

OCASI Guidelines on Trauma & Violence Informed Approaches (TVIA)



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Overview of Presentation

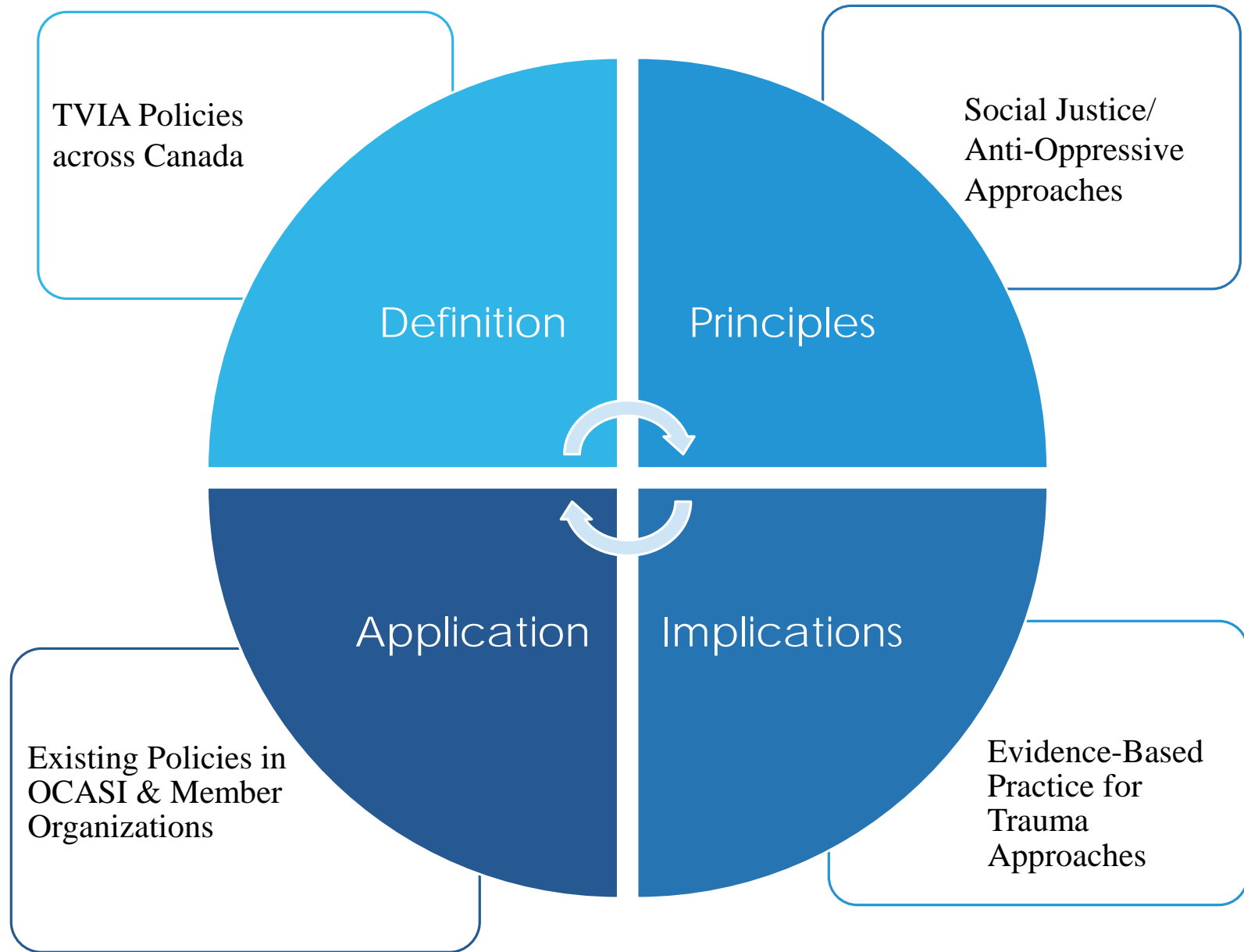
- Background of the OCASI Guidelines on TVIA
- Development of the OCASI Guidelines on TVIA:
Foundational sources and process
- Structure of the OCASI Guidelines on TVIA
- Contents of the OCASI Guidelines on TVIA
- Comments, Feedbacks, and Q & A



Background of the OCASI Guidelines on TVIA

- ▶ Builds on OCASI's Mental Health Promotion Guidelines for Immigrant, Refugee Serving Organizations
- ▶ Responds to gaps and needs identified through the needs assessment and environmental scan conducted as part of the OCASI Mental Health Promotion project:
 - ▶ High prevalence of experiences of trauma, violence, secondary trauma among staff and clients
 - ▶ Need to build organizational capacity around trauma and trauma-informed practices through policy and course development
 - ▶ Need to incorporate anti-racist, anti-oppressive, intersectional approach to trauma and trauma-informed practice

An Iterative Process of Developing the OCASI Guidelines on TVIA



OCASI Guidelines on Trauma and Violence Informed Approaches (TVIA)

► STRUCTURE

PREAMBLE

- Trauma
- Trauma-Violence Informed Approach

PRINCIPLES

*(1) Generalist Practice (2) Preventing Re/Traumatization
(3) Fostering Safety (4) Continuing Growth and Community Building*

