Responsibility: All Staff and Volunteers
Area: KOP, KOB, Brandon
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Klinic Community Health is committed to ensuring that all care is provided in a trauma-informed manner. Rooted in compassion, Klinic seeks to provide a respectful, welcoming, safe, and helpful environment to facilitate positive interactions for those who access our programs and services and for those who work here. Klinic works collaboratively to share knowledge and resources broadly at the local, national, and international levels. This broad reach supports the use of trauma-informed approaches and practices as an integral component of health care systems, public health practices, and all human services.

Overview

Klinic is a leader in community health, built on a foundation of social justice values. With an increasing understanding of the impacts of the social determinants of health, staff and volunteers at Klinic provide diverse services targeted to populations that are most negatively affected by the inequitable distribution of these determinants. Our programming has a strong mental health focus which presents opportunities for hope and healing in a trauma-informed environment. As a socially conscious workplace, Klinic staff and board members have identified trauma-informed practice as a means to support clients, staff and the broader community.

Background

Trauma-informed practice is a concept of service delivery that is influenced by an understanding of the impact that trauma may have on an individual's life and development[1]. This practice helps to ensure that services are of high quality and empowering, and to promote safe relationships (e.g. consistent, predictable, non-violent, non-shaming and non-blaming). Trauma is defined as a severe emotional shock and pain caused by a deeply distressing or disturbing experience[2][3]. More specifically, we refer to trauma as an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love[4]. While these experiences are part of the human experience, a person's response to traumatic circumstances is unique to their social history, genetic inheritance and protective factors in their life[5]. A history of trauma can compromise a person's ability to access resources, resulting in a complex relationship with the social determinants of health.

In the late 1990s, the groundbreaking Adverse Childhood Experiences (ACE) study established a strong relationship between trauma/childhood adversity and such public health problems as

1 "Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women," Elliot, D., et. al., 2005, Journal of Community Psychology.
2 http://www.oxforddictionaries.com/definition/english/trauma
3 http://dictionary.cambridge.org/dictionary/english/trauma
4 Brach, T. (2011, January 18). *True Refuge – Insights at the Edge*. Tami Simon of Sounds True interviews.
5 http://www.extension.umn.edu/family/cyfc/our-programs/ereview/docs/March2013ereview.pdf

obesity, heart disease, hepatitis, sexually transmitted infections, teen pregnancy, and family violence[6]. This study has since been replicated numerous times and in relation to different long-term outcomes and social situations. In 2013, a survey in Alberta, based on the original ACE study, found that adults who experienced childhood household dysfunction were more likely to have been diagnosed with nine out of 12 categories of health conditions[7]

A number of studies have identified that those affected by trauma are the majority of clients in the human service systems[8]. In Canada, for more than 500 years, Indigenous Peoples have been traumatically affected by assimilation policies including displacement from traditional lands, starvation, religious persecution and most recently, the residential school system and the "sixties scoop"[9]. Although trauma may be central to many people's difficulties, and awareness of it pivotal to their recovery, an individual's history of trauma is seldom identified or addressed in any setting. In fact, service providers and organizations may unintentionally re-traumatize people and impede their recovery[10].

An organization that is trauma-informed does not necessarily screen, treat, or even address trauma, but rather ensures that services follow best practices and procedures that are most likely to promote growth and least likely to re-traumatize. Service systems that do not understand the pervasive long-term impact of trauma, may inadvertently create an invalidating environment and as a result, fail those they are aiming to serve.

The integrated service delivery model at community health centres is ideally suited to providing comprehensive care that ensures high quality, empowering services, and promotes safe relationships. This often occurs instinctively, from a place of kindness and compassion, without directly identifying or acknowledging that a practice is trauma-informed. Some community health centres are also fortunate to have trauma-specific services within the basket of services available to further help people heal. At its root, trauma-informed practice is simply a respectful way to interact with all people and is appreciated by clients and staff regardless of trauma history.

Key Considerations and Recommendations

External:

- Support, collaborate on, and advocate for provincial and national work around trauma.

- Develop partnerships with community-based organizations to integrate trauma-informed practices into programming.

- Continue to provide training on trauma-informed Care to external organizations.

- Collaborate with First Nations partners to expand tools, training and resources to incorporate cultural teachings around trauma for First Nations organizations.

6 http://www.cdc.gov/violenceprevention/acestudy/outcomes.html
7 http://www.research4children.com/data/documents/ACF1114.pdf
8 "Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women," Elliot, D., et. al., 2005, Journal of Community Psychology
9 http://www.ahf.ca/downloads/historic-trauma.pdf
10 http://trauma-informed.ca/manitoba-forum-on-trauma/background/

Internal:

- Regularly review the wide and diverse research around trauma-informed practice to ensure that it is reflective of Klinic values.

- Review and update Klinic-created resources around trauma-informed practice to support evidence-based practice.

- Update intake procedures to incorporate trauma-informed knowledge.

- Continue to develop trauma-informed resources to share externally via the Manitoba Trauma Information and Education Centre.

- Integrate knowledge of trauma into policy, procedures, practices, and settings.

- Train all Klinic staff and volunteers in trauma-informed principles and encourage service delivery in a trauma-informed manner.

- Review current trauma-informed practices and spaces at Klinic and support ongoing development.

- Develop and implement a strategy to ensure that Klinic operates as a trauma-informed organization.

General:

- Endorse recommendations from Truth and Reconciliation Commission and consider the ongoing impact of colonization in service delivery and development[11].

- Collect and use both qualitative and quantitative data from Klinic's service-users' experiences for the purpose of program evaluation and development.

- Encourage research initiatives that share knowledge and support program decision-making.

- Ensure strong connections among all programs to support the exchange of information and experiences that facilitate collaboration and reduce barriers within Klinic.

- Recognize partnerships at the local, provincial and national level to support our social justice mandate.

- Facilitate self-determined care and ensure that programs and services are developed and operated using a client-centred approach.

- Recognize colonization as a social determinant of health as part of work to understand the complex role that colonization plays in the lives and health of Indigenous people in Canada.

- Recognize the continuing strength, self determination and resiliency of Indigenous peoples, families, nations and organizations in maintaining and renewing Indigenous knowledge and ways of life.

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11 http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

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