



Trauma Informed Care Lens

For Policies, Guidelines, Educational Materials and Resources

Version 2.0 Winter 2023

PURPOSE: This resource can be used to develop or revise any policy, guideline, educational materials or resources with a trauma-informed lens. Our goal is to have all policies, guidelines and resources reflect and support an organization culture change towards building and maintaining a trauma informed and responsive organization. Hospitals and clinics are trauma exposed environments. They can cause trauma and/or re-traumatization for patients, clients, caregivers, staff, physicians, learners, and volunteers. By adopting trauma informed care and using a trauma informed lens, we are actively acknowledging trauma exposure and responding to mitigate as much harm as possible. Please see Appendix A for more information.

DEFINITIONS
<p>There are many types of trauma (i.e., acute, chronic, complex, developmental, historical, racial, intergenerational, vicarious, etc.) and trauma can occur at the individual, family, community, cultural, societal and systems levels. While trauma is common, how people respond to it is unique. Depending on the individual, their past and/or current experiences, and their access to supports and resources, they may experience various effects (i.e., physical, emotional, behavioural, spiritual and/or cognitive).</p> <p>Trauma Informed care is a universal, proactive, strengths-based service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, emotional, and cultural safety for both providers and clients.</p> <p>Trauma-Specific policies and procedures guide the clinical delivery of evidence-based treatments designed to address the cognitive, emotional, behavioural, substance use and/or physical issues, resulting from someone experiencing trauma.</p> <p>Re-Traumatization is when a policy, procedure, interaction, or the physical environment replicates someone’s original trauma literally or symbolically – generating the emotions and thoughts associated with the original experience. See Appendix A for more information on what may cause re-traumatization.</p>
FIVE PRINCIPLES (Applied to Patients, Clients, Families AND the Workforce)
<p>Safety – Ensuring physical, emotional/psychological and cultural safety (please apply Equity and Belonging Tool as well and consider historical and systemic racism, colonialism, and how our system may perpetuate bias, discrimination, stigma and harm).</p> <p>Trustworthiness – Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries.</p> <p>Choice – Prioritizing choice and control.</p> <p>Collaboration – Maximizing collaboration and sharing of power.</p> <p>Empowerment – Prioritizing strengths-based skill-building.</p>

SCOPE: The lens should be applied to **all individuals including patients, clients, caregivers, staff, physicians, learners, volunteers, and support persons** who interact with the core demographic identified in your content.

DIRECTIONS: Please refer to the Principles of Trauma Informed Care as you complete this document. If you are unsure about the application to your content, please contact the IWK Trauma Informed Care Team at experiencesmatter@iwk.nshealth.ca. You can insert questions for the Trauma Informed Care Team in each section or on the last page if needed. This chart was adapted with permission from the University of Buffalo School of Social Work’s Trauma Informed Organizational Change Manual, Version 2, 2021.

Document Name: _____

- Policy
 Guideline
 Educational Material
 Resource

Date Reviewed: _____

Reviewers Names: _____

GENERAL

Consideration	Yes	No	N/A	Notes
The policy/procedure is accessible in writing to all individuals to whom it applies.				
Review of the policy/procedure includes the opinions and feedback from multiple individuals.				
The policy/procedure is currently relevant to the organization/system.				
The policy/procedure is written in prosocial language (what is expected, what the organization/system wants to see).				
The policy/procedure is evidence-based.				
The policy/procedure references trauma informed care as an organizational value and guiding principle.				
The policy/procedure references the 5 principles of trauma informed care.				
The policy/procedure identifies if it is trauma-informed, trauma-specific or both.				
The policy considers the potential for trauma or re-traumatization for all.				
The policy/procedure is reviewed for the potential of re-traumatization (see Appendix B).				