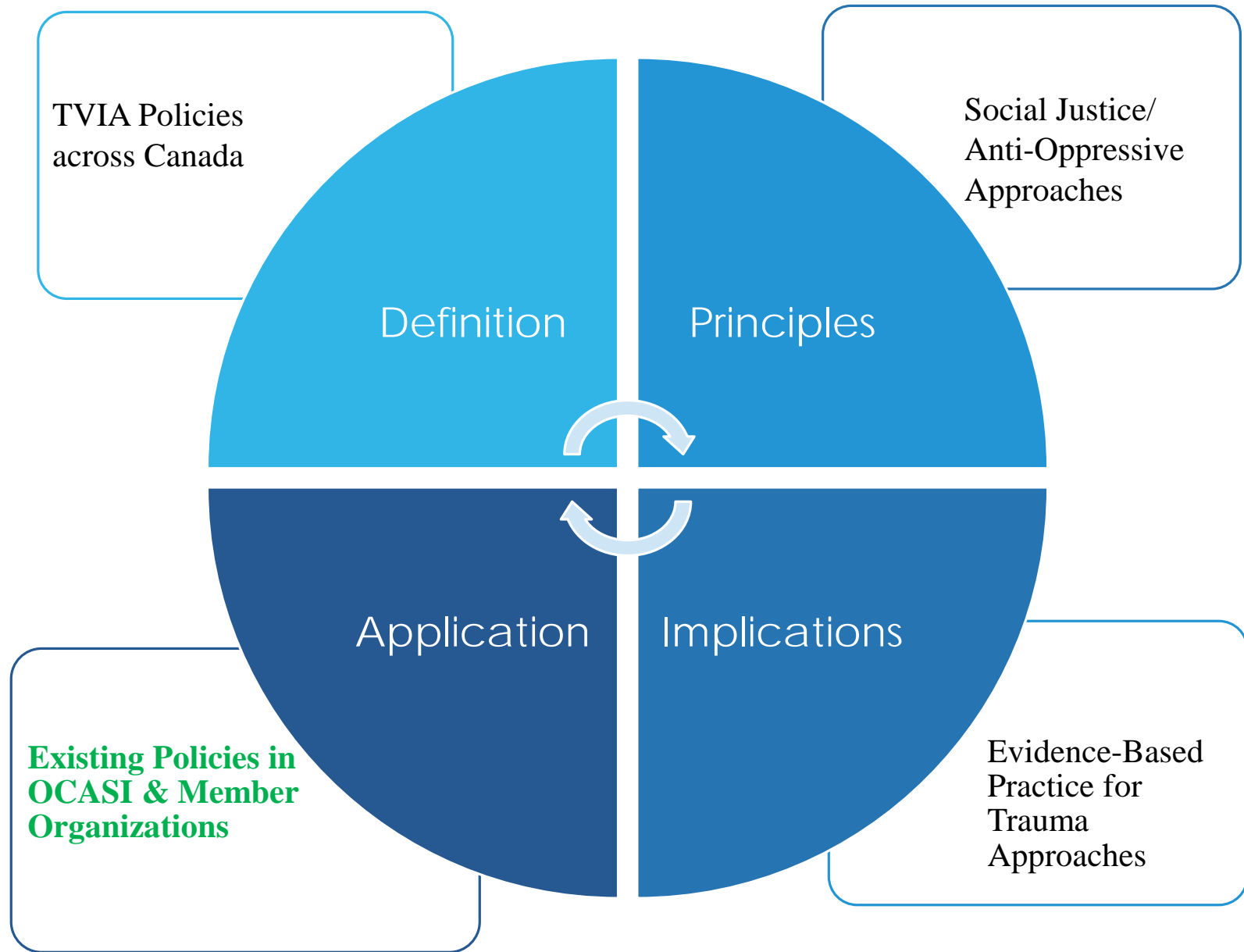
IMPLICATIONS

*(1) Generalist Practice (2) Preventing Re/Traumatization
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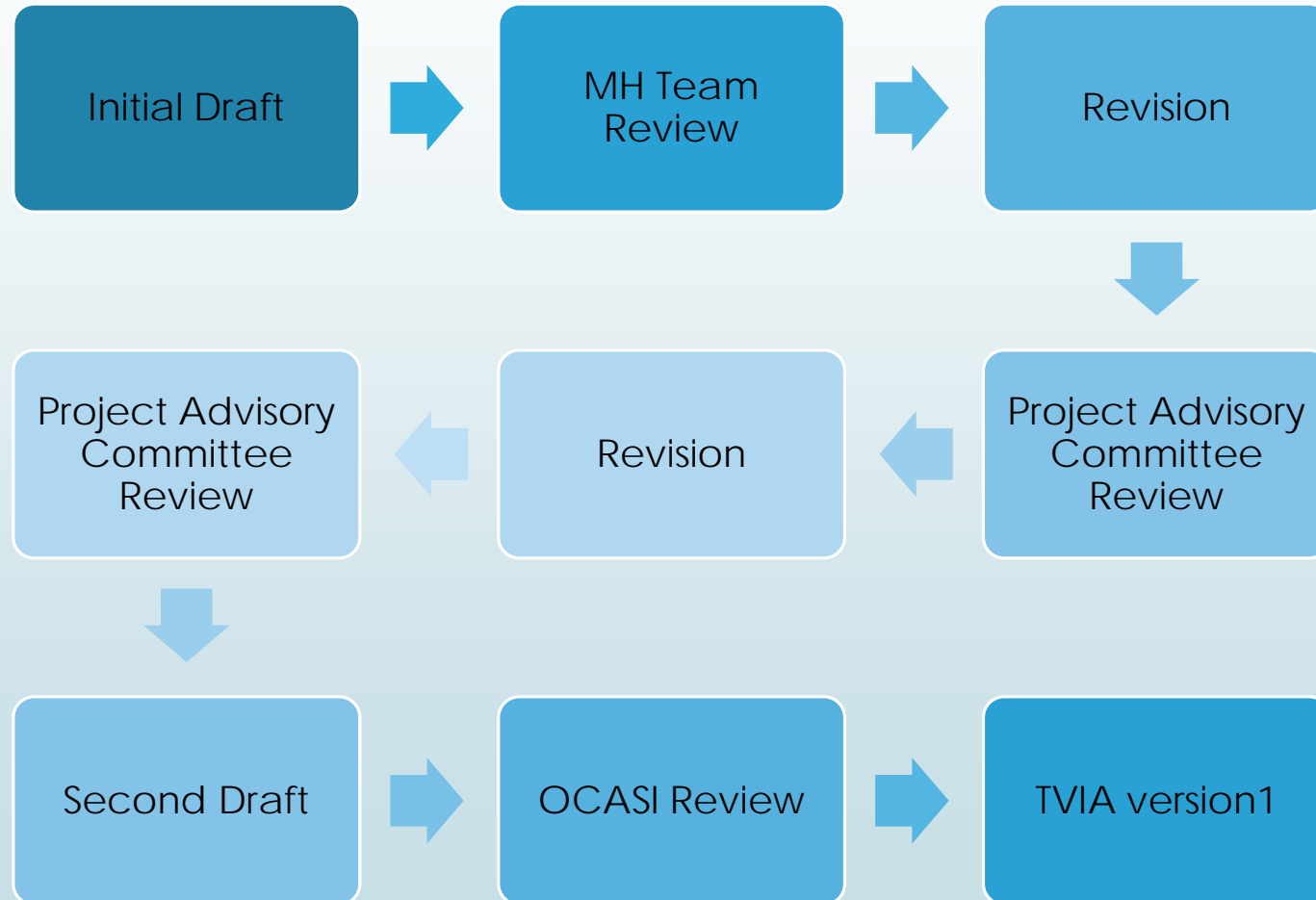
APPLICATIONS

- Providing Services to People with Experience of Violence/Trauma
- Providing Services to Staff

