

What Do We Mean by "Trauma Informed" Care?



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British Columbia Centre of
Excellence for Women's Health

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The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Agenda

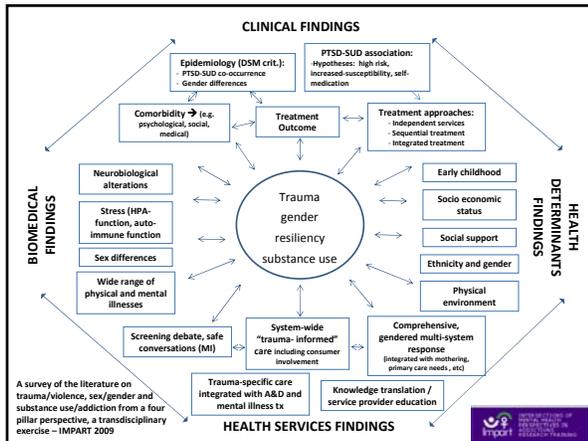
- What we mean by trauma, impact on health, connections to substance use, and impact on presentation to services
- Some examples of trauma-informed and trauma specific care
- Ideas and resources to guide practitioners in delivering trauma informed care

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Exploring Trauma

- Defining Health Impacts
 - Defining Social Context
- Defining Impact on Relational Connections
- Connection to FASD Prevention





Definitions of Trauma

Trauma means experiencing, witnessing, or being threatened with an event or events that involve serious injury, a threat to the physical integrity of one's self or others, or possible death. The responses to these events include intense fear, helplessness, and/or horror.

Definition used for the Women's Co-occurring Disorders and Violence Study

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Definitions of Trauma

The terms violence, trauma, abuse, and post-traumatic stress disorder (PTSD) often are used interchangeably. One way to clarify these terms is to think of trauma as a response to violence or some other overwhelmingly negative experience (e.g., abuse). Trauma is both an event and a particular response to an event. The response is one of overwhelming fear, helplessness, or horror. PTSD is one type of disorder that results from trauma.

Covington, S.S. (2008).

Definitions of Trauma

Interpersonal trauma will be defined as experiences involving disruption in trusted relationships as the result of violence, abuse, war or other forms of political oppression, or forced uprooting and dislocation from one's family, community, heritage, and/or culture.

(Berman, Mason et al 2010)

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Common Questions About Trauma: What is trauma?

Trauma is the emotional response when an injury overwhelms us. The injury could be physical, sexual, or emotional.



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Common Questions About Trauma: What is trauma?

Some of the most common traumatic events in the lives of women and men include:

- physical assault
- sexual assault, including childhood sexual abuse
- verbal assault
- being threatened with physical or sexual assault
- witnessing violence against others
- long-term neglect in childhood



CAMH
2000

Common Questions About Trauma: How can trauma affect people?

Trauma can affect the way you feel.

You might experience some or all of the following symptoms:

- too much emotion
- too little or no emotion
- depression
- feeling hopeless, helpless, worthless
- shame, fear
- anger, rage
- grief, sadness
- anxiety, panic attacks



CAMH
2000

Common Questions About Trauma: How can trauma affect people?

Trauma can affect your ability to have satisfying relationships with others

You might experience some of the following:

- not knowing how to trust
- difficulty being close to people
- problems in sexual relationships
- fear of others
- isolation and withdrawal
- not recognizing when you are in a dangerous situation
- not knowing how to give and take in relationships
- repeatedly searching for someone to rescue you



CAMH
2000

Common Questions About Trauma: How can trauma affect people?

Trauma can affect your body

You might experience:

- body memories and flashbacks (feeling as if you were reliving the traumatic experience. This can include seeing images, hearing voices or sounds, smelling odours, as well unexplained tastes and physical sensations in your body.)
- sleep problems, including nightmares
- physical complaints (e.g., headaches, nausea, stomach aches, pelvic pain, stomach/digestive problems) for which no medical cause can be identified
- physical exhaustion



Common Questions About Trauma: How can trauma affect people?

