A photograph of a man and a woman from behind, embracing each other. The woman has long, wavy, reddish-brown hair, and the man has short, dark brown hair. They are wearing a dark jacket and a green and blue patterned sweater respectively. The background is a blurred indoor setting with light-colored walls and ceiling lights.

tic TRAUMA INFORMED CARE COLLECTIVE

September 2020



INTRODUCING TRAUMA-INFORMED CARE TO THE GOVERNMENT OF ALBERTA

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COVID-19 Foreword

In this together. These simple words have become a global anthem uniting people around the world in common purpose. The spread of the novel coronavirus affects all Albertans. Fear, social distancing and job loss associated with this pandemic can be isolating and can impact our emotional, physical, financial and social well-being. Observing critical COVID-19 precautions is challenging yet tolerable for most of us, but exposure to risk and harm is not shared equally. Adversity, stress and anxiety may be amplified during COVID-19, especially for people who are vulnerable; children, the elderly, the marginalized, the ill, and those facing addiction and poverty are more at risk and often suffer disproportionately.

It is more important than ever to recognize the complex effects of trauma in people's lives. We affirm the ways that the Government of Alberta has supported mental health at this time, and advocate for the consideration of vulnerable Albertans and how experiences of toxic stress, adversity and trauma affect a person's ability to access services that support wellness and resiliency. We promote trauma-informed practice as a means to strengthen the social safety net and improve outcomes for all Albertans, particularly as we navigate the uncertainty and collective trauma of COVID-19.

We, the Trauma-Informed Care Collective, prepared this report prior to COVID-19 to share the knowledge base required for Government of Alberta ministries to understand and apply Trauma-Informed Care principles, provide appropriate training for employees, and implement meaningful policy changes. We believe that Trauma-Informed Care is important at all times, especially during a global pandemic. We are in this together, and we welcome the opportunity to work with our government agency partners for the benefit of all Albertans.

Foreword

The Trauma-Informed Care Collective is a network of social service agencies across Alberta committed to promoting Trauma-Informed Care (TIC) across government ministries and community agencies. Our collective experience provides us with considerable expertise in working effectively with individuals and families in Alberta who are living with the impacts of trauma, which can include but are not limited to abuse, neglect, household dysfunction, poverty, and racism. The TIC Collective recognizes that this trauma puts individuals and families at risk for negative coping mechanisms, as well as negative health and financial outcomes. We subscribe to a Theory of Change that asserts that if social service systems adopt TIC, then individuals and families living with the impacts of past and present stressors will have greater opportunities to build resiliency and move towards self-sufficiency. At the same time trauma, or toxic stress, is not bound by socioeconomic status or culture. Knowing that the impacts of trauma can be long lasting and are not generally externally obvious, we believe that adopting trauma-informed principles across Government of Alberta ministries will create the supportive environments that facilitate physical and emotional safety for Albertans (clients, patients, and students as well as staff), while simultaneously mitigating challenges that may arise. Our intention in developing this report is to provide the necessary knowledge base required for Government of Alberta ministries to understand and fully incorporate TIC principles, provide appropriate training for its employees, and implement meaningful policy changes that will ultimately strengthen the system to ensure that Albertans are able to better navigate vulnerable situations. Our goal is to support the Government of Alberta in this important transition.

Benefits of TIC for the Government of Alberta

The TIC Collective firmly believes that adopting trauma-informed practices into the work of the Alberta Government will greatly benefit individuals accessing government services as well as Government of Alberta (GoA) employees. As wellness and psychological health are becoming increasingly important in the workplace, trauma-informed practice promotes the prevention of burnout and empathy fatigue in staff. Evidence has shown that agencies that adopt TIC have increased staff satisfaction, staff retention, organizational commitment, and better job performance (Hales et al. 2017). TIC will help in creating better client relationships and increase client participation with support services, resulting in fewer missed appointments and check-ins. It will also alleviate some of the pressure on the medical system by aiding health care providers in identifying underlying root causes of many chronic health concerns, reduce recidivism in the justice system, and ensure that classroom environments are more conducive to student learning. Because the TIC Collective wants to see Albertans succeed, we want to see support services succeed in promoting staff wellness and healthy client, student, and patient relationships by adopting TIC.

Evidence has shown that agencies that adopt Trauma-Informed Care have increased staff satisfaction, staff retention, organizational commitment, and better job performance.