An Iterative Process of Developing the OCASI Guidelines on TVIA



OCASI: Collaboration Within





TVIA Guidelines within Each Agency's Context

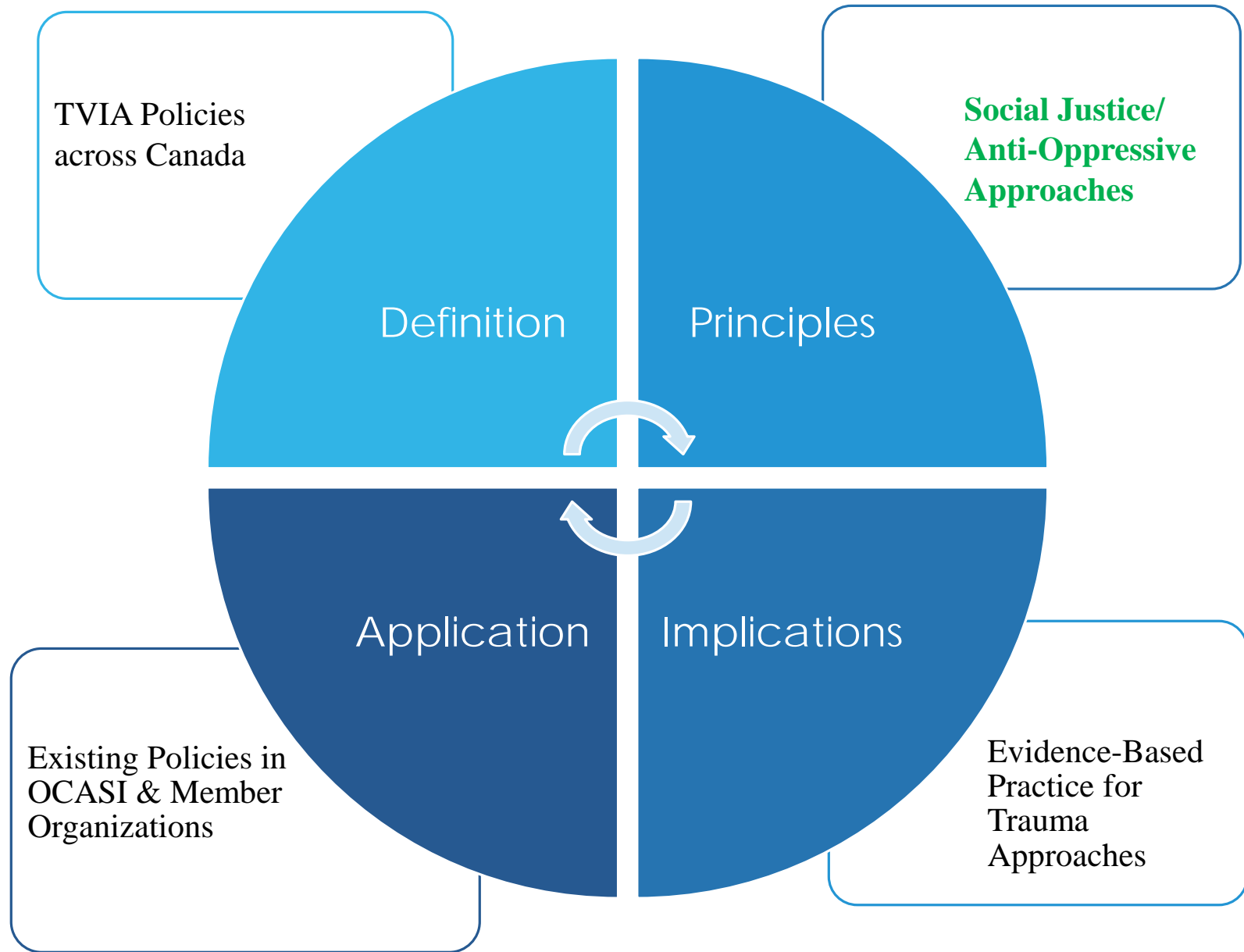
- ▶ Variabilities across Member Agencies
- ▶ Existing Policies and Guidelines relevant to TVIA in OCASI
 - ▶ Mental Health Promotion Guidelines
 - ▶ Anti-racism, Anti-oppression Policy



PREAMBLE of OCASI Guidelines on TVIA

- ▶ The Guidelines are not intended to be prescriptive but applicable to all organizations regardless of mandates of organizations and type of services they provide. It is recommended that all organizations adapt the guidelines to develop own procedure to complement existing policies and procedures within the organization and to meet the needs of community the organization serves.
- ▶ These Guidelines are not meant to replace an agency's Anti-Racism and Anti-Oppression (ARAO) Policy and Procedures. Rather, they are meant to complement and align with existing ARAO policies.
- ▶ Acknowledging the heterogeneity of OCASI's member organizations, the term Staff is used in this document to refer to all people subject to this policy, including employees (providing direct or indirect services), Board members, volunteers, and contractors and Agency refers to OCASI and its member organizations. The Guidelines apply to all persons who, on behalf of OCASI, deal with members of the public or other third parties.

An Iterative Process of Developing the OCASI Guidelines on TVIA



Social Justice and Anti-Oppressive Practice in Providing Services to immigrants and refugees

- Overarching commitment regardless organizational priorities
- PREAMBLE: a standpoint of incorporating de-colonial, antiracist, anti-oppressive principles of practice
- Equity and Access to **All**
 - Who? Both staff and service users
 - Trauma versus Post-Trauma
 - Services? Integration of Micro and Macro level services in Serving Immigrants & Refugees

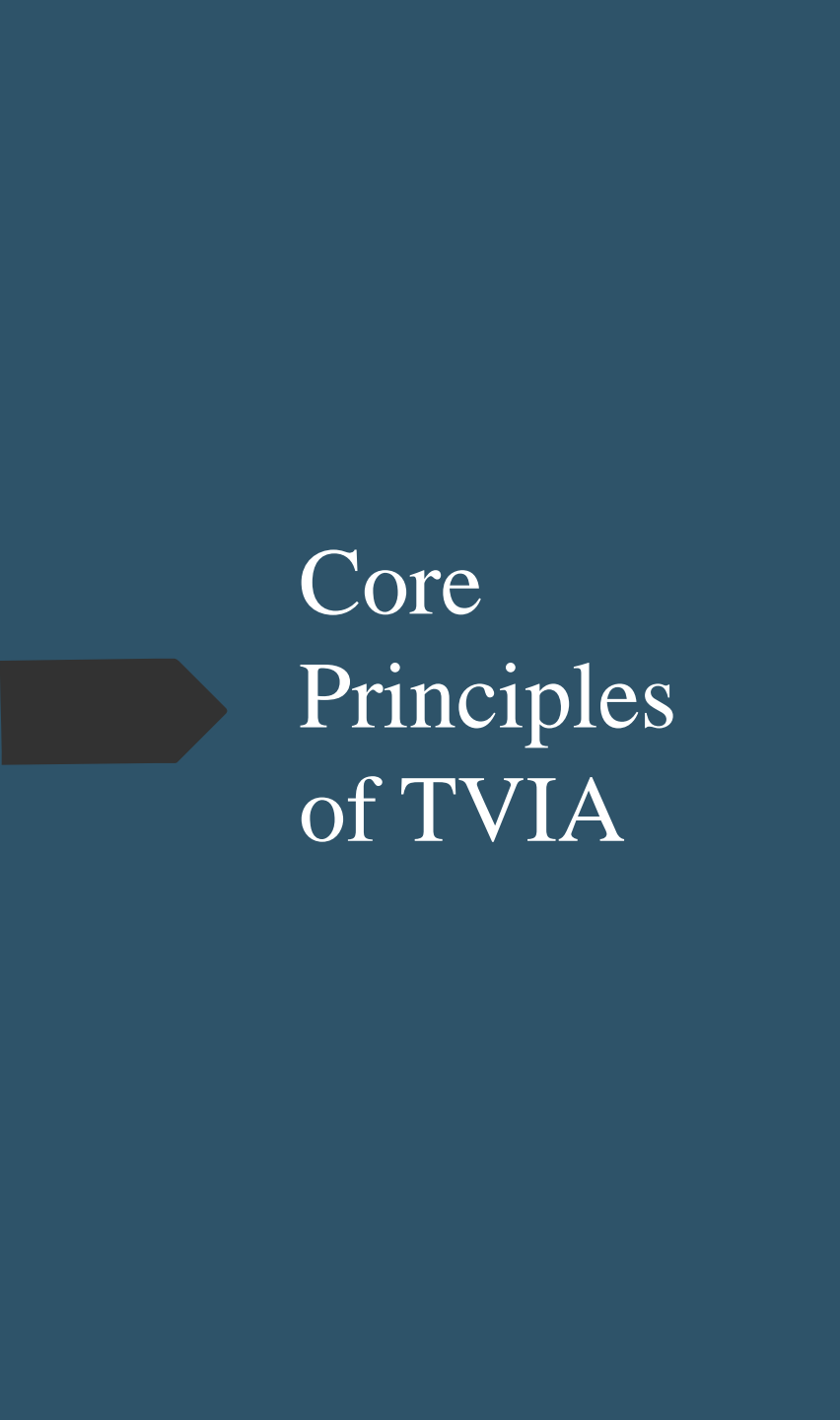




Facts



- ▶ A Canadian epidemiology study reported that 76.1% of Canadians reported lifetime exposure to one or more traumatic events and 9.2% reported experiencing PTSD in their lifetime (Van Ameringen et al., 2008).
- ▶ A recent cross-national study on the prevalence of PTSD of the 24 countries, Canada had the highest prevalence of PTSD – 9.2 % of Canadians suffer from PTSD in their lifetimes – followed by Netherlands, Australia and the US (Duckers, Alisic & Brewin, 2016).
- ▶ According to the United Nations High Commissioner for Refugees, as of 2019, there are 70 million forcibly displaced people around the world due to violence and safety concerns. Canada has continued to be one of the top 5 developed countries that take immigrants before and after refugee crisis
- ▶ Displaced and marginalized populations have experienced multiple oppressions and corresponding trauma (UNHCR, 2019; De La Rue & Ortega, 2019),



Core
Principles
of TVIA

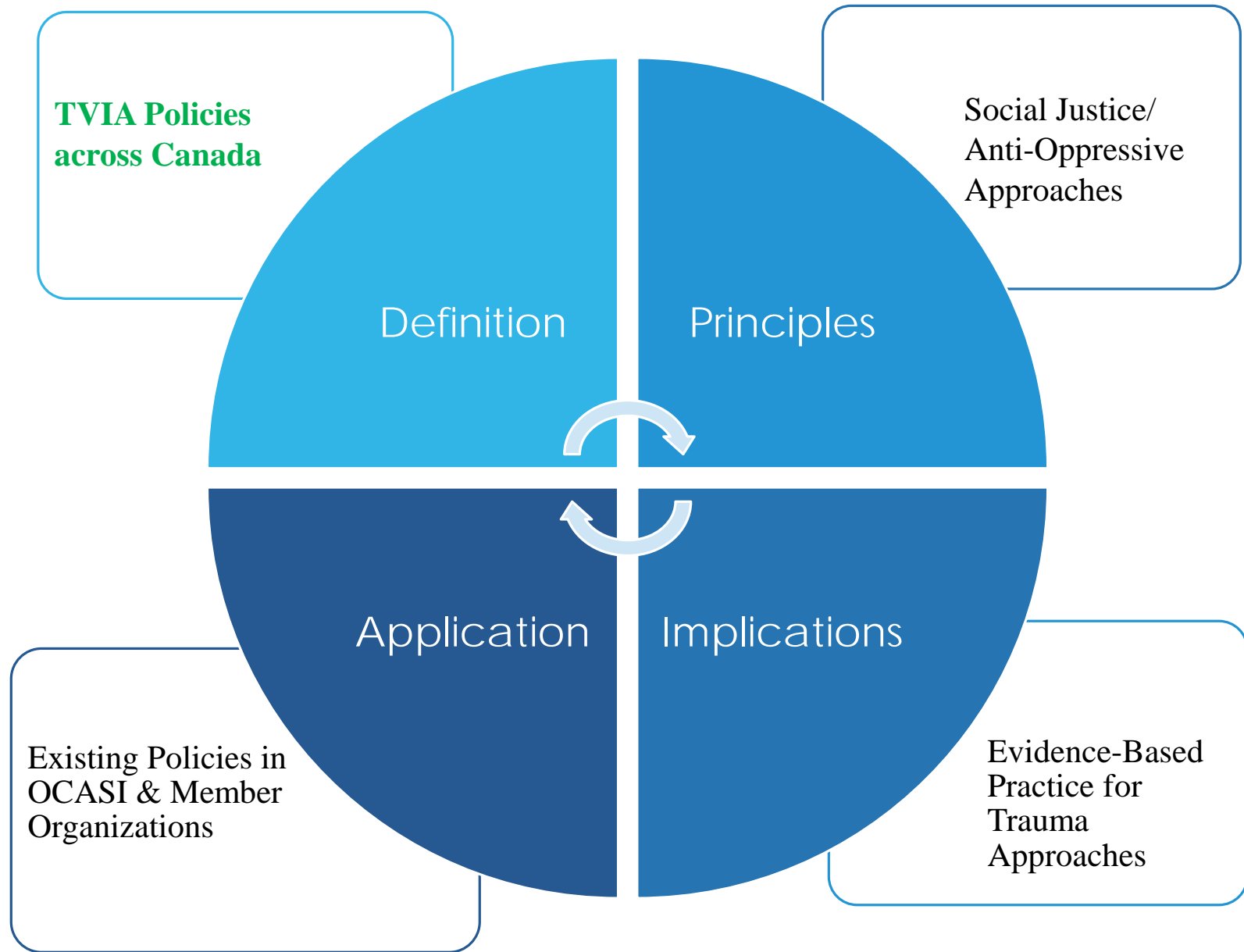
Generalist Practice

Preventing Re/Traumatization

Fostering Safety

*Continuing Growth and
Community Building*

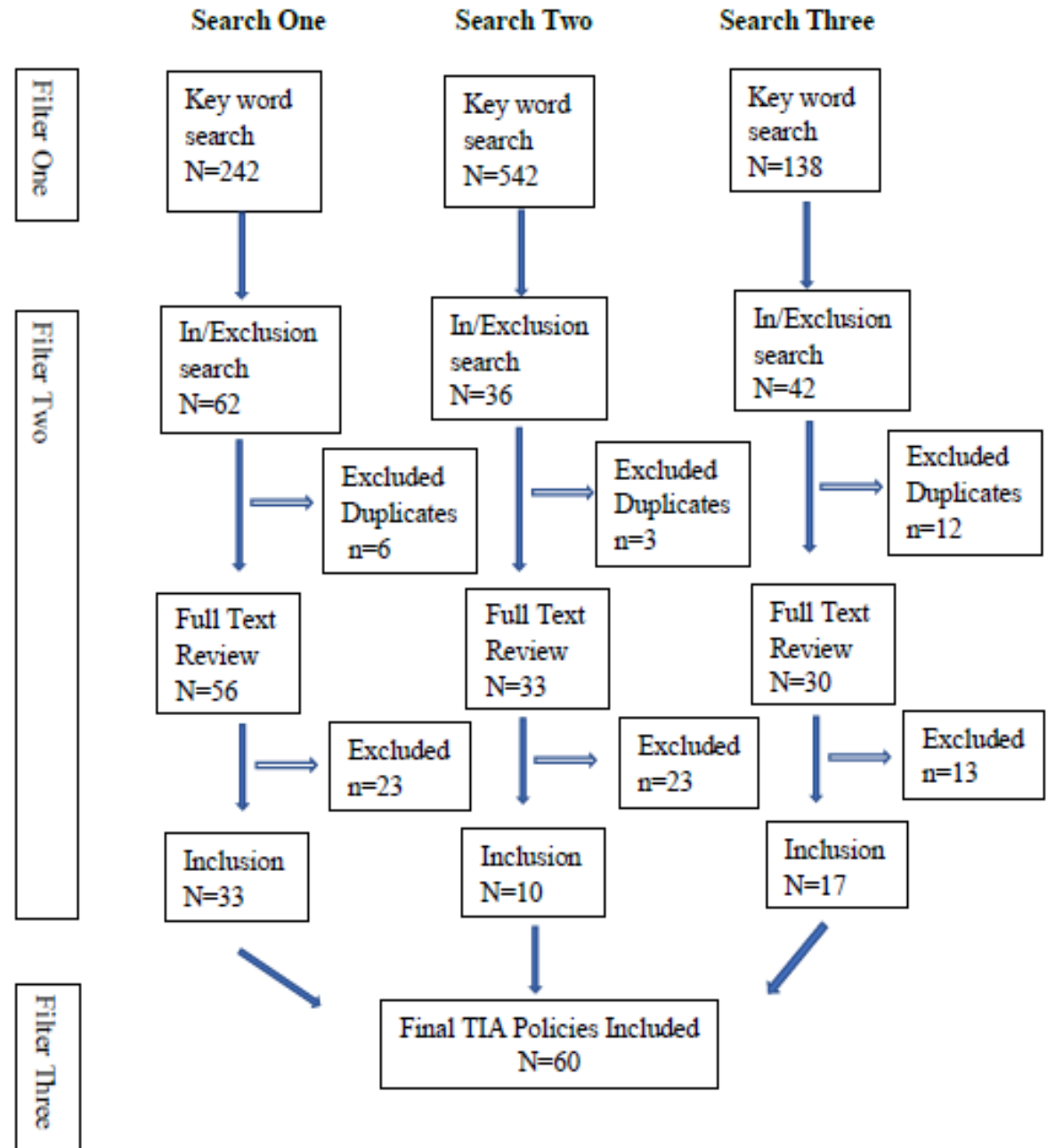
An Iterative Process of Developing the OCASI Guidelines on TVIA



Current Policies of TVIA in Canada

- Richard B. Splane Applied Social Policy and Social Innovation Fund, University of Toronto (2019-2021. PI: Eunjung Lee)
- A Systematic Mapping Review (SMR) on existing governments and organizational policies on TVIA
- Rigorous 3 Search Strategies
 - General policy online search: (1) *gc.ca*, (2) *advanced google search*; (3) *advanced search of Public Health Agency of Canada*
 - Health related policy search through ‘*Grey Matters: a practical tool for searching health-related grey literature*,’ by the Canadian Agency for Drugs and Technologies in Health (CADTH) Information services
 - Search engine specific to government policies in Canada: (1) *Carleton University custom google search*, which includes Canadian government publications from federal, provincial, and local governments; (2) *Canadian Public Documents*; (3) *The Library of Parliament website*, (4) *Government of Canada Publications* and (5) *Policy Resources Canada*.

Overview: A Systematic Mapping Review (SMR) on TVIA Policies in Canada



Key Point (I): Mapping Trauma-Informed Policies across Canada

- 12 Federal policies,
- 32 Provincial and Territorial policies
- 16 Non-government policy documents

Provinces and Territories	Government Policies	Non-Gov Policies
<u>Nova Scotia</u>	3	
<u>Manitoba</u>	5	
<u>Prince Edward Island</u>	1	
<u>British Columbia</u>	16	1
<u>Ontario</u>	2	13
<u>Alberta</u>	2	2
<u>Yukon</u>	1	
<u>Nunavut</u>	1	
<u>North West Territories</u>	1	

Key Point (II): Understanding Trauma

- Focus on Individual Experiences and Responses:

“Trauma is defined as experience that overwhelms an individual’s capacity to cope. Trauma can include events experienced early in life—for example, as a result of child abuse, neglect, disrupted attachment or witnessing violence—or later in life, such as violence, accidents, natural disasters, war, sudden unexpected loss and other life events that are out of one’s control. Trauma can be devastating can interfere with a person’s sense of safety, self and self-efficacy, as well as the ability to regulate emotions and navigate relationships”. (BC A Path Forward, 2013, p.47)

- Trauma-Informed Care (TIC)

- Recommended Services focusing on individuals and their environments

Key Point (II): Understanding Trauma

➤ Inclusion of Systemic Responses:

1. Public Health Agency of Canada (2018). Trauma and violence-informed approaches to policy and practice. Public Health Agency of Canada.
2. Prince Edward Island (2016). Mental Health and Addiction Strategy: Moving Forward Together
3. The Indigenous Health Writing Group of the Royal College (2019).
4. Addictions and Trauma Treatment in Nunavut (2018)
5. Violence Evidence Guidance Action (VEGA) Briefing Note: Trauma and Violence Informed Care. (2016)

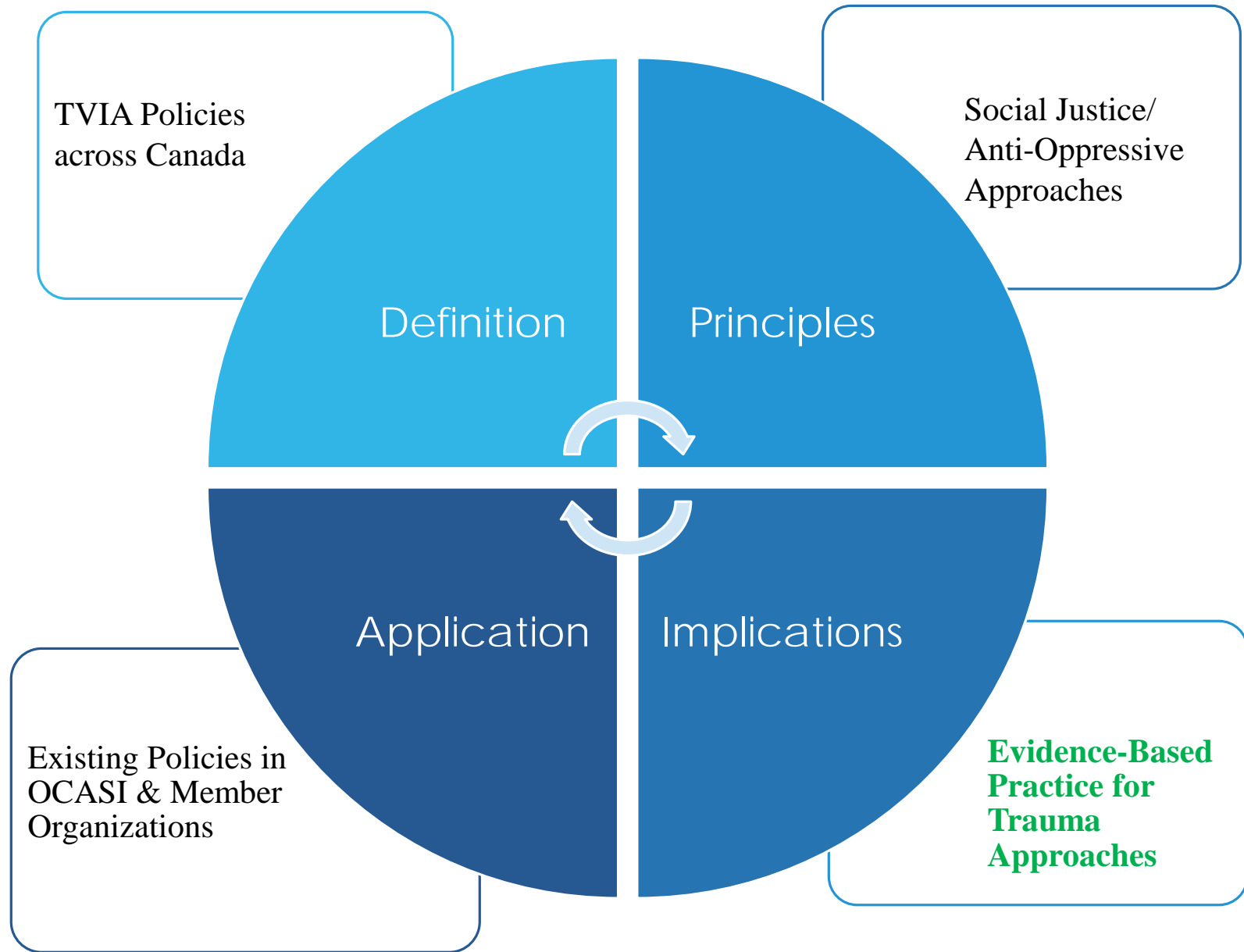
➤ Trauma-Violence Informed Approach (TVIA)

- ## ➤ Recommended Services focusing on both individuals, organizations and systemic initiatives

PREAMBLE

- **Trauma** is part of the human response. Conflicts and **Violence** in all sorts (e.g., family conflicts, sexual exploitation, child abuse and neglect, various institutional and systemic injustice and discrimination), accidents, natural disasters, wars, and harmful social conditions (e.g., stigma and bias) are inescapable. The Guidelines thus refer to *trauma beyond the biomedical definition and approaches, adopting a feminist intersectional lens that emphasizes a structural understanding of trauma that incorporates de-colonial, antiracist, anti-oppressive principles of practice.*
- **Trauma and Violence Informed Approaches (TVIA)** are policies and practices that acknowledge the widespread impact of trauma, recognize the connections among various forms of violence, trauma, and negative consequences in health, functions and life satisfactions, and foster the potential paths for self-care, resilience and institutional and community capacity building.
- TVIA recognizes that violence can impact the lives of individuals at the interpersonal, collective, systemic, and structural levels. These, often intersecting, forms of violence can be in the background or foreground of the lives of services users and Staff. As such, making use of TVIA policies and practices can support organizations in preparing and addressing the needs of their communities.

An Iterative Process of Developing the OCASI Guidelines on TVIA





Evidence-Based Practice for TVIA

- Social Sciences and Humanities of Research Council of Canada, Institutional Grant Program (2019-2020. PI: Eunjung Lee)
- A Rapid Review on empirically supportive trauma treatments and services
- Synthesis: mostly systematic reviews or meta-analyses.
- In total, our review encompassed 486 empirically supported treatments (mostly RCTs = 474) of trauma treatments and 37,222 participants

