received Ali training -LGBTQI rainbow flag on an office door, culturally diverse posters, age appropriate)

- Artwork- Is the art work displayed calming to most people?

# Be Mindful of the Emotional Environment

- Create interactions that are kind, calm, reassuring, safe, strengths-based and respectful

- Engaging around the client's/patient's goals

- Provide relationships which are honest and transparent and provide the client/patient with a developmentally appropriate degree of power and control. The child should understand what is about to happen, have a say and some control over pain management.

- Ask what helps when you or your child are upset/in pain? What was successful in the past? What are the triggers? What can we do?

- Continually seeking feedback regarding the client/patient's experience.

- Recognizing a coworker may be experiencing difficulty and offering support at the team level and also the organizational level.

# Introduction to Education Plan

## Level 1: For EVERYONE

- **KICK OFF EVENT!!!!**
- General Awareness Campaign (e.g., Posters, 'Did You Know' emails)
- All IWK Staff Core Competencies (in development)
- Website (now available)
- TIC Education Sessions
  - Cultural Sensitivity/Competence/Relevance and TIC
  - Patient and Family Panel
  - Community Partners Panel
  - TIC Safe and Secure Environments

Sustainability Plan:

- Team-specific and Community-Based Organization consultations
- Train the Trainer Program/Trauma Informed Care Champions
- IWK TIC-Specific Staff Orientation/Onboarding Modules
- IWK Online/E-Source Education and 'Re-certification' Module
- TIC principles incorporated into Non-Violent Crisis Intervention

# Level 2: For Designated Mental Health and Addictions Staff & Identified Individuals/Teams

- Attachment, Regulation and Competency (ARC) Training

- Clinician Core Competencies (in development)

# Level 3: For Designated Clinicians who provide Trauma-Specific Services

- Evidence-Based Trauma-Specific Interventions Training for Mental Health and Addictions Clinicians

# Sustainability Plan

## Evaluation

- Community Connections Protocol for Certification (Harris and Fallot, 2009)
- Annual All Staff Survey (aka Readiness Survey)
- Annual Team TIC Evaluation Template
- Core Competencies
- Checklists

## Potential Future Initiatives

- Online Education and Recertification Modules/Onboarding
- Performance Review Considerations
- Human Resources Considerations
- Student Training and Research Opportunities
- Curriculums for Health Professions

# Examples of Research Opportunities

- Benchmarking Study
- TIC Pre-2016 at the IWK Study
- Patient/Family Driven Research Projects
- Client, family, staff, community partner satisfaction/feedback surveys/Focus groups
- Seclusion and restraint prevention research
- Screening
- Evidence-based trauma-specific intervention outcomes/Patient reported outcomes
- IT systems and trauma tracking
- IWK Resources/Services for Newcomers to Canada

# Introducing our New Logo/Tagline

# Website

[www.yourexperiencesmatter.com](http://www.yourexperiencesmatter.com)

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# Questions

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