Trauma can affect the way you think

It could lead you to:

- inflict self-injury (e.g., cutting, burning)
- engage in addictive behaviours such as self-starvation, binge-eating, drug/alcohol misuse
- constantly look for sexual relationships, or avoid sexual relationships
- be abusive towards others



The Effects of Violence and Abuse

- Are often enduring and profound
- May shape every aspect of a woman's life, even years after the traumatic experience has occurred
- Are particularly traumatic when the violence is ongoing, begins in childhood and is perpetrated by someone the woman loves and should be able to trust

Haskell, L. (November 2008). Women, Violence, Substance Use and Trauma: The complexity of women's responses. Paper presented at the Seeking Safety Conference. Parksville BC

The Effects of Abuse and Violence

- Lead women to develop coping strategies to manage the effects of overwhelming traumatic stress
- Survivors of severe and chronic child abuse and neglect may present with a bewildering array of symptoms/adaptations
- They have significantly more insomnia, sexual dysfunction, dissociation, anger, suicidality, self-harm, drug and alcohol addiction than any other clients (Briere & Jordan, 2004)
- The defenses that many women develop after being repeatedly hurt in relationships, can make connecting with them extremely difficult

Haskell, L. (November 2008).

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What Are the Effects on Women?

Long term effects include:

- feelings of powerlessness
- dissociation and changes in consciousness
- difficulty with relationships, trust
- somatization
- self blame and poor self-image
- vulnerability to further abuse

Haskell, L. (2003). *First Stage Trauma Treatment: A guide for mental health professionals working with women*. Toronto, ON: Centre for Addiction and Mental Health

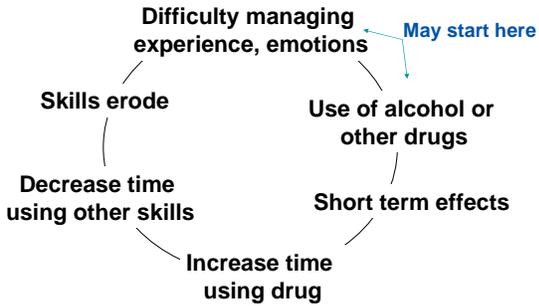
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What Are the Effects on Women?

Physical effects include:

- Experiences of violence/trauma are linked to central nervous system changes, sleep disorders, cardio vascular problems, gastrointestinal and genito-urinary problems, reproductive and sexual problems
- Chronic danger and anticipation of violence can stress the immune system which can lead to an increased susceptibility to autoimmune disorders (chronic fatigue, fibromyalgia) and other illnesses
- Substance use can also be linked the above problems - and additional physical health problems, such as liver problems, lung disease

Links to Substance Use



"Women's substance misuse is a way of coping which initially facilitates coping, while over time takes away their power, choices and abilities"

Source: National Workshop on Action on Women and Substance Misuse 1994

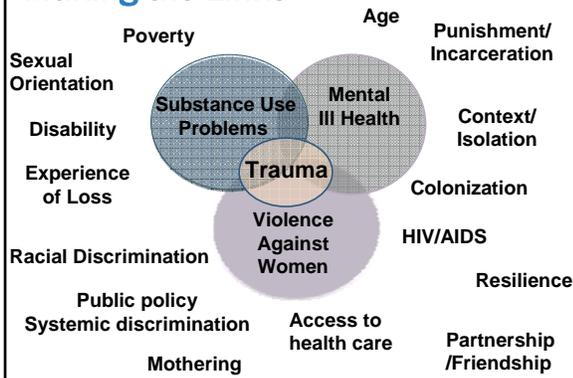
Links to Substance Use

Girls who experience physical & sexual abuse by dating partners are more likely to be at risk for harmful substance use.
(Note: Odds of 2.0 mean a girl is twice as likely to engage in the behavior as one who was not abused.)