SAFETY

Consideration	Yes	No	N/A	Notes
The policy/procedure considers emotional safety and well-being of individuals involved (i.e., clients, caregivers, staff, physician, learners, volunteers, visitors, support person, community members).				
The policy/procedure considers physical safety of individuals.				
The policy/procedure acknowledges that health care settings are trauma exposed work environments and includes actions and supports for reducing trauma and vicarious trauma for staff (i.e., debriefing, check ins, peer support, etc.).				
The policy/procedure is reviewed for cultural considerations.				
The policy/procedure is reviewed with intersectionality considerations (i.e., how types of marginalization can be layered and increase impact).				
The policy/procedure is reviewed with consideration of issues that have been found to traumatize or retraumatize individuals (i.e., receiving a diagnosis, repeat treatment, painful procedures, seclusion and restraint, etc.).				
The policy/procedure is reviewed for opportunities to increase safety.				

TRUSTWORTHINESS

Consideration	Yes	No	N/A	Notes
The policy/procedure is written using accessible language without professional jargon to ensure understanding.				
The policy/procedure clearly outlines what to expect and what is expected.				
The policy/procedure includes informed consent processes.				
The policy/procedure provides role clarity, especially when multiple roles are involved.				
The policy/procedure is consistent across the organization/system.				
The policy/procedure delineates any relevant consequences.				
The policy/procedure provides for an appropriate level of confidentiality and privacy.				
The policy/procedure is consistent with other policies/procedures in the organization/system (i.e., does not contradict another).				
The policy/procedure considers appropriate boundaries for your program or service (i.e., asking permission if one needs to physically touch a patient).				
The policy/procedure is reviewed for opportunities to increase trustworthiness.				
The policy/procedure identifies any related historical events outside/inside of IWK Health where trust may have been broken.				

CHOICE

Consideration	Yes	No	N/A	Notes
The policy/procedure incorporates individual choice.				
The policy/procedure is written to provide the individual with the greatest amount of autonomy possible.				
The policy/procedure incorporates a list of at least two options that can be provided when possible.				
The policy/procedure is reviewed for opportunities to increase choice.				
The policy/procedure identifies related historical events outside/inside IWK Health where choice was not offered.				
The policy/procedure identifies supports which can be offered if there is limited choice.				

COLLABORATION

Consideration	Yes	No	N/A	Notes
The policy/procedure conveys the message that individuals are the experts of their own experience/role.				
The policy/procedure is informed by feedback and suggestions by individuals within the organization/system.				
The policy/procedure identifies potential power imbalances within relationships among those collaborating and seeks equitable participation.				
The policy/procedure is reviewed for opportunities to increase collaboration.				

EMPOWERMENT

Consideration	Yes	No	N/A	Notes
The policy/procedure is strength-based in its wording.				
The policy/procedure acknowledges the skills and capacities of individuals.				
The policy/procedure promotes resilience and/or vicarious resilience.				
The policy/procedure incorporates validation when possible.				
The policy/procedure is reviewed for opportunities to increase empowerment.				

OTHER COMMENTS/QUESTIONS

REVISIONS/CHANGES RECOMMENDED

Trauma Informed Care Team Contact Person and email:

Person(s) who will make changes and re-submit to Trauma Informed Care Team: _____

Timeline for re-submission: _____



TRAUMA INFORMED CARE

Some Context to Keep in Mind

Trauma can be defined as anything that results from events, experiences and effects that overwhelm an individual's capacity to cope.

While trauma can be common, how people respond to it is unique. Depending on the individual, their past and/or current experiences, and their access to supports and resources, they may experience various physical, emotional, spiritual, behavioural and/or cognitive effects.

