SURREY YOUTH RESILIENCY PROGRAM

TRAUMA INFORMED FRAMEWORK

CITY OF
SURREY

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Developed by the Maxwell Consulting Group, 2023

Section 1: Acknowledgement

Purpose: Territorial acknowledgement, introduce decolonizing practice, TIP Framework project team, approaches, and administrative details.

1. Acknowledgement

Term	Description
Traditional and Unceded Territories	Traditional territories are geographic areas identified by an Indigenous Nation as the land their ancestors lived on since time immemorial (or were forced into by the encroachment of settlers). Unceded means never surrendered (ceded or legally signed away) to the Crown through a treaty, or other agreement, and are now occupied.
Settlers	People who are non-Indigenous and have settled and live in a land that was inhabited by Indigenous People.
Turtle Island	For many Indigenous people, Turtle Island refers to the continent of what is now known as North America. The name is rooted in multiple Indigenous oral histories of creation stories that speak of a turtle that holds the world on its back.
Decolonizing Practice	Decolonizing practice involves non-Indigenous Canadians recognizing and accepting the reality of Canada's colonial history, how that history impacted and continues to subjugate Indigenous People, and supporting their cultural, psychological, and economic freedom including the practices of self-determination over their land, cultures, political, and economic systems.
Intersectionality	Kimberlé Crenshaw, an American civil rights advocate and leading scholar of critical race theory, introduced this term as a lens for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking.
Colonial Relationships	Control by one power over an area or people on an ongoing basis, which may involve imposing their own cultural values, religions, and laws and policies.
Institutional Betrayal	Jennifer Freyd, a researcher, author, and speaker defines this as wrongdoings perpetuated by an institution.
DARVO	An acronym for a form of institutional betrayal that involves denial, attacking, and reversing the victim(s) and offender(s).

1.1 Territorial Acknowledgement

The Surrey Youth Resiliency Program (SYRP) Trauma Informed Framework was researched, developed, and shared on the **traditional, unceded territories** of the Semiahmoo, Katzie, Kwikwetlem, Kwantlen, Qayqayt, Tsawwassen, and Squamish First Nations.

- The City of Surrey is home to more than 13,000 First Nations, Métis, and Inuit people, which is the largest urban Indigenous population in British Columbia.

- For those of us who are **settlers,** we recognize that although we call this land home, the Semiahmoo, Katzie, Kwikwetlem, Kwantlen, Qayqayt, and Tsawwassen Nations never ceded their lands to the Crown. Instead, we arrived across **Turtle Island** (what is now known as Canada) uninvited and imposed, and we participated in and benefit from colonial systems.

- Our challenge as **settlers**, whether recently arrived or born here, is to recognize and actively work to **decolonize** these systems by engaging humility, accountability, and a commitment to re-building equitable relationships over time.

Decolonizing Practice

This framework engages in **de-colonizing practice** in multiple ways, including:

- Responding to the following Truth and Reconciliation Commission of Canada's Calls to Action: 22, 43, 57, and 66

- Responding to the following Missing and Murdered Indigenous Women and Girls Calls for Justice: 1.3, 1.6, 1.9, 3.2, 4.2, 7.2, 7.9, 12.1, 15.2

- Completing an **intersectionality** analysis to ensure this framework is designed with inclusion in mind to reduce inequity and inequality.

- Integration of Indigenous perspectives of health, justice, and trauma within a history of **colonial relationships**, including **institutional betrayal** and **DARVO.**

- Uplifting Indigenous wisdom and ways of being and living including cultural models of trauma, resiliency, and healing.

- Engaging content review from an Indigenous perspective.

Helpful Links to Explore

- [Decolonization Is For Everyone](#), Nikki Sanchez

    o Learn more about decolonization in Canada through this Indigenous-led TED Talk

- [Calls to Action](#), Truth and Reconciliation Commission of Canada

    o 94 actionable policy recommendations to acknowledge the full history of Canada's residential school system and create systems to prevent these abuses from happening again

- [Calls to Justice](#), The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls

    o Legal imperatives to end and redress genocide against Indigenous women, girls, and 2SLGBTQAI+ people

- [Urban Indigenous Strategy](#), City of Surrey

    o Explore the City of Surrey's coalition of organizations who advocate for Indigenous people

- [2021 Urban Indigenous Leadership Committee Report: Implementing UNDRIP in BC](#), City of Surrey

    o Find out more about the Surrey Urban Indigenous Leadership Committee's submission report on implementing the United Nations Declaration on the Rights of Indigenous People

- [Interactive Map](#), Native Land Digital

    o Identify the traditional territories of the Indigenous Nations where you work

- [Transformative Territory Acknowledgement Guide](#), Len Pierre Consulting

    o Learn how to develop your own organizational Territorial Acknowledgement with a helpful guide from a local Indigenous-led consulting firm

- [On Intersectionality: Essential Writings](#), Kimberlé Crenshaw

    o Explore intersectionality framed within black feminist and critical race theory

1.2 Framework Team

Development Team

This framework was developed on behalf of the City of Surrey by Larissa Maxwell (she/her) of the Maxwell Consulting Group, with collaborative consultation, editing, intersectional analysis, and review by staff representing the City of Surrey's Community Safety division.

- Larissa Maxwell (she/her) brings with her over 18 years of extensive experience in frontline service delivery and program design, specializing in trauma informed and trauma specific practices in therapeutic settings. As a recognized international leader in crime prevention and justice innovation, she received the prestigious 2017 Canadian Department of Justice Excellence in Victim Services award. Currently, Larissa leads an ESG impact consulting firm, and is a researcher at the University of British Columbia. She is proud to call Surrey her hometown, where she was born and raised.

- Additionally, a consultation session with all Surrey Youth Resiliency Program funded partners on this framework was held in the Spring of 2023 with their input helping shape the work.

Content Review Team

This framework ethically engaged compensated content review from community-based professionals and lived experience leaders. We are grateful for their candid feedback to shape and grow this framework.

- Angela Kermer (she/her) whose ancestral lineage includes Coast Salish and Haida, brings Indigenous values to the corporate world, transforming reconciliation. She leads with the best from her cultural, academic, and career teachings, ranging from ground to strategic levels.

- Mallory Fewster (she/her) is in leadership at a front-line service agency in British Columbia supporting marginalized populations who have experienced trauma. As a lived experience leader, Mallory contributes expertise from experiences of substance use, gang involvement, exploitation, the sex trade, and human trafficking.

- Rob Rai (he/him) has spent 20 years supporting marginalized youth and their families. He is a proud advocate of children realizing their full potential and the best version of themselves. It has been his honour to work in one of the most diverse cities in British Columbia and he enjoys every aspect of being a resident of Surrey.

- Shelley Gilbert (she/her) holds a Bachelor's of Social Work and has extensive experience supporting migrant workers and Survivors of human trafficking in Ontario. She is the 2022

recipient of the Department of Justice Excellence in Victim Services Award, and co-chairs multiple interdisciplinary committees.

- Tom Littlewood (he/him) has dedicated 45 years to his work as a counselor, while also spearheading the development of non-profit organizations focused on providing outreach, counseling, and vocational training for young individuals who have faced trauma.

This project is supported by the Government of Canada in partnership with the City of Surrey.

1.3 Framework Approach

- The Trauma-Informed Framework extends an invitation to join the City of Surrey in fostering a compassionate and empathetic approach towards understanding and addressing the profound impacts of trauma within our communities, with special attention to individuals affected by gangs and organized crime.

- It is designed to equip and support front line social service delivery in Surrey, British Columbia through concrete strategies, diverse approaches, and accessible applications that will raise a standard of trauma informed practice (TIP) in programs funded by the City of Surrey.

    o The framework is based on current academic and grey literature, lessons learned and best practices, published models, cultural perspectives, and lived experiences.

- While this framework maintains a specific focus, we acknowledge that trauma-informed practice does not exist in isolation. We acknowledge the interconnected nature of reconciliatory and anti-racist approaches with effective Trauma-Informed Practice (TIP), as well as their integration with other frameworks, including harm reduction, human rights, cultural safety, gender equity, and accessibility, among others.

- We envision this framework contributing to programs, approaches, and community building where Survivors of trauma are seen, heard, supported, and provided services that contribute to healing and growth.

1.4 Citation and Contact Information

The citation for this framework is:

- Maxwell, L. (2023). Surrey Youth Resiliency Program Trauma Informed Framework. City of Surrey.

- For more information, contact communitysafety@surrey.ca | 604-591-4492

1.5 Section References

Belfi, E. & Sandiford, N. (2021). Decolonization Series Part 1: Exploring Decolonization. In S. Brandauer and E. Hartman (Eds.). *Interdependence: Global Solidarity and Local Actions.* The Community-based Global Learning Collaborative. https://www.cbglcollab.org/what-is-decolonization-why-is-it-important

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Pierre, L. (n.d.). Transformative territory acknowledgement guide. https://www.lenpierreconsulting.com/_files/ugd/90c86d_b3aa5cd2564c4d77a72b7b397d96add0.pdf

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Sanchez, N. (2019, March 12). Decolonization is for everyone. TEDxSFU, Burnaby, British Columbia, Canada. https://www.youtube.com/watch?v=QP9x1NnCWNY

Truth and Reconciliation Commission of Canada. (2012). Truth and reconciliation commission of Canada: Calls to action. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

Section 2: Introduction

Purpose: Introduce trauma informed practice, framework purpose safety, and expectations for implementation.

2. Introduction

Term	Description
Trauma Informed Practice	A strengths-based approach that helps us understand and respond to the impact of trauma.
Trauma Informed Services	Services that make the connection between trauma, mental health, and substance use.
Trauma Specific Practice	Approaches to treating trauma through therapeutic interventions involving practitioners with specialized skills and training.
Trauma Specific Services	Services that include detailed assessments with program participants experiencing trauma, mental health, and substance use concerns in an integrated treatment environment.
Activation	A sensory experience that reminds you of a past trauma. In the past, the term triggered has been used to describe this experience.

2.1 Introducing Trauma Informed Practice

The term **trauma informed practice** (TIP) is talked about regularly in social service fields. But what does it really mean, and what evidence do we have that it's actually in practice?

What is Trauma Informed Practice (TIP)?

Trauma informed practice (TIP) is a strengths-based approach that helps us understand and respond to the impact of trauma.

It's grounded in physical, psychological, and emotional safety.

It creates opportunities for Survivors of trauma to rebuild a sense of control, connection, and empowerment.

When used intentionally, TIP creates safer environments for organizations and those they serve.

- This framework explores multiple dimensions of **trauma informed practice** and what it looks like across developmental stages, with a focus on evolving how we as professionals interact with, accommodate, and support Survivors of trauma.

Trauma Informed Practice, Gang Prevention and Intervention

Trauma informed practice is an overarching framework that is relevant for all people.

- It also has unique applications for those who may be affiliated to gangs, affected by gang violence, and those seeking to exit.

- This framework will explore these nuances and provide guidance and ideas on how to customize approaches.

> Trauma is a wordless story our body tells itself about what is safe and what is a threat. Our rational brain can't stop it from occurring, and it can't talk our body out of it.
>
> — Resmaa Menakem

Indicators of Trauma Informed Practice in Action

Although **trauma informed practice** (TIP) has a lot of variation, there are some tell-tale signs when we put it into practice.

An organization wide realization of how trauma affects people.

We develop the ability to recognize potential signs of trauma

We engage a system wide response that informs behaviour, language, programs, and policies

We participate in active resistance/deconstruction of re-traumatizing processes and approaches

Survivors of trauma feel respected, heard, safe, included, and capable

What is Trauma Specific Practice (TSP)?

- **Trauma informed practice** is a first step in service delivery and is relevant for all staff and volunteers in your organization, including administrative and custodial staff.

- Some organizations and programs offer **trauma specific practices** as well as **trauma specific services** which builds on TIP practice with a few key differences.

Trauma Informed Services

Focus on the bigger picture of organizational culture and practices, with an integration of building awareness, safety, trust, choice, and collaboration

Trauma Specific Services

Offered in a trauma informed environment that is specifically designed from the ground up to treat trauma through therapeutic interventions
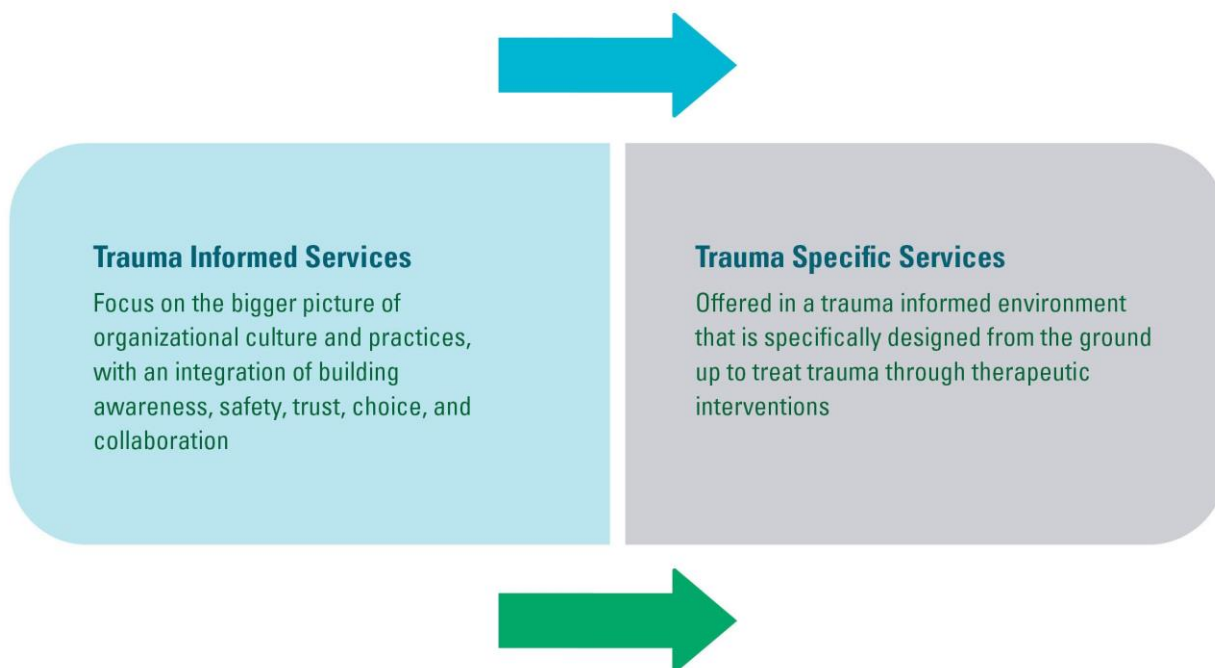
Spot the Difference

- An example of **trauma informed services** could involve a substance use drop-in group that maintains awareness of the possibility that all participants may have experienced past or ongoing trauma. The group would offer valuable support and strategies to enhance safety and facilitate a stronger connection to essential services.

- An example of **trauma specific services** could involve conducting a detailed assessment with an individual experiencing past or present trauma, mental health, or substance use and providing registered clinical counseling and case management support.

Trauma informed practice is more about a way of being in relationship, than a specific treatment or method

— **BC Trauma Informed Practice Guide**

2.2 Learning Tool: TIP Questionnaire

Description: This questionnaire asks some foundational questions about **trauma informed practice** that can be used to assess your organizational practices and navigate this framework.

Each question corresponds to different sections of this framework, which are referenced for easy access.

Question	Individual/Organizational Assessment
Section 1: Acknowledgement	
How does our organization engage in decolonizing practice?	
Section 2: Introduction	
How familiar are we with trauma informed practice?	
What evidence can we identify that trauma informed practice is in action in our organization?	
Section 3: Understanding Trauma	
What are the different types of trauma?	
How does trauma impact gang-involved participants in our programs?	
Are we aware of the connections between mental health, trauma, and substance abuse?	
Are we aware of what trauma activation (triggers) may look like?	
How may trauma be experienced across varying communities and intersectional identities in our work?	

Section 4: Trauma Informed Practice Essentials	
What is our understanding of healing and post-traumatic growth?	
How do we respond to trauma activation in our services?	
How do we actively minimize traumatic impacts?	
How does trauma informed practice impact how we communicate and the language we use with program participants?	
What is our policy for responding to disclosures?	
What tools, resources, and support do we offer program participants to cope and ground?	
Section 5: Trauma Informed Organizations and Practitioners	
As an organization, do we practice trauma informed care in how we operate internally?	
Do we understand the impact our work has on our lives, including the risks for stress, vicarious trauma, compassion fatigue and burnout?	
Are staff and volunteers adequately trained in trauma informed practice and receive appropriate supervision?	

Section 6: Ethical Storytelling and Lived Experience Inclusion	
Do we apply a trauma informed, ethical lens to how we tell the stories of our work in and outside our organization?	
Do we foster dialogue and safe space for program participants to give us feedback?	
How are folks with lived experiences included in our staff teams, program delivery, and organizational model?	

2.3 Framework Design

This framework has been uniquely designed to be as usable and practical as possible, including:

- An introductory approach that builds to more advanced topics as you navigate through each section of the framework.
- A specialized focus on gang prevention and intervention.
- Use of plain language and simplifying concepts where possible.
- Invitational voice integrated throughout, so it feels like one practitioner talking to another.
- Intentionally capitalizing the term Survivor to show respect for those living with trauma.
- Curated resources and links to explore in each topic area, largely free and accessible.
- Learning tools ready to use in your organization and programs.

2.4 Framework Safety

We believe it's important to walk the talk, so this framework intentionally applies **trauma informed practice** in its design.

- This means we haven't included any graphic or sensational imagery or stories.

  - We've used invitational and dignifying language throughout and sought to make every section and resource as safe as possible.

  - We've engaged ethical storytelling in how stories and case studies are shared.

- However, we acknowledge that these topics are not easy for many of us, and the framework could activate emotions, memories, and experiences, or even uncover new realizations/truths.

- Let's be kind to ourselves if **activation** happens, and practice what nourishes our souls and keeps us safe, including but not limited to:

  o Drinking some water and practicing deep breathing.
  o Inviting a colleague or friend to view the framework with you.
  o Taking breaks, going for walks, opening the window for fresh air.
  o Engaging in spiritual practices such as prayer or visiting your place of worship.
  o Stepping outside barefoot onto the soil to ground yourself on the land.
  o Practicing coping and grounding tools (Section 4)
  o Journaling or drawing, such as using our learning tool in 2.6.

> I did not ask for the things I've been through.
> And I certainly didn't ask my mind to paint and repaint the pictures back in flashback form.
>
> — Michelle Groth

2.5 Learning Tool: TIP Coloring Sheet

Description: A coloring sheet designed for this framework integrative of a mandala which acts as the sun, clouds to represent a common element of our ecological climate in Surrey, and mountains to centre us to the land.

TIP Framework Colouring Sheet

Never underestimate our capacity to overcome adversity.

CITY OF
SURREY
the future lives here.

Larissa Maxwell, 2023
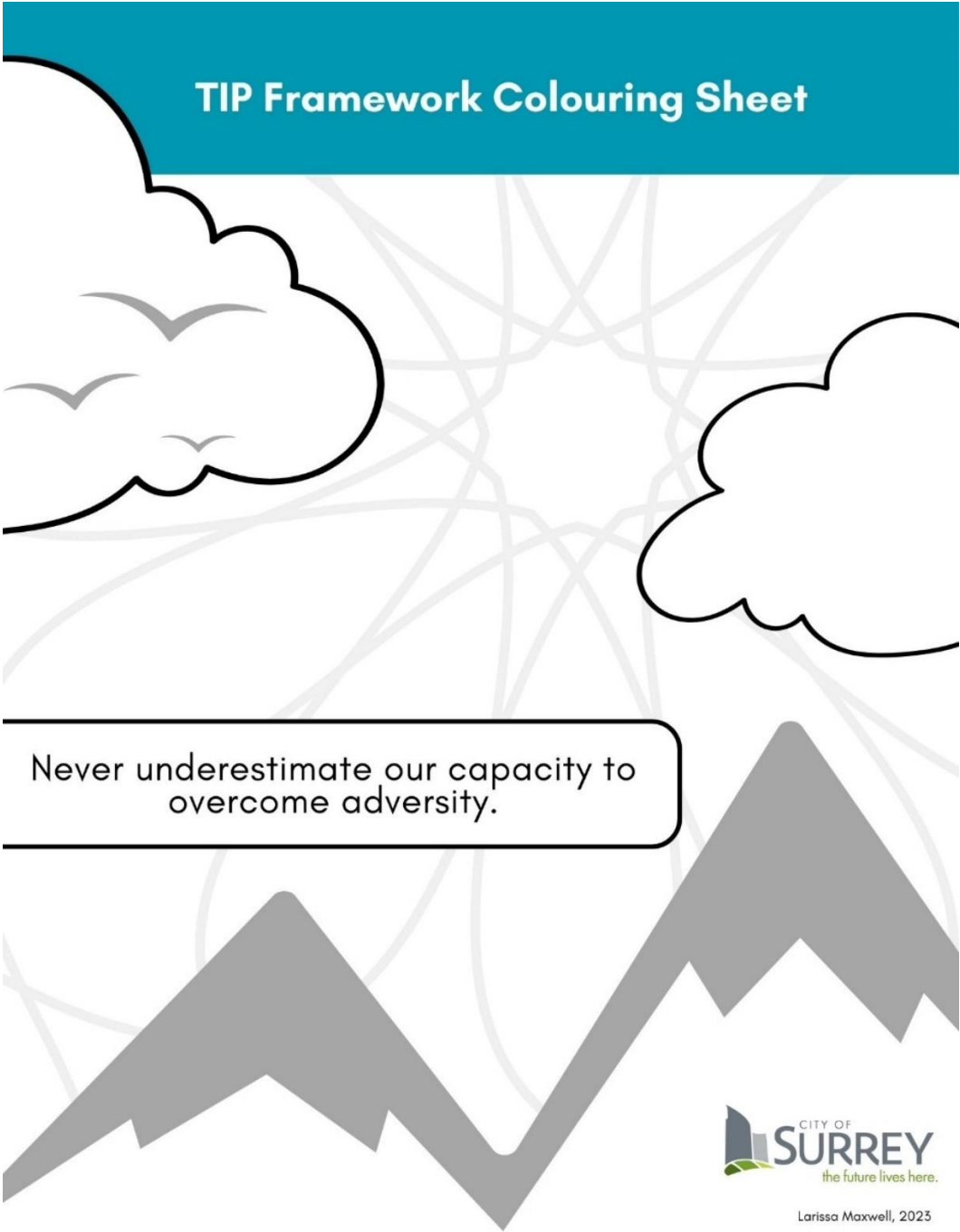
2.6 Framework Purpose, Expectations

Purpose

This framework is designed as a resource to enhance protective factors and **resilience** of young people aged six and older and decrease risk for gang affiliation and gun violence.

Expectations

There are no requirements for implementation. The hope is this framework meets your organization where it's at, and provides valuable resources, approaches, and concepts to grow your **trauma informed practices**.

2.7 Limitations

Customizing Your TIP Practice

- We humbly admit how vast **trauma informed practice** is across the world.

  o It's important that organizations and communities build, define, and refine their TIP.

  o We expect your unique circumstances, communities, and identities have nuanced differences and needs that require customization.

  o We hope you will view this framework as service and support to uplift your work and grow your approaches.

Engage Specialists for Trauma Specific Practices and Clinical Interventions/Care

- This guide seeks to be as inclusive as possible, however, it is not a substitute for trauma therapy or a diagnostic tool.

  o We can all learn and engage **trauma informed practice** immediately, but we also need to practice boundaries within the scope of our offerings.

  o We recommend engaging trauma specialists for **trauma specific practices** such as clinical interventions and care.

  o This could include clinical therapists, psychiatrists/psychologists, social workers, nurses, and doctors.

2.8 Section References

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DeCandia. C.J., Guarino, K., & Clervil, R. (2014). *Trauma-informed care and trauma-specific services: A comprehensive approach to trauma intervention.* American Institutes for Research. https://nicic.gov/resources/nic-library/all-library-items/trauma-informed-care-and-trauma-specific-services

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Section 3: Understanding Trauma

Purpose: Build foundational trauma awareness, explore intercultural perspectives of trauma, understand trauma in terms of systems and programs, and familiarize with the lived experiences of trauma.

3. Understanding Trauma

Term	Description
Trauma	The lasting emotional and physical response that can result from living through a distressing event, series of events, and circumstances that may cause harm or be life threatening.
Regulate	The ability to manage and control our energy, thoughts, emotions, and behaviours, and is how we deal with stress.
PTSD/CPTSD	Post-Traumatic Stress Disorder, and Complex Post-Traumatic Stress Disorder, is when the symptoms of trauma are long lasting and interfere with day-to-day functioning and get more intense over time.
Intercultural	Communities in which there is a deep understanding and respect for all cultures. In an intercultural society, no one is left unchanged because everyone learns and grows together.
Eurocentric	Worldviews rooted in European culture or history that can exclude and undervalue a wider view of non-European communities.
Strengths Based/Resiliency Framework	An approach that taps into individual and collective strength to help us adapt to and recover from challenges, setbacks, and adversities.
Cultural Knowledge	An accumulation of knowledge that has been handed down from generation to generation that connects concepts of trauma to relationship with the spiritual and environmental world, natural resources, relationships between people, language, stories, social organization, values, beliefs, and cultural laws and customs.
Cultural Safety	An outcome based on respectful engagement that recognizes and strives to address power imbalances in systems, creating environments free of racism and discrimination.
Reconciliatory	Intentional steps to foster equity and equality within the context of relationship.

Hypervigilance	A state of being constantly on guard for signs of danger and threat.
Culturally Specific Approach	Considering the cultural implications of practices, policies, and decisions for all members of a community.
Cultural Humility	A lifelong process of self-reflection and critique where we learn about other cultures, and examine our own beliefs and cultural identities. It includes an awareness of historical realities such as legacies of violence and oppression against certain groups of people.
Trauma Informed Practice	A strengths-based approach that helps us understand and respond to the impact of trauma.
Interdependence	Seeing ourselves within our connections and relationships with others.
Independence	Seeing ourselves as distinct and separate from others.
Interpersonal Support	Activities and strategies employed in a community setting (such as peers, teachers, parents, community members, cultural and faith leaders) that develop skills to navigate social interactions.
Embedded /Embodied Trauma	Trauma that lives deeply within the body.
Resilience	The capacity to persevere through and recover from difficulties and adverse experiences.
Dysregulation	The inability to control one's emotional responses.
External Experiences of Trauma	When a distressing event is outside of ourselves, such as war and natural disasters.
Internal Experiences of Trauma	When a distressing event is within ourselves (such as our body), or interpersonal (such as in relationship to people or a system).
Critical Race Theory	Based on the work of Kimberlé Crenshaw, it's a way of seeing, attending to, accounting for, tracing, and analyzing the ways racial inequality is facilitated in the past and present.
Racial Trauma	The cumulative effects of racial bias, discrimination, racism, and hate crimes on an individual's or community's health.

Institutional Betrayal	When an institution causes harm to people who depend on it.
Institutional Courage	An institutional commitment to seeking the truth and engaging in moral action even when it is uncomfortable and unpleasant.
Intergenerational Trauma	Passing along elements and residues of trauma to the next generation that takes on a cyclical pattern, or the effects experienced by people who have close connections with trauma Survivors.
Historical Trauma	Trauma resulting from emotional and psychological wounding across generations and massive groups.
Perpetrator Induced Trauma	Trauma resulting from violence or other moral transgressions.
Co-occurrence	When substance use, trauma, and mental health disorders co-exist in a person's experience.
Disassociation	A way the mind copes with stress by disconnecting or detaching from itself and the world.
Acute Stress Disorder	A mental health problem that can occur in the first month after a traumatic event.
Activation	An activated experience, also known as a "trigger", in the present day related to a past trauma.
Equine Therapy	Therapeutic support involving horses and trained mental health professionals.
Art Therapy and Creative Processing	Therapeutic support involving creative arts and trained mental health professionals.
Somatic Practices	Practices that make the connection between our mind and body that helps release stress, tension, and trauma from the body.
Warm Referral	A referral made between one organization to another who have an existing relationship or partnership.
Limbic System	The part of our brain involved in behavioural and emotional responses.
Window of Tolerance/Window of Capacity	A zone of arousal where we can function most effectively.

Ventral Vagal Nerve	A myelinated nerve that enables social engagement, safety cues, and defense reactions.
Lived Experience	A term belonging to people with firsthand knowledge and experiences of an event or identity, rather than assumptions and constructs from other people, research, media, or being near someone with lived experience.
Intersectionality	Kimberlé Crenshaw, an American civil rights advocate and leading scholar of critical race theory, introduced this term as a lens for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking.
Inclusion	In this context, a continuous practice of creating spaces where Survivors are embraced in their full and complex identities, given as much access to engagement as possible, and are treated with dignity and respect.

3.1. What is Trauma?

> **Trauma is a fact of life. It does not, however, have to be a life sentence.**
>
> **— Peter A. Levine**

Lasting Emotional Response → **Experience Beyond Our Capacity** → **Inability to Regulate** → **Disrupts**

The word **trauma** comes from the Greek word *traumatikos,* which means to wound or pierce.