Behavior	Odds
Heavy smoking (within 30 days)	2.5
Binge drinking (within 30 days)	1.7
Cocaine use (ever)	3.4
Diet pill use (within 30 days)	3.7
Laxative use & / or vomiting (within 30 days)	3.7
More than three sex partners (within 90 days)	3.3
Pregnancy (ever)	3.9
Considered suicide (within 1 year)	5.7
Attempted suicide (within 1 year)	8.6

Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behaviour, pregnancy, and suicidality. *The Journal of the American Medical Association*, 286, 572-579

Making the Links



Connections of Substance Use and Trauma

- As many as 2/3 of women with substance use problems report a concurrent mental health problem (e.g. PTSD, anxiety, depression) and they also commonly report surviving physical and sexual abuse either as children or adults .
- A Washington DC study showed that over 70% of women with mental disorders have co-occurring substance use problems and virtually all women with co-occurring disorders have a history of trauma.

Logan, T., et al., *Victimization and substance abuse among women: Contributing factors, interventions and implications*. Review of General Psychology, 2002, 6(4): p. 325-397.
Fallot, R. and M. Harris, *Integrated Service Teams for Women Survivors with Alcohol and other Drug Problems and Co-Occurring Mental Disorders*, in *Responding to Physical and Sexual Abuse in Women with Alcohol and Other Drug and Mental Disorders*, B.M. Veysey and C. Clark, Editors. 2004, Haworth Press: Binghamton, USA.

Study Involving 6 Women's Treatment Centres

Dr. Catrina Brown of Dalhousie :

- Examined perceptions of harm reduction among women in treatment for alcohol use problems
- 6 alcohol use treatment sites across Canada (3 harm reduction and 3 abstinence)
- Total sample: service users (N=157); Interviews service user (n=61), service provider (n=31), directors (n=8), focus groups (n=6)

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Study Involving 6 Women's Treatment Centres

- In this research 90% (n=55/61) of the women interviewed reported childhood or adult abuse histories in relation to their problematic use of alcohol.
- 93% of women reported childhood or adult abuse and other forms trauma (illness, death, serious accidents, loss . . .)

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Stolen Sisters: Profiles of violence and discrimination against Indigenous women in Canada

No one knows exactly how many Indigenous women have been murdered or gone missing in Canada over the past three decades. Because of gaps and inconsistencies in the way that the identities of victims of crime are recorded and made public in Canada, that question simply cannot be answered.



Vigil at Parliament Hill, Ottawa, 4 October 2007

Amnesty International - www.amnesty.ca/campaigns/

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Stolen Sisters: Profiles of violence and discrimination against Indigenous women in Canada

However, we do know with certainty that the marginalization of Indigenous women in Canadian society has led to an extremely high risk of violence. According to a 1996 Canadian government statistic, Indigenous women between the ages of 25 and 44 with status under the federal Indian Act are five times more likely than other women of the same age to die as the result of violence. Amnesty International - www.amnesty.ca/campaigns/



Vigil at Parliament Hill, Ottawa, 4 October 2007

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How Do We Prevent FASD?

Study of Birth Mothers of 160 children with Fetal Alcohol Syndrome

Of the 80 interviewed:

- 100% seriously sexually, physically or emotionally abused
- 80% had a major unaddressed mental illness
- 80% lived with men who did not want them to quit drinking

Astley, S. J., Bailey, D., Talbot, C., & Clarren, S. K. (2000). Fetal Alcohol Syndrome (FAS) Primary Prevention through FASD Diagnosis II: A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol and Alcoholism*, 35(5), 509-519.

Service Response

- Where We Have Been
- The “Mystifying Separation”
- Access to Services and Treatment
 - Barriers to Treatment
- Impact of Lack of Integration of Services
- Harm Reduction, Abstinence, and Trauma
 - Aboriginal Perspective

Where We Have Been

Substance
Use Problems
and Addiction

Violence/
Trauma

Mental Ill
Health and
Mental
Illness

Separation
Compartmentalization
Misinformation
Territoriality

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The “Mystifying Separation”

Humphreys, C., R. Thiara, and L. Regan, *Domestic violence and substance use: Overlapping issues in separate services*. October, 2005, Home Office and Greater London Authority: London, UK.

