

This presentation is one of a series developed in the course of a project of the YWCA Toronto in collaboration with the Centre of Excellence for Women's Health, entitled TIDE (Trauma Informed Development and Education). The project has received financial assistance from the Public Health Agency of Canada, however the views expressed within are not necessarily those of PHAC.

The series is intended to support ongoing integration of TIP within the YWCA Toronto and other YWCAs across Canada.

## APPLYING THE TRAUMA INFORMED PRINCIPLES

# Principles of TIP

These 4 principles help us apply trauma informed approaches:

1. Awareness of the prevalence and impacts of trauma, and the adaptations that individuals use to cope
2. Creating safety and fostering trust
3. Offering choice and control, fostering collaboration
4. Supporting the development of specific skills, as well as strengths and empowerment

Awareness

Safety and Trustworthiness

Choice, Control, Collaboration

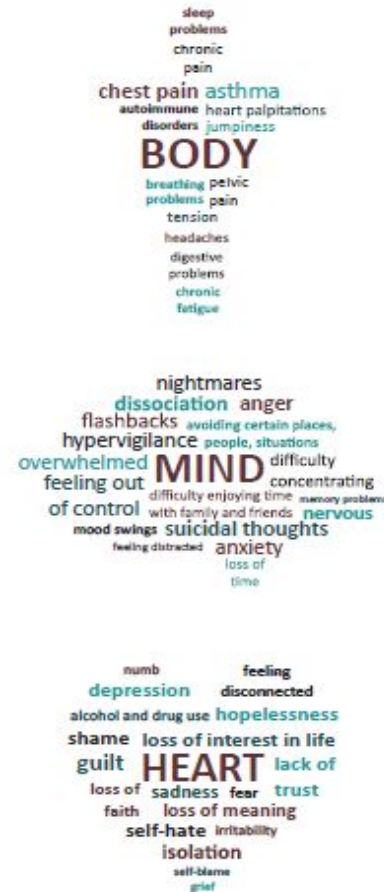
Strength, Skills and Empowerment

# AWARE

We can bring into our work awareness:

- Of the effects of trauma – the wide range of responses survivors have.
- Of the implications for service access (e.g. survivors possibly expressing feelings of rage, mistrust, fear, refusal of help).
- That TIP is applied universally – is not based on disclosure – we are not case-seeking for trauma, but instead it could be said we are seeking for (and enhancing) resilience
- Of the implications for service providers as well (vicarious trauma)

## WHAT ARE THE EFFECTS OF TRAUMA?



Trauma affects everyone differently.  
People can and do heal from trauma.

Download the BC Trauma-Informed Practice Guide from [www.bccowh.bc.ca](http://www.bccowh.bc.ca).



*Building on our strengths*



A poster on trauma effects, or postcards – can signal that your agency is trauma informed.

# SAFETY AND TRUSTWORTHINESS

## Central to trauma informed approaches are:

- Creating safety to discuss the challenges facing girls, women and gender diverse communities
- Safety that is physical, emotional, spiritual and cultural.
- Consideration of how to move from confrontational and directive approaches to ones that build relationship and trust

June 2018

### DOORWAYS TO CONVERSATION Brief Intervention on Substance Use with Girls and Women



Centre of Excellence  
for Women's Health

[www.bccewh.bc.ca](http://www.bccewh.bc.ca)

These documents offer ideas about creating safety in conversations and in our language

[http://bccewh.bc.ca/wp-content/uploads/2018/06/Doorways\\_ENGLISH\\_July-18-2018\\_online-version.pdf](http://bccewh.bc.ca/wp-content/uploads/2018/06/Doorways_ENGLISH_July-18-2018_online-version.pdf)

### Language to Reduce Stigma and Promote Healing

Language reflects the culture of an organization. Language can play an important role in whether people choose to access services and whether they will connect with and continue to engage with service providers.

- Use language that conveys optimism, supports recovery, and provides hope for healing. What clients and patients hear or read can positively impact their health and well-being.
- For individuals who have experienced trauma and violence, language can normalize and re-frame their responses to the trauma. Rather than talking about "disorders" and "problem behaviors," you can discuss "coping," "adaptations," "survival skills" and "resilience."
- Substance use remains highly stigmatized and prevents people from accessing care. Use "person-first" language that refers to the person before their condition or behaviour, e.g., person with an opioid use disorder. This recognizes that a person's condition, illness, or behaviour is only one aspect of who they are and not a defining characteristic.
- Be careful with labelling certain behaviors and conditions as these labels can be highly stigmatizing and can "follow" people around in their lives. This is particularly true when working with pregnant women and new mothers who use substances. Avoid using terms like "addicted babies" or "born addicted to heroin." Try "exposed to substances in utero" or "experiencing withdrawal."
- Use language that respects an individual's autonomy and reflects collaboration between patients/clients and service providers.