- It is the lasting response that can result from living through a distressing event, series of events, or set of circumstances that are harmful or life threatening.

    o Trauma is less about the traumatic event(s) themselves, but instead the long-lasting experience of the effects in our lives.

    o It's an experience beyond the capacity for an individual or group to adapt and cope effectively, and confronts us with extreme circumstances that cause helplessness and terror.

    o It can cause an inability to **regulate** our emotional and physical responses, and disrupts our sense of control, connection, and meaning.

> **Life is full of pain. Let the pain sharpen you, but don't hold onto it**
>
> — **Patricia Nombuyiselo Noah**
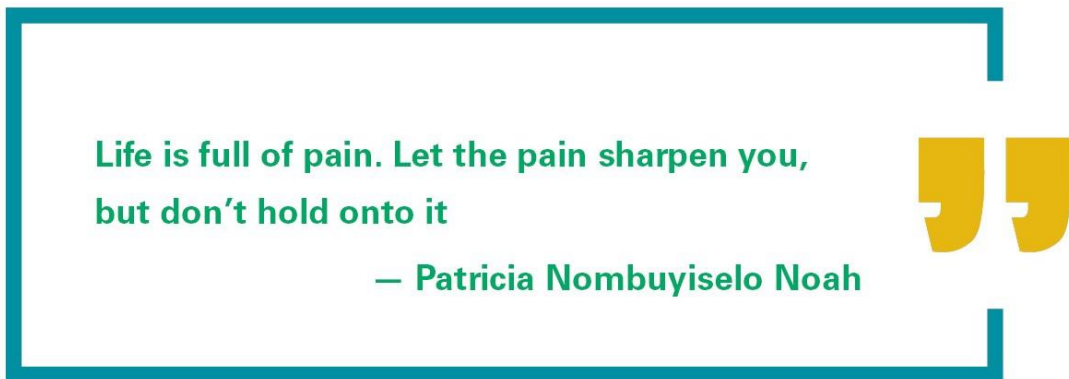
How Common Is Trauma?

The experience of **trauma** is more common than we may think and can occur as a result of many forms of neglect, tragedy, violence, and loss.

- Up to 76% of Canadians report having experienced a traumatic event during their lifetime. (Ameringen, Mancini, Patterson, Boyle, 2008.)

- A 2021 Canadian government survey on Mental Health and Stressful Events found that 8% of people in Canada met the criteria for **PTSD/CPTSD.** Higher rates were found in women and youth. (Statistics Canada, 2022)

- From 2020-2021, Canada saw an increase in hate crimes targeting race, ethnicity, religion, gender, and sexual orientation, many of which involved violence. (Statistics Canada, 2023)

- In a review of 31 cases of critical injury or death of children in care in British Columbia, all had experienced trauma early in their lives through experiences of physical abuse by family members, neglect, and exposure to domestic violence. (Turpel-LaFond, 2014)

Intercultural Perspectives of Trauma

Trauma is often defined in a **Eurocentric** psychological illness model and can lack a fulsome understanding of the experiences of trauma in diverse communities.

- Although we all experience biological responses to trauma, cultural factors influence how we interpret and assign meaning to the trauma.

    o Many communities view **trauma** collectively or within the experiences of an entire group of people versus the experience of one individual.
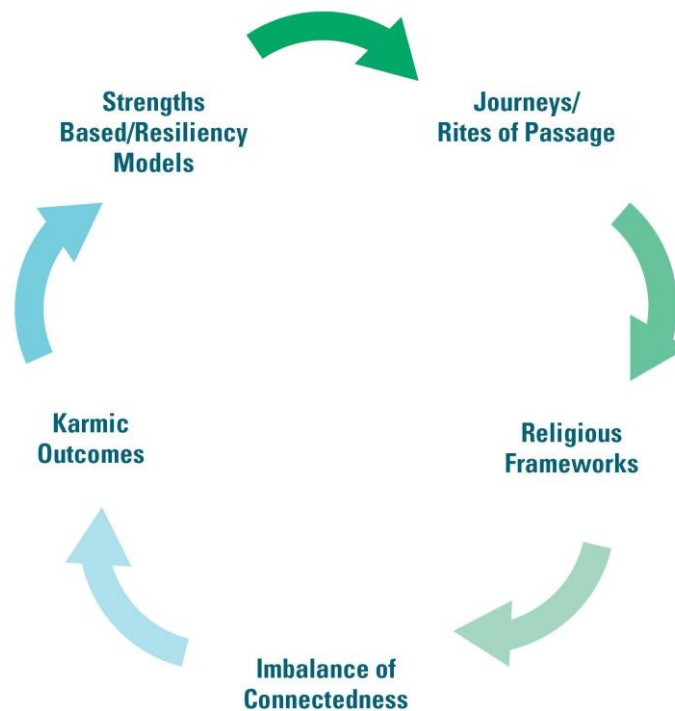
    o There are varied cultural understandings of trauma, such as **strengths based/resiliency** models, karmic outcomes, journeys/rites of passage, religious frameworks, a result of imbalance in connectedness, and much more.

    o There is vast **cultural knowledge** handed down from generation to generation that connects concepts of trauma to relationship with the spiritual and environmental

world, natural resources, relationships between people, language, stories, social organization, values, beliefs, and cultural laws and customs.

- Terms and concepts relating to trauma, distress, and healing diversify across global communities. For example:

  o Albanian migrants in Switzerland refer to distress and trauma as *brenge,* which means "point in the heart".

  o Adivasis Indigenous people in tribal communities in Pune, India use the expression *asa nahi vhayala pahije hota*, which means "this should not have happened".

  o Palestinian communities process continual exposure of war and impacts of violence, displacement, and social exclusion in the Gaza Strip through communal reflections behind traumatic experiences, including *sadma* (trauma as a sudden blow with immediate impact), *faji'ah* (tragedy), and *musiba* (calamity).

  o In Rwanda, *ubwiyunge* is a term used that means "thick reconciliation and restoration of social relations, trust, respect, and dialogue with others".

  o Some religious or faith communities may frame trauma within concepts of suffering, victimization, aggression, violence and loss, all located within the particular creeds of their belief systems.

> **Trauma is not a flaw or weakness. It is a highly effective tool of safety and survival.**
>
> — **Resmaa Menakem**

Cultural Safety and Reconciliation

A **cultural safety** and **reconciliatory** lens reframes trauma in the context of systems that need to be more fair, just, and equitable.

- Trauma can result from being unseen, unheard, mislabeled, and devalued in one's common humanity, living in constant **hypervigilance** to threats, being unprotected by those in power, having to minimize oneself to decrease further trauma, and much more, all which occur within a systemic context.

- Instead of focusing on individuals and aftereffects, trauma is viewed within the greater accountability contributing systems and methods of oppression have, such as colonialism, genocide, institutional violence, destabilization, exploitation, male supremacy and patriarchy, white supremacy, assimilation, and capitalism.

- Global experiences, paired with experiences in Canada, may impact a person's or community's comfort or familiarity with trauma and support offered. This can create barriers, and requires a **culturally specific approach.**

- We can effectively support our communities by engaging **cultural humility** in our **trauma informed practice**.

  - **Cultural humility** honours and respect the beliefs, language, interpersonal styles, and behaviours of individuals, families, and communities receiving services, as well as staff who are providing such services.

  - It requires our values, behaviours, attitudes, and practices to transform, which enables us to work effectively across cultures.

  - It is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time and in relationship.

- A starting point in **cultural safety** is to think about language and perspectives. Sometimes we use terms like vulnerable or overrepresented to identify oppressed communities.

  - Terms like marginalized, targeted and racialized are more accurate as they shift blame from individuals and groups to appropriately place responsibility on systems and methods of oppression.

  - Some additional examples of shifts in language and perspectives that practice **cultural safety**:

Eurocentric	Cultural Safety
Vulnerable	Marginalized, Targeted, Racialized
What is the matter with you?	What matters to you/your community?
Reaffirming Eurocentric historical and social positions	Affirming others' histories, experiences, and aspirations
The past is the past	The past is present
Culture is a risk factor	Culture can be a protective factor
Individual rights and autonomy	Supporting collective goals and aspirations
Intimacy hinders objectivity	Trust enables healing
Overlooking differences	Respecting differences
Modifying the system	Transforming the system

Trauma, Relationships, and Healing in Community

What's unique about trauma is that it heals collectively. Much of our brains' ability to develop happens in relationship, starting at birth.

- Our internal human systems favour collective **interdependence**, versus individualistic **independence**.

  - The patterns of our connections, or neural circuitry, are determined by the quality of our early relationships.

  - Those of us neglected, left alone, removed, raised in the care of others, or experiencing abuse from primary caregivers/community may experience more impacts of trauma than others.

- How do we determine what would traumatize one person but not another? **Interpersonal support**, or lack thereof, is the key to understanding the impact.

  o A perceived sense of aloneness in a distressing situation can heighten an experience, and who we perceive being "with us" before, during, and after the event is crucial to our ability to cope.

  o This means our healing journeys require connection to our communities, relationships, kin/family, and culture, and this is the bedrock of **trauma informed practice.**

  o For those who experience **trauma** within relationships, family, and cultural settings, it may require healing or rebuilding new communities of support to heal within.

> **If traumatic disorders are the afflictions of the powerless, then empowerment must be a central principle of recovery. If trauma shames and isolates, then recovery must take place in community.**
>
> **— Judith Herman**

Questions for Reflection

- What are our underlying assumptions about trauma and how people recover?

- How might these beliefs influence our work with our community?

- How does our cultural background and personal experiences of diversity influence our interactions with others?

- How are we creating cultural safety in the relationships we are forming?

Helpful Links to Explore

- [Trauma Informed Principles through a Culturally Specific Lens](), Josie Serrata, Heidi Notario, Virginia Perez Ortega

    - Core principles of trauma and trauma informed practice through an accessible, culturally specific lens

- [Culturally Informed Manifestations of Trauma](), Gail Thiesen-Womersley

    - High-level overview of variations in how communities worldwide view and respond to traumatic events

- [What is a Collectivist Culture?](), Kendra Cherry

    - Key characteristics of collectivist cultures that emphasize the needs and goals of a group over the needs and desires of each individual

- [Trauma and Resiliency Amongst Displaced Populations](), Gail Thiesen-Womersley

    - Open-source e-book exploring frameworks of trauma and migration, and factors of risk and **resilience**

- [Community-Based Interventions to Heal Trauma](), Future Learn

    - Community based interventions throughout the world that are used to heal trauma, social disconnection, and community violence

- [Truth and Repair - How Trauma Survivors Envision Justice](), Judith Herman

    - Alternative visions of justice developed from asking Survivors what would do right by them after injustice

> **Trauma informed practice is more about a way of being in relationship, than a specific treatment or method**
>
> — BC Trauma Informed Practice Guide

Why Trauma Occurs

| Internal Body Adaptation | Trauma is Personal | Age Matters | Interpersonal Support Decreases Impact |

Why does trauma occur? Would everyone exposed to the same distressing event or circumstance develop trauma?

- Trauma is an internal body adaptation that some people develop in response to distress.

    - Symptoms can show up emotionally, spiritually, physically, and psychologically, and reactions vary person to person.

    - Trauma is uniquely personal – what traumatizes one may not traumatize another.

    - The amount of **interpersonal support** available will determine if a potential trauma becomes an **embedded trauma.**

    - The age the experience occurs is important.

Trauma Across Developmental Stages

Fetal   Child

Newborn   Youth
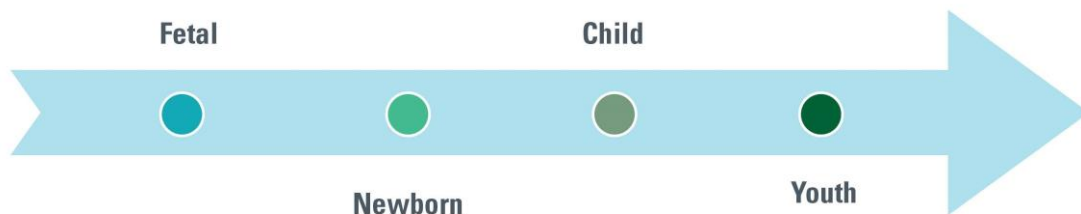
Early life experiences shape the development of brain circuitry and help to determine the makeup of a person's cognitive functions, emotions, and personality.

- Although much of brain development occurs in utero, the brain continues to develop after birth.

    o When caregivers and community create safety for infants and children, they feel nurtured and their developing brains are able to spend more time learning and building essential connections.

    o When children feel unsafe or threatened, however, their brains shift into survival mode, causing learning to become more difficult.

- Early trauma can impact the development of the brain, including cognitive impairment and emotional **dysregulation.**

- When infants and young children are exposed to trauma within a caregiving context, brain development may be compromised and emotional, behavioural, or learning challenges may persist, especially without trauma informed supports.

- Typically, the younger the adverse experience, the less it makes sense.

  - Memory impacts – children and youth may not remember parts of what happened, but at the same time be overwhelmed by sporadic memories that return in flashbacks.

  - Nightmares, depression, irritability, delayed speech, and jumpiness are some of the responses seen in children, and can interfere with an individual's sense of safety, self, self-efficacy, and ability to regulate emotions and navigate relationships.

- Adolescence is also a critical phase of brain development, and trauma can intercept development of risk assessment, understanding consequences of behaviour, daily behaviours that achieve long-term goals, and reduce capacity to master other age-appropriate developmental tasks. For example:

  - A youth whose mind is pre-occupied with images of traumatic events may struggle to focus in school and programs.

  - Youth who are emotionally overwhelmed may struggle to form new relationships with peers.

- Investing in families, parenting education, processing grief and loss, positive experiences, connection to culture and family, learning about trauma and resiliency, and coping and grounding skills have all been shown to support child and youth brain development. Learn more in Section 4.

3.2 Types of Trauma

Although the word **trauma** is used a lot in a general sense as an overarching term, experiences of trauma have a lot of variety. We can gain more understanding of trauma by how close it was to a person or community, how long it occurred, who was involved, how severe it was, and contributing systemic factors.

> **Trauma in a person, decontextualized over time, looks like personality. Trauma in a family, decontextualized over time looks like family traits. Trauma in a people decontextualized over time looks like culture.**
>
> **— Resmaa Menakem**

Proximity

How close we are to distressing events increases the traumatic effects we may experience after.

- **External experiences** are when the distressing event is outside of ourselves, such as having a family member involved in a gang, war, combat, witnessing death and extreme suffering, loss of a loved one to homicide, natural disasters, hearing about plane and car accidents etc.

- **Internal experiences** are when the distressing event is within ourselves, such as childhood neglect, any unwanted sexual contact, religious persecution, historical trauma such as colonization and residential school experiences, forcible removal from homes and genocide, hate crimes, torture, confinement, elder abuse etc.

> **Trauma creates change you don't choose.**
> **Healing is about creating change you do choose.**
>
> **— Michelle Rosenthal**

Types and Frequency

No one experience of trauma is the same – there are many different types, including:

Singular (or Acute)	A single incident of trauma, or singular exposure to injury or harm. *Example: experiencing a one time, random physical assault while taking transit*
Repeated (or Chronic)	Multiple incidents of trauma where there is repeated exposure to injury and harm. *Example: interpersonal domestic violence in an ongoing adult intimate relationship*
Complex and Developmental	Multiple traumas occuring since childhood and repeatedly over long periods of time. *Example: experiencing exploitation and human trafficking while in foster care*
Intergenerational	Passing along elements and residues of trauma to the next generation that takes on a cyclical pattern, or the effects experienced by people who have close connections with trauma Survivors. *Example: the impact of a parental divorce on children: incarceration of family members*
Historical	Trauma as a result of emotional and psychological wounding across generations and massive groups. *Examples: genocide, natural disaster, war, famine, colonialism, residential schools*
Racial Trauma	The cumulative effects of racial bias, discrimination, racism, and hate crimes on an individual's or community's health. *Examples: incarceration rates of marginalized communities, segregation, wealth gaps, lack of race based data collection and evaluation.*
Perpetrator Induced Trauma	Trauma that occurs as a result of committing violence or other moral transgressions. *Examples: combat veterans, child soldiers, victimizing or harming others, being coerced or forced to victimize others in gangs.*

> **A lot of people who have experienced trauma at the hands of people they've trusted take [personal] responsibility, and that is what's toxic.**
>
> **— Hannah Gadsby**

Critical Race Theory

Based on the work of Kimberlé Crenshaw, **critical race theory** is a way of seeing, attending to, accounting for, tracing, and analyzing the ways racial inequality is facilitated in the past and present.

- From the segregation of Black people to the Indian Act, biased hiring practices to the inequitable design of the Temporary Foreign Worker Program, systemic racism operates in both the past and present Canadian landscape.

- Critical race theory takes the lived experiences of racism seriously by identifying how racism operates within systems, policy, law, and institutions, and how it contributes to **racial trauma.**

    o Critical race theory applies to **trauma informed practice** through acknowledging the impact of racism and other discriminatory bias rooted in systems, and how that impacts service delivery.

> **When we are incapable of seeing difference, we try to reduce it to sameness. When one is not able to be curious when faced with a different interpretation of reality, instead of seeking to understand why or how this reality makes sense to the other, one seeks to make the other see the truth and correct behaviour**
>
> **— Cyndi Suarez**

Institutional Betrayal

- Based on the work of Jennifer Freyd, **institutional betrayal** is when an institution causes harm to people who depend on it, including failure to prevent or respond supportively to wrongdoings by individuals (e.g. racism, sexual assault, cultural genocide) committed within the context of the institution.

- Institutions are the building blocks of a civil society. They are crucial to our well-being. We depend on our government, police, and hospitals to protect our lives.

- We deeply benefit from institutions that give our lives meaning, such as our schools and places of worship. Sometimes institutions really help us.

- Some institutions make our lives worse, fail to protect us from harm, are indifferent when we suffer, and focus first on profits and self-protection. This type of institution betrays its very purpose. There are many dimensions within **institutional betrayal:**

Targeted Trauma/State Violence	Targeted traumas sanctioned, endorsed, and legislated by the government against marginalized communities, such as 2SLGBTQAI+ identifying folks, Indigenous people, Black Canadians, people with disabilities.
Institutional DARVO: Deny, Attack, Reverse Victim and Offender	A reaction of offending institutions that seeks to deny their behaviour, attack the individual who may seek to confront, and reverse the roles of victim and offender. For example, firing someone who reports sexual harassment at work.
Historical Amnesia	Omitting, forgetting, and deleting aspects of history that are inconvenient for the politics, policies, and practices of the present. An example could include Canada's erasure of Indigenous people from its history, both how they have been treated in the past and present day, and their contributions to public safety, ecological protection, and stewardship.

> One of the things that pains me is we have so tragically underestimated the trauma, the hardship we create in this country when we treat people unfairly, when we incarcerate them unfairly, when we condemn them unfairly.
>
> — Bryan Stevenson

Institutional Courage

As service agencies, we may be perceived as part of institutional experiences, which can be **activating** for some communities. Our services can create opportunities for healing when we engage in **institutional courage**.

- **Institutional courage** is a commitment to seeking the truth and engaging in moral action even when it is uncomfortable and unpleasant.

- We answer this call to courage by committing to care for those who depend on us, and transforming our services to become more accountable, equitable, and healthy for all people. **Institutional courage** looks like:

  o Examining our own biases and how they may interfere with how program participants experience services.
  o Centering participant rights and creating safe spaces for diverse communities.
  o Reject blaming participants, families, and communities for systemic issues, and place responsibility appropriately.
  o Having safe and accountable processes to raise concerns and address conflict.
  o Training staff and volunteers in **trauma informed practice.**

> **We may not know exactly what the future looks like, and that's okay – our collective work will lead us there. We need to believe that a different future for Black people is possible before we can build it.**
>
> **— Desmond Cole**

Helpful Links to Explore

- [The Traumatizing Impact of Racism in Canadians of Colour](#), Monica T. Williams, Anjalika Khanna Roy, Marie-Paule MacIntyre, Sonya Faber

  o Comprehensive review of racial trauma literature across Canada

- [Institutional Betrayal and Institutional Courage](#), Jennifer J. Freyd

  o A compendium of research on institutional betrayal and how to build institutional courage

- [Equity is Safer: Human Rights Considerations for Policing Reform in British Columbia](#), British Columbia Office of the Human Rights Commissioner

  o A review of racial disparities in policing practices in British Columbia, Canada

- [The Skin We're In – A Year of Black Resistance and Power](), Desmond Cole

    - A year in the life of a Black Canadian that reveals injustices of policing, education, immigration laws, and more

- [Trauma and Grief](), The Muslim Wellness Foundation

    - A toolkit designed by and for Muslim communities that facilitates conversations of faith, wellness, and collective healing

3.3 Trauma and Gangs

Gang-involved youth experience greater trauma exposure than their non-involved peers, and a trauma informed approach is foundational to supporting those directly involved and effected.

Early Involvement → **Highly Distressing Environments and Activities** → **Complex Traumatic Impacts** → **Application of Trauma Informed Practice**

Gang Involvement

- Gangs are constantly changing and possess characteristics in Surrey unlike other regions in Canada.

  o Children and youth are getting involved in gang activity at early ages with exposure beginning as young as 12, and average first criminal offences occurring around age 16.

  o For some, they experience push factors (or traditional factors) to join gangs due to negative life events such as historical and cultural losses, foster care, social and political inequalities, economic barriers, and past histories of trauma and stressful experiences.

  o Gang involvement can be entrenched in communities and families and connected to **intergenerational trauma** and **historical trauma.**

  o In some gangs, young women and girls are active members. They may have romantic relationships with gang members, hold drugs and weapons, sign off on rental contracts, and may be sexually exploited through gangs.

  o Gangs can offer a counterfeit to unmet core needs such as safety, belonging, connection, culture, and economic security.

  o For others, they may come from upper middle-class families and experience non-traditional pull factors into gangs, such as:
    - Having a strong desire to lead a luxurious life, including owning expensive belongings, acquiring wealth, and enjoying privileges without having to work as hard as their parents have.
    - Facing limited motivation to attend school or seek employment because their basic needs are already fulfilled within their home environment.
    - Experiencing boredom and seeking excitement through risky and dangerous activities.
    - Aiming to associate and identify with dangerous individuals, seeing this as a way to gain a sense of importance or recognition.
    - Have limited parental supervision combined with easy access to resources.

Gang Activities

- Gang affiliation can include a wide variety of activities such as dial-a-doping drug lines, debt collection, conducting violent robberies, fraud, home invasions, auto theft, property damage and vandalism, drug and weapons trafficking, sexual and criminal exploitation, human trafficking, and homicide.

    o Targeted grooming and recruitment, intimidation, extortion, violence, withholding core needs, hazing, humiliation, coercion, control, incarceration, and reward and punishment cycles are some of the experiences aligned with gang activity.

    o Any of these experiences, alone or combined, has the capacity to overwhelm one's stress system and result in varying forms of trauma, especially in early developmental years.

    o There are additional layers of impact when you are both a victim and perpetrator, or what is called **perpetrator induced trauma.**

    o **Perpetrator induced trauma** can develop in response to committing destruction, violence, and other moral transgressions. It can present in **disassociation**, numbing, and continuing cycles of violence.

    o Exiting gang life is incredibly difficult and can involved exit fees and violence, public stigma, tattoo removal, delayed grief, guilt, shame, and having to start over again professionally and personally, which can seem insurmountable and provide a powerful draw to return to the gang lifestyle.

> **What we call the personality is often a jumble of genuine traits and adopted coping styles that do not reflect our true self at all but the loss of it.**
>
> — **Gabor Maté**

Traumatic Impacts

- Gang involved youth show unique traumatic stress reactions during and after gang involvement, including:

    o Excessive worry about self and others
    o Decline in school attendance

- o Changes in academic performance
- o Angry outbursts, aggression, and defensiveness
- o Indifference or emotional numbing
- o Defiance of authority and rules
- o Negative belief systems, such as the world is violent and unfair
- o Constantly surveying environments for danger and threats
- o Increased impulsive and risk-taking behaviours
- o Attempts to alter feelings through substance use

Protective factors for youth gang involvement have natural interactions with trauma informed practice, including:

- o Building and maintaining safe and non-judgmental relationships
- o Healing and connection within community
- o Balancing consequences and responsibilities within a strengths-based framework

Helpful Links to Explore

- [Community Safety](#), City of Surrey

  - o Community safety programs offered in the City of Surrey that collectively support preventing and reducing crime, building safe communities, and promoting collaborative community supports.

- [Empowersurrey.ca](#), City of Surrey

  - o Resources to support parents, caregivers, and other trusted adults to better understand safety related issues from youth perspectives and address gang violence

- [Gang Intervention and Exiting Team](#), Combined Forces Special Enforcement Unit of BC

  - o Gang involved individuals aged 13+ years and living in the Lower Mainland of British Columbia can access various supports such as outreach, intervention, and gang exiting

3.4 Mental Health, Trauma, and Substance Use

Those who work with trauma Survivors have observed significant **co-occurrence** of mental health difficulties (such as **disassociation**, anger, suicidality, and self-harm) and substance use and addiction compared to those who have mental health challenges without trauma histories.

- Only recently has the Canadian government undertaken to address **PTSD/CPTSD** and develop a federal framework, increase awareness and understanding, and implement strategies for support.

- A lack of awareness can lead to misdiagnosis, or misidentifying co-occurring concerns and making the links between them.

Self-Medication

Some children, youth, and adults with trauma histories use illicit substances as a form of coping to help with distressing emotions as the "high" experienced may numb negative symptoms, reduce intrusive memories, and combat feelings of shock, fear, helplessness, and depression.

- Children and youth in gangs are more likely to use alcohol and illicit substances than non-involved peers.

- Substances can provide temporary distraction and relief, but this form of self-medication lacks support, supervision, and relationship, which creates compounding problems.

  o What starts as a coping strategy can become substance use problems and addiction.

  o Substance use reduces the ability to concentrate, be productive in work and life, sleep restfully, and cope in healthy ways with traumatic memories and stress.

  o This can create a painful cycle of exposure to traumatic events and substance use.

Trauma informed approaches employ compassion in recognizing how participants are seeking to meet their needs and are doing the best with what they have and know.

> **It is impossible to understand addiction without asking what relief the [person] finds, or hopes to find, in the drug or the addictive behaviour.**
>
> — Gabor Maté

Post-Traumatic Stress Disorder/Complex Post-Traumatic Stress Disorder

When does trauma become a lasting condition or experience?

It's important to note there is considerable discourse in global communities about the use of diagnosis based in **Eurocentric** illness models, and whether it is harmful to use the term "disorder". In some communities, the focus is on collective trauma and collective strengths, versus clinical labels. Others have found diagnosis helpful, freeing, and has helped them access accommodations they need to thrive.

- Most people experiencing a traumatic event may have temporary difficulty to adjust and cope.

- Current medical diagnostics guidance from the DSM-5-TR defines **acute stress disorder** as lasting less than four weeks, while **PTSD/CPTSD** lasts longer than four weeks.

    o **PTSD/CPTSD** occurs when symptoms are long lasting, interfere with day-to-day functioning, and get more intense over time

    o Symptoms may escalate to intrusive memories, avoidance, negative changes in thinking or mood, physical and emotional reactions, and suicidal or self-harming thoughts

    o A diagnosis requires a physical examination and psychological evaluation from a health professional

    o Treatment widely varies, from psychotherapy and somatic body work, to medication, cultural ceremony, Traditional Chinese Medicine (TCM), and much more

- **PTSD/CPTSD** is a protected disability in the BC Human Rights Code, and those affected have a legal right to accommodation.

- Accommodations in social service programs could be permanent, temporary, or episodic. Examples include:

    o Flexible scheduling to attend programming and late program starts
    o Permitting the use of noise cancelling devices such as headphones
    o Providing written instructions and requests
    o Consistent break schedules and supporting rest
    o Allowing assistance animals
    o Modifying lighting
    o Having coping and grounding tools present in programming spaces
    o Use of a private room when experiencing **activation**

- It's important to collaborate with people with lived experience and any involved health professionals to explore the right medical treatment and accommodations.

Did We Know?

- Brain scans show higher activity in the right back region of the brain for those with experiences of trauma.

    o This helps us understand why trauma **activation** can feel so real. This region of the brain is associated with vivid re-experiencing of sights, smells, sounds, and is non-verbal.

o   Those without complex trauma store memories in the front left side, which is mostly verbal.

- As a result, many people seeking treatment respond to therapeutic practices that focus on sensory processing versus verbal, such as **equine therapy**, **art therapy and creative processing**, and **somatic practices**.

> **Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.**
>
> **— Peter Levine**

Integrated Treatment Support

No matter your program offering, it's crucial to make connections between mental health, substance use, and trauma.

- Gabor Maté, a prominent medical doctor, addiction expert, and author challenges us to ask not why the addiction, but instead why the pain?

