Essentials of … Trauma-informed Care

What is trauma?

Trauma is defined as experience that overwhelms an individual's capacity to cope. Whether it is experienced early in life—for example, as a result of child abuse, neglect, witnessing violence and disrupted attachment—or later in life due to violence, accidents, natural disasters, war, sudden unexpected loss and other life events that are out of one's control, trauma can be devastating. Experiences like these can interfere with a person's sense of safety, self and self-efficacy, as well as the ability to regulate emotions and navigate relationships. Traumatized people commonly feel terror, shame, helplessness and powerlessness.

The terms 'violence,' 'trauma,' 'abuse' and 'post-traumatic stress disorder' (PTSD) are often used interchangeably. Trauma expert Stephanie Covington suggests that one way to clarify these terms is to think of trauma as a response to violence or some other overwhelmingly negative experience. Trauma is both an event and a particular response to an event; PTSD is one type of disorder that results from trauma [1].

There are multiple types of trauma. The definitions used in psychiatric manuals have been built upon the groundbreaking work of Judith Herman [2], who contributed to our understanding of levels of complexity of trauma and to our understanding of safety and connection as a necessary first stage of healing from trauma. Definitions of trauma useful to support awareness for clients of substance use services [3] and for service providers [4, 5] have been published by the Centre for Addictions and Mental Health.

Why is an understanding of trauma important for the substance abuse workforce?

Trauma is pervasive. It can be life changing, especially for those who have faced multiple traumatic events, repeated experiences of abuse or prolonged exposure to abuse. Even the experience of one traumatic event can have devastating consequences for the individual involved.

It is very common for people accessing substance use treatment and mental health services to report overwhelming experiences of trauma and violence. Often people who have experienced trauma view their use of substances as beneficial in that it helps them to cope with trauma-related stress. Unfortunately, this seemingly adaptive coping mechanism can make people more vulnerable to substance use problems.

Given that the experience of trauma is commonly associated with substance abuse [6–8], to meaningfully facilitate change and healing, substance use treatment providers must help people make the connections between their experience of trauma and their problematic substance use or mental health concerns. How we make our services emotionally and physically safe, as well as how we create opportunities for learning, the building of coping skills and the experience of choice and control, can make a significant difference in client engagement, retention and outcomes.

A multi-side study funded by the Substance Abuse Mental Health Services Administration in the United States found that integrated, trauma-informed models of substance use and mental health treatment for women were more effective than treatment that was not trauma-informed—and did not cost more [9]. This study tested specific models of integrated

approaches such as Seeking Safety [10], generated principles for trauma-informed practice [11], effectively included consumer voice [12], and identified approaches to relational systems change [13].

What are trauma-informed approaches?

Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on trauma survivors' safety, choice and control [8]. They create a treatment culture of nonviolence, learning and collaboration [14].

Working in a trauma-informed way does not necessarily require disclosure of trauma. Rather, services are provided in ways that recognize needs for physical and emotional safety, as well as choice and control in decisions affecting one's treatment.

In trauma-informed services, there is attention in policies, practices and staff relational approaches to safety and empowerment for the service user. Safety is created in every interaction and confrontational approaches are avoided.

Trauma-specific services more directly address the need for healing from traumatic life experiences and facilitate trauma recovery through counselling and other clinical interventions. Advocates for trauma-informed approaches in the substance use treatment field do not ask substance use treatment professionals to treat trauma, but rather to approach their work with the understanding of how common trauma is among those served, and how it is manifested in peoples' lives. It could be said that trauma-informed approaches are similar to harm-reduction-oriented approaches in that they focus on safety and engagement. In trauma-informed contexts, building trust and confidence pave the way for people to consider taking further steps toward healing and recovery while not experiencing further traumatization.

Key principles of trauma-informed approaches

Researchers and clinicians have identified key principles of trauma-informed practice, which have parallels with principles underlying evidence-based practices in the mental health and substance use field.

1. **Trauma awareness:** All services taking a trauma-informed approach begin with building awareness among staff and clients of: how common trauma is; how its impact can be central to one's development; the wide range of adaptations people make to cope and survive; and the relationship of trauma with substance use, physical health and mental health concerns. This knowledge is the foundation of an organizational culture of trauma-informed care [15].

2. **Emphasis on safety and trustworthiness:** Physical and emotional safety for clients is key to trauma-informed practice because trauma survivors often feel unsafe, are likely to have experienced boundary violations and abuse of power, and may be in unsafe relationships. Safety and trustworthiness are established through activities such as: welcoming intake procedures; exploring and adapting the physical space; providing clear information about the programming; ensuring informed consent; creating crisis plans; demonstrating predictable expectations; and scheduling appointments consistently [16].

The needs of service providers are also considered within a trauma-informed service approach. Education and support related to vicarious trauma experienced by service providers themselves is a key component.

3. **Opportunity for choice, collaboration and connection:** Trauma-informed services create safe environments that foster a client's sense of efficacy, self-determination, dignity and personal control. Service providers try to communicate openly, equalize power imbalances in relationships, allow the expression of feelings without fear of judgment, provide choices as to treatment preferences, and work collaboratively. In addition, having the opportunity to establish safe connections—with treatment providers, peers and the wider community—is reparative for those with early/ongoing experiences of trauma. This experience of choice, collaboration and connection is often extended to client involvement in evaluating the treatment services, and forming consumer representation councils that provide advice on service design, consumer rights and grievances.

4. **Strengths-based and skill building:** Clients in trauma-informed services are assisted to identify their strengths and to further develop their resiliency and coping skills. Emphasis is placed on teaching and modelling skills for recognizing triggers, calming, centering and staying present. In her Sanctuary Model of trauma-informed organizational change, Sandra Bloom described this as having an organizational culture characterized by 'emotional intelligence' and 'social learning.' Again, parallel attention to staff competencies and learning these skills and values characterizes trauma-informed services.

What are the implications for substance abuse services?

Services that work with people with trauma, substance use and mental health problems face pressures in keeping treatment environments healthy and safe, and in not becoming reactive and hierarchical. Trauma-informed services involve clients, clinicians, managers and all personnel—from the receptionist to the funder—working in ways that demonstrate understanding of the needs of trauma survivors. Together with individual interactions, service practices and policies, they create a democratic and supportive organizational culture.

A key aspect of trauma-informed practice is understanding how trauma can be experienced differently by refugees, people with developmental disabilities, women, men, children and youth, Aboriginal peoples, and other populations [17–20]. An increasing amount of material is being published on tailoring substance use treatment approaches to take trauma—and these differing experiences of it—into account. Of particular note is the increasing understanding of the impact of historical and intergenerational trauma for Aboriginal peoples in Canada, and the implications for trauma-informed substance treatment for Aboriginal peoples as part of a broad approach to policy, treatment and community interventions.

Trauma-informed practice can be implemented at multiple levels. The Jean Tweed Centre in Toronto, for example, has braided trauma-informed practice into its treatment programs for women and children [21]. The Centre for Addiction and Mental Health in Toronto, a larger institution, is an example where organization-wide change processes have been undertaken to minimize the use of restraints in their services, and to involve consumers in consultation on services (including implementing a client bill of rights).

Evidence-based practices in the substance use field (such as motivational interviewing) are consistent with trauma-informed practice in their valuing of collaborative, empowering stances.

Trauma-informed services demonstrate awareness of vicarious trauma and staff burnout. Many providers have experienced trauma themselves and may be triggered by client responses and behaviours. Key elements of trauma-informed services include staff education, clinical supervision, and policies and activities that support staff self-care.

Summary

There are established and compelling connections between the experience of trauma and use of substances. Thus, it is important for substance use treatment providers to help people understand common responses to trauma, and make the connections between their experience of trauma and their substance use in order to meaningfully facilitate growth and healing.

Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor's safety and empowerment. They attend to creating a culture of nonviolence, learning and collaboration at the level of individual interactions with clients as well as the overall organizational level, whether or not the client has disclosed current or past violence or trauma. They help people connect to trauma-specific services based on individual preferences and readiness.

Substance use treatment services that are emotionally and physically safe opportunities for learning and building coping skills and for experiencing choice and control all make a significant difference in client engagement, retention and outcomes. Implementing trauma-informed service paradigms or cultures in substance abuse treatment services also supports staff learning, safety, health and satisfaction.

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