# Building Trauma-Informed Organizations: Challenges and Promising Strategies

## National CAC/CYAC Webinar Series

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# Objectives

- The webinar will focus on:
  - How complex trauma acts as a determinant of mental health
  - The (many) definitions of and perceptions about trauma-informed care
  - The guiding principles when implementing trauma-informed care
  - The applications of these principles to the COVID-19 crisis
  - The lessons learned for trauma-informed organizational changes

# Sad and Upsetting Observation

**Sexual abuse**
**1 in 5 girls**
**1 in 10 boys**

Hébert et al., 2009
MacMillan et al, 2013

**Child Abuse**
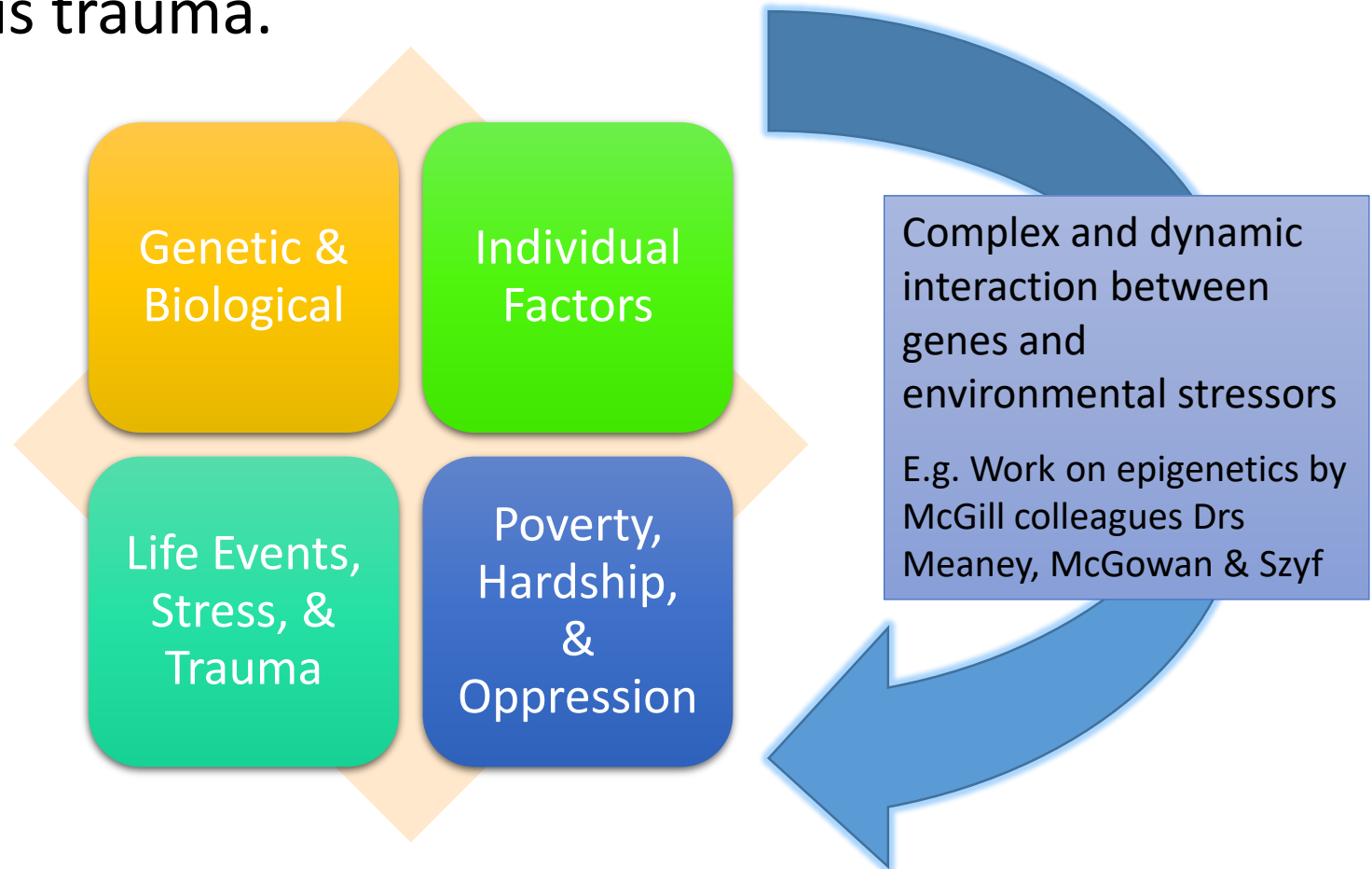**1 in 3 children and youth**

Afifi et al., 2014

# The Backpack

What's in this backpack? What are the life experiences that children and youth have accumulated in our services?

# Determinants of Mental Health

- There is a wide range of biological and environmental factors that influence mental health outcomes; one of which is trauma.

