Implementing a Trauma-Informed Practice Framework in Nova Scotia

for the Mental Health and Addictions Services System

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IWK Health Centre
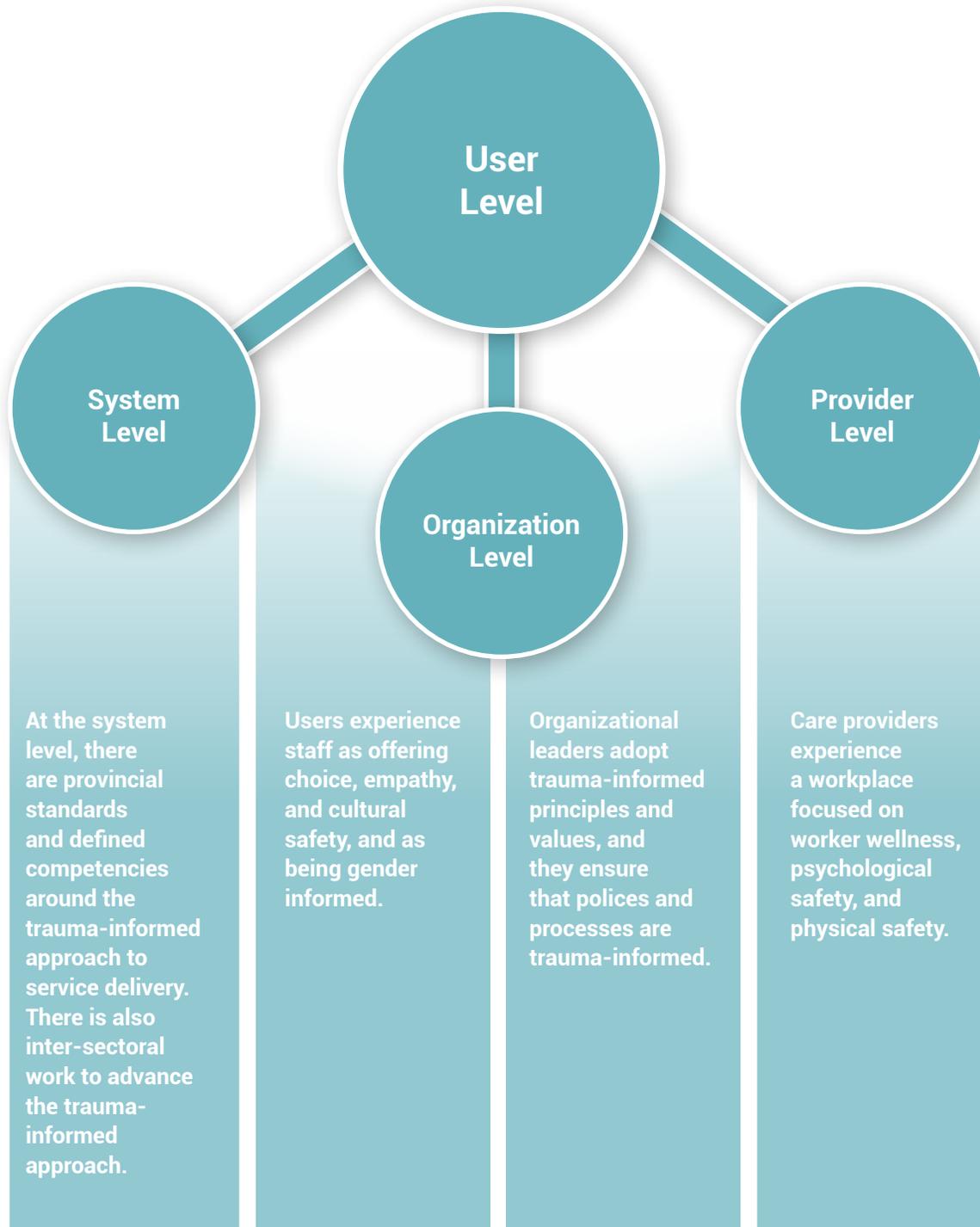
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This document is designed to help the Nova Scotia Mental Health and Addictions services system implement a framework to create a system-wide structure to guide practice with a trauma-informed approach.