- Practical ways we could equip our program delivery teams to make the links between mental health, trauma, and substance use includes:

  o   Completing Mental Health First Aid, Peer Worker, and Overdose Training
  o   Building connections with local programs addressing mental health and substance misuse to make **warm referrals**
  o   Review and update your harm reduction policies and accommodations such as substance use in programming, opiate tape off support, and overdose response protocols
  o   Exploring accommodations in programming to support those living with trauma to succeed

Helpful Links to Explore

- [Federal Framework on Post Traumatic Stress](#), Government of Canada

  o   Canada's focus on occupation-related PTSD, and how it is promoting and sharing best practices for diagnosis, treatment, and management of PTSD

- [The Myth of Normal - Trauma, Illness, and Healing in a Toxic Culture](#), Gabor and Daniel Maté

  - Transformative perspectives on stress, trauma, and mental well-being that questions what we consider normal in health

- [Mental Health First Aid Training](#), Canadian Mental Health Association

  - Certified training that supports professionals to safely promote mental health recovery

- [Toward the Heart Peer Worker Training](#), BCCDC Harm Reduction Services

  - Multiple training programs to grow responses to emergency situations with mental health disorders, respond to conflict, and support grief and healing

3.5 Identifying a Trauma Response

The effect of trauma on our lives is a normal response to an abnormal experience. However, when we feel those effects without support it's confusing, and we may feel out of control and unsafe.

- Symptoms from trauma are adaptions or survival skills, and it's important we understand why it happens, what it can look like, and frame trauma **activation** through a **strengths-based approach**.

> Repeated trauma requires you to create a system of defenses that protects you. And these protections were so important. They saved your life. They protected your real self.
>
> — Gretchen L. Schmelzer

Trauma and the Body

Trauma reshapes the body and brain. Experiences of fear or pain that are not met with empathetic **interpersonal support** will get tucked away in our muscles, belly, heart, brains, nervous systems, brain stems, and limbic system. This is called **embodied trauma.**

- o Trauma Survivors may experience chronic pain, gynaecological difficulties, gastrointestinal problems, asthma, heart palpitations, headaches and musculoskeletal difficulties.

- o Traumatic stress can also result in changes in the brain.
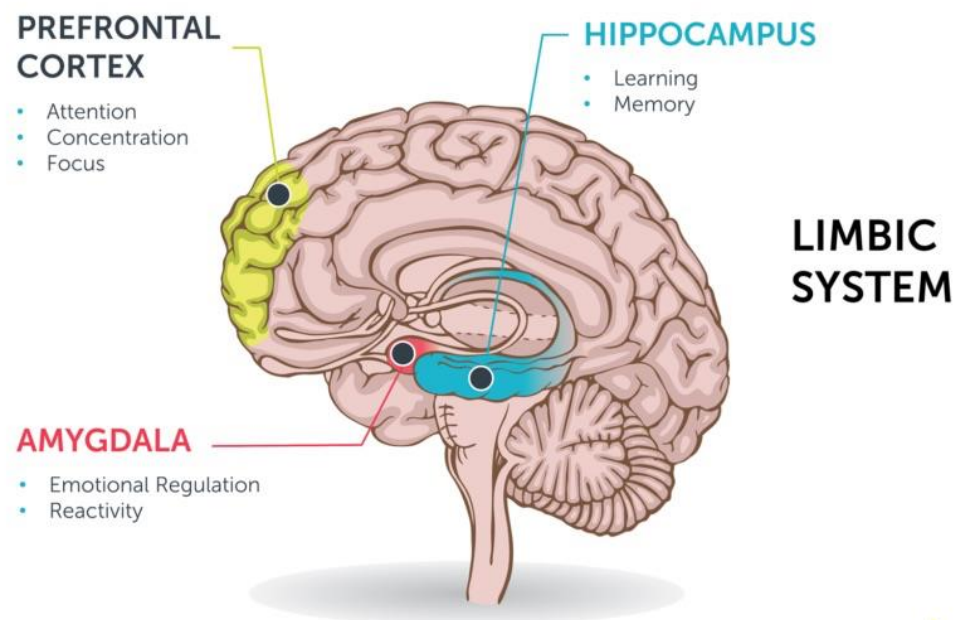
- The **limbic system** is the part of the brain involved in our behavioural and emotional responses, especially when it comes to behaviours we need for survival such as feeding, reproduction, caring for our young, and how we respond to danger and threat.

  - o When trauma occurs, that memory imprints on the **amygdala,** which is responsible for reading emotional significance, regulating our emotions, and reacting to threats

  - o The memory is often stored in fragments and senses – not what happened but how we experienced it

  - o The memory comes out of integration and time and can be awakened by internal or external events as though no time has passed. This is called **activation**

- **Embodied** trauma can be easily activated, and can shut down the **pre-frontal cortex**, which is responsible for processing and reasoning. This is why we may feel out of control.

> When a wound doesn't mend on its own, one of two things will happen: it can either remain raw, or more commonly, be replaced by a thick layer of scar tissue. As an open sore, it is an ongoing source of pain and a place where we can be hurt over and over again by the slightest stimulus.
>
> — Gabor Maté

Spotting the Signs

While supporting someone, we may witness some general external symptoms that can signal to us a trauma response may be occurring:

Sweating	**Changes in Breath**
Muscle stiffness	**Flood of strong emotions**
Rapid heart rate	**Shaking**
Startled responses	**Staring into distance**
Disconnected from the present	**Inability to concentrate or speak**
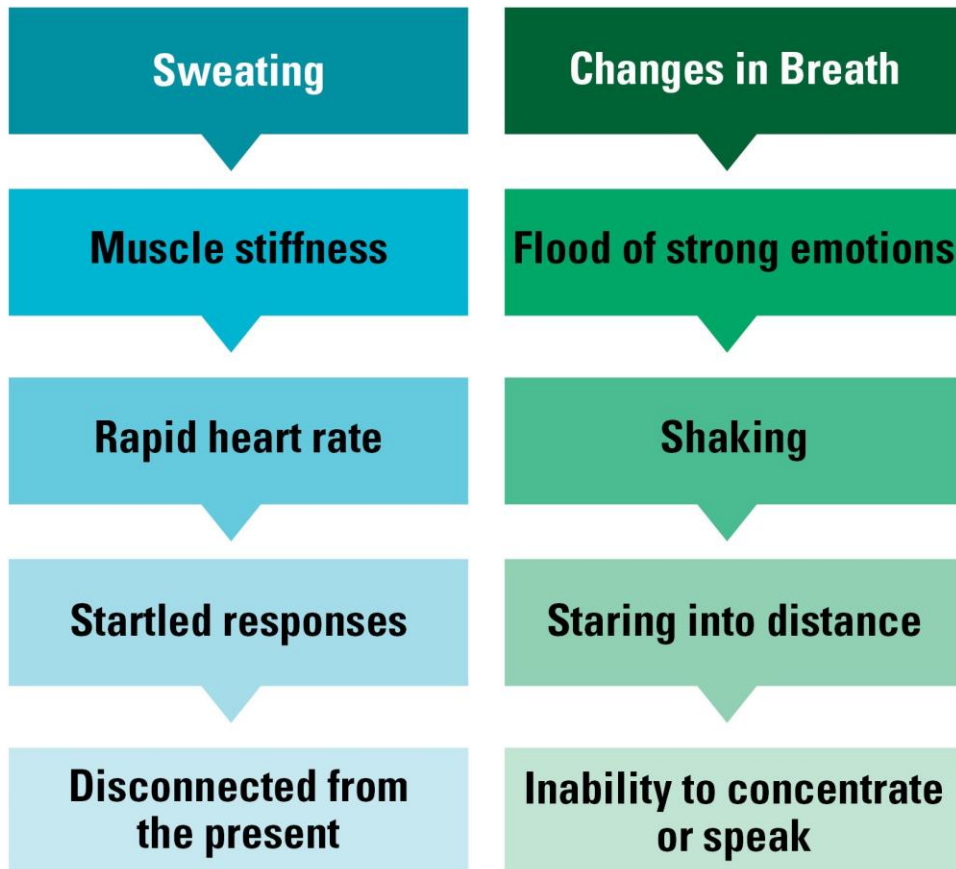
- We all react differently to stress, and not every threat that sets off our stress response is traumatic. It all depends on our **window of tolerance,** or how far we are pushed outside of our safe zone.

> We tend to think of healing as something binary: either we're broken or we're healed from that brokenness. But that's not how healing operates, and it's almost never how human growth works. More often, healing and growth take place on a continuum, with innumerable points between utter brokenness and total health.
>
> — **Resmaa Menakem**

Window of Tolerance

Our brains and bodies have built-in alarm systems to detect threats and keep us safe.

- We have a **window of tolerance** where where we function most effectively, respond to the demands of life, and integrate information and experiences. Think of this as our safe zone.
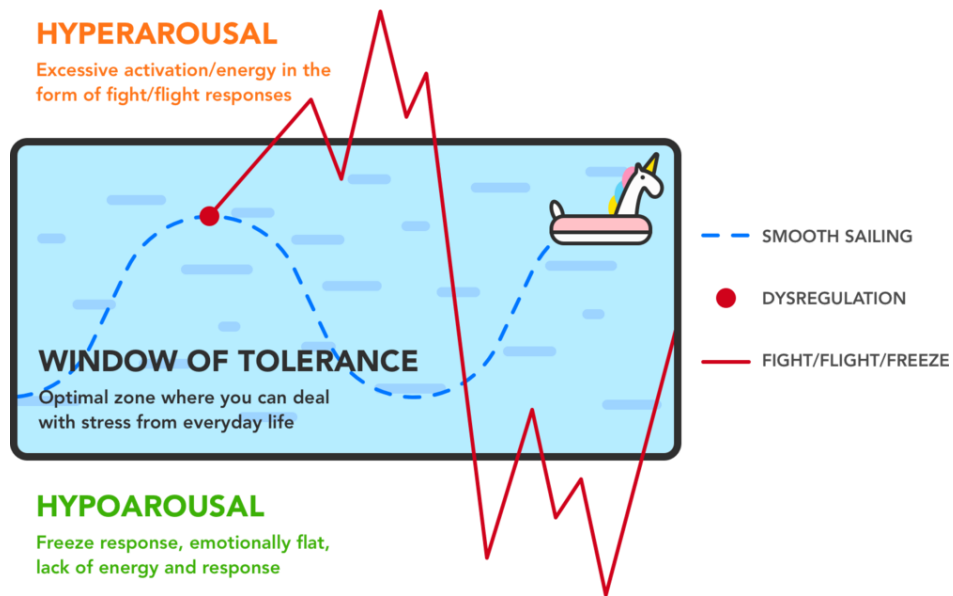
- In our day to day lives we experience stress and can usually **regulate** back into our safe zone.

  o When an experience is outside of our **window of tolerance**, we may feel uncomfortable, but not yet out of control.

- If we are unable to get back into our window as the threat is overwhelming, we may go into states of **hyper or hypo arousal**, which is our body signalling to us there is imminent danger and we need to defend ourselves.

- When this happens, we go into our unconscious brain and prepare for a response:

Fight Response

- We believe we can overpower the threat so we prepare physically for a fight

  Signs may include tightening of the jaw, grinding teeth, urge to physically punch or kick, feeling intense anger, burning or knotting sensation in stomach

Flight Response

- We believe we cannot overcome the threat but could avoid it by fleeing the situation

  Signs may include feeling fidgety, trapped, tense, restlessness, leaving the physical space

Freeze Response

- We are unable to determine a response to the threat so we feel stuck in place

  Signs may include sense of dread, pale skin, feeling still, heavy, cold numb, lower heart rate

Attach / Fawn Response

- We engage a relational response that seeks to appease others to de-escalate the threat, or anchor ourselves in others to survive

  Signs may include overagreement, trying to be overly helpful, primarily being concerned with making others happy, intense connection with helpers

Cry Response

- We are unable to respond to the threat so we collapse and engage in wordless expression

  Signs may include childlike behaviours that are not age appropriate, unconsolable emotional outbursts, physically flopping on the the ground

- When these responses happen they may not feel great, but it's helpful to remember our body is doing its job to try to keep us safe.

Trauma Activation

Once we have experienced the trauma and it is embodied, how do we process it in our day to day lives?

- For many years, the word trigger was used when talking about an activated experience in the present day of a past trauma.

    o The language has adjusted to the term **activation** as a **trauma informed** alternative.

    o **Activation** identifies what is really happening: the body is trying to cope, to make sense of the experience. With the right support, **activation** is an invitation to heal.

Activated

- Acknowledges the impact of trauma on our lives today
- Validates our emotions and experiences in our bodies
- Encourages strategies to manage and support

Trauma Specific Services

- Gun associated language
- Sounds unexpected and out of control
- Implies violence
- Can increase avoidance
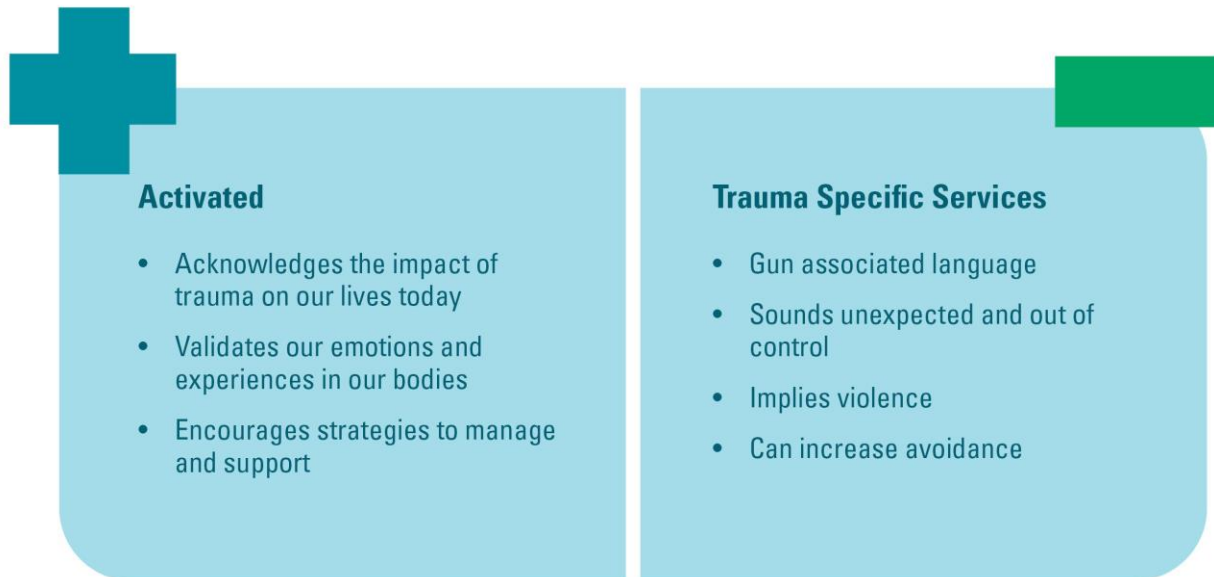
- **Activation** doesn't usually feel good, but each time it happens, it's a sign of regeneration and healing which often just needs a bit of support to integrate into our experience.

- Although they differ per person, **activation** causes mental transportation back to the distressing experience by activating the **ventral vagal nerve**, and can present through a series of symptoms such as:

Type	Activation Examples
Cognitive	Intrusive thoughts, nightmares and flashbacks, traumatic recall, visual images of the event, memory loss, loss of concentration, disorientation, confusion, mood swings.
Physical	Easily startled, edginess, extreme alertness, tremendous fatigue and exhaustion, insomnia, sexual dysfunction, heart palpitations, chronic muscle patterns, psychosomatic pain, general aches and pains throughout the body.
Psychological	Overwhelming fear, obsessive and compulsive behaviours, detachment, numbing, depression, guilt, shame, emotional shock, disbelief, irritability, anger, anxiety, panic attacks, disassociation.
Behavioural	Avoidance of activities or places that activate memories of event, social isolation or withdrawal, trauma flooding, pre-occupation with event, lack of interest in previously enjoyable activities, internalized shame that results in sabotage, unhealthy relationships, power seeking, and feelings of unworthiness.
Cultural	Cultural memories and events, immigration experiences, exposure to war and political violence, parenting practices, ceremonial practices, religious persecution, extended family displacement, race related stressors.

- A key message when someone is activated is affirm that although they may feel out of control, their body is trying to heal, and needs support.

Trauma and Behaviours

When in the program he was he regularly late and barely participated. He didn't respond to feedback, and constantly needed instructions repeated. When he arrived, he put on his headphones, and seemed to zone out, which was disrespectful to the rest of the group. When staff tried to connect with him, he barely acknowledged them.

Last week, a guest speaker came to talk about working in sciences as a profession. Ibrahim burst out in frustration stating that the talk was 'pointless' and 'unrealistic' for the youth in the room. It was very discouraging for the other youth to hear.

The host organization is considering asking him to leave.

Unbeknownst to his school and supports, Ibrahim's life at home was in turmoil. There is domestic violence in his home and he often flees the house to get away from the chaos. Sometimes when he showed up to the afterschool program he hadn't eaten a meal in over 24 hours, was exhausted from couch surfing, and just wanted a safe place to rest.

This story is fictional for learning purposes and designed as a tableau based on mutliple real life experiences from practitioners.

- This story shows us what's happening on the inside isn't necessarily what we see on the outside.

- Activation can present as behaviours in our programs and services that could get labelled as non-compliant or difficult, such as:

    o Shutting down
    o Lashing out verbally or physically
    o Difficulty following instructions and answering questions
    o Attention difficulties
    o Tardiness or increased absences
    o Temporary memory loss
    o Avoidance of support
    o Problems forming connections and building trust
    o Regression or loss of skills previously acquired
    o Inconsistent stories and narratives of events
    o Impulse control
    o Risk seeking
    o Mystery aches and pains

- Depending on the circumstance, program participants may also be experiencing a cascade of changes related to trauma that are making life difficult.

    o Depending on their age, they may not be able to verbalize what has happened, and how it is impacting them

    o They may have had to move communities, change schools or where they live, who they live with, and their daily routine

    o They may now be living with an injury or disability

    o They could be grieving the loss of a person or relationship

    o There could be ongoing criminal and civil proceedings, especially if there has been gang involvement

    o They may be feeling confused and overwhelmed by trauma **activation**

- An understanding of trauma and applying **trauma informed practice** builds our toolkits to meet people where they are at and consider sensitive alternatives to punitive behavioural management. Examples could include:

    o Participation: Instead of removing someone from a program due to repeated absences, reach out to understand why they are late and what they need to be able to participate

    o Lack of Engagement: Instead of assuming a program participant is not engaging, privately explore with them how they best engage. Maybe they prefer to work alone rather than groups or in a quiet room instead of a loud open space

    o Problems Forming Connections: Instead of assuming you can't connect with a participant because they won't talk to you, explore different ways to connect such as through art, a collaborative project, music, or cooking together

3.6 Learning Tool: Key Trauma Terminology

Description: This tool is designed for practitioners to grow their understanding of key trauma terminology and learn simplified explanations that can be shared with diverse communities including children, youth, seniors, and those who may have English as a second language.

Term	Meaning	Simplified Explanation
Trauma	The lasting emotional and physical response that can result from living through a distressing event.	Lasting impacts of a difficult event or circumstance.
Interpersonal Support	Activities and strategies employed in a community setting (such as peers, teachers, parents, community members, cultural and faith leaders) that develop skills to navigate social interactions.	The people, community, and tools that help us when we are going through a hard time.
Window of Tolerance	A zone of arousal where we can function most effectively.	Our safe zone where we feel calm, in control, at peace and we can manage stress.
Regulation	The ability to manage and control our energy, thoughts, emotions, behaviours, and deal with stress.	How we stay in our safe zone when we are experiencing stress.
Dysregulation	The inability to control one's emotional responses.	When stress is causing us to feel uncomfortable and out of our safe zone.
Embodied Trauma	Experiences of fear or pain that are not met with empathetic interpersonal support that are tucked away in our muscles, belly, heart, brains, nervous systems, brain stems, and limbic systems.	When a difficult event or circumstance lives in our physical body.

Activation	A sensory experience that reminds us of a past trauma. In the past, the term triggered has been used to describe this experience.	An emotional or physical experience of a past difficult event that our body is trying to heal in the present.
PTSD/CPTSD	When the symptoms of trauma are long lasting and interfere with day-to-day functioning, and get more intense over time.	When a past difficult event or circumstance is causing ongoing and long lasting emotional or physical impacts, and may require some additional medical support.

3.7 Lived Experiences of Trauma

> **One of the hardest things was learning I was worth recovery.**
>
> — **Demi Lovato**

Lived experience in this context is a term belonging to Survivors who have firsthand knowledge and experience of trauma.

• Recovering/healing from and living with trauma can be an extremely difficult and uncertain experience, and have long reaching effects.

• People with lived experiences of trauma have historically been excluded from program and organizational development, resulting in services for but not with.

• Our awareness and use of power within social service delivery is incredibly important.

• Building awareness and assessing **intersectionality** in our trauma informed practice helps us value, empower, and serve communities of lived experiences.

• Explore lived experience inclusion further in Section 6.

> **Historically, much of the work surrounding Survivor advocacy has not properly valued our firsthand feedback. To borrow a phrase originating from the disability rights movement: 'Nothing about us without us.' I cannot stress enough the importance of meaningful rather than patronizing engagement of Survivors.**
>
> **— Rose Kalemba**

Intersectionality by Design

We all have many dimensions within our identities. From our education to the colour of our skin, our gender, body size, mental health, and much more, each person has a unique combination of factors that make them different from others and forms a unique identity.

- **Intersectionality** is the way our complex identities and group membership overlap to form our whole selves.

- These identities work together to shape each person's societal and cultural lived and living experience. Society either uplifts or oppresses individuals based on facets of their identities.

- There are multiple forms of inequality and disadvantage that can compound and create obstacles for those with lived experiences of trauma to access services.

  o Different forms of oppression interact and shape an individual's and community's sense of power, **resilience**, and well-being

  o Service providers hold many forms of power and it's important we steward that well

- **Intersectionality** is a helpful framework to understand how privilege and power shapes experiences of trauma and access to services.

  o The visual below is a starting point to understand intersectionality and power. The closer you and/or your organization identify to the centre the more power you may have. The further out, the less power you may have.
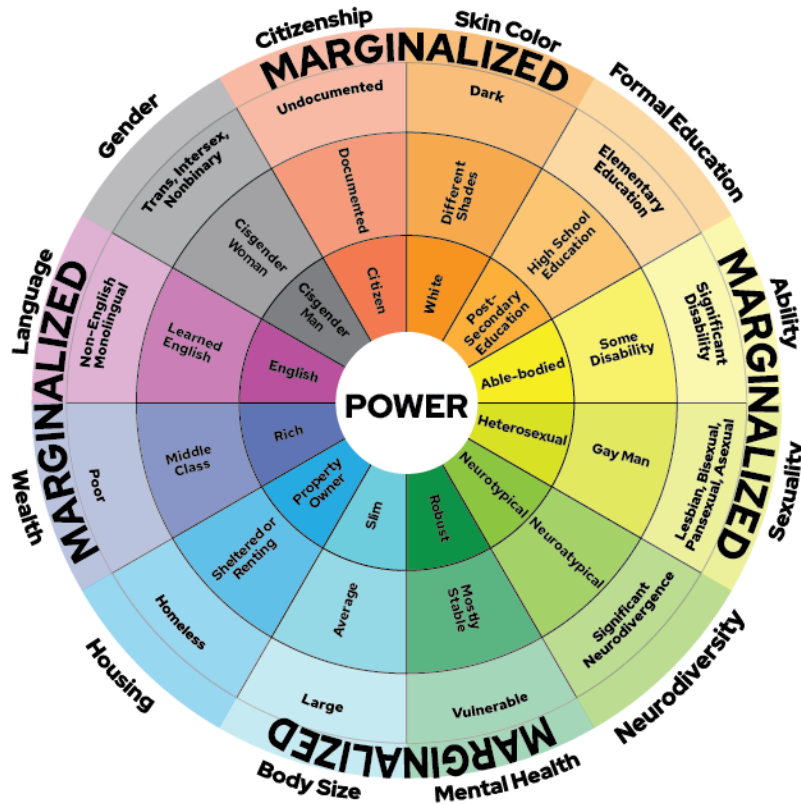
Adapted from James R Vanderwoerd ("Web of Oppression"), and Sylvia Duckworth ("Wheel of Power/Privilege")

- **Trauma informed intersectionality** acknowledges that oppression exists in many forms and across many levels of institutions and policies, and seeks to build programming that is inclusive of the people we serve.

    o It makes the connections between trauma and other dynamics, such as racial trauma, migration experiences, mental health, and substance misuse.

- An understanding of intersectionality can help service providers answer some key questions:

    o What social mechanisms and systems perpetuate challenges we need to address?
    o What is the experience of accessing and participating in our services for people of varying identities?
    o How do we as an organization use our power to support lived experiences?
    o Are the programs we offer inclusive of people's experiences?

- **Inclusion** is a continuous practice of creating spaces where Survivors are embraced in their full and complex identities, given as much access to engagement as possible, and are treated with dignity and respect.

- One of the ways we can do this is by integrating **intersectionality** by design through intersectional program mapping.

> I won't let pain turn my heart into something ugly.
> I will show you that surviving can be beautiful.
>
> — Christy Ann Martine

Helpful Links to Explore

- [What is Leadership Power?](#), Indeed

  - Explore 10 different types of power, including legitimate, coercive, informational, role model, and much more.

- [The Power Manual](#), Cyndi Suarez

  - Learn about dominant and liberatory approaches to power and new paths for shifting power and enacting freedom

- [Diversity Toolkit](#), The University of Southern California School of Social Work

  - Practical exercises to discuss diversity, identity, power, and privilege.

3.8 Learning Tool: Intersectional Program Mapping

Description: Using an **intersectional approach** to program and project design is a foundational tool of **trauma informed practice**. The following is a list of questions that help reflect on the inclusion of all groups we support.

Understanding Our Context	
Identities and Communities	
1. Who are the people affected by the problem our project is willing to address? 2. How are we reaching them? 3. How do the individuals identify themselves? 4. How can the affected groups be included in the project?	
Systems, Social Mechanisms, Power and Privilege	
5. What social mechanisms and systems perpetuate challenges that we may need to address? 6. Does the project have a good understanding of power dynamics and privilege hierarchies?	
Learning From Community-Led Work	
7. Is there any successful action taken by affected groups/individuals to counter intersectional discrimination that could be shared, replicated, and discussed? Is there any relevant learning from previous achievements and activities? 8. What other data is available? Existing frameworks? Past projects?	
Achievements and Addressing Problems	
9. What is the achievement this project seeks? 10. How does our project address problems experienced in everyday life?	

Design and Programming	
Inequality, Perspectives, Inclusion	
1. How does our project tackle inequality? 2. Have we considered multi-disciplinary interventions? (e.g. climate, culture, human rights) 3. Does our project require and support changes in norms, attitudes, and behaviours?	
4. Are the concepts we use inclusive of people's experiences? 5. Are the groups being supported included in the design of the project? 6. How can the project create synergies and collaboration between marginalized groups? How can this be sustained after launch? 7. How can this project empower affected groups?	
Monitoring and Evaluation	
Ownership, Accountability, Lived Experience Inclusion	
1. Who owns this project? Where does it live? How democratized is it?	
2. Are affected groups part of ongoing advisory of the project?	
3. What mechanisms are in place to allow flexibility and learning in the project?	

Learn more about intersectionality mapping from Intersectionality: Questions for Applying Intersectionality to a Project, Council of Europe, from which this resource has been adapted.

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Section 4: Trauma Informed Practice Essentials

Purpose: Equipping service providers to apply trauma informed practice, learning TIP values and communication, responses, and preparing for disclosures.

4. Trauma Informed Practice Essentials

Term	Description
Trauma Informed Practice	A strengths-based approach that helps us understand and respond to the impact of trauma.
Neuroplasticity	The ability for the brain to change, grow, and evolve throughout our lifetimes.
Neural Pathways	Neurons that send signals from one part of our brain to another.
Post-Traumatic Growth	A type of transformation that can occur after the experience of trauma.
Altruism	A selfless concern for the wellbeing of others.
Core Beliefs	Deeply held assumptions about ourselves, others, and the world.
Intersectionality	Kimberlé Crenshaw, an American civil rights advocate and leading scholar of Critical Race Theory, introduced this term as a lens for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking.
Strengths	Pre-existing ways we behave, think, and feel that energize us, enhance our functioning, and help us show the world our authentic selves.
Strengths-based Approaches	Approaches that tap into individual and collective strength to help us adapt to and recover from challenges, setbacks, and adversities.
Cultural Competence	The ability to effectively interact, work, and develop meaningful relationships with people of various cultural backgrounds.
Cultural Awareness	Being conscious of our culturally shaped values, beliefs, perceptions, and biases.
Cultural Humility	A lifelong process of self-reflection and critique where we learn about other cultures and examine our own beliefs and cultural identities. It

	includes an awareness of historical realities such as legacies of violence and oppression against certain groups of people.
Trauma Informed Communication	Communication that is Survivor-centered, focused on building safe verbal and non-verbal communication.
Boundaries	Set limits that clarify acceptable and unacceptable behaviours and structure safety in service provision.
Disclosures	Sharing personal experiences of trauma with an individual or organization we trust and feel safe with.
BIPOC+	An acronym standing for Black, Indigenous, and People of Colour.
Activation	An activated experience in the present day of a past trauma.
Clean Pain	Based on the work of Resmaa Menakem, it's a process of embracing the pain we feel by walking into it, experiencing it fully, and moving through it.
Window of Tolerance/Capacity	A zone of arousal where we can function most effectively.
Coping and Grounding	A set of skills to manage traumatic stress.
Somatic Practices	Practices make the connection between our mind and body that helps release stress, tension, and trauma from the body.