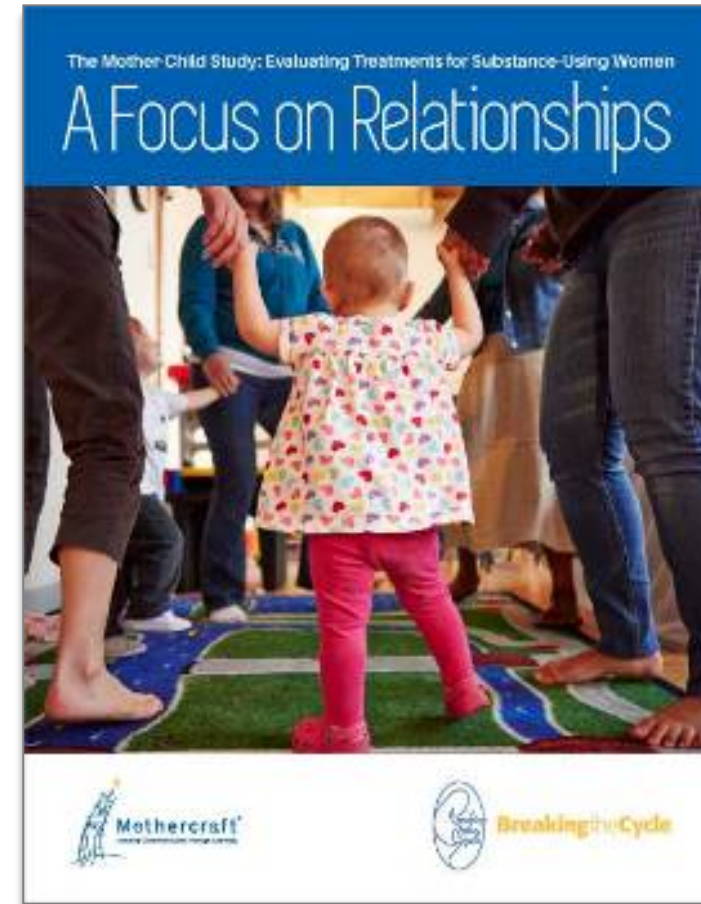
From

To

Unmotivated, non-compliant, resistant	Opted not to, choosing not to, prefers not to, seems unsure about
Manipulative	Resourceful, seeking support, trying to get help
Refused	Declined, repeatedly said no
Borderline	Doing the best they can given their early experiences
Suffering from, victim of	Has a history of, working to recover from, living with, experiences
Dirty or clean test results	Positive or negative test results
Born addicted, addicted babies	Experiencing withdrawal symptoms, exposed to substances in utero
Drug abuser, substance abuser, addict, junkie	Person who uses opioids, person experiencing problems with substance use

# CHOICE, COLLABORATION AND CONNECTION

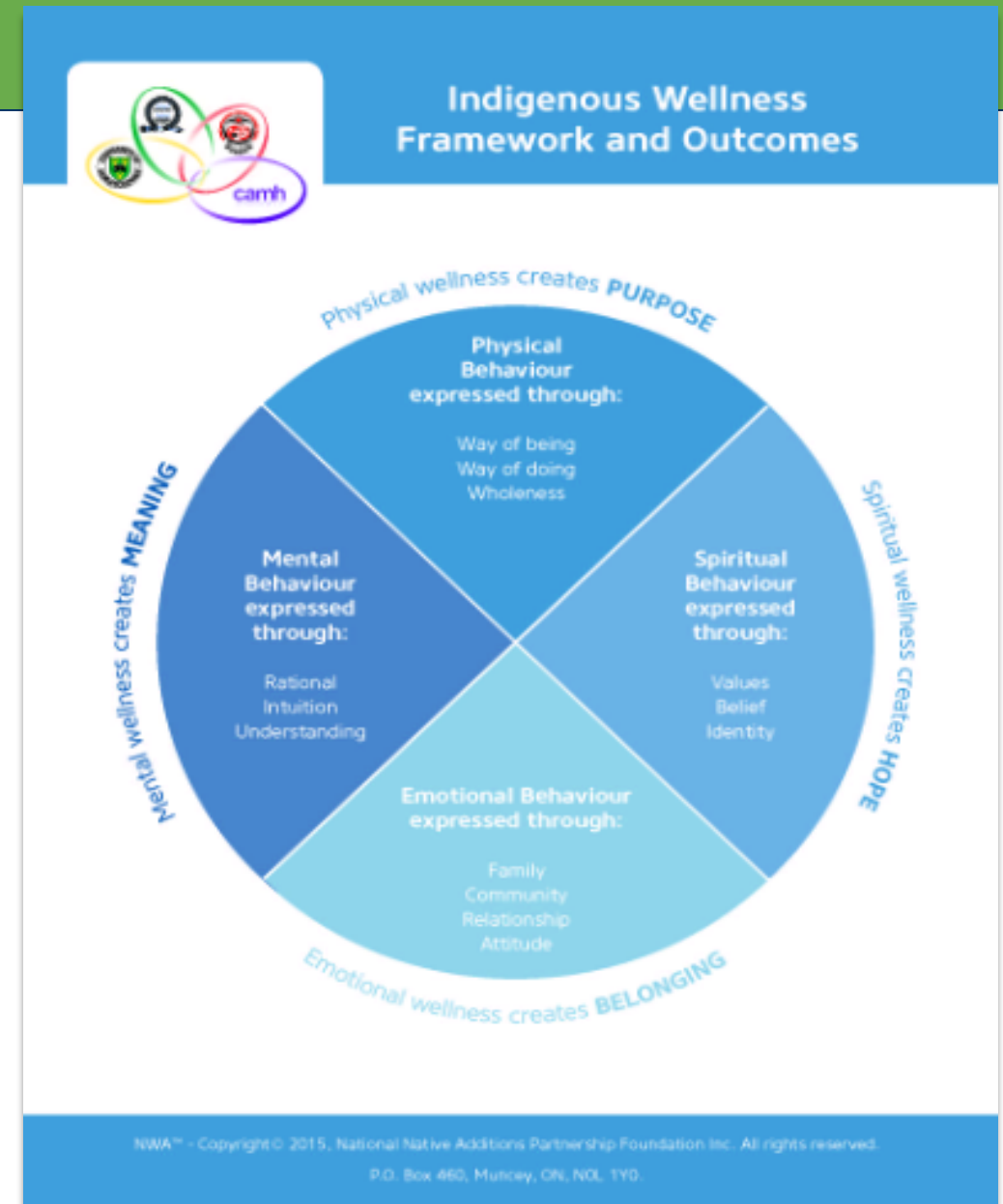
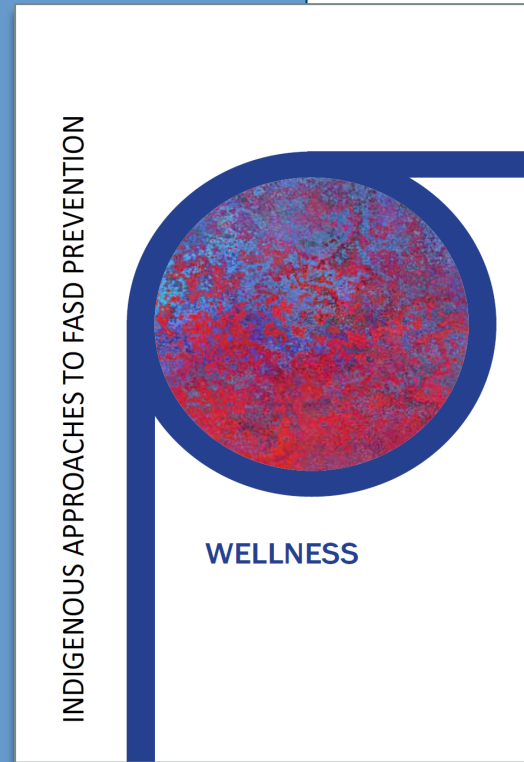
- TIP is a relational practice
- Reparative of overwhelming and power-over experiences
- Supportive of individuals having agency, self determination and 'power within'



This study shows how an agency can value relationship and connection, between mothers and children, between mothers and staff, and between staff in partnering agencies - and how that improves outcomes for women and children. <http://www.mothercraft.ca/index.php?q=publications>

# STRENGTHS BASED

- TIP aligns well with what Indigenous experts have identified as the importance of starting from strengths not deficits
- It involves acknowledging resilience and enhancing coping and healing strategies.



# SKILL BUILDING

Service providers need to be prepared to model and teach self regulation skills

## Grounding Activities and Trauma-Informed Practice



Maxine Harris says that in trauma-informed services "trust and safety, rather than being assured from the beginning, must be earned and demonstrated over time." *Involving grounding activities can be important for staff and clients in trauma-informed organizations and systems.*

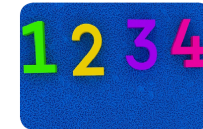
For clients, they can help to manage a trauma response, increase feelings of safety, and support the development of the skills needed to begin healing. Grounding activities can increase awareness of trauma responses, help build therapeutic relationships, be included in safety plans and offer validation. For staff, grounding activities can help you remain present when working with clients and be included in your own self-care practices.

