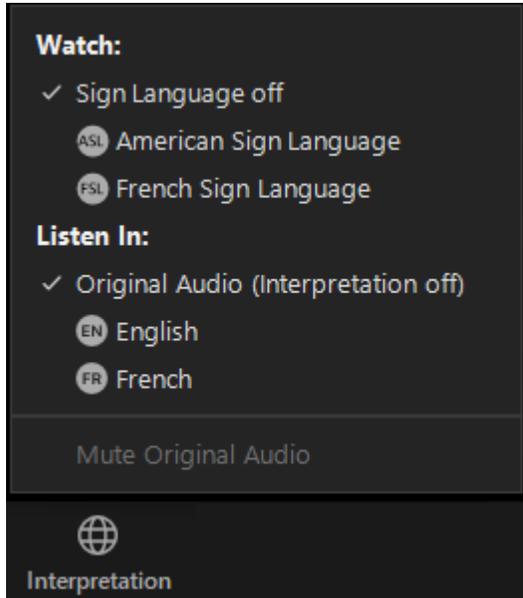


Participate in the language of your choice.

Participez dans la langue de votre choix.



Interpretation | Interprétation

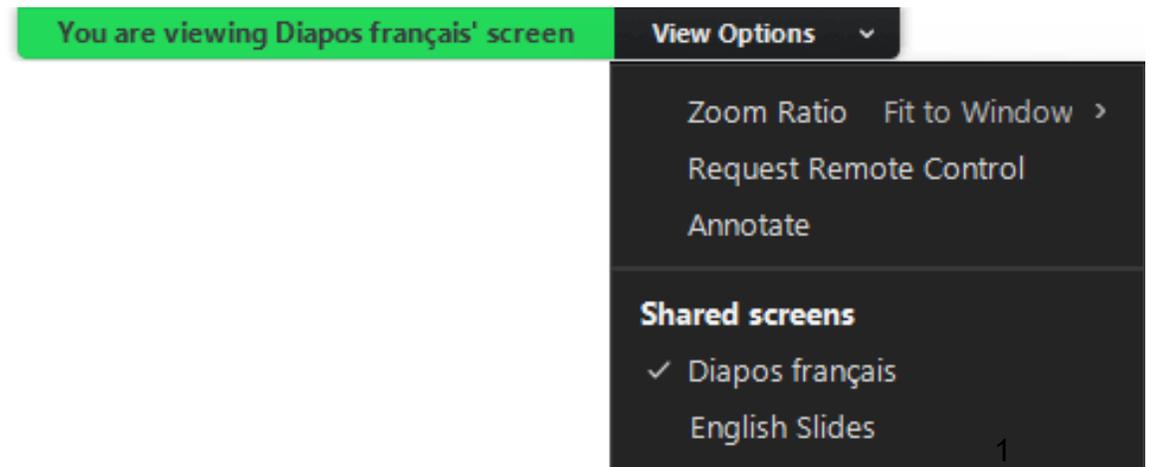
Interpretation can be activated from the Interpretation button on your Zoom toolbar

L'interprétation peut être activée à partir du bouton Interprétation de votre barre d'outils Zoom

Slides | Diapositives

Choose which slides you would like to see from the View Options menu above this slide

Choisissez les diapositives que vous souhaitez voir dans le menu « Options d'affichage » au-dessus de cette diapositive