4.1 Can Trauma Heal?

> Instead of saying 'I'm damaged, I'm broken, I have trust issues.' I say 'I'm healing, I'm rediscovering myself, I'm starting over.'
>
> — Horacio Jones

Learning how to be a trauma informed practitioner starts with reflecting on foundational questions that will deeply shape our practice:

- Can trauma heal?
- Can we experience healing, transformation, and growth after trauma?
- Will we ever be the same?
- Do we have hope for those we support?
- What evidence can we offer to them that it will get better?

How we answer these questions will influence how we approach our work, how we stand with and for people journeying through trauma, and how we offer supportive social services.

- Let's start by looking to recent scientific developments in understanding the brain, and what life after traumatic experiences can look like.

> **People are afraid to heal because their entire identity is centered around the trauma they've experienced. They have no idea who they are outside of trauma and that unknown is terrifying.**
>
> **— Ebonee Davis**

Neuroplasticity

In the past, it was believed that trauma and its impacts were permanent, especially when occurring during childhood and youth. This thinking contributed to many generations who are still alive today believing that trauma permanently ruined their lives and their health.

- Due to improvements in brain imaging technology, we now know this isn't true.

- The brain has a tremendous ability to rewire and change in response to what is happening around us throughout our entire lifetime. This is called **neuroplasticity.**

   o Cells in our brains grow and heal constantly, making new connections and learning new pathways to think and act

   o Traumatic events can forge connections and **neural pathways**, but so can other life experiences. When we make and use new neural pathways, the old ones start to weaken and eventually retire

- Regardless of age, we all hold within us the capacity to rewire trauma by having new, positive, supportive experiences. This means trauma is not permanent, hopeless, or a life sentence

- What we do, fear, and think can transform with the right support. Trauma does not have to define our past, present, or future

- Just like we can go to the gym to lift weights and build muscles, we can also exercise our brain to strengthen memory and emotional regulation. Every time we learn and do something new, it creates a new connection, and repeating it helps make new pathways in our brains. Examples include:

  - Education and training
  - Enhancing our coping tools
  - Connecting to our physical body
  - Pursuing engaging work or activities
  - Increasing our interpersonal support
  - Rest and relaxation
  - Accessing trauma specific therapeutic support

- With this perspective, any social service program regardless of how specialized our offerings can support trauma recovery and growth.

Post Traumatic Growth

> Post traumatic growth is part of the growth process – not a set of symptoms to be cured. Trauma Survivors, like all people, are intrinsically growing all the time, just like trees are growing.
>
> — Jim Rendon
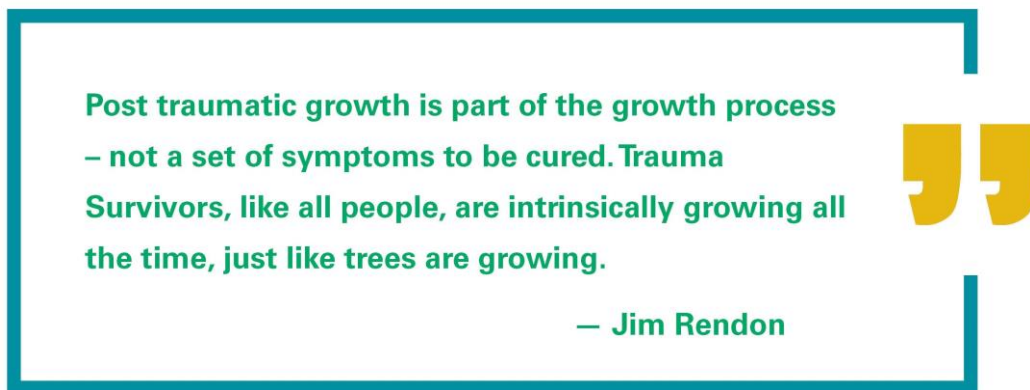
- As social service agencies, the biggest gift we can give to others is hope, rooted in evidence and breakthroughs in trauma understanding (such as **neuroplasticity)**.

- Experiencing trauma doesn't just negatively impact our lives, we can also experience **post-traumatic growth.**

- Research has shown that through these experiences, trauma Survivors have experienced positive aftereffects, including:

o   Trauma as a force for dramatic life change
o   Experiencing deeper meaning as a result of suffering
o   Renewed commitment to life fulfillment versus temperamental happiness
o   Increased openness to new experiences
o   Instilled values of **altruism**

This kind of growth is possible within five core areas of post-traumatic support. We've also included some suggestions of how to integrate them in our service offerings:

Honest Communication with Self and Others

- Create environments that promote and reward honesty

A Commitment to Positive Thinking

- Integrate mindfulness and gratitude at the opening and closing of program activities

Appropriate Long Term Recovery Supports

- Build relationships with organizations that provide more intensive, long term trauma support

Building a Toolbox to Manage Stress

- Use the coping and grounding tools in this framework to help expand your participant's resources

Finding Meaning in Faith

- Support trauma survivors to pursue activities that promote greater meaning, such as connection to spirtual communites and time in nature

Overcoming Limitation

Whether it's the residue ideas left over before we knew about **neuroplasticity**, the overwhelm we feel inside when trying to process trauma, or systems of oppression that continue to impact us, for many reasons we may hold and internalize self-limiting beliefs that can cause us to feel unworthy. We may believe we are a magnet for bad things that happen, that there is something wrong with us, or that healing isn't possible for us.

- The internal stories we tell ourselves are important and become thought loops that play on repeat.
- These ideas, or **core beliefs**, can become entrenched and hold us back from accessing help, support, and exploring new ways to move through trauma.
- Using our built-in capacity for **neuroplasticity**, a trauma informed practitioner can support participants to supportively reframe core beliefs. Dr. Gabor Maté recommends five steps:

Relabel	Call the self limiting belief what it is. It will resist eviction from your brain, so we need to plant the seeds of doubt.	When the belief comes up, we can gently remind ourselves that it is a thought or belief, not necessarily the truth.
Reattribute	Trace the thought back to the original source, acknowledging this is the brain sending us an old, familiar message.	Rather than blaming ourselves, we can reattribute the belief to where it came from, and why it formed in the first place.
Refocus	Stay in relationship with your feelings, but focus on something else for half an hour.	This teaches the brain we don't have to succumb to the core belief. We can choose to do something else.
Revalue	Challenge the belief - what has it actually done for you? Has it kept you safe? Has it limited your healing?	Take stock of the positive and negative impacts with compassion.
Re-create	Reconnect to what matters to you - values, passions, ideas, talents, intentions, capabilities, and love.	Let this process help you re-imagine a different life, one worthy of hope, freedom, and healing, which can overide our core belief neural pathways.

Explore a reframing core beliefs exercise in our Learning Tool: Body Practices in this section, as well as refocusing grounding tools in our Learning Tool: Coping and Grounding Activities.

Helpful Links to Explore

- [Neuroplasticity](#), Sentis
  - A simplified video that helps explain neuroplasticity.

- [Upside: The New Science of Post Traumatic Growth](#), Jim Rendon
  - A courageous look at how trauma Survivors emerge stronger, more focused, and with new perspectives on their future.

- [The Brain's Way of Healing - Stories of Remarkable Recoveries and Discoveries](#), Norman Doidge
  - An in-depth exploration of neuroplasticity and how individuals and communities are recovering from seemingly hopeless situations.

- [The Myth of Normal - Trauma, Illness, and Healing in a Toxic Culture](#), Gabor and Daniel Maté

  - Transformative perspectives on stress, trauma, and mental wellbeing that questions what we consider normal in health.

> **Healing cannot occur if we do not accept our worthiness – that we are worth healing, even if doing so might shake up our views of the world and how we interact with others.**
>
> — Mario Martinez

4.2 Trauma Informed Practice

Trauma informed practice is an orientation shift in how we provide services to support the safety, choice, and control for individuals who have experienced trauma.

- Trauma informed practice is about a way of being in relationship, more than a strategy or method.

  - It emphasizes physical, psychological, and emotional safety for everyone, and creates opportunities for Survivors to rebuild control and empowerment.

- o It requires an **intersectional** approach by making connections between trauma and other dynamics, such as migration experiences, colonization, substance use, gender, and systemic racism.

- o It asks are we safe? Are we effective? Are we caring? Are we responsive to people's needs? Are our services well led?

- Trauma informed practice is not something we do to people. It's a transformation within ourselves in how we show up and serve others. It starts within each individual practitioner and requires integration through our organizations.

> Trauma can become a vital part of your life – just like stones can support and strengthen the root structure of a tree. Like a tree, you are resilient. With patience and support, your roots can be restored, and your branches will spread again.
>
> — Ute Lawrence

4.3 Trauma Informed Values

Trauma informed practice is grounded in four key sets of values:

1 Awareness

Awareness among staff and program participants of trauma experiences

Understanding how trauma impacts development

2 Safety, and Trust-worthiness

Safety is integrated in welcoming practices from intake to transition from services

Adaptation are evident in physical space, processes, communication, and planning for crisis

3 Choice, Collaboration and Connection

Work collobaratively with participants to have as much choice and connection as possible

Regular evaluative processes to grow and improve services, uphold right, and address grievances

4 Strengths - Based and Skill Building

Assist participants to grow self-regulation and resiliency

Teach and model skills to manage activation and grow coping and grounding skills.

In Canada, there are multiple trauma informed practice trainings available to participate in and gain certification, as well as free online frameworks.

Certified Trauma Informed Practice Training

- [Trauma Informed Practice Training Institute](#), Alyson Quinn
    - Individual and organizational trauma informed practice training led by registered social workers and counselors.

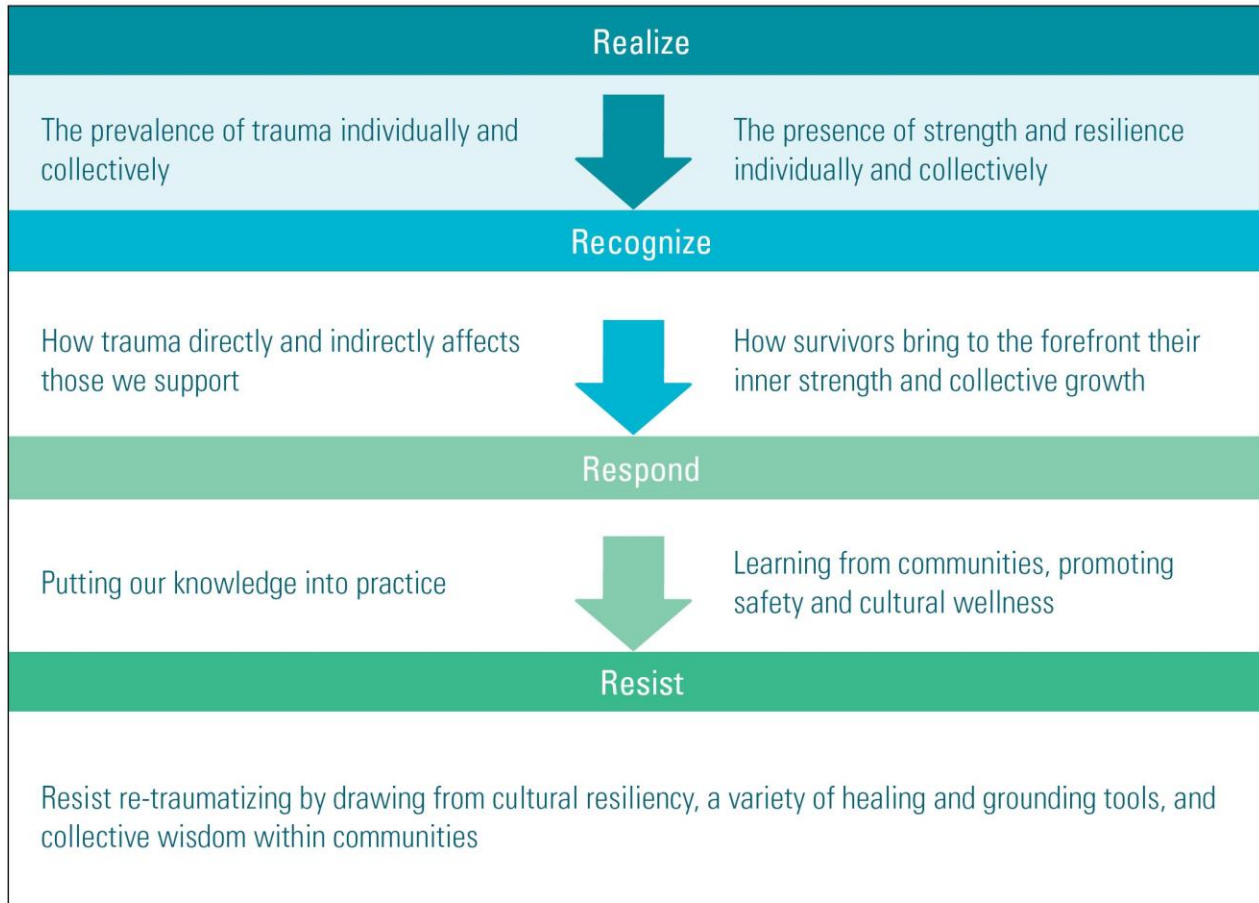- [Indigenous Trauma & Equity Informed Practice](#), Len Pierre Consulting

- o An online course expanding social and cultural perceptions of trauma and equity informed practice.

- [Trauma Sensitive Mindfulness Training](#), David Treleaven
    - o A self-paced online training building the skills to support trauma sensitive mindfulness practices.

Trauma Informed Practice Frameworks

- [Trauma Informed Practice Guide](#), BC Provincial Mental Health and Substance Use Planning Council
    - o A guide that supports the translation of trauma informed principles into practice with a focus on health systems.

- [Healing Families, Helping Systems - A Trauma Informed Practice Guide for Working with Children, Youth, and Families](#), Ministry of Children and Family Development
    - o System-wide perspectives on trauma informed implementation.

- [Concept of Trauma and Guidance for a Trauma Informed Approach](#), SAHMSA
    - o A framework for behavioural health sectors, child welfare, education, justice, healthcare, military, and other people-serving fields.

- [Indicative Trauma Impact Manual](#), Jessica Taylor and Jami Shrive
    - o A non-diagnostic, trauma-informed guide to emotion, thought, and behaviour.

- [Becoming Trauma Informed - Toolkit for Women's Community Service Providers](#), Center for Gender and Justice
    - o A UK based trauma-informed guide focused on building trauma informed and gender responsive cultures in social service delivery.

- [Understanding Trauma and Its Impact - Activity Packet](#), National Center on Safe Supportive Learning Environments
    - o Exercises and activities to support school staff wanting to further their learning about trauma and impact on students.

The Four R's: Realize, Recognize, Respond, Resist

David Treleavens' Four R's model provides an easy to recall method for applying trauma informed practice:

Realize

| The prevalence of trauma individually and collectively | The presence of strength and resilience individually and collectively |

Recognize

| How trauma directly and indirectly affects those we support | How survivors bring to the forefront their inner strength and collective growth |

Respond

| Putting our knowledge into practice | Learning from communities, promoting safety and cultural wellness |

Resist

Resist re-traumatizing by drawing from cultural resiliency, a variety of healing and grounding tools, and collective wisdom within communities

Let's put the Four R's model into practice using an example:

- Gursharan* was leading her third creative arts session at her organization with a youth whose siblings have been involved in gangs. The focus was on identifying family connections through a creative family tree exercise. Andrei had been working on their project for over an hour quietly in the corner. Gursharan noticed they started to quietly cry and went over to check in on them. Andrei immediately covered their art piece with their hands, got defensive, and loudly asked Gursharan to leave them alone.

   o Realize: Gursharan can <u>realize</u> the prevalence of trauma and the far-reaching impact gang involvement has on families. She can acknowledge the bravery and courage Andrei is showing by attending this group and engaging in this exercise.

   o Recognize: Gursharan can <u>recognize</u> that the response to protect something sensitive may be in relation to how trauma is impacting Andrei. For example, has Andrei lost

members of their family due to gang violence? Is a family member incarcerated or missing?

- o Respond: Gursharan can <u>respond</u> with empathy, encouragement, and compassion, identifying to Andrei that she respects their boundaries, and would love to hear more about their work when they are ready.

- o Resist: Gursharan can <u>resist</u> re-traumatizing Andrei by requiring them to share their piece that day with the group, and instead encourage them to share the piece or a statement about it when this feels right for them, such as a private space or with a trusted mentor.

- The Four R's are supplemented by trauma knowledge, strengths-based approaches, investing and growing community capital, cultural competence, and cultural humility.

This story is fictional for learning purposes and was designed as a tableau based on multiple real life experiences shared by practitioners.

Strengths-Based Approaches

Strengths are pre-existing ways we behave, think, and feel that energize us, enhance our functioning, and help us show the world our authentic selves. They are already present within us, even if they are hidden by the responsibility and pressures of our daily lives and traumatic experiences.

When we go through trauma, it can hinder us from seeing our individual and community strengths, and our ability to face challenges and solve our problems.

- A **strengths-based approach** in our **trauma informed practice** intentionally focuses on hope and finding every opportunity to authentically affirm individual and community strengths, such as resourcefulness, courage, and **resilience**.

- o It considers the miracle of surviving hardship and the incredible strength it takes to live within oppressive systems and power imbalances.

- o Instead of focusing on problems, we identify and validate strengths that help build control and an appreciative mindset for what brought us to this place.

- Strength-based practitioners believe:

- o Our words and language matter. We can create shared language with others that is empowering and helpful.
- o Those experiencing distress best respond to compassion and respect.
- o When we focus on strength and **resilience**, we build appreciation, optimism, and understanding.

- Life and our world is ever evolving. We embrace change and the capacity for growth.
- Everyone has a uniqueness that helps them evolve and move along their journey. This is made up of attitudes, capacities, rights, personality, and much more.
- It is our goal to illuminate, expose, and nurture strengths.
- We choose to see others at their best and how their unique strengths have helped them survive and pursue healing.
- Survivors are creating and rebuilding, not broken or failing.

- A **strengths-based approach** centres people and communities as the experts of their journeys and healing as well as aligns our roles as coaches, guides, and supports.

  - Research has shown that there is power in supportive communities.
  - When we cheer people on or encourage them to be proud of their achievements, their confidence increases and their contribution to community grows.
  - The wider and more supportive the community, the more significant decreases in substance use, criminal justice involvement, and more.

We can apply strengths-based approaches in multiple ways in our services, including:

1	Focusing on what is most important to those we are supporting and encouraging them to guide the process
2	Asking open-ended questions that allow for imaginative thinking and storytelling
3	Encouraging participants to share their ideas, voice opinions, express emotions, and brainstorm solutions with you
4	Asking participants what they want to get out of your services
5	Including and involving communities, caretakers, mentors, and Elders where possible

Explore strengths-based practice further in our Learning Tool: Strengths Inventory.

Circle of Courage

Grounded in **resilience** science and deep respect for the dignity of children and youth, Larry Brendtro, Martin Brokenleg, and Steve Van Bockern developed The Circle of Courage, a **strengths-based** model.

This model considers the strengths of each child and looks at four dimensions that all children need to grow and do well. It helps us identify some key outcomes we could aim for in our programs:

The Spirit of Belonging	The universal longing for human bonds is nurtured by relationships of trust so that the child can say, "I am loved."
The Spirit of Mastery	The child's inborn thirst for learning is nurtured; learning to cope with the world, the child can say, "I can succeed."
The Spirit of Independence	The child's free will is nurtured by increased responsibility so that the child can say, "I have power to make decisions."
The Spirit of Generosity	The child's character is nurtured by concern for others so that the child can say, "I have a purpose for my life."

Indigenous communities affirm that when these needs are met, children experience significance, competence, power, and virtue, which results in them thriving.

Community Capital

Another excellent example of a strengths-based approach that can be applied to our projects and organizations is the work of Jan and Cornelia Flora's Community Capital Framework.

- This framework encourages us to examine the various elements, resources, and relationships within a community, identifying what we currently have, and what we can invest in and grow.

Type of Capital	Application
Natural Capital • A community's environment: rivers, lakes, forests, wildlife, soil, weather, and natural beauty	What does the land give us? ***Examples:*** *clean water, medicines, community gardens, access to hike routes, proximity to important cultural sites*
Cultural Capital • A community's traditions, heritage, work ethic, festivals, languages, and how innovation and influence emerge	How do we think and act in our community? ***Examples:*** *multi-lingual staff teams, local festivals and celebrations, seven generational thinking*
Built Capital • Infrastructure supporting a community such as telecommunications, industrial parks, roads, water and sewer systems	What is built on the land? ***Examples:*** *wifi, recreational facilities, faith spaces, social service supports that are accessible, gathering spaces*
Human Capital • A community's skills, abilities, and capacities to access resources and knowledge to increase promising practices and lead across differences	What can we do? What skills and abilities do we have to do this work? ***Examples:*** *education, Elders and mentors, cultural knowledge passed down through oral tradition, grant writing, staff and volunteer hours*
Political Capital • The ability to influence standards, rules, regulations, enforcement, and access to power and leverage	What do we have access to that can make things happen? ***Examples:*** *advocacy via elected officials, conferences, relationships with lived experience organizations, ability to vote, editorials*
Social Capital • The connections among people and organizations that make things happen	What can we do together? ***Examples:*** *youth to youth mentoring, team participation, collaborative work across agencies*
Financial Capital • The financial resources available to invest in community capacity building, development, entrepreneurship, and accumulate resources	How do we pay for development now and future? ***Examples:*** *grants, community donations, give back programs, savings, investment capital, increased capacity for donor relations*

Helpful Links to Explore

- [The Science of Raising Courageous Kids](#), Martin Brokenleg and Steve Van Bockern

    o An Indigenous strengths-based approach that supports positive youth development

- [Spiraling Up: Mapping Community Transformation with Community Capitals Framework](#), Mary Emery and Cornelia Flora

    o A strengths-based community change model from a systems perspective.

4.4 Cultural Competence and Cultural Humility

Cultural competence in trauma informed practice requires an application of values, behaviours, attitudes, and practices that enables practitioners to work effectively across cultures.

Cultural competence honours and respects the beliefs, language, interpersonal styles and behaviours of individuals and families receiving services, as well as those who are providing such services.

- It starts with developing **cultural awareness** of our own worldviews, cultural norms, attitudes, beliefs, and behaviours, asking "what is my culture and how does it influence the way I view and interact with others?"

- Cultural competence grows by examining our personal biases, stereotypes, and prejudices, and how those impact interactions with the people we serve.

- It shows up in our work through:
  o Being comfortable not knowing everything, and balancing what we know about ourselves and learning from other communities and lived experiences

  o Practicing curiosity about other cultures and understandings, reading and engaging with existing materials and resources from varying communities, attending courses and workshops, attending and supporting cultural events and festivals

  o Establishing trusting relationships with community members and inviting input into your practice

Based on the work of Melanie Tervalon and Jann Murray-Garcia, **cultural humility** develops as we build our cultural competency.

  o It's an interpersonal stance that is other-oriented and is a lifelong commitment to self-evaluation.

o It holds systems accountable and addresses power imbalances to develop partnerships with people and groups advocating for others.

o It's sensitive to the collective needs of families and communities.

o It builds skills to effectively communicate in cross-cultural situations.

o Examples include:

Concept	Reflection
Approaching every interaction with the understanding that there is always something to learn from everyone.	What did we learn from that person or circumstance?
Accepting ambiguity in cross-cultural situations. Take the time needed to get more understanding.	What is happening here? What are we missing or not understanding?
Treating every person with the utmost respect and strive to preserve dignity.	Did we treat everyone with respect? Where can we improve our processes to show more respect to those we serve?
Holding every person in the highest regard while being aware of not allowing unconscious biases to interfere.	Did unconscious bias drive this interaction?
Expect cultural humility to be relevant to trauma informed practice in every encounter	How was cultural humility relevant in this interaction?

Helpful Links to Explore

- Cultural Competency Self-Assessment Checklist, Immigrant Welcome Centre
  o Self-assessment to explore individual cultural competence

- Cultural Humility - People, Principles, and Practices, Vivian Chavez
  o Brief overview of the philosophy and function of cultural humility

- [Trauma Informed Care for Immigrant and Refugee Populations](#), National Health Collaborative on Violence and Abuse
  - Presentation on the impacts of trauma and supporting children of immigrants and refugees

- [Anti-Racism, Cultural Safety & Humility Framework](#), First Nations Health Authority
  - Example of a framework from the healthcare sector free of racism and discrimination against Indigenous people.

> Each community is distinct and has its own needs; there are also communities within communities, all of which deserve recognition and special attention.
>
> — Nicole Cooke

Questions For Reflection

- How do our programs and services illuminate, expose, and nurture strengths for participants?

- What capital does our community already have and where can our services invest in to help the community grow?

- In what areas can we improve our cultural competence?

- How is our organization growing in cultural humility?

Practice Traps

Trauma informed practitioners believe that Survivors of trauma are capable, and we come alongside them as guides, coaches, and allies.

- As we support others, we must be careful that we don't fall into common practice traps:

Fixing and saving	• Allowing the idea that fixing and saving is more effective than supporting and coaching can cause us to disempower program participants and take over decision making. • Practice Tip: Remind ourselves that we hold people capable. Our role is to support participants to build capacity to solve their problems, not take over and try to fix.
Needing to be an expert	• Asserting our expertise by being right, knowing everything, and assuming we are the only person who can help. • Practice Tip: Ensure our support is offered within community. Come alongside participants to build their networks, versus creating reliance on our support alone. Practice humility by engaging curiosity in what you haven't explored.
Overwhelmed	• Taking on too much responsibility for a participant's circumstances, trying to meet every need, feeling the weight of the world on our shoulders, and experiencing frustration because of gaps in resources and support. • Practice Tip: Build your organization's practice. Read toolkits. Attend trainings. Build a network of relationships and support. Advocate for where there are gaps in the community. Resist trying to meet every need for every person and focus on what your organization can do.
Rigidity	• Believing there is only one way for participants to recover. • Practice Tip: Acknowledge that humans are incredibly complex. We heal in unique and sometimes mysterious ways, and an adaptable, creative approach creates more space for the full expression of humanity and healing.
Body language	• Losing awareness of body language and facial expression can result in expressions of excessive sympathy or shock that can have an unintended effect on the conversation. • Practice Tip: It's important to keep a neutral, compassionate affect when supporting someone with experiences of trauma. Watch yourself speak in the mirror to observe your body language. Take time after interactions to debrief with a colleague and learn about yourself.

4.5 Learning Tool: Strengths Inventory

Description: These tools start imaginative conversations that help illuminate, expose, and nurture strengths within individuals and communities.

Strengths Based Questions

The following are helpful, exploratory questions to build a strengths-based relationship with an individual or community.

What energizes you?	How do your friends or community describe you?	Describe a peaceful day. What made it peaceful?
What have you achieved that you are proud of?	What do you enjoy at school?	What are you good at?
If there were no obstacles, what would you do?	How do you stay motivated?	What do you feel good about?
What do you like about yourself?	What is your superpower?	What meaningful connections do you have in the community?
Who are the special people you can count on?	What resources do you have that makes your life easier?	Do you have any equipment, apps, aids, or tools that are helpful to you?
How have you managed this challenge so far?	What would you like to get out of our work together?	What have you learned so far that is helpful moving forward?
How can we build on where you are now?	What's one thing you can do to take your next step forward?	Do you have any special talents/abilities?

Strengths Based Inventory

The following are just some of the many strengths we have within us.

- o Review the list and explore which strengths you see in yourself and your community.
- o Add any additional strengths in the space provided.

Wisdom and Knowledge	• Creativity: thinking of novel and productive ways to do things • Curiosity: taking an interest in an ongoing experience • Open-mindedness: thinking things through and examining from all sides • Love of learning: growing new skills, topics, and bodies of knowledge • Perspective: providing wise counsel to others
Courage	• Bravery: not shrinking from threat, challenge, difficulty, or pain • Persistence: finishing what one starts • Honesty: speaking the truth and presenting oneself in a genuine way • Zest: approaching life with excitement and energy
Giving to Others	• Teamwork: working well as a member of a group or team • Fairness: treating all people equitably, fairly, and justly • Leadership: organizing group activities and seeing that they happen
Insight	• Forgiveness: forgiving those who have done wrong • Modesty: letting one's accomplishments speak for themselves • Self-Restraint: being careful about one's choices; not saying or doing things that might later be regretted
Big Picture	• Appreciation of beauty and excellence: noticing and appreciating beauty, excellence, and/or skilled performance in all domains of life • Gratitude: being aware of and thankful for the good things that happen • Hope: expecting the best and working to achieve it • Humour: liking to laugh and joke; bringing smiles to others • Faith: beliefs about the higher purpose and meaning of life
Other	

4.6 Trauma Informed Communication

Trauma informed communication assumes the potential for the presence of trauma while practicing truthfulness, respect, awareness, and creating space for voice and choice.