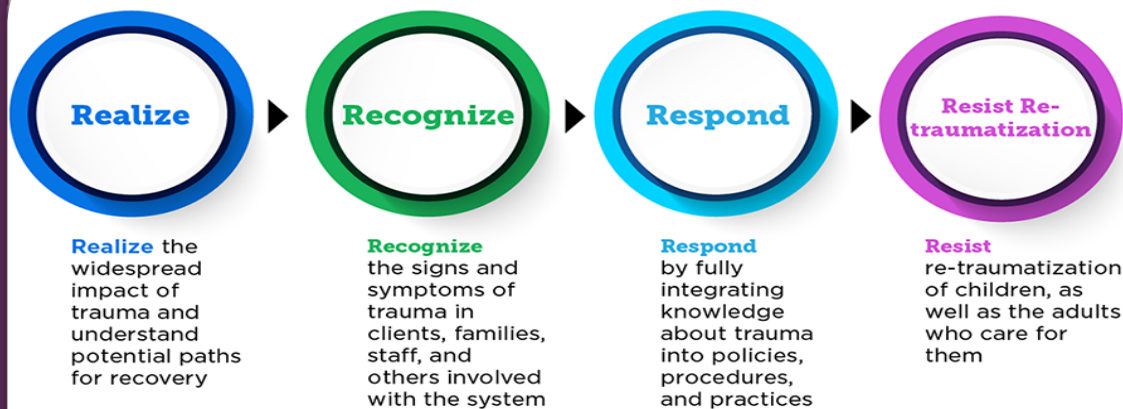
Trauma may happen at the personal, social, community and cultural level. Trauma can be impacted by current, historical and intergenerational experiences.

Trauma Informed Care is a universal, systematic, strengths-based approach that is rooted in an understanding of, and responsiveness to, the impact of trauma. It focuses on the strengths and resiliency of people and communities. Trauma informed care includes trauma education, creating safe environments, supporting staff wellness, collaborative community partnerships, trauma screening and trauma-specific treatment.

Principles of Trauma Informed Care

Safety	Trauma informed care develops practices and interactions that understand trauma and actively seeks to create safe physical and psychological environments while considering cultural and unique differences of patients, families and staff.
Trustworthiness	Decisions and interactions are made with transparency and with the goal of building and maintaining trust in order to develop dependable and trusting relationships.
Choice	Providing opportunity for choice and options can lead to interactions and environments that foster respect, agency and dignity.
Collaboration	Improve engagement and involvement through increased partnerships and shared decision making.
Empowerment	Acknowledge and respect the strengths, resiliencies and experiences of people and communities to optimize the opportunity for autonomy.

The Four Rs of Trauma-Informed Care



4Rs Source: Substance Abuse & Mental Health Services Administration, 2014

For more information, please visit: <http://yourexperiencesmatter.com>





Retraumatization WHAT HURTS?



SYSTEM <i>(Policies, Procedures, Structural and Institutional Racism and Oppression)</i>	RELATIONSHIP <i>(Power, Control, Subversiveness, Interpersonal Racism and Oppression)</i>
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HAVING TO CONTINUALLY RETELL THEIR STORY



BEING TREATED AS A NUMBER



BEING SEEN AS A LABEL (I.E. ADDICT, SCHIZOPHRENIC)



NO CHOICE IN SERVICE OR TREATMENT



NON-ACKNOWLEDGEMENT OF WORK RELATED STRESS



NO ACCESS TO SERVICES



PRACTICES WITHOUT ACCESSIBILITY CONSIDERATIONS



ISOLATION OR EXCLUSION PRACTICES



MARGINALIZING PRACTICES



PRACTICES WITHOUT CULTURAL CONSIDERATIONS



"ISMS" AND PHOBIAS



NOT BEING SEEN/HEARD



NON-TRANSPARENCY AND VEILED TRUTHS



DOES THINGS FOR RATHER THAN WITH



USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE



RACIAL PROFILING



BEING NON-COLLABORATIVE



VICTIM BLAMING



NON-ACKNOWLEDGEMENT OF HISTORICAL NARRATIVES



MICROAGGRESSIONS



NON-INCLUSIVE LANGUAGE AND MESSAGING



NON-ACKNOWLEDGEMENT OF POWER DYNAMICS