A *trauma-informed approach* is a philosophy of care that recognizes the critical role that traumatic stress plays in the lives of both the people served by our system of care and those who provide the services. A trauma-informed approach does not outline a specific set of practices; rather, it is an approach to care that is steeped in awareness of the breadth and scope of traumatic experience in the population. It highlights the importance of individual choice, safety, trustworthiness, and empowerment in the therapeutic environment.

This document provides a framework for conceptualizing the trauma-informed care approach at all levels — service user, service provider, organization, and interagency/system. It offers recommendations for implementation/enhancement of a trauma-informed approach to providing services across the Mental Health and Addictions services in Nova Scotia. The figure below shows the recommended implementation model, and it highlights the importance of embedding the trauma-informed approach into system expectations, values and principles of organizations, the workplace environment, and the practice of staff in order to achieve the desired results — a trauma-informed approach to care for all Mental Health and Addictions services offered in Nova Scotia.

Implementation Model for Trauma-Informed Approach to Service Delivery in Nova Scotia

User Level

System Level

Organization Level

Provider Level

At the system level, there are provincial standards and defined competencies around the trauma-informed approach to service delivery. There is also inter-sectoral work to advance the trauma-informed approach.

Users experience staff as offering choice, empathy, and cultural safety, and as being gender informed.

Organizational leaders adopt trauma-informed principles and values, and they ensure that polices and processes are trauma-informed.

Care providers experience a workplace focused on worker wellness, psychological safety, and physical safety.

Implementing a framework for trauma-informed practice will require collaborative learning opportunities along with a system-wide review of policies and practices. It is about *relational system change*, grounded in relationships and requiring an ongoing process of system change and quality improvement. It requires ongoing adaptations and monitoring, supported by inspired leadership.

Trauma-informed practice is a principle-based approach. It is essential for the implementation process of a N0va Sc0tia Trauma-Informed Practice (TIP) framework to model the principles exemplified by this approach. Service providers need safe spaces where they are able to engage in knowledge and skills acquisition leading to adoption of trauma-informed values and ideas.

Currently, **Nova Scotia Health Authority (NSHA)/ IWK Health Centre** employs almost 2000 people, located in multiple settings (community clinic to inpatient hospital programs) and geographic locations throughout the province. As we move forward, it will be important to invite all workers – including office administrators and maintenance workers, not traditionally considered part of the care network – into the learning opportunities offered.

Principles [2]

- Trauma awareness
- Safety and trustworthiness
- Opportunity for choice, collaboration, and connection
- Skill building, empowering

Creation of the Framework

Making the path by walking it – While building Nova Scotia Trauma-Informed Practice Framework, the project team used the principles of trauma-informed practice. The project team included Nancy Poole of the BC Centre of Excellence for Women's Health, Holly Murphy of the IWK, and Dale Gruchy, a consultant with Nova Scotia Health and Wellness. The team interacted with hundreds of individuals in the mental health and addictions workforce and collaborated with dozens of community partners representing multiple sites and worker designations. Throughout this process, we found that many individuals and organizations were committed to a trauma-informed practice approach overall and to actively supporting the identification of how to apply the principles in practice.

Consultations – Consultations, held in each of the four health zones, generated topics for four provincial webinars. The webinars, in turn, served as a platform for the discussion guides. Webinars – Many experts from Nova Scotia and from the Jean Tweed Centre in Toronto contributed to the four webinars, held between December 2014 and March 2015. The recordings of these webinars are available at http://bccewh.bc.ca/newsevents/webinars/.

Discussion Guides – Four discussion guides, building on the webinar content and providing discussion questions for workplaces, were developed collaboratively. These guides provide information and questions for implementation of the TIP framework. They can be accessed at http://bccewh.bc.ca/publicationsresources/key-project-reports-2/ The fourth guide, *Trauma-Informed Practice at the Agency, Interagency, and Leadership Levels*, offers practical advice on how to initiate our work together.

Documents supporting the implementation of the Framework

1.   Framework Chart

Our framework includes six significant areas to focus our efforts on, thus highlighting how trauma-informed principles can be translated into our real life work. Each area offers a description and a concrete description of what it means.