Truthfulness	Communicate what you are doing and why you are doing it. Resist making false promises comforting through false platitudes.
Respectful	Be respectful of other's life experiences. Engage a perspective of "what has happened to you?" versus "what is wrong with you?"
Awareness	Speak with a controlled voice that is consistent.

	Invoke a sense of calm by expressing kindness, patience, and applying engaging eye contact and body language.
Voice and Choice	Provide opportunities for others to share, ask open-ended questions, and give options to choose from. Include participants in care planning and processes that impact them.

- Trauma informed communication is not:

  - Yelling or shouting
  - Losing control of emotions
  - Patronizing or saying empty platitudes (e.g. "It'll be okay")
  - Forcing individuals to disclose trauma or identify trauma timelines
  - Being distracted on a device such as a computer or phone
  - Interrupting while others are speaking
  - Sharing unrelated stories or experiences that shifts attention to the service provider
  - Trying to fix their problems instead of coaching and supporting them to address their challenges
  - Using physical touch or getting too close to a participant's physical space

Language

Language matters. Without realizing it, we may use deficit-based language, which can communicate that those with trauma are powerless and we are afraid or unwilling to help them. For example, calling someone who has survived a traumatic experience a victim that is on their healing journey may be disempowering.

- When we use inclusive and equitable terms, it communicates our trauma informed values. Language evolves and requires us to revisit and adapt it regularly. Some general best practices include:

  - Using plain language that is simple and easy to understand providing translation as needed.

  - Using language that focuses on the person first. For example, a person experiencing homelessness versus a homeless person.

  - Use gender neutral terms like "people", "everyone", or "folks" to avoid gendered phrases and language like "guys".

  - Use strength-based, invitational language that communicates your belief in others and the options they have to explore.

  - Where possible, avoid obscure jargon and clinical/academic language.

- o Retire unnecessarily violent language such as "taking a stab at it" or "triggered".

- o When in doubt, ask individuals and communities what language and terms they prefer and treat them how they want to be treated.

Explore trauma informed communication further in our Learning Tool: Trauma Informed Language Shifts

Helpful Links to Explore

- [How to Write Is As Important As What You Say: A Guide To Trauma Informed Writing](#), National Center on Domestic Violence, Trauma and Mental Health
  - o Tips to integrate trauma informed practice into language and resource development

- [Language Guide](#), BCCDC
  - o Guidance to assist with messaging and content rooted in trauma informed language

OARS: Open-Ended Questions, Affirmations, Reflective Listening, Summaries

Another helpful tool to grow our trauma informed practice is OARS, or asking open-ended questions, affirmations, reflective listening, and summaries.

1. Open Ended Questions: Asking open ended questions moves past "yes" and "no" answers and provides an invitation for program participants to share.

- Open-ended questions give space for participants to share inputs in their own words. They require practitioners to use invitational language, and practice patience to wait for responses. Examples include:
  - o What do you need from us to participate in our services?
  - o How can we support you to succeed?
  - o How have you managed to cope with stress so far?
  - o What helps you feel safe when stressed?

2. Affirmations: Giving genuine, authentic, specific, and relevant affirmations that encourage effort and strength in others.

- Affirmations offer appreciation and understanding and recognize the successes that person or community has had that have brought them to this moment. Examples include:
  - o Your ability to navigate these challenges so far in life is remarkable. You have incredible strength within.

- You are more than a victim. By being here today, you have survived, and each day are walking your own path of surviving to thriving one step at a time.
- It's evident your children/family/community is your priority.
- Your willingness to trust me and others is incredibly courageous.
- You have gone through so much, and the choices you are making now are a significant investment in your children and future.
- I can see you practicing grounding skills even as we are talking.

3. Reflective Listening: Listening carefully by following the thoughts and feelings of others and seeking to understand from their perspective.

- Reflective listening involves both attending skills, where we non-verbally communicate we are empathizing with them (such as our eye contact, gestures, interested silence, posture, softness of facial expression), and reflective skills (where we respond to and summarize our understanding of someone's experience).

- Reflective listening isn't just automatic feedback. It can look like taking a pause after someone speaks and letting them know you are thinking about what they said or validating what they said. It could also look like affirming their perspective with a parallel concept they may not be familiar with, such as:
  - I hear you. Thank you for trusting me to share that.
  - I see your point. It speaks to what that experience was like for you.
  - I don't understand exactly what you've been through, but I deeply connect with what you shared and how you shared it.
  - Thank you for sharing. I am taking a moment to consider what you said.
  - Your experience of healing as you get older is incredibly insightful, and it ties into the concept of **neuroplasticity.**

4.7 Learning Tool: Trauma Informed Language Shifts

Description: A helpful list of shifts in language to grow our **trauma informed practice.**

Language Shifts

As we grow in our trauma informed practice, we can communicate **trauma informed** values through the language that we use and the terms we transform within a safety and strengths-based lens.

When in doubt, ask individuals and communities what language and terms they prefer.

Language Shifts

INSTEAD OF THIS	TRY THIS
Victim, traumatized person	Survivor, person who survived trauma, person or community with lived experience
Drug user, drug addict, alcoholic, former addict	Person who uses substances, regular substance use, person seeking treatment for substance use, person in recovery
Domestic violence, rape victim, trafficked victim, prostitution	Survivor of sexual assault, intimate partner violence, gender-based violence, sex trafficking, sex workers
Gang banger, gangster, hood rat	Person involved in gangs/organized crime, person recruited by a gang
Offender, Convict	Person who has been arrested or convicted of an offense, person who is incarcerated
Client, target population	Community member, participant, individual accessing services, priority population
Triggered, chaotic, out of control	Activated, seeking assistance to regulate
Vulnerable, at risk, suffering from	Targeted, living with
Broken, failing	Creating, rebuilding
Attention seeking, manipulative, non-compliant	Person seeking to get their needs met, person doing the best they can, resourceful
"What is wrong with you?	"What happened to you?"

INSTEAD OF THIS	TRY THIS
Triggered, chaotic, out of control	Activated, seeking assistance to regulate
Vulnerable, at risk, suffering from	Targeted, living with
Broken, falling	Creating, rebuilding
Attention seeking, manipulative, non-compliant	Person seeking to get their needs met, person doing the best they can, resourceful

4.8 Trauma Informed Responses

As we support diverse populations who may have experienced trauma, there are some important responses we can prepare for ahead of time including setting professional boundaries, decreasing traumatic interactions, and preparing for disclosures.

Setting Professional Boundaries

Boundaries provide protection and safety for service providers, especially as there are power imbalances with those we serve.
• Clear boundaries communicate care, and role model respect and empowerment.

- Successful organizational and practitioner boundaries reflect on a few key areas:

Professional	We put trauma informed values into practice by how we frame the bounds of our support. This may include: • Communicating the offerings and limits of service verbally / in writing • Identifying our roles, supervision, and purpose • Clear guidelines on physical touch, harassment, intimate relationships, contact outside of work, gift giving, working in isolation, and usage of technology and devices • Formal structures for documentation, reporting, consent, and service agreements • Sharing what happens if boundaries are violated
Self-Disclosure	Relationship builds through connection to one another. However, it's important that we share about ourselves within the bounds of a professional relationship in a way that adds value, versus distraction or creating conflicts of interest. For example: • Ensuring what we share is intentional and purposeful, versus accidental, and is age appropriate • Sharing is centred around participant needs, not personal gain, motive, or the emotional needs of service providers • Used to build commonality, not disempower or overwhelm others
Digital	Boundaries are equally important in an online space. This includes the content we are viewing, who we follow or allow to follow us, and whether we are using appropriate means to connect with participants. Best practices include: • Clear processes and codes of conduct for using digital platforms to interact with participants • Only using professional accounts to communicate with program participants • Policies to address disclosures on social media platforms

A trauma informed application is to co-develop the boundaries of our professional relationships with those we serve.

- When we communicate our professional boundaries, we can invite participants to share their boundaries, which builds safety, choice, and control.

Decreasing Traumatic Interactions

Case Study — Marcus* had a case management meeting with Arsalan to discuss connecting him to mental health supports.

After the usual small talk about what TV shows they were watching, Marcus raised concerns about Arsalan's declining mental wellness and his desire to connect him to supports.	Arsalan nodded, but didn't say anything. Marcus started to explain his idea to make a referral to a local youth service agency when he noticed Arsalan wasn't making eye contact.	His body language was slumped and he stopped answering questions. Marcus kept talking, unsure of what to do. Arsalan continued to be withdrawn and was visibly sweating.	Marcus stopped speaking. Arsalan quickly stood up and asked to be excused from the meeting.

*This story is fictional for learning purposes and designed as a tableau based on mutliple real life experiences from practitioners.

When supporting someone we suspect may be experiencing **activation** such as what was observed between Marcus and Arsalan, there are a few steps we can take to decrease or minimize traumatic interactions:

- Pay attention to a person's affect: Are you noticing changes physically (such as withdrawing, heightened emotions, closed body language)?

  - Stop and acknowledge when something doesn't feel right. Check in with the person in the moment, versus waiting until you are done speaking.

- Be kind with time: Take breaks, book longer appointments, consider giving an outline of tasks and time limits in advance to those you are meeting with, such as in a case management setting.

  - In Arsalan's case, Marcus could have offered him a break when noticing potential activation.

- Normalize the response: Although it may not feel normal, provide encouragement that what they are going through is okay. Normalize their experience as understandable and encourage connecting to supports.

- Be ready to resource: What do they need in that moment? Offer to participate in some coping and grounding tools together.

Preparing for Disclosures

As we put trauma informed practice into action, we may experience an increase in disclosures.

This is an indicator of growing safety, trust, voice, and choice in your services.

It's crucial an organization is prepared for disclosures, including defined processes, training, and policies for responding to disclosures.

1. Duty to Report: We have a responsibility to prepare ahead of time to inform participants of our policies and respond appropriately to disclosure.

   - In British Columbia, anyone who has reason to believe a child or youth under the age of 19 has been or is likely to be abused or neglected, and/or a parent is unwilling or unable to protect the child or youth is required to report to local authorities.

     o This is governed by the Child, Families, and Community Services Act.

     o "Reason to believe" simply means that, based on what you have seen or information you have received, you believe a child or youth has been or is likely to be at risk. You do not need to be certain. It is the child welfare worker's job to determine whether abuse or neglect has occurred or is likely to occur.

     o The act includes emotional, physical, and sexual harm, abandoned without adequate provisions, living in a situation of domestic violence, and much more.

   - Health professionals, such as counselors, have a duty to report to authorities if an adult aged 19+ is under imminent risk of serious harm.

2. Cultural Safety: For some communities, there is evidence child welfare and reporting processes have been used as tools of racial profiling and colonization, resulting in the targeting of **BIPOC+** families and communities.

   - As a result, disclosure reporting can be incredibly **activating**, and it's important we are aware of protective mechanisms in place.

     o As a result of the Indigenous Self-Government in Child and Family Services Amendment Act of 2022, Indigenous people in British Columbia have a right to self-

government over child and family services in their community by exercising custody, guardianship, and care to ensure cultural continuity, development of cultural identity, and preservation to a child's cultural connections.

- o British Columbia has delegated Child and Family Agencies who provide culturally appropriate services for Indigenous children and youth.

- o Any family who has had a social worker contact them has a right to legal advice and can access Legal Aid to speak to a lawyer or access an Aboriginal Community Legal Worker and the Parent's Legal Centre.

3. Responding to Disclosure: When someone chooses to disclose, it can be an incredibly overwhelming experience. It takes courage and often requires overcoming shame, fear, and limiting **core beliefs** to come forward.

- Survivors may be sensitive to our reactions and, if they feel dismissed or negated, they may withdraw from seeking help.

- We can make this experience less traumatic by:

Staying Calm and Listening	If we react with shock, outrage, and fear, it may cause a participant to feel anxious or ashamed. A calm response that assures a youth you can talk through this together goes a long way.
Affirming Statements	Instead of asking questions, a trauma informed response starts with affirmative statements such as: • I believe you • Thank you for trusting me enough to tell me • I am sorry for what happened to you • I support you
Being Supportive	It's helpful to let someone know that: • They aren't in trouble • You are glad they chose to tell you • They have done the right thing by speaking up • You are willing to help them get the support they need • You know others who are trusted and can help

	We can then ask gentle follow up questions to clarify details where appropriate.
Essential Facts	It is not our role to be a child welfare worker or conduct in depth interviews. Therefore, we should limit our discussion to how, when, who, and what questions while avoiding asking why questions that may imply they have done something wrong. It is also recommended to keep notes on hand.
What Happens Next	From a trauma informed communication perspective, it's important to tell the child or youth what happens next and your role going forward. This is why organizational policies and processes should be shared with each participant before they access your services, and preferably posted somewhere public to re-visit (such as a website). It's important we tell them only what we know and avoid making promises. For example, we can't promise a perpetrator won't get in trouble.
Access Resources	In British Columbia, multiple resources are available with 24/7 access: - VictimLink BC provides information and referrals to all victims of crime and immediate crisis support:1-800-563-0808 (24/7) - Kids Help Phone offers mental health support through calls, texts, and email for children and youth: 310-1234 (24/7) - KUU-US Crisis Line Society provides Indigenous-specific crisis support: 1-800-588-8717 (24/7) - First Nations Health Authority offers a breadth of resources from health to emergency support, traditional wellness and healing, and harm reduction support: 1-866-913-0033 - Crime Stoppers offers an anonymous platform to share tips or report a crime by phone or online: 1-800-222-8477 (24/7)

	o [Combined Forces Special Enforcement Unit of BC](#) provides support to gang involved youth who wish to exit: 604-897-6023 (24/7)
	o [Missing and Murdered Indigenous Women and Girls crisis line](#) supports those impacted by missing and murdered Indigenous women, girls, and 2SLGBTQAI+ people: 1-844-413-6649 (24/7)
	o [Canadian Centre to End Human Trafficking](#) offers safety planning and connection to resources for those experiencing exploitation and human trafficking: 1-833-900-1010 (24/7)

Helpful Links to Explore

- [Duty to Report: Reporting Concerns about Children and Youth](#), Province of British Columbia
  - Pamphlet outlining the legal obligations to report abuse or neglect of children and youth under the age of 19

- [The BC Handbook for Action on Child Abuse and Neglect for Service Providers](#), Province of British Columbia
  - Guide to understanding our duty to report as service providers

- [Child Protection](#), Aboriginal Legal Aid BC
  - Overview of Indigenous legal rights and supports available

- [Parent Legal Centres](#), Legal Aid BC
  - Overview of legal rights and supports available

- [Indigenous Self Government in Child and Family Services Amendment Act](#), Province of British Columbia
  - Amendments to the Child, Families and Community Services Act that supports Indigenous self-government in child welfare processes

4.9 Processing Through Trauma

We can all learn and engage **trauma informed practice** in our service offerings immediately, but we also need to practice boundaries within the scope of our offerings.

- We recommend engaging trauma specialists for clinical interventions and care, such as clinical therapists, psychiatrists/psychologists, social workers, nurses, and doctors.

  - As trauma informed practitioners, we can support and equip program participants by learning and sharing approaches to managing trauma day to day through body-based **coping and grounding**.

> There is deep wisdom within our very flesh, if we can only come to our senses and feel it
>
> — Elizabeth A. Behnke

Clean Pain

Soothing Ourselves	Noticing the Sensations	Accepting the Discomfort	Staying in the Present in the Body	Safely Discharging Pain

The work of Resmaa Menakem introduces the idea of **clean pain** which involves embracing the pain we feel by courageously walking into it, experiencing it fully, and moving through it.

- Instead of avoidance, blame, self-hate, sabotage, silent suffering, destruction, and denial, **clean pain** validates what we go through by choosing integrity over fear and accepting the discomfort.

- This doesn't mean we force or push program participants outside of their **window of tolerance/capacity.**

- Instead, we can shift our thinking about pain and give full permission for lived experiences to exist and breathe. This process supports pain to integrate into the story of our lives and we feel its effects less over time.

- This type of healing happens in the body and involves soothing, noticing, accepting, staying present, and safely discharging.

Soothing Ourselves	Quieting our minds, calming our hearts, and settling our bodies
Noticing the Sensations	Proactively noticing the sensations, vibrations, and emotions in our body, instead of reacting to them.
Accepting the Discomfort	Accepting the discomfort instead of trying to flee from it.
Staying Present in the Body	Staying present in our body as we move through the experience, with all its uncertainty, and respond from the best parts of ourselves.
Safely Discharging Pain	Safely discharge the energy that remains.

Coping, Somatic Practice, and Grounding

When we experience trauma it can be more difficult to cope and we need to employ strategies and tools to help us process.

- **Coping** is the way we adjust or tolerate negative experiences and how we support participants to get back to a safe place physically, emotionally, and spiritually.

- **Somatic** coping practices are based in the body and help us calm overloaded nervous systems.

- When we become aware of where we are stressed or activated in our body (such as muscle tension, stomach ache, headache, shallow breathing, numbness), we can engage exercises to calm and discharge that **activation**.

- **Grounding** is a set of **somatic** strategies to detach from emotional pain and reconnect with the present moment and is the toolbox of any good coping plan. Grounding helps us:

- Learn how to be responsive to our own needs and set boundaries
- Self-regulate through breathing
- Resource ourselves by building strategies to use when needed
- Slow down and pay attention to what is going on and find a rhythm of dealing with current and future stressors

- Learning **grounding** tools when we are calm gives us easily accessible tools to reach for when we are **activated**.

  - Grounding can be conducted discreetly anytime and anywhere

  - There are many types of grounding such as focusing your mind, focusing your senses, connecting to culture, creative, soothing, connecting to faith, and much more

  - Grounding works best when we do it with others, such as a support worker modelling a tool and inviting a participant to try it with them

  - Practicing grounding before we need it helps us be ready to put it into action when we are stressed

  - Like any other skill, grounding takes practice and we have to try it a few times to see what works best for us

> **Healing happens when you're [activated] and you're able to move through the pain, the pattern, the story and walk your way to a different ending.**
>
> — **Vienna Pharaon**

4.10 Learning Tool: Coping and Grounding Activities

Description: A comprehensive list of mental, creative, physical, and soothing grounding activities to practice alone or in a group.

Purpose: To explore coping and grounding activities we can engage in before and during a traumatic activation that can support reconnection to safety.

Instructions: Find a safe place alone or with a trusted support, and explore a few practices shared below. We all gravitate to different forms of grounding (such as mental, creative, physical, and soothing), so it's best to try a variety and see what works best for us. It helps to learn these tools before we are in crisis, so they are in our back pocket when we need them.

Mental Grounding	
5-4-3-2-1	Engaging your 5 senses, describe or write down: • 5 things you can see • 4 things you can feel • 3 things you can hear • 2 things you can smell • 1 thing you can taste
Count Up Then Down	In your first language, count up to a high number (such as 300), and count back down.
Narrate Your Life	Describe an everyday activity or object in detail. For example: • Describe a meal that you cook: "First, I peel the potatoes and cut them into quarters. Then I boil the water. Then I make a marinade of curry, turmeric, garlic, and olive oil…" • Describe your route to work: "I take Highway 99 to King George, then a right on 72nd, pass the Rec Centre, and stop at Tim Hortons." • Describe the chair in your office – its colour, texture, size, weight, and anything else you notice
Wandering Mind	Allow your mind to wander and daydream. Focus on positive, inspiring, interesting ideas, such as:

	• What if humans could fly? • What do cats think? • How would I redecorate the room I am in? • What was a historical spiritual or religious figure like?
Categories	Play a game with yourself where you list everything you can think of in a category. Such as: • Favourite movies • Types of dogs • Favourite Bollywood artists • Famous people that begin with each letter of the alphabet • Sports you've played • Cars you have driven in • Cities you've travelled to
Paint a Picture	Describe your environment in detail, using each of your five senses. • For example, "The walls are white, there are five blue chairs, there is a wooden corner shelf filled with books…" • Describe objects, sounds, textures, colours, smells, shapes, numbers, and temperature.
Knock Knock	Keep a few jokes or stories you find funny in your memory and recall them when you need to.
Read Aloud	Find something comforting and read it out loud to yourself. Focus on the meaning of the words and summarize each paragraph afterwards.
Alphabet Recall	Say the alphabet of your first language to yourself slowly, and then try saying it backwards.
Creative Grounding	
Focus	Engage in a quiet activity that takes focus: • Drawing • Doodling

	- Colouring - Painting - Henna - Puzzles - Sudoku - Crosswords - Clay sculpting
Safety Collage	Make a collage with pictures or images that have positive meaning, such as pictures of people and places that make you feel loved and safe. Hang this collage somewhere visible.
Write The Story	Using a notebook or a device, write the story of what you are experiencing, and how the people involved overcome the challenge.
Guided Imagery	Put on your favourite music, such as an album or a playlist. For 30 minutes, paint what you are hearing. Pay attention to: - Colour - Line - Shape - Value
Self-Love Journaling	Using the following prompts, write a journal entry for yourself: - What is one thing you admire about yourself? - List three things you are grateful for today. - What is one thing you will forgive yourself for this week? - What are three compliments you have received, and how did they make you feel? - How are you growing from your challenges right now? - What makes you unique? - What is one personality trait you have that you are proud of?
Physical Grounding	
Box Breathing	Sit with your back supported by your chair, feet on the floor: - Breathe in for 4 seconds - Hold for 4 seconds - Slowly exhale for 4 seconds - Hold for 4 seconds

	• Repeat
Bold Flavors, Textures, Temperatures	Try eating something with a bold flavour, texture, or temperature such as: • Something sweet, like pineapple • Something sour, like lemon • Something spicy, like wasabi • Something cold, like a popsicle • Something crispy, like fried chicken • Something wet, like congee • Something spongy, like paneer
• Water	• Run cool or warm water over your hands. • Take a shower or bath. • Drink a cup of water.
Tapping	In a seated position, use two fingers from each hand and gently tap seven points on your body for 15 seconds each: • Top of head • Between the eyes • Under the eyes • Middle of the chin • Top of shoulders • Side of ribs
Bumblebee Breath	• Close your eyes • Take a large breath in • As you breathe out through your nose, make a noise and let your breath come out with a buzzing sound • Repeat
Inner Sounds	Find a quiet, safe, private place. • Connect to what you are feeling inside • What does it sound like? • Allow that sound to come out and be expressed out loud

Hemisphere Breathing	Sit with your back supported by your chair, feet on the floor. • Using your hand, close one nostril and inhale deeply • Release your hand, close your other nostril and exhale • Repeat, ensuring to always have one nostril open
Grip	• Tightly grip the edge of your chair, then release. • Clench and release your fists. • Notice the expelling of energy.
Breathing Through Your Heart	In a seated position, close your eyes, and breathe normally. • Pay attention to your breath, listening to it • Place your hand on your heart • Imagine you are breathing through your heart • Can you hear your heartbeat? • Can you hear how your breath is pumping in and out of your heart?
Carry an Object	Carry a small object (a small rock, totem, sweetgrass, ring, piece of cloth) that you can touch whenever you feel unpleasant emotions rising.
Superperson Stance	Standing with your feet apart, hands on hips, and head gently raised, stand in a superperson pose and allow yourself to feel the power of this stance.
Slow Meal	Savour the aroma of a meal. Take slow bites. Note the flavours and describe them in detail to yourself.
Soothing Grounding	
Kind Words	Say kind statements to yourself, as if you were talking to a friend or small child. For example: • "You are a good person. You'll get through this." • "I can handle this. I've overcome before." • "This feeling will pass."

Soothing Music	Play music that influences your mood, including but not limited to: • Bossa Nova • Afrobeat • Broadway • Tejano • Xam Singing • Calypso • Mariachi • Bhangra • Classical • Techno • Ska • Reggaeton
Favourites	Think of your favourites: colour, animal, season, food, time of day, movie, family member, cultural practice, holiday…
Picture Them	Picture people and pets you care about and look at photographs of them. Carry pictures with you.
Inspire Yourself	Remember the words to a song, quote, religious text, or inspiring poem.
Safe Treat	Plan a safe treat for yourself, such as a piece of candy, a cup of chai, a walk in your favourite park, a nice dinner, a warm bath...
Looking Ahead	Think of things you are looking forward to in the next week – perhaps time with a friend, a family dinner, or going on a hike.

4.11 Learning Tool: Body Practices

Description: These tools are designed to engage somatic, or body-based practices, when we are experiencing trauma activation. They can be practiced anytime, including before activation has occurred.

Safety Note: It's not recommended to recall immensely traumatic experiences without professional support available. Always best to approach these practices gently and focus on present activation.

1. Tuning Into Our Bodies

Purpose: To quiet external noise and tune our bodies into what we are experiencing.

Instructions: Find a safe place, alone or with a trusted support, in a seated position. Move through the 6 steps verbally, using a journal, or with creative art supplies.

Step 1 **Noticing**	• Start by taking a deep breath: inhale and exhale. • Notice what you feel on, in and around your body. • What is your speed of breath, heart rate and body temperature?
Step 2 **Reconnecting to Safety**	• Think back to a recent moment you felt most calm, safe and most like your "self". • What did it feel like? • What contributed to feeling calm and safe in that moment?
Step 3 **Identifying**	• Identify at what point in time and/or which part of your body began experiencing disturbance or stress.
Step 4 **Revisit**	• Gently revisit the activation from a calm state to stressed state, in slow motion (as if watching a video clip in slow motion). • Identify people, conversations, objects or behaviours that may have made you stressed, uncomfortable or that stand out to you as you're replaying the recent event(s).
Step 5 **Tuning In**	• Tune in to your body sensations. • Do you notice if there is any shift in your body? • Such as a sensation of tingling, tensing, warming, numbing or cooling in your chest, arms, legs, face or an overall change in body temperature?
Step 6 **Healing Hands**	• Place your hand on the area that has experienced a shift or change, and take a deep breath, or place on your heart if it's an overall feeling. • This allows our body to process the experience and creates a passageway to release the tension. • Take notice what comes up for you: an image, sensation, awareness, or understanding that offers clarity to the situation? • If nothing comes up, take this time to slow down, pace your breath and raise awareness, which is the start of good somatic practice.

2. Progressive Muscle Relaxation

Purpose: To tense and relax muscles to help identify where we hold tension and stress in our bodies.

Instructions: Alone or in a group setting, find a safe space to sit or stand (such as where you can balance your hand against a wall when you need it). Start with your feet and end with your whole body.

Breathe	Take 3 deep breaths inhaling and exhaling.
Feet	Curl your toes, then release them. Rotate your feet clockwise, then counter clockwise.
Calves	Point and flex your feet, then let them relax.
Thighs	Squeeze your thighs together, then release them.
Torso	Gently suck in your abdomen, hold for 3 seconds, and release.
Back	Roll your shoulders back. Gently squeeze your shoulder blades together, then release.
Shoulders	Lift your shoulders up and release down. Roll them up and back, in a circular motion, then reverse the direction.
Arms	Arms by your sides, make fists and tense your arm muscles, then release and let them drop.
Hands	Raise your hands and curl your fingers in and out.
Face	Scrunch your face: lift your eyebrows, furrow your brow, smile, frown, make a silly face, then release.
Body	Take a deep breath, tense all your muscles in your body, and hold for 3 seconds. Release.
Reflect	What do you feel in your body? Where are you carrying stress?

3. Transforming Core Beliefs

Purpose: Core beliefs develop over time, usually from childhood and through the experience of significant life events or circumstances. Often, we frame these beliefs in terms of deficit – what went wrong, what we can't change. Reframing core beliefs to an asset frame can help us make sense of our experiences and practice self-compassion.

Instructions: Have these core beliefs printed or viewable on a device. Identify which feel familiar in the deficit category. Consider how they could be reframed, using the asset category below, or create your own reframed statements.

DEFICIT	ASSET
I am powerless	I accept what I can and cannot control
I have to be in control	I can safely let go of some control
I am responsible	I can recognize appropriate responsibility
I should have done something	I did what I could
I am unlovable / undeserving	I am okay as I am
I am bad / selfish	I can accept myself
I am not good enough	I am good enough
I am going to die	I survived
I am always in danger	I can survive and re-establish safety
I am overwhelmed	I can get through it.

4. Stop, Drop, and Roll

Purpose: An in the moment tool to practice when experiencing trauma activation.
Instructions: If we are experiencing activation in our day to day such as at school, work, on public transit, this simple exercise can help us ground in the moment.

Stop

Whatever you are doing, stop. Take a deep breath. If possible, withdraw to a quieter area.

Drop

Drop back. Pay attention to what you experience in your body.

Where do you see this activation going?

Can you give it permission to go there?

If not, say to yourself "Let's not go where this is headed."

Roll

If in a safe place, roll with what is going on in your body. Resist fighting it, and allow your reaction, such as laughing, shuddering, weeping. Let your body express what it wants.

This exercise was adapted from <u>My Grandmother's Hands: Racialized Trauma and the Pathway to Mending our Hearts and Bodies</u>, by Resmaa Menakem.

4.12 Learning Tool: Building Emotional Vocabularies

Description: A visual that helps explore the range of human emotions and how they relate to one another by practicing self-awareness and reflection.
Emotions are what we experience in response to something in our environment.
   o Feelings are the words we use to describe emotions.
   o Expanded emotional vocabularies help support our emotional intelligence, growth, and self-knowledge.
   o For example, saying we feel angry may be accurate in a general sense, but getting more specific by using a feelings wheel can help us identify a clearer sense of that emotion, such as distant and withdrawn.
   o This helps specify the challenge we are facing, and resources we need for support.

Source: https://feelingswheel.com
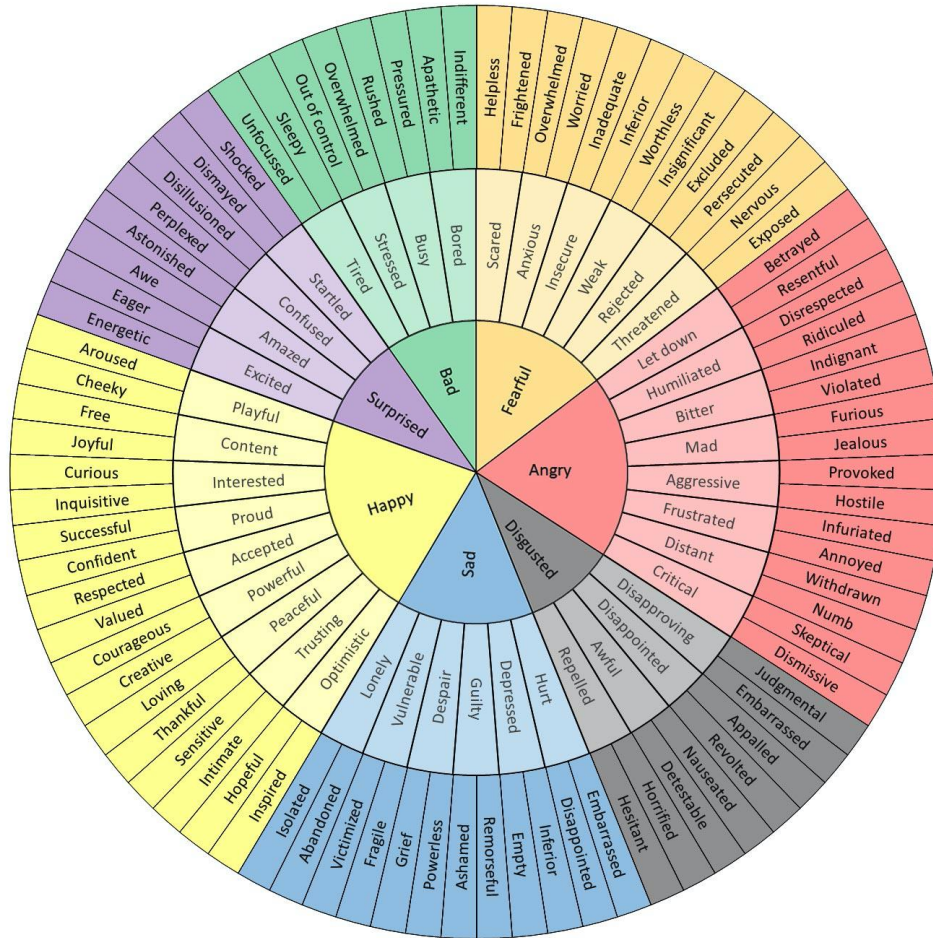
Reflection Questions:

Starting Point	What was the situation, and how did I immediately feel?
Awareness	Looking at the feelings wheel, what in the inner circle resonates with me? Explore the second and third circles of the feelings wheel. What am I specifically feeling? Am I discovering anything new?
Reflection	What emotions do I give myself permission to feel, and which do I restrict? Where do I feel these emotions in my body?

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Section 5: Practitioner and Organizational Trauma Informed Practice

Purpose: Encouraging practitioner and organizational TIP practice through awareness, approaches and strategies, assessments, and resources.

5. Practitioner & Organizational Trauma Informed Practice

Term	Description
Practitioner	In this context, this means a person who engages trauma informed practice in their profession.
Trauma Informed Practice	A strengths-based approach that helps us understand and respond to the impact of trauma.
Vicarious or Secondary Trauma/Stress	Cumulative effect of compassion fatigue because of engaging in close proximity to Survivors of traumatic life events and bearing witness to atrocities and injustices committed against others.
Compassion Fatigue	Negative aspects of providing care to those who have experienced extreme or traumatic stressors, including feeling overwhelmed.
Moral Injury	Psychological distress resulting from actions taken or not taken that violate a person's moral or ethical code.
Traumatic Grief	Grief that overwhelms and does not decrease with time. It is more likely when a loss is sudden or traumatic, or when the grieving person lacks needed coping skills or social support.
Hypervigilance	A state of being constantly on guard for signs of danger and threat.
Counter Transference	In this context, this term refers to unconscious transference based on emotional needs and conflicts from a practitioner's own history and/or current emotional responses when supporting others.
Burnout	Dr. Kim Hires, a leader and author specializing in organizational wellness, defines burnout as the result of long-term unsupported vicarious trauma impacts and compassion fatigue. Being in a constant stressed state doesn't allow us to release stress hormones, so we stay in that elevated state.

Debriefing	When a person or group is supported to reflect on what has happened and acts as a container for practitioners to experience their own feelings and reactions without judgment to make sense of a challenging event.
Intersectional Identities	An individual's identity consists of multiple intersecting factors, including but not limited to, gender identity, gender expression, race, ethnicity, class (past and present), religious beliefs, sexual identity, and sexual expression.
Stress	The response our body makes when a demand occurs; a normal physical response connected to our survival.
Stress Tolerance	The ability to manage stressful situations without getting overwhelmed.
Psychological Safety	Dr. Amy Edmondson, a leader and author in organizational behaviour, defines this as the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes in the workplace, and it is safe for interpersonal risk taking.
Compassion Satisfaction	Feeling satisfied by one's job and from the helping itself. Experiencing invigoration by the work, identifying personal and organizational success, and believing it makes a difference.
Activation	A sensory experience that reminds you of a past trauma. In the past, the term "triggered" has been used to describe this experience.
Compassionate Detachment	Engaging with compassion and helping support from a distance, versus transporting into others' experiences.
Self-Care	A form of valuing ourselves that helps us identify what to do with our time, energy, skills, body, labour, and how to set boundaries.
Self-Medicating	Taking medications or substances outside of a prescription or advice of a medical professional.
Recuperative Self Care	Daily activities and habits that help us process daily stressors and allow us to return to our baseline the next day.
Restorative Self Care	Regular investment in activities, rhythms, relationships, and connections that help refill the output our work requires, increasing our baseline and investing in our longevity.
Self-Compassion	Process of turning our compassion inwards by applying kindness and understanding, rather than self-criticism. We embrace our humanity and prioritize and give ourselves the support and encouragement we need when our work is challenging and difficult.

Values	Basic and fundamental beliefs that guide or motivate our attitudes and actions.
Resilience	The capacity to persevere through and recover from difficulties and adverse experiences.
Trauma Informed Organizations	Organizations that understand the presence of trauma, acknowledge the role it can play in someone's life and impacts to employment, promote work environments that support the individual and collective wellbeing of staff, and actively dismantle systems that penalize trauma recovery.
Individualist Perspectives	A perspective that stresses the importance of individual contributions and qualities. In workplaces, this can look like focusing on personalities, qualifications, competencies, and specific contributions.
Collectivist Perspectives	A perspective that stresses the importance of community. In workplaces, this can look like focusing on the greater good of the organization through a team.
Saviourism	A pattern of viewing people as needing to be rescued, which results in offering help that is self-serving and can be harmful.
Community-Based Practices	A practice where a group comes together who share a common concern, a set of problems, or an interest in a topic and fulfill both individual and group goals.
Values Based Self-Care	Purposeful support of the physical, mental, emotional, and spiritual needs of practitioners rooted in personal and community values.
Radical Self Care	Influenced from the works of Audre Lorde, bell hooks, and Gloria Anzuldúa, it's the assertion that we have the responsibility to take care of ourselves first before attempting to take care of others. It is necessary to fill our cup first, then to give to others from the overflow. This is what gives us the capacity to heal and move forward.

5.1. Introduction

> Rarely, if ever, are any of us healed in isolation.
> Healing is an act of communion.
>
> — bell hooks, All About Love

This framework is primarily focused on the application of trauma informed practice with and for the communities we serve. However, it is equally important for **practitioners** and organizations to build a strong foundation for this work by engaging this practice from the inside out.

- Developing our personal and organizational **trauma informed practice** results in trauma support, workforce health, and sustainable programs.

- We stay present and ground ourselves in a good way in this work through proactively practicing the same approaches we lead others in.

- Organizational TIP practice encompasses leadership, systemic design, processes, actions, and the environments we create.

- Neglecting to authentically integrate trauma informed practice from the inside out is one of the main causes for long-term trauma informed practice challenges.

> Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.
>
> — Audrey Lorde

5.2 Identifying the Impact

Every aspect of our being can be impacted by showing up, witnessing, responding to, and supporting Survivors of trauma.

- Regular interpersonal contact with individuals and communities journeying through trauma can have impacts over time on practitioners and organizations, including:
    - **vicarious trauma**
    - **compassion fatigue**
    - **moral injury**
    - **traumatic grief**
    - **hypervigilance**
    - **counter transference**
    - **burnout**
    - declining practitioner and leadership health and wellness
    - staff turnover

> Trauma is contagious. When a support person experiences, to a lesser degree, similar terror, rage, [and] despair as a victim, the phenomena of traumatic countertransference or vicarious traumatization occurs.
>
> — Judith Herman

Organizational

- The context in which we support others can create additional stressors, including:
    - meeting service demands with limited resources
    - racism, colonialism, ableism, exclusion, systemic and institutional betrayal, and other oppressions actively operating in and outside of our organization
    - uncompetitive wages and benefits due to funding restraints
    - lack of professional **debriefing** and connection with peers
    - competition between organizations for funding
    - reactive versus proactive responses to vicarious and secondary stress
    - limited **trauma informed practice** training

> **When others' traumas traumatize us, we absorb trauma through the eyes and ears of our clients.**
>
> — Becca Johnson

Individuals

- As individuals, we may have additional personal factors that could increase the impact we experience, including:
  - past or present personal experiences of trauma
  - lived experiences within our **intersectional identities** (such as systemic oppression) that mirror what participants are experiencing
  - repeated negative or challenging outcomes for those we support
  - lack of experience that makes it difficult to frame our work within our professional experiences thus far
  - too much experience, such as trauma exposure over long periods of time without respite, that are wearing on us

5.3 Understanding the Impact

It is surprisingly relieving as a community of practice when we truthfully acknowledge the impacts of our work and grow our understanding.

- Let's explore the progression of impact from **stress**, **vicarious trauma** and **compassion fatigue** to **burnout**.

Stress

Stress is the response our body makes when a demand occurs, and is a normal physical reaction connected to our survival.

- We respond to stress by releasing hormones that increase our heart and breathing rates, readying our muscles to respond.

- o   Good stress (eustress) is associated with joy, fulfillment, and achievement
- o   Challenging stress (distress) is prolonged, constant, and may fall outside our toolkit of skills depending on the situation

- Temporary stress is a normal part of the human experience. Prolonged stress causes hormones to keep firing, and over long periods of time it can take a toll on our health, showing up in many ways including but not limited to irritability, headaches, insomnia, and anxiety.

- With a consistent routine **wellness plan**, we can build and maintain our **stress tolerance.**

  - o   Without an active wellness plan, unmanaged stress can progress to serious wellness concerns

> Learning to settle your body is not about reducing stress. It's about increasing your body's ability to manage stress. A settled body invites and accepts efforts to mend it.
>
> — Hannah Gadsby

Vicarious Trauma/Secondary Stress

Stress → Vicarious Trauma → Compassion Fatigue → Burnout

Have we ever helped someone, and noticed we were having difficulty managing our own emotions? Have we gone home after our shift, and found the events of the day are lingering longer than we would like them to? Have we reflected on ourselves a few years ago and noticed a shift in our worldviews today?

- Repeated exposure to trauma can result in a vicarious experience of that trauma, known as **vicarious trauma** or **secondary traumatic stress**.

  - o   Vicarious trauma results from helping a traumatized person, happens in the moment, and builds over time

o It is normal and expected but, like stress, it takes committed discipline to minimize the impacts and acts as a flag for us to pay attention to

Compassion Fatigue

> **Compassion fatigue can be healed and many times even averted if we are mindfully aware of how we are acting in the workplace.**
>
> **— Vidette Todaro-Franceschi**

Stress → **Vicarious Trauma** → **Compassion Fatigue** → **Burnout**

- **Compassion fatigue** can develop through **stress** and **vicarious trauma**, where emotional and physical exhaustion builds.

- It is an extreme state of tension and preoccupation with the suffering of those being helped. We start to feel we are unable to refuel and regenerate as we used to. It could look like:
  o Intrusive thoughts and images of participant circumstances, inability to let go of work
  o Working excessive hours, even when not necessary, or taking more time off than usual
  o Elevated rates of grievances, complaints, and incident reports, "us" versus "them" mentalities in the workplace
  o Shifting worldview of the world as victims and perpetrators
  o Lack of vision for the future
  o Avoiding activities and people we enjoy
  o Secretly **self-medicating**, breaking the rules when no one is looking
  o Increased relationship difficulties outside of work
  o Engaging in saving or rescuing behaviours that may cross boundaries and harm others
  o Feeling incompetent, isolated, impulsive, frustrated, angry, reactive
  o Experiencing an increased perception of risk

- We may notice a shift in our sense of hope or optimism about the future, and the value of our work. On the other hand, we may not notice the impacts until they are compounded, or many occurring at the same time, and we are caught off guard.

- When we witness compassion fatigue in ourselves or others, it's a crucial signpost we can't ignore taking a step back, evaluating ourselves, accessing supports and help, and building a strategy for rest or else it can progress to burnout.

Burnout

We hear the word **burnout** a lot, but it is rarely used correctly and can cause mislabelling and a lack of appropriate support and treatment.

- **Burnout** is the result of long-term unsupported **vicarious trauma** impacts and **compassion fatigue**. Being under constant stress doesn't allow us to release stress hormones, so we stay in elevated states and can burn out.

  o It doesn't happen overnight, but instead through prolonged periods of time where impacts are unaddressed.
  o It often results from chronic workplace stress that has not been successfully managed or from circumstances in our personal lives that are not balancing well at work. Sometimes it can be a combination.
  o Burnout is not an individual failure; it's usually a mismanagement between an organization and the professional to adequately manage workplace stressors, the needs of team members, and set healthy work boundaries.
  o Most experiences of burnout will require the support and involvement of a mental health professional.

- Burnout is caused by a combination of factors, including but not limited to:
  o Lack of **psychological safety** or tolerance for failure in the workplace
  o Constant exposure to oppressive and discriminatory systems
  o Individual approaches that neglect the needs of collectivist communities
  o Colonial approaches of time urgency and scarcity
  o Mismatch between employee skills and job responsibilities
  o Lack of support from colleagues and supervisors
  o Unrealistic expectations
  o Lack of control over one's work environment
  o Limited autonomy and recognition
  o Lack of resources

- o   Job insecurity

- Burnout can look like:
    - o   Mental, physical, spiritual, and emotional exhaustion/depletion
    - o   Chronic discouragement, cynicism, loss of enthusiasm in work
    - o   Significant changes in sleep patterns
    - o   De-personalization of work, strict boundaries put in place to distance ourselves from program participants
    - o   Decreased effectiveness and work performance
    - o   Persistent negative or hopeless attitudes and behaviours about our work

The goal of building awareness is to catch the impacts of **vicarious trauma**, **stress**, and **compassion fatigue** before we get remotely close to **burnout**, and ensure we have a strong proactive foundation of organizational and personal wellness planning that builds authentic **compassion satisfaction.**

> Living organisms are not designed to stay in a chronic stress state.
>
> — Kim Hires

Helpful Links to Explore

- [Professional Quality of Life Assessment](#), Centre for Victims of Torture

    - o   Explore the positive and negative effects of helping those who experience trauma and suffering, and how to improve our ability to help them and invest in our personal wellness. Available in multiple languages

- [The Effect of Stress on Your Body](#), Healthline

    - o   Insightful overview of stress and how it impacts our body

- [A Burst of Light](#), Audre Lord

    - o   A collection of essays to build communities that nurture the spirit

- [When the Body Says No: The Cost of Hidden Stress](), Gabor Maté

  o Learn about the physiological connection between stress, emotions, and body systems governing nerves, immune systems and hormones

- [Time is a Colonial Construct - Here's How I Learned to Reclaim Mine](), Larissa Crawford

  o An Indigenized perspective to deconstructing time scarcity and urgency

- [All About Love: New Visions](), bell hooks

  o Reflections on searching for emotional connection, society's failure to provide a model for learning to love, and a new path towards redemptive, sacred, and healing love

- [Cultural Safety & Countertransference](), Rahim Thawer

  o Thought provoking resource on providing support when we share a similar identity or lived experience, written from the perspective of a self-identified South Asian, Muslim, Queer social worker

- [The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth](), Amy Edmondson

  o Explore the link between psychological safety and high performance by creating workplace cultures that are safe to express ideas, ask questions, and admit mistakes

- [Burnout is Not an Individual Failure](), Dr. Kim Hires

  o A helpful article that explores a more holistic understanding of burnout and leading from courage, health, and innovation

5.4 Compassion Satisfaction
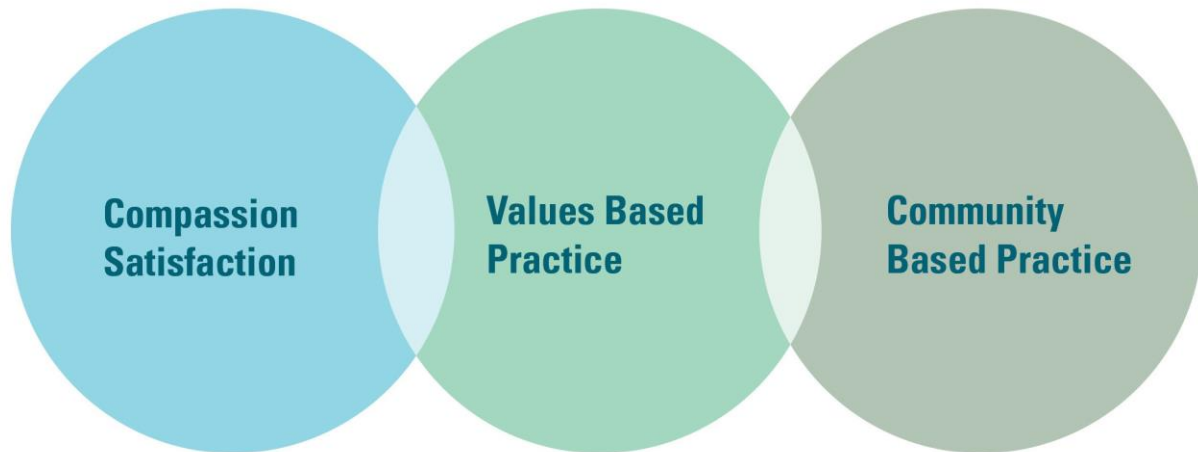
We as practitioners are usually drawn to social services for purposeful reasons, such as making a difference, serving our communities, and bringing about transformative change.

- Yet, this work isn't for the faint of heart. By being exposed to other's traumas, we can absorb their experiences, which is an additional burden most professions don't experience in the same way.

- It can be incredibly challenging to invest and wait for positive outcomes.

- After many years, we can start to wonder why we are doing this work in the first place.

Compassion Satisfaction

Meaning and purpose can be found consistently in our work when we experience **compassion satisfaction**.

- This type of satisfaction helps us feel invigorated by our work, able to process **activation** and impacts, and identifying the difference we are making.

- It is possible, even in highly stressful roles, to experience satisfaction and joy working for your organization, providing services and support, working as an effective team, and much more.

Compassion satisfaction is achieved through strategic organizational investment, and can include:
   - o   Infusing trauma informed practice throughout an organization

- o Supporting and re-visiting professional boundaries regularly
- o Building and maintaining healthy connection to our personal relationships and communities
- o Hybrid work schedules
- o Mindful support of persons with lived experience on teams who may have varying needs for support and training
- o Engaging **compassionate detachment**
- o Culturally rooted **self-care** practices
- o Creating space for recuperation and restoration
- o Practicing **self-compassion**
- o Proactively addressing organizational and systemic challenges
- o Using leadership styles such as servant leadership that build and equip others
- o Setting realistic expectations
- o Celebrating small wins that lead up to big wins
- o Establishing helper ethics

- • On an individual level, we can increase our compassion satisfaction by incorporating and holding ourselves accountable to employ protective strategies that maintain our wellbeing and identifying any unhealthy coping mechanisms.

- • Through time and practice, we can develop an increased sense of strength, self-knowledge, confidence, meaning, spirituality, and connection to others. Think of compassion satisfaction as protective insulation.

Values Based Practice

> **If we are compassion fatigued, reconnecting with ourselves and others can help us to heal.**
>
> — Vidette Todaro-Franceschi

Being connected to our purpose – why we are here, why we chose to serve others, and what fulfills us – is a contributing factor to compassion satisfaction.

- • One of the ways we connect to our purpose is to ground ourselves in our individual and collective **values.**

  - o Values are our basic and fundamental beliefs that guide or motivate our attitudes and actions.

o   They help us to determine what is important to us.
o   Values describe the personal qualities we choose to embody how we treat ourselves, and our interaction with the world around us.
o   They form our general guidelines for conduct and connect us to our personal purpose.

Helpful Links to Explore

- [What Are Your Values?](#), Mind Tools

    o   Uncover your values, how they can help you, and suggestions to meaningfully integrate them.

- [Motivational Style Assessment](#), Marcia L. Conner

    o   Build self-awareness of what motivates you in your work, such as goals, relationships, and learning.

Community Based Practice

> **The value of wholeness speaks to the totality of creation, the group as opposed to the individual, the forest as opposed to the individual trees.**
>
> — Leroy Little Bear

In post-colonized North America, work is often viewed through an **individualist perspective** where we are measured by our individual contributions.

o   This can create isolation and loneliness, limit our perspectives, and make it harder to achieve trauma informed outcomes as they are often achieved through relationship and community.

o   Individualist approaches can also lead to **saviourism,** where we see others as needing to be rescued and our help is self-serving.

- Engaging a **collectivist** approach, or cultivating our work from **community-based practices**, can have numerous benefits, including:
    o   Decreasing a sense of isolation through teamwork and isolation
    o   Focusing on the common good that connects us to the bigger picture
    o   Engaging community decision making that identifies better solutions

- o Building trust and relationship with others when we depend and rely on one another
- o Spreading accountability across a larger group of people

- How do we build our community-based practice?
  - o It could look like intentional steps in your organization such as co-leadership models, sharing meals together with your team, seeking external mentorship, joining a professional association, and much more.

- Another example of community-based practice is shifting our approach from saving or saviourism to supporting and serving others. Explore the difference between the two below:

Saving/Saviourism	Supporting/Serving
Personal advice offered in crisis with no time limit, overextension of personal resources.	Professional service offered with compassion that has a time limit. Works in collaboration with others, shares case work, and engages in regular debriefing with team.
Works alone, struggles to collaborate with others, has a sense of "owning" a program participant's care. Resists accountability. Often confrontational to get what is needed.	Chooses to work from a place of health and joy. Accountable to others, especially for one-on-one interactions
Takes responsibility for others' actions. Feels a sense of panic about a participant's outcomes. Meaning in career solely tied to positive feedback and participant outcomes.	Finds meaning in serving. Celebrates the small wins leading up to the big wins.
Diminishing personal life and poor sleep hygiene. Rarely takes time off except when completely depleted.	Has a fully formed personal life outside of work. Takes all holidays each year, invests in personal relationships, and only works overtime when necessary.

- If we find ourselves carrying the weight of the world on our shoulders, this is an indication we need to adjust and re-align with a **values**-centered, **community-based practice,** where we can build **compassion satisfaction** together.

> **Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect.**
>
> **— Chief Seattle**

Helpful Links to Explore

- [The Ethics of Helping](#), Crisis & Trauma Resource Institute

  - Overview of values and beliefs that can guide our choices and actions including key areas of helping ethics such as confidentiality, consent, conflicts of interest, duty to report, and more.

- [What is a Community of Practice](#), Creating Communities of Practice

  - Familiarize yourself with some fundamentals of community-based practice, including common goals, shared problems, interest in coming together, and a willingness to learn from others.

- [Servant Leadership](#), Greenleaf Institute

  - Unpack the servant leadership approach that frames how to support the needs of others and resist saviourism.

- [Three Non-Profits Share Their Approaches to Co-Leadership](#), The Bridgespan Group

  - Learn from three programs who have adopted a co-leadership model, and how that has impacted their work.

> **A servant-leader focuses primarily on the growth and well-being of people and the communities to which they belong. While traditional leadership generally involves the accumulation and exercise of power by one at the 'top of the pyramid', servant leadership is different. The servant-leader shares power, puts the needs of others first and helps people develop and perform as highly as possible.**
>
> **— Robert Greenleaf**

5.5 Taking Care of Ourselves

Resilience

Resilience is the capacity to recover quickly from difficulties. It means we can stretch, spring back, and go forward stronger than before.

- o It's a form of protection that prepares us to overcome threats and trauma.
- o It's an ability to adapt well to distress, adversity, trauma, stress, and anxiety, and results in positive outcomes like self-esteem, curiosity, satisfying relationships, and a repertoire of problem-solving skills.
- o Research has shown that social service work requires an active engagement of strategies to stay whole and healthy.
- o Passive expectance of wellness is a strong risk factor when helping others.

> **Healing is a practice. It's not a one-time thing or an idea. If I get up and do a bunch of exercises and repeat them, over time my muscles will get stronger. Healing is a practice just like that.**
>
> **— Marnita Schroedl**

We can become resilient practitioners through 5 key areas:

Explore our personal and collective motivations and values for doing this work

Identify an appropriate practice framework

Acknowledge and **accept** the characteristics of our field and the populations we serve

Proactively build our personal wellness strategies and compassion satisfaction

Engage in a regular routine of recuperative and restorative self care

Did We Know?

The difference between **resilience** and **self-care** is that one is a capacity, another is a way of life.

> Self-care is the constant practice of not letting more pain accumulate. It is about continually remembering that our lives are of value. It is the active process of settling our nervous systems so that we have more access to the present moment.
>
> — Susan Raffo

Self-Care

Self-care is another term talked about often. For many reasons, it sounds like a good idea in theory, but many find it difficult to practice.

- Self-care is a form of valuing ourselves, which helps us value and prioritize our time, energy, skills, body, labour, and set boundaries.

- The culmination of self-care is community care because, when we take care of ourselves, we can healthily take care of others.

- As an organization, a tangible application of trauma informed practice could look like booking time into your team's daily schedule for self-care, as a group or individually, to support long term wellness in their roles.

- There are many self-care activities, but not all of them refresh us the way that we hope. It can be helpful to explore two different kinds of self-care:

   o **Recuperative self-care** is what we do to recuperate from our work, to come down from the energy and adrenaline, and to bring ourselves back to a **window of tolerance/baseline** based on our previous day's wellness. It often looks like short-term, daily commitments.

      o Examples of recuperative self-care could include taking a walk at lunch, cooking together with your family, attending a place of worship, scheduling an extra day off after a long weekend, drinking a cup of decaf chai, playing with small children or a pet, taking a bath or steam, socializing with work colleagues, working out at the gym, taking a break from social media for an evening, going to bed early, journaling, listening to an educational podcast, and much more.

   o **Restorative self-care** is what we do that refills the void our work requires, that truly refreshes us and brings us life. It requires a longer-term scheduled commitment, such as once a month.

      o Examples could include extended time in nature, working on a personal hobby such as woodworking, creating art, taking regular scheduled vacation time from work, gardening, spending time with adult children, playing on a sports team, meditating, attending a spiritual retreat, and much more.

      o This type of self-care can be difficult if you have limited time, such as working multiple jobs or having dependents relying on you. It is helpful to strategize ahead of time and schedule restorative self-care quarterly that invests in your wellness.

o Creative workarounds could include integration at your job (such as suggesting a wellness day at work) or participation with your dependents (such as bringing your children on a light hike).

- It is common to engage in recuperative self-care but ignore restorative self-care. Ensuring that we invest time into both types of self-care supports our wellness long term and helps us build our resilience capacity.

- Explore our learning tools to identify your current self-care practices, and how you can grow recuperation and restoration, expand your self-care activities, and build your personal wellness action plan.

> **The principle of self-care is linked to the idea that we feel emotions, not only because we are human, but also because we live in community and are constantly relating to other people.**
>
> — **The Mesoamerican Women Human Rights Defenders Initiative**

Helpful Links to Explore

- [Self Care is a Way of Life, Not an Activity](#), Ani Bernard

  o An evolved perspective of self-care framed within valuing ourselves and the communities we care for.

- [Self-Compassion Resources](#), Dr. Kristen Neff

  o Guided audio practices and exercises looking at topics like protective self-compassion, challenging critical self-talk, and identifying what we really want in our work.

- [Self-Care as a Radical Act of Liberation](#), Compass Point

  o African and Indigenous ancestral perspectives on self-care practice from a racial equity and liberation perspective, including morning chants, root cause exploration, and reclaiming personal magic through the mind, body and spirit.

- [Work-Life Boundaries](#), Centre for Victims of Torture

  - A guide that helps us invest in our social support networks and personal resources healthy so we can bring our most focused, engaged, energetic selves to our work. Available in multiple languages.

- [Indigenizing Movement](#), Well for Culture

  - Physical wellness and fitness from an Indigenized, values-based perspective, with a focus on taking care of ourselves to take care of others. Videos and tutorials include seven basic movement patterns, rez gym, and much more.

- [Qigong Channel](#), YouTube

  - Learn to harness the power of breath, movement, and intention setting to create health and balance within the body through a foundational component of traditional Chinese medicine (TCM).

- [Compassionate Body Scan](#), Ruttenberg Treatment Centre

  - Incline the mind and nervous system through a guided meditation focused on relaxation.

- [Sound Bathing Channel](#), YouTube

  - Enjoy an experience bathed in sound waves produced from various sources, including singing bowls, gongs, percussion, chimes, rattles, and tuning forks.

- [Pocketwell App](#), Wellness Together Canada

  - Free resources funded by the Canadian Government to support mental wellness and substance support, including access to peer support counseling 24/7.

> Health is not simply the absence of illness. Real health is the will to overcome every form of adversity and use even the worst of circumstances as a springboard for new growth and development. Simply put, the essence of health is the constant renewal and rejuvenation of life.
>
> — Daiksu Ikeda

5.6 Learning Tool: Recuperative and Restorative Self Care

Description: An assessment of recuperative and restorative self-care for the practitioner.

Instructions

1. Create a list of current activities and practices you engage in for self-care.
2. Determine which are recuperative, and which are restorative.
3. Do you have enough restorative self-care in your life? What could you adjust to ensure you have a balance of recuperative and restorative practices?

Current Self Care Activities and Practices I Engage in for My Wellness	
Recuperative Activities	**Restorative Activities**
What we do to recuperate from our work, to come down from the energy and adrenaline of the day and return to our baseline based on our previous day's wellness.	What we do that refills the void our work requires, that truly refreshes us and brings us life.

5.7 Learning Tool: Personal Wellness Plan

Description: **Wellness plans** are evidence-based, personalized systems used worldwide to manage and support personal wellness.

- Employees complete these and share them with a manager or team where appropriate and keep them on file at work for easy access.

My Personal Wellness Action Plan	
Name:	Date:
Question	**Response**
1. How do I work best? ○ For example: preference for face to face over email, having access to a mentor to ask questions, clear deadlines if I tend to overwork, higher energy in the morning for more complex tasks	
2. What helps me stay mentally healthy at work? ○ For example: taking adequate breaks, getting exercise before or after work, light and space in office, consuming energy sustaining foods	
3. What can my supervisor do to proactively support me to stay mentally healthy at work? ○ For example: regular supervision, team collaboration, flexible work patterns,	

training and development opportunities, building my network	
4. What situations at work negatively impact my personal wellness? o For example: organizational change, lack of communication, conflict at work, consistent negative outcomes	
5. How might experiencing negative personal wellness impact my work? o For example: difficulty making decisions, avoidance of program participants, struggling to prioritize work tasks, difficulty with concentration	
6. What warning signs are noticeable if I am experiencing negative personal wellness? o For example: withdrawing from colleagues, taking excessive time away, poor nutrition, engaging in workplace gossip	

7. **What support could be put in place to minimize activation and help me manage the impact of my work?** ○ For example: extra catch-up time with supervisor monthly, guidance on prioritizing workload, reasonable flexibility adjustments, pre-scheduled team wellness days	
8. **If my team notices early warning signs that I am not doing well, what could they do?** ○ For example: speak with me discreetly, enforce breaks and vacation policies	
9. **Additional Notes:**	

5.8 Learning Tool: Practitioner Affirmations

Description: Practitioner focused affirmations that align our internal narratives to kind, compassionate truth.

- The internal story we tell ourselves is powerful. This exercise is designed to root us firmly in the truth of our being, and to positively affirm why we do what we do.

- Select from this list affirmations that resonate for you or develop a few of your own. These can be practiced daily (such as in the morning or evening).

- We recommend changing the "I" statements to "we" to practice with a team at work.
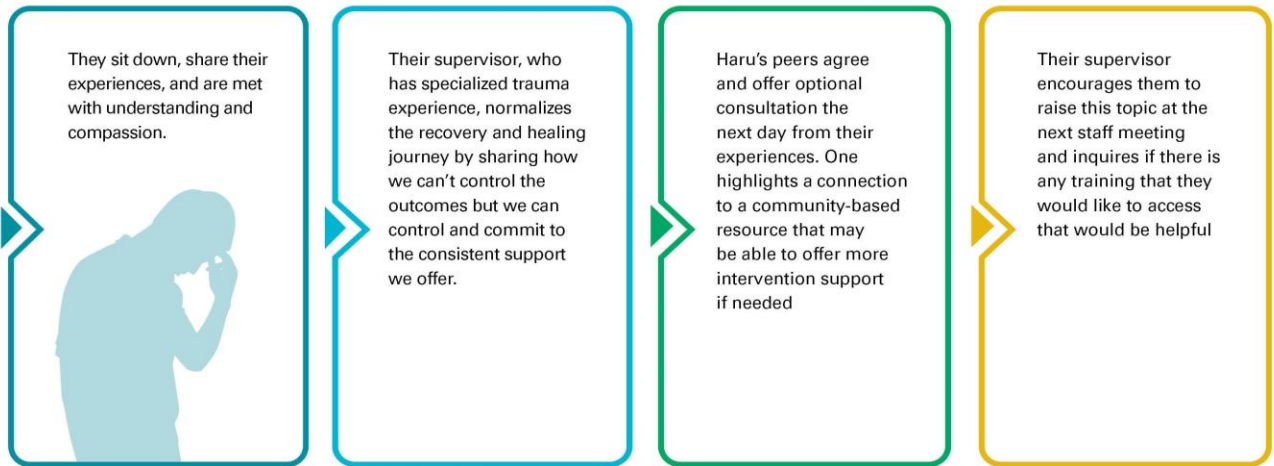
Affirmations

I have so much to contribute to others, and I choose to practice from joy, energy, and hope.	I give myself permission to take care of myself, thrive, and succeed long term.
There is no limit to what I can do or learn.	I work with purpose and passion towards my vision.
I am both who I am, but also who I am becoming.	I will not allow what others think of me to define who I am.
I have perfection, even in my flaws and hard days. I am enough.	I learn from the past, from my leaders, and from those I serve.
I have unique and special talents to do this work.	I care for the people I support and I have a purpose to help people.
I build healthy relationships and address conflict assertively.	I have people who love and care for me. I do this work standing on their shoulders.
I've overcome challenges in the past and I can do it again.	There are people and resources to support me to perform my work better. I can reach out to my community.
I cannot solve every problem, but I am willing to show up and serve others.	Every day I am getting better at what I do.
I welcome challenges in my life as opportunities to grow.	No matter what happens today, I will stay connected to my joy and compassion satisfaction.

5.9 TIP Infused Organizations

Case Study → Haru* had a challenging month at work. Two of their youth outreach program participants who are siblings are not doing well. Haru continually offers support and collaboratively plans with them, but after each meeting they continue to make choices to re-engage with a local gang. Haru comes back to the office at the end of the day to complete their case notes feeling deflated.

- Haru is greeted by two members of their team who notice their body language and ask if there is anything they want to debrief for the day.

They sit down, share their experiences, and are met with understanding and compassion.

→ Their supervisor, who has specialized trauma experience, normalizes the recovery and healing journey by sharing how we can't control the outcomes but we can control and commit to the consistent support we offer.

→ Haru's peers agree and offer optional consultation the next day from their experiences. One highlights a connection to a community-based resource that may be able to offer more intervention support if needed

→ Their supervisor encourages them to raise this topic at the next staff meeting and inquires if there is any training that they would like to access that would be helpful

This story is fictional for learning purposes and designed as a tableau based on mutliple real life experiences from practitioners.

Indications of Trauma Informed Practice in Action

Haru's experience highlights just a few indicators of a trauma informed organization.

- There are a variety of ways we can assess our organization and grow its **trauma informed practice** (TIP) one step at a time, including:

Policy and Program Mandates
• Clear written policy statements relating to TIP • Program models include a commitment to TIP • Mindful design and support for persons with live experience to work and thrive on teams

Working Environment
• Integrate wellness and opportunities to cope and ground into workplace rhythms, such as meditation minutes, lunch room yoga, wellness oriented events and team building • Encourage community gathering, such as sharing meals, attending events in the field, and touring other programs

Evidence-Informed Practices
• Services offered are strength and community-based • Teams are aware of organizations and resources in the community and provided regular learning opportunities to expand their network of resources

Leadership
• Leadership takes time to understand the work of direct care staff and volunteers • Ensures resources, budgets, schedules, case loads, and hours are conducive to balance the needs of program participants and staff/volunteers • Supervision is offered to all staff who work with program participants with the trauma histories who is trained in understanding trauma

Collaboration
• Shared decision making and democratic principles are used within teams • Team members are encouraged to voice suggestions, feedback, and ideas • Regular, structured time together is scheduled, impact debriefing offered

Training
• Staff receive ongoing training on topics related to trauma informed practice, including the links between mental health, substance use, trauma, cultural safety, communication and relationship skills, minimizing traumatization, vicarious trauma, awareness of specialized services of diverse communities

Normalizing Struggle
• Encourage help-seeking behaviours, validating a no shame approach in coming forward • Provide regular information on available workplace benefits

Helpful Links to Explore

- Trauma Informed Workplace Assessment, Crisis & Trauma Resource Institute

    o A five-minute organizational assessment that helps us evaluate, understand, and discuss how our organizations can become more trauma-informed.

- Trauma Informed Organizational Checklist, BC Trauma Informed Practice Guide (pgs 46-57)

    o Reviews eight areas organizations can grow in trauma informed practice including program mandates, leadership, hiring practices, training for staff, support and supervision, screening and assessment, policies and procedures, monitoring and evaluation.
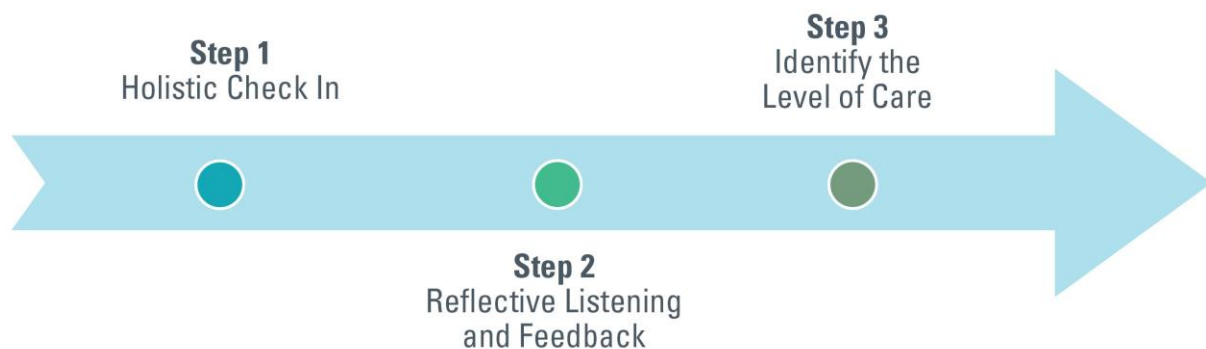
5.10 Learning Tool: Team Impact Debriefing

Description: A simplified impact debriefing template to grow internal team support practices after incidents or prolonged exposure to **vicarious trauma**.

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- The goal of impact **debriefing** is to provide support and stability to individuals involved in a critical or traumatic incident, or the impacts of vicarious trauma over time.

    o It involves a group or individual impacted and at least one other person to host debrief
    o Impact debriefing is not intended to be a replacement for trauma focused therapy; instead, it is a person-centered approach to acknowledging impact, reflecting on our feelings and reactions without judgment, and making sense of a crisis or disturbing event.
    o Although this tool is a general example, impact **debriefing** can take many cultural forms such as an Indigenous healing circle.

- When do we need to debrief?
    o If we are feeling shaky, nervous, numb, disconnected, repeating aspects of the situation in our mind.
    o If we notice we are emotionally charged, unable to ground, feeling distracted or unable to focus, agitated.

Step 1
Holistic Check In

Step 3
Identify the
Level of Care

Step 2
Reflective Listening
and Feedback

Step 1: Holistic Check-In

Activity	Suggestions
Find a quiet setting for a committed amount of time for debriefing	- Consider a change of scenery, such as outdoors, a different room in your organization's office, sitting on a yoga mat. - Debriefing can occur in as short as 15 minutes or up to 1½ hours, depending on the circumstance and amount of people debriefing.
Identify a safe group to participate	Consider how to keep the debrief private yet engaging the wider community where possible (eg. other co-workers, supervisors, and/or a community member such as an Elder to support a community-based approach).
Start by engaging in a grounding exercise of some kind	Grounding activities could include deep breathing, listening to a short, guided meditation online and much more.
Open by setting the purpose of debriefing to connect, support, and be in solidarity, not go over all the details	- Encourage folks to share using "I" statements referencing their own direct experience, rather than getting lost in the details of the situation. - Should a person desire to revisit traumatic details in depth, a trauma focused specialist, such as a clinical therapist, may be a helpful recommendation.
Ask how each person is doing in relation to the event	- An opening question could look like: "We have a commitment to care for each other. What was the impact of this event on you?" - Consider asking about impact from four perspectives: 1. Physical 2. Emotional 3. Mental 4. Spiritual, or Sense of Connection

Step 2: Reflective Listening and Feedback

Activity	Suggestions
Support participants to feel validated and understood by engaging reflective listening and trauma informed feedback **Affirm how they handled themselves in a challenging situation**	Reflective statements look like: - I hear you - We acknowledge what you shared - We recognize how unsettling that was Examples of exploratory questions: - What did we do right? - What do we need to do differently? - How do you take care of yourself in this type of situation? - Is there any other support you need right now? - What do next steps for us look like?

Step 3: Identify Level of Care	
Activity	**Suggestions**
Support participants to identify next steps in their care: internal, external, bigger picture	Internal: What can you/we do that will support you to process this experience today? • Examples could include physical activity, stress reduction techniques, building in time outs and time off, processing events such as memorials External: Is there any external formal support that you may need? • Examples could include one-on-one help, peer support groups, seeking professional clinical supervision Bigger Picture: Long term, what can this circumstance teach us, or how could we grow from it? • Examples could include setting goals, connecting to spirituality, taking time to stop and reflect
Close in a good way, inviting participants to engage	Consider facilitating a closing circle. Examples could include: • Inviting folks to share in a circle one takeaway from the day • Asking someone in the room to close, such as an Elder • Completing a grounding exercise together

Learn more about impact debriefing from The Impact Debriefing: Essential Tool, Yvette Perreault, from which this resource has been adapted.

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Section 6: Ethical Storytelling and Lived Experience Inclusion

Purpose: Learn foundational practices in storytelling and ethics that supports trauma informed practice, understand risk and how to protect the sacred, explore models of lived experience inclusion, and build effective feedback and integration

6. Ethical Storytelling and Lived Experience Inclusion

Term	Description
Sacred	Highly valued and important, entitled to reverence and respect.
Experiential Immersion	Discovering ourselves within a story narrative and having an emotional experience.
Narrative Stories	An account of a series of related events of experiences.
First Person Storytelling	Stories shared by a person or group in their own words, their own way, based on their lived experiences.
Voyeuristic Consumption	Distanced, objectified, and/or erotic consumption of story.
Hero Theft	When a second person storyteller robs the narrative of a first person storyteller.
Second Person Storytelling	Those who share others' stories, such as an organization, parent, or business.
Third Person Storytelling	Those who distribute others' stories, such as through social media.
Consumer/Audience	Those who consume stories such as a specific audience or the general public.
Psychological Safety	Dr. Amy Edmondson, a leader and author in organizational behaviour, defines this as the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes in the workplace, and it is safe for interpersonal risk taking.
Trauma Informed Storytelling	Story sharing in ways that are safe and healthy for the storytellers and the audience.
Ethical Storytelling	A set of guidelines and ethics in how we tell the stories of others and ourselves.

Consumption Goal	What we want our audience to understand, engage with, and act on through our storytelling.
Asset Based Framing	Where people are defined by their aspirations and contributions in story.
Deficit Based Framing	Where people are defined by their problems in story.
Unethical Storytelling	Storytelling that neglects to think critically and design storytelling processes ethically, and instead employs exploitative, invasive, extractive, and irresponsible tactics.
Coerced Advocacy	When persons with lived experience are forced or tricked into becoming the face of an issue in a way that ends up causing significant personal risk.
Emotional Labour	Underappreciated mental activity associated with work.
Learning Outcomes	Measurables of what we expect an audience/consumer to acquire by the end of a story.
Lived Experience	A term belonging to people with firsthand knowledge and experience of an event or identity, rather than assumptions and constructs from other people, research, media, or being in close proximity to someone with lived experience.
Lived Expertise	Knowledge, perspectives, insights, and understanding gathered through lived experience.
Meaningful Inclusion	Ensuring that people who are or have been impacted by an issue are involved in developing, implementing, and evaluating the effectiveness of strategies to address the issue.
Equity	The process of ensuring that practices and programs are impartial, fair, and provide equal possible outcomes for every individual.
Feedback Loops	Continuous, intentional processes put in place to invite feedback and input that demonstrate transparency in what happens with that feedback.

6.1 Importance of Storytelling

> **We are all story. We are the stories we are told and we are the stories we tell ourselves. Stories are not part of your culture. Your culture is story.**
>
> — Harold R. Johnson

Role of Storytelling

Stories are incredibly important. They are interactive, relational, cultural, and historical.

- Our human existence is built on many stories in oral, sign, pictorial, song, and written form, ever increasing in today's digital, virtual, and meta landscape.

  o Communities and cultures have their own storytelling approaches

  o There is incredible diversity in story. Some stories focus on exact repetition or representation of an event or text, while others are playful, creative, evolving, and even spontaneous

- Storytelling is **sacred**, or that which must be held precious, respected, and revered. It has the capacity to heal, to reveal truth, and transform, but it can also be used to harm.

- Because of this, stories of our work require our respect and care.

> **There is not, there has never been anywhere, any people without narrative; all classes, all human groups, have their stories. Like life itself, it is there, international, transhistorical, transcultural.**
>
> — Roland Barthes

What Happens in Story

Stories help us organize our experiences, gain perspectives, make evaluations, and find ways to make them relevant to our experiences.

- Particularly effective stories cause **experiential immersion**, where we discover ourselves within the narrative and have an emotional experience, and there is a connection between the storyteller and the audience.

Questions For Reflection

- Do we as an organization view stories as sacred?

- How far do the stories we tell immerse or transport audiences into sensitive and traumatic subject matter?

6.2 Demand for Storytelling

There is an increasing demand for storytelling in topics of limited public awareness, including gangs, gang violence, human trafficking, and organized crime.

- There is pressure to prove what is happening in communities, put faces to issues, advocate for resources, show the impact of money invested, and build empathy and connection.

- Stories are being told in the social service field in varying ways, including:
  - Awareness events and campaigns
  - Media profiles and releases
  - Case studies
  - Educational courses
  - Fundraising
  - Advocacy and lobbying
  - Government consultations
  - Grant applications and reports

- It's also common that stories are used in the process of service delivery such as sharing an example, the inspiring journey of another person, or a personal connection to what a participant is going through.

6.3 Types of Storytelling

Types of Stories

> **Some stories are just for fun, while others have powerful teachings. Some stories may be owned by individuals, clans, and families, some belong to the public domain, being available for anyone to tell. My appreciation for cultural values of respect, responsibility, reciprocity, and reverence embedded in Indigenous stories did not occur until I let the Elder's teachings about storywork guide me.**
>
> **— Q'um Q'um Xiiem (Jo-ann Archibald)**

There are many types of stories, and it's helpful to reflect on the stories we as an organization are telling, such as:

Folklore, Legends	Traditional stories passed through generations preserved amongst a group of people
Autobiographical, Memoirs	An account of a person's lived experience
Personal Essays	Reflections of internal processes and thoughts
Critical	Comments on an aspect of society and larger cultural contexts
Fiction	Use of imaginary events and people
Semi-fiction	Elements of both real events and fictional details for a purpose, such as protecting someone's identifying details
Non-Fiction	Factual and true information involving real events, people, places and ideas

Story Themes

Stories can fall within a series of overarching themes and lessons, such as:
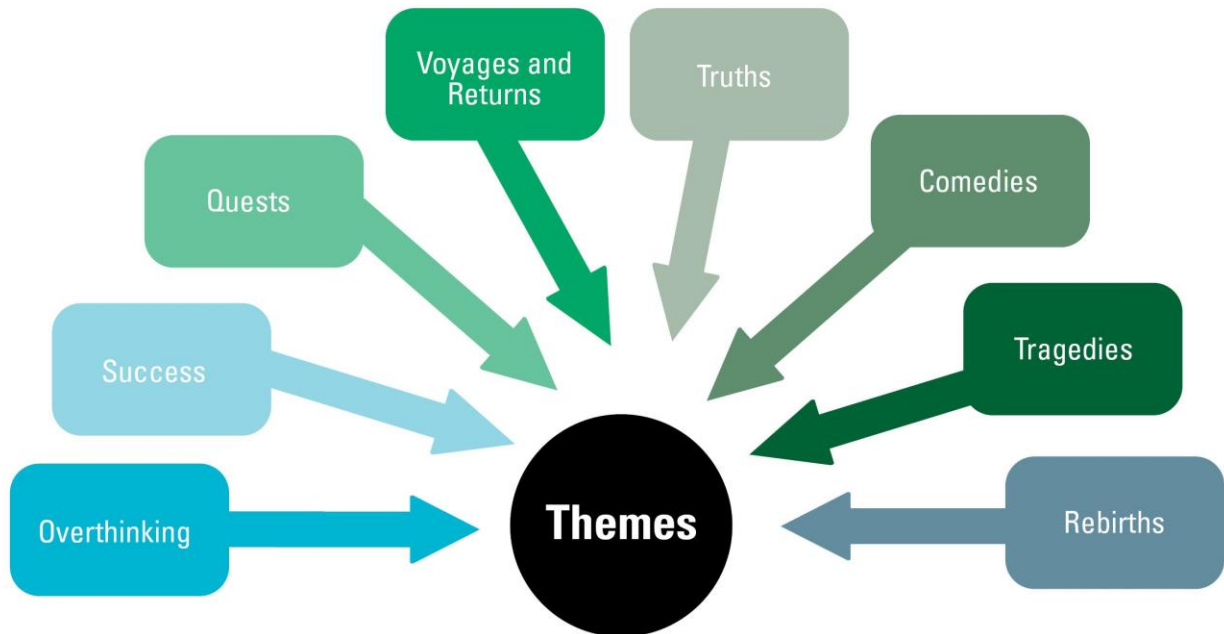
- It's important to pay attention to themes, as we may unintentionally apply a theme to a story that diminishes its truth (eg. framing a story as a tragedy when it's really a story of overcoming).

Storytelling Points of View

In **narrative stories**, there are multiple lenses to consider:

First Person	Second Person	Third Person	Consumer/Audience
Told by a person or group in their own words, their own way, based on their lived experiences	Those who tell others' stories, such as an organization, parent, business	Those who share and distribute others' stories, such as through social media	Those who consume stories such as a specific audience, or the general public

- **First person storytelling** is important and requires great care.
  - Lived experience communities may desire to share stories from their perspectives and in their own ways.

- As an organization, there are many ways to explore this and centre the lived experiences of others in relation to our work. This requires a de-centering of our own narratives.

- **Second person storytelling** can have a variety of meaningful functions.
  - For example, persons with lived experience may not always feel comfortable sharing in their own words or having their name or face attached to an issue or program, but are willing to contribute to projects shared by second person storytellers, such as an organization or advocacy group.

- **Third person storytelling** and your **consumers/audience** are important to consider in crafting and sharing stories.
  - For example, a story going viral online often has little to do with the first- and second-person storytellers, and instead relies on the third person storytellers who share content across large platforms that can reach larger and sometimes unintended audiences.

Questions For Reflection

- Is this story and its underlying themes appropriate to be told?

- Should this story be told in first or second person?

- If second person, how are first person storytellers being respected, included, and supported?

- Who is this story designed for?

- Who could share this story?

Trauma Informed Storytelling

Trauma informed practice applies to storytelling, as some stories process and share trauma.

- We can lean on trauma informed values we have learned so far, including awareness, safety, trustworthiness, choice, collaboration, and connection.

- This practically could look like:

  - Awareness of power imbalances and how storytelling requests may cause program participants to feel obligated to participate.

  - Engaging proactive safety planning, as we recognize sharing stories can feel vulnerable and may activate past trauma and hardship.

- Centering the lived experiences of others in the storytelling process from the beginning.

- Offering multiple options and opportunities to engage with a focus on accessibility.

- Creating space and permission for participants to reschedule, take breaks, end involvement, and set boundaries, all without consequence.

- Recognizing that for some, the storytelling process is often more important and meaningful than the end result, and can be a powerful tool of healing.

- **Trauma informed storytelling** engages in story sharing in ways that are safe and healthy for the storytellers and the audience, and we learn how do this through growing our practice of **ethical storytelling**.

6.4 Ethical Storytelling

> We become the stories we are told and the stories we tell ourselves. The important story is our own life story. That story isn't independent from the stories dominant society tells us. There is an intermingling of my life story and the stories available to me, and the shared stories that structure our society put real limits on the stories I am able to tell myself.
>
> — Harold R. Johnson

Ethical Stories

What is an ethical story?

- Ethical stories have informed and living consent
- Are honest without being graphic
- Are educational and well researched
- Result in responsible engagement
- Inspire engagement, not shock

- Ethical stories challenge assumptions, generalizations and stereotypes, humanize issues and create bridges, build community based on shared humanity, develop empathy and understanding, and expand perspectives.

- Ethical stories are considerate of the entire lifecycle of the story, from materials to production, distribution, and impact.

Materials	Production	Distribution	Impact
Our understanding of the issue, who needs to be involved, our consumption goal.	How we develop the story, risks, consent, compensation, treatment of time, representation	Where it is shared Who it is consumed by	The short and long term impact of the story on the storytellers and community

Proactively Assessing Risk

The type of storytelling we may engage in as social service professionals often includes marginalized communities and traumatic content that may be distressing for others to hear.

- It is crucial that we proactively assess risks ahead of time, instead of letting it happen later and causing damage. Examples include:
    - Whether to include names, identifiers (such as images), and locations
    - What the risk of exposure is to participants
    - How participation could raise personal safety concerns
    - How the story is just, diverse, inclusive, equitable, and accessible
    - How lived experience is supported and empowered in the process
    - The overall **consumption goals**

Well Researched

Does your organization have the knowledge, skill set, lived experience, and/or credibility to tell this story? Does your story do right by and honour the communities involved?

- Stories that dive into sensitive topics require nothing less than thorough research involving multiple perspectives that are free of sensationalism, misinformation, and inaccuracy.

- Well researched stories result in long term engagement instead of relying on shock. We can do this by:
    - Reviewing literature, studies, and reports in your topic areas
    - Understanding and listening to what current narratives exist that are damaging to the communities involved
    - Engaging in lived experience consultation
    - Evaluating **learning outcomes** in our messaging

Collaborative

Great storytelling can be dynamic, collaborative processes.

- Meaningful stories explore collaborative storytelling processes with individuals and communities when a storytelling opportunity arises, such as:
    - What do you/does your community want to share?
    - What do you/does your community not want to share?
    - What in this process is affirming/life giving for you?
    - What requires sensitivity that we should be aware of?
    - How do you want to craft your story? What are your key messages?
    - What concerns do you have with our process?
    - How can we best accommodate you/your community?
    - What would be the best outcome from this story?

> We are all storytellers. Whether we realize it or not, we all share stories with our families, lovers, friends, strangers—we share pieces of our puzzle with different people. And we all have a right to decide how and when our stories are shared.
>
> — Our Climate Voices

Treatment of Time

It can be tempting to present time in stories in a linear way with a satisfying conclusion, which forces a success story. Here's an example:

Case Study

Raj* applied to join our co-op program. He completed courses and now is launching a business with his family.

This story is a quick snapshot of Raj's journey. However, most stories are complex, multi-faceted, abstract, and are in process without a satisfying conclusion. It is important we tell stories honestly. Some stories are best told in parts or chapters versus a condensed short version.

Story 1 Reframed:

Raj applied to join our co-op program. For two years he dedicated himself to working evenings and weekends. He faced systemic challenges in finding financing for his business idea as a person of colour. He continues to build his business plan with the right investors and is currently seeking a mentor.

This story is fictional for learning purposes and designed as a tableau based on mutliple real life experiences from practitioners.

Informed and Living Consent

As an organization sharing people's sacred stories, we check in every step of the way to ensure that we continue to honour exactly how each storyteller wants their own lived experience to be shared. This includes the right to withdraw at any time – we can change our minds.

— Our Climate Voices

It is crucial to honour enthusiastic consent as a living and ongoing process.

- This means clear informed consent forms written in plain language that both thoroughly explain the storytelling process, including distribution and intended impact, and give options to remove or adjust consent as time goes on.

- **Living consent** releases power to own and distribute stories and instead follows the needs and desires of the storytellers.

  - This may look like recognizing a story shouldn't be shared, or leaving out parts of a story because it no longer resonates with the storyteller or it causes a safety risk.

  - It could also look like removing a published story at the request of a storyteller.

  - **Living consent** requires **second person storytellers** to earn an enthusiastic yes throughout the process, not just at one moment in time.

Dignified

Similar to trauma informed language, **ethical stories** use **asset-based framing**, where participants are defined by their aspirations and contributions, versus a **deficit-based framing** where people are defined by their problems.

- Stories that are dignified include:
    - Critical examination of bias, saviourism, and assumptions
    - Defer to the story sharer's knowledge and consider allowing veto-power
    - Remove or adjust unflattering or embarrassing details, images, or moments on film or audio
    - Ensure folks with lived experience are happy with how they are represented and can review all content before published

Consumption Goal

Ethical storytellers reflect on what we intend our audience to do with our stories, or our **consumption goal.**

- Critical questions include:
  - Who is our intended audience?
  - When they consume our story, what do we want them to feel, think, or do?
  - How does this story relate to other people's experiences?
  - What action/inaction does our story inspire them to take?
  - Have we told the story honestly, educated our audience, and contributed to engagement?
  - How can this story create change?

Helpful Links to Explore

- [The Power of Story: On Truth, The Trickster, and New Fictions for a New Era](), Harold R. Johnson

- Journey through the role of storytelling in every aspect of human life and how we can direct its potential to re-create and reform the life we share from an Indigenous perspective

- [7 Principles of Ethical Storytelling](#), Our Climate Voices

    - Explore the practices of an organization that seeks to honour communities' storytelling

- [Indigenous Storywork: Educating the Heart, Mind, Body, Spirit](#), Q'um Q'um Xiiem (Jo-ann Archibald)

    - Working closely with Coast Salish Elders and storytellers, the author shares how stories can engage seven principles of respect, responsibility, reciprocity, reverence, holism, interrelatedness, and synergy

- [Ethical Storytelling Pledge](#), ethicalstorytelling.com

    - A public pledge for non-profit organizations that commits to some core tenets of ethical storytelling and additional resources

6.5 Unethical Storytelling

> **Stories matter. Many stories matter. Stories have been used to dispossess and to malign, but stories can also be used to empower and to humanize. Stories can be used to break the dignity of people but can also repair that broken identity.**
>
> **— Chimamanda Ngozie Adichie**

Unethical Stories

Unethical storytelling neglects to think critically and design storytelling processes ethically; instead, they employ exploitative, invasive, extractive, and irresponsible tactics.

- Tactics can vary depending on the organization, the story itself, the purpose, and even the consumption.

- Building awareness helps us avoid **unethical storytelling** and learn to share dignified, ethical, and purposeful stories that are trauma informed.

Single Stories

Based on the work of Chimamanda Ngozie Adichie, a single story is when we engage a reductive, biased/stereotyped, simplified story of a complex, marginalized issue or group of people often framed by those with more power than the group.

- The problem with these stories is they are both inaccurate and incomplete.

  - Single stories are harmful because a story told over and over can become the definitive story of those people, and emphasizes differences versus similarities.

  - They can give credence to a narrative that reduces people to little more than their pain and trauma.

  - For example, speaking of the overrepresentation of a cultural group in gangs and neglecting to focus on the systems, structures, and power inequities that create that overrepresentation and can feed into stereotypes, bias, and discrimination.

- Single stories can be avoided through due diligence: learn about your issue by exploring varying and diverse perspectives and support **first person storytelling**.

Trauma Pornography

This type of storytelling demands agonizingly emotional, intimate, and graphic details that can result in psychological damage for the storyteller, and a distanced, **voyeuristic consumption** from the consumer.

- Rooted in a belief that only an explicit, exaggerated immersion into an issue will result in engagement, these types of stories seek to simulate feelings in unethical ways, including shock, horror, rage, terror, fascination, and even eroticism and fetishization.

- Other forms of this type of storytelling can be found in poverty pornography or graphic imagery used in a sensationalist way to emphasize economic poverty in a country or region.

- We avoid this type of storytelling by zooming back from graphic details and focusing on the story purpose and educating our audience from a trauma informed lens.

Hero Theft

Hero theft is when a second party storyteller engages in saviourism by robbing the narrative of a **first-person storyteller**, falsely painting themselves as the hero of the story. Let's look at an example:

Story 1:

In 2022, A New Path started its first drop-in program for young adults at risk of gang involvement.

Thao* attended her first drop-in after dating a gang member and experiencing sexual exploitation and violence. She was trying to stay sober from crack cocaine addiction and was working on getting back custody of her children.

We provided a safe place for her to meet others, receive mentorship, and rebuild her financial stability. Because of our program, Thao is thriving, has not gone back to her previous partner, and is parenting her children.

This story is fictional for learning purposes and designed as a tableau based on mutliple real life experiences from practitioners.

In this example, we need to ask who is the hero of this story? It's the organization.

- Additionally, some of what is shared could be considered a single story of Thao's experience, and even trauma pornography. Let's reframe the same story again, in a different light.

Story 1 Reframed

In 2022, a New Path identified community gaps in low barrier, drop in resources for those at risk of gang involvement.

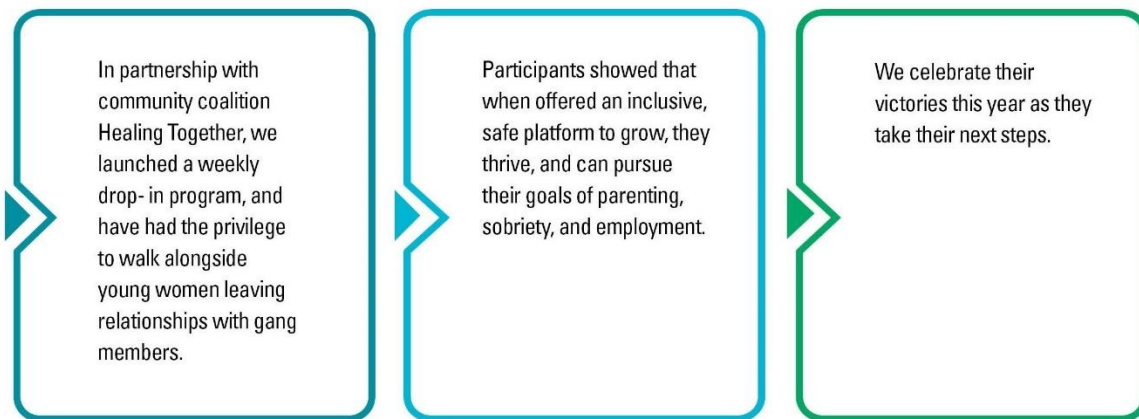|		
In partnership with community coalition Healing Together, we launched a weekly drop-in program, and have had the privilege to walk alongside young women leaving relationships with gang members.	Participants showed that when offered an inclusive, safe platform to grow, they thrive, and can pursue their goals of parenting, sobriety, and employment.	We celebrate their victories this year as they take their next steps.

This story is fictional for learning purposes and designed as a tableau based on mutliple real life experiences from practitioners.

The reframed story intentionally shifts the hero from the organization to the participants who are showing up and doing the work, without providing unnecessary details about participants.

- It speaks of partnering with local community organizations that are led by folks with lived experience and zooms back from graphic details to educate and engage the audience in a resilient narrative.

Coerced Advocacy

Participants of our programs deserve full, equitable experiences, which may mean having their voice heard and shared. In some cases, it does not.

- It's crucial to be aware of the power and privilege we hold as service providers.

- o Program participants may feel they are unable to say no, would disappoint us or seem ungrateful if they didn't participate, or feel that it's their only potential option to grow out of adverse experiences such as poverty by becoming the face of an issue.

- o They may not feel they have the ability to negotiate or affirm their boundaries, which can create a **coerced advocacy** experience, where persons with lived experiences are forced or tricked into becoming the face of an issue in a way that ends up causing significant personal risk (such as exposure, reputation) and limiting their future career exploration.

- o We avoid this type of coercion by ensuring individuals can focus on their own participation and wellness first without imposing our desire for stories and advocacy, and future storytelling opportunities are designed safely and ethically before offered.

Exploitative Labour Practices

Persons with **lived experience** have experienced exploitative compensation practices in social service storytelling. Asked to contribute both intellectual and **emotional labour**, compensation has either been unfair or not offered at all.

- Providing financial compensation communicates respect and value and ensures you don't engage in story and lived experience exploitation.

- The more labour required the more structured compensation is required. Examples of this include:

  - o Advisory committees, working groups, focus groups, and other short-term engagements that require lived experience contributions should offer living wage honorariums, or day rates for involvement.

  - o Consulting, advising, and formal contracted work should be paid at market rates comparative to other industries.

  - o Interviews, campaigns, educational sessions, and documentaries require significant exposure, and may be structured with an up-front fee or honorarium and, if relevant, an ongoing royalty fee.

  - o Teaching, keynotes, and other large-scale events should require a significant budget, as per market rates comparative in other industries.

Should someone be uncomfortable with financial compensation, there are other forms of compensatory support we could offer such as scholarships, internships, and pay it forward models, but financial compensation should always be the first offer.

Irresponsible Consumption

Rahim* agreed to share at ConnectU's fundraising gala. They had supported him for over a year to get on suboxone, make amends with his family, and go back to school. His life really had changed.

When they asked him to share his experience, he felt ready to give back. The night of the gala, he looked out on the stage and was surprised to see over 200 people.

He hadn't prepared a speech but thought speaking from the heart would be best. The organizers encouraged him and told him he'd be great

He spoke for 20 minutes and shared a story of how a fight with his mom when he was 12 was the catalyst for starting illicit substance use. He received a standing ovation.

The next day, Rahim woke up with his brother sitting on the edge of his bed.

"Did you see your video from last night? I can't believe you talked about mom like that. It's all over Facebook. It's going to break her heart."

Rahim opened his phone and saw that someone in the audience had filmed his speech without him knowing it and posted it online.

This story is fictional for learning purposes and designed as a tableau based on mutliple real life experiences from practitioners.

Neglecting to consider the entire lifecycle of a story can result in **irresponsible consumption**, where sacred stories get in the wrong hands and can be distributed in ways that are harmful.

- In Rahim's story, he wasn't aware what he shared from the heart could be filmed and the organizers did not adequately prepare him or the event for safe consumption.

- It's crucial to examine where and how stories will be told, whether it is safe, and ensure storytellers are prepared and supported. Good questions to ask:
  o Will the storytelling experience be filmed or recorded?
  o How could it be distributed in a way that is not intended?
  o Could distribution cause unexpected and serious risks for storytellers?
  o How could we retrieve content that is shared by third party storytellers?

Disclosure of Personal Information

As a professional organization, how much information can we share in story?

- Storytelling can be harmful when there is inappropriate collection and disclosure of personal information, such as names, address, birthdates, email addresses, sex, age, education, and medical history.

- Storytelling is not immune to privacy acts, including:

    - PIPA: For private organizations, such as co-ops and non-profit organizations, collection and disclosure is guided by the Personal Information Protection Act.

    - FOIPPA: For public bodies, such as municipalities and school boards, collection and disclosure of personal information is guided by the Freedom of Information and Protection of Privacy Act.

- Ensure your organization is compliant and participants are informed of their rights, can consent, are notified of the purposes of collecting information and its use/limitations before agreeing to participate.

Questions For Reflection

- After learning different forms of **unethical storytelling** are there any areas we need to adjust or change as an organization in our storytelling practice?

Helpful Links to Explore

- [The Danger of a Single Story](#), Chimamanda Ngozie Adichie

    o How a single story about another person or country can contribute to critical misunderstandings and how the speaker found her authentic cultural voice.

- [Personal Information Protection Act](#), Province of British Columbia

    o BC's requirements for the collection, use, and disclosure of personal information by private organizations, such as non-profits.

- [Freedom of Information and Protection of Privacy Act](#), Province of British Columbia

    o BC's requirements for disclosure of personal information by public bodies, such as municipalities and school boards.

- [United Nations Convention on the Rights of the Child](#), United Nations

- Agreement outlining children's rights, with some helpful applications for inclusion and storytelling processes.

- [First Nations Principles of OCAP](#), Cathryn George and the First Nations Information Governance Centre

  - Learn First Nations principles of ownership, control, access and possession in data collection.

6.6 Meaningful Engagement and Inclusion of Lived Experience

Understanding Lived Experience, Lived Expertise, Professional Experience
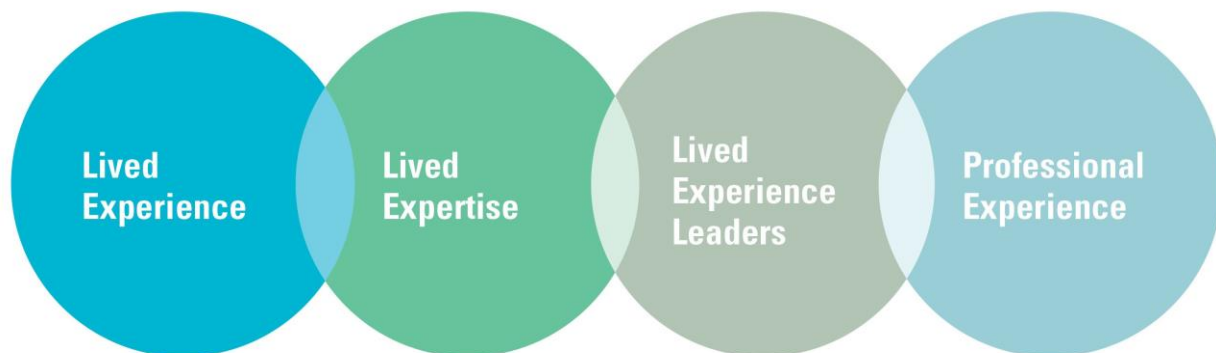
There is an exciting, emerging world of possibilities in engagement and inclusion. This section explores concepts relating to those with lived experience and how participants in services can play active roles in how those services are delivered.

- **Lived experience** is a term that belongs to people with firsthand knowledge and experiences of an event or identity, rather than assumptions and constructs from other people, research, media, or being near someone with lived experience.

  - Example: Charanjeet* is a Survivor of gang violence, the sibling of a gang member, and is living with trauma. This is her direct lived experience.

- **Lived expertise** is knowledge, perspectives, insights, and understanding gathered through lived experience.

- o Example: As a result of her lived experience related to gangs and gang violence, Charanjeet uses her experience paired with perspectives, ideas, models, and tools to speak up. This is her lived expertise.

- **Lived experience leaders** are change-makers, innovators and leaders who have activated their lived expertise to inform, shape and lead their work (often in combination with their learned and practice experience) to directly benefit the communities they share those experiences with.

  - o Example: Charanjeet founded and leads the Communities Together Project providing education throughout the school district on gang recruitment, safety, and community driven responses to address gang violence.

- **Professional experience:** There are other types of experience, such as the experience of professionals who have led or run social service work, but that is different and not to be confused with the direct lived experience of event or identity.

This story is fictional for learning purposes and designed as a tableau based on multiple real life experiences from practitioners.
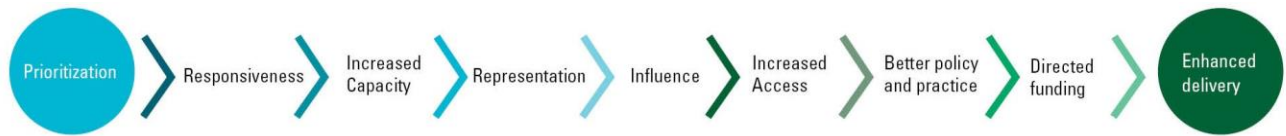
Meaningful Inclusion

Can we imagine systems, structures, policies, and services that ensure people who are or have been impacted by an issue are involved in developing, implementing, and evaluating the effectiveness of strategies to address the issue?

Can we also imagine that persons with lived experience could feel valued, included, respected, important, and build their professional expertise?

This is what **meaningful inclusion** could look like.

- **Meaningful inclusion** requires organizations and professionals to de-centre themselves to allow the self-determination of impacted individuals and groups. This kind of inclusion requires a sharing of power.

- It involves engagement with persons with lived experience from the very beginning versus waiting until completion to check a box of engagement.

- It requires a genuine openness to learn with and from others.

Transformative Impact

Prioritization → Responsiveness → Increased Capacity → Representation → Influence → Increased Access → Better policy and practice → Directed funding → Enhanced delivery

Meaningful inclusion of persons with lived experience has incredibly powerful impacts in social service fields, including but not limited to:

- o Prioritization and responsiveness to key community issues
- o Improved capacity to deliver responsible and equitable services
- o Increased representation and influence from prioritized and/or marginalized communities in decision making processes and social action
- o Increased access to programming
- o Effective influence of decision makers
- o Better policies and practices that direct funding where it needs to go
- o Enhanced service delivery, program infrastructure, and lived experience engagement

> People with lived experience are the experts in their own experiences and deserve dignity, autonomy, and self-determination. People with lived experience deserve to define safety and leadership for themselves and have support in achieving their goals, whether as a client or as a movement professional, or both in some cases.
>
> — National Survivor Network

Safety

Before embarking on lived experience inclusion, it's important to reflect on safety. Here are a few helpful prompts:

Accessibility	What do participants need to engage equitably? Examples could include transportation, childcare, translation and interpretation.
Age	Are participants of a certain age to understand the opportunity and consent? If not, what is an appropriate model for inclusion? Have applicable guardians consented?
Support Network	Do participants have a network of safe people to support their involvement and process their experiences with? Are we offering any support, such as professional counseling, coaching or training?
Health and Wellness	Are participants at a self-identified place in their wellness where participation would not cause a decrease in health? Are opportunities offered structured appropriately, including time, breaks, and travel?
Reputational Risk	Have we assessed the reputational risk (such as using images or names) and mitigated where possible?
Unintended Consequences	Would participating potentially cause unintended consequences, such as sharing someone's location or putting their immigration status at risk?

Engagement

There are many practical ways we can engage persons with lived experience safely in our work, including:

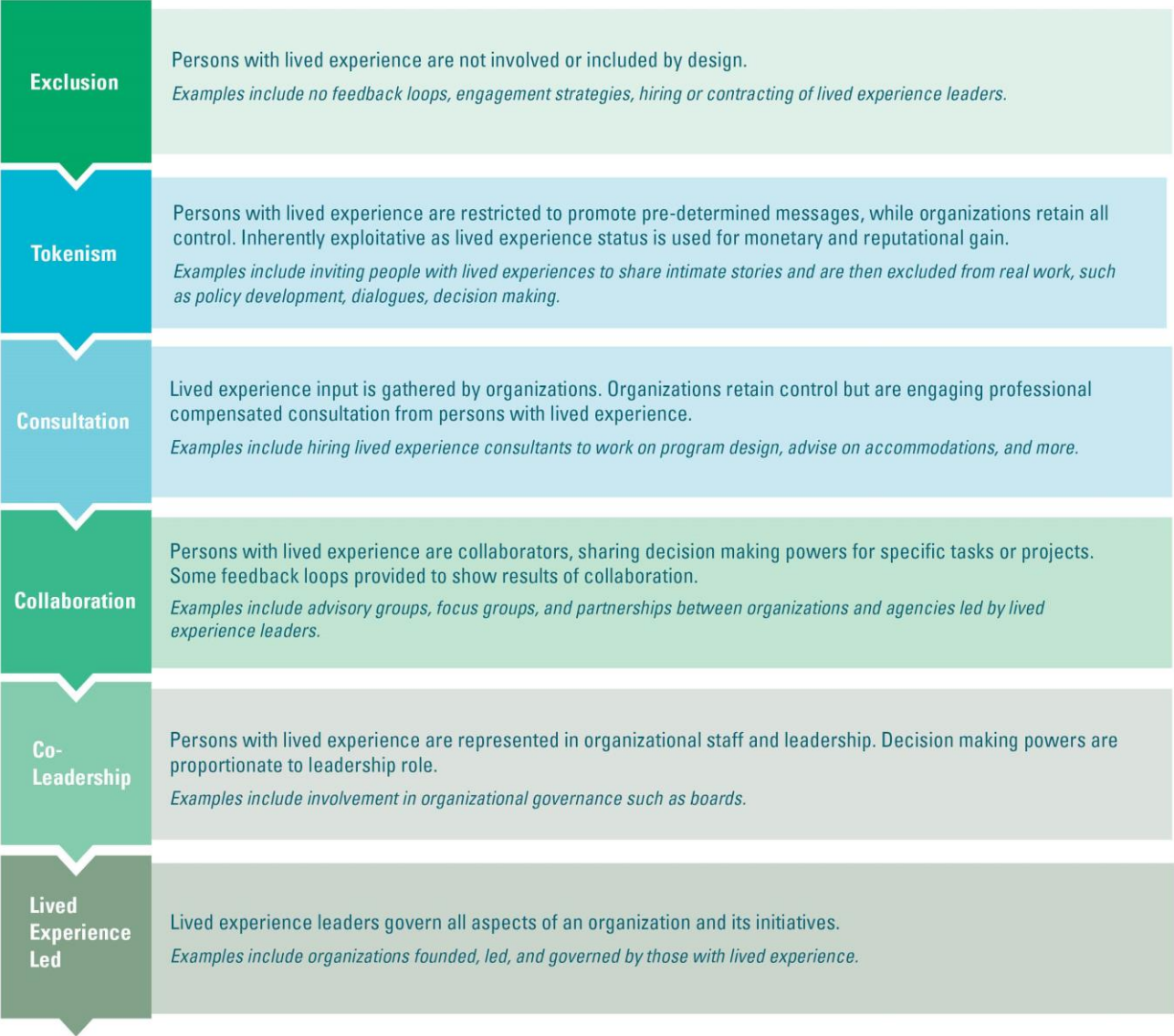| Design	• Ensure your process is thoughtful, intentional, inclusive, and purposeful, which decreases the risk of exploitation and tokenization. • Involve persons with lived experience through the entire decision-making process. • Pre-assess the risk of participation and put boundaries in place in group settings to prevent vicarious traumatization.
Recruitment and Accessibility	• Determine fair recruitment processes, ensuring individuals are safe and able to participate, and accommodations are made. • Use plain language that is easily accessible and understood to explain the project. • Offer fair compensation for involvement, inclusive of intellectual and emotional labour.
Expectations & Roles	• Examine structural or systemic barriers that may hinder inclusion, such as resource allocation, staffing, limited cultural competency. • Collaborate to identify mutually agreed upon terms of engagement to increase the chances that the lived experience expert can complete or sustain their engagement. • Define clear expectations, roles, and limitations of engagement through policies and operating procedures. • Create internal policies that require the engagement of people with lived experience.
Time	• Build in enough time to allow space for people with lived experience and staff to engage meaningfully. • Create flexible options to participate, such as online, in person, one on one, and group opportunities.

Compensation	• Budget resources to equitably compensate persons with lived experience for their labour.
Process and Outcomes	• Ensure the engagement is person and healing centred, trauma and Survivor-informed, respectful of varied personal histories, and transformational rather than transactional. • Recognize the process is just as important as the outcome, and ensure participants are informed of where their story is being shared.
Equity Goal Setting	• Start with **equity** as a goal and expectation when planning to proactively ensure historically excluded populations can meaningfully participate in opportunities to lend **lived expertise.**
Power	• Recognize and examine power imbalances between organizers and individuals with **lived experience.** • Seek to share power by ensuring individuals with lived experience have a seat at the table and can meaningfully contribute to decision making through the full life cycle of the initiative.

Helpful Links to Explore

- [Methods and Emerging Strategies to Engage People with Lived Experience](#), US Department of Health and Human Services

  - Key considerations in engaging individuals with lived experience to improve research, policy, and practice.

6.7 Lived Experience Inclusion Model

This model provides a helpful guide to identify how your organization integrates and engages with folks with **lived experience**, and a path to grow towards more inclusive approaches in program delivery and storytelling.

Exclusion

Persons with lived experience are not involved or included by design.

Examples include no feedback loops, engagement strategies, hiring or contracting of lived experience leaders.

Tokenism

Persons with lived experience are restricted to promote pre-determined messages, while organizations retain all control. Inherently exploitative as lived experience status is used for monetary and reputational gain.

Examples include inviting people with lived experiences to share intimate stories and are then excluded from real work, such as policy development, dialogues, decision making.

Consultation

Lived experience input is gathered by organizations. Organizations retain control but are engaging professional compensated consultation from persons with lived experience.

Examples include hiring lived experience consultants to work on program design, advise on accommodations, and more.

Collaboration

Persons with lived experience are collaborators, sharing decision making powers for specific tasks or projects. Some feedback loops provided to show results of collaboration.

Examples include advisory groups, focus groups, and partnerships between organizations and agencies led by lived experience leaders.

Co-Leadership

Persons with lived experience are represented in organizational staff and leadership. Decision making powers are proportionate to leadership role.

Examples include involvement in organizational governance such as boards.

Lived Experience Led

Lived experience leaders govern all aspects of an organization and its initiatives.

Examples include organizations founded, led, and governed by those with lived experience.

Questions For Reflection

- ○ Where is our organization currently on the lived experience inclusion model?
- ○ What goals do we want to set to move towards more inclusive approaches in program delivery and storytelling?

Helpful Links to Explore

- [The Value of Lived Experience in Social Change](#), Baljeet Sandhu

  - ○ Insightful research conducted in the UK and USA looking at the need for lived experience leadership and organizational development in the social sector.

- [Engage People with Lived Experience](#), Canadian Mental Health Association

  - ○ Practices in lived experience inclusion for people with mental health conditions and addictive behaviours.

- [Meaningful Engagement of People with Lived Experience](#), National Survivor Network

  - ○ A framework for measuring and increasing lived experience leadership from the anti-human trafficking field.

- [Youth Mentors - A Model of Peer Leadership](#), Wilder Youth Leadership Initiative

  - ○ An example of how one organization invests in youth with lived experience to grow peer mentorship skills.

6.8 Developing Feedback Loops

Have you ever been asked to share feedback, and then wondered where it went and what was done with it?

- Asking for feedback and neglecting to show the results can create distrust and unwillingness for future contribution with **lived experience** communities.

- **Feedback loops** are continuous, intentional processes put in place to invite feedback and input that demonstrate transparency in what happens with that feedback.

- Feedback loops can operate through a variety of structures, such as:
  - ○ Ongoing evaluative surveys
  - ○ Anonymous static feedback options, such as a tip line
  - ○ Anonymous live feedback options, such as Slido

- o Sharing circles, such as those held in Indigenous communities
  - o Working groups
  - o Advisory committees
  - o Group or individual consultation

- Positive feedback loops are where we receive feedback that requires change (such as an accessibility issue your program needs to address) and we have the ability to address it as well as create a more positive overall experience for participants.

- Negative feedback loops are where we receive varying concerns, ideas and suggestions that require assessment of whether we can act on them, if we have enough resources, and may not result in change.

In both processes, we close the feedback loop by communicating transparently. How was feedback received, evaluated, and being applied? If feedback is unaddressed, why? This process builds trust with those we are serving.

Helpful Links to Explore

- [Talking Feathers for Sharing and Restorative Justice Circles](#), Pass the Feather

  - o Learn more about Indigenous sharing circles that promote equality, trust, honesty, dialogue, decision making, and community.

6.9 Learning Tool: Ethical Storytelling & Lived Experience Inclusion Checklist

Ethical Storytelling & Lived Experience Inclusion Checklist

Area	Notes	Completed
Storytelling Purposes		
What type of story are we telling?		☑
How does this story communicate an important perspective, share a meaningful experience, and/or dignify those involved?		☑
What lens (first or second person) should this story be told?		☑
Ethical Storytelling		
Have we obtained informed consent for all involved in the story?		☑
What living consent options did we provide?		☑
How will this story be distributed?		☑
Have we assessed the risk of sharing this story to those involved?		☑
What is our consumption goal?		☑
What traumatic details are we including, and why?		☑
How have we taken time to learn about this issue and ensure a well-researched, dignified portrayal?		☑
Lived Experience Inclusion		
As an organization, where are we on the lived experience spectrum of inclusion?		☑
For the story we want to tell, how have folks with lived experience been included in the process?		☑
How are we compensating the involvement of folks with lived experience?		☑
What feedback loops do we have in place?		☑

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