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EXECUTIVE SUMMARY

Executive Summary

The Government of Alberta (GoA) provides invaluable services to thousands of families and individuals in Alberta. As partners in Alberta's social service system, agency members of the Trauma-Informed Care Collective (TIC Collective) increasingly recognize the importance of providing services that consider the possibility of past trauma in the lives of our clients. The GoA can join us in this effort by adopting trauma-informed policies and procedures, as well as by implementing Trauma-Informed Care training for its employees.

The majority of the TIC Collective members are front-line agencies who have seen the positive impact of a trauma-informed practice in their work with vulnerable populations. We also work with many individuals who rely on an array of essential government resources to survive and who experience barriers and conflict when accessing government services because of trauma histories and current stresses related to poverty or other circumstances. Practicing a Trauma-Informed Care (TIC) approach will assist front-line government employees in providing more effective support to Albertans by teaching employees to recognize the impact of trauma and stress on individuals, protecting¹ many of the most vulnerable Albertans from unintentional re-traumatization as they interact with government-based services, and fostering resilience by building upon client strengths. Furthermore, a cultural and historical understanding of trauma will be beneficial in avoiding re-traumatization of the many Indigenous people accessing GoA services. Forming a historical understanding of trauma is consistent with the Truth and Reconciliation Commission's Calls to Action and the National Inquiry Into Missing and Murdered Indigenous Women and Girls.

Our goal is to support the GoA to adopt TIC principles and practice across all ministries. We have reviewed many existing government policies and procedures through a trauma-informed lens and considered the various ways

in which these policies and procedures could better align with trauma-informed practices. We propose that these modifications, together with trauma-informed training for each employee, will assist government supports in providing more effective services to Albertans. This would promote improved mental health of individuals accessing supports and subsequently may result in more efficient service-delivery interactions. Implementing TIC principles is considered a best practice, and, as we explain later in this paper, the benefits for both the public and the employees are well documented. TIC has been adopted by the Ministry of Health in British Columbia, as well as by the entire government of the State of Delaware (see Appendix p. 25 for both case studies).

The implementation of trauma-informed policies and procedures will require a commitment from leadership throughout the GoA to create lasting change for marginalized populations. To that end, we have included our recommendations for how TIC could be implemented in GoA leadership and with all employees. Though the implementation of TIC will take time and effort by all parties, we assert that adopting trauma-informed practices is consistent with the responsibilities of the GoA to support Albertans (Our Responsibilities, 2019) and the mandate outlined in Fiscal Plan: A plan for jobs and for the economy (2019-23).

Practicing a Trauma-Informed Care approach will assist front-line government employees in providing more effective support to Albertans by teaching employees to recognize the impact of trauma and stress on individuals, protecting many of the most vulnerable Albertans from unintentional re-traumatization as they interact with government-based services, and fostering resilience by building upon client strengths.

¹ In this case, protection looks like keeping the client safe from emotional and physical harm, while also ensuring client choice and control.

PURPOSE

Introduction

Currently, many GoA ministries have Goals that align with a trauma-informed perspective. For instance, the Ministry of Community and Social Services states that they aim to offer “a person-centered, integrated service delivery model that recognizes the unique circumstances, experiences, and strengths of individuals and families” (Our Responsibilities, 2019). These values embody many core TIC principles that the TIC Collective advocates for, and we are optimistic that incorporating TIC throughout the GoA would only enhance this mission. Our intention in developing this report is to provide the necessary knowledge base to support the GoA in fully incorporating TIC principles by providing the appropriate training and relevant policy changes necessary to strengthen the vulnerable populations that access government supports. The World Health Organization (WHO) defines vulnerable populations as “children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised, are particularly vulnerable when a disaster strikes, and take a relatively high share of the disease burden

associated with emergencies.” The WHO also adds that “Poverty – and its common consequences such as malnutrition, homelessness, poor housing and destitution – is a major contributor to vulnerability” (World Health Organization, 2012). When it comes to accessing resources, vulnerable populations can also be identified as “groups of persons who may be compromised in their ability to give informed consent, who are frequently subjected to coercion in their decision making, or whose range of options is severely limited” (Bergeron, 2018). TIC, recognized globally as best-practice for engaging with vulnerable populations, delivers optimal outcomes for both service agencies and service users. Its core principles apply across multiple sectors and services including education, justice, mental health, homelessness and poverty reduction, child welfare, social work, medicine, human resources, and first responders, however, definitions of TIC vary slightly by sector. As the TIC Collective, we align with definitions provided by Berger and Quiros (2014), and Manschner and Maul (2016), such that TIC is:

An attempt to improve proficiency, productivity, and sustainability within organizations and to increase positive outcomes by offering services that encourage connection and minimize disconnection both in service relationships and among staff.

A commitment to organizational and clinical practices and an environment that recognizes the complex effects of toxic stress, histories of adversity, and trauma on all customers, clients, and staff.

An integral component of the culture of an organization. It is a way of living.

An engagement in service delivery policies, procedures, and practices that are strength-based. They are organized around principles of emotional and physical safety, trust, collaboration, compassion, client choice, and autonomy, while minimizing power imbalances.

Berger & Quiros, 2014; Manschner & Maul, 2016

Summary of Recommendations for Implementing TIC in the GoA

In order to implement TIC within the GoA, the TIC Collective has laid out a set of recommendations. Expanded recommendations can be found on p. 21.

1. RECOMMENDATIONS FOR KNOWLEDGE BUILDING

- 1a. Perform an audit of staff knowledge, attitudes, and behaviours.
- 1b. Create a TIC working group or committee tasked with the mandate of investigating the optimal approach to implement TIC within the GoA.
- 1c. Implement TIC training for *all* GoA employees. Best practice indicates that this training is most effective when it is mandatory.

2. RECOMMENDATIONS FOR ADOPTING TIC

- 2a. Adopt TIC into GoA policies, procedures, and practices.
- 2b. Formulate a strong vision for change at the highest levels of leadership within the GoA.
- 2c. Develop and embed clear language, policies, and procedures across GoA ministries.
- 2d. Review and revise GoA policies, procedures, and client forms to reflect TIC principles.

3. RECOMMENDATIONS FOR COLLABORATION

- 3a. Appoint GoA representatives to join the TIC Collective.
- 3b. Collaborate with existing GoA departments and agencies that already use trauma-informed practice.

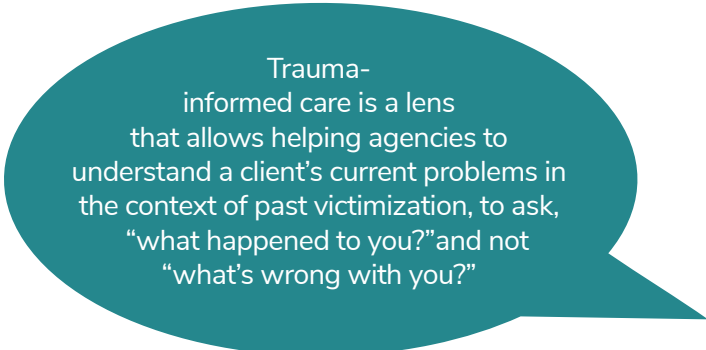
TIC, recognized globally as best-practice for engaging with vulnerable populations, delivers optimal outcomes for both service agencies and service users. Its core principles apply across multiple sectors and services including education, justice, mental health, homelessness and poverty reduction, child welfare, social work, medicine, human resources, and first responders.

A Trauma-Informed Lens

Adverse childhood experiences (ACEs)² are specific traumatic events the client may have experienced in addition to their current circumstances, and TIC recognizes that access to services must acknowledge and reflect trauma history to make accommodations and reduce re-traumatization (Butler, Critelli, & Rinfrette, 2011). TIC is also an organizational and clinical practice that recognizes the complex effects of toxic stress, adversity, and trauma on all clients and staff. Organizations following trauma-informed principles interact with individuals and design service systems in a way that accommodates the needs and vulnerabilities of those experiencing high levels of stress, supports their participation in treatment, and avoids inadvertently exacerbating stress responses (Kusmaul, Wolf, Sahoo, Green & Nochajski, 2018).