1. Supporting clients
2. Applying gender, developmental, and cultural lenses
3. Involving families and peers
4. Worker wellness and safety
5. Agency cultures policies
6. Action by leadership

Areas of focus:

Supporting clients	Applying gender, developmental, and cultural lenses	Involving families and peers	Worker wellness and safety	Agency cultures policies	Action by leadership
Maximize clients' sense of safety, assist them in managing their emotions, and in making meaning of their current coping strategies and trauma histories. Include thepectives of clients in defining what is triggering for them and what creates safety and learning. Involve them, as appropriate, in focus groups and other methods for evaluating and improving services toward being trauma-informed. Make the physical environment welcoming. Signal through the physical environment and informational materials that talking about and getting support on trauma is available. Continuously apply trauma-informed principles of safety, transparency, trustworthiness, collaboration, choice, and skill development in service delivery. Understand and map the supports and treatments available for children, youth, and adults experiencing trauma. Build relationships with the provider agencies to facilitate appropriate and timely referrals.	Understand how gender affects the types of trauma experienced, the expression of its effects, and openness to discussing trauma. Provide gender-responsive options for support. Understand how traumatic childhood experiences are not only common, they also have a profound impact on many different areas of functioning and development. Understand how historical trauma affects aboriginal people. Involve aboriginal youth, adults, elders, and communities in bringing holistic wellness and other culturally competent practices to trauma-informed approaches with aboriginal clients. Involve knowledge-exchange experts, gender champions, and elders to bridge trauma-informed approaches with culture- and gender-informed approaches in place in communities and other systems of care.	Understand how families with histories of trauma have areas of strength and resilience. Provide training to families of all types on understanding behaviour, displaying empathy, and sharing coping strategies with family members with mental health and substance use concerns. Provide opportunities for family members of clients with concerns about NSHA/IWK to enhance self-care and, where relevant, to access support/treatment for their own experiences of trauma. Make full use of peer supports.	the risk of secondary traumatic stress for all staff members, and the agency as a whole. Provide training on secondary trauma and stress management for all staff, promote self-care/well-being through policies and communications, and encourage ongoing discussion among staff and administration. Create and maintain work environments that convey respect and appreciation, that are safe and confidential, and that provide support for continuing education, supervision, collaboration, consultation, and planned mental health breaks. Cultivate a workplace culture that normalizes and does not stigmatize getting help for mental health difficulties.	Conduct organization-level assessments that identify the range of practices and policies that might be initiated or enhanced to support trauma-informed practice. Facilitate culture change in the organization toward social learning and agency-wide emotional intelligence. Identify and map existing trauma-informed practices, which can be built upon and extended. Incorporate trauma knowledge into all practice models. Discuss how to address trauma experienced by different stakeholders (clients, workers, families, peers, elders . . .). Discuss how strategies for building resilience in all these groups can be linked in agency-wide approaches. Make resources available for all audiences, illustrating how to apply gender- and diversity-based analyses to health promotion, prevention, and treatment.	Build a system-wide learning culture about trauma: provide forums for training all staff on types of trauma, common reactions to traumatic events, short- and long-term impacts of trauma, and principles of trauma-informed practice. Identify staff who can serve as trauma champions to promote change at local and regional levels. Link with leaders in other systems to collectively • provide opportunities for learning about trauma, • share trauma-informed resources across systems, • adapt practice and policy, and • create a trustworthy service network of support and treatment.

Recommendations for implementation

It is extremely important to involve representatives of groups who experience specific types of trauma (such as historical trauma experienced by aboriginal people) and higher prevalence of trauma (such as sexualized violence experienced by girls and women) in all the following steps of implementation.

1. Activate local champions to lead learning about trauma and reflection on practice

Whole-system change toward a trauma-informed approach is possible when leaders act as connectors and enablers of early adopters. The implementation of the *Signs of Safety* approach in the Western Australia child welfare system is an example. They achieved whole-system change in a practice-led way, with leadership fostering and supporting champions for change and change agents from within the workforce. These practice leaders have led ongoing small-group discussions in deliberative spaces where critical thinking, reflection, and feedback on practice change is encouraged. They use training, supervision, and role modelling within an enabling environment to make change, recognizing that the majority of learning is not acquired through formal learning but through work-based activities as well as networking and collaboration. In this way, the emergent innovative practice is best embedded at the local level. Leaders are instrumental in supporting the necessary training, coaching, and supervision, and in aligning policies and procedures to new ways of working that emphasize coordination and collaboration.

One useful adult education model for this type of learning is a community-of-practice model,[1] whereby members of the workforce come together to share what they know, discuss how to bring principles of TIP to practice, and consider how to integrate TIP into their work with service users and colleagues at the agency and interagency levels. With the support of leadership, a sustainable form of education can be designed, involving identification and support for champions who could facilitate this process with groups of their colleagues. These champions could be generated from the many individuals who self-identified as being committed to TIP principles during our building phase and sought ways to assist meaningfully in this process.

[1] A *community of practice* is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. This definition reflects the fundamentally social nature of human learning. Accessed May 3, 2015, at http://wenger-trayner.com/resources/what-is-a-community-of-practice/.

2. Curate knowledge being generated at provincial and national levels

So much information on trauma-informed practice (of variable quality) is available, and continues to be generated, that is important to filter, synthesize, and translate it in order to support practice and policy development. A leadership role to curate the knowledge being generated will be important.

Continued system-wide offering of education about trauma-informed practice, shared through webinars and conferences, could support broad knowledge exchange and skills building on a provincial level. This work would amplify the learning at the local level.

3. Convene stakeholders to collectively review practices and brainstorm routes of action

Organizations have found it beneficial to have a working group – comprising leadership, supervisors, direct service staff, support staff, and service users – to guide a process of reviewing policies and practices and collectively deciding on improvements that take trauma into account in all aspects of service delivery. Often, this group organizes educational opportunities and leads a review of the ways in which intake, service planning, and service delivery are done, using checklists or questions.

An agency might ask questions in supporting responsiveness to service users with trauma experiences; for example:

To what extent do the program's activities and settings
- ensure the physical and emotional safety of its clients?
- maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program?
- maximize clients' experiences of choice and control?
- maximize collaboration and sharing of power?
- prioritize consumer empowerment and skill building?

> (abridged from R. Fallot and M..Harris, *Creating cultures of trauma-informed care: A self-assessment and planning protocol*, 2009)

The questions in the Nova Scotia discussion guides, and the checklists such as that in the BC Trauma Informed Practice Guide, can be starting places for practice and policy review.

4. Foster networks and interagency and inter-sectoral relationships within Nova Scotia

While intuitively it makes sense to work in partnership with our inter-sectoral partners, it is not easy to achieve. The culture of healthcare organizations and service provision and our structures and policies often thwart the best intentions to work collaboratively. Ways of working, cemented through professional socialization, failure to involve families and peers, institutionalized racism, and various organizational practices and policies, conspire to create an inherent resistance to collaboration.

Interagency working groups, networks, and other mechanisms that reduce isolation and share responsibility for creating systems of care are key to implementation of trauma-informed policy and practice. Leaders can be influential in creating mechanisms for engaging inter-sectoral partners in dialogue about the practicalities of this new style of working.

Forging relationships in networks at a community level, and bridging these networks to regional and provincial levels, may prevent service fragmentation, gaps, and silos, and promote freer thinking. It may be useful to start this process with one key partner or linked issue, thus allowing for the building of relationships and the skills necessary to overcome the barriers associated with inter-sectoral work.

Discussion questions

Each guidebook includes:[2]

- Links to further specific resources
- Research to practice information
- List of key broad resources
- Discussion questions
- References

Each of the four guides introduces and prompts discussion and action by health and social service providers. The guides were created, in partnership with our workforce and our community partners, with the purpose of providing practical guidance as we move forward in the implementation of the Trauma-Informed Practice Framework.

1. **Trauma-Informed Approaches: An Introduction**

   This guide defines trauma-informed practice and discusses why integrating knowledge about trauma into policies, procedures, and practices is important.

2. **Recognizing and Responding to the Effects of Trauma**

   This guide describes how common traumatic experiences are for individuals accessing health and social services, and it provides information to help service providers recognize symptoms of trauma.

3. **Trauma-Informed Practice in Different Settings and with Various Populations**

   This guide describes trauma-informed practice as applicable universally in mental health and substance use services, while at the same time requiring consideration of how gender, developmental level, and culture might affect the experience of trauma and be taken into account in trauma-informed approaches.

4. **Trauma-Informed Practice at the Agency, Interagency, and Leadership Levels**

   This guide describes key components of becoming trauma-informed by agencies: shifts in practices and policies, support for worker wellness, refreshed agency cultures, and work with others across agencies, sectors, and systems.

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We thank those individuals who took the time to review the discussion guides: