Trauma informed practice at the agency, interagency and system level

Webinar 4
in the Trauma Informed Practice in Nova Scotia Webinar Series
February 13, 2015
1. Intro
2. Becoming trauma informed at the agency level - and building up and out to interagency level
   Questions and comments
3. TIP at the interagency and system levels
   Questions and comments
4. Wrap up
Presenters and Panelists

Nancy Bradley and Lucy Hume, Jean Tweed Centre,

Michelle Ward – Nova Scotia Family Resource Centres Association

Donna Best and Kathy Bourgeois, Child and Youth Advocacy Centre (SeaStar)

Nancy MacDonald and Art Fisher, Nova Scotia Trauma Informed Network

Holly Murphy
IWK Health Centre

Dale Gruchy,
NS Health and Wellness

Nancy Poole
BC Centre of Excellence for Women’s Health
Today’s Topic
TIP at the agency, interagency and system levels

Important to focus on trauma informed practice and policy at all these levels.

Influencing social conditions creating need for TIP

Interagency and inter-sectoral collaboration

Service cultures

Interactions with our clients
6 Key Elements of TIP at the agency, interagency and system levels

1. Agency culture shifts and commitments
2. Agency processes for learning together, reviewing policy and practice, shifting the paradigm
3. Preventing and addressing secondary trauma, by supporting worker health
4. Authentic and trustworthy mechanisms for service user input
5. Interagency collaborations to build a network of those working from TIP paradigm
6. Leadership involvement and commitment
Organizational TIP is “an approach to a whole culture that increases the emotional IQ of everyone and the organization as a whole”

Addressing and preventing secondary trauma - using workplace approaches such as the Resilience Alliance Intervention
In many health authorities COMMUNITIES OF PRACTICE are used as a key strategy for advancing knowledge mobilization and discussion of TIP implementation.

Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.

Involves links to TIP in other systems

- A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices.
Example of Use of Outcome Mapping for TIP in VIHA

Outcome Mapping

VIHA TIP Initiative

Sphere of Influence

Aboriginal Health
Adult MHAS
MHAS Practice Resource Team
Seniors Health
Child, Youth & Family MH
Youth & Family SU
Harm Reduction
HerWay Home
Public Health

Sphere of Concern

Adults
Youth
Families
Children
Seniors

Project
Sphere of Influence
Partners
Sphere of Concern
Beneficiaries
Other Stakeholders
Walk through assessment tools and checklists

Service Policies Section

1. Are policies regarding confidentiality clear and do they provide adequate protection for the privacy of consumers?

2. Does the program avoid involuntary or potentially coercive aspects of treatment, whenever possible?

3. Has the program developed a de-escalation policy that minimizes the possibility of re-traumatization?

4. Are staff sensitive to the potential of re-traumatization of the clients during certain procedures (e.g., urine testing, searching belongings, administration of medications)?

TIP Organizational Checklist

1. Overall Policy and Program Mandate
2. Administration
3. Hiring Practices
4. Training for Staff
5. Support and Supervision of Staff
6. Assessment and Intake
7. Policies and Procedures
8. Monitoring and Evaluation

www.health.gov.bc.ca/mhd/publications.html#Trauma
Leadership ideas

• Activate and appreciate the early adopters
• Dialogic approaches to leading change
• Curate knowledge
• Build networks

Adapted from *The new era of thinking and practice in change and transformation: a call to action for leaders of health and care* NHS UK
IWK Advisory Committee

- Trauma Informed Care Model
- Psychologically Safe and Healthy Workplace for Staff
- Creating a Safe and Secure Environment
- Early Screening
- Assessment And Treatment

Client, Family and Community Partnerships are embedded throughout
# Trauma-informed & trauma-specific services approaches at the IWK Health Centre

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<th>Trauma-informed services</th>
<th>Trauma-specific services</th>
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<td>Increasing the awareness, knowledge and skills of the entire workforce to deliver services that are effective, efficient, timely, respectful and person centered taking into consideration that service providers also have histories of trauma.</td>
<td>Increasing the awareness, knowledge and skills of the clinical workforce in delivering research informed treatment services designed to address the cognitive, emotional, behavioral, substance use and physical problems associated with trauma.</td>
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<td>We have several working groups addressing various aspects of TIC: working toward implementing a model of TIC, creating trauma informed safe and secure environments, screening and creating trauma informed psychologically safe and healthy workplaces for staff.</td>
<td>This month we will be starting to look at assessment and treatment. How do clients access services? When do we assess? What services/treatments are offered? Are there service gaps/ opportunities to implement best practice? What education do staff require to support them to deliver trauma treatment?</td>
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Becoming trauma informed requires strong partnerships and collaboration

Agency, Interagency and Systems
• Systems need to work together to be affective holistic services. They must be coordinated across systems to have lasting impact.

• In order to create a trauma informed culture we must follow the principles of: awareness, safety trustworthiness, opportunity for choice, collaboration connection and skill building with our clients, families, staff, organizations, communities, agencies and systems.
Who we are

• Working from a framework of safety, connection and empowerment, women-centered care is a holistic approach which validates the experiences of women and contextualizes substance abuse and mental health within her broader social and cultural experiences, including trauma and violence.
Continuum of Care

- Stabilization & Support
- Day & Residential Program
- Wrap-around Services (Family, Continuing Care, Trauma Programs, Individual counselling)
- Outreach Services (Pregnancy & Parenting, Concurrent Disorders, Justice)
- Supportive Housing
- Telemedicine
Our Story – Building Capacity

Recognizing Prevalence: (80-90%) – “Listening”

Connecting The Dots: Trauma & Substance Use (self-medication)

Agency Response: Leadership/Advocacy/Commitment

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VOICES OF WOMEN – FOCUS GROUPS

“They need to realize that there is nothing wrong with us, something happened to us”
Creating Trauma Informed Culture

- Safety
- Client Choice
- Empowerment
- Validation
- Hope
- Resilience
- Healing
Partners and Collaboration

- 16 Partnerships
- Shared values/MOU’s
- Knowledge Sharing
- Training
- Consultation

- Sector Networks
- Conferences
- Agency Specific training
System Wide

- Local Health Planning Bodies (Priority Setting)
- Provincial Advisory Committee – Women & Substance Use
- Best Practice Guidelines
- Web site/Blog

- Curriculums
- Research/Evaluation
- Publications
- Website/Blog
- Policy
  - Provincial
  - Municipal
  - Interprovincial
TRAUMA INFORMED PRACTICE – AGENCY/INTERAGENCY/SYSTEM

Michelle Ward – Executive Director – Kids First Association
CORE TRAUMA COMPETENCIES FOR FAMILY RESOURCE SECTOR

- Creating safe/supportive environments for families
- Recognize and build on families’ strengths
- Develop process and program delivery that reflect principles of trauma informed practice
- Professional development opportunities - learning about trauma and its effects
- Work with families to get back on track
- Develop relationships with other agencies for seamless referrals and collaborative program delivery
- Using networking tables to transform policies and processes that are not trauma sensitive
TRAUMA INFORMED COLLABORATIVE PROGRAMMING

- Trauma Informed Parenting Support (TIPS) program
- Funded by the Mental Health and Addictions Strategy Community Grant Program
- Partnership between Mental Health Services, Family Services of Eastern Nova Scotia and Kids First Association
- 10 participants who are involved in programs/services and have identified challenges and are in need of supports/services outside of traditional parenting programs
- 26 sessions – 3 hours per session which includes 1 hour of food preparation and eating a meal together
- The intention is to research the outcomes but currently sitting with the PCHA Ethics Committee for final approval.
TOPICS COVERED

• Family Genealogy and History of Trauma
• Personal Trauma and life challenges including neglect and exposure to addiction, mental illness and domestic conflict
• Drug and Alcohol Abuse
• Physical and Sexual Abuse
• Relationships
• Personal Life History from birth to present (this is ongoing with a layer added each week)
• Attachment
GUIDING PRINCIPLES OF THE TIPS PROGRAM

• Ensuring the program is Child, youth, adult, and family centered
• Participant knowledge and skill is integrated into ongoing design and evaluation of services
• Responses to trauma becomes integrated & transforms all service delivery contexts (working collaboratively while positioning the client in the center)
• Emphasizing all clients safety, choice, and control over process
• Understanding the significance of actions verses evaluating/judging as healthy/unhealthy
• Build on resiliency – focus on strengths and positive coping
• Embedding transformative collaboration across disciplines and together with clients
• Understanding a strengths and resilience based perspective versus pathologizing
• Minimizing re-traumatization
QUESTIONS AND COMMENTS
SeaStar Child & Youth Advocacy Centre

Donna Best, BAASW
Child and Youth Advocate

Kathy Bourgeois, MSW
Child and Youth Advocate
The CYAC Model

Who talks to Robin?

- Robin, Age 5
- School
- Child Protection
- Emergency Room
- Police
- Hospital
- Counselor
- Lawyer

[Diagram of a building with various people and settings, indicating where people might be located and who might talk to Robin.]
Seastar CYAC Steering Committee

The Seastar is led by a multisectoral Steering Committee with representation from:

- IWK Health Centre
- Department of Community Services
- Department of Justice
- Department of Health and Wellness
- Department of Education
- Mi’kmaq Family and Children’s Services
- Law Enforcement
- Public Prosecution Services
- Transition House of Nova Scotia
- Avalon Sexual Assault Centre
Building Partnerships Across Organizations

• Tip: When forming sub-committees, consider individuals that are passionate for the cause and committed to the task; having a few strong advocates in your corner can help you gain buy in from others.