Interactions with healthcare providers can reproduce dynamics of power already experienced in a woman’s relationship and perpetuate a sense of powerlessness



Cory, J., Abi-Jaoude, A., Godard, L., Mullaney, K., Wallace, L., Salmon, A., et al. (2010). *Building Bridges: Exploring the Links between Woman Abuse, Substance Use and Mental Ill Health*.

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The “Mystifying Separation”

- Many service providers do not recognize or understand the multiple, varied and complex effects of abuse-related trauma
- Many traumatized women seeking help are not only misunderstood and not given the help they need, but are also re-traumatized
- Often results in them refusing care, or not trying again to get the help they need

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Shift from: “What is wrong with her?” to “What happened to her?”



Change language from:

- Controlling
- Paranoid
- Manipulative
- Uncooperative
- Untreatable
- Masochistic
- Attention seeking
- Drug seeking
- Bad mother
- Not believable, etc...

Informed Gender Practice: Mental health acute care that works for women (July 2008)
National Institute for Mental Health, UK

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Access to Services and Treatment

Are service providers aware of the impact of their services and models?

- Single issue focus
- Lack of gender focus
- Lack of awareness of how an abusive partner can interfere with access and treatment
- Lack of awareness of how a mental health diagnosis can interfere with access and services
- Lack of awareness of how substance use treatment may be ineffective without addressing woman abuse

Cory et al, Building Bridges research

Barriers to Treatment: Self-Blame, Minimization, and Ambivalence

- Women's internalized dominant stories about gender, relationships and violence often results in minimization, self-blame, and ambivalence about trauma in their lives.
- Women's internalized dominant stories about "addiction" often means not contextualizing their drinking.
- Taken together the approach to women's trauma by both women and treatment services means that trauma issues are often poorly addressed.
- This has serious ramifications for the outcome of women's treatment when trauma seems to play a significant role in motivation to drink.

Catrina Brown et al

Impact of Lack of Integration of Services

Women impacted by violence/trauma, mental health issues and substance use

- Are at greater risk of barriers to housing
- Are at risk of losing contact with children
- Poverty is a barrier to accessing services
- Isolated . . .

Cory et al 2010

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Harm Reduction, Abstinence and Trauma

"There's a reason why we are drinking. I think you need to deal with those issues. If you don't deal with those issues, there's one thing to take away - the alcohol and not deal with nothing. You've taken that away.... but you are still just as miserable as you were when you were drinking so you may as well be drinking."

- Faith, Halifax

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Aboriginal Perspective

- The toxic mixture of physical and sexual abuse, combined with racist cultural denigration and religious fundamentalism or fanaticism provided highly traumatic for Aboriginal children who attended these [residential] schools, as well as for their descendents.

Chansonneuve, D. (2007). *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People*. Ottawa, ON: Aboriginal Healing Foundation

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Aboriginal Perspective

- Although residential schools have now disappeared from the Canadian landscape, other tactics of power and control against Aboriginal people have not. Aboriginal people continue to be trapped by social, political and economic policies that promote dependency by preventing self determination
- Healing in a larger cultural context, therefore requires a commitment to fostering social, political and economic conditions of re-empowerment: a politics of healing

Chansonneuve, D. (2007). *Reclaiming Connections: Understanding Residential School Trauma among Aboriginal People*. Ottawa, ON: Aboriginal Healing Foundation

Trauma-Informed Systems of Care

- Where we are going...



'Trauma-Informed' Systems and Services

- Understand the role that violence and trauma play in the lives of most people who access substance use and mental health services
- Integrate this knowledge into all aspects of service delivery, including supporting survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from the services

Harris, M., & Fallot, R., D. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey Bass. **40**

'Trauma-Informed' Systems and Services

- This means not only do services and systems accommodate the vulnerabilities of trauma survivors, but they actively facilitate survivors' participation in treatment

Harris, M., & Fallot, R., D. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey Bass.

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Trauma Informed Counselling

- Understanding of multiple & complex links between trauma & addiction
- Understanding trauma related symptoms as attempts to cope
- A woman will not have to disclose a trauma history to receive trauma-sensitive services. All services will be trauma sensitive
- All staff will be knowledgeable about impact of violence & trained to behave in ways that are not re-traumatizing
- Women will have access to trauma specific services

Harris, M., & Fallot, R., D. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey Bass.

