



Sunshine Coast  
Health Centre

# OUR TRAUMA- INFORMED APPROACH



## Introduction

Since 2009, Sunshine Coast Health Centre has worked with clients diagnosed with post-traumatic stress disorder (PTSD), either as a single disorder or co-occurring with substance use disorder (SUD). During this time, there has been an increase in awareness of the term trauma-informed, not only in mental health settings but also in the general public. Occasionally, clients can have different understandings of what it means to have a trauma-informed approach. Defining what “trauma-informed” allows us to better accommodate clients who present with trauma and increase the likelihood that their treatment experience will promote healing and growth.

As a mental health services provider, Sunshine Coast Health Centre is committed to working with clients to help them manage or resolve their trauma-related issues. We recognize that in order to maximize the impact of these efforts, we need to provide trauma therapies in an organizational that is trauma-informed—based on the knowledge and understanding of trauma and its far-reaching implications.

## Important Considerations

The very premise of being ‘trauma-informed’ is being questioned by some trauma experts in the field—what people with trauma really need is trauma therapy. There is very little consensus on what trauma is and, as a result, how best to treat it. A third and final limitation is conceptual ‘bracket creep’ in the field with trauma being expanded to the point that almost anything can result in trauma. Many in the general public, including our clients, have adopted this position. With a poorly-defined understanding of trauma, it is understandable that our clients’ expectations of us as a ‘trauma-informed’ program are not consistent with the literature on ‘trauma-informed’ care.



## What Is Trauma? What Causes Trauma?

Before we can talk about how we are trauma-informed or discuss our trauma-informed approach, we first need to understand the term trauma. There are many definitions for trauma. This is not surprising, given that experts working in the field of trauma have many different theories about what causes trauma. Since defining trauma is dictated by what causes trauma, this definition by the US-based Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) is often used:

*“[T]rauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 7).*

Another mental health authority, the American Psychological Association (2008), defines trauma in simpler terms as “an emotional response to a terrible event like an accident, rape, or natural disaster.”

SAMHSA (2014) goes on to say that each person’s experience of life events is unique and whether or not one develops trauma depends on the “3 Es” of trauma: **event(s)**, **experience of event(s)**, and **effects** (p. 8).

**Events** include what actually happened (e.g., extreme threat of physical or psychological harm such as natural disasters, violence, etc.; or life-threatening neglect—in the case of children). Part of the event may also include the actual fear of reaching out for help. Another way of understanding traumatic events, according to trauma psychologist Judy Herman (1992), is that they typically:

- Render victims helpless by overwhelming force
- Involve threats to life or bodily integrity, or close personal encounter with violence and death
- **Disrupt a sense of control, connection and meaning**
- Confront human beings with the extremities of helplessness and terror, and
- Evoke the responses of catastrophe

Our program pays particular attention to item 3, working with clients to regain a sense of control, connection, and meaning. For more information on our trauma programming, refer to the document, [How We Treat Trauma](#).

**Experience of Event(s)** means how the event(s) is experienced by the individual. How an individual makes sense of a event may be linked to a range of factors including the individual’s cultural beliefs, availability of social supports, or to the developmental stage of the individual (i.e., a person may understand and experience events differently at age five, fifteen, or fifty). That is why a particular event (or events) may be experienced as traumatic for one individual and not for another.





**Effects** of the event are a critical component of trauma. The duration of the effects can be short to long term. The adverse effects may occur immediately or have a delayed onset. Effects can include difficulty:

- Regulating mood (e.g., anger, fearfulness, shame, guilt)
- Describing feelings, internal experiences, and needs and wishes
- Managing cognitions (e.g., memory, attention, and thinking)
- Feeling a sense of self-worth—feeling worthless, damaged, or self-blaming
- Relaxing (e.g., frequently on guard, frequent worries and fears about safety of self and others)
- Coping with daily life stressors
- Trusting others or benefitting from relationships (e.g., no sense of connection, sense of being different from others, frequent conflict in relationships, inability to establish or maintain intimacy in relationships, or difficulty setting boundaries)
- Regulating behaviours (e.g., high-risk behaviours such as self-harm, substance use, gambling, and disordered eating; isolation and avoidance; numbing and dissociation; hyperarousal and hypervigilance)
- Maintaining physical health (e.g., chronic pain, chronic fatigue, headaches, sleep problems, breathing problems, digestive problems).

Trauma can also result in increased rates of depression, anxiety, hostility, and irritability. Finally, the impact of adverse effects can also negatively impact one’s capacity to make sense of these experiences (meaning-making).

# Our Trauma-Informed Approach

As a trauma-informed healthcare provider, we are informed by SAMHSA’s ‘4 Rs’.

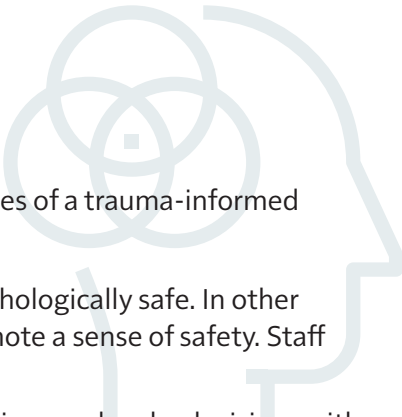
1. We **realize** the widespread impact of trauma and understand that there are many potential paths for recovery.
2. We **recognize** the signs and symptoms of trauma in clients and staff.
3. We **respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
4. We actively **resist re-traumatization**.

Our trauma-informed approach is distinct from the trauma-specific interventions we provide to clients. Our trauma-informed approach is inclusive of trauma-specific interventions, whether assessment, treatment, or recovery supports, yet it also incorporates key trauma principles into non-clinical or psychiatric aspects of the organization, such as client services, food services, and housekeeping.

## Key Principles

Similarly to our these four assumptions, we are guided by SAHMSA’s six principles of a trauma-informed approach:

1. **SAFETY** — We commit to staff and clients feeling physically and psychologically safe. In other words, the physical setting is safe and interpersonal interactions promote a sense of safety. Staff strive to understand how clients define safety.
2. **TRUSTWORTHINESS AND TRANSPARENCY** — We conduct operations and make decisions with transparency with the goal of building and maintaining trust with clients and among staff.
3. **PEER SUPPORT** — We recognize that peer support is a key way to establish safety and hope, build trust, and enhance collaboration. We utilize client stories and their lived experiences to promote recovery and healing from trauma.
4. **COLLABORATION AND MUTUALITY** — We value our partnership with clients and we acknowledge the power differences that exist between staff and clients and organizational staff from clerical and housekeeping personnel to professional staff to management. We recognize that everyone has a role to play in a trauma-informed approach.
5. **EMPOWERMENT, VOICE, AND CHOICE** — We recognize strengths and experiences among staff and clients and build upon them. We foster a belief in the ability of clients to heal and recover from trauma and in their resilience. We support clients in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. We support clients in cultivating self-advocacy skills. We also acknowledge the need for safety for both staff and clients. Therefore, aggressive behaviour or any form of verbal or physical abuse towards staff will not be tolerated.
6. **CULTURAL, HISTORICAL, AND GENDER ISSUES** — We are committed to recognizing our own cultural stereotypes, privileges, and biases, offering gender-responsive services, utilizing traditional cultural practices, and incorporating policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of our clients.



## Ways to Promote a Trauma-Informed Practice



We all play a role in promoting a sense of safety as part of having a trauma-informed practice. Each individual's experience of trauma is unique and, therefore, so are the 'triggers' that individuals experience with trauma.

### Dos and Don't For Clients

We have some suggestions for clients when it comes to promoting a trauma-informed approach, for their peers or themselves:

#### DO:

- 1. Encourage Peers to Participate in Social Activities** — Isolating is a common response to trauma. Peers can do their part by inviting clients to participate in various social activities such as sitting together during meal breaks, walking together during outings, etc.
- 2. Respect Peers and Their Desire to Be Alone** — At the same time, it is important to acknowledge clients and respect their decision if they choose not to participate in social activities. Healing from trauma takes time. Peers are reminded not to take it personally when a peer declines to participate.
- 3. Be Respectful In Your Interactions with Staff** — Staff also deserve a sense of safety at work. Aggressive behaviour or any form of verbal or physical abuse towards staff or contractors will not be tolerated.
- 4. Practice Flexibility and Patience** — We make a conscious effort to minimize sudden changes in clients' daily routines. When such changes are unavoidable, such as in the event of a staff illness, staff endeavour to provide as much advance notice as possible.

#### DON'T:

- 1. Surprise Someone with Trauma** — One of the symptoms of trauma is being on edge and being easily startled. Avoid sneaking up and surprising other clients. Pranks are never okay. Avoid sudden, loud noises such as slamming a door or dropping a weight in the gym or making sudden, unexpected physical contact, such as a slap on the back.
- 2. Assume that Staff Know When You Or a Peer is Experiencing Stress** — It is not helpful for clients to expect staff to know what they are thinking or feeling at any given moment. Clients are asked to notify staff when they are experiencing stress rather than waiting for staff to notice.
- 3. Expect a Trigger-Free Treatment Experience** — we believe it is not possible, nor beneficial, for clients to have a trigger-free treatment experience. Sights, sounds, and smells can all serve as reminders of past traumatic experiences and opportunities for post-traumatic growth. While we acknowledge these triggers and their impact, our clinical focus is on supporting clients in developing self-regulation skills and resilience.



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