**Genetic & Biological**

**Individual Factors**

**Life Events, Stress, & Trauma**

**Poverty, Hardship, & Oppression**

Complex and dynamic interaction between genes and environmental stressors

E.g. Work on epigenetics by McGill colleagues Drs Meaney, McGowan & Szyf

# Complex Trauma = Dual Reality

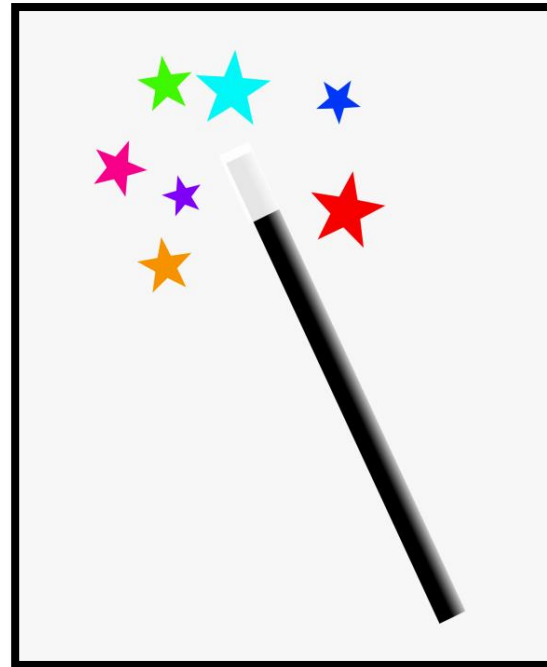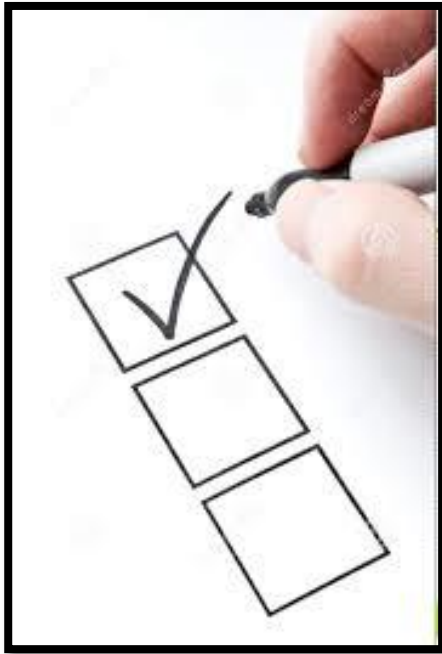**Repeated exposure to interpersonal traumatic experiences that usually involve caregiver figures**

**Multiplicity, severity and complexity of these experiences' outcomes**

# What is Trauma-Informed Care?

# What it is Not…





Flavor of the day

# What is Trauma-Informed Care?

TIC is an ***approach*** to policy and practice that includes "awareness of the prevalence of trauma, understanding the impact of trauma, and commitment to incorporating those understandings in policy, procedure, and practice" (Yatchmenoff et al., p.167).
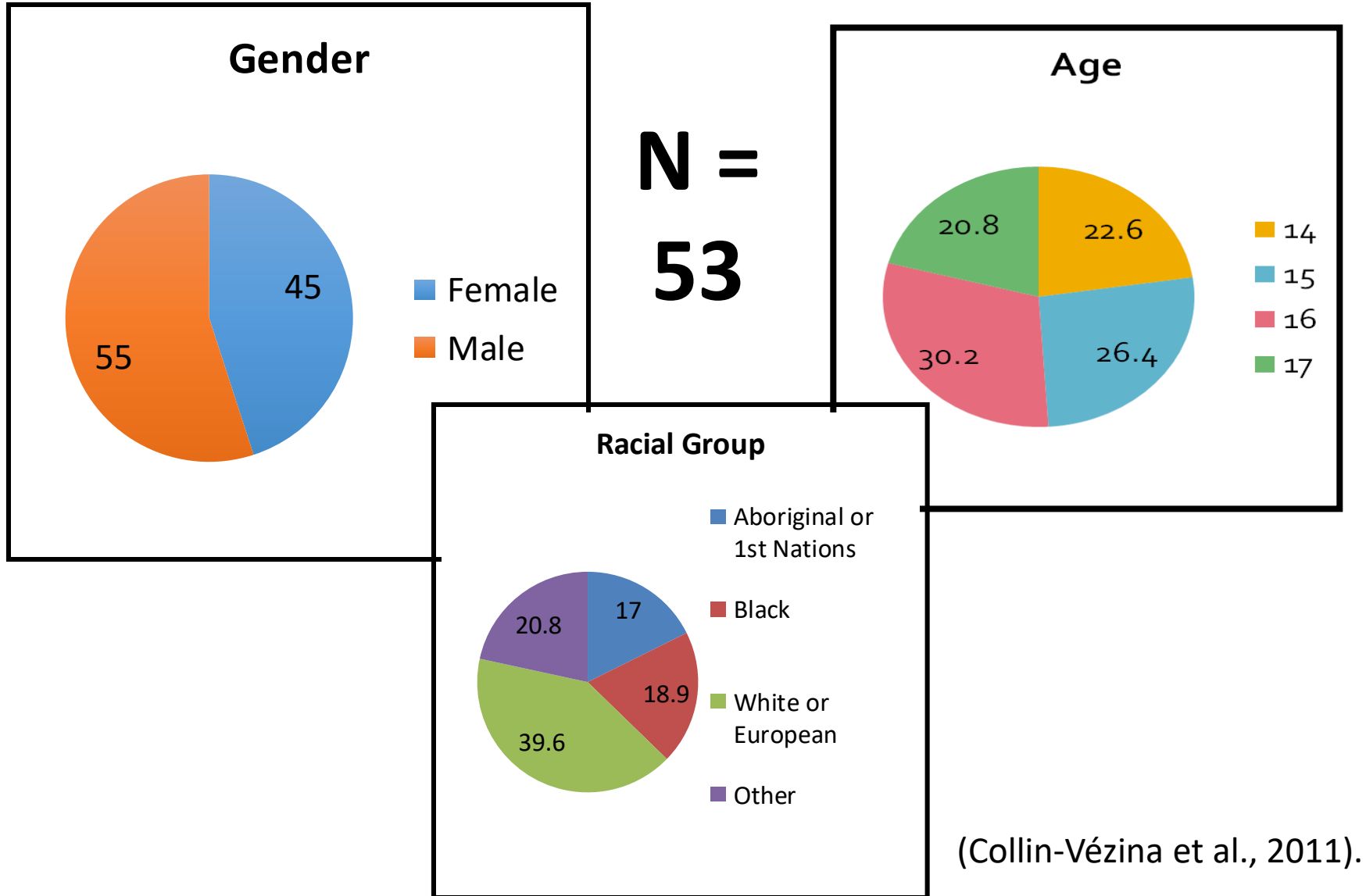
# TIC is a Lens