Working in Different Ways

Trauma-informed:

Services take into account knowledge of the impact of trauma and integrate this knowledge into all aspects of service delivery

Trauma-specific:

Services directly address the impact of trauma and facilitate trauma recovery and healing

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**We can be trauma informed in brief
“interventions” or conversations**

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**Intervention is not a specialist problem
but a broad social responsibility that
should be shared by many public and
private sectors**

Rethinking Substance Abuse: what the Science Shows and What We Should Do
about It Edited by William R Miller and Kathleen M Carroll, 2006

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General Guidelines for Asking Questions

- Ask straightforward questions
- Be non-judgemental and empathetic
- Ask her what she knows, dispel myths
- Work to understand the benefits of substance use for her
- Encourage all small steps for change
- Keep asking, keep encouraging
- Talk about the benefits for both her and for her children

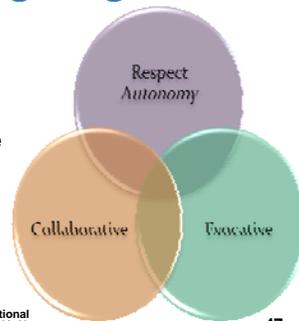
Reynolds, W., Leslie, M., Cassidy, S., & diMarchi, G. (2002). *The SMART Guide, Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol, A Training Manual for Service Providers. Kingston, ON: AWARE and Breaking the Cycle.*

Motivational Interviewing – A refined form of guiding

The Spirit

Collaboration

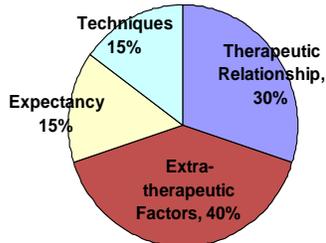
- avoid confrontation,
focus on partner-like
relationship



Source: Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change* (2nd ed.). New York, NY: The Guilford Press.

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What Works



TP Asay, MJ Lambert - The heart and soul of change: What works in therapy, 1999

Trauma Specific Support

'Trauma-specific' services directly addresses the impact of trauma on people's lives and facilitates trauma and recovery and healing

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Essential Components of First Stage Trauma Treatment

- Establishing a therapeutic alliance
- Promoting client safety
- Addressing the client's immediate needs
- Normalizing and validating the client's experiences
- Educating the client about post traumatic stress and treatment

Haskell, L. (2003). *First Stage Trauma Treatment: A guide for mental health professionals working with women*. Toronto, ON: CAMH.

Essential Components of First Stage Trauma Treatment

- Using a gender sensitive approach
- Nurturing hope and emphasizing clients strengths
- Collaboratively generating treatment goals
- Teaching coping skills and managing adaptations of post traumatic stress responses

Haskell, L. (2003). *First Stage Trauma Treatment: A guide for mental health professionals working with women*. Toronto, ON: CAMH.

Key Goals for Helping Women in the First Phase Trauma Treatment

- Increase client's sense of control over their lives by familiarizing them with post traumatic stress responses and the reasons for those adaptations
- Help clients learn coping skills
- Help women distinguish between the situations over which they have control and larger inequalities – and understand how their lives are shaped by the contexts in which they live
- Increase clients' sense of safety in all contexts

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Haskell, L. (2003).

Key Goals for Helping Women in the First Phase Trauma Treatment

- Help clients' identify their own responses to trauma and reframe them in a less blaming way
- Help clients see how their current life struggles have been affected by trauma and its after effects
- Support clients as they attempt to form meaningful goals and connections with other people

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Haskell, L. (2003).

