Trauma-Informed Practices for Engaging Women Who Use Substances

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Coming up...

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Trauma-Informed Practices for Engaging Women Who Use Substances

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Objectives

- Provide an overview of trauma-informed practice (TIP) approaches for women who use substances.
- Understand how nurses and other health care professionals can integrate TIP into practice to engage women who use substances.
- Explore case-based examples that illustrate the unique considerations of working with women who use substances.
Section 1: Overview of Trauma-Informed Practices (TIP) for Engaging Women with Substance Use
Trauma is Prevalent amongst Women with Substance Use Concerns:

Experiences of trauma are common among substance-involved individuals:

- 80-90% among those entering treatment (Brown et al).
- Connections between trauma and an array of health issues.
- Interconnections with substance use – both as a precipitator and as a risk factor.

“trauma is the rule, rather than the exception”
Defining Trauma

Trauma often refers to experiences or events that—by definition—are overwhelming.

Trauma Matters, 2013
Bio-Psycho-Social Impact of Trauma

- Whole person ripple effects that varies individually.
- Sense of safety, control, and self in relation to the world is impacted.
- Balanced by resiliency, meaning, and coping.
Bio-Psycho-Social Spiritual Impacts

Body

Sense of Self

Emotions

Spirit

Relationships

Mind
What Does a Trauma Response Look Like?
(adapted from Janina Fisher, 2007)
Triggers and Trauma Reactions

A trigger can occur from seeing, hearing, touching or smelling something or being in a situation that evokes past trauma.

A trigger can set off a trauma reaction - a mind/body reaction (e.g. panic, fear, flight, anger/defense, agitation, numbness/shutting down, self harm, etc.).

“when we get triggered, we experience sudden and overwhelming feelings, sensations, and impulses. This feeling of danger is misinterpreted as meaning ‘I AM in danger’, not ‘I was in danger then’”.

(Janina Fisher, 2013)
Gender Based Violence & Victimization

Half of all women in Canada have experienced at least one incident of physical or sexual violence since the age of 16.

Trauma-Informed Practice

“a strength based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

Coalescing on Women and Substance Use
Core Principles of Trauma-Informed Care:

1. Acknowledgement
2. Safety
3. Trustworthiness
4. Choice & Control
5. Relational & Collaborative
6. Strength Based

Trauma Matters, 2013
SAMHSA, 2014
## Trauma-Informed vs. Trauma-Specific

<table>
<thead>
<tr>
<th>Trauma-Informed Practices</th>
<th>Trauma-Specific Services:</th>
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<tr>
<td>▪ Applied universally – in any setting where substance-involved persons receive services.</td>
<td>▪ Delivered by practitioners who have extensive knowledge and skills in trauma treatment.</td>
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<td>▪ Focus on understanding the impacts of trauma and creating safety.</td>
<td>▪ Focuses directly on the trauma and on trauma recovery.</td>
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Section 2: TIP Braided Approach

How to Integrate TIP in Engaging Women Who Use Substances
Shifting of Mindset

A new mindset...

*from:* What is wrong with this person?

*to:* What has happened to this person?
Trauma-Informed Practice Approach

**REALIZE** the prevalence of trauma.

**RECOGNIZE** how trauma affects everyone involved with the organization (including its own workforce).

**RESPOND** by putting that knowledge into practice.
Acknowledgment

- Checking in
- Acknowledging the response
- Identifying triggers
- Validation
- Normalizing the experience
- Checking in with self
Supporting Choice & Control

- Asking permission.
- Options to stop and resume care.
- Choice of how to participate in care.
Enacting Relational and Collaborative Approach

- Build therapeutic rapport.
- Maintain a supportive and therapeutic tone.
- Avoid power over approach.
- Ask for permission.
- Align with the person.
## Strength Based and Empowerment

### Resources

- **Survival Resources**: “resources that help us endure and cope with adverse experiences”.
- **Creative Resources**: “a personal strength or competency that nurtures our spiritual, physical, emotional, and mental development”.
- **Internal Resources**: “capacities, developed over time, that reside within us that help us regulate arousal and enhance feelings of competency and mastery”.
- **External Resources**: “sources of support that reside outside oneself, such as organizations, people and things”.

*(Ogden, P. 2016)*

### TIP Response

- **Asking** what they need in the moment.
- **Recognizing and validation** of person identified strengths.
- **Noticing** what is helping in the **M**oment.
Restoring Safety: A few Examples

- Grounding
  - Breathing
  - Feet on floor
  - Grounding objects
- Orienting to present
  - Naming objects
  - 5 Senses
- Taking a break
- Check in and follow up
Being Trustworthy

- Being Transparent.
- Upholding integrity.
- Acknowledging limitations.
- Prioritizing the person’s safety.
- Being present.
Acknowledged Impact

- Focus on the impact in the person’s present life and on stabilization.
- Observe for the impact in the moment, monitor for signs of unease, check in, ground, educate about impact, and safety plan.
Presence: Being With

- Being present with the person.
- Attentive to impact.
- Awareness and sensitivity to impact.
- Staying in the present.
- Allowing space for the person and their experience.
Flexibility and Responding to Impact

- Multi-pronged approach that takes into account social determinants of health.
- May require attending to a number of related life factors as part of working through the primary concern.
Moral Distress

- Experience of distress related to the moral and ethical tensions in the processes of care that involve vulnerability and dissonance in practice and ethics/values.
- Can lead to burn-out

CAN, 2002
Reflective Practice

- Self-reflection on practice, values, transference and skill a cornerstone of practice.
- Seeking clinical supervision and ongoing training to increase skills essential.
- Knowing one’s limits and making time for self.
Example of How TIP is Braided into Care at the Jean Tweed Centre

- Licensed Daycare
- Supportive Housing
- Outreach
- Mental health
- Health care
- Parenting
- Wellness
Section 3

Case Based Examples & Discussion
Case Based Example
Trauma Matters Guidelines for Trauma-Informed Practices

_Trauma Matters_ is available on-line at:

http://jeantweed.com

And is posted on many other websites!
Thanks Everyone!

With gratitude to all those who contributed to this project.

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