# Trauma Lens

- In the absence of a trauma-informed lens the clients' presenting problems can be misunderstood and misdiagnosed resulting in pathologizing labels and harmful approaches (Harris & Fallott, 2001).

"In trauma-informed services, professionals are not required to treat trauma; rather they approach their work with the understanding of how common trauma is among those that they serve, and how challenging it may be to establish a therapeutic connection"

(Pooles & Greaves, 2012, p. xvi).

# Trauma & Youth in Care: Quebec-based study



**Gender**

- 45 Female
- 55 Male

**N = 53**

**Age**

- 22.6 — 14
- 26.4 — 15
- 30.2 — 16
- 20.8 — 17

**Racial Group**

- 17 Aboriginal or 1st Nations
- 18.9 Black
- 39.6 White or European
- 20.8 Other

(Collin-Vézina et al., 2011).

# Trauma & Youth in Care: Quebec-based study

| Type of Abuse | None or minimal | Low to moderate | Moderate to severe | Severe to extreme | |
|---|---|---|---|---|---|
| Physical abuse | 38% | 19% | 9% | 34% | → 62% |
| Emotional abuse | 32% | 26% | 9% | 32% | → 68% |
| Sexual abuse | 62% (none) | 6% | 9% | 23% | → 38% |
| Physical neglect | 45% | 15% | 15% | 25% | → 55% |
| Emotional neglect | 41.5% | 24.5% | 17% | 17% | → 59% |

Childhood Trauma Questionnaire

## COMPOUNDED MALTREATMENT:

**83%** of the sample reported **at least one form** of maltreatment.

**76%** of the youth reported **MULTIPLE (2 or MORE)** forms of maltreatment.

**64%** of the youth reported **3 or MORE** forms of maltreatment.

**40%** of the youth reported **4 or MORE** forms of maltreatment.

**19%** of the sample experienced **ALL 5 TYPES** of child maltreatment.

25% scored above the clinical threshold for PTSD

# Trauma & Youth in Care: Quebec-based study

- However, for these 53 youth the reasons they were taken into child protection care were poorly reflective of the traumas experienced:
  - 83.0% behaviour problems
  - 26.4% neglect
  - 5.7% sexual abuse,
  - 5.7% abandonment
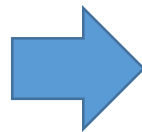  - < 5% emotional abuse
  - < 5% physical abuse

Milne & Collin-Vézina, 2014
Milne thesis, 2011

# TIC is a Shift in Culture

- Adopting a trauma-informed approach is not an easy undertaking… it is a complete shift in culture.

- It is a process that aims to do no less than completely shift the focus from:

**What's wrong with this kid?** → **What's happened to this kid?**
**What can *WE* do to help?**

On Becoming Trauma Informed

"I'm right there in the room, and no one even acknowledges me."

# Why is Trauma-Informed Care Difficult to Implement?

- One of its most important limitations is the lack of unified conceptual definition of what TIC is, what it is not and what it is aspiring to be.

- *'The lists of 'dos and don'ts' that now exist about trauma-informed care are good as guidelines but so much has to do with our shared intention and our shared vision about what we want to see emerge out of these efforts"* (Middleton et al., p.239).

# The Do's and Don'ts: Guiding Principles

The "4R" rule suggests four strands in the development of trauma-based practices:

- **Realize** the impact of trauma and the importance of providing healing opportunities;

- **Recognize** the signs and symptoms of trauma in clients, families, staff and others involved in the system;

- **Respond** to clients' needs by fully integrating knowledge of trauma into policies, procedures and practices;

- **Resist** (actively) reactivating new traumas.

SAHMSA, 2014

# Realize . . .

- . . . that complex trauma is first and foremost a relational trauma

- Traumatized children and adolescents need to reconnect with caring adults who are different from those in their past.

- They need **restorative relational experiences**.

- But the trauma means that these children have been betrayed. They expect to be hurt again and feel blame.

Each relationship is an opportunity to heal.

