TRAUMA-INFORMED CARE
Building a Culture of Strength

INSPIRING LEARNING
IMPROVING LIVES

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Trauma is prevalent in our world and has an impact on many of the people we interact with, including our clients and colleagues. Compassionate and trauma-informed care is essential to providing effective support and building sustainable services. This workshop explores how to build a trauma-informed culture in a workplace setting that integrates knowledge throughout the organization. Participants will develop an understanding of the pervasive impact of trauma on individual health and relationships. Guiding principles will be explored for increasing emotional and physical safety, culturally sensitive empowerment, and creating greater resilience for all parts of an organization. Becoming trauma-informed creates a sustainable foundation in any work setting to promote strength, engagement, and recovery.

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Canadian Assessment, Vocational Evaluation & Work Adjustment Society (CAVEWAS)
Canadian Counselling and Psychotherapy Association (CCPA)
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National Board for Certified Counselors (NBCC)
Vocational Rehabilitation Association of Canada (VRA Canada)

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# Table of Contents

Page 4  Trauma-Informed Overview  
Page 5  Core Pillars of Building a Trauma-Informed Culture  
Page 6  Awareness – What is Trauma?  
Page 12 Recognizing Trauma  
Page 16 Take Steps – Trauma-Informed Principles  
Page 18 Building a Culture of Strength  
Page 19 Safety and Trust  
Page 22 Choice and Voice  
Page 26 Strengths and Resilience  
Page 30 Take Steps – Build Over Time  
Page 31 Checklist for Next Steps  
Page 33 Appendix  
Page 42 References  
Page 43 CTRI Services

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The process of becoming trauma-informed is not about becoming a trauma specialist. Rather it is about understanding the role that each person can play, big or small as we promote individual and collective healing from trauma. This applies to everyone and everything within our workplaces and organizations, from the janitor, to the Executive Director, to workplace hiring policies, to the physical layout of a building.

The impact of trauma can influence how people engage with, manage and exit services. Any organization or system that works or serves people will encounter this influence due to the prevalence of trauma in our society. Proactively incorporating healing principles such as respect, compassion and collaboration into every role and the overall environment of an organization gives the best opportunity for all participants to benefit. All aspects of an organization can be therapeutic, or not.

The impact of trauma flows across all areas and relationships of a person’s life. Similarly, an effective healing approach needs to encompass all areas and relationships in the systems surrounding a person.

**Trauma-informed** organizations or programs encompass the core principles of being trauma-informed into all its actions and roles. The whole organizational culture influences the client.

**Trauma-informed specific actions** are the particular programming, interventions or supports offered to an organization’s clients, that operate within a *trauma-informed organization.*
CORE PILLARS OF BUILDING A TRAUMA-INFORMED CULTURE

The concept of being trauma-informed is most useful when it is applied to individual roles and whole organizations or systems. Regardless of setting, there are central pillars that create a trauma-informed structure. Specific principles can then be applied to fill in the details of how to implement this structure in an appropriate way in a particular setting.

Awareness

It is essential to become aware of the reality and prevalence of trauma that can pervade all levels of our society. Realizing how this relates directly to one’s own community, organization, and personal life is the foundation for being able to go on to the second pillar.

Recognize

Once the power and impact of trauma is acknowledged, then the signs of its presence can be more easily recognized. Trauma does not select any particular group. Its impact involves all human beings, therefore this awareness relates to clients, volunteers, board members, staff and leaders. There is no “us and them” in terms of how we are impacted.

Take Steps

Building on a solid understanding of how trauma works, it is possible to identify tangible steps that are appropriate in each individual role. A key goal is to avoid re-traumatization. This does not require knowing any specific details of a person’s experience. Rather, offering all services in a way that embody trauma-informed principles creates a setting where maximum healing is possible and brings forward strengths and resilience.
AWARENESS – WHAT IS TRAUMA?

We are built to survive!

Trauma is a wound that injures us emotionally, psychologically, physiologically, and spiritually. Human beings are wonderfully equipped to be able to orient, survive and adapt to a wide range of experiences. However, any human will find it more difficult to adapt in situations that do not feel safe.

When a person’s sense of well-being and survival is threatened, instincts kick in, setting off a traumatic stress response. The source of this experience may be a particular incident, an interaction or a series of events that create an atmosphere that is destabilizing. Sometimes this response may be short-lived, and adaptive. When the response continues long past the presence of a threat, a person may be experiencing post-traumatic stress. Any experience of trauma can leave a person more vulnerable to experience a subsequent stressor as traumatic.

Trauma is inherently a violation or experience of violence. It is adaptive that survival instincts kick in under such circumstances.

What would be an adaptive traumatic stress response?

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______________________________________________________________________________

Individually ___________________________________________________________________

______________________________________________________________________________

Interpersonally   ______________________________________________________________

______________________________________________________________________________

Collectively ___________________________________________________________________

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______________________________________________________________________________
**Orienting** – Our senses, stress hormones and muscles start to react to focus in on the threat and what we need to do to have the best chance to survive it. Heart rate increases, airways open up and oxygen flows to bigger muscles to aid reaction.

**Flight** – Avoidance, running or hiding may all be flight responses, ideally to a place of increased safety. Non-essential physical functions (digestion, reproduction) are turned off.

**Fight** – Yelling, posturing, attacking or intense action (slam on brakes, leap over obstacle, move arms to break a fall or pull someone out of the way), may all be fight responses. Thinking is inhibited to allow quick reaction, and to lessen fear getting in the way.

**Freeze** – Frozen watchfulness, getting small, collapsing or dissociating may all be freeze responses. Becoming less visible can save our life.

**Survival** – When reaching increased safety, these instincts will turn off, allowing recuperation. If this cannot be reached, then the longer term activation of these responses continue.

**Recuperation** – Blood pressure and respiration return to regulated rhythms. Sleep, nutrition and social connection are all important to fully recover.

When have you witnessed or experienced some of these responses?

