What is TIP?
What do we mean by trauma informed practice (TIP)?

• Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery.

• The goal of trauma-informed systems is to avoid re-traumatizating individuals and support safety, choice, and control in order to promote healing.

Not treatment, not a technique, instead a paradigm
What do trauma-informed services look like?

The Four 'R's (SAMSHA, 2014)

"A program, organization or system that is trauma informed:

1. **REALIZES** the widespread impact of trauma and understands potential paths for recovery;
2. **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **RESPONDS** by fully integrating knowledge about trauma into policies and procedures, and practices;
4. Seeks to actively **RESIST RE-TRAUMATIZATION.**"
Is a paradigm shift to see trauma as often central to substance use and mental health concerns

- Acknowledge common connections between substance use and trauma
- Recognize range of responses people can have
- Recognize that because of trauma responses, developing trusting relationships (engagement, retention, concentration . . . ) can be difficult
- Make adaptations in the setting to reduce retraumatization and respond to awareness of trauma
Trauma informed practice is grounded in evidence from many disciplines and traditions.
Principle-based approach

1. Awareness
2. Safety, trustworthiness and transparency
3. Collaboration, mutuality, choice
4. Empowerment-oriented, strengths based, skill building

Grounded in peer support and addressing Cultural, Historical, and Gender Issues
Healing vs. Re-traumatization

• All individuals in an organization from system planners to service providers to support staff can make a significant positive difference in client engagement, retention, and outcomes by making services emotionally and physically safe.

• A key aspect of trauma-informed services is to create an environment where clients do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their treatment needs at a pace that feels safe to them.
What do trauma-informed services look like?

• Trauma-informed services take into account **an understanding of trauma in all aspects of service delivery** and place priority on the individual's safety, choice, and control (Harris and Fallot, 2001).

• Utilizing a trauma-informed approach **does not necessarily require disclosure of trauma**. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one’s treatment.

• Trauma-informed practice is more about the overall **essence of the approach**, or **way of being in the relationship**, than a specific treatment strategy or method.

• In trauma-informed services, **safety and empowerment for the service user are central**, and are embedded in policies, practices, and staff relational approaches. Service providers cultivate safety in every interaction and avoid confrontational approaches.
## Key Principles of current MHSU System Initiatives

### What TIP Adds

(over-arching lens of cultural competency)

<table>
<thead>
<tr>
<th>Common themes</th>
<th>Trauma informed</th>
<th>Harm reduction</th>
<th>Stigma and discrimination</th>
<th>Client centred</th>
<th>Recovery orientation</th>
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</thead>
<tbody>
<tr>
<td>Client driven</td>
<td>Choice</td>
<td>Prioritize immediate goals &amp; maximize options</td>
<td>Promote autonomy &amp; respond to self stigma</td>
<td>Start where client is at</td>
<td>Self-determination</td>
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<tr>
<td>Collaborative approach with client, community, and service systems</td>
<td>Collaboration with client and service systems to prevent re-traumatization</td>
<td>User involvement/cross system collaboration</td>
<td>Community participation: (peer support, public awareness, clients/families on committees)</td>
<td>Collaborate with client</td>
<td>Collaboration to support recovery goals &amp; partnerships to support skills for recovery</td>
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<tr>
<td>Building trust through respect and dignity</td>
<td>Trustworthiness</td>
<td>Human rights/self determination</td>
<td>Holistic and personalized</td>
<td>Client identifies what’s important</td>
<td>Promote culture of hope</td>
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<td>Strengths based</td>
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<td>TIP adds a specific focus -</td>
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<td>Skills to cope with trauma responses &amp; trauma awareness to increase service access and retention</td>
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Trauma Informed approaches can be applied anywhere

“A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.” (SAMSHA)

Does not require specialist training as with trauma specific or trauma focussed interventions – does require education, critical thinking, opportunity for debriefing, worker wellness support . . . . and linkage to mental health specialists for those who choose to explore treatment.
TIP in Action
Recent work on TIP in Canadian jurisdictions:

- Considerable interest in trauma informed practice by mental health and substance use systems in Canada.

- For example in BC, extensive knowledge exchange and system change work – leading to commitment system wide to be trauma informed.

- Manitoba, Saskatchewan, Alberta, NWT, Yukon, Ontario, Nova Scotia all working to varying degrees.

- Also interest by national organizations such as CCSA.
An approach without one home

- Intervention is not a specialist problem but a broad social responsibility that should be shared by many public and private sectors.

Carroll & Miller, 2006

Rethinking substance abuse: what the science shows, and what we should do about it.
INDIGENOUS APPROACHES TO TIP

*TIP as a “Port of Entry”* – Trauma-informed practice provides a safe space with which to hold challenging conversations about colonization, oppression, intergenerational trauma, racism, etc.

- Informs general services about Indigenous-specific history
- Potential to broaden perspectives and strengthen relationships

TIP provides a common *language* and is driven by principles that are aligned with Indigenous values and beliefs – gaining huge momentum in Aboriginal communities.

(Kat Hinter – Aboriginal Knowledge Exchange Lead, Interior Health, BC)
Aboriginal women participating in treatment at National Native Alcohol and Drug Abuse Program (NNADAP) treatment centres identified the RECLAIM principles as important for treatment providers to understand and apply when supporting Aboriginal women’s healing from illicit drug abuse.

The “R” of RECLAIM stands for recognition of “the impact of trauma in women’s healing” (ranging from the intergenerational effects of colonialism through to the disproportionate rates of interpersonal violence faced by Aboriginal women.
TIP In Action in a Pregnancy Outreach Program for Aboriginal women - Manito Ikwe Kagiiikwe: The Mothering Project, Winnipeg

- Peer Driven Program Development – Women’s Advisory Committee
- Drum Group and opportunities for healing related to the drum
- Low Threshold Intake process
- Valuing of Experiential Wisdom
- Oriented towards kindness
- TIP tools – Motivational Interviewing, building space with TIP in mind, gardening, food as medicine, yoga and mindfulness activities.
- Dedication to participant engagement and consent to share information.
- System navigation and interdisciplinary collaboration
TIP at agency/interagency and system levels
Important to focus on trauma informed practice and policy at all these levels.
Organizational TIP is “an approach to a whole culture that increases the emotional IQ of everyone and the organization as a whole”

Addressing and preventing secondary trauma - using workplace approaches such as the Resilience Alliance Intervention
Involves links to TIP in other systems

• A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices.
TIP requires work at the systemic level – is about “relational system change”

• 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.

• Becoming trauma informed benefits from collaboration and cooperation between all levels of service delivery.

• Becoming trauma informed is an ongoing process of system change and quality improvement, requiring constant adaptations and ongoing monitoring.
Ideas for leaders to achieve TIP implementation

• Activate and appreciate the early adopters
• Dialogic approaches to leading change
• Curate knowledge
• Build networks

Adapted from *The new era of thinking and practice in change and transformation: a call to action for leaders of health and care* NHS UK
Thanks

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