Overview: A Rapid Review on Trauma Approaches

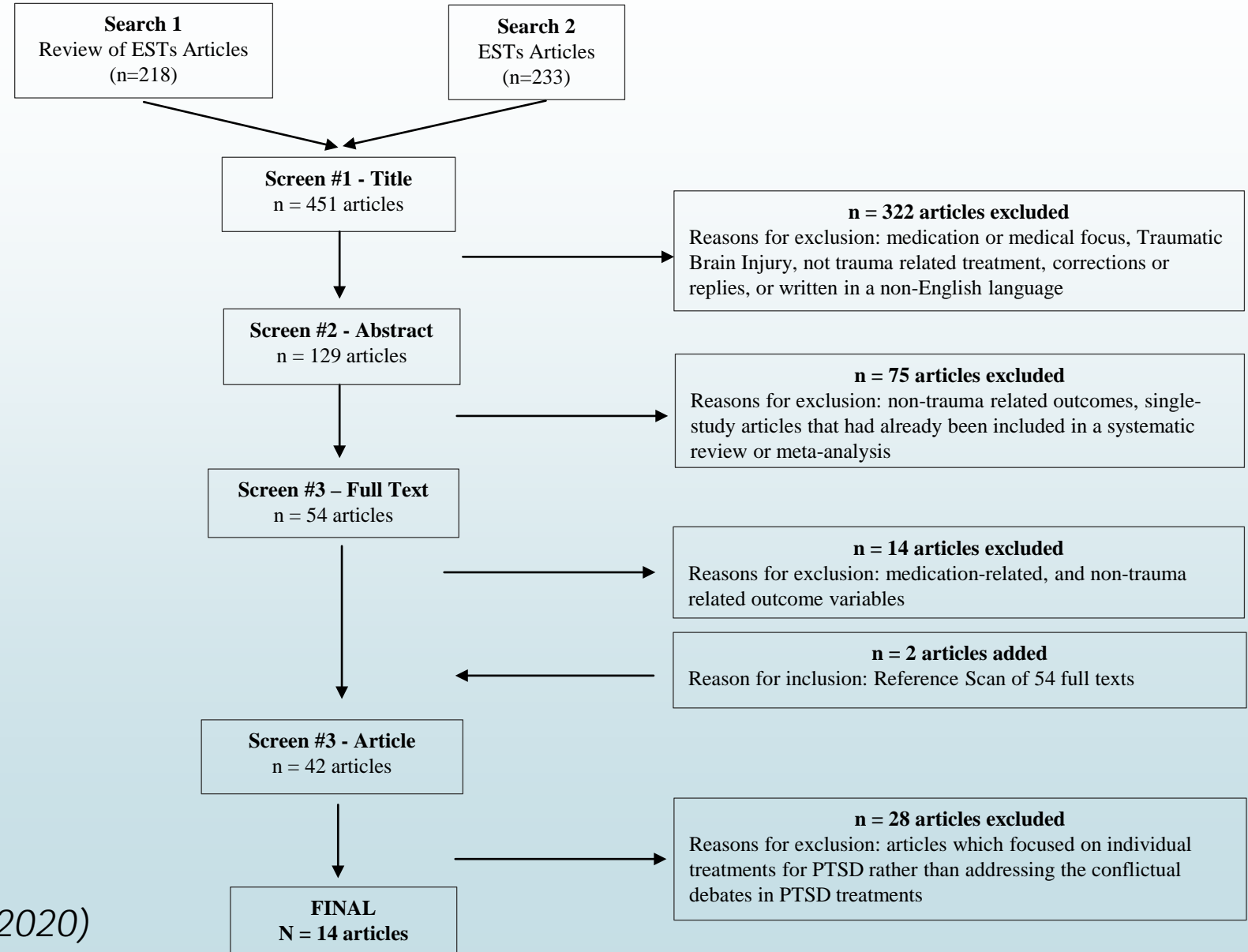
Search 1 Key Words:

ti(Trauma* OR PTSD OR Post-traumatic stress disorder* OR posttraum* OR complex trauma* OR counsel* OR type 1 trauma* OR type 2 trauma*) AND ti(Psychotherap* OR therap* OR treatment* OR couns*) AND ti(systematic review* OR meta-analy*)

Search 2 Key Words:

ti(PTSD OR Post-traumatic stress disorder* OR posttraum* OR complex trauma* OR type 1 trauma* OR type 2 trauma*) AND ti(Psychotherap* OR therap* OR treatment* OR couns*) AND ti(random* OR controlled clinical trial* OR control group* OR statistical* significan* OR double-blind OR qual* OR quant*)

Source: Lee, E & Bowles, K. (2020)



Key Point on Trauma Interventions (I)

- **All active approaches** are effective in reducing trauma symptoms for both children and adults
 - ✓ both Trauma-Focused and non-Trauma-Focused approaches
 - ✓ A face-to-face and non-faced-to-face approaches
 - ✓ Short-term and long-term
 - ✓ Individual and group approaches
 - ✓ Professional and para-professional
- A critical importance is to provide active services *at the time of need* to *individuals* with trauma experiences regardless its intervention type/model/setting.
- It demands institutional and systemic policy changes to *reduce a waitlist* and to *increase service access at all levels*

Key Point on Trauma Interventions (II)

- For the **complex struggles** of post-trauma responses and substance abuse issues, both individual and group-based TFTs and non-TFTs without substance abuse intervention did not perform better than the control comparison of treatment-as-usual and minimal interventions.
 - It is critical to provide the **combined services/treatments** to make the effect on reducing both trauma- and substance-related issues.
- **Dropout rate**: all active treatments reported high (i.e., 18 %) and even higher (i.e., 30-50%) for people with complex struggles of post-trauma responses and substance abuse issues
 - It is critical to acknowledge **institutional challenges** for service provision.

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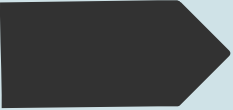
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Implications




Principle 1: Generalist Practice

- ▶ Treating everyone as if they have been subject to trauma and violence enhances ‘*universal trauma precautions*,’ which provide positive supports for *all people*.
- ▶ This principle provides a common ground that creates *institutional culture of addressing trauma and violence concerns*, offers a basis for consistent ways of responding to people with such experiences, and helps to integrate services within and across systems



Implications of Principle 1

- Acknowledge that all people, both Staff and service users in Agency are potentially subject to and/or have experienced violence and trauma.
- Support an organizational culture of, and train all Staff on the connections between violence, trauma and their impact on life, including vicarious trauma.
- Actively remove all stigma and further victimization due to the impacts of violence and trauma among service users and Staff. This means that service users are not subject to any discrimination against accessing to and using services and Staff should not be subject to any discrimination against promotion if they are impacted by trauma and violence.
- Develop hiring practices that seek people who understand trauma and violence and their impacts on people and create reward systems that encourage Staff for building their competencies in this area
- By practicing universal trauma precautions, provide sufficient time/resources to support meaningful engagement between Staff and service users to early detect the impacts of violence and trauma.



Principle 2: Preventing Re/Traumatization

- ▶ Doing no harm is the base of all policies and practices of Agency in addressing violence and trauma. TVIA is not aimed at treating trauma but preventing further harm by re/traumatization.
- ▶ Service users can access to Agency services regardless of disclosing their experience of violence and trauma.
- ▶ Staff who work with people who have experienced violence often hear difficult stories and witness the impact of these experiences, which may subject themselves into vicarious traumatization, and/or may be triggered their existing trauma. This principle ensures that Staff care for themselves, and Agency support Staff in attending to that care, while they are providing ethical care and responses to other people's trauma



Implications of Principle 2

Agency:

- Support Staff to understand peoples' responses to violence and trauma, including their own.
- Acknowledge that it is often unsafe when re-telling the experience of violence and trauma and that the disclosure is not central in accessing to and providing services at the Agency.
- Identify, respect, and minimize individual triggers, which can reactivate trauma in both Staff and service users.
- Create a culture of respect for the diversity of ways in which staff choose to manage their triggers when they occur.
- Actively support the well-being and self-care of Staff who are repeatedly exposed to others' stories of violence and trauma




Principle 3. Fostering Safety

- Safety is the foundation of any and all violence and trauma related works.
- This principle means that Agency commits to create and ensure emotional, physical, psychological, interpersonal, social, cultural, and systemic safety for all people in all levels of services and their delivery in the environment.