• Tip: If you are trying to develop multiple partnerships, start by having small discussions with staff you already have a relationship with. Build on those relationships to develop the partnership and have them help you to spread the message and get others on board.
The Seastar Interview Room
TIC Framework at the Seastar Centre

- Transparency
- Information Sharing
- Agencies working together
- Cultivating a healthy and open work environment whereby the team members, even though working for different agencies with different mandates, can support each other’s efforts to support the families we serve.
The Benefits of CYACs

CYACs have demonstrated improved outcomes, including:

- Efficient and cost-effective service delivery
- Better communication and collaboration amongst service providers
- Improved client access to forensic examination
- Improved client access to mental health services
- Enhanced and consistent support for children, youth, and their families
- Improved caregiver and child satisfaction
Donna Best, BAASW
Child and Youth Advocate

Kathy Bourgeois, MSW
Child and Youth Advocate

• Family Violence Prevention – Building Trauma Informed Communities / La prévention de la violence familiale – sensibiliser les collectivités aux traumatismes

• This free, introductory Fireside Chat invites participants to deepen their knowledge of how historical and ongoing violence impacts people’s lives. Trauma will be positioned as a strengths-based, embodied response to violence and will be explored at personal, interpersonal and social/systems levels.

The NSTIN Presenters for PHAC on February 26, 2015

- **Nancy MacDonald**, Director of Family Service of Eastern Nova Scotia [www.fsens.ns.ca](http://www.fsens.ns.ca) and **Art Fisher**, Director of Family Service of Western Nova Scotia [www.fswns.org](http://www.fswns.org) are co-founders of the **Nova Scotia Trauma Informed Network**. For the past decade, they have been pioneering the development of community-based Trauma Informed Prevention in the context of Family Violence Intervention.
The NSTIN Presenters on *Trauma Informed Prevention*

- The Nova Scotia Department of Community Services has funded (2014) a Prevention/Early Intervention/Intervention service delivery prototype housed at FSWNS in Lunenburg County. In the prototype, Family Violence Intervention is embedded within a Preventive Community Capacity Building Youth Outreach, Family Support, and Community Hub coordination of supports and services.

- The presenters have developed a national two-day *Trauma Informed Prevention* training at the request of PHAC Ottawa and based on community practice experience informing the Nova Scotia prototype.

- The NSTIN workshops are assisting practitioners, organizations, and government with implementing a community-based Trauma Informed Prevention paradigm shift in the Atlantic Region and nationally.
The Nova Scotia Trauma Informed Network

• Becoming a Trauma Informed Province is about supporting increased access to existing services in the province in response to ongoing individual, inter-personal, and social/structural experience of violence, by supporting all access sites for child, youth, adult, and family services in the Province in becoming Violence and Trauma Informed (Smye, 2014).

• This work is about reducing stigma and misinformation surrounding both Violence and Trauma. It’s about building our community capacity to support ALL Nova Scotians in coming forward for Preventive, Early Intervention, and Intervention help, through the access sites they prefer.

• Emphasis is being placed on developing community-based Trauma Informed Prevention in order to better respond to populations vulnerable to being defined and re-traumatized within both traditional and Trauma Informed settings.
QUESTIONS AND COMMENTS
TIP requires work at the systemic level – is about “relational system change”

• Becoming trauma informed requires a range of adjustments in practice and system designs, supported by research, innovative change and inspired leadership. This is a tall order, and requires complex thinking.

• Becoming trauma informed benefits from collaboration and cooperation between all levels of service delivery.

• Becoming trauma informed is an ongoing process of system change and quality improvement, requiring constant adaptations and ongoing monitoring.
Next steps

• Writing and reviewing discussion guides

• Summing it up (for now) – in a framework and recommendations for action
Key objectives of the NS TIP project are:

• To **identify** current efforts to provide trauma-informed and trauma-specific interventions on the part of addiction and mental health service providers in Nova Scotia

• To **engage** practitioners and partners in Nova Scotia with experience and/or interest in trauma informed in a collaborative project to more fully integrate trauma informed principles.

• To **increase** capacity amongst practitioners and organizations in NS to better serve people impacted by violence and trauma, and implement trauma-informed approaches to improve outcomes for people accessing a range of services, such as addictions and mental health services, children’s services and primary care

• To **build** trauma informed practice into the accountability framework for the Mental Health and Addictions system
CONTACT INFORMATION

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