# Trauma Informed Practice

## Site Applicability

All VCH (with operational support)

## Practice Level

Advanced skill with additional education is required for all VCH regulated and unregulated staff within their respective scope of practice, training and job description. Connect with local leads for information about education.

## Policy Statement

Care providers will utilize a trauma-informed approach for the individuals and families they serve.

## Need to Know

**Note:** *Throughout this document the term care provider will be used to reflect all those interfacing with individuals and programs within sites, including family caregivers, elders, peers, and involved others.*

*Where the term individual is used through this document, it includes resident, individual and patient.*

Traumatic events may happen to people at all ages and across all socio-economic strata in our society. Historically, the impacts of colonization and government policies have had and continue to have damaging effects on Aboriginal people. The impacts of residential school, the foster care system, forced relocation continue to demonstrate the persistent health disparities between Aboriginal and non-aboriginal populations.

Reactions to trauma vary from person to person, however, the experience of even one traumatic event can have devastating consequences for the individual involved. Across the continuum, people may experience anxiety, terror, shock, shame, emotional numbness, disconnection, intrusive thoughts, helplessness and powerlessness[1)].

Trauma can occur across the lifespan, however an important variable to consider when providing care to individuals is the age at which the trauma occurred. For children, early trauma can have especially negative consequences, impacting the development of the brain, normal developmental progression, their sense of safety, self and self-efficacy as well as the ability to regulate emotions and navigate relationships[2)].Ongoing literature regarding the Adverse Childhood Experiences (ACE) study continues to provide evidence that traumatic experiences have

a correlated effect on the overall health for individuals. ACE studies have been informative in supporting and assisting care providers working directly with individuals experiencing trauma and in policy development to inform future directions of health care to mitigate the long term effects experienced trauma may have on individuals.[2)]

9.2% of all Canadians meet the criteria for Post-Traumatic Stress Disorder (PTSD) [1)]. However, these rates increase exponentially (50-80%) in people diagnosed with mental health and/or substance use disorders[1)]. Evidence demonstrates there are physiological adaptations that some people develop in response to trauma and to on-going perceived threats producing an underlying state of emotional 'dysregulation'. Furthermore physical health is also affected; trauma survivors may experience chronic pain, gynecological difficulties, gastrointestinal problems, asthma, heart palpitations, headaches, musculoskeletal difficulties and autoimmune disorders.[1)]

Utilizing a trauma-informed approach does not require disclosure of trauma. Rather services are provided in ways that recognize an individual's need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. Indeed it is the application of three core concepts of person and family centered care; dignity and respect, information sharing and participation.

Care providers have identified the importance of recognizing the impact of traumatic events on individuals and families accessing services; as well as the importance of providing compassionate and effective responses at the practitioner level, organizational level, and through wider collaborations across systems and sectors.

The purpose of this guideline is:

- To support individuals and families towards best outcomes through implementing trauma-informed practice.
- To guide care providers to implement the four principles of trauma-informed practice in supporting individuals and families.
- To reduce barriers and improve quality of services for all individuals and families, with particular attention to Indigenous Peoples, women, LGBTQI+, immigrants and refugees.
- To promote awareness around vicarious trauma and outline the importance of providing a psychologically safe workplace to support care providers to develop and maintain resilience.

## Guideline

In order to engage individuals and families in a trauma-informed approach, care providers need to use the four main principles as identified in the British Columbia Trauma Informed Practice Guide (March 2013).

### 1) Trauma Awareness

A trauma-informed approach begins with building awareness among care providers and individuals and their families of the commonness of trauma experiences; how the impact of trauma can be central to development; the wide range of adaptations people make to cope and survive after trauma; and the relationship of trauma with a range of physical and mental health concerns. This knowledge is the foundation of an organizational culture of trauma-informed care[1)]

In a trauma-informed approach, people at all levels of the organization or system will make the following assumptions:

- All individuals accessing services have a history of trauma.
- Individuals experience and respond to traumatic events in different ways and thus will present with very different adaptations. See Appendix A

Care providers will have the following awareness about trauma:

- Prevalence rates.
- How trauma can impact individuals, families, groups, organizations, and communities.
- How interactions with health care can be overwhelming or re-traumatizing.

### 2) Emphasis on Safety and Trustworthiness

Creating a safe environment attending to the physical, emotional, and cultural safety for individuals is crucial to being trauma-informed. Individuals who have experienced trauma often feel unsafe, are likely to have experienced abuse of power in important relationships (including interactions with the health care system) and may currently be in unsafe relationships or living situations. It is important to engage with individuals on the barriers that they have experienced in order to review, adapt and change environments to move towards safety.

In order to foster safety and trustworthiness, care providers must work diligently to create environments and/or encounters where emphasis is placed on individual safety, choice and control.

This can be achieved through:

- Being curious and considering any barriers to engagement (visible/invisible, concrete/perceived).
- Attending to immediate needs.
- Being as transparent, consistent and predictable as possible.
- Respecting healthy boundaries and expectations by clarifying the care provider's role.
- Clearly outlining what the program/treatment offers. Explain using language that is easy for individuals and families to understand.

- Obtaining informed consent; explaining how information will be shared and the limits to confidentiality.
- Collaborating to develop some grounding strategies. See Appendix C
- Providing cultural safety and culturally competent care.
- Creating welcoming, inclusive, safe spaces.

See Appendix B for examples of how to foster safety and trustworthiness.

Care providers are responsible for keeping the conversation with the individual safe, contained, and connected to present functioning and health. This is done by offering the individual choice and emphasis on the individual's autonomy at numerous points during the relationship.

**3) Opportunity for Choice, Collaboration and Connection**

Trauma-informed services have been designed to create safe environments which foster a sense of efficacy.

This is done by focusing on the following areas within individual care:

- Self-determination,
- Dignity, and
- Personal control.

Trauma-informed services aim to reduce barriers within the care process between care providers and individuals. Using a collaborative approach in providing care to individuals, care providers would focus on:

- Communicating openly,
- Equalizing power imbalances within the interaction,
- Support and encourage the expression of feelings without fear of judgment, and
- Provide opportunity for treatment choices and preferences.

The opportunity to establish safe connections and interactions with care providers, families, peers, and the community at large, a trauma-informed approach serves as a reparative experience for individuals and/or families who are coping with trauma.

Extending invitations for meaningful individual and family involvement promotes inclusivity and can be achieved by implementing activities such as:

- Service user advisory councils involved with providing advice on service delivery design.
- Opportunities for individuals' rights and grievances to be brought to the forefront for fair, empowering and meaningful discussion and possible resolution.
- Ensuring individuals and families have the opportunity to provide immediate feedback and evaluation of treatment services they receive.

**4) Strength Based and Skill Building**

Using a trauma-informed approach care providers partner with clients to identify strengths and develop self-efficacy, agency, resiliency and coping skills. While it may be difficult at times for individuals to identify their strengths, care providers are instrumental in identifying and coaching individuals in developing their own sense of agency for skill building and resiliency.

Care providers emphasize teaching and modeling skills for recognizing triggers, calming, centering and support individuals to remain present, contained and feeling safe. Care providers take into account the needs which include but not limited to literacy level. Please refer to Appendix C for examples of grounding exercises.

**Other Considerations**

In relation to the above four principles, care providers should be aware of vicarious trauma and trauma specific services when they present themselves either personally or within the interaction of an individual. Below outlines the following two areas for consideration;

**1) Trauma Specific Services**

Trauma specific services are evidence based, best practice treatment modalities utilized by professionally trained clinicians to help individuals who have experienced traumatic events reduce symptoms and/or recover. Trauma specific services help individuals address the impact and treat the consequences that trauma has had on their lives. Exploring individuals' trauma stories will not occur unless it is a direct component of the therapy provided and is done in a safe and intentional manner with a clinician who is trained in delivering trauma-specific services.

Initial contact with care providers will focus on building safe relationships in order to fully engage individuals in services before referring to or exploring trauma specific services. Care providers will understand that focusing on individual engagement and therapeutic rapport are essential building blocks in developing a therapeutic relationship. Once a therapeutic relationship has been established care providers may explore individual readiness and/or interest in trauma specific services and assist in the referral process.

**2) Vicarious Trauma**

It is inevitable care providers will become affected by their work when they are engaged in "emotional labour" or when providing support to individuals who have experienced trauma. Some of the terms that have been used to describe this include: vicarious trauma, secondary trauma, and burn-out and compassion fatigue. Care providers become more vulnerable with increased exposure to repeated stories of trauma and abuse. With this in mind, self-awareness, knowing one's limitations, work place and personal life support, self-care and understanding vicarious trauma are critical components of this work.

It is important to recognize that vicarious trauma refers to the cumulative transformative effect on the care provider working with the individuals they serve who are survivors of traumatic life events. The impact of vicarious trauma often occurs along a continuum and is influenced by

factors which may include: the amount of exposure to traumatic information; degree of support in the workplace; personal life support and the care provider's own personal experiences of trauma. For further information on how vicarious trauma can present itself, impacts of vicarious trauma, self-care strategies and resources for the care provider, please refer to Appendix D.

Trauma specific services include but are not limited to:

- Somatic Therapies
- Exposure therapy
- Hypnotherapy
- Seeking Safety
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection®
- Sanctuary Model®
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
- Cognitive Behavioural Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Culturally-centered Indigenous psychotherapy
- safeCARE Training at PHC, refer to Appendix E

## Documentation

Document care provided in the individual's health record using strength-based/ trauma informed language.

When documenting in the individual's record, discuss with the client any changes or updates regarding gender identification or markers and how they would like to be identified through their electronic record (i.e. names and/or pronouns).

See Appendix B for resources and examples around strengths-based language.

### Patient and Family Education

**The use of a trauma informed approach by care providers can:**

- Decrease the risk of re-traumatization to individuals and families.
- Support individuals to recognize their own trauma responses and be able to cope more effectively when triggered.
- Support individuals in engaging fully and taking charge of their own health and wellness.
- Improve individual and family satisfaction experience of care

## Related Documents

- Indigenous Cultural Safety Policy
- Cultural Competency and Responsiveness policy
- Family Involvement with Mental Health & Addiction Services
- Harm Reduction Practice Policy
- Information Privacy and Confidentiality Policy
- Consent to Health Care Policy
- Duty to Report: Child Abuse and Neglect (Community)

## References

1) Trauma Informed Practice Guideline – BC Ministry retrieved from: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

2) Vincent J. Felitti, Zeitschrift für , Psychosomatische Medizin und Psychotherapie October 2002 Volume 48, Issue 4, pp. 359-369, The relationship of adverse childhood experiences to adult health: Turning gold into lead/ Belastungen in der Kindheit und Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei

3) Trauma Informed Toolkit – Klinik retrieved from: http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

4) SAHMSA's Concept of Trauma and Guidance for a Trauma-Informed Approach 2014 retrieved from https://store.samhsa.gov/system/files/sma14-4884.pdf

5) Browne et al (2012). "Closing the health equity gap: evidence-based strategies for primary health care organizations" retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3570279/

6) Applying the Brakes, Babette Rothschild (2004) National Association for Loss and Grief (NSW) Inc. retrieved from https://yogafordepression.com/wp-content/uploads/applying-the-brakes-rothschild.pdf

7) Health Canada, Guidebook on vicarious Trauma 2001: Recommended Solutions for Anti-Violence Workers. Transforming the Pain: A Workbook on Vicarious Traumatization by Karen W. Saakvitne & Laurie Anne Pearlman. Copyright © 1996 by the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy. Used by permission of W.W. Norton & Company, Inc. retrieved from Guidebook to Vicarious Trauma

8) Trauma Informed Practice Guide and the Opioid Crisis A Discussion Guide for Health Care and Social Service Providers, May 2018.

9) Aboriginal Cultural Practices retrieved from http://www.vch.ca/Documents/AH-cultural-practices.pdf

## Definitions

- **"Care provider"** means care providers in all VCH and PHC programs who provide clinical care to individuals.
- **"Individual"** means any person receiving care, accessing services, or participating in a program that is owned, operated or funded by VCH and PHC.
- **"LGBTQI+"** means Lesbian, Gay, Bisexual, Trans, Two-Spirit, Queer, Intersex. + Symbol includes all other identities within sexual and gender minorities
- **"Culturally Competent Care"** refers to care providers developing cultural knowledge, skills in understanding cross-cultural interactions, and an awareness and acceptance of the dynamic variety of people and populations that VCH works with are crucial components of cultural competency. Cultural Competency is not a discrete end point but rather a commitment to and an active engagement in a lifelong process. Organizational cultural competence requires multi-level interventions and supports to foster a culture of openness and respect.
- **"Cultural Safety**" is an outcome of cultural competency, defined by those who receive the service – they feel safe. Cultural safety is based on understanding the power differentials and potential discriminations inherent in health service delivery systems.
- **"Efficacy" is the ability to produce a desired or intended result.**
- **"Family Member or Family"** means a person who has been identified by the individual, the individual's representative or the individual's care provider as being in a relationship of importance to the individual and who provides support or care for the individual on a regular basis.
- **"Grounding"** is the immediate therapeutic approach for dealing with any form of dissociation or flashback. (Found in TIP guide)
- **"Indigenous cultural safety"** is an outcome of cultural competence and responsiveness, defined and experienced by Indigenous people. It is not defined by the care provider or organization. It is based on understanding the power differential and potential discriminations inherent in the health service delivery system. (merged from Indigenous and cultural safety definitions found in the Indigenous cultural safety policy)
- **"Individual"** includes resident, individual and patient.

- **"Self-efficacy"** is an individual's belief in their innate ability to produce a desired or intended result.
- **"Trauma Informed Practice (TIP)"** refers to a system that takes into account an understanding of trauma in all aspects of service delivery and place a priority on the individual's safety, choice, and control. Such services create a treatment culture of non-violence, learning and collaboration. Utilizing a trauma-informed approach does not require disclosure of trauma. Rather services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. TIP is more about the overall essence of the approach or way of being in the relationship, than a specific treatment strategy or method.
- **"Trauma Awareness"** refers to the foundational knowledge of an organization culture to being a trauma informed approach.
- **"Trauma Specific Services"** refers to services offered in a trauma informed environment and are focused on treating trauma through therapeutic interventions involving practitioners with specialist skills. Services are based on detailed assessment to individuals with trauma, mental health, and substance use concerns that seek and consent to integrated trauma specific treatment.
- **"Vicarious Trauma"** refers to the cumulative transformative effect on those whose work involves helping others who have experienced trauma.

# Appendices

## Appendix A - A Signs of a Trauma Response:

Possible signs of a trauma response include but are not limited to the following;

| Possible Signs of a Trauma Response |
|---|
| • Sweating<br>• Change in breathing (breathing quickly or holding breath)<br>• Muscle stiffness, difficulty relaxing<br>• Flood of strong emotions (e.g., anger, sadness, etc.)<br>• Rapid heart rate<br>• Startle response, flinching<br>• Shaking<br>• Staring into the distance<br>• Becoming disconnected from present conversation, losing focus<br>• Inability to concentrate or respond to instructions<br>• Inability to speak |

Reference: Trauma Informed Practice Guideline – BC Ministry available at: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf- Pg. 34

| Physical | Emotional or Cognitive | Spiritual | Interpersonal | Behavioural |
|---|---|---|---|---|
| Unexplained chronic pain or numbness<br>Stress-related conditions (e.g., chronic fatigue)<br>Headaches<br>Sleep problems<br>Breathing problems<br>Digestive problems | Depression<br>Anxiety<br>Anger management<br>Compulsive and obsessive behaviours<br>Dissociation<br>Being overwhelmed with memories of the trauma<br>Difficulty concentrating, feeling distracted<br>Fearfulness<br>Emotionally numb/flat<br>Loss of time and memory problems<br>Suicidal thoughts | Loss of meaning, or faith<br>Loss of connection to: self, family, culture, community, nature, a higher power<br>Feelings of shame, guilt<br>Self-blame<br>Self-hate<br>Feel completely different from others<br>No sense of connection<br>Feeling like a 'bad' person | Frequent conflict in relationships<br>Lack of trust<br>Difficulty establishing and maintaining close relationships<br>Experiences of revictimization<br>Difficulty setting boundaries | Substance use<br>Difficulty enjoying time with family/ friends<br>Avoiding specific places, people, situations (e.g., driving, public places)<br>Shoplifting<br>Disordered eating<br>Self-harm<br>High-risk sexual behaviours<br>Suicidal impulses<br>Gambling<br>Isolation<br>Justice system involvement |

Reference: Trauma Informed Practice Guideline – BC Ministry available at: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf - Pg. 22

## Appendix B: Examples of Emphasis on Safety & Trustworthiness (Pg. 26-28 TIP Guide)

**Considering all barriers (visible /invisible, concrete/perceived) to engagement**

There are many realities and which may be impacting an individual's or families' ability to access services (poverty, homelessness, LGBTQI+). All barriers must be considered and addressed in trauma informed service provision. Policies and procedures must be trauma informed. Current policies and rules may create barriers (real or perceived) for many individuals. Prior experiences with institutions and authorities may contribute an individual's mistrust of the health care system barriers. Services need to be culturally informed and culturally safe.

**Attending to immediate needs**

Individuals accessing services often have multiple complex social and personal issues (e.g.: food, clothing, shelter, immediate safety, transportation and child care) which will need to be addressed before the person is able to fully engage with services. It is similarly important to address any acute medical conditions, such as intoxication or acute psychosis that the person may present with.

**Being as transparent, consistent and predictable as possible**

- Offering translation services or providing an interpreter to be present if needed
- Ensuring individuals' family members are invited to engage as appropriate
- Explain procedures providing opportunity for individuals to ask any questions they may have
- Follow through on any commitments made to individuals
- Acknowledge and take responsibility for any miscommunications,

**Respecting healthy boundaries and expectations by clarifying the care provider's role**

- Outline the parameters of what can and cannot be done, ensuring informed consent
- Explain how and when to contact staff/ care-provider. Ensure a contingency plan is in place for time when you are not available
- Start and finish appointments on time

**Clearly outlining program/ treatment expectations**

- Explain the rights and responsibilities of individuals accessing services
- Review program expectations: e.g. attendance, participation, guidelines around substance use and
- behaviors as well as what to expect if they are having difficulty meeting the programs expectations

**Obtaining informed consent; explaining how information will be shared and the limits to confidentiality**

- Use plain language without jargon. Provide a copy of consent forms and other program information.
- Discuss confidentiality and limitations in a way that makes sense to individuals and family. Mitigate any concerns or misunderstanding the individual may have about sharing information.
- Respond to verbal and non- verbal communication.

**Collaboratively develop some grounding strategies**

- Work from individual's perspective of what emotional and physical safety means to them and how they achieve this for themselves
- Develop grounding and safety plans together

**Collaboratively create warm and welcoming spaces**

- Trauma Informed services are offered in welcoming spaces that provide a sense of safety, security and sacredness for all people accessing the space. In creating such a space, services need to consider:
  - Spaces that support the privacy and confidentiality of the individuals balanced with spaces that support connections with others
  - Sightlines – decreasing obstructed views where individuals cannot be observed and/or where individuals can be trapped. This can be achieved through using mirrors in hidden corners
  - Using inviting signage rather than prohibitive signs. E.g.: rather than a sign saying: "STOP- no individuals beyond this point" have a sign that say "Staff only beyond this point"
  - Using colours, fabrics, art work and plants to create welcoming, uplifting spaces
  - Being mindful of how lighting, sounds, and the role of nature can impact the environment/space

**Using Strength-based Language**

Working in a trauma informed way requires a shift in our thinking and language. The behaviors and responses of those with trauma experiences are often misunderstood and labelled in stigmatizing and deficit-based language. Care providers play an important role in offering another way of understanding trauma responses by describing them using strength based language which serves to empower individuals and destigmatize their experience.

The following table includes examples of deficit-based phrases and language, and offers suggestions of how to reframe from a trauma informed and strength-based perspective. (Pg. 24 TIP guide. 2013)

| FROM (Deficit Perspective) | TO (Trauma-Informed & Strengths-Based) |
|---|---|
| What is wrong? | What has happened? |
| Symptoms | Adaptations |
| Disorder | Response |
| Attention seeking | The individual is trying to connect in the best way they know how |
| Borderline | The individual is doing the best they can given their early experiences |
| Controlling | The individual seems to be trying to assert their power |
| Manipulative | The individual has difficulty asking directly for what they want |
| Malingering | Seeking help in a way that feels safer |

(Adapted from Royal College of Nursing, 2008, pg. 18 [54])

Reference: Trauma Informed Practice Guideline – BC Ministry available at: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf - Pg. 24

## Appendix C: Grounding Strategies

**33 Quick Ways to Ground**

1) Drink 3 glasses of water, slowly
2) Use strong sensory input to quickly ground. Place your hands in a bowl full of ice and water. Suck on an ice cube
3) Peel an orange or a lemon; notice the smell; take a bite
4) Change your environment. Get outside. Go for a walk
5) Breathe slowly, consciously, in a 4 part awareness: breathe in for a count of two; hold for a count of two, breathe out for a count of two, hold out for a count of two
6) Spend time with a pet. Watch a squirrel. Study a colony of ants
7) Take an unhurried shower or a bath. Sense a full connection with the water
8) Dig in the dirt in your garden
9) Play your favourite upbeat song and sing along
10) Move around. Feel your body. Experience a full stretch of your arms, hands, fingers
11) Splash water on your face
12) Turn lights on
13) Hug a tree
14) Describe what is around you in the smallest detail
15) Picture your calm place. Look at an actual picture of a vacation spot, child or pet. Carry this picture with you
16) Carry a grounding object in your pocket. Touch it for grounding
17) Get down on the floor and stretch like a cat
18) Walk very slowly, noticing the sensations as your heel lifts, your weight shifts through the arch and into your toes, the foot lifts. Marvel at the body's precision
19) Buy one beautiful flower
20) Light a candle and study the flame. Notice the darker inner flame
21) Go out in the middle of the night and watch the stars. Embrace the intelligence of the universe where everything belongs and has its place
22) Turn off the TV. Go outside. Develop a pattern, then walk it into new environments. I'll turn right after 3 blocks, left after 2, right after 1. Repeat. Make sure you can find your way home.
23) Feel the aliveness of green grass on bare feet
24) Name your 3 favourite colours, foods, animals etc.
25) Really listen to nature's sounds: waves, wind, birds, rain.
26) Hum your favorite upbeat song
27) Boil cinnamon in water. Enjoy the fragrance. Google the exotic history of cinnamon
28) Sample flavours in an ice cream store
29) Suck on a piece of your favorite hard candy
30) Really taste the food you eat; chew slowly and mindfully
31) Put clean sheets on the bed
32) Blow bubbles
33) Develop an inner smile

Trauma Informed Practice Guideline pg.81 – BC Ministry available at: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf - Pg. 81

# Appendix D: Impact of Vicarious Trauma, Self-Assessment Tool & Resources for Staff

## 1. Impact of Vicarious Trauma

| Professional Impacts | | | |
|---|---|---|---|
| Job performance | Morale | Behavioural | Interpersonal |
| Obsession about detail<br>Decreased productivity<br>Avoidance of certain tasks<br>Low motivation | Loss of interest<br>Apathy<br>Dissatisfaction<br>Decreased confidence | Frequent job changes<br>Overwork<br>Tardiness<br>Exhaustion | Poor communication<br>Staff conflicts<br>Withdrawal from others<br>Impatience |

Reference: Trauma Informed Practice Guideline – BC Ministry available at: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf - Pg. 34

## Self-Assessment Tool

The following self-care assessment scale is by Saakvitne and Pearlman from the Traumatic Stress Institute. It is designed as a tool to measure how well a care provider is addressing their own needs. It is useful to revisit this assessment regularly and see what areas may be lacking in frequency in order to review and adapt our own self-care plans.

Rate the following areas in frequency:

5 = Frequently, 4 = Occasionally, 3 = Rarely, 2 = Never, 1 = It never occurred to me

| | |
|---|---|
| **Physical Self-Care**<br>___ Eat Regularly (e.g. breakfast, lunch and dinner)<br>___ Eat Healthy<br>___ Exercise<br>___ Get Regular medical care for prevention<br>___ Get medical care when needed<br>___ Take time off when sick<br>___ Get massages<br>___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun<br>___ Take time to be sexual – with yourself, with a partner<br>___ Get enough sleep<br>___ wear clothes you like<br>___ Take vacations<br>___ Take day trips or mini-vacations<br>___ Make time away from telephones<br>___ Other: | **Psychological Self-Care**<br>___ Make time for self-reflection<br>___ Have your own personal psychotherapy<br>___ Write in a journal<br>___ Read literature that is unrelated to work<br>___ Do something at which you are not experts or in charge of<br>___ Decrease stress in your life<br>___ Notice your inner experience – listen to your thoughts, judgements, beliefs, attitudes and feelings<br>___ Let others know different aspects of you<br>___ Engage your intelligence in a new area (e.g. go to an art museum, history exhibit, sports events, auction, theatre, performance)<br>___ Practice receiving from others<br>___ Be curious<br>___ Say no to extra responsibilities sometimes<br>___ Other: |
| **Workplace or professional Self-Care**<br>___ Take a break during the workday (e.g. lunch)<br>___ Take time to chat with co-workers<br>___ Make quiet time to complete tasks<br>___ identify projects or tasks that are exciting and rewarding<br>___ set limits with clients and colleagues<br>___ Balance your caseload so no one day or part of a day is “too much:<br>___Arrange your work space so it is comfortable and comforting<br>___Get regular supervision or consultation<br>___ Negotiate for your needs (benefits, pay raise)<br>___ Have a peer support group<br>___ Develop a non-trauma area of professional interest<br>___ Other: | **Spiritual Self-Care**<br>___ Make time for reflection<br>___ Spend time with nature<br>___ Find a spiritual connection or community<br>___ Be open to inspiration<br>___ Cherish your optimism and hope<br>___ Be aware of non-material aspects of life<br>___ Try at times not to be in charge or the expert<br>___ Be open to not knowing<br>___ Identify what is meaningful to your and notice its place in your life<br>___ Meditate<br>___ Pray<br>___ Sing<br>___ Spend time with Children<br>___ Have experience of awe<br>___ Contribute to causes in which you believe<br>___ Read inspirational literature (e.g. talks, music)<br>___ Other: |
| **Emotional Self-Care**<br>___ Spend time with others whose company you enjoy<br>___Stay in contact with important people in your life<br>___ Give yourself affirmation, praise yourself<br>___ Love yourself<br>___Reread favorite books, review favorite movies<br>___ Identify comforting activities, objects, people, relationships, places, and seek them out<br>___ Allow yourself to cry<br>___ Find things that make you laugh<br>___ Express your outrage in social action, letters, donations, marches, protests<br>___ play with children<br>___ Other: | **Balance**<br>___ Strive for balance within your work life and work day<br>___ Strive for balance among work, family, relationships, play and rest |

Adapted from: Transforming the Pain: A Workbook on Vicarious Traumatization by Karen W. Saakvitne & Laurie Anne Pearlman. Copyright © 1996 by the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy. Used by permission of W.W. Norton & Company, Inc. Guidebook to Vicarious Trauma

**Resources for Staff**

All staff of VCH and PHC have access to the Employee and Family Assistance Program for team debriefs or one to one counselling.

Employee and Family Assistance Program

## Appendix E - SafeCARE Training at PHC

SafeCARE is both the name of an ongoing project on 10C the acute Urban Health Unit, as well as the title for the education sessions provided to all staff within the Urban Health Program at St. Paul's Hospital. The goal of safeCARE is to provide direct-care staff with the tools, knowledge and skills to provide culturally safe, trauma informed care while maintaining safe boundaries with patients. It includes specific attention on operationalizing policies such as "Leaving Hospital Safely"; "High Dose Opiate Assisted Therapy"; "Management of Substance Use"; "Cultural Safety and Cultural Humility"; "Family Presence (Visitation)"; "Trauma Informed Practice".

Within a safeCARE model we aim to partner with patients and families in appropriate assessment, care planning and support to promote pro-social behaviours and manage emotional regulation and behavior and co-creating agreements on what constitutes safe, dignified and respectful behaviours. By doing this we are 'changing the container' from how we traditionally operate – disrupting our practice and re-setting our approach. By doing this we have seen reduced incidence of physical and verbal violence and aggression experienced by health care staff. Education sessions open to Urban Health Staff are two classroom days, held four times a year. The curriculum includes: Indigenous histories and cultural safety, harm reduction, substance use disorders, trauma and attachment, trauma informed care, HIV 101, LGBTQ2S cultural safety, and shared personal stories of lived experience

The key drivers to create safeCARE depicted below:

| | |
|---|---|
| **Effective Date:** | 07-FEB-2020 |
| **Posted Date:** | 07-FEB-2020 |
| **Last Revised:** | 07-FEB-2020 |
| **Last Reviewed:** | 07-FEB-2020 |
| **Approved By:**<br>*(committee or position)* | VCH<br>**Endorsed By:**<br>(Regional SharePoint 2nd Reading)<br>Health Authority Profession Specific Advisory Council Chairs (HAPSAC)<br>Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC)<br>Operations Directors<br>Professional Practice Directors<br><br>**Final Sign Off:**<br>• Vice President, Professional Practice & Chief Clinical Information Officer, VCH |
| **Owners:**<br>*(optional)* | VCH<br>**DST Developer Leads:**<br>• Clinical Nurse Specialist, Vancouver Community Mental Health and Substance Use, VCH<br>• Manager, Mental Health & Substance Use (VC), VCH<br>• Manager, Mental Health and Substance Use, VCH<br>**TIP Guideline Working Group (2017/2018):**<br>• Team Leader, Central Intake & Transitions, Mental Health and Substance Use, Richmond, VCH<br>• Regional Primary Care, VCH<br>• Manager, Mental Health and Addiction Services, North Shore, VCH<br>• Clinical Nurse Educator, Coastal Mental Health and Substance Use, VCH<br>• Regional Lead, Mental Health and Substance Use, VCH<br>• Mental Health Therapist, Assessment and Treatment Services, North Shore, VCH<br>• Clinical Operations Supervisor, Public Health, VCH<br>• Case Manager, Addiction Housing, VCH<br>• Aboriginal Health Lead, VCH |