Implications of Principle 3

- Provide clear information of what service users and Staff can expect from Agency to promote a sense of control
- Attend to the set-up of a safe service and work environment in all aspects of Agency
- Seek service users' and Staff's input into inclusive and safe strategies
- Train Staff (both administration and frontline Staff) in critical reflection on power differences between service users and Staff/Administration/Institute/System.
- Promote cultural safety by attending to the safe environment for everyone in Agency regardless of their expressed or assumed culture.
- Create a procedure to support Staff and service users at risk of violence and trauma



Principle 4: Continuing Growth and Community Building

- ▶ A strong belief for human growth and resilience despite adversities guides Agency and Staff to create environment that foster hope.
- ▶ This principle highlights that Agency incorporates a strength-based approach and foster opportunities for choice, collaboration, and connection to support both service users and Staff in coping and growth.



Implications of Principle 4

- Provide options that tailor interventions to Staff and service users' needs, strengths and contexts and respect their decision of the choice.
- Provide general skill building and wellness programs rather than focusing on problems, in order not to elicit shame when accessing services at the Agency
- Provide community building programs that promote the collective experience of healing
- Support an organizational culture of community care and self-care, and train Staff about its importance

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APPLICATIONS

- Providing Services to People with Experience of Violence/Trauma
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Applications

Applications



Create a TVIA Committee, if applicable.



Providing Services to People with Experience of Violence and Trauma



Providing Services to Staff

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TVIA Committee

- Developing, implementing, and refining TVIA policies and practices.
- Developing and implementing TVIA training programs as specified in the policy.
- Developing a feedback procedure to improve TVIA policy and procedures.
- Documenting and Filing relevant reports as specified in the policy



Providing Services to People with Experience of Violence and Trauma

- Making Agency commitment to TVIA visible to service users, Staff, and public
- Creating a safe environment at the Agency.
- Being aware of power imbalance between service users and Staff/Agency, acknowledging systemic injustice, and providing culturally safe services
- Providing services to counteract violence and trauma and enhance the following:
 - Empowerment
 - Community connection
 - Self-compassion
 - Strength, resilience and growth



Providing Services to Staff

- Agency commitment
- Institutionalizing TVIA training
- creating a culture of discussing trauma and vicarious trauma
- Being clear about job tasks and personnel guidelines about TVIA
- Institutionalizing a procedure to support Staff at risk of vicarious trauma, compassion fatigue and burnout
- Creating a space to discuss and address direct and indirect experience of violence and trauma
- Promoting a culture of community care and self-care and Institutionalizing Staff Wellness Program
- Institutionalizing Monitoring and Evaluation of TVIA

[Selected] REFERENCES AND USEFUL RESOURCES

- Public Health Agency of Canada <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
- Manitoba Trauma Information and Education Centre Toolkit: http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf
- Public Health Agency of Canada (2015) Snapshot of Family Violence in Canada –Infographic. Retrieved from <http://www.phac-aspc.gc.ca/sfv-avf/infographi-eng.php>
- Ponic, P., Varcoe, C., & Smutylo, T. (2016). Trauma-(and Violence-) Informed Approaches to Supporting Victims of Violence: Policy and Practice Considerations. Department of Justice (DOJ) Victims of Crime Research Digest. Retrieved from <http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html>
- Provincial Health Services Authority of BC. 2013. "Trauma-informed practice guide." http://bccewh.bc.ca/wpcontent/uploads/2012/05/2013_TIP-Guide.pdf.
- Equip Health Care: Research to Equip Primary Health Care for Equity (University of British Columbia, University of Victoria, University of Northern British Columbia, Western University) [Trauma- and violence-informed care: A tool for health and social service organizations and providers](#)
- BC Centre of Excellence in Women's Health [Trauma-informed Practice Guide](#)
- Klinic Community Health Centre [Trauma-informed: A resource for service organizations and providers to deliver services that are trauma-informed](#)
- APA Clinical practice guideline for the treatment of PTSD <https://www.apa.org/ptsd-guideline/ptsd.pdf>

- International Society for Traumatic Stress Studies: <http://www.istss.org/>
- ISTSS Guidelines Position Paper on Complex PTSD in Adults: [http://www.istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS_CPTSD-Position-Paper-\(Adults\)_FNL.pdf.aspx](http://www.istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS_CPTSD-Position-Paper-(Adults)_FNL.pdf.aspx)
- ISTSS Guidelines Position Paper on Complex PTSD in Children & Adolescents: [http://www.istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS_CPTSD-Position-Paper-\(Child_Adol\)_FNL.pdf.aspx](http://www.istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS_CPTSD-Position-Paper-(Child_Adol)_FNL.pdf.aspx)
- White Paper: A Public Health Approach to Trauma: [white paper and the recommendations of the Task Force](#)
- The Task Force on International Trauma Training of ISTSS published the [Guidelines for International Training in Mental Health and Psychosocial Interventions for Trauma Exposed Populations in Clinical and Community Settings](#).
- Self-care for Providers: [click here](#). Get helpful tips for professionals working with trauma survivors in [English](#), [French](#), or [Spanish](#)
- Australian Centre for Posttraumatic Mental Health. (2007). *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Post-Traumatic Stress Disorder*. Retrieved from <http://www.acpmh.unimelb.edu.au/site/resources/guidelines/ACPMHFullASDandPTSDGuidelines.pdf>
- Cloitre, M., Courtois, C. A., Ford, J. D., Green, B. L., Alexander, P., Briere, J., & Van der Hart, O. (2012). The ISTSS expert consensus treatment guidelines for complex PTSD in adults. *Complex Trauma Task Force (CTTF)*.
- Forbes, D., Creamer, M., Bisson, J., Cohen, J., Crow, B., Foa, E., Friedman, M., Keane, T., Kudler, H., Ursano, R. (2010) [A guide to guidelines for the treatment of PTSD and related conditions](#), *Journal of Traumatic Stress*.
- Kealy, D. & Lee, E. (2018). Childhood trauma among adult clients in Canadian community mental health services: Toward a trauma-informed approach, *International Journal of Mental Health*, 47:4, 284-297. <https://doi.org/10.1080/00207411.2018.1521209>
- Mitschke, D.B., Praetorius, R.T., Kelly, D. R., Small, E. & Kim, Y.K. (2017). Listening to refugees: How traditional mental health interventions may miss the mark. *International Social Work*, 60(3), 588-600. <https://journals.sagepub.com/doi/pdf/10.1177/0020872816648256>

Comments
Feedbacks
Q & A