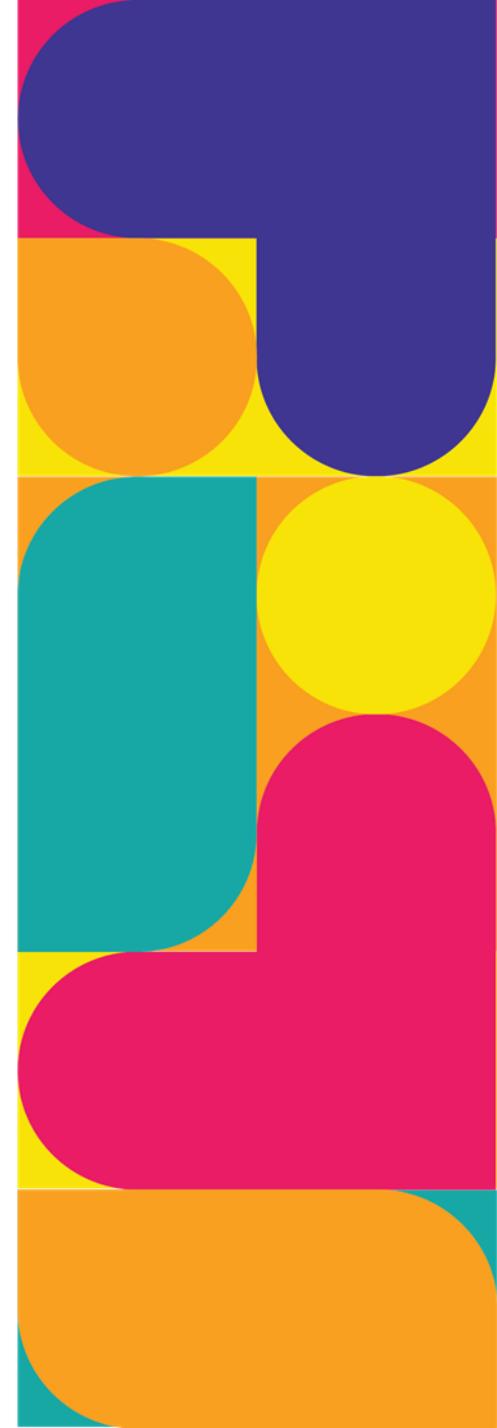


**Excellence
en santé**
Canada

Trauma and Resiliency Informed Practice in Action

Equity, Diversity and Inclusion Virtual Learning Exchange

March 7, 2023



Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today.

Co-hosts



Denise McCuaig
Métis Elder/Indigenous Coach



Director
Patient Engagement and Partnerships
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Speakers



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Marika Sandrelli (she/her/hers)
Knowledge Exchange Leader
Mental Health & Substance Use (MHSU) Services
Fraser Health