Workers

Teachers

Professionals

Foster families

Volunteers

# Realize . . .

. . . that developing a secure relationship is the most powerful protective factor against negative experiences
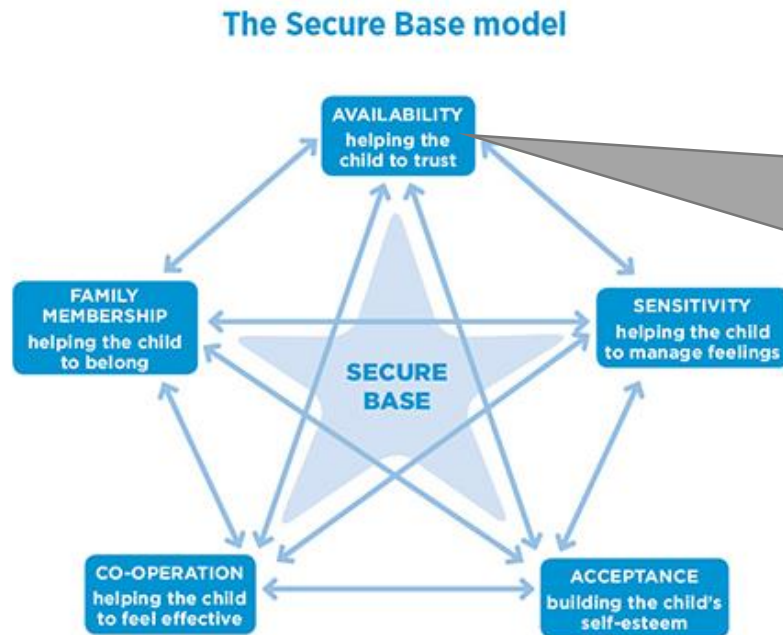
# Recognize . . .

- . . . trauma-related signs and symptoms through the use of clinical tools to provide an objective (rather than reactive) perspective of the child's functioning.
- https://www.nctsn.org/measures/child-welfare-trauma-referral-tool
- Use detection tools carefully:
  - Risk of re-traumatizing the child if the adults are not trained to handle disclosed information properly
  - Risk of opening a Pandora's box without having any help to offer
  - Risk of confusion about confidentiality
  - Risk of stigmatization

# Respond. . .

- . . . to the need for emotional and physical safety
- The conditions in the child's living environment and the behavior of the adults responsible for their well-being allow the child to feel protected and respected.
  - The physical environment is appropriate and safe for the child's age and offers opportunities for normative development.
  - The adults show respect for the child, understand how trauma can be experienced and manifested, are sensitive to the difficulties of the traumatized child, and show that they care.
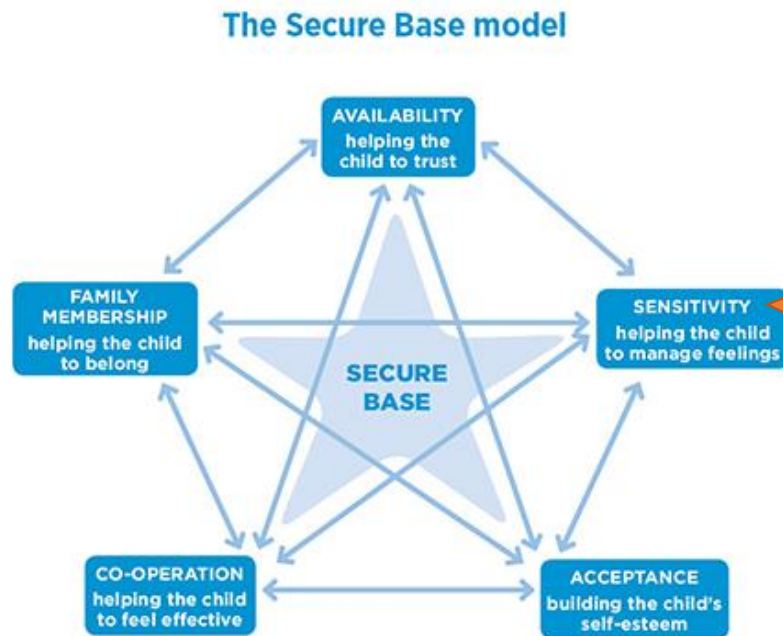
# How to Create this Secure Base?

## The Secure Base model

**AVAILABILITY**
helping the child to trust

**FAMILY MEMBERSHIP**
helping the child to belong

**SENSITIVITY**
helping the child to manage feelings

**SECURE BASE**

**CO-OPERATION**
helping the child to feel effective

**ACCEPTANCE**
building the child's self-esteem

**AVAILABILITY**
**Helping the child to trust**

- Be physically and mentally available for the child
- Helping the child be confident that they can count on us in case of need
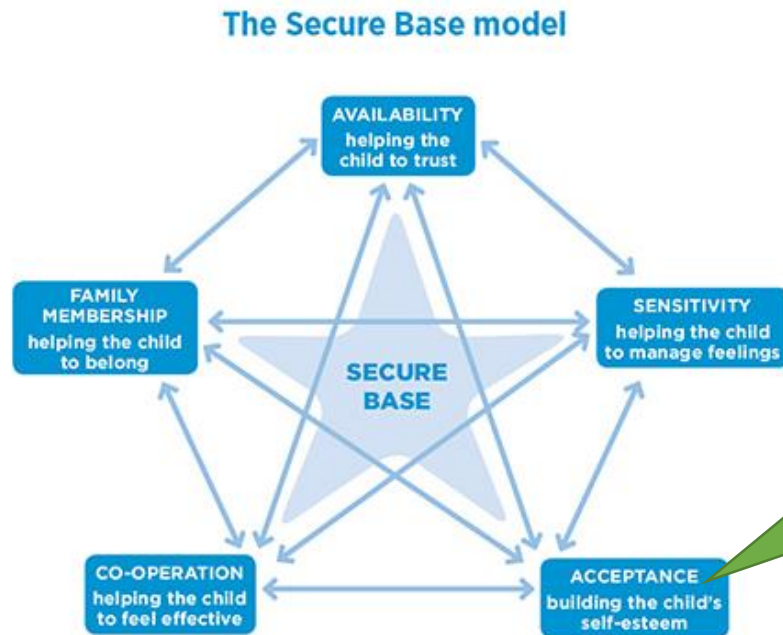
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# How to Create this Secure Base?