Women and Co-occurring Disorders and Violence Study (US)

Project overview:

- Launched in 1998
- Goal was to generate knowledge about the development of comprehensive, integrated service approaches and to assess effectiveness for women
- Coordinating centre and originally 14 sites (9 sites for implementation stage)
- First large-scale, multi-site effort to develop and evaluate integrated services
- Involvement of consumer/survivors integral to process

Veysey, B. M., & Clark, C. (Eds.). (2004). *Responding to Physical and Sexual Abuse in Women with Alcohol and Other Drug and Mental Disorders*. New York: Haworth Press or <http://www.nationaltraumaconsortium.org/>

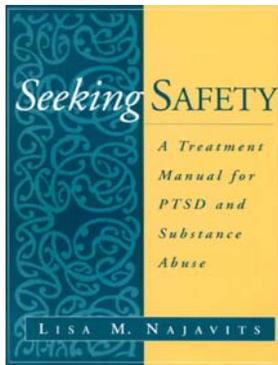
Women and Co-occurring Disorders and Violence Study (US)

The trauma specific programming used in the study sites:

- Addictions and Trauma Recovery Integration Model (ATRIUM)
- Helping Women Recover (HWR)
- Seeking Safety
- Trauma, Recovery and Empowerment Model (TREM)
- Triad Model

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Seeking Safety



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Key Elements of the Seeking Safety Model

- Present focused, time limited and structured
- Designed to promote safety and recovery
- Based on key principles of:
 - safety
 - interpersonal treatment
 - a focus on ideals – hope
 - 4 content areas (cognitive, behavioural, interpersonal and case management)
 - attention to clinical processes (building alliance, showing compassion, giving women control, modelling, asking for feedback)

Promising Practice: The Seeking Safety Model at the Victoria Women’s Sexual Assault Centre (VWSAC)

- Saw need and initiated community collaboration to provide integrated services
- Linked with the Vancouver Island Health Authority
- Outpatient group run by trauma counsellor and addiction counsellor

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VWSAC

Adapted Seeking Safety model and created:

1. Seeking Information – 3 weeks, focus on coping strategies
2. Seeking Understanding – 12 weeks, examine specific topics related to trauma and substance use in more depth

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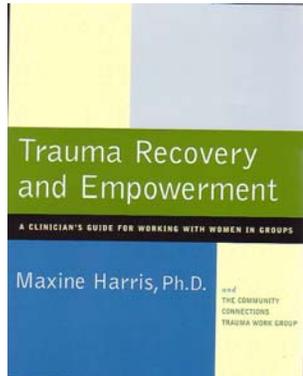
VWSAC

Evaluation findings

- safety to explore both issues
- learning about the effects of trauma & skills to manage
- reduction in stigma and increasing self acceptance
- breaking through isolation, connecting with other women
- developing hope for future

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TREM



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Key Elements of TREM Model

3 parts:

- Empowerment – strategies for self comfort and accurate self monitoring
- Explore and reframe connections between trauma and other difficulties (SU, MH symptoms, interpersonal problems)
- Skills building – decision making, regulating overwhelming feelings, establishing safer more reciprocal relationships

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Beyond Trauma – Covington (2003)

- Strengths based, gender responsive, trauma specific group curriculum
- Addresses:
 - the connections of trauma, substance use and mental health issues
 - the impact of trauma on women's lives
 - healing from trauma
 - grounding and self soothing, mind body connections, feelings, relationships, spirituality



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Conclusions from the Women and Co-occurring Disorders and Violence Study

- Women in integrated care experience significantly more reductions in symptoms of mental illness, alcohol and drug use compared to women in traditional services
- Service costs remain the same

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What Changes as Women Heal in an Integrated Context

- Increased ability to manage symptoms and increased understanding of symptoms as attempts to cope
- Increased understanding of way trauma, mental illness & substance abuse have impacted her life – and a complex new identity integrating all three
- Increased empowerment, agency, self esteem and quality of life
- Increased capacity for mutuality, empathy, authenticity in relationships

Relational/Empowerment Approach

- Builds on and validates women’s strengths
- Fosters knowledge & skills needed for women to exercise greater control over their lives
- Consumer / survivor / recovering persons participate in treatment planning, service design, and program policies
- Treatment / support milieu becomes a web of relationships rather than another experience of hierarchy of power & control