- 1. Butterfly Hug:** Try a butterfly hug by crossing your arms (as if giving yourself a hug) and alternately tapping your left and right upper arms. Breathe and gently tap for a minute or two.
- 2. Listen to your voice:** Say the words to an inspiring or comforting poem. Try "Still I Rise" by Maya Angelou: "Tall like mountains and like trees, With the certainty of tides, Just like hopes springing high, Still I'll rise." Feel the vibration in your throat and listen to the sound in the air around your face.
- 3. Ocean Waves:** Try breathing in and out like ocean waves. As you breathe out through your mouth, make a sound like the waves reaching land. Feel the rhythm of your breathing, like ocean waves moving in and out.
- 4. Be Kind to Yourself (Self-soothing):** Whisper gentle reminders to yourself: "I am safe here and now. I can get through this. I am strong. I am loved. I am a good person. I am kind."
- 5. Say Your Name:** Remind yourself of who you are now. Say your name. Say your age. Where are you now? What have you done today? What will you do next?

- 6. Comfort Object:** Carry a grounding object such as a stone or photo in your pocket. Touch it for comfort when you need it.
- 7. Beach Escape:** Imagine you are lying on a beach. Feel the sun on your face. Dig your feet in the sand. Notice the wind blowing your hair; the sound of the ocean and kids playing, and the smell of the salt air.
- 8. Tree Roots:** Dig your feet into the ground. Pretend you are a tree, strong yet flexible. Feel rooted and connected to the earth.
- 9. Ten Breaths:** Take ten breaths, focus your attention on each breath on the way in and on the way out. Say the number of each breath to yourself as you exhale. Gradually, allow your breath to expand and fill every corner of your body.
- 10. Clap Your Hands Together:** Clap strongly and feel the slight sting as your hands meet. Now clap softly and feel the movement of air between your hands. Put your full attention on this one simple act and see how many things you can notice about what your hands feel. Move rub your hands together vigorously until they generate some heat. Feel the heat in your palms and then bring your hands to rest over your eyes and take a few slow deep breaths.



For practice tips, see [Trauma-Informed Practice Guide](http://www.bccowh.bc.ca) available for download from [www.bccowh.bc.ca](http://www.bccowh.bc.ca)



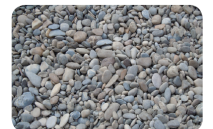
Count to 10



Hum, sing



Wash your hands



Walk slowly



Make a sandwich



Safe place

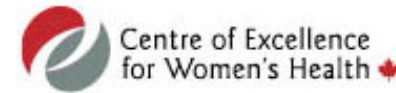
Info sheets or cards that show how to do simple grounding can be helpful, for people of all ages  
Mindfulness apps like calm.com can also be shared.

## Questions for discussion

- Do we/how do we inform clients about trauma?
- What are we already doing to create safety? What else might we do about the physical environment, the way we do intake, the way we discuss issues with clients?
- How are we integrating the teaching of coping skills?



A TURNING POINT  
FOR WOMEN





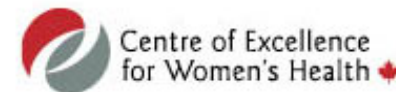
# Practice Scenario

You are meeting with a participant to share some news that you anticipate them being upset about (e.g. discharge from program)

- What are some of the things you could do before, during, and after the meeting to foster safety and trust?
- If, when you share the news with the participant, they become angry with you, yelling and accusing you of not doing your job, not helping people. How might you respond to this, in a trauma-informed way?



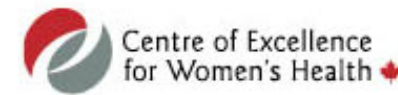
A TURNING POINT  
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# Practice Scenario

One of the participants asks if they can speak to you about something. They identify that they picked up a pregnancy test and just found out they are pregnant. They are scared and nervous and don't know what to do.

- How could you navigate this, keeping the choice, control and collaboration principle in mind?

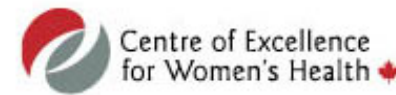


# Practice Scenarios

- One of the participants has been using substances in the shelter/public spaces, and you need to address this. How might you approach this conversation in a trauma-informed way?
- This morning, one of the participants was verbally yelling and swearing at you (staff) and other participants, and then stormed out of the building. They have just returned, and you are needing to have a conversation with them about this behaviour. Historically, when you have tried to speak to them about this, they have avoided the conversation. How might you approach this?



A TURNING POINT  
FOR WOMEN



For more info see

# Implementing TIP sheet Principles sheets

<http://bccewh.bc.ca/wp-content/uploads/2017/05/TIP-principles-Reflective-questions-2017.pdf>

**YWCA TORONTO** | A TURNING POINT FOR WOMEN | **United Way** Toronto & York Region | **TIDE** Trauma Informed Development Education

Draft- December 3, 2018

### Implementing Trauma-Informed Practices

- Trauma-Informed Practice does not require the disclosure of trauma**
  - We may not know if someone has experienced trauma, but we do not need to know this to work from a trauma-informed approach.
  - We do know that there is a high likelihood that people we support have experienced trauma, and continue to experience an array of impacts from trauma experiences.
  - Trauma-informed practices create safety for everyone. We can effectively support trauma survivors, and no harm will come to those who have *not* experienced trauma.
- Safety first, always**
  - Attending to physical and psychological (emotional/spiritual/cultural) safety is our first priority.
  - We proactively promote safety by being trustworthy in our approach - being open, transparent and honest about our roles, our services, and confidentiality policies.
  - Through grounding and mindfulness, we attend to emotional dysregulation<sup>1</sup> to support psychological and emotional safety.
  - We maintain healthy, supportive boundaries appropriate to our professional role.
  - We never push for the disclosure of trauma.
- We work with participants collaboratively, fostering empowerment**
  - We recognize each person as the expert in their own lives, allowing them choice and control to decide what services and approaches are best for them.
  - We encourage participants' involvement in the development and implementation of programs and services.
  - We use "power with" strategies, rather than "power over" approaches.
- Using strengths-based approaches we develop skills and growth**
  - We offer to teach self-regulation and self-care skills to foster growth and healing.
  - We focus on a client's strengths and skills to address the concerns they bring forward.
  - We reframe "problematic behaviours" as expressions of unmet needs and possible trauma-responses.
  - We maintain the belief that every person has the ability to reach their health and wellness goals. Our work together is to figure out the path to achieve these in a way that aligns with the person's own desires, priorities and strengths.
- We care for ourselves, in order to care for others**
  - We prioritize and maintain caring for ourselves, to bring our best selves to our work.
  - We recognize our own signs of fatigue, burn-out and vicarious trauma, and have identified strategies to address these.
  - We maintain regular supervision to navigate the difficulties we encounter in our work.
  - We collaborate with our colleagues to share our skills and resources.

<sup>1</sup> Experiencing emotional responses that are outside a normally accepted range of emotions, such as angry outbursts

This project has been made possible by a financial contribution from The Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of PHAC.

## Trauma-Informed Practice Principle: SAFETY



What does this principle look like "in action"?  
What are we already doing to create a culture of physical, emotional and cultural safety for clients and staff? What else can we be doing?

### Discussion Questions to Get Started

- What are your clients' first point of contact with your program, e.g., phone message, outreach worker, receptionist? What strategies for creating a welcoming and safe environment already exist? What else can you be doing?
- Physical, cultural, and emotional safety for both clients and staff should be considered together. For example, what are your program's policies about lights and locks? What might be comfortable and safe for one person might feel restrictive or triggering for another.
- Take a walk through the waiting areas, the reception area, group spaces, and interview rooms at your organization. Do they increase feelings of safety for both clients and staff? What are your clients' perspectives on your organization's physical space?

Funding for this Trauma Informed Practice resource is provided in part, by the Government of Canada through British Columbia's Drug Treatment Funding Program - Strengthening Substance Use Systems Initiative. The views expressed herein do not necessarily represent the views of the Government of Canada.



Download the BC Trauma-Informed Practice Guide from [www.bccewh.bc.ca](http://www.bccewh.bc.ca)

# Worksheet on principles

Use the worksheet as a staff group to discuss how you are applying the principles of trauma informed practice currently, and what is the stretch . . . .



A TURNING POINT FOR WOMEN



TIDE Trauma Informed Development Education

## Trauma-Informed Approaches to our Practice

Consider to what extent your program or service is already applying trauma-informed principles and practice, and note them in the 1<sup>st</sup> column. The 2<sup>nd</sup> column is for ideas that might be the focus of further action.

Principles	We are already...	Commitments for going forward...
Increasing trauma awareness		
Providing safety-physical emotional social and moral		
Offering opportunities for choice, collaboration and connection		
Offering opportunities for skill building- self regulation, grounding		

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