By incorporating TIC principles such as client choice and autonomy into practice, ministries across the GoA can help Albertans identify strengths and move towards empowerment and independence (Menschner & Maul, 2016). Using a TIC approach gives service providers an awareness of potential traumas, exposes any of their own biases or assumptions, and leads to practices designed to avoid potentially re-traumatizing scenarios. TIC is an approach to practice in which service providers understand the impact of trauma and focus on survivors' safety, choice, and control. It is a lens that allows helping agencies to understand a client's current problems in the context of past victimization, to ask, "what happened to you?" and not "what is wrong with you?" (Sweeney, Filson, Kennedy, Collison, & Gillard, 2018). The GoA Ministry of Education has applied this thinking into classroom settings, and states one of the key facts of a trauma-informed education to be that "when students experience frequent or continued adversity, the stress can undermine their ability to cope" (Ministry of Education and Training, 2020). In the justice system, TIC has been applied through models of treatment and rehabilitation that acknowledge

the trauma of inmates as opposed to authoritative and punitive measures. This is believed to be more effective and reduces recidivism in individuals who have been incarcerated (Miller and Najavits 2012). Trauma-informed practices demonstrate a paradigm shift from stigmatizing individuals as 'sick', 'resistant' or 'uncooperative', and instead viewing their reactions as a coping strategy and a sign of resiliency (Sweeney, Filson, Kennedy, Collinson & Gillard, 2018). Foundational to this paradigm shift is a commitment to engaging in service delivery from a strength-based perspective, empowering the client's ability to cooperate and collaborate in creating their own service plan. Broadly, TIC is a commitment to organizational and clinical practices that recognize the complex effects of past and present toxic stress, histories of adversity and trauma, and the complex paths to healing and recovery (Fallot & Harris, 2009). Being trauma-informed does not require detailed knowledge of a person's traumatic history but rather is an awareness that any person accessing services may have experienced some sort of trauma. It entails structuring services to be empowering, collaborative, and culturally safe and appropriate, and to generate a sense of trust and safety for both staff and those accessing supports. We believe that TIC is helpful not only for clients, but also for organizations themselves. Research has shown that TIC allows for improvements to proficiency, productivity, and sustainability by increasing positive outcomes that encourage connection between service providers and service recipients (Hepburn, 2017).



Trauma-informed care is a lens that allows helping agencies to understand a client's current problems in the context of past victimization, to ask, "what happened to you?" and not "what's wrong with you?"

² See Appendix A for a more comprehensive description of Adverse Childhood Experiences.

Community agencies and governments have increasingly recognized the importance of becoming trauma-informed. This has resulted in significant gains that help people get the support they need. In addition to reducing barriers to accessing vital programs and services, we believe that adopting TIC will help build stronger, more resilient communities by focusing on client strengths. Governments and community agencies

all have a stake in making sure the services they provide encourage success and do not inadvertently create more barriers. Evidence supports that adopting TIC will help individuals who are receiving government services and supports to achieve better outcomes, potentially equipping more Albertans to participate more fully in their communities.



BACKGROUND

Understanding the Impact of Historical Trauma

In 2015, the Truth and Reconciliation Commission of Canada (TRC) published its final report, which included 94 Calls to Action to engage Canada's non-Indigenous people in reconciliation. Call to Action 57 of the TRC calls for the education of public servants on the history of Indigenous peoples, "requiring skills-based training in intercultural competency, conflict resolution, human rights and anti-racism" (Truth and Reconciliation Calls to Action, 2015). TIC principles align closely with the Calls to Action around autonomy, empowerment, and choice, as well as creating an overall understanding of trauma. Pursuing TIC with an emphasis on

attendance at residential schools, contributes to trauma. The impacts of such trauma are intergenerational — passed on from one generation to the next; the relationships between families and their children were disrupted; physical, verbal, and sexual abuse had a great effect on students and their families, and the elders in communities who would have originally supported the communities were "replaced or undermined by missionaries" (Klinik Community Health Centre, 2013).

The traumas that Indigenous peoples sustained through colonization and residential schools

Historical trauma is "cumulative, emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences."

Indigenous people and historical trauma is a way that the GoA can further pursue reconciliation. Additionally, the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls calls on government systems to better understand the history of violence against Indigenous women, girls, and 2SLGBTQIA individuals and the ways that economic and social security are rights that will protect this population from violence (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

Historical trauma is "cumulative, emotional, and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences" (Yellow Horse Brave Heart, 2003). The experience of many Indigenous people in Canada (comprising First Nations, Métis, and Inuit peoples) due to ongoing colonialism, oppressive policies, the Indian Act, and forced

have had widespread impacts on their lives to this day. These impacts include isolation, a lack of community or ability to depend on others, mistrust of institutions, fear of authority, self-destructive behaviours such as substance abuse, gambling, and mental health concerns, and many more difficult consequences (Klinik Community Health Centre, 2013). All of these issues could make a person vulnerable, and in need of government supports.

Because 16% of Indigenous people in Canada live in Alberta, it is important that service providers working for the Alberta government are aware of the historical trauma sustained by Indigenous peoples and the impacts of ongoing racism and colonialism (Statistics Canada, 2016). Since the GoA is already working towards reconciliation with Indigenous peoples in many ways, the Trauma-Informed Care Collective encourages

the Alberta Government to take further action in its reconciliation work by practicing TIC in social service delivery and therefore working towards Call to Action 57. Additionally, the National Inquiry into Missing and Murdered Indigenous Women and Girls has acknowledged that a trauma-informed approach is best practice for “support[ing] healing without further harm” (National Inquiry Into Missing and Murdered Indigenous Women and Girls, 2018) and we believe that the GoA should follow in this practice. By implementing TIC, the GoA can better acknowledge the trauma experienced by Indigenous people in Canada, incorporate practices that will aid in the reduction of ongoing trauma, and ensure staff are equipped with the education to support best program delivery for Indigenous people.

Trauma, Poverty and Social Services Use

Poverty and trauma often co-occur and exacerbate one another, and poverty, in and of itself, is traumatic (Center on the Developing Child at Harvard University, 2016). Whereas discussions around poverty reduction and breaking the intergenerational cycle of poverty have become more pervasive, effective responses to reducing poverty rates in Canada continue to stall because of the complexity of the factors that influence poverty (Tranjan, 2018). Additionally, the ACEs questionnaire³ does not address racism and colonialism – it was designed and largely tested with white communities. When doing trauma-informed work, it is important to remember that “the impacts of race, sexual orientation, age, religion, creed, family status, disability and gender do not exist separately from each other — and must be addressed together by any initiative tackling poverty” (Enough for All 2.0, 2019).

While the incidence of childhood trauma is higher amongst vulnerable populations, the experience of trauma is common within the general population. In fact, 56% of all Albertans

have an ACE score (See Appendix A) of one or more (McDonald, Kingston, Bayrampour, & Tough, 2015), meaning that they were exposed to at least one form of trauma during their childhood, and 12% of all Albertans have an ACE score of four or more. Approximately 65% of individuals served by CUPS⁴ alone have an ACE score of four or more (CUPS, 2019). Although ACEs are common among all populations, low-income or vulnerable Albertans are far more likely to experience trauma in childhood, and to experience multiple ACEs. Considering the number of Albertans who have experienced trauma and poverty, it is best practice in TIC to treat those accessing any government resource as potential trauma survivors in order to provide the best care.

Concurrent to the body of literature around ACEs, recent advances in neuroscience have also shown the relationship between childhood trauma and brain development throughout an individual’s life. The experience of toxic stress (negative stress resulting from prolonged adversity) in childhood may result in social, emotional, and cognitive

56% of all Albertans
have an ACE score
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12% of all Albertans
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³ See Appendix A for more information on ACEs.

⁴ CUPS is an organization that integrates healthcare, education, and housing to serve Calgarians facing poverty and traumatic histories in order to empower their clients to become self-sufficient. Many CUPS clients access GoA resources.

impairments as well as challenges with core skills later in life (Center on the Developing Child at Harvard University, 2016). The Alberta Family Wellness Initiative has also explained the negative results of toxic stress to explain how severe and ongoing stress can change the architecture of our brains. Their research shows that “young children who experience toxic stress are at a much higher risk for later physical and mental illness, including addiction” (Alberta Family Wellness Initiative, 2020).

Because of extensive trauma histories in childhood and/or adulthood, a large number of the individuals who access social services, medical services, mental health supports, or the justice system, struggle with various mental and physical illnesses, addictions, increased levels of stress, trust issues (at times, specifically with those in a position of authority), and reactive coping strategies (Mental Health Commission of Canada, 2014). Unfortunately, in many cases encounters with government systems can perpetuate trauma rather than alleviate stress; a study of incarcerated women found that women’s experiences within the justice system are not only not restorative but are often further traumatizing. The study found that women who were incarcerated often had histories of abuse that in turn caused them to act abusively in adulthood, and suggest that “as communities address the consequences of trauma for women involved with the justice system, it is also a good time to improve parenting efforts, strengthening the community’s ability to prevent and address trauma in the lives of children” (SAMHSA, 2013). Unless the justice system acts in a trauma-informed way to help incarcerated people address the root of their trauma, the impacts, and the start of the healing process, it will further limit their futures and possibly cause repeat offenses.

In addition to poor mental and physical health outcomes, trauma is often a precipitating factor in poverty and homelessness (Mental Health Commission of Canada, 2014). As a result of these interrelated factors, adults who have experienced high levels of prolonged trauma may exhibit challenging behaviours when accessing programs or services, including:

Impaired executive functioning, which affects an individual’s ability to reason, weigh options, recall important information, and follow through on actions, making it difficult for them to develop and execute plans (Aupperle, Melrose, Stein, & Paulus, 2012).

Impaired emotional regulation, which may trigger a strong emotional response and interfere with the client’s ability to focus on and accomplish required tasks during meetings (Ford & Blaustein, 2013).

Impaired self-efficacy, which results in individuals feeling overwhelmed and powerless, making it difficult to complete the steps required to submit the appropriate paperwork for programs and services (Barrera, 2017).

High levels of anxiety and stress, which result in poor self-advocacy skills, a limited understanding of the application processes for programs and services, and a power imbalance between the service providers and the individual (Fernandes & Osório, 2015).

Trauma in childhood does not unequivocally equate to negative outcomes, rather, prolonged toxic stress in the absence of healthy relationships places individuals at a higher risk for negative outcomes and decreases their resilience or ability to recover from negative events. It is the complex interplay of internal and external factors that

culminate in a myriad of outcomes later in life. Although one of the most important buffers on the impact of toxic stress in children is access to a positive caregiver (Center on the Developing Child at Harvard University, 2009), systems play an important role in building resilience (Center on the Developing Child at Harvard University, 2016).



Importantly, access to basic needs through robust income supports and healthcare at a community agency level are ways that both governments and community agencies support individuals and build more resilient communities.

Insights into how the human brain is affected by stress and adverse events have begun to filter into the conversation surrounding service delivery and public policy design. Recognizing that trauma has lifelong consequences, and that it is more prevalent among vulnerable populations, it is important that decision-makers explore ways to take this knowledge into account in the design and delivery of programs and services.

Current Support Systems in Alberta

The different ministries of the GoA come together to provide a social safety net for Albertans, and many ministries are already demonstrating trauma-informed practices. The current Government has identified a desire to ensure that all Albertans are treated with dignity (United Conservatives, n.d.), that mental health is a

priority, that those with addictions are treated with compassion, and that resiliency is fostered (Ministry Business Plans, 2019). We assert that implementing trauma-informed policies can generate significant improvements to the GoA's ability to operationalize this vision and improve long-term client outcomes.

Examples of GoA's current demonstrations of Trauma-Informed Care

We have seen momentum building within government ministries towards trauma-informed principles. The following table highlights some examples that demonstrate alignment with the principles and practice of TIC:

GOA MINISTRY	ALIGNMENT TO TRAUMA-INFORMED CARE
Ministry of Community and Social Services	1. "This ministry supports Albertans through a person-centred, integrated service delivery model that recognizes the unique circumstances, experiences and strengths of individuals and families." (Our Responsibilities, 2019).
Ministry of Health and Alberta Health Services	<ol style="list-style-type: none"> 1. Alberta Health Services (AHS) developed "Trauma Informed Care (TIC) education and training modules, which introduce learners to key concepts and practices of TIC. The intended audience for the voluntary training is anyone who works for AHS but the training is open to anyone external to AHS with access to the internet" (Métis Women's Council on Economic Security, 2016, p. 10). 2. "The Government of Alberta and AHS will develop a process to determine the feasibility of mandatory trauma-informed care training for applicable staff at AHS, and what policies and processes need to be in place to make sure everyone who requires training receives it." (Métis Women's Council on Economic Security, 2016, p. 10). <ol style="list-style-type: none"> 2b. "The Alberta government supports the view that training first-responder and first-contact professionals in trauma-informed care will help enable these health service providers to better understand and provide care to Indigenous people" (Métis Women's Council on Economic Security, 2016, p. 10). 3. "Alberta Health will also hold discussions with the Alberta College of Paramedics with respect to developing mandatory trauma-informed care training for those first responders and first-contact professionals not employed by AHS." (Métis Women's Council on Economic Security, 2016, p. 10).
Alberta Education	<ol style="list-style-type: none"> 1. Alberta Education provides instructional supports to help educators "create a school environment where every student feels safe and supported and staff understand how trauma affects behaviour and emotions." (Government of Alberta, K to 12 Instructional Supports, n.d.) 2. The website provides supports for schools including a video resource entitled "What is Trauma-Informed Practice?". This is accompanied by a Trauma-Informed Conversation Guide for educators. 3. The Ministry of Education is modelling TIC by incorporating Indigenous perspectives in K-12 Curriculum in their response to the Truth and Reconciliation Commission (Ministry of Education and Training, 2020).

