



Behavioral Health Services (BHS)

QUICK GUIDE

Guidelines for Trauma-Informed Care
Workplace & Practice

2019



Quick Guide: Trauma-Informed Care Workplace & Practice

WHAT IS TRAUMA?

Trauma results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being¹.

While responses to experiencing trauma can differ from person to person in type, severity, and frequency the following table is based on the most commonly reported or observed responses to trauma¹:

<u>Physical</u>	<u>Emotional or Cognitive</u>	<u>Spiritual</u>	<u>Interpersonal</u>	<u>Behavioral</u>
<ul style="list-style-type: none"> • Unexplained chronic pain or numbness • Stress-related conditions (e.g. chronic fatigue) • Headaches • Sleep problems • Digestive problems 	<ul style="list-style-type: none"> • Depression • Anxiety • Anger Management • Compulsive and obsessive behaviors • Being overwhelmed with memories of the trauma • Difficulty concentrating, feeling distracted • Fearfulness • Loss of time and memory problems • Suicidal thoughts 	<ul style="list-style-type: none"> • Loss of meaning or faith • Loss of connection to: self, family, culture, community, nature, a higher power • Feelings of shame or guilt • Self-blame • Self-hate • Feel completely different from others • No sense of connection • Feeling like a "bad" person 	<ul style="list-style-type: none"> • Frequent conflict in relationships • Lack of trust • Difficulty establishing and maintaining close relationships • Experiences of victimization • Difficulty setting boundaries 	<ul style="list-style-type: none"> • Substance use • Difficulty enjoying time with family and friends • Avoiding specific places, people, situations (e.g., driving, public places) • Shoplifting • Disordered eating • Self-harm • High-risk sexual behaviors • Suicidal impulses • Gambling • Isolation • Justice system involved

*Children may also respond in the following ways: separation anxiety, fear of the dark, nightmares, and regressive behaviors (e.g., bedwetting, thumb sucking).

*Cultural Consideration: trauma may have different meanings in different cultures and responses to trauma may also be expressed differently.



WORKING WITH INDIVIDUALS WITH TRAUMA

Possible Signs of Trauma to Watch for When Interacting or Working with Others

- Sweating
- Change in breathing
- Muscle stiffness, difficulty in relaxing
- Inability to concentrate or respond
- Shaking
- Staring into the distance
- Becoming disconnected, losing focus
- Startle response, flinching
- Flood of strong emotions
- Rapid heart rate
- Inability to speak
- Avoidance

Developing Safety and Trustworthiness

1. Consider possible barriers to engagement (visible/invisible, concrete/perceived) and address them collaboratively
- 2. Attend to immediate needs (e.g., safety, shelter, medical concerns), including providing linkages**
3. Be transparent, consistent, and predictable
- 4. Establish healthy working boundaries and expectations by clarifying roles**
5. Clearly outline program and treatment expectations of what the individual can expect and what is expected of them
- 6. Review informed consent, how information will be shared, and the limits to confidentiality and ensure their understanding**
7. Collaboratively develop an understanding of helpful grounding strategies that the individual already utilizes, ways the provider can offer support, and specific strategies that can be learned and utilized in session to promote grounding

See: The Centre for Addiction and Mental Health (CAMH) Client Bill of Rights

Collaboration and Choice

1. Working through the details together (e.g., contact preference, preferred gender of practitioner, timing of appointments)
- 2. Exploring and problem solving barriers to participation and attendance collaboratively with the individual**
3. Striving to understand and make central the individual's priorities and hopes for treatment
- 4. Inquiring about others who may be helpful to include in some aspect of their care**
5. Identifying adjunctive providers and/or those who close to and supportive of the individual and developing a plan with the individual for how they want their supports included in their care
- 6. Emphasizing importance of individual's preferences and choices (e.g., "I am curious what your thoughts are about this plan." "Please let me know if you need me to pause or if you become uncomfortable at any point.")**
7. Eliciting feedback often to inform your work and the program

Asking About Trauma

1. Assessment is also a crucial time for developing the relationship and enhancing engagement
- 2. Be considerate that information gathered is predominantly in the individual's best interest and course of treatment – generally, specific details of traumatic experiences are not required to provide trauma-informed care**
3. Keep the conversation safe, contained, and connected to present functioning and health
- 4. Offer choice to individuals in answering questions about trauma**
5. Ensure that the physical space promotes a sense of safety – provide as much privacy as possible and consider the physical layout, spacing between you and the individual, lighting, proximity to an exit, etc.
- 6. Utilize OARS: Ask Open-ended questions, offer Affirmations, use Reflective listening, and provide Summaries**
7. Discuss the reason for asking questions about trauma and normalize reactions to trauma
- 8. Stay aware and respond to the signs of a trauma response – consider pausing the conversation, using grounding skills to connect the individual to the present moment, and provide the a choice to continue or return to the topic at a later time**
9. Highlight when possible their strengths, protective factors, goals, coping skills, community supports, spirituality, etc.
- 10. Remember that topics can be revisited while developing a sense of trust and safety with the individual**
11. Break-up the number of questions asked in a row by using more reflections in conversation(see OARS)
- 12. Elicit feedback often (e.g., "How was this for you today?", "Is there something that you would like to let me know about how I can ask you questions going forward?")**
13. Utilize your clinical judgment to decide when to not inquire about trauma, for example, during a crisis, if the individual is experiencing a high level of emotion(s), during substance withdrawal/intoxication, or during active psychosis
- 14. Gather information from collateral sources to minimize re-telling of events**



SELF CARE FOR STAFF^{1, 41}

Some Signs of Secondary Trauma

- Having a sense of needing to fix things for the individuals you work with or acting as the expert and not collaborating
- Feeling overwhelmed
- Rushing tasks and assignments
- Dreading appointments or work
- Intrusive thoughts and/or disrupted sleep related to information about others' trauma experiences
- Feeling emotionally exhausted in your work with individuals seeking services
- Feeling "trapped" by your job or "bogged down" by the system
- Easily fatigued, startled, or irritated
- Disruption in self-care
- Feeling depressed, numb, or indifferent
- Avoiding people, places, or activities because they remind you of those you who you work with
- Trouble remembering what you did during the day
- Difficultly separating personal and professional life
- Increasing tardiness/absences

Short-term Self Care Strategies

Physical:

- Feel your feet on the floor
- Focus on your breath
- Stretch
- Run water over your hands
- Progressive muscle relaxation

Mental:

- Scan your office and name what you see
- Read something out loud to yourself
- Imagine changing the channel in your head

Soothing:

- Imagine something that gives you strength
- Put inspirational quotes on your wall and read them as you need
- Develop a mantra (e.g., "No feeling is final", "I can do anything for a day")

Longer-term Self Care Strategies

- Have variety in your day and role overall - research, training, different types of conversation
- Attend continuing education
- Take scheduled breaks in the day
- Develop a personal debriefing plan, with peers or a supervisor
- Set realistic goals for yourself
- Explore spiritual beliefs
- Actively use body therapies (e.g., yoga, stretching, mindful movement)
- Listen to how you "speak" to yourself - practice words of self-respect and recognition

Strategies for Outside of Work

- Eat regular, healthy and balanced meals
- Get adequate sleep
- Meditation/Mindfulness practice
- Practice daily gratitude
- Yoga or stretching
- Rhythmic physical activities and movements
- Journal
- Have a ritual for when you come home to symbolize your transition from work (e.g., unplug from phones/social media, change clothes, eat a snack, call a friend)
- Therapy and/or spiritual guidance

Ideas for Grounding

- Breathing: counting breaths, belly breathing, noticing physical changes with the breath
- Pressing your feet into the floor - either seated or standing
- Notice your weight in your chair and the stability the chair and ground beneath you provides
- 5-4-3-2-1: Name 5 things that you see, 4 things that you hear, 3 things that you feel through touch, 2 things that you smell, and 1 thing that you taste
- Repeat an affirmation mantra
- Clap your hands together and feel all of the movements of your hands, the air between them, the sound they make, and the slight sting of your skin when they make contact
- Go to a safe and calm place
- Click [HERE](#) and go to page 85 to see "33 Quick Ways to Ground"

Most people are aware of the need to practice a variety of these strategies, but it can be important to explore your obstacles or hesitancy if you have stopped doing any of them or have yet to start to do them. Sometimes one small action or gesture of self-care can lead to bigger change.



THE TRAUMA-INFORMED WORKPLACE²

Ideas that promote care, longevity, and growth that can support staff who work with those with trauma include:

- Structured and strength-based supervision is provided to all staff from someone trained in trauma-informed care
- Conduct regular staff meetings that include sharing of information and ideas for working with trauma, discussion of ethical issues associated with defining personal and professional boundaries, model/teach strategies for self-care, safety, choice, and empowerment, and assess/address issues of safety
- Provide and facilitate opportunities for peer support and consultation
- In supervision, help staff understand their own stress reactions
- Supervisors should provide appropriate support to staff who report experiencing vicarious trauma



The following *Personal Preparation Plan* can be individualized as you prepare for trauma-informed practice:

Personal Preparation Plan²

In preparation for engaging with someone coming for mental health and/or substance use support, I will ground myself by...

I will remind myself that...

I will know the work is starting to have a negative effect on me when...

If that starts to happen, I will ground myself by...

Someone who can offer me support

- 1) At work: _____
- 2) Outside of work: _____

Two self-care strategies that help me manage are...