The Secure Base model

**AVAILABILITY** helping the child to trust

**FAMILY MEMBERSHIP** helping the child to belong

**SENSITIVITY** helping the child to manage feelings

**SECURE BASE**

**CO-OPERATION** helping the child to feel effective

**ACCEPTANCE** building the child's self-esteem

**SENSITIVITY**
**Helping the child manage their emotions**

- Show empathy, avoid judging the child's emotions
- Help the child express and modulate their emotions
- Be sensitive to the effect of the child's traumatic experiences on ourselves

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# How to Create this Secure Base?



**The Secure Base model**

AVAILABILITY
helping the child to trust

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SECURE BASE

CO-OPERATION
helping the child to feel effective

ACCEPTANCE
building the child's self-esteem

**ACCEPTANCE**
**Building the child's self-esteem**

- Highlight the child's strengths and qualities
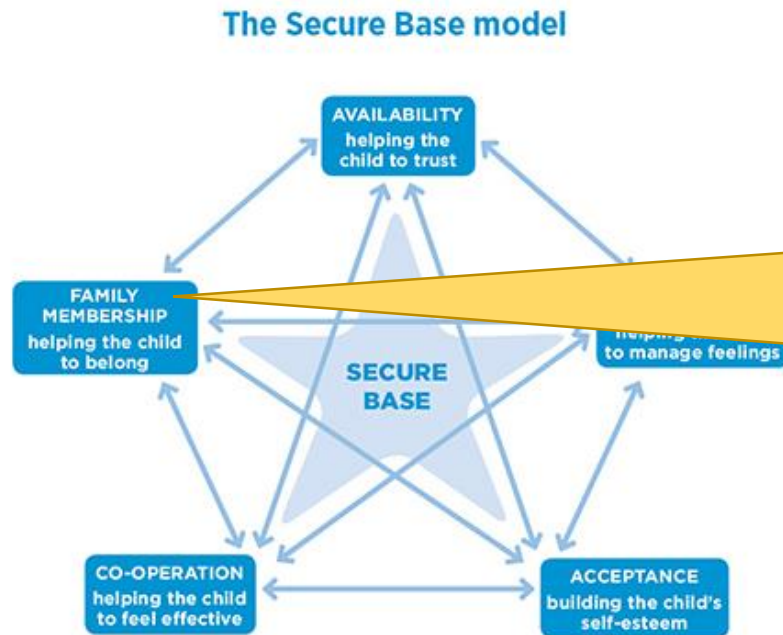- Help the child adopt a more nuanced vision of themselves

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# How to Create this Secure Base?

**The Secure Base model**

- **AVAILABILITY** helping the child to trust
- **FAMILY MEMBERSHIP** helping the child to belong
- **SENSITIVITY** helping the child to manage feelings
- **SECURE BASE**
- **CO-OPERATION** helping the child to feel effective
- **ACCEPTANCE** building the child's self-esteem
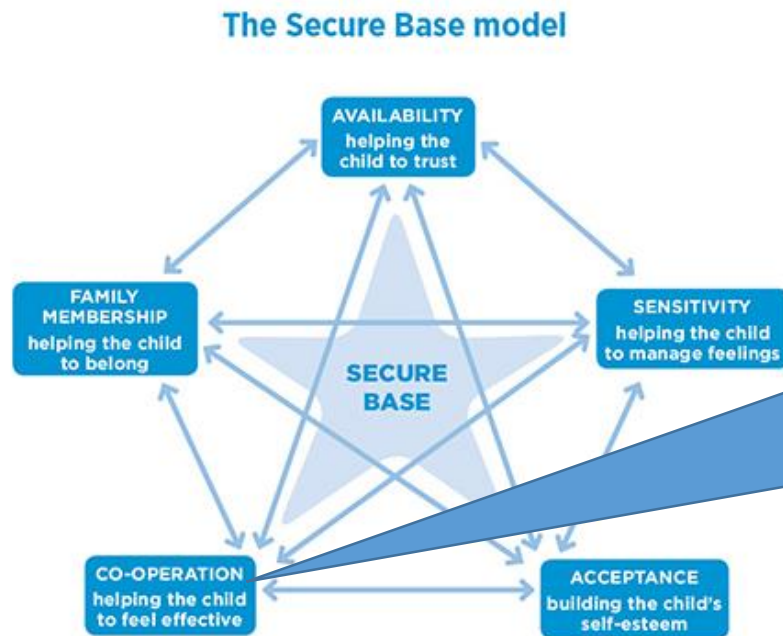
**CO-OPERATION**
**Helping the child feel effective and competent**

- Support independence through cooperation and interdependence
- Help the child seek help from others to solve problems

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# How to Create this Secure Base?



**The Secure Base model**

AVAILABILITY
helping the child to trust

FAMILY MEMBERSHIP
helping the child to belong

SECURE BASE

helping to manage feelings

CO-OPERATION
helping the child to feel effective

ACCEPTANCE
building the child's self-esteem

**FAMILY MEMBERSHIP**
**Helping the child to belong**

- Promote a sense of belonging to the various groups or families of which they are a member
- Help the child develop anchor points that enable them to develop their identity

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# Respond . . .

Change the survival loop in which the child is caught



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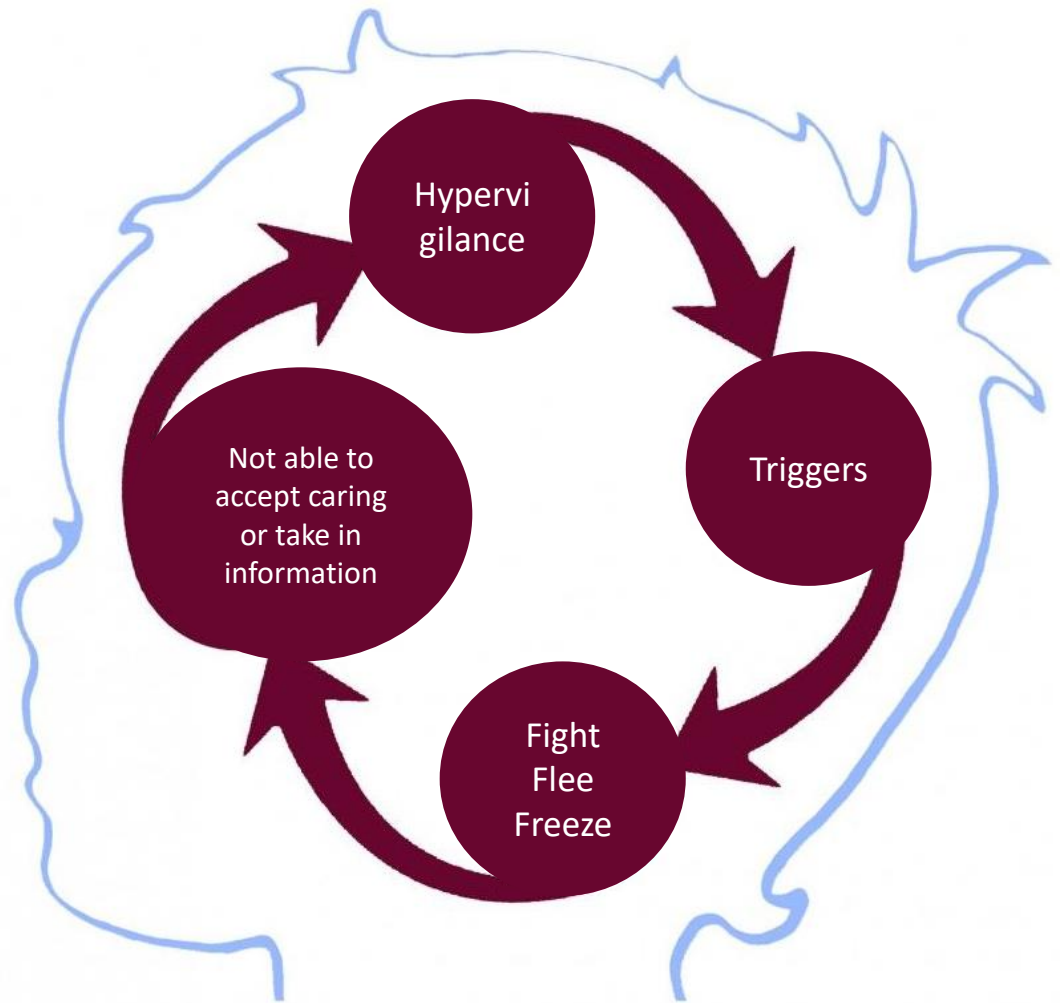
# Respond…

# Resist Retraumatization

- The risk of abuse and mistreatment is evaluated regularly and the child's well-being is central to decision-making.
  - Societal values are never put before the best interests of the child (e.g., placing siblings in the same foster family).
- Decisions are well thought out and not rushed. Transparency and collaboration with the child and their family are key.
- Supervision of children in their community (e.g., at school) is aimed at preventing violence and bullying.
- The use of special measures (restraint, isolation, expulsion) is limited to extreme and dangerous situations.

# SAMHSA: Principles of Trauma-Informed Care

## SAMHSA's Guiding principles of trauma-informed care:

| SAFETY | Throughout the organization, staff and the people they serve feel physically and psychologically safe |
|---|---|
| TRUSTWORTHINESS & TRANSPARENCY | Organizational decisions are conducted with transparency with the goal of building and maintaining trust |
| PEER SUPPORT | Mechanisms are in place to break isolation and stigmatisation as a key vehicle for building trust and safety |
| COLLABORATION | Collaborative relationships permit the meaningful sharing of power and decision-making. |
| EMPOWERMENT | Trauma victims' lack of choice and voice is counteracted by mechanisms that develop their self-efficacy and build on strengths. |
| CULTURAL, HISTORICAL AND GENDER ISSUES | The organization actively rejects stereotypes and biases; it offers responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma. |

https://www.samhsa.gov/

# When it counts the most: Trauma-informed care and the COVID-19 global pandemic
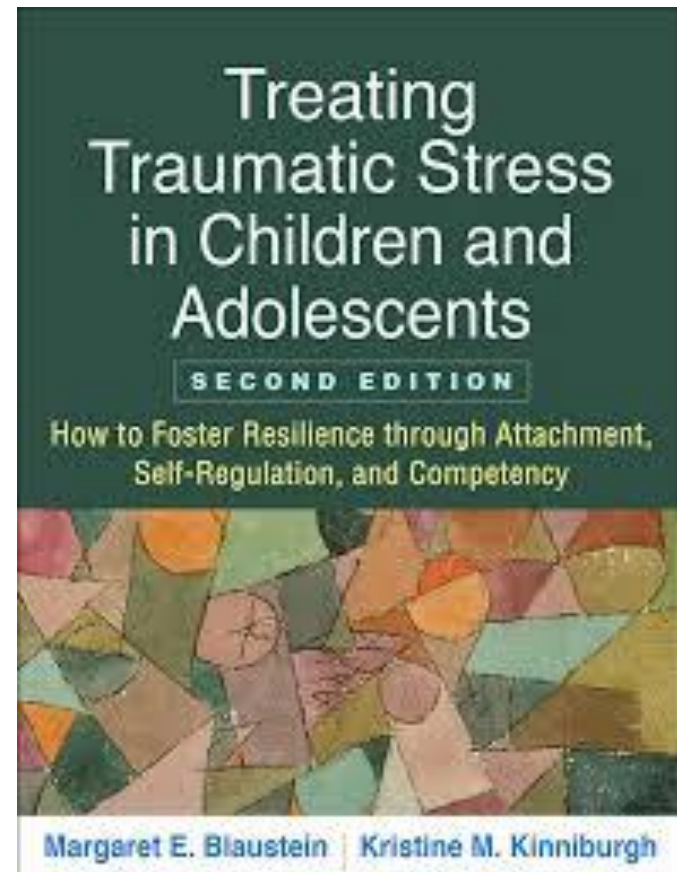
**Delphine Collin-Vézina, PhD**[1], **Denise Brend, PhD**[2], and **Irene Beeman, MSW**[3]

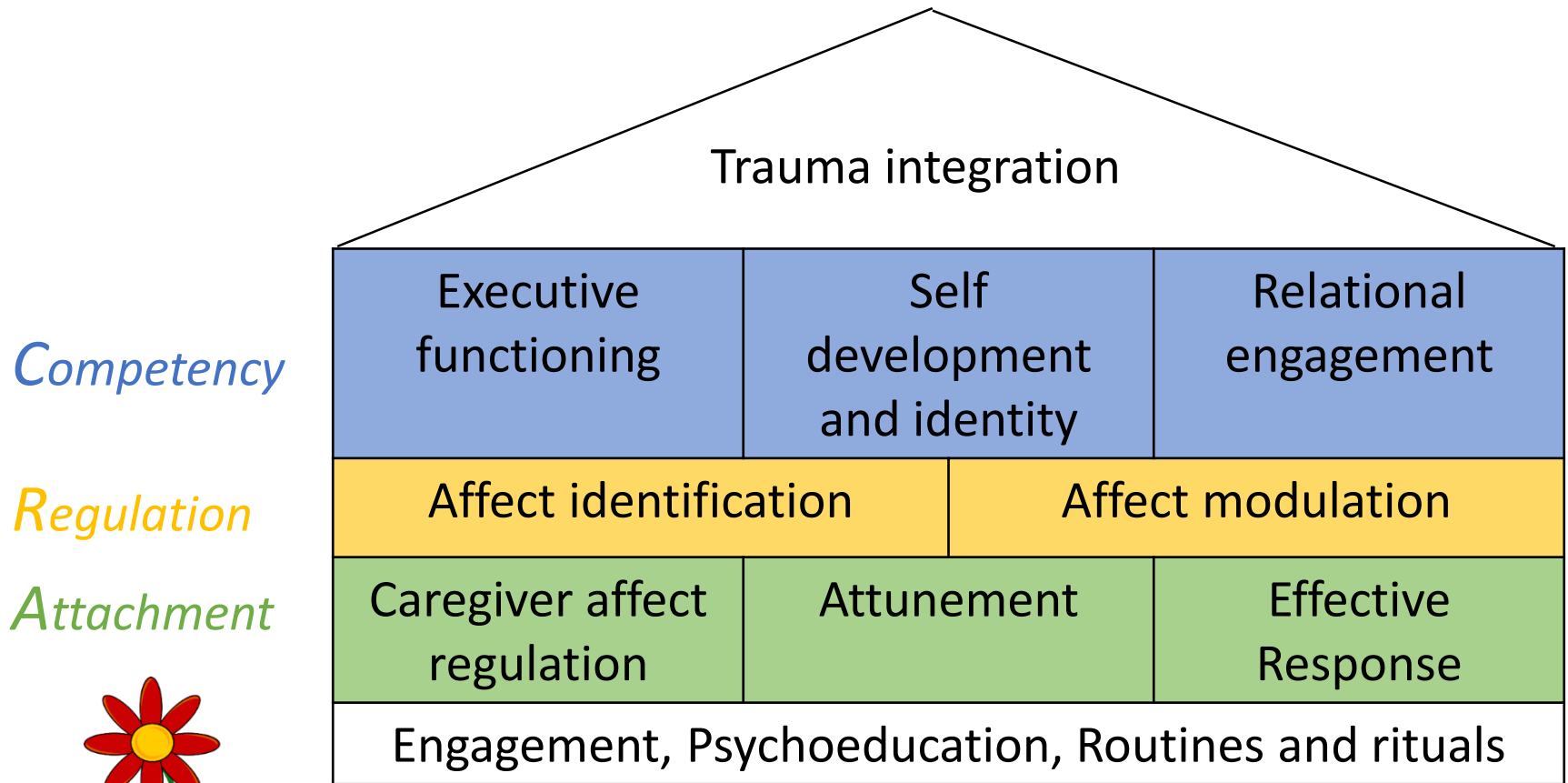Open Access: When it Counts the Most: Trauma-informed care and the Covid-19 pandemic

# ARC : A Systemic Approach

Attachment, Regulation and Competency (ARC)

Recognized as a promising practice by *National Child Traumatic Stress Network* and the *Substance Abuse and Mental Health Services Administration* (*SAMHSA;* U.S. Department of Health and Human Services)



Treating Traumatic Stress in Children and Adolescents

SECOND EDITION

How to Foster Resilience through Attachment, Self-Regulation, and Competency

Margaret E. Blaustein | Kristine M. Kinniburgh

# ARC : A Systemic Approach



Trauma integration

| Competency | Executive functioning | Self development and identity | Relational engagement |
|---|---|---|---|

| Regulation | Affect identification | Affect modulation |
|---|---|---|

| Attachment | Caregiver affect regulation | Attunement | Effective Response |
|---|---|---|---|

Engagement, Psychoeducation, Routines and rituals

Reproduced from Blaustein et Kinniburgh, 2019, p.38

# A Few Key Questions Based on the ARC Model

- In your organization, do you have a designated team, ideally comprised of multi-disciplinary professionals, who bear the responsibility for strategic planning, ongoing development, monitoring, and adjusting of a systemic program approach to trauma-informed practice?

- What are the strategies in place to support staff knowledge / awareness of trauma through purposeful sequences / approaches to training / consultation / supervision which are integrated into ongoing programmatic structures (i.e., beyond initial orientation)?

- How are trauma-related concepts infused in established program structures (i.e., meetings, client discussion, supervision), policies, and paperwork?

- How do you actively target staff / adult affect management, including reflective thinking activities, acknowledgement of vicarious trauma and secondary stress, and support options into system structures and policies and procedures.

**CORONAVIRUS (COVID-19) PANDEMIC COPING STRATEGIES FOR YOUTH WITH A HISTORY OF COMPLEX TRAUMA**



*By Jana Pressley, Psy.D. & Joseph Spinazzola, Ph.D.*
*The Foundation Trust*

Click here

**ARC and ARC Grow considerations for implementation:**

**Telehealth and COVID-19**

Click here

# Lessons Learned

#1: It's teamwork and people in decision-making positions need to be involved

# Lessons Learned

#2: Making plans right from the start facilitates successful implementation!

- **Integration** (training, coaching, consultation)
  - The <u>combination</u> of formal training and ongoing coaching is **essential** for a change in practice
- Stable **leadership** with a long-term vision
- Adequate human and financial **resources**
- **Time**

# Lessons Learned

## #3: Taking care of the carers is key!

Pay attention to **stress**, **vicarious trauma** and **systemic trauma**

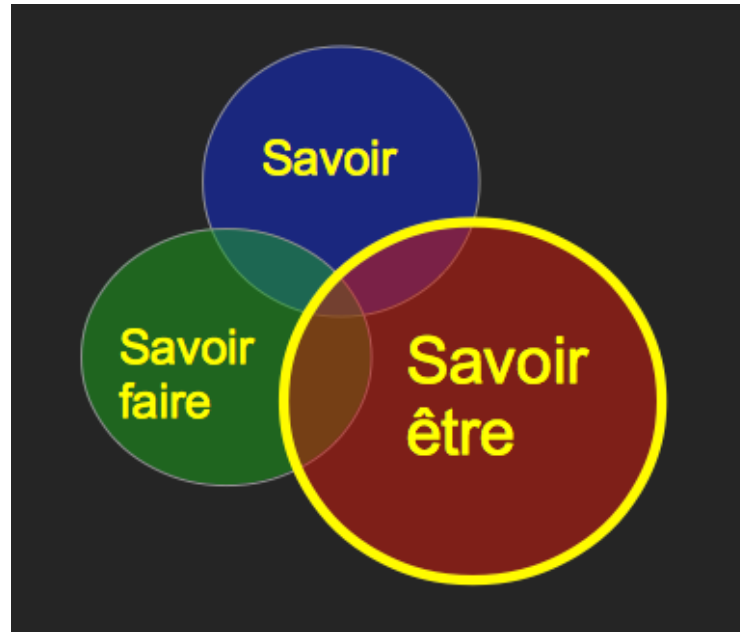– Stress and trauma impact organizations as a whole

# Lessons Learned

- #4: Of all types of knowledge, soft skills (reflective functioning, insights, mentalization) are the most important to develop as professionals.

# THANK YOU FOR YOUR ATTENTION!

All questions can be addressed to:

Delphine Collin-Vézina:
[delphine.collin-vézina@mcgill.ca](mailto:delphine.collin-vézina@mcgill.ca)