Educational Objectives

1. Examine components significant to the provision of trauma informed care within public health.
2. Discuss opportunities and challenges unique to the promotion of trauma informed public health care.
3. Consider the ethical and clinical implications inherent in the provision of trauma informed care within public health.

My Personal Goal...

• To challenge you to think about:
  • What you do; and
  • What you believe in.

Understanding Trauma

Trauma is simply understood as “those experiences that overwhelm an individual’s ability to cope”

(BC PMHSUPC, 2013, p. 6)
Dimensions of Trauma

- Magnitude
- Frequency
- Complexity
- Duration
- Source (external, interpersonal)

(BC PMHSUPC, 2013)

Types of Trauma

Individual Trauma
- Single incident trauma
- Complex or repetitive trauma
- Developmental trauma

Beyond the Individual
- Historical trauma
- Intergenerational trauma
- Collective trauma

(BC PMHSUPC, 2013)

Single Incident Trauma

Trauma related to an unexpected and overwhelming event such as an accident, natural disaster, a single episode of abuse or assault, sudden loss or witnessing violence.

(BC PMHSUPC, 2013)

Complex or Repetitive Trauma

Trauma related to ongoing abuse, domestic violence, war, ongoing betrayal, often involving being trapped emotionally and/or physically.

(BC PMHSUPC, 2013)

Developmental Trauma

Developmental trauma results from exposure to early ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, physical abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child’s care giving system and interferes with healthy attachment and development.

(BC PMHSUPC, 2013)

Historical Trauma

Historical trauma is the process by which a social group is affected by the consequences of multiple collectively experienced adversities across time that outweigh group resiliency factors, become cumulative, and are carried forward to subsequent generations such that the trauma may be considered as part of a single trajectory.

(Bombay & Austin, 2019, p. 330)

Examples of historical trauma include genocide, colonization, slavery, and war.

(BC PMHSUPC, 2013)
Intergenerational Trauma

Intergenerational trauma, an aspect of historical trauma describes the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.

(BC PMHSUPC, 2013)

Collective Trauma

Collective trauma occurs when a traumatic event is experienced by a significant portion of a given social group; it can have long term consequences for the social group beyond its additive effect on individuals such that social norms, dynamics, functioning and structure for the group may be modified.

(Bombay & Austin, 2019, p. 330)

Types of Trauma

• “Big T” Trauma
• “Small t” Trauma

Trauma and Public Health Populations

• How is trauma experienced among populations that you serve?

Trauma Responses

Fight or Flight

Trauma Responses

Fight
Flight
Freeze
Trauma Responses

The fight or flight response

- Dilation of pupil
- Dry mouth
- Fast breathing
- Heart pounding
- Tense muscles
- Slow digestion
- Sweating of palms

1. The amygdala reacts to threat
2. The hypothalamus activating the sympathetic nervous system, release of adrenaline
3. The adrenal cortex releases cortisol for continued alertness

Background Issues: The Importance of a Trauma Informed Lens

- Trauma is a public health issue!

Adverse Childhood Experiences (ACEs)

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(Centers for Disease Control and Prevention, 2016; Felitti et al., 1998)

How ACEs Influence Health

Trauma-Informed Approach

...includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic.

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b, ¶ 4)

Trauma-Informed vs. Trauma Specific Approaches

<table>
<thead>
<tr>
<th>Trauma-Informed</th>
<th>Trauma-Specific</th>
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<tbody>
<tr>
<td>Awareness that any individual (client, clinician) may have experienced trauma</td>
<td>Treatment of trauma by clinicians with specialist skills</td>
</tr>
<tr>
<td>Implementation at the client, clinician, agency, and system levels of trauma awareness</td>
<td>Based on comprehensive assessment of person with traumatic experiences who are seeking and consenting to treatment</td>
</tr>
<tr>
<td>Strengths based</td>
<td></td>
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(BC PMHSUPC, 2013)
Taking Universal Precautions

- Universal precautions means that we assume a trauma history is present with all individuals we interact with, and that we interact with them in a trauma informed way. (Benedict, 2014)

Trauma-Informed Approach

Four Key Factors:
1) Realizing the prevalence of trauma;
2) Recognizing how trauma effects all individuals involved with the program, organization or system, including its own workforce;
3) Responding by putting this knowledge into practice; and
4) Resisting re-traumatization. (SAMHSA, 2014b, ¶ 4)

More to Think About

Practice of Trauma Informed Care: Paradigm Shift

- From...
  - “What’s wrong with you?”
- To...
  - “What has happened to you?”

Core Principles of Trauma Informed Care

- Safety
- Trustworthiness and transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, voice, and choice
- Recognition of cultural, historical, and gender issues

(SAMHSA, 2014a; 2104c)

Safety

- Importance of:
  - Physical, psychological and cultural safety
    - Setting is safe and interactions promote a sense of safety
    - Understanding safety as defined by those served
    - Cultural safety considers power imbalances and root causes of health inequities
      - Cultural awareness, cultural sensitivity, and cultural competence
Communication Do’s

Do:  
• Adopt a non-threatening approach to the person and conversation  
• Normalize questions re: trauma  
• Explicitly assure the person about choice related to answering questions  
• Confidentiality  
• Help identify strengths and resources  
• Respond to immediate safety concerns  
• Validate and debrief  
• Be trustworthy

Communication Don’ts

Don’t  
• Ask for the details  
• Be confrontational;  
• Ignore or minimize the experience  
• Make assumptions  
• Dwell on the negative  
• Make “promises” you can’t keep

Trustworthiness and Transparency

Organizational operations and decision are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.  

(SAMHSA, 2014a; 2104c)

Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.  

(SAMHSA, 2014a; 2104c)

Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between all staff and clients demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.  

(SAMHSA, 2014a; 2104c)

Empowerment, Voice, and Choice

Individuals’ strengths and experiences are recognized and built upon. Organization fosters a belief in resiliency, and the ability of individuals, organizations, and communities to heal. Foster empowerment for staff and clients alike.  
• Understand the importance of power differentials  
• Clients supported in shared decision making, choice and goal setting to determine a plan of action to move forward  
• Parallel process – as staff also need to feel safe, as much as people receiving services  

(SAMHSA, 2014a; 2104c)
Recognition of Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases (based on race, ethnicity, sexual orientation, age, religion, gender identity):
- Access to gender responsive services
- Leverages the healing value of traditional cultural connections
- Incorporates policies, protocols, and processes that are responsive to racial, ethnic, and cultural needs of those served
- Recognizes and addresses historical trauma

(SAMHSA, 2014a; 2104c)

Opportunities for Prevention

Opportunities

- Starts with a cultural shift in the workplace
- Trauma awareness
- Fostering trauma informed public health
- Creating opportunities
- Strategies for decreasing re-traumatization within client interactions
- Universal precautions
- Trauma-informed versus non-trauma informed behaviors

(Talberg & Krug, 2002)

Targeting Risk Factors

- Primary Prevention
- Secondary Prevention
- Tertiary Prevention

Trauma Informed Public Health

Challenges

- Mental health issues (and thus trauma-related issues) are largely ignored in the global public health agenda
- Need to support public health efforts to address mental health causes in general and to reduce the stigma and discrimination often associated with mental health problems
- Methodological challenges and the need to think about societal impacts
- Tensions re: Individual freedoms and societal good

(Magruder, Kassam-Adams, Thoresen & Olff, 2016)

Fostering Trauma Informed Public Health

- Adopting a trauma informed lens
- Changing those operational practices that can cause further trauma (Benedict, 2014)
**Action Steps for Building a Trauma Informed Facility Culture**

1) Make a commitment to trauma-informed practice;
2) Support and train staff in their efforts to be more trauma informed;
3) Adopt trauma informed language/communication and terms;
4) Create a trauma informed physical plant;
5) Make existing procedures more trauma-informed;
6) Implement new trauma-informed operational practices;
7) Introduce strategies to help incarcerated persons manage difficult trauma symptoms; and
8) Build a safe, trauma informed community with incarcerated persons.

(Benedict, 2014; Loomis, Epstein, Dauria, & Dolce, 2018)

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**Fostering Trauma Informed Public Health**

- Requires a “trauma champion” who understands the impact of violence and victimization to facilitate the transition to into a trauma informed institution (Kubiak, Covington, & Hiller, 2017, p.96)

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**Trauma Exposure Responses**

- Vicarious/Secondary Trauma
- Compassion Fatigue
- Burnout
- Moral Distress

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**Don’t Forget the Importance of Self-Care**

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**Summary**

Adopting a trauma-Informed care approach to practice:

- Requires trauma awareness
- Emphasizes safety and trustworthiness
- Provides opportunities for choice, control and collaboration
- Focusses on clients’ strengths and skill building
- Recognizes the importance of health care professionals embracing self-care strategies

We all have a significant role to play in advocating for organizational change!
Questions, Comments, Concerns?

Thank You! Merci!

Selected References