Norma Finkelstein on how providers in the Co-occurring Disorders Study have incorporated the relational model

We can be trauma informed within treatment for mental health and substance use concerns – organizational processes

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The Work of the Jean Tweed Centre

Stage 1

- Started to track women’s experience - over 80% of clients had trauma-related experience – myth was that women could only do one thing at a time
- Were reading – researching the issue. Invited Clarissa Chandler to do education with staff – invited the Ministry of Health funders to be part of the learning
- Developed a proposal – and received funding for clinical supervisor and trauma counsellor

The Work of the Jean Tweed Centre

Stage 1

- At this point were asking about trauma, were naming the issue in the programming, helping women make the connection, helping them with grounding, etc. The trauma counsellor talked during the treatment program, then offered trauma counselling post tx
- Evaluation – noticed that in some cases they were creating instability, not actually helping women stabilize in the connection

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The Work of the Jean Tweed Centre

Stage 2 – shift to trauma informed

- Shift from generic trauma programming, to taking a more “trauma-informed” approach – In a trauma- informed approach, we as service providers need to know the issues, create a safe environment, and let the women tell their story in their own way, in their own time
- Undertook study, with researchers from York U and did extensive evaluation

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The Work of the Jean Tweed Centre

Stage 3 – depth and capacity

Asked themselves how they could deepen their capacity to support women who experience trauma. Got a grant for training for all staff for:

1. Training in mindfulness – offered to staff to support them to do this work and to help them support clients – 12 weeks on building a personal mindfulness practice, how then do we use it to help clients, see how it supports locus of control and affect regulation

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The Work of the Jean Tweed Centre

Stage 3 – depth and capacity

2. Seeking Safety training – helpfulness is that it is focused on first stage trauma work – reworked the program’s approach to relapse prevention, reworked the program overall to address how it is helpful to name the trauma, to create a safe place where women can talk about their experience, and to offer grounding, and safe coping skills

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The Work of the Jean Tweed Centre

Stage 3 - Trauma specific programming

All programs now trauma informed

- In addition have one trauma counsellor (TC) – provides individual counselling for up to 2 years (wait list), also provides consultation with staff in the 21 day program
- TC also provides training at residence – in helping staff dealing with women’s experience of flashbacks, practice experience
- Now do a Seeking Safety group – first 10 weeks as a closed group, offer a chance to do another 10 weeks
- Can now offer SS to women at all the stages at the Centre

The Work of the Jean Tweed Centre

Stage 4

Now have outreach program to pregnant and parenting women (Pathways) – the outreach staff are braiding in trauma support

- Children of mothers accessing Pathways are affected by the trauma of removal, of living in chaos, exposure to violence etc – child development staff are working on attachment and play therapy

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Braiding in Response to Trauma

The Jean Tweed Centre sees their approach as one of *braiding* the trauma and substance use and gambling. Key aspects:

- Look to the women to signal readiness to work on trauma, not impose on women
- Education of staff is critical, include funders
- Support women’s pacing – no prescribed timetable or sequence for dealing with trauma issues
- Good clinical supervision is important
- Peer support for staff and clients
- Evaluation – good quality assurance plan is important

van Wyck, L., & Bradley, N. (2007). A braided recovery: Integrating trauma programming at a women's substance use treatment centre. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto, ON: Centre for Addiction and Mental Health

Lessons from a BC Study

on substance use on the part of women entering 13 transition houses



Women's alcohol and illicit drug use decreased significantly in the 3 months following a transition house stay, whether the house provided significant substance intervention or minimal substance use intervention.

