



CAEH Training &  
Technical Assistance

## Trauma-Informed Practice: Co-creating Safety and Choice for Survivors

Developed by Brian Dean Williams, Wally Czech, and Yasmin Hajian  
Victoria, 2019-02-07



## **Acknowledgments**

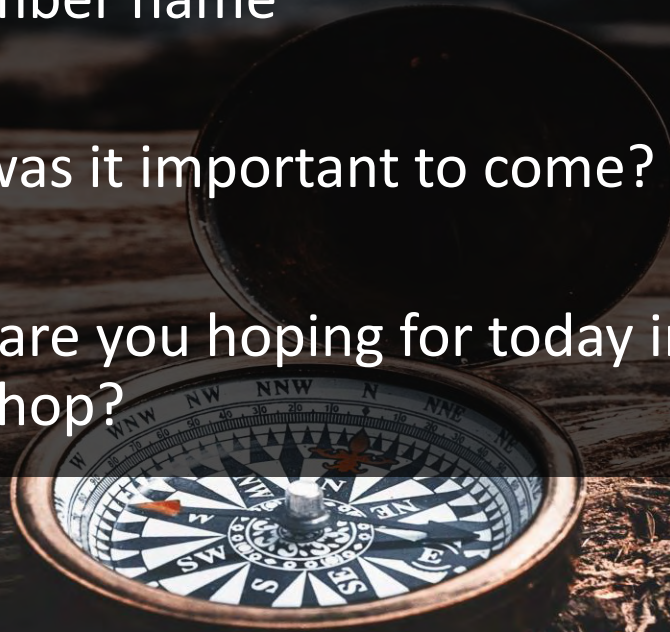
- **Land: Coast Salish First Nations**
- **Event organizer Georgie Jackson**
- **Mentors: Sam, Colin, Vikki**
- **My teachers: At Home Chez Soi participants and staff**
- **Practicum student Yasmin Hajian for helping Brian to research and develop content**
- **You the frontline Housing First staff for taking time away to do this**

# Mapping Our Connections



# Mapping Ourselves

- Name, pronouns, and how to remember name
- Why was it important to come?
- What are you hoping for today in this workshop?





# Why is speaking about Trauma important?

1. Trauma is a strong contributing factor to substance misuse, mental illness, and homelessness
2. Addictions, mental illness, and homelessness by their nature can be traumatizing



# How can we speak about Trauma today in ways that...

- Don't harm those of us who are here?
- Are respectful of the various backgrounds and approaches that we have?
- Affirm and strengthen what we're already doing to be more effective as helping professionals?



# Agreements

Confidentiality

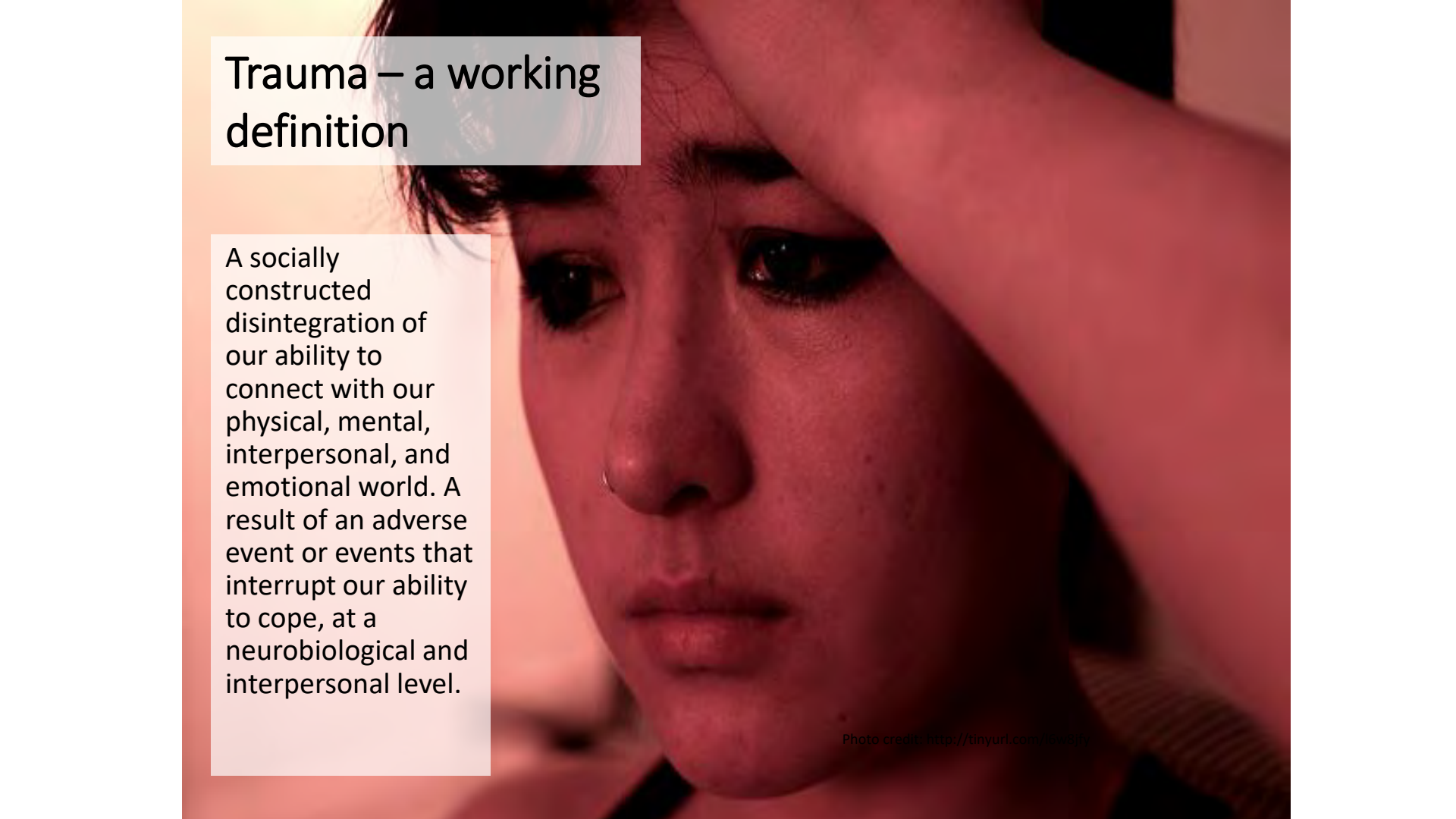
Consent

Safety

Taking care of ones' needs







## Trauma – a working definition

A socially constructed disintegration of our ability to connect with our physical, mental, interpersonal, and emotional world. A result of an adverse event or events that interrupt our ability to cope, at a neurobiological and interpersonal level.

# Healthy Responses to Trauma

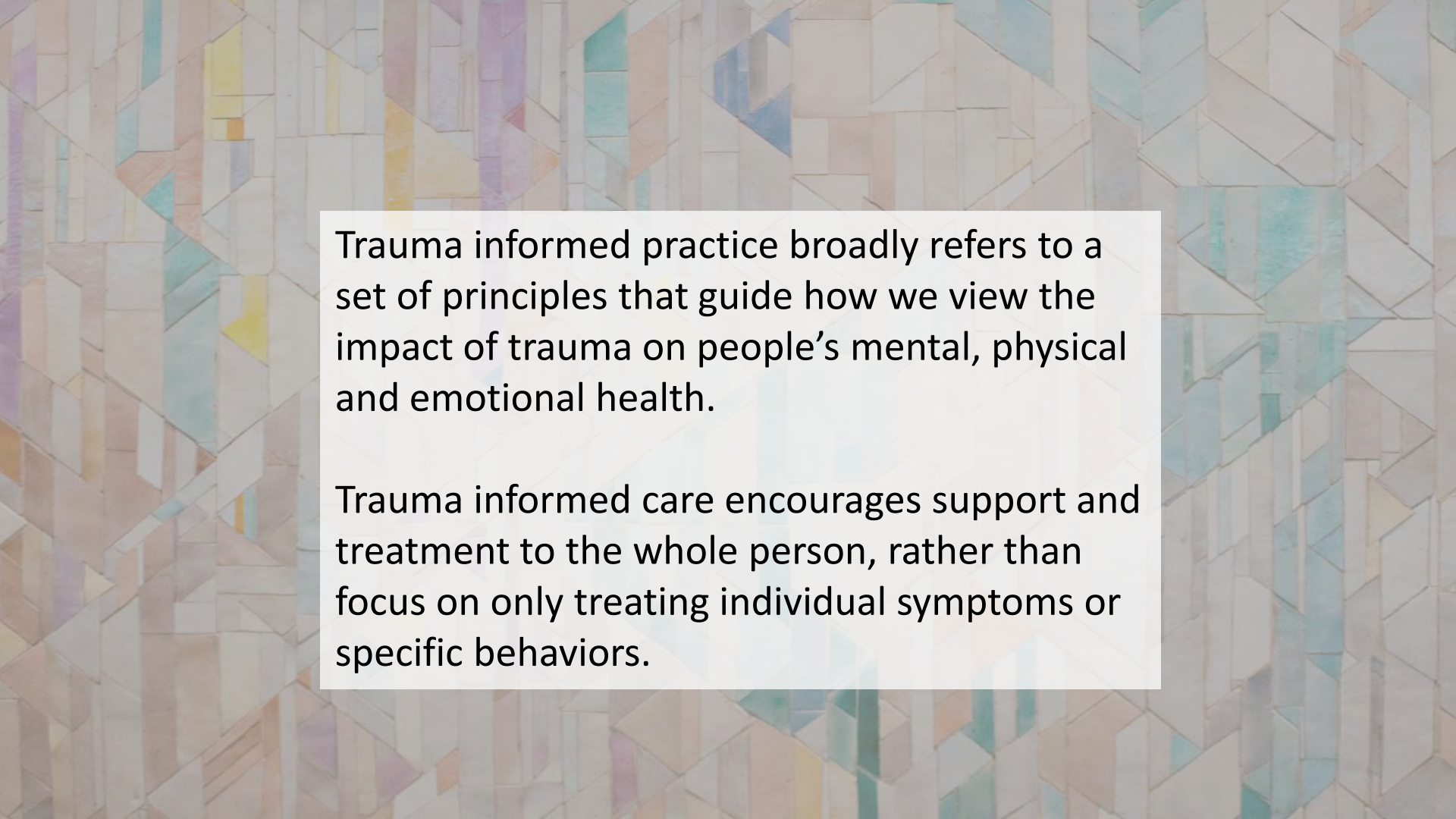
- Post-traumatic growth
- Resilience
- Altruism born of suffering
- Vicarious resilience (helping professional)

(Hernandez, Engstrom, and Gangsei, 2010)



*How have you been positively impacted as a result of working with people who have survived trauma?  
(in pairs)*





Trauma informed practice broadly refers to a set of principles that guide how we view the impact of trauma on people's mental, physical and emotional health.

Trauma informed care encourages support and treatment to the whole person, rather than focus on only treating individual symptoms or specific behaviors.

# Understanding Psychological Trauma



## **Types of Trauma:**

- Simple or single incident trauma
- Complex or repetitive trauma
- Developmental trauma
- Intergenerational trauma
- Historical trauma

Regardless of its source, a psychological trauma contains three common elements:



1. It was unexpected
2. It was overwhelming
3. It was undeserved.
4. It wasn't the person's fault, but they may have been conditioned to think it was


# Residential Schools



Bruce Alexander website available at <http://www.brucealexander.com>  
Gabor Mate Website available at <http://drgabormate.com/>







**Colonization as a  
Disconnection process**

- land
- language
- culture / identity
- community / family

**Healing as a  
Reconnection process**

- land
- language
- culture / identity
- community / family /  
helping professionals

If trauma is produced by external causes, then by privatizing or medicalizing social problems, We risk inadvertently practicing a form of colonization.



# Effects of Trauma

- Brainstem / Survival-based responses: Fight/Flight/Freeze
- Difficulty integrating present moment with autobiographical material (hippocampus) – flashbacks and triggering process
- Disassociation / Hypervigilance
- Difficulty feeling sensations in the body / heightened sensations
- Dysregulation
- Nightmares, depression, anger
- PTSD: intrusive recollections, avoidant/numbing patterns, hyper-arousal symptoms



COFFEE BREAK

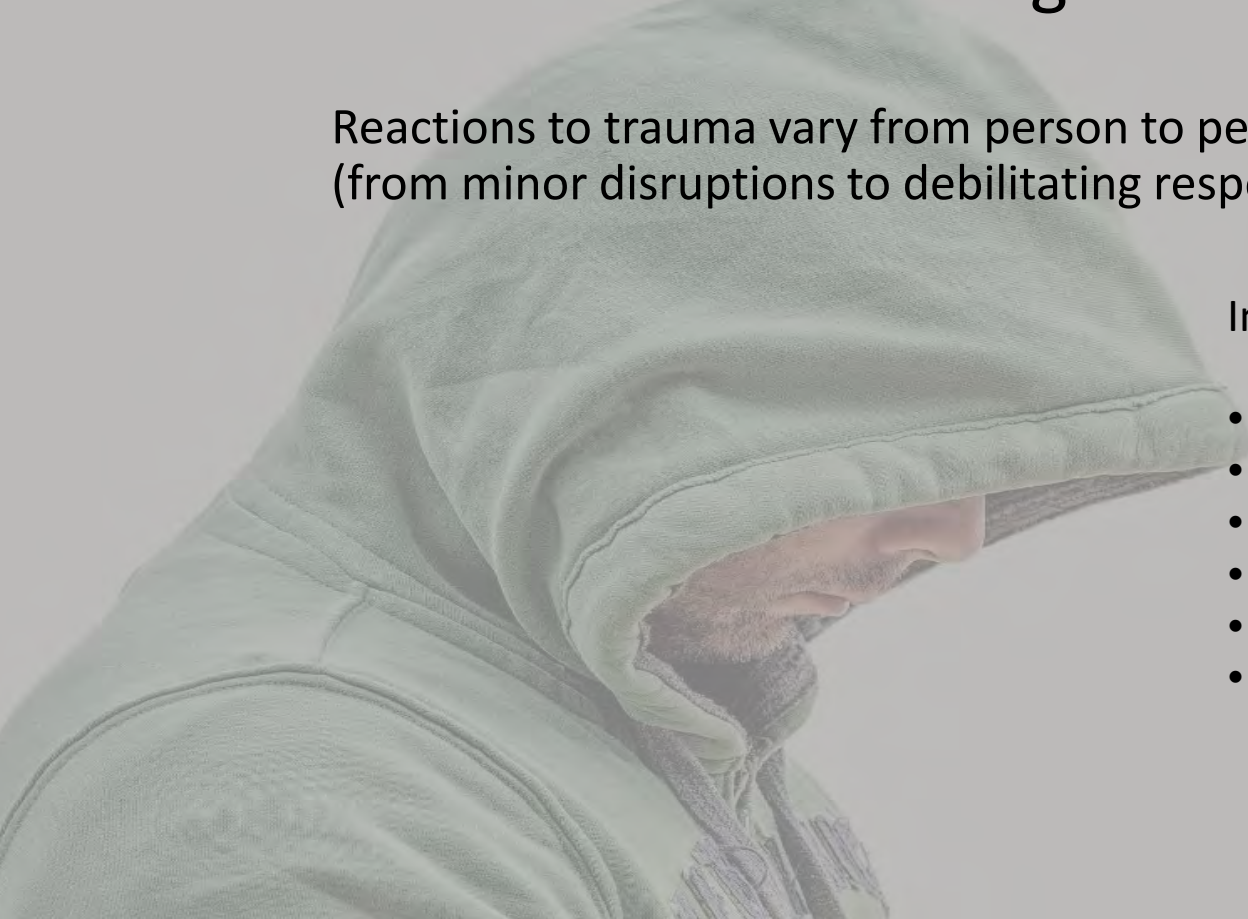


# Understanding Trauma

Reactions to trauma vary from person to person  
(from minor disruptions to debilitating responses)

## Impact of Trauma:

- Physical
- Emotional
- Cognitive
- Spiritual
- Interpersonal
- Behavioral

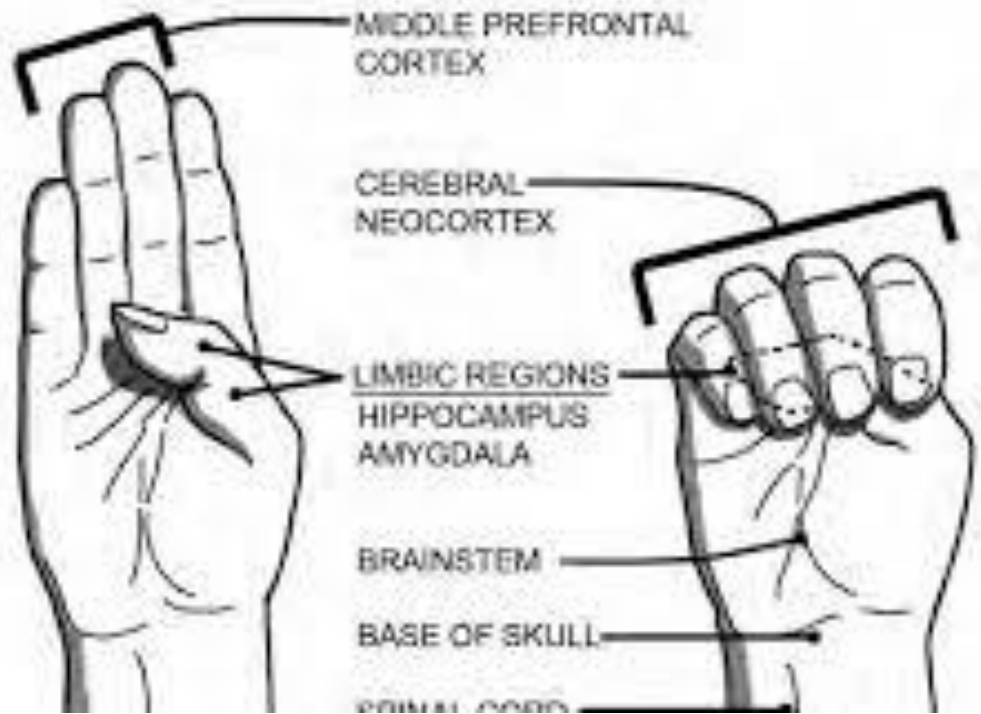


# Common Responses Following Trauma ~ First 3 Months

## BC Trauma Informed Practice Guide

Physical	Emotional or Cognitive	Spiritual	Interpersonal	Behavioural
Unexplained chronic pain or numbness	Depression, despair, and hopelessness	Loss of meaning, or faith	Conflict in relationships	Avoiding specific places, people, situations (e.g., driving, public places, certain neighborhoods, hospitals)
Stress-related conditions (e.g., chronic fatigue)	Anxiety, panic, fear, vulnerability, feeling overwhelmed	Loss of connection to: self, family, culture, community, nature	Difficulty with trusting others	
Headaches			Difficulty establishing and maintaining close relationships	Isolation
Sleep problems	Irritability, anger and resentment	Feelings of shame, guilt	Experiences of re-victimization	Withdrawal
Breathing problems	Compulsive and obsessive behaviours	Self-blame		Substance use
Digestive problems		Self-hate	Difficulty setting boundaries	Difficulty enjoying time with family/friends
Changes in eating (increase or decrease in appetite and intake)	Dissociation	No sense of belonging		Hypervigilance
Low energy	Difficulty concentrating, feeling distracted	Feeling a need for change in spiritually		
Headaches	Emotionally numb/flat			
Anxiety/panic	Loss of time and difficulty with memory			

# Implications for substance misuse



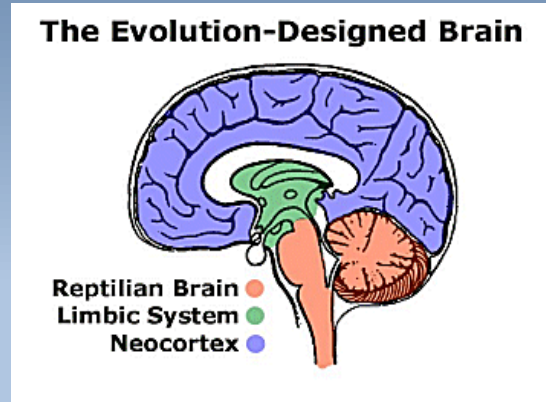
# Hand Model of the Brain

(Daniel Siegel)



# A Neurobiological Perspective

- Capacity of the person's social and nervous systems to adapt effectively is exceeded.
- Attachment struggles: lack of feeling seen, soothed, secure
- implicit memories can become "stuck" (impaired integration) as chronic states of vigilance in anticipation of a perceived threat, chronic states of withdrawal, or both
- Diminished function of neural fibres linking different regions of the brain (prefrontal cortex, hippocampus, corpus collosum)

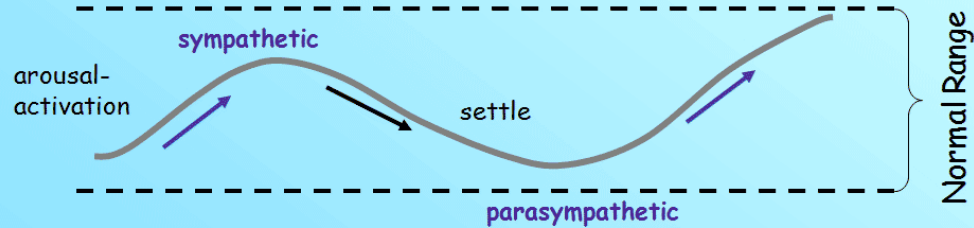


*adapted from Siegel (2012), Pocket Guide to Interpersonal Neurobiology*

# Neurobiology – Peter Levine

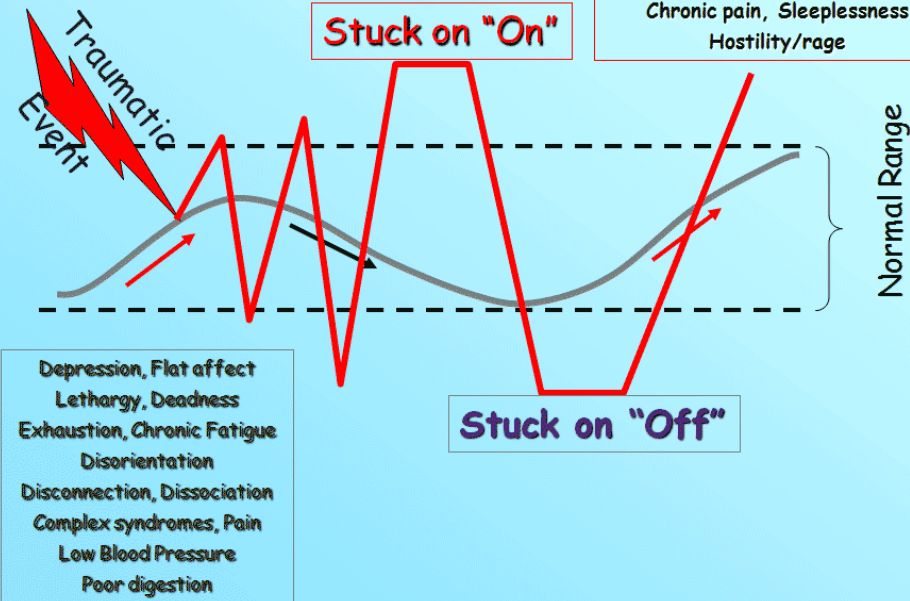
Peter Levine's Trauma Healing Website available at: <http://www.traumahealing.org>

## A Healthy Nervous System



# Window of Tolerance - Peter Levine

## Symptoms of Un-Discharged Traumatic Stress





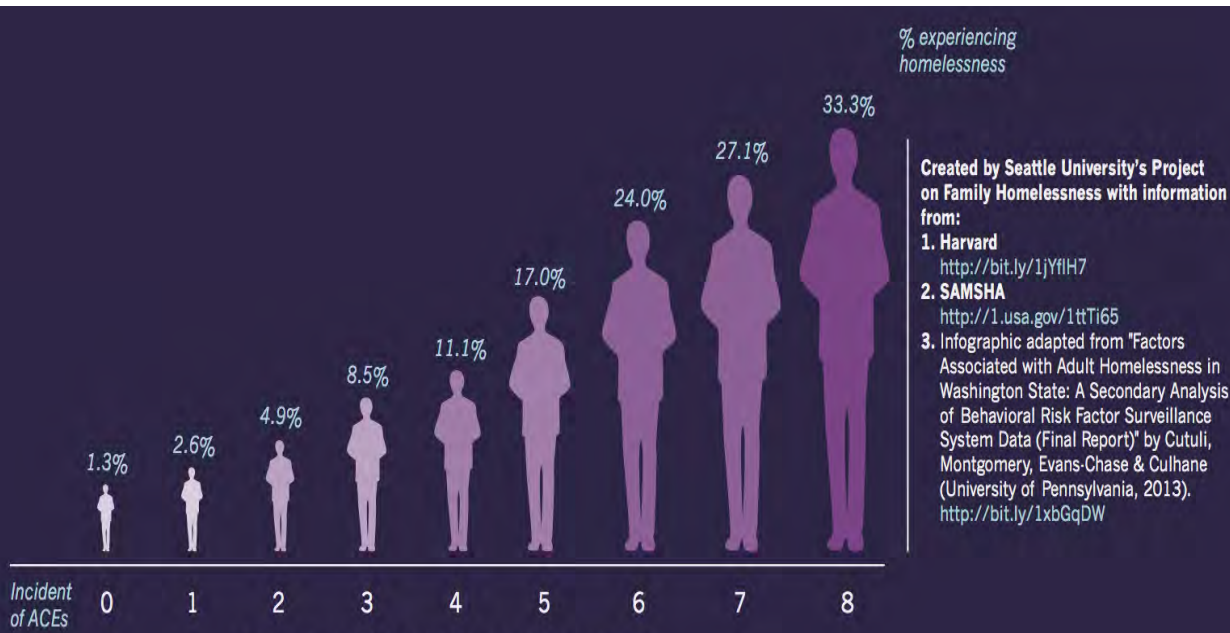
# Attachment

- Mammalian need to be Seen, Safe, Secure
- Protective & healing properties against trauma
- Allows the brain to adapt to changing environment & organize new learning
- Biological imperative to attach (Psychobiological-attunement)
- Attachment relationship (mother & infant) mediates the dyadic regulation of emotion
- Mother “co-regulates” infant’s developing autonomic nervous system
  - Still Face Experiment



# Prevalence

- 76% of Canadian adults report trauma exposure in their lifetimes, with 9.2% meeting the criteria for PTSD
- (Van Ameringen et. al, 2008)
  
- In BC, 51% of homeless people from three communities reported childhood sexual abuse; 55% physical; 60% neglect; 58% emotional abuse; 57% meet criteria for PTSD
- (Torchalla et. al, 2012)



Created by Seattle University's Project on Family Homelessness with information from:

1. Harvard  
<http://bit.ly/1jYflH7>
2. SAMSHA  
<http://1.usa.gov/1ttTi65>
3. Infographic adapted from "Factors Associated with Adult Homelessness in Washington State: A Secondary Analysis of Behavioral Risk Factor Surveillance System Data (Final Report)" by Cutuli, Montgomery, Evans-Chase & Culhane (University of Pennsylvania, 2013).  
<http://bit.ly/1xbGqDW>

**ACE Score and Relation to Adult Homelessness**  
 Proportion of Washington residents experiencing adult homelessness (among participants in Washington's Behavioral Risk Factor Surveillance System).<sup>3</sup>

As childhood adverse experiences accumulate, so does the likelihood of struggling with adult homelessness.


## Housing First Core Principles & Elements





OUT TO LUNCH





## Trauma-informed Practice The “Approach”

Not “trauma counselling” but co-creating a recovery culture of:

**Safety**

**Choice**

**Solidarity**

**Non-violence**

# Trauma-Informed Practice

Recognize:

- The need for physical and emotional safety
- Choice and control in one's treatment

Focus on the way of being in the relationship, by creating a culture of **non-violence, learning, and collaboration.**

# TIP Principles

1. Trauma Awareness
2. Emphasis on Safety and Trustworthiness
3. Choice, Collaboration, and Connection
4. Strengths and Skill Building
5. Responding Skillfully to Trauma Activation

Trauma-Informed Practice

BC Provincial MH & Substance Use Planning Council



How Can we co-create  
a trauma-informed  
recovery culture?

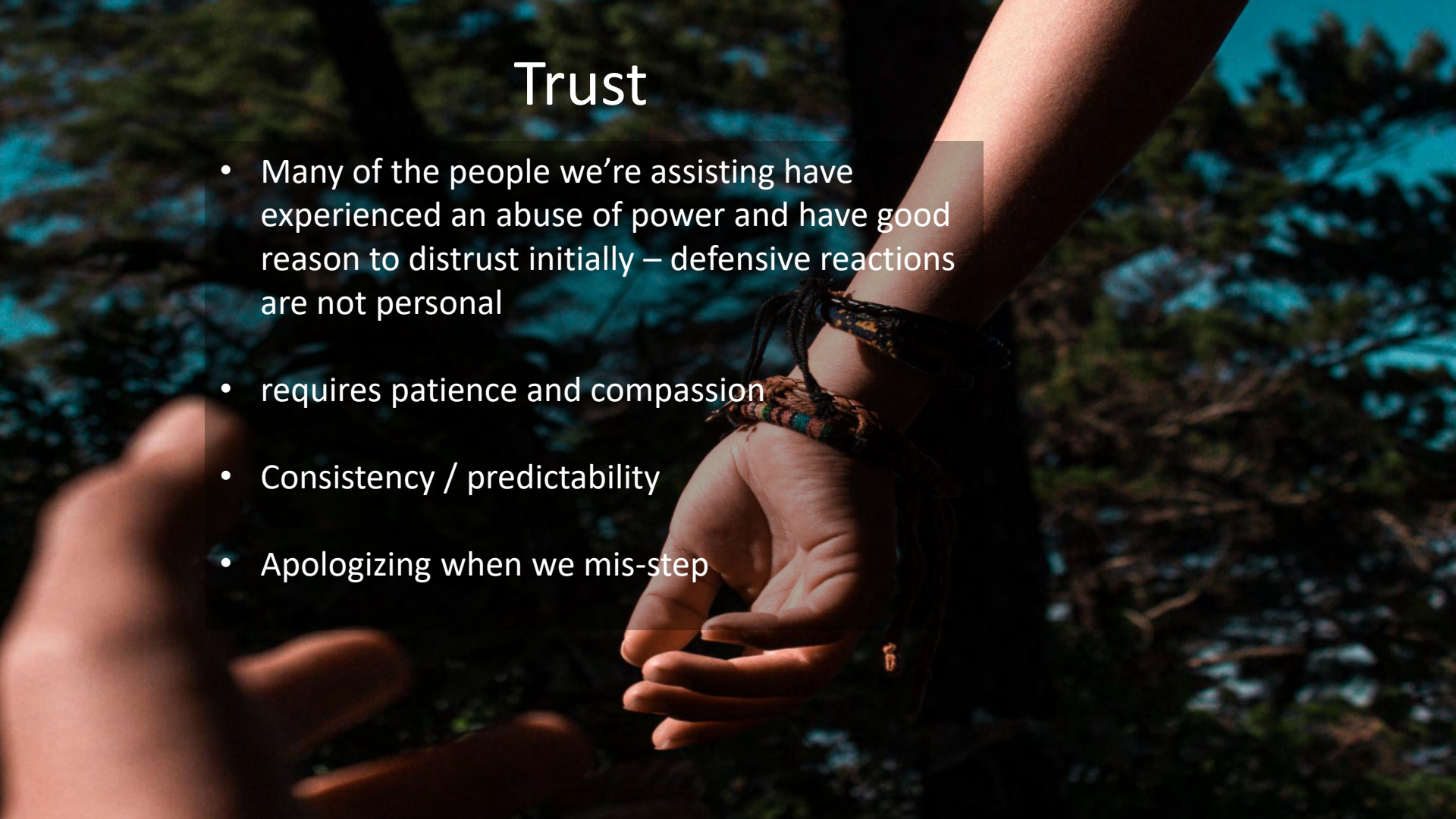


*Adapted from Trauma-  
informed Practice Guide.  
Victoria: BC Provincial  
Mental Health and  
Substance Use Planning  
Council:*

### **Trauma Awareness**

- Be aware of prevalence of trauma and relationship between trauma and physical, mental health, and substance use patterns
- Awareness of context vs. victim-blaming
- Sharing with each other the impact of trauma, where/when appropriate to do so

# Trust

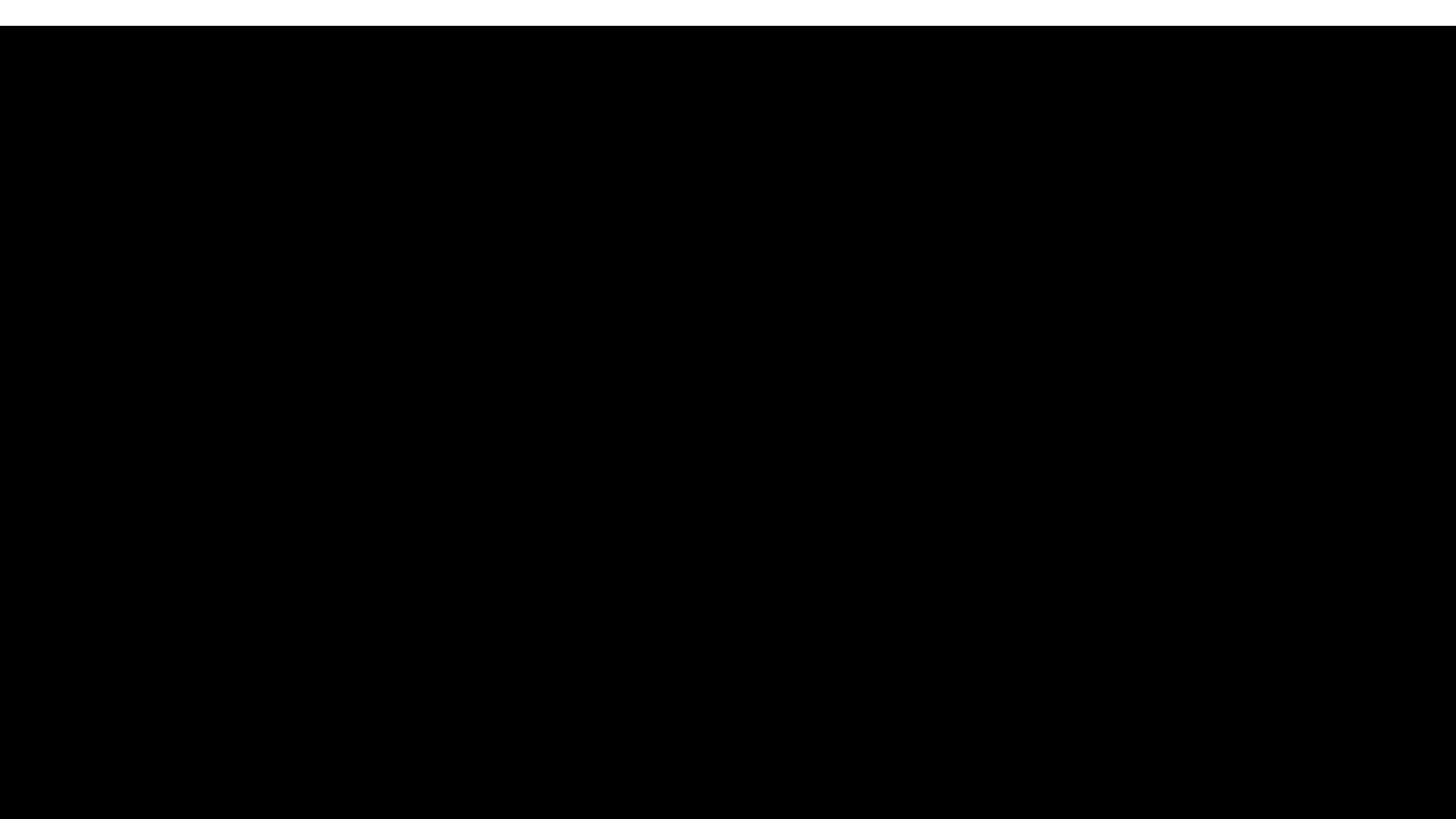


- Many of the people we're assisting have experienced an abuse of power and have good reason to distrust initially – defensive reactions are not personal
- requires patience and compassion
- Consistency / predictability
- Apologizing when we mis-step

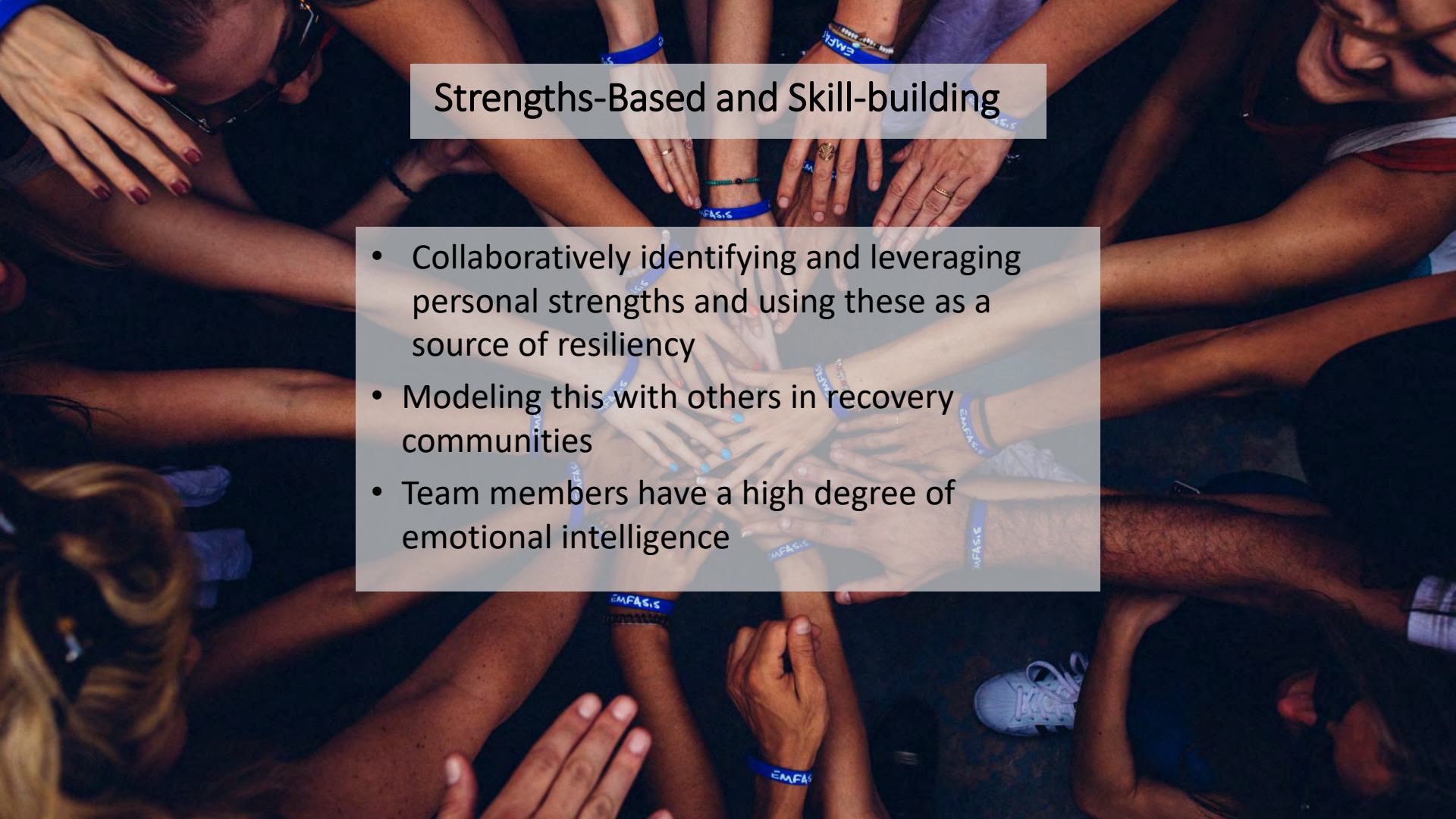
# Opportunity for Choice, Collaboration, and Connection

- Emphasis on autonomy and personal control
- Leveling power relationships whenever possible, being transparent about areas where we can't
- Collaborative approach to service integrating feedback and customization vs. "one size fits all"









## Strengths-Based and Skill-building

- Collaboratively identifying and leveraging personal strengths and using these as a source of resiliency
- Modeling this with others in recovery communities
- Team members have a high degree of emotional intelligence

# The Power of Language

<b>From (deficit perspective)</b>	<b>To (trauma-informed and healing centered)</b>
What is wrong?	What has happened?
Symptoms/Disorder	Adaptations/Response
Attention-seeking	The person is trying to connect the best way they know how
Borderline	The person is doing the best they can given their early experiences
Controlling	The person seems to be trying to assert or gain back their power
Manipulative	The person may have difficulty asking directly for what they want/need

# The Power of Language

<b>From (deficit perspective)</b>	<b>To (trauma-informed and healing centered)</b>
The person is sick	The person is a survivor of trauma
The person is weak	The person is stronger for having been exposed to trauma
They should be over it already	Recovery and healing from trauma is a process and takes time
They have poor coping skills	They have survival skills that has helped them get to where they are now
They'll never get over it	People can recover from trauma

# Response-based interventions

People always resist abuse, either overtly or covertly

(Allan Wade)

Explore this with a practice partner in role play or as yourself:

- What is something significant that you've had to overcome that you feel comfortable sharing?
- How have you managed to make it this far despite what happened?
- What skills, ideas, or practices helped you to continue on?
- What have you learned about yourself from surviving all of this that you appreciate?
- How is it that you didn't give up? Who or what has kept you going?
- Did someone teach you to be this resilient? Who did you learn it from? Or did you have to figure it out on your own?



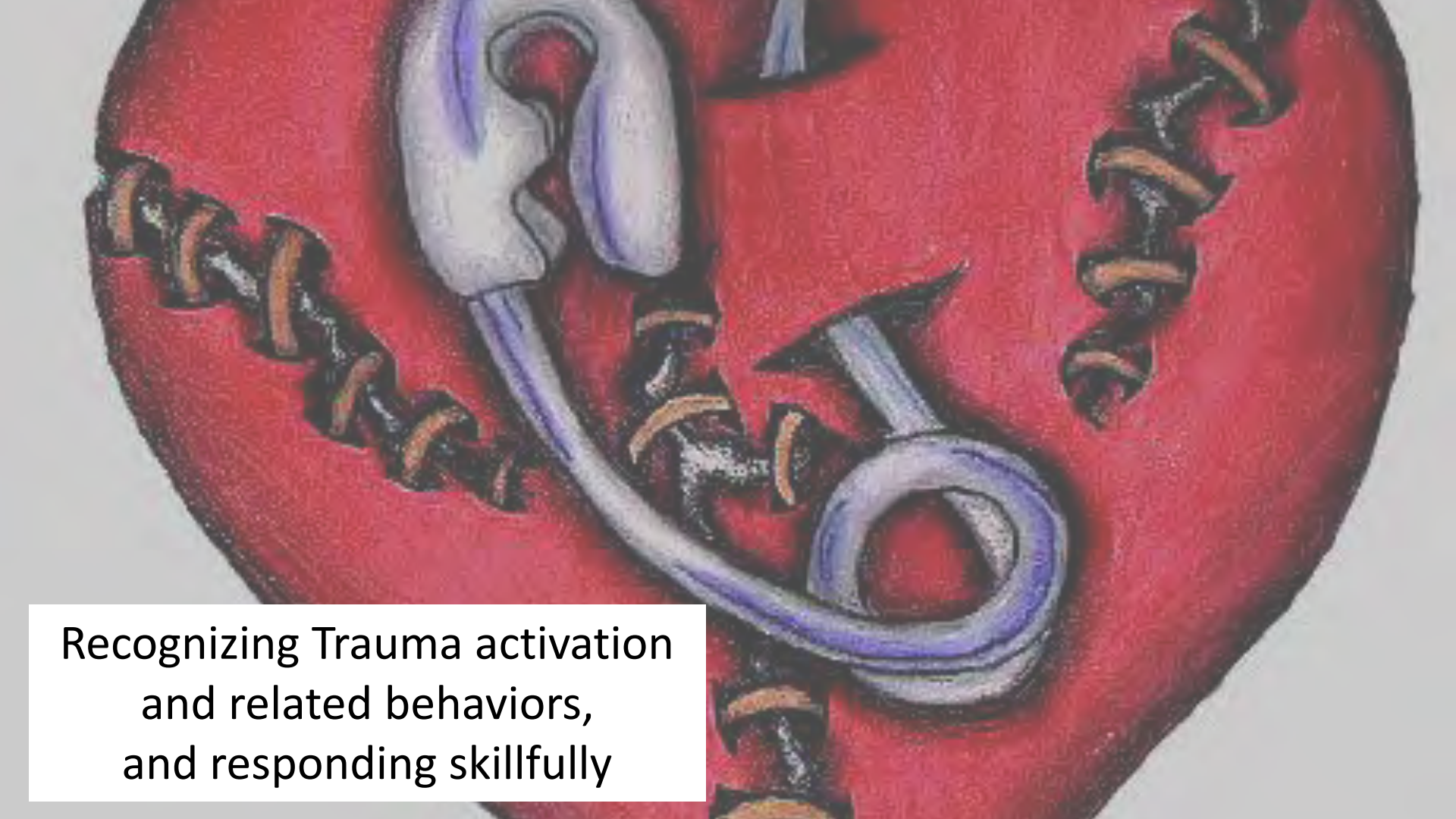
STRETCH BREAK 😊





**“Dominator culture has tried to keep us all afraid, to make us choose safety instead of risk, sameness instead of diversity. Moving through that fear, finding out what connects us, revelling in our differences; this is the process that brings us closer, that gives us a world of shared values, of meaningful community.”**

**Bell Hooks**

A close-up photograph of a red baseball with black and orange stitching. A purple and white baseball bat is resting on the ball, with the bat's head and handle visible. The bat has a purple barrel and a white handle with purple accents.

Recognizing Trauma activation  
and related behaviors,  
and responding skillfully

# How trauma might show up as problem behaviors

**Fight:** combativeness, defensiveness, aggression

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**Flight:** avoidance, not answering door on outreach, evasiveness

**Freeze:** “deer in the headlights” reaction when triggered, disconnection between mind and body, numbing patterns

**Fawn:** overfamiliar, flirtiness, trouble respecting boundaries



Affirm, humanize, and dignify the person's experience by regarding those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.

Identity shift: trauma victim vs. trauma survivor

People are not harmed in a vacuum and well-being comes from participating in transforming the root causes of the harm within institutions.





# Working with Trauma

- Compassion
- Self awareness / self-regulation
- Willingness to learn from survivors/centering their inherent wisdom
- Connection
- Empowerment

# Working with Trauma

A photograph of three young women standing side-by-side in front of a window. The woman on the left has long, straight brown hair and is wearing a grey top. The woman in the middle has curly brown hair and is wearing a white t-shirt with some text on it. The woman on the right has long, straight brown hair and is wearing a black t-shirt and large hoop earrings. The background shows a window with a sign that has some text on it, including 'WELCOME' and 'ARROGANT'.


- Ensuring the individual feels an embodied sense of safety
- Assisting the person to regain trust in others, their community and the world at large
- Re-establishing and maintaining the person's familiar environments, activities and routines
- Maintaining standards and limits as appropriate to the stage of recovery and the person

Which of these 5 key principles is your team doing well?  
How are you doing this?

Which could your team pay closer attention to? How  
would you do that? (give examples)

1. Trauma Awareness
2. Trust-building
3. Choice and collaboration
4. Strengths-based and Skill-building
5. Recognizing Trauma Activation (fight / flight / freeze)  
and Responding Skillfully






## Limitations of TIP/TIC:

- Doesn't encompass the totality of the person's experience
- Tends to focus mostly on harm, injury, and trauma
- Considers trauma to be an individual experience rather than a collective one
- Leaves out social context

# Shifting towards Healing Centered Practice

A photograph of a curved stone staircase with a white railing, set against a light-colored stone wall. The staircase is the central focus, curving upwards and to the right. The wall is made of large, light-colored stone blocks. The overall scene is bright and clean.

Shawn Ginwright, PhD (2018)

A more holistic approach

Cultural context

Liberation and civic action

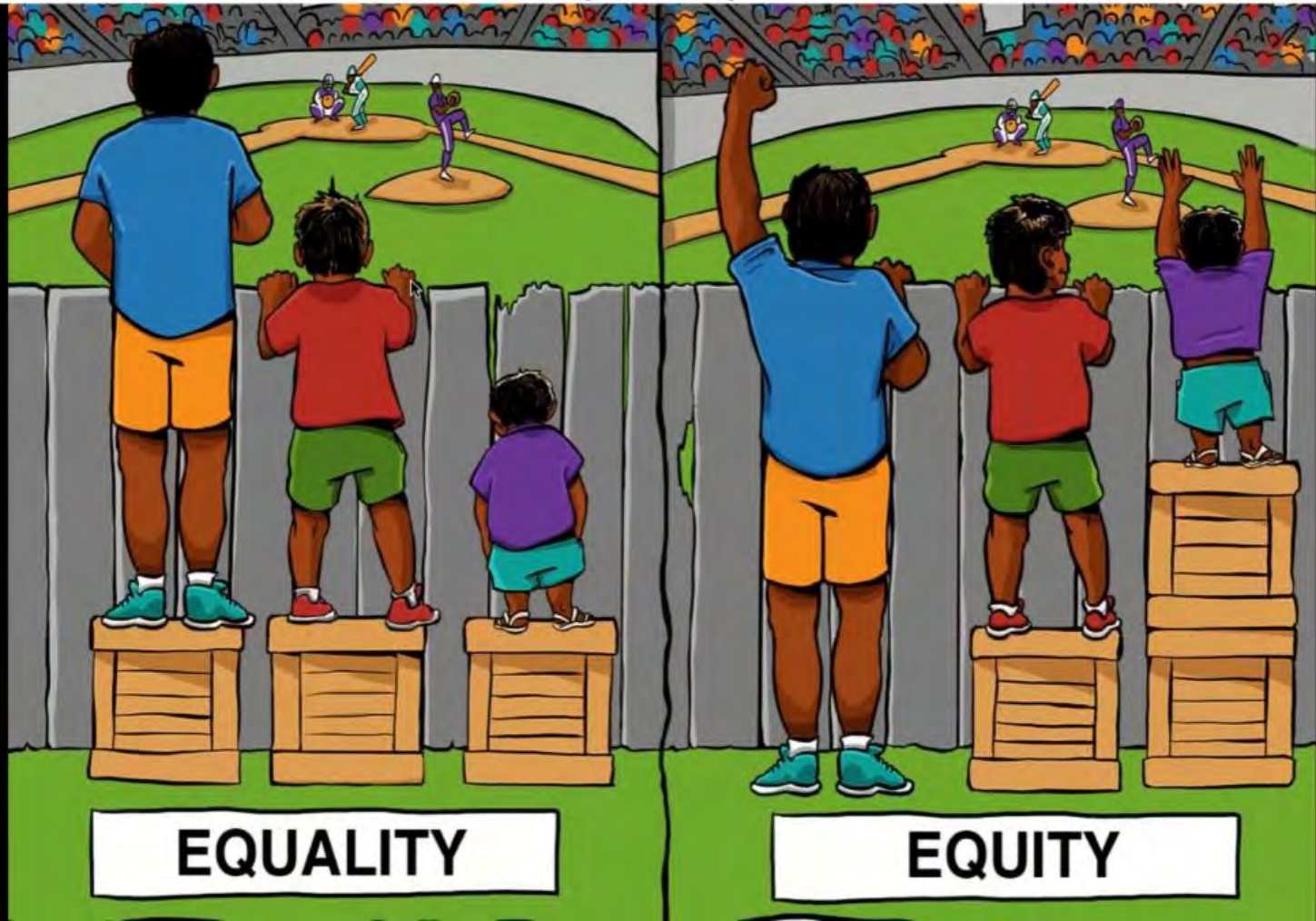
Spirituality

Collective healing

Transformative justice

Ancestral wisdom

This is a model that you may have seen before . . .



**EQUALITY**

**EQUITY**

## Four key principles of Healing Centered Engagement

(some may overlap with current trauma informed practices)

### 1. Explicitly **political** rather than clinical

- Focus on liberation, emancipation, oppression and social justice action or community organizing, which helps to promote overall well-being, optimism, and hopefulness.



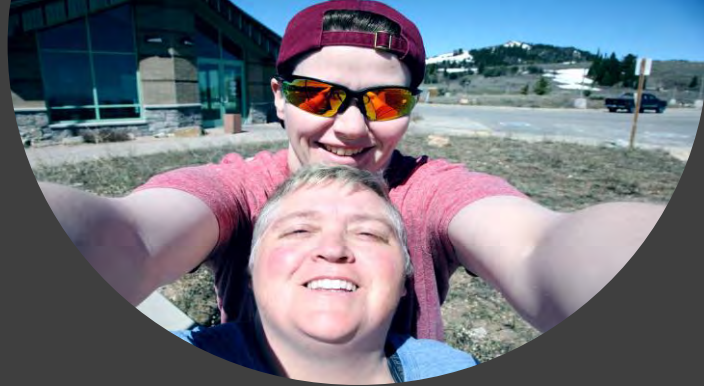


# Four key principles of Healing Centered Engagement

(some may overlap with current trauma informed practices)

## 2. Culturally grounded and views healing as the restoration of identity

- Collective healing shaped by shared intersecting identities of race, gender, sexual orientation
- Finding a solid sense of meaning, self-perception, and purpose in the context of culture



## Four key principles of Healing Centered Engagement

(some may overlap with current trauma informed practices)

### 3. Strengths-based and asset driven

- Highlights possibilities for post-traumatic growth
- Moves one step beyond focusing only on symptom reduction or suppression
- Builds upon their wisdom, skills, and experiences
- **The person is much more than the trauma that happened to them**



## Four key principles of Healing Centered Engagement

(some may overlap with current trauma  
informed practices)

4. Supports helping  
professionals with their  
own healing
  - Healing is an ongoing  
process we all need, not  
only trauma survivors
  - Wellness of care  
provider is critical to the  
practice of helping  
others



A. How is your team already practicing these Healing Centred Engagement principles?

1. Explicitly “political” rather than (just) “clinical”
2. Culturally grounded and views healing as the restoration of identity
3. Strengths-based and asset driven
4. Supporting us helping professionals and our own healing

B. Which ones would you like yourself and your team to pay more attention to? What difference might this make?



## The upside of Trauma

When trauma is harnessed  
(post traumatic growth)


- New skills, self discovery, self soothing
- Wisdom – awareness
- Empathy
- Remembrance and mourning
- Integration and reconnection (meaning making)
- New and expanded perspectives
- Robustness
- Agility
- Trust
- Connections



# Remembering Practices

- Lorraine Hedtke's work
- Sati: re-remembering
- Dan Siegel - Neuroscience and integration
- Joan Halifax and *Kintsukuroi*

# We can help to interrupt the progression of trauma

- 
- A photograph of two women sitting on a wooden park bench, laughing heartily. The woman on the left is wearing a light blue and white striped short-sleeved shirt. The woman on the right is wearing an orange sleeveless top and glasses. They are outdoors, with trees and a path in the background. The scene is lit with soft, warm light, suggesting late afternoon or early morning.
- Trauma with support creates robustness
  - Transforming towards healing centered engagement

Checking out

PASSION LED US HERE



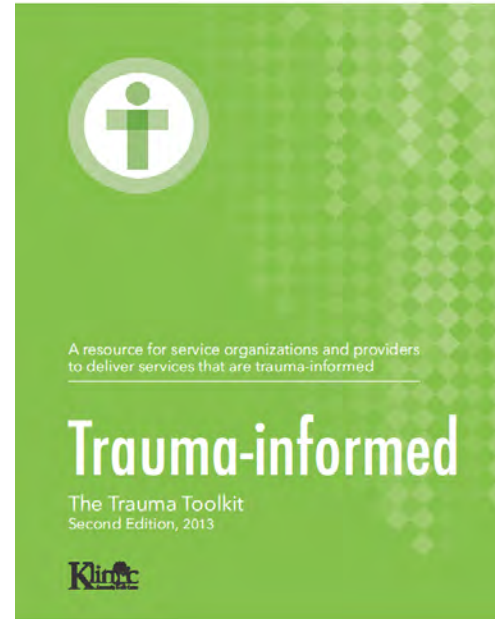


# Appendix - Trauma-Informed Guides



[http://bccewh.bc.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

Maggie Bennington-Davis Video: [https://www.youtube.com/watch?v=VPVmyG\\_Zgk4&feature=youtu.be](https://www.youtube.com/watch?v=VPVmyG_Zgk4&feature=youtu.be)  
Sandra Bloom Video: <https://vimeo.com/87969707>



[http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed\\_Toolkit.pdf](http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf)