



## **EVALUATION OF FASD PREVENTION AND FASD SUPPORT PROGRAMS**

**Philosophy/Theoretical Framework:  
Trauma Informed**

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# Trauma and violence informed

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## Short definition

Service providers who are trauma-informed are aware that the majority of women who are at risk of having a child affected by FASD have current and/or past experiences of violence and trauma that may underlie their use of alcohol. It is also unfortunately common for youth and adults with FASD to have experienced trauma. Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor's safety, choice and control (Harris & Falot, 2001). Trauma-informed services create a treatment culture of nonviolence, learning, and collaboration (Bloom & Yanosy Sreedhar, 2008).

## Trauma and violence-informed approach

### Definition

There are many forms of trauma: single incident trauma, complex or repetitive trauma, developmental trauma, intergenerational trauma and historical trauma. Haskell (2003) notes how the effects of trauma are often enduring and profound; may shape every aspect of a person's life, even years after the traumatic experience has occurred; and are particularly traumatic when the violence is ongoing, begins in childhood and is perpetrated by someone the person loves and should be able to trust.

Trauma and violence-informed services do not "treat" trauma but aim to integrate trauma awareness into all levels of service. The goal is to minimize harm and avoid "re-traumatizing" practices that may cause one to re-experience an initial trauma event (Government of Canada, 2018). Trauma-informed services can be implemented in any kind of organization or service setting. They are distinct from *trauma-specific* services, which address the consequences of trauma, focus on the need for healing from trauma and facilitate trauma recovery through specific interventions. Working in a trauma-informed way does not necessarily require disclosure of trauma. Rather, services are provided in ways that recognize needs for physical, emotional and cultural safety, as well as choice and control in decisions affecting one's participation in supportive programming.

In a violence-informed approach to FASD prevention, service providers recognize that women may be currently unsafe, and display an understanding of the dynamics of abuse and violence, in the way they discuss and support increased safety (Dechief, 2012).

## Trauma-informed approach - Key Principles and Elements

In trauma-informed services, there is attention in policies, practices and staff relational approaches to safety and empowerment for the service user. Safety is created in every interaction, and confrontational approaches are avoided.

Researchers and clinicians have identified four principles of trauma-informed practice: (excerpted from *Trauma-Informed Practice Guide (Arthur et al., 2013)*)

- 1. Trauma awareness** – All services taking a trauma-informed approach begin with building awareness among staff and program participants of: how common trauma is, how the impact can be central to one’s development, the wide range of adaptations people make to cope and survive, and the relationship of trauma with substance use, physical health and mental health concerns. This knowledge is the foundation of an organizational culture of trauma-informed care (Hopper, Bassuk, & Olivet, 2010).
- 2. Safety and trustworthiness** – Physical, emotional, spiritual, and cultural safety for clients is key to trauma-informed practice because trauma survivors often feel unsafe, are likely to have experienced boundary violations and abuses of power and may be in current unsafe relationships. Safety and trustworthiness are established through: welcoming intake procedures, exploring and adapting the physical space, providing clear information about programming, ensuring informed consent, creating crisis plans, demonstrating predictable expectations, scheduling appointments consistently, offering guided tours, and displaying expressions of cultural diversity (Fallot & Harris, July 2009; IWK Health Centre, Nova Scotia Health Authority, & Government of Nova Scotia, 2015).
- 3. Choice, collaboration and connection** – Trauma-informed services create safe environments that foster a client’s sense of efficacy, self-determination, dignity, and personal control. Service providers try to communicate openly, equalize power imbalances in relationships, allow the expression of feelings without fear of judgment, provide choices as to treatment preferences, and work collaboratively. In addition, having the opportunity to establish safe connections with treatment providers, peers and the wider community is reparative for those with early/ongoing experiences of trauma. This experience of choice, collaboration and connection is often extended to client involvement in evaluating the treatment services and forming consumer representation councils that provide advice on service design, consumer rights and grievances.
- 4. Strengths based and skill building** – Clients in trauma-informed services are assisted to identify their strengths and to further develop their resiliency and coping skills. Emphasis is placed on teaching and modeling skills for recognizing triggers, calming, centering and staying present. Sandra Bloom, in her Sanctuary Model of trauma-informed organizational change, described this as having an organizational culture characterized by “emotional intelligence” and “social learning”. Again, a parallel attention to staff competencies and learning these skills and values characterizes trauma-informed services.

While not forcing disclosure of a history of trauma, finding opportunities to discuss and provide support about current safety is critically important.

Lastly, the needs of service providers are also considered within a trauma-informed service approach. Policies that support education, support and self-care related to vicarious trauma experienced by service providers themselves are a key component.

### **Potential indicators of activities and program and community outcomes informed by Trauma-Informed Practice (TIP):**

Note: TIP is endorsed on multiple levels, in individual interactions with clients, as a part of the service culture and policy, and in interagency and intersectoral collaborations.

- ❖ TIP can be seen in flexible intake and assessment processes that: create safety (including cultural safety), do not “press for compliance”, screen for present concerns and adaptations people have made to cope, normalize client experience(s), set boundaries, are welcoming, respectful and engaging.
- ❖ Service providers ask program participants about how they would like the provider to support them when they are upset. All program participants have an individualized safety plan that is fully integrated into the program activities (Includes a list of stressors, specific helpful strategies, specific non-helpful strategies, a list of people the participant feels safe around).
- ❖ Where helpful (not necessarily with people with FASD), service providers share information about how common trauma is (CAMH, 2000) and help participants understand the connection between their experience of (childhood) abuse, violence or trauma, poverty, substance use, and other challenges faced.
- ❖ Program participants feel that service providers do not view them as “bad”, problematic, with multiple disorders” – but rather understand how the adaptations they have made to cope with trauma may be affecting their present ability to cope well.
- ❖ Program participants are given choice in what services they receive and are supported in decisions about the level of their participation and the pacing of the services accessed.
- ❖ At the service level, the potential for re-traumatization is formally acknowledged, and policies are in place to minimize the potential for re-traumatization.

- ❖ The physical environment of the service is attuned to safety (e.g., it is calming and comfortable). The space around the building is safe (e.g., parking lot and sidewalks are well lit, directions to the program are clear).
- ❖ Current safety is discussed and support and referrals provided.

## References

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## Trauma and violence informed practice – Related links

### ***Trauma-informed practice guide, 2013***

This resource was developed collaboratively by the BC Provincial Mental Health and Substance Use Planning Council to support the application of trauma-informed principles into practice and policy, by clinics, agencies and groups assisting clients with mental health and substance use concerns in British Columbia.

[http://bccewh.bc.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

### ***Trauma informed care for women who use substances: A training curriculum for service providers, Iris Torchalla and Verena Strehlay, 2016***

This training curriculum was developed by the Centre for Health Evaluation and Outcome Sciences (CHÉOS) to provide service providers with the clinical skills to address trauma within the context of addiction. It focuses on trauma-specific interventions within harm reduction services for women.

<http://www.cheos.ubc.ca/wp-content/uploads/2016/05/Workshop-Manual-Sheway-Training-Curriculum-2015.pdf>

### ***Trauma-informed practice resources, Trauma, Gender, Substance Use Project, Centre of Excellence for Women’s Health, 2017***

This resource list is a selection of trauma-informed and treatment-related resources and curricula. There is a mix of both trauma-informed and trauma-specific approaches and practices.

<http://bccewh.bc.ca/wp-content/uploads/2017/03/TGS-TIP-Resource-list-2017.pdf>

### ***WEBINAR: Trauma-informed practices that focus on creating safe, support, respectful and welcoming environments, Centre of Excellence for Women’s Health, 2015***

This webinar offers a comprehensive overview of what trauma-informed means as well as specific examples of creating safe environments from community programs across Canada.

[Recording](#)   [Slides](#)

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For more tools and resources related to evaluating community-based FASD prevention programs for women including pregnant women and recent mothers, supportive intervention programs for adults and older youth with FASD, and FASD programs in Aboriginal communities, please visit: **[www.fasd-evaluation.ca](http://www.fasd-evaluation.ca)**