Source: *Tracking Alcohol Use in Women who Move through Domestic Violence Shelters: Final Report to the Alcoholic Beverage Medical Research Foundation*, June 30 2004, BCCEWH

System Level Work

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Overview of Lessons from Women and Co-occurring Disorders and Violence Study (US)

Service system integration

- Establishing and maintaining “buy-in”
- Relationship building
- Inclusion of a broad range of stakeholders
- Strong leadership

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Lessons from the Women and Co-occurring Disorders and Violence Study (US)

Consumer/Survivor Integration

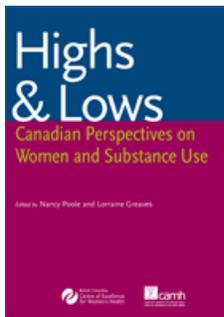
- C/S participation critical
- Role of planning and training
- Challenges for participants

Cross-cutting Issues

- Resistance to paradigm shift
- Cross-training for staff
- Ongoing supervision, management and support

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Resources



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Canadian Websites on Trauma and Substance Use Interconnections

- Centre for Addiction and Mental Health
www.camh.net/about_addiction_mental_health/women_trauma.html
- Klinik's Trauma Toolkit
<http://www.suiceline.ca/trauma-informed.html>
- Coalescing on Women's SU
www.coalescing-vc.org

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Canadian Websites on Trauma and Substance Use Interconnections

- Building Bridges research
<http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Building+Bridges.htm>
- Connections KE
<http://www.connectionsCanada.ca/>
- CAST Canada
<http://cast-canada.ca/>

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Screening and Disclosure

- *Asking Women about Abuse and Responding to Disclosures of Abuse* – developed by Mary Jane Millar in 2005 for the Screening Abuse Protocol Project in Ontario, this guide is meant to assist mental health and substance use professionals:
[http://www.wmhaarc.ca/assets/Guide to Screening_Aug06.pdf](http://www.wmhaarc.ca/assets/Guide_to_Screening_Aug06.pdf)

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Screening and Disclosure

- The Ontario Woman Abuse Screening Project provides in-depth information on woman abuse, trauma and their relationship to mental health and substance use. There are a number of screening tools and a screening video. Also included are information on stabilization and safety planning:
<http://womanabusescreening.ca/index.php>

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Homelessness

A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness

<http://www.familyhomelessness.org/media/89.pdf>

Trauma-informed Organizational Toolkit for Homeless Services. Published by the National Center on Family Homelessness.

<http://www.familyhomelessness.org/media/90.pdf>

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USA Websites Related to Trauma-Informed Care

- SAMHSA Trauma Informed Care Centre
www.samhsa.gov/nctic/
- Women and Co-occurring Disorders and Violence Study
<http://www.wcdvs.com/>
- Community Connections
www.communityconnectionsdc.org

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USA Websites Related to Trauma-Informed Care

- Seeking Safety
www.seekingsafety.org
- Stephanie Covington
www.stephaniecovington.com
- The National Trauma Consortium
www.nationaltraumaconsortium.org

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Trauma-Informed Approaches in Addictions Treatment

In 2016 a national virtual Community of Practice (CoP) provided the opportunity for a virtual discussion of needs, research and programming related to girls and women's substance use in Canada. The goal of the call was to serve as a mechanism for "gendering" the National Framework for Women's Health (the theme discussed with Alcohol and other Drug and Substances in Canada. Participants included planners (British Columbia, three service providers, educators, NGO leaders, policy analysts, researchers and identified women. The project was sponsored by the British Columbia Centre of Excellence for Women's Health (BCCWH) in partnership with the Canadian Centre on Substance Abuse (CCSA) and the Vancouver Island Health Services and Health Authority.

This discussion guide highlights one of the topics explored in the call to provide the strategic better opportunities for addressing substance use, mental health and substance use problems experienced by girls and women through trauma informed and trauma specific approaches.



Gendering the National Framework

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Discussion Questions

1. What have you noticed about the links among trauma, mental illness and substance use problems from your experience of supporting women with these and related challenges?
2. Does your service assume that violence has played some role in the woman's/girl's life, even if she has not identified abuse as a source of difficulty?
3. How does your service currently address the needs of girls and women experiencing trauma, substance use and mental health concerns?

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www.bccewh.bc.ca
www.coalescing-vc.org
www.womenshealthdata.ca
www.addictionsresearchtraining.ca

**For information on upcoming
sessions in the FASD Learning Series:
www.fasd-cmc.alberta.ca**

**Please take the time to fill out the
on-line evaluation**

Thank You!