Notice how your body reacts even as you think about this. Ensure you help yourself come back all the way to recuperation – notice where you are now, and take good care.
Common Symptoms of Traumatic Exposure

**Anxious or Activated Symptoms** (examples of Fight or Flight)

Examples may be:

- A young person who has a hard time sitting still in class.
- A staff member who gets easily defensive or reactive at meetings.
- Someone who loudly over-shares personal information in public settings.
- A person who gets aggressively protective of their family members or friends, or joins with a group of peers who can aggressively protect each other.
- Someone who is very directive and controlling of how things should be done.
- A community that has a lot of vandalism and graffiti on public property.
- Increase in gang involvement and gun violence in concentrated areas.

Numbing or Avoiding Symptoms (examples of Freeze)

Examples may be:

- A colleague who is chronically late, or misses meetings.
- A student who can’t concentrate, or appears to be sleeping or zoned out.
- Someone who hides their belongings or tends to sneak things.
- Someone who talks about violence or intense events with no emotions.
- A community that has low or no involvement in community events – nobody shows up.
- High levels of unemployment and lack of opportunities for community youth.

Trauma can leave a person continually feeling under threat or anticipating feeling this way again. The way people then cope with these feelings can create additional *feelings about the feelings*. If these behaviours are not understood as signs of trauma, others will often respond with similar behaviours of aggression, avoidance, or blame and judgement.
Longer Term Stress Responses

Every person has instincts to help them survive and to recover. However, if the duration of a stressor means a person needs to continue to *survive*, or if the necessary supports aren’t available (shelter, nutrition, healthy social connection), then a person may develop additional layers of impact. Experiencing trauma may leave a person more sensitive to additional stress.

**Physical** – increased risk for stress-related health concerns, such as the immune system, heart health and skeletal strength; earlier traumatic experiences can multiply these risks.

**Emotional** – difficulty managing moods; extreme swings of emotions.

**Intellectual** – difficulty focussing, making decisions; fear-based beliefs (“They’re out to get me”).

**Social/ Relational** – difficulty trusting; confused sense of boundary – what is appropriate or not.

**Spiritual** – disrupted joy, purpose and cultural identity; overwhelming loss and grieving.
Systemic and Collective Patterns of Trauma

Any traumatic experience has ripple effects across relationships. What happens to one individual will affect how they relate to others, and how others relate to them. Others connected to the person will also be indirectly impacted.

Larger systemic occurrences (such as war, colonization or discriminatory attitudes) or community events (such as funding cuts or flooding) will have an impact on all the individuals and organizations within that community, as well as directly affect the social and cultural identity of the group. The impact can flow in both directions.

Trauma that pervades a community or organization can erode health at structural, relational and cultural identity levels by breaking communal ties and undermining support.

For example, agencies working with issues of crisis and trauma over time may experience symptoms of collective trauma. Some impacts on organizational functioning may include:

- Reactive responses
- Being resistant to change
- Hierarchical decision making
- Coercive patterns
- Punitive responses
- Working in isolation

Central to a trauma-informed approach is recognizing the layers of impact on individuals and through a community across time. Examples are: *Intergenerational oppression, racism, poverty, community misplacement, mental or physical health crises, suicide, gun violence.*
Long Term Patterns of Collective Trauma in a Community

When a community has been multi-traumatized over time, we can see patterns of the impact of trauma at different levels of community functioning:

Social – Cultural Environment

Norms exist for connecting, preserving relationships and building a sense of identity, belonging and contribution to the health of the community. If there are patterns of violence and poverty within a community, maintaining trust and opportunities for communal progress break down. In organizations, people become isolated; leaders become coercive and punitive.

Physical – Structural Environment

Physical buildings, space and infrastructure in a community contribute to a sense of comfort, resources and expression of group identity. Economic hardship, vandalism or displacement create conditions for added stress. This drains the ability to support one another in times of traumatic stress. Organizations may become rundown with a cold, impersonal atmosphere.

Economic and Education Environment

Opportunities for meaningful employment or education provide sustenance and ongoing purpose in people’s lives. Trauma exacerbates the loss of meaning and motivation to pursue goals and change. In organizations, people become more reactive and resistant to change.
RECOGNIZING TRAUMA

Recognizing trauma is the process of shifting from an illness or pathological symptom-based way of looking at people and their problems, to an approach that understands there are often external factors or experiences at play. These experiences can shape how a person copes with stress, sees oneself or engages with other people. A common way this is described is moving from a starting place of asking “What is wrong with this person?” to “What has happened to this person?” This invites curiosity to wonder how a particular behaviour makes sense in the context of past experiences. For example:

**Shifting from Judgement to Curiosity**

<table>
<thead>
<tr>
<th>Illness Perspective: “What is wrong with you?”</th>
<th>Trauma-Informed Perspective: “What has happened to you?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult and aggressive clients; Resistant and avoidant clients</td>
<td>People have coping strategies that protect them from feeling coerced or hurt.</td>
</tr>
<tr>
<td>Clients with chaotic lives and multiple problems (i.e., addictions, mental health)</td>
<td>Recognition of the valid interaction between trauma, mental health and substance use, and non-shaming approaches to these issues.</td>
</tr>
</tbody>
</table>

**Reflection Questions**

How does this information fit your prior thoughts of what it means to be trauma-informed?

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Do you recognize some of the themes mentioned above?

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What do you recognize that you are already doing in a trauma-informed way?

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What are examples you see of the following:

**Individual** impacts of trauma (Physical, Emotional, Psychological, Spiritual)
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**Relational** impacts of trauma (Communication, Conflict, Closeness, Connection)
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______________________________________________________________________________

**Workplace** impacts of trauma (Teamwork, Collaboration, Problem-Solving, Leadership)
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**Community** impacts of trauma (Traditions and Patterns of Connection, Identity, Culture)
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How do you see the influence flow between these realms?
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How are these impacts often misunderstood or mislabelled?
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How would the impact be different in a collectivist compared to a more individualistic set of values?
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## Practice Shifting to a Trauma-Informed Understanding

The following chart describes some *challenging behaviours* and common explanations. Often these are explained as a deficit in personality or a pathological symptom. Practice coming up with an explanation that considers the possible influence of trauma and provides an alternate view of *how does this behaviour make sense?*

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Common Belief or Explanation</th>
<th>Trauma-Informed Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boundary issues, wants too much physical touching.</td>
<td>Acts needy, is manipulating, doesn’t know limits for affection.</td>
<td><em>Needs reassurance including healing touch and closeness.</em></td>
</tr>
<tr>
<td>Acts disinterested, does not pay attention or is disobedient and defiant.</td>
<td>Has become obstinate and likes to challenge authority.</td>
<td></td>
</tr>
<tr>
<td>Youth has head on desk or is falling asleep in halls.</td>
<td>Being disrespectful – needs to “look me in the eye”.</td>
<td></td>
</tr>
<tr>
<td>Colleague gets quickly defensive in staff meeting, feels “attacked”.</td>
<td>Personality problems, too reactive and hard to work with.</td>
<td></td>
</tr>
<tr>
<td>Withdrawal in relationships, no intimacy with partner.</td>
<td>Frigid or uncaring. Can’t keep a relationship.</td>
<td></td>
</tr>
<tr>
<td>Recurring crisis with violence, addiction or self-harm.</td>
<td>Lacking will power, just wanting attention, morally lacking.</td>
<td></td>
</tr>
<tr>
<td>Community with high rates of unemployment and failing infrastructure.</td>
<td>People don’t care about their homes or all are “troubled”.</td>
<td></td>
</tr>
</tbody>
</table>

*What would examples be of what you experience or see in your setting?*
Post-Traumatic Strengths and Resilience

A part of surviving a traumatic experience is the enhancing of strengths and potential that come to the fore when a person is under challenge. Trauma may also bring about unexpected positive changes for a person, family or community. With any challenge there is potential for growth.

Reflection Questions

When have you had or witnessed an experience within a larger system that:

- Gave you a clear picture of your choices and support to help you exercise them?
- Brought forward your sense of resilience and competence?
- Allowed you to have your full experience validated (emotions, thoughts, questions)?

What impact did this have on you? What difference did this make for your experience?

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What examples of post-traumatic growth or resilience have you witnessed in an individual, organization or community? What helps support this?

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**Take Steps – Trauma-Informed Principles**

**Trauma-Informed Organizations**

The majority of people who seek help in various helping settings have experienced multiple adversities and trauma. They often have well-developed coping strategies to manage emotional pain and isolation, and are highly sensitive to any further threat of rejection or danger. Due to the vulnerability of seeking help from these services, there is also a high risk for re-traumatization in these very settings that are crucial as part of recovery. The central need for connection and compassion at these times is heightened and covered with self-protection.

It is imperative that social service and healthcare settings become trauma-informed to create safe, welcoming environments that can create the opportunity for healing. This can only work if these principles are reflected in the overall culture and environment of these services, as well as in the specific intervention or steps of care that a person receives.

The central principles are the same, whether we are considering the broader systemic implementation or the approach of individual treatment providers.

**Principles of Trauma-Informed Organizations and Delivery**

1. **Safety and Trust**

Central to the impact of trauma is the violation of safety and trust. Therefore, central to the creation of any healing environment is consideration of what can promote safety in your particular setting. This includes what will allow participants to feel physically and psychologically safe while they engage with your service, as well as what promotes safety for all staff in your organization. A key aspect of this is trust and transparency in decision-making and service delivery.
2. Choice and Voice

Another central factor of any traumatic experience is the reality of something happening outside of a person’s (or group’s) choice and control. Infusing a sense of choice into the environment means considering how to pay attention to shifting from power over to power with people. This may include opportunities for voices of administration, staff and participants to be involved in decision-making about the services they receive, or the way work is done.

3. Strengths and Resilience

Recognition of the reality of trauma and its pervasive impact allows greater empathy and curiosity in how every situation is considered. Starting from the knowledge that every person has inherent strengths that help them survive, opportunities can arise to identify, honour and utilize resilience. This includes an affirmation of the natural diversity of people. We can work to actively move past stereotypes and biases, toward curiosity and respect for the wisdom people bring. This is informed by their gender, culture, ethnicity, sexuality, life stage and other minority experiences. Trauma is inherently disconnecting. Bridging areas of difference to allow opportunities for connection and collaboration builds resilience.
BUILDING A CULTURE OF STRENGTH

Lasting Change Involves Multiple Levels of Awareness and Action

Any lasting change requires some congruency between these varying levels of awareness and action. It is common for initial changes to reflect the external goals and behaviours of some individuals within an organization. As a collective sense of identity and culture shifts within the organization, more individuals will also deepen their commitment, and lasting change can occur.

<table>
<thead>
<tr>
<th>System or Organization</th>
<th>Values (Internal)</th>
<th>Behaviours (External)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A collective sense of purpose, shared values and</td>
<td>May or may not be reflected in their structures, procedures and patterns.</td>
</tr>
<tr>
<td></td>
<td>history. Principles that guide mission.</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>A person’s beliefs and values. Driving force behind</td>
<td>May or may not be reflected in their choices, commitments and day to day</td>
</tr>
<tr>
<td></td>
<td>meaning and motivation.</td>
<td>behaviours.</td>
</tr>
</tbody>
</table>

Change is a process. Where is your organization or community in the process of change? Where is the motivation or energy for change?

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Often changes at the behavioural level are emphasized. However, lasting change requires shifts also at the values level. What would make change matter to the individuals and organizations in your community?

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______________________________________________________________________________
1. Safety and Trust

   a. Key Elements at an Organizational Level

Leadership
   • Awareness of trauma and how their services in particular may relate to trauma.
   • Awareness and support for how staff may be impacted by trauma.
   • Give consistent messages and support for a trauma-informed culture throughout organization.

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Policies
   • Written policies that reflect the organizational commitment to being a trauma-informed system and providing trauma-informed care and practices. This includes recognition of the evolving long-term change involved, and possibly a committed role for monitoring the change (e.g., a champion or a committee).
   • Clear policies that build proactive staff development and self-care into the regular processes of the organization. This may be reflected by time, benefits, training or safe spaces for staff support on site.
   • Policies are written, updated, communicated and accessible to all.
   • Planned, regular evaluation of the effectiveness of the trauma-informed policies. Changes and updates are considered an integral part of the culture.

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Environment
   • Public spaces are managed well for safety – for example, parking lots and hallways are well-lit. Waiting areas provide some privacy and comfort. Meeting rooms are available with low stimulation that is comfortable and calming.
   • Access to the services of the organization are thoughtfully managed. What steps does a person need to take and what may be the barriers? For example, are there interpreters available who are trauma-aware and accessible?
   • Confidential and private space for intake procedures and any information sharing.

______________________________________________________________________________
b. Key Elements For Trauma-Informed Specific Actions

Attitude of Respect and Honesty
- Approach each individual with recognition of their innate value, strengths and abilities to adapt to what they have experienced. See the person behind behaviours.
- Commit to the trauma-informed principles to actively avoid re-traumatization. Keep alert to asking the question “How does this behaviour make sense? What happened to this person?”
- Tell the truth.

Universal Screening
- Intake or history taking includes consideration of trauma history and the connections to the present experience of the client, in a supportive and non-shaming manner.
- Make sure the client is comfortable with the conversation and knows they do not need to answer questions, disclose anything they don’t want to, or go into detail.

Emotional Regulation is Central
- Staff ability to stay grounded and regulate themselves is the first step.
- Developing skills to regulate one’s stress response and increase emotional vocabulary is a foundation skill for healing the impact of trauma and allowing engagement in other tasks.

Self Regulation and Supervision
- Avoid taking on extreme rescuing roles. Adopt “I don’t know, and I will find out” into your vocabulary.
- Stay connected to regular consultation and supervision that invites reflection, consideration of alternative perspectives, and no-fault exploration when stuck.
- Stay current and updated on best practices for trauma-informed service in your area.
Connecting the Principle to Your Setting

Which steps for incorporating Safety and Trust at an Organization Level fit for you?

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Which steps for incorporating Safety and Trust in Specific Actions fit for you?

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What additional information do you need to help you with this principle?

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2. Choice and Voice

a. Key Elements at an Organizational Level

Power
- Awareness and mindful consideration of how power is distributed and managed in the organization. This includes thoughtful processes of considering gender distribution, diversity and communication patterns.
- Practices of intentionally inviting the voices of those with minority identities and with less organizational power (e.g., decision-making) to share their experiences and suggestions. Listening and responding to these voices.
- Being willing to change.

Collaboration in Decision-Making
- Opportunities for client voices to be included in shaping policy and service delivery.
- Regular input from staff about their experiences related to trauma-informed policies.
- Collaboration with other stakeholders, community groups and health promotion organizations that relate to the services the organization provides. This relationship-building contributes to safer and more consistent services across settings.

Information Sharing
- Clients are clearly informed about their choices, rights and responsibilities in participating in services or programming. Written information is available.
- Record-keeping and storing of client information is clearly communicated. Clients are informed about their choice of what they disclose.
- Guidelines to protect and limits of confidentiality are explained clearly and are known by all staff. All staff receive training for the ethical handling of electronic, verbal and written information.

There may be specific practices that are important in your work that may not fit these guidelines. The important thing is to be conscious and intentional so this can be explained.
b. Key Elements For Trauma-Informed Specific Actions

Informed Consent and Choice for Services

- Provide clear information of what a client can expect and what options are. Allow time for them to voice questions or concerns. Provide written information about their treatment or options when you can.
- When there aren’t options to have something done differently, be transparent and let the client know before you act. (Examples: administer a treatment; your need to share information with others.)
- Provide options and support for alternate services or referrals if the current service is not a fit.

Make Room for Client Agency

- Recognize client agency over their own health and coping. Central to healing is a person’s ability to exercise their own healthy power when they can. Allow them to set the pace and help clients notice their own boundaries and needs.
- Allow space and time for client to express themselves, ask questions or express feelings. Give options for quieter or different environment if warranted. Allow silence or time between information and taking next steps.
- Provide opportunities for clients to give you feedback. This may be verbal or written, and ideally during and after treatment. Make collaborative assessment of the treatment or progress of services a regular and expected part of the process.
- Recognize that it is common clients may have had difficult experiences with organizations or services in the past. Consider this through the client’s eyes, and understand the fear that may be underlying their engagement with you.

Collaboration With Other Services

- Build knowledge and relationships with other services that your clients often need.
- Emphasize continuity of care through collaboration with other systems.
Which steps for incorporating **Choice and Voice** at an Organization Level fit for you?

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Which steps for incorporating **Choice and Voice** in Specific Actions fit for you?

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What additional information do you need to help you with this principle?

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Application of the Principles

Consider the path of a client or participant in your program or setting. How may a history of trauma affect their experience at various points of interactions? (Examples: looking at your website, intake, coming in for the first time, asking for information, ending services, etc.).

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Consider the themes of traumatic impact explored: persistent worry about danger; feelings of helplessness and lack of power; withdrawal and disconnection.

When might these be most likely to come to the forefront?
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What does your organization or setting already have in place that reflects trauma-informed principles?
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What areas do you see that could use more attention to incorporate trauma-informed principles?
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3. **Strengths and Resilience**

   **a. Key Elements at an Organizational Level**

**Job and Service Descriptions**

- Trauma awareness is specifically named in all job descriptions and interviews.
- Language used in programming reflects the view that people have experienced trauma, are more than their experiences, and that ongoing healing is possible.

**Diversity**

- Policies and language reflect an awareness and intent to embrace diversity in ethnicity, culture, ability, spirituality, sexuality and gender for clients and staff.
- Awareness and training for administration and staff of various cultural experiences of trauma, and for understanding ways of coping with trauma as adaptive strengths.

**Supervision**

- Adequate supervision and support for staff development; support that is grounded in trauma awareness.
- Training is supported for all staff that reflects learning and promotion of trauma-informed principles.

**Vicarious Trauma**

- The impact of trauma exposure is recognized and actively addressed through training, information, preventative policies and support to staff.
- Maintain an environment of care for staff that addresses, minimizes and treats secondary and vicarious traumatic stress, and that proactively increases wellness.
b. Key Elements For Trauma-Informed Specific Actions

Watch for Opportunities to Strengthen Skills for Resilience

- Healthy connection and attachment is the foundation for healing trauma. Continually build on ways to connect positively with your client. Make a true effort to get to know them.
- As healthy connection builds, more of a person’s story will emerge. Allowing for appropriate and contained sharing is often very reparative.
- Recognize what you can learn and how you are impacted by your clients. Recognize the common humanity in experiences of vulnerability and need.

Create Climate of Hope and Resilience

- Acknowledge the client’s abilities to survive and even grow from adversity.
- Acknowledge the strength it takes to get to where the client currently is.
- Let the client know that you believe in them and support their efforts to heal.

Use a Strengths-Based Approach

- Practice seeing symptoms and behaviours as *adaptive* in the right context. Consider how a person’s way of coping helps them as well as how it may hinder.
- Use language that reflects the whole of the person, not just their problems or symptoms. For example, refer to the client as “someone who has experienced trauma,” and who is more than what has happened to them. Focus on healing and recovery as possible.
- Ask about exceptions to problems, and attempted solutions. Listen for hidden successes in how a client manages their daily life.
- Work to become aware of your own hidden biases and expectations.
Honour Strength in Diversity

- Practice considering the multiple life experiences your client has, to expand your understanding of their experience. Adopt a stance of cultural humility.
- Use culturally sensitive questions and interventions. Get to know your client’s cultural contexts and recognize the inherent resources and resilience this brings.
- Understand what healing means to the client within their cultural context. Be open to learning and asking questions about the client’s culture.
- Be open to referring to or collaborating with traditional or culturally sensitive healing services.
- Consider when advocacy may be an appropriate part of your role. Supporting clients who face additional barriers due to language, socioeconomic status, ability, gender, age or other minority stress can allow clients to gain traction in their own healing.

Adopt a Systemic Approach

- Consider the broader contexts (family, community) of your client. Explore possible strengths, support and resources that might be part of these relationships.
- When possible, include parents, caregivers or close relationships in the treatment of the client. Consider the impact of treatment on these relationships.
- Make information and resources available to clients, families and other service providers on the links between trauma exposure, its impact and current treatment.
- Encourage establishment and strengthening of client support networks. Build on your own therapeutic relationship as a foundation for building social skills.

Take Good Care

- Regularly consider and monitor the impact of traumatic exposure on you. Learn and consult about vicarious trauma to know signs of impact specific to you.
- Proactively build a plan for your own meaningful self-care. Engage in regular supervision, debriefing and learning.
Which steps for incorporating **Strengths and Resilience** at an Organization Level fit for you?

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Which steps for incorporating **Strengths and Resilience** in Specific Actions fit for you?

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What additional information do you need to help you with this principle?

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**Take Steps – Build Over Time**

It takes some time to develop a fully trauma-informed culture within any organization. It is normal for systems to move through the following phases as they learn more about trauma, how it interacts in the organization’s programming, and how best to proactively shape the approach to their particular service and clients needs. The organization may already offer trauma specific interventions; however, it requires a system-wide approach to make the experience a congruent, healing one that is as safe as possible.

1. **Trauma-Aware**

   This phase involves learning about trauma and learning more about an organization’s clients and staff. Steps may include gathering information on client experiences, and starting to introduce a sensitivity and curiosity into conversations about how services are done. Involving all roles in this step is key, and often begins a paradigm shift of the whole organization being a part of this approach. Training and information about trauma is available to everyone.
2. **Trauma-Sensitive**

In this phase, concrete and tangible steps begin to be taken. Examples may be on external factors such as attention to waiting and public areas, signage and information sheets, and development of updated policies and forms. As organizations begin to take steps, other needs will become more apparent. People in different roles may be able to incorporate the approach at varied rates. This phase brings any conflicts between external policies and internal values to the fore.

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3. **Trauma-Responsive**

As shifts in behaviour and approaches become more practiced across many roles, people can support each other more in this approach. Individual staff and administration are able to individually recognize opportunities to respond differently or make additional adjustments to service provision. There is a sense of a shared language across roles that conveys understanding of trauma and its impact. A key aspect of this phase is that everyone feels consistently supported in this *new normal*. Organizational values have shifted to align with the principles.

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4. **Trauma-Informed**

At this point, the whole culture of an organization feels rooted in trauma-informed principles. There are clear processes in place to monitor and encourage ongoing attention and modification to these practices. Evaluation of progress and updating goals is viewed as a positive part of the organizational culture. This is not seen as an endpoint, rather a process.

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CHECKLIST FOR NEXT STEPS

Consider the following to determine where you are at in relation to these pillars.

Awareness
Be aware of the reality and prevalence of trauma that can pervade all levels of our society. Realizing how this relates directly to one’s own community, organization and personal life is the foundation for being able to go on to the second pillar.

What is the prevalence of trauma relevant to the populations you serve? For those who work in your organization?

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What steps can be taken to clearly identify this information?

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Recognize
Once the power and impact of trauma is acknowledged, then the signs of its presence can be more easily recognized.

What are some common ways that the impact of trauma may show up in your service setting? This may be for clients, students, staff or administration

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How does trauma organize or influence the broader community?

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Take Steps
Building on a solid understanding of how trauma works, then it is possible to identify tangible steps that are appropriate in each individual role.

What specific steps can be taken now?

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Who needs to be involved in this conversation that wasn’t here today?

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APPENDIX

Types of Traumatic Injury

Many experiences can contribute to a person experiencing trauma. However, it is not the event itself that is a trauma. It is the nature of the sustained injury. Each person may be affected differently. Specific experiences may fit into more than one category of traumatic injury.

Developmental Trauma

- Developmental trauma occurs during the vulnerability of childhood or adolescence because of the active development of the nervous system and personality.
  - Alcoholism or drug abuse, violence or neglect in the home.
  - Chronic illness or need for invasive medical procedures.
  - Intergenerational effects of traumatic injury such as colonization (residential school legacy) or of war-affected family members.
  - Systemic oppression, racism, discrimination, bullying.

Shock Trauma

- This occurs when a person has a shock reaction to a specific event. It involves high levels of activation from the nervous system as the person reacts from deep, primitive instincts to survive a sudden, severe threat and often involves traumatic loss.
- Often the event(s) are easily recognized as severe and unexpected. However, not always: e.g., medical procedures that are planned and may still have a traumatic effect.
  - Assault, attack or imminent threat of these.
  - Surgeries, dental procedures or other medical procedures.
  - Motor vehicle accidents, falls, plane crashes (or near misses).
  - Natural disasters: e.g., earthquakes, flood, fires, hurricanes.
  - Stillbirth, miscarriages, Sudden Infant Death Syndrome (SIDS).
  - Tragic death of any loved one; terminal illness diagnosis.

Secondary Trauma

- Current day experiences may replicate parts of past trauma, adding layers of impact.
- Learning of the trauma of a loved one or of one’s home community can also produce traumatic impact even if the person is not in direct contact. Example: refugees may experience grief, flashbacks and survivors’ guilt when hearing news of home country.

Vicarious Trauma

- The impacts of trauma do not remain only with those directly involved but can also profoundly affect those more on the periphery. Hearing and seeing others’ experiences of trauma can create similar trauma symptoms in friends, family members and helpers.
Relational Trauma

- An experience of threat from another person adds a layer of violation and disruption. The impact is especially complicated if the source of the threat is someone in a position of trust or supposed to be in the safe realm for the individual.
  - Family or relationship violence.
  - War, terrorism, genocide, political conflicts causing a person to flee.
  - Bullying, violence, robbery, physical or sexual assault.

Community Impact and Layers of Trauma

Sustained Community Based Traumatic Stress

- Sustained community based traumatic stress is the repeated experience of traumatic events within a community setting. There are often complex layers of relational trauma experiences because of the established relationships that are involved in the injury.
- Examples may include:
  - Civil war – history of past alliance and past animosity within the community.
  - Culturally-based or faith-based conflicts.
  - Repeated acts of violence or loss involving the same relationships without opportunity to fully recover.
  - Multiple suicides within a community.

Given the ripple effects of trauma, these experiences affect and influence the whole community. Smaller and remote communities can be particularly affected.

Intergenerational/Historic Trauma

- Maria Yellow Horse Brave Heart (2011)\(^1\) defines historic trauma as “The cumulative emotional and psychological wounding across generations, including the life span, which emanates from massive group trauma.”
- Even when current generations do not experience direct traumatic injury, the effects of history influence the present through relationships, teachings and embedded meaning associated with family or community events.
- Behavioural epigenetic effects can be inherited through the attachment of behavioural and emotional experiences that are part of memories. DNA doesn’t change but there are molecular attachments that become inheritable as a tendency toward or predisposition for either vulnerability or resilience. (Examples: anxiety, depression, emotional or behavioural dysregulation, optimism, positive or negative coping).
- Current experiences of trauma become layered on top, and a family or community with historic trauma may be more or differently vulnerable to new experiences of threat.

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Definitions of Post-Traumatic Impact

Understanding and description of the nature of trauma and post-traumatic impact continues to evolve. For a long time the signs and symptoms of trauma were understood as a mental illness. However, we now understand that trauma affects the body, mind and spirit and is linked to our natural reactivity to abnormal and overwhelming stressors. This impact can lead to disordered affect and behaviour.

Below are brief definitions of some of the common terms used in the mental health field to describe and diagnose responses to traumatic events that cause extreme distress:

**Acute Stress or Traumatic Stress**
- When a person directly experiences or witnesses a traumatic event, or learns of a traumatic experience of a close family member or friend, or experiences repeated exposure to traumatic details, such as with first responders.
- When the impact of trauma results in symptoms which last for a minimum of three days and a maximum of four weeks and occurs within four weeks of the initial stressor.

**Post-Traumatic Stress Disorder (PTSD)**
- When a person directly experiences or witnesses a traumatic event, or learns of a traumatic experience of a close family member or friend, or experiences repeated exposure to traumatic details, such as with first responders.
- Presence of symptoms from each of four categories: *intrusion, avoidance, negative and numbing emotions/beliefs, and anxiety or hyperarousal symptoms.*

**Development of Symptoms and Delayed Expression**

PTSD can occur at any age, and symptoms usually begin within the first 3 months following a traumatic incident. There may be a delay of months or years before accumulative symptoms occur that meet the full criteria of Post-Traumatic Stress Disorder.²

**Intergenerational Transmission of Traumatic Impact**

The ripple effect of traumatic impact that can carry on to subsequent generations within a family and cultural system, through social, developmental and epigenetic effects. Attachment, parenting, emotion regulation and belief patterns may all be affected by the presence of traumatic impact. Also, there is increasing evidence that various brain structures and systems may be affected genetically by the influence of traumatic stress.³

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² Definitions are summarized from the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (2013).
Trauma – Symptoms and Impact

When survival responses kick in, there are common signs of this. These are normal reactions to an abnormal event, and can occur along a spectrum of both severity and frequency.

Arousal or Activated Symptoms
- High emotional responses (rage, fear, agitation, restlessness, intense crying)
- Talking fast, repeating oneself; hypervigilance, high startle response, jumpy
- Muscle twitches, jerks, trembling
- Heart rate increases, hyperventilation, difficulty breathing or sweating

Numbing or Avoiding Symptoms
- Isolation or withdrawal, difficulty being around others, collapsing
- Shock – numb or shut down presentation, lack of feeling
- No talking, lack of ability to express oneself, disorientation
- Dissociation or zoning out, not present; physically immobile or absent

Common Impacts over Time

Physical or Neuro-Biological Impacts
- Decreased ability to process memories or retrieve them
- Decreased ability to tell what is real or not (reality testing)
- Decreased sense of one’s body
- Immune response – decreased ability to resist illnesses

Psychological and Emotional Symptoms
- Fear of going crazy or of being damaged
- Feelings of helplessness or hopelessness
- Self-blame, guilt, shame; self-hatred, sense of failure at life, or unworthiness
- Addictions and compulsive coping patterns: substances, gambling, risky behaviours, etc.
- Avoiding social events; general fearfulness or over-caution

Social and Relational Symptoms
- Hyper-sensitive to: criticism, being exposed, authority figures or roles
- Hyper-vigilance: waiting to be disappointed, hurt, attacked, blamed, abandoned
- Not trusting self or others – doubting intentions. (E.g.: “They won’t like me”; “They’re trying to hurt me on purpose”; “They’re out to get me”)
- Difficulty with boundaries – feel easily manipulated, struggle to say no, etc.
- Struggling to keep relationships; difficulty feeling intimacy
- Extremes of people-pleasing behaviours or abusive/defensive behaviours toward others
- Living surrounded by chaos; difficulty starting or completing tasks or responsibilities
- Inability to relax or experience joy
- Loss of purpose, meaning or spirituality
Self-Soothing Using the 5 Senses

With Vision

Buy one beautiful flower; make one space in a room pretty; light a candle and watch the flame. Set a nice place at the table for a meal using your best things. Go to a museum with beautiful art. Go sit in the lobby of a striking old hotel. Look at nature around you. Go out in the middle of the night and watch the stars. Walk in a nice part of town. Fix your nails so they look pretty. Look at beautiful pictures in a book. Go to a ballet or other dance performance.

With Hearing

Listen to beautiful or soothing music, or to invigorating and exciting music. Pay attention to sound of nature (waves, birds, rainfall, leaves rustling). Sing to your favourite songs. Hum a soothing tune. Learn to play an instrument. Be mindful of any sounds that come your way.

With Smell

Use your favourite perfume or lotions, or try them on in a store; spray fragrance in the air; light a scented candle. Put lemon oil on your furniture. Put potpourri in a bowl in your room. Boil cinnamon, bake cookies, cake or bread. Smell the roses. Walk in a wooded area and mindfully breathe in the fresh smells of nature.

With Taste

Have a good meal; have a favourite soothing drink such as herbal tea or hot chocolate; treat yourself to a dessert. Put whipped cream on your coffee. Sample flavours in an ice cream store. Suck on a piece of peppermint candy. Chew your favourite gum. Get a little bit of a special food you don’t usually spend the money on, such as fresh-squeezed orange juice. Really taste the food you eat; eat one thing mindfully.

With Touch

Take a bubble bath; put clean sheets on the bed. Pet your dog or cat. Have a massage; soak your feet. Put creamy lotion on your whole body. Put a cold compress on your forehead. Sink into a really comfortable chair in your home or find one in a luxurious hotel lobby. Put on a silky blouse, dress or scarf. Try on fur-lined gloves or fur coats in a department store. Brush your hair for a long time. Hug someone. Experience whatever you are touching; notice touch that is soothing.
Working with Breath

Learning to monitor and work at regulating breathing can greatly support settling and rejuvenation. It is often easier to first learn and practice these exercises with a support person.

1. Practice noticing and describing breathing rhythms. *Pause and notice:*
   - Where can I notice my breathing? In nostrils or mouth, feeling chest rise and fall?
   - What is the pace of my breath like? Shallow, jagged, gulping, smooth, stop and start?

2. Practice shifting the rhythm of breath.
   - Place one hand on chest and other hand on abdomen. Practice breathing into each hand in order to feel the difference between chest and belly breathing.
   - Use an image to help focus on taking a slow, full breath to completely expand lungs, and then to exhale fully, emptying the lungs.
     - Imagine blowing up a balloon and then watching it deflate.
     - Inhale at a pace to comfortably suck through a straw and exhale at a pace to blow off the petals of a flower one by one.

3. Continue to practice these techniques at a consistent time in the day (e.g.: upon waking, before eating, while riding the bus, when settling into bed, etc.).

Additional Tips

- Sometimes it helps to breathe through the nostrils instead of the mouth.
- Regulated breathing moves more into the belly rather than high in the chest. Learn to expand the belly when inhaling and allow it to naturally be soft and empty when exhaling. It is important not to push too hard to change one’s breathing. Start with just one or two longer deeper breaths then allow breathing to go back to natural rhythm.

Cycle Breathing Exercise

- First take a few breaths to settle your attention on your breath – wherever you can best notice it – your nostrils, belly or chest.
- Begin to gently structure your breathing: as you inhale count slowly to 4 matching your full inhale with the count 1-2-3-4.
- Pause and hold your breath for a count of 2.
- As you exhale slowly and until your lungs are completely empty, count so that you are matching your full exhale with the count 1-2-3-4.
- Repeat several times gradually lengthening your count.
Exercises Using Movement and Attention to the Body

Strategy: Stretching Exercises

Moving and stretching muscles and ligaments allows the release and flow of built-up stress hormones and chemicals in the body and brain from anxiety.

- Intentionally yawn and stretch the jaw and face muscles. This pairs well with remembering to do some regulating breath exercises.
- Sit or stand with spine upright, stretching shoulders back, opening up chest.
- Dynamic stretching (exploring full range of motion):
  - Shoulder and arm circles, going from small to big and exploring directions.
  - Hip circles – place your hands on your hips and swing the hips forward, then circling them around – go in both directions.
  - Knee circles – place your hands on your knees as you bend them slightly, slowly circle the knees together – go in both directions.
  - Ankle circles – one ankle at a time either with your toe on the ground or holding foot in the air – circle the ankle around – go in both directions.

Strategy: Neck Rolls

Stand or sit with your spine upright and so you are well supported. Gently release your head so that it tips forward – only as far as is comfortable. Explore small, gentle neck rolls from side to side (caution going back) and stretching. Find what is comfortable right now. Clicks and cracks in the neck muscles are normal as they release and let go. Do not push or strain this movement—listen to the limit of your body.

Tip: Any physical activity that involves and allows full range of motion of different muscle groups can greatly aid emotion regulation if it is approached with an attitude of leisure, relaxation and pleasure. Example: basketball, soccer, running, walking, hiking, biking, tai chi, yoga, dance, skating, etc.
Strategy: Muscle Tension and Release

Inhale and tense each muscle group for 4 to 10 seconds, then exhale and completely relax the muscle group (do not relax it gradually). Give yourself 10 to 20 seconds to relax.

Slowly move through each muscle group one at a time. Following is a suggested guide for moving through different muscle areas and how to tense them:

- **Hands:** Clench and release them both together.
- **Wrists and forearms:** Extend fingers and bend your hands back at the wrist.
- **Biceps and upper arms:** Clench your hands into fists, bend your arms at the elbows, and flex your biceps.
- **Shoulders:** Shrug them up to your ears.
- **Forehead:** Wrinkle it into a deep frown.
- **Around the eyes and bridge of the nose:** Close your eyes as tightly as possible. (Remove contact lenses before beginning the exercise.)
- **Cheeks and jaws:** Smile as widely as you can, and open the mouth as wide open as you can.
- **Around the mouth:** Press your lips together tightly.
- **Chest:** Take a deep breath and hold it, then exhale.
- **Back:** Arch your back backwards. Then relax. Circle your back forward so you are folding in toward your chest. Then relax.
- **Stomach:** Suck it into a tight knot.
- **Hips and buttocks:** Press the buttocks together tightly.
- **Thighs and hamstrings:** Clench the big muscles in your upper legs hard. This can also be done one leg at a time.
- **Lower legs:** Tense the lower legs and feet. This can be done one leg at a time. Lift each foot up at the ankle to tense the front of the leg.
- **Feet:** Curl toes down as far as you can. This can also be done one foot a time.

Take a few minutes at the end to breathe through your whole body, inviting all muscle groups to relax as fully as possible.
Exercise: “Cultures I Reflect”

1. Identify who you are inside the identity wheel.

2. On the outside of the identity wheel, identify who you perceive to be the group in society who currently has a dominant or privileged status in our society.

3. Pick one section where the group you belong to matches a dominant or privileged group
   
   a. Consider what privileges you may enjoy through your membership in this group.

   b. Consider what impact those privileges might have on intercultural dialogue where other participants are member of groups that have traditionally been accorded less privilege in our society. (E.g., if you identified “English speaking”, what impact might your associated privileges have on the dynamic of a intercultural communication at work where one or more parties speak English as an additional language?)

REFERENCES


Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. SAMHSA’s Trauma and Justice Strategic Initiative.


CTRI Workshops and Services

Training
Our training is available in public (open workshops that anyone can attend), on-site (on-location, right where you are), live stream, on-demand and webinar formats (access training right from your computer, from any location). Below is a sample of the 50 different workshops we offer. For a complete list of the training we offer, please visit our website.

Trauma and Crisis Response Workshops
Crisis Response Planning
Critical Incident Group Debriefing
Trauma – Strategies for Resolving the Impact of Post-Traumatic Stress
Trauma Informed Care – Building a Culture of Strength
Vicarious Trauma – Strategies for Resilience
Walking Through Grief – Helping Others Deal with Loss

Counselling Skills Workshops
Anxiety – Practical Intervention Strategies
Brief Focused Counselling Skills – Strategies from Leading Frameworks
Cognitive Behavioural Therapy – Tools for Thinking Differently
Depression – Practical Intervention Strategies
Dialectical Behaviour Therapy – Balancing Acceptance and Change
The Ethics of Helping – Boundaries and Relationships
Mindfulness Counselling Strategies – Activating Compassion and Regulation

Children & Youth Issues Workshops
Addictions and Youth – Substances, Technology, Porn
Challenging Behaviours in Youth – Strategies for Intervention
Mental Health Concerns in Children and Youth
Play Therapy – Tools for Helping Children and Youth
Self-Injury Behaviour in Youth – Issues & Strategies

Addictions & Mental Health Workshops
Addictions and Mental Illness – Working with Co-occurring Disorders
Borderline Personality Disorder – Understanding and Supporting
Harm Reduction – A Framework for Change, Choice and Control

Violence and Restorative Justice Workshops
De-escalating Potentially Violent Situations™
Restorative Justice – Guiding Principles for Communities and Organizations
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Disability Support
Autism – Strategies for Self-Regulation, Learning and Challenging Behaviours
Fetal Alcohol Spectrum Disorder – Strategies for Supporting
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- Unlimited access to all pre-recorded webinars whenever and however often you want. New content added throughout the year.
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CTRI’s consulting services are designed to help individuals, caregivers, communities and organizations prevent and cope with unfortunate and distressing events. To explore how to implement these services, please contact us to discuss your needs in more detail.

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CTRI Assessment Tools help leaders and organizations have thoughtful and proactive discussions related to a variety of topics and issues. Each Assessment Tool Package includes one Facilitator’s Guide and 25 copies of the Assessment Tool questionnaire.

- Wellness Assessment Tool
- Workplace Violence Assessment Tool
- Emergency Preparedness Assessment Tool

**Books**
Through our ACHIEVE Publishing division, we have three book titles available for purchase:

- *Counselling Insights – Practical Strategies for Helping Others with Anxiety Grief and More*, edited by Vicki Enns and written in collaboration with eight of CTRI’s trainers.
- *The Culture Question – How to Create a Workplace Where People Like to Work* by Randy Grieser, Eric Stutzman, Wendy Loewen and Michael Labun
- *The Ordinary Leader – 10 Key Insights for Building and Leading a Thriving Organization*, by Randy Grieser