Disclosure of Commercial Support

Presenter Disclosure

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Bridges to Moms (BTM)

A COLLABORATIVE INITIATIVE BETWEEN BLACK CREEK COMMUNITY HEATH CENTRE, JEAN TWEED CENTRE, AND ADDICTION SERVICES OF YORK REGION

BLACK CREEK
COMMUNITY HEALTH CENTRE

Agenda

- Review objectives
- Self-assessment exercise and discussion
- Programmatic context
- Principles of Trauma-Informed Care
- Practice scenarios and discussion
- Review and significance

Objectives

- Increase knowledge of barriers faced by those who have experienced complex interpersonal trauma
- Suggest a model of trauma-informed care to improve ease of access
- Promote self-reflection of a trauma-informed approach in own practice

Self-Assessment

- Discussion questions

Program Overview

- Funded by Ministry of Health and Long-Term Care through Local Health Integration Network (LHIN)
- Provide counseling and case management to women who are pregnant and/or parenting children age 0-6 who have substance use concerns
- Offer a 21-day community-based group for women and their children

Program Objectives

- To improve health and social outcomes
- To increase the availability of appropriate services
- To improve the coordination of health and social services

Rationale

- Stigma and fear associated with substance use
- Recognition of a service gap in accessing appropriate services

Recurring Theme

- Inter-relatedness between complex interpersonal trauma and substance use
- Providing services requires an awareness of the possible experience of trauma; such experiences might pose a barrier to seeking services
- Trauma-informed service approach is needed to reach and assist them, and to reduce the risk of re-traumatization when providing services

Prevalence

- 21% of females and 31% males experienced physical abuse as children
- 50% of females and 33% of males were victims of unwanted sexual acts during childhood
- In Canada, 50% of women have experienced at least one episode of violence in adulthood

Ontario Health Supplement (JAMA, 1997) H L MacMillan, et al
National Prevalence Study, 1993

What Does Trauma Look Like?

- A traumatic experience can be a single event, a series of events, and/or a chronic condition
- Trauma is both an event and a particular response to an event
- It overwhelms coping mechanisms and may trigger the “fight, flight or freeze” reaction at the time of the event
- Individuals who have experienced trauma are more likely to live in poverty, in distressed environments and/or be socially isolated

Covington, 2007

Trauma-Informed care is strength based

What is wrong with you?	What happened to you?
Symptoms indicate a disorder	Symptoms are solutions
Attention seeking	Trying to connect in the best way she knows
Borderline personality disorder	Doing the best she can given her early life experiences
Controlling	Trying to empower by asserting her needs
Manipulative	Difficulty asking directly for what she needs
Management and control	Support growth and change

Client Presentation

- Mistrust of authority
- Easily triggered
- Disconnected from the body
- Fearful, angry, agitated, anxious
- Addicted to drugs, alcohol, food, etc.
- Interpersonal problems
- Evidence of self harm

(Schachter, Stalker, Teram, Lasiuk & Danilkewich, 2008)

Client Presentation
cont'd

- Appointment cancellations
- Non-adherence to treatment or service requirements
- Passive, unable to voice their needs
- Reluctant to disclose trauma history, even when asked
  - Might deny a history of trauma
- Difficulty complying with recommendations
- Difficulty taking direction

Triggers in service delivery

- Potential triggers in human service encounters
  - Power differential
  - Insensitive to physical or emotional boundaries
  - Lack of choice
  - Using physical restraints
  - Minimizing, ignoring client responses
  - Applying rigid agency rules without allowing discussion
  - Etc.

Five Guiding Principles
(Fallot & Harris, 2006)

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Safety

- Ensure physical and emotional safety
  - Neutral, objective and supportive language
  - Focus on what happened to you instead of what is wrong with you
  - Ask questions about current abuse and, if necessary, develop safety plan for discharge
  - Talk about safety

Trustworthiness

- Maximize trustworthiness through task clarity, consistency and interpersonal boundaries
  - Clear information on services including what, by whom, when, why, etc.
  - Informed consent
  - Reliable and predictable
  - Clear boundaries
  - Appropriate transparency

Choice

- Maximize choice and control
  - Individual, flexible plans and approaches
  - Choice around how contact is made (phone, mail, etc.)
  - Clear and appropriate message about rights and responsibilities
  - Choice of services

Collaboration

- Maximize collaboration and sharing power
  - Inclusive of survivor's perspective
  - The client is the expert on her/his experience

Empowerment

- Prioritize empowerment and skill building
  - Collaborate on goal setting
    - Ensure goals are realistic to maximize success
    - Communicate realistic optimism about capacity to reach their goals
  - Power/control minimized
  - Validate and affirm
  - Emphasize growth
  - Identify strengths, resources, resilience

Practice Scenarios

In small groups, consider the following questions:

- Can you identify elements that are/are not consistent with a trauma-informed approach?
- What did the service provider do well?
- What could the service provider have done differently?
- Have you encountered scenarios in your practice that were consistent with a trauma-informed approach? Or not? Please share with your group.

Why Trauma Awareness Matters

- Trauma informed care resonates with the ethical principle of "*first do no harm*"
- Trauma affects the way people approach helping relationships
- Being trauma aware does not mean that you must assume that everyone has a history of trauma, but rather that you anticipate the possibility from your initial contact and interactions, intake processes, and screening and assessment procedures

Organizational Approaches to Trauma-Informed Care

- Commitment to building competency amongst staff and establishing programmatic standards and clinical guidelines that support trauma-sensitive services

- Educate frontline staff about vicarious trauma; encourage peer support and clinical supervision related to trauma

Trauma-Informed Approach

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatization*

SAMHSA, 2012

Thank You



- Questions