Trauma & Resiliency Informed Practice in Action

Beverley Pomeroy
Marika Sandrelli

With support from

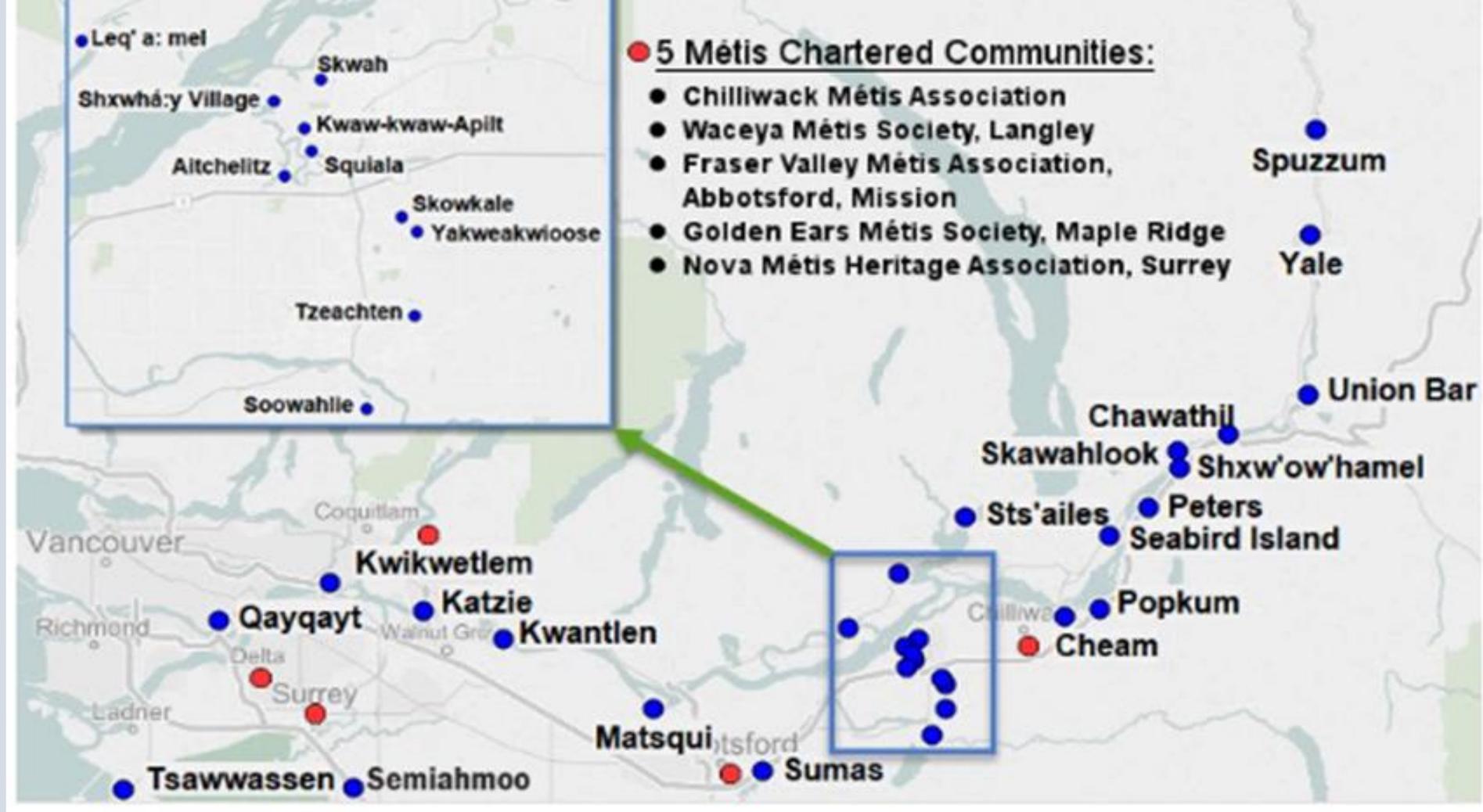


Production of this curricula has been made in part through a financial contribution of Health Canada. The views expressed herein do not necessarily reflect the views of Health Canada.



TRIP

Trauma and Resiliency
Informed Practice



We recognize that Fraser Health provides services within the unceded and traditional lands of the Coast Salish and Nlaka'pamux Nations. Also, we want to recognize the five Metis chartered communities who live, work and play across these territories.

I used to leave my shift every day feeling angry and frustrated mostly at patients who refused to help themselves or blame others for their problems. Then, the guilt and shame would become overwhelming especially if I was rude or mean to someone that day. I questioned if I was good enough to do this work. Then rationalize those thoughts with blaming the patients again.

It didn't occur to me that I was in a distress response. I always thought there was something wrong with me or worse the patients.

I now have the tools and can attune to how I am responding to this distress and find myself less frustrated and angry. . . I am finding the joy and passion for this work again. (ER Nurse, 2020)



“Services are delivered by people who at any point in time are experiencing stressful events in their own lives coupled with experiencing various levels of distress in the workplace”

-Sandra Bloom, 2013

Trauma-Organized Services and Systems

“Just as lives of people exposed to repetitive and chronic trauma become organized around traumatic experiences, so too can entire services, organizations and systems become organized around recurrent and severe stresses”

-Sandra Bloom, 2013

What We Know

- Healthcare is a trauma organized system of care
- High levels of occupational stress can lead to poorer quality of care
- Discrimination and stigma greatly affect care

What Research Tells Us

- Occupational distress and stigma are interconnected



The Places We Will Go Today

TRIP Overview

- What is trauma, resiliency and TRIP?
- How did it come to be TRIP?

TRIP In Action

- What is the theory of change?
- What are some stories of change?
- What have we learned?

TRIP and Looking Forward

But first a few caveats . . .



What is NOT Suggested

You are doing wrong.

You need to do more.

If you do it 'this way' things will automatically be better.

This is the best way.

This is easy and should be relevant to all of you.

What is Acknowledged

There are many parts of our work that may not be well understood by people

Small things can make profound differences and shifts are a matter of millimetres not miles

Sometimes we are the change that we have been waiting for to happen

We are all responding to our own diverse levels of stress and effects of distress

We are all human and works in progress





TRIP

Trauma and Resiliency
Informed Practice

Trauma & Resiliency Informed Practice Brief Overview

What is Trauma?

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, 2003

Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love

– Tara Brach 2012

Trauma is an injury or wounding from colonial violence that can be multigenerational and encompasses historical grief and loss

-Dr. MYH Braveheart

Decolonizing Our Thinking and Actions

Trauma Terminology

- **The term ‘trauma’ originates in Western contexts, and in decolonizing our approach, it is important to recognize this**
- **It doesn’t acknowledge the injuries and wounding resulting from colonial violence**
- **Also, it implies the individual is responsible for the response to ‘trauma’ rather than colonization and abusers of power.**



Trauma & Resiliency Informed Care / Practice (TRIP)

Six Principles to Activate Resiliency

- 1 Trauma awareness**
- 2 Safety and trustworthiness**
- 3 Opportunities for choice, collaboration, and connection**
- 4 Strengths-based, skills building and empowerment**
- 5 Recognition of intersection of race, culture, beliefs, history, ability, class, age and gender with trauma**
- 6 Meaningful involvement of people with living experiences**

Compassion Led Trauma & Resiliency Informed Practices



**“You can’t give what
you don’t have”**

**The more you feel the effects
of trauma and distress, the
more you become in a threat
response, and the more you
automatically look to protect
yourself.**

Compassion Satisfaction

Refers to the positive feelings and explanatory frameworks derived from the sense of competence and connection in helping; characterized by positive work relationships, conviction that work has meaning, and you are making a difference

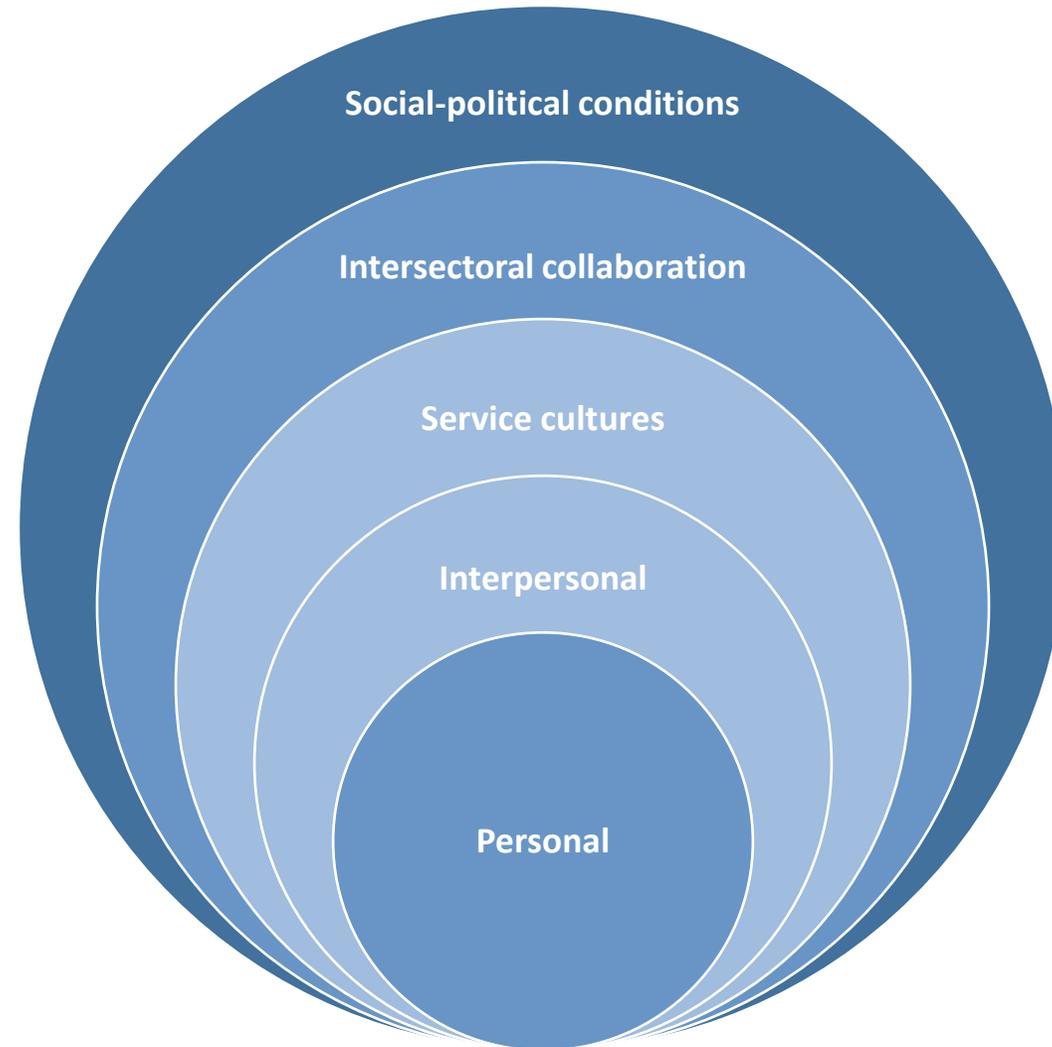


TRIP

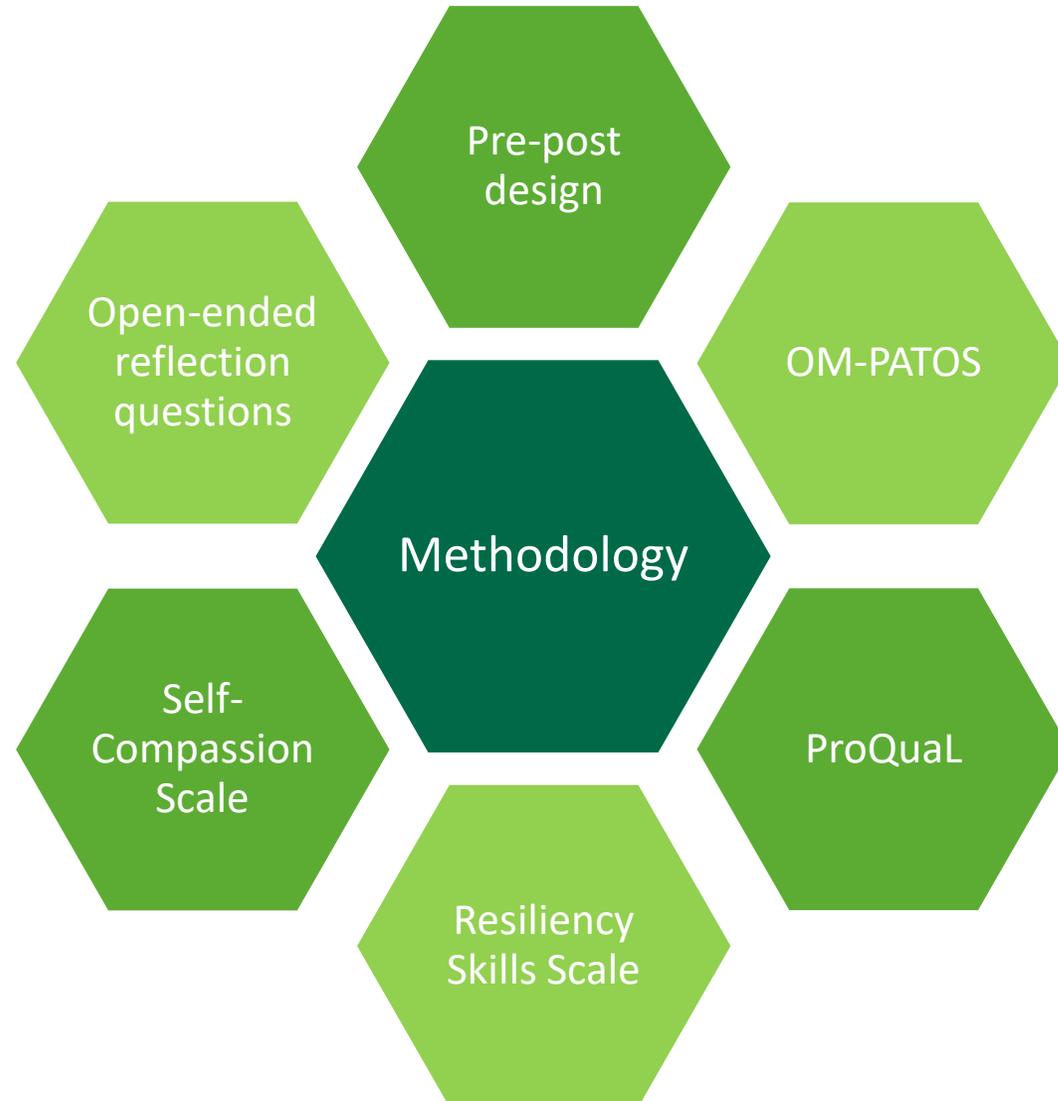
Trauma and Resiliency
Informed Practice

Trauma & Resiliency Informed Practice in Action

TRIP In Action: Multiple Levels Change



TRIP Evaluation



We're getting practitioner burnout....I think there's a sense of...apathy at times in regards to treating opiate overdoses in general like, "Oh, here's another one. Here's another one." ... I question whether or not care is being provided at its optimum by front line practitioners given the circumstances.

(Focus Group Participant, 2020)

TRIP with MHSU Staff

- 3 in-person workshops (79 participants); various locations in FH

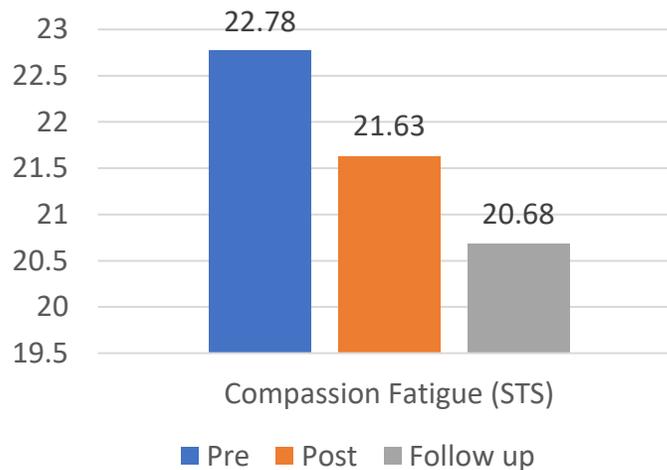
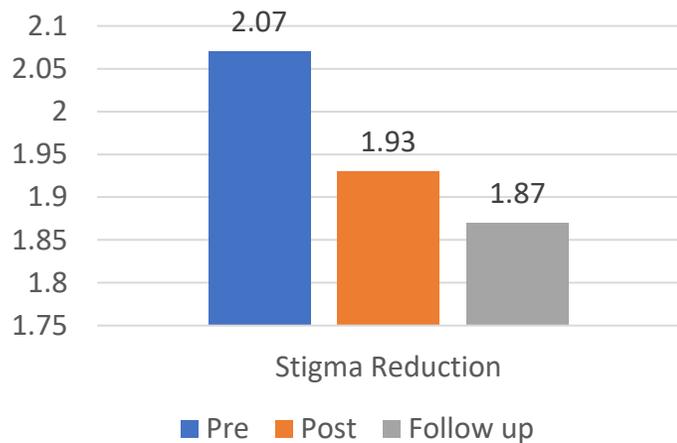
TRIP with ED Staff

- Six virtual sessions Nov 2020 - Jan 2021; 145 staff across nine hospitals

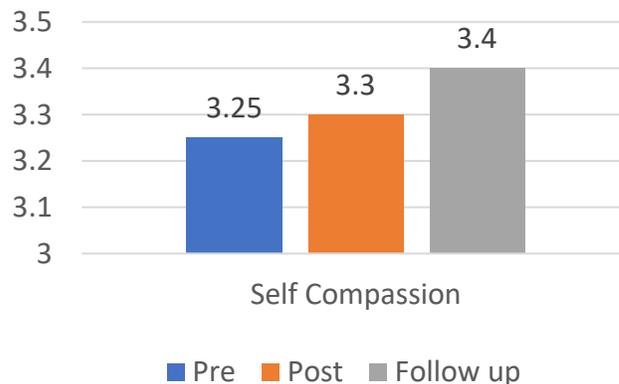
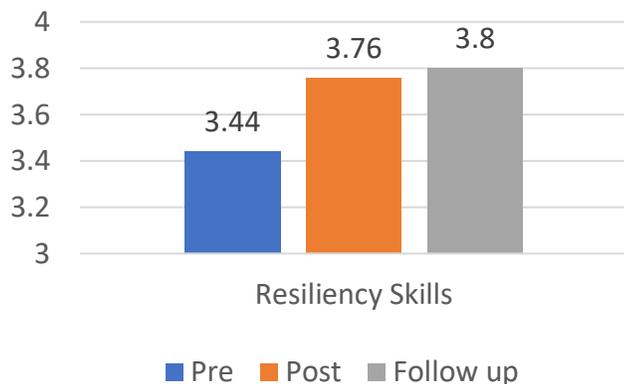
TRIP with MICY (Maternity, Infant, Child, Youth)

- Virtual sessions Feb - June 2021; 139 staff across 3 hospitals
- Two version of program: Leadership and Point of Care Champion

Evaluation Findings



“This program has definitely made me re-evaluate my approach with any patient/family...pausing to look at the person within the context of their lives, not adding my own judgements or expectations...being careful of the words I use and the assumptions I have.”



“[I will be] more compassionate and caring; knowing how to work in collaboration with people with substance use problems.”

IMPRESSION

██████████ is a ██████████ ██████████ male, who has a background history of substance dependence and substance-induced mood disorder. He has an antisocial personality as well, and has been manipulating the system by repeated admissions and then not wanting to do something about his addiction problems. His current Global Assessment of Functioning is 71-80.

Charting After TRIP

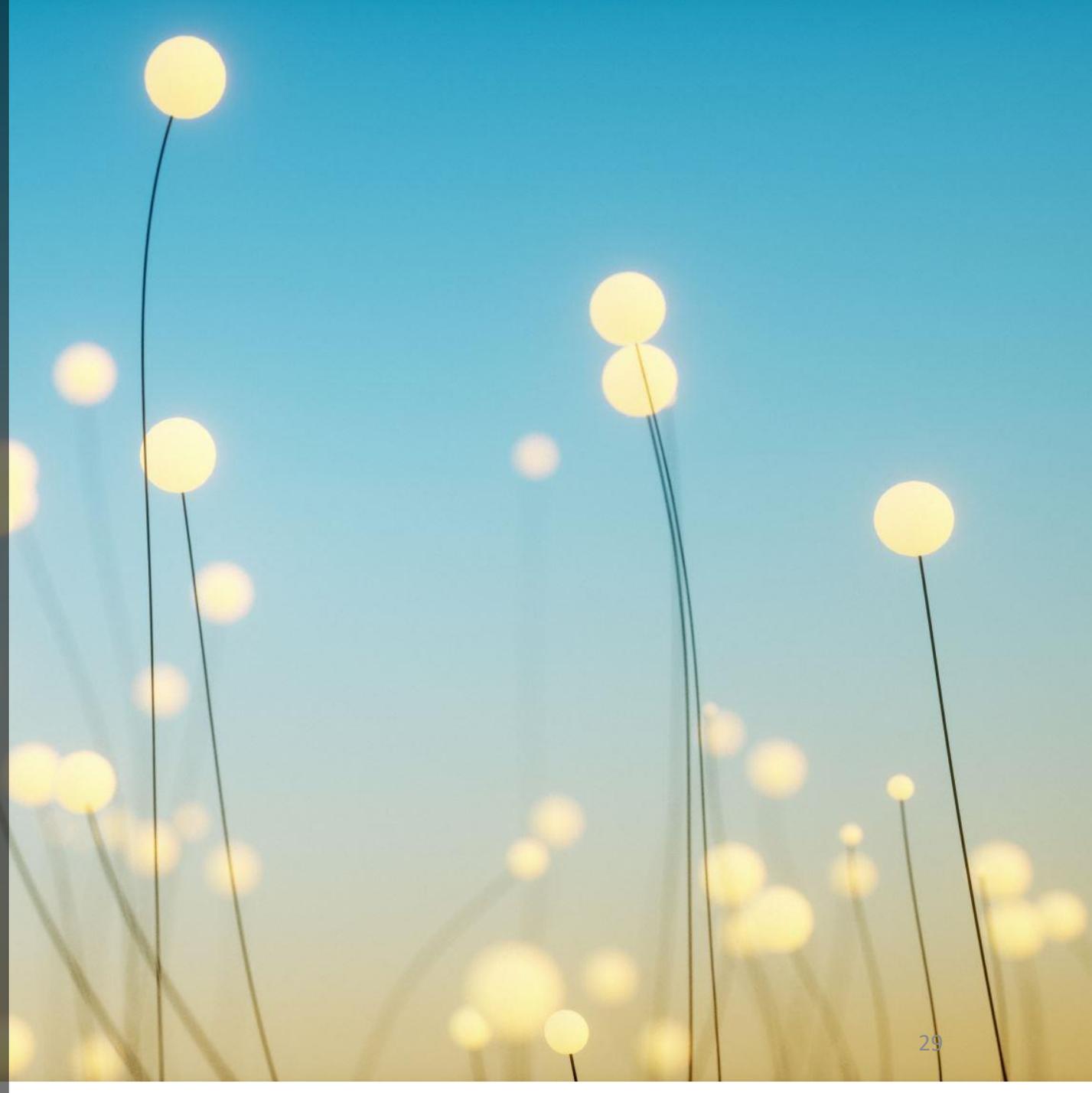
Clinical Impressions

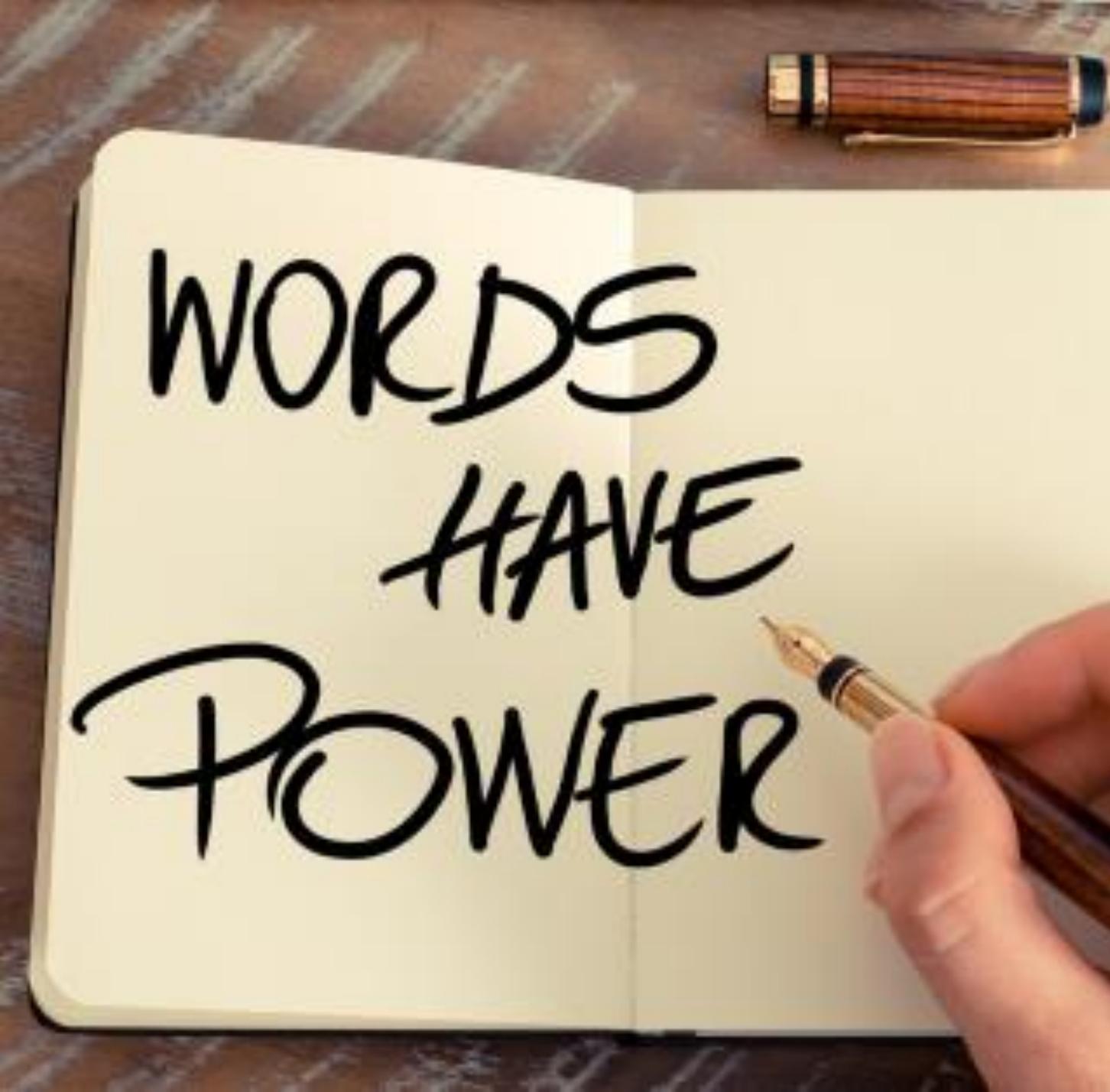
XXX identifies many stressors in his life and admits that he uses drugs to help cope with the strong negative emotions that he feels. He recognizes that the hospital is a safe place for support when he starts to feel hopeless and starts thinking about hurting himself. He is aware of the different substance use programs available in the community but hesitates to apply for treatment because of the potential loss of employment opportunities and subsequent impact on his ability to meet his basic needs in the community.



Activating Resiliency Tool in Patient Oriented Research

1. Caring Connectedness
2. Opportunities to Contribute
3. Clarify of Expectations



A close-up photograph of a hand holding a fountain pen, writing the words "WORDS HAVE POWER" in a notebook. The words are written in a bold, black, cursive font. The notebook is open, and the pen is positioned over the word "POWER".

WORDS
HAVE
POWER

Maintaining a glossary of words and phrases to avoid and retire that may be 'othering' and activating



TRIP in Action in Physical Spaces



- Signs in staff and public spaces
- Choice of chairs and placement
- Depersonalizing clinical spaces
- Room names and numbers



TRIP

Trauma and Resiliency
Informed Practice

Trauma & Resiliency Informed Practice Looking Forward



Looking Forward

Standardize core curriculum and design

- Continue to decolonize curriculum and implementation
- Validate content

Facilitator Development Program

National diffusion, scale and spread

Evaluation of education and subsequent program deliveries

Build Centre of Dialogue for ongoing practice development

Development of implementation guidelines for organization and system change

With Humble Gratitude

We respectfully acknowledge and thank:

- Indigenous Elders and Knowledge Keepers
- People with Living Experience
- Families and Natural Supports
- Service Providers

Fraser Health is grateful to the Mental Health Commission of Canada for their continued support.



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Thank you!

Equity, Diversity and Inclusion Virtual Learning Exchange

Healthcare Excellence Canada will host a third series of this learning exchange in spring 2023.