GOA MINISTRY	ALIGNMENT TO TRAUMA-INFORMED CARE
Children's Services and Child Intervention Services	<ol style="list-style-type: none"> 1. "Honouring Aboriginal Children and Families: A two-day foster parent and kinship caregiver training has been developed by the Blue Quills First Nations College which includes curriculum on intergenerational trauma due to colonization, residential school experiences and destruction of Aboriginal culture. The training highlights the physical, emotional and cognitive effects of trauma as well as the effect on spirituality." (Métis Women's Council on Economic Security, 2016, p.11) 2. Trauma and Aboriginal trauma and its effect on children in care is addressed in the GoA Kinship Care Handbook". The report states "The Foundations of Caregiver Support provides the framework to start this healing" (Government of Alberta, 2017, p. 15). 3. "The overarching Well-Being and Resiliency Framework provides rationale for and describes the ways of working to promote well-being and resiliency in the Government of Alberta. It defines the key elements of the prevention continuum of services, identifies desired outcomes, supports decision-making regarding funding and service delivery and promotes an understanding of how trauma impacts development." 4. "The Well-Being and Resiliency Framework outlines the importance of policies, services and programs that prevent and/or aim to reduce the impacts of early adversity by promoting the development of well-being and resiliency." (Government of Alberta, 2019, p. 8). 5. The Well-Being and Resiliency Framework acknowledges the impact of early adversity in a child's life: "Trauma, including adverse childhood experiences or the experience of historic or intergenerational trauma, can result in lifelong negative impacts. Negative, stressful and traumatizing events that occur before 18 years of age are referred to as adverse childhood experiences (ACEs)". (Government of Alberta, 2019, p. 13). 6. The Well-being and Resiliency Framework acknowledges the importance of a trauma-informed approach to practice: "Service providers who are informed about the effects of trauma on children's development are better equipped to meet their needs and support them to address the root causes of behavioural issues and child maltreatment. Additionally, service providers must recognize that the parents or caregivers of children may have been impacted by trauma as well and need to be supported with trauma informed practice." (Government of Alberta, 2019, p. 27).

Though these ministries are already using TIC to some degree, we think Albertans and GoA workers would benefit by having TIC guide as many ministries as possible. By having all ministries of the GoA examine their existing policies and procedures and implement trauma-informed practices, we believe that Albertans' dignity will be preserved, that they will be more resilient, and that GoA staff will be better equipped to provide efficient and productive services for them.

MOVING FORWARD

A Case for Adopting TIC within the GoA

Major policy changes can pose significant challenges for an organization, but the TIC Collective can support GoA ministries and projects in this important transition by participating in discussions and offering resources and expertise. While we recognize that challenges will arise throughout the adoption of the outlined recommendations in this paper, we believe that the period of change and discomfort will be short and will be far outweighed by the beneficial and long-lasting results that will come from adopting TIC.

Organizational change in policies and procedures is often met with resistance from employees if the vision for the change is not communicated effectively. Once the change in policies and procedures are made, the behaviour of the members of the organization must change as well; employees must adapt to and learn new behaviours in the short term, and leaders within the organization must adopt them in the long term (Fernandez and Rainey, 2006). This can be mitigated through effective communication and education for staff to ensure that they have the resources and supports necessary to make the transition. By ensuring that senior leadership within the GoA is supportive of these changes, the shift (and necessary changes in the overall vision and staff attitudes) towards TIC will be more cohesive. The cost of changing the policies and procedures may range from hiring TIC consultants to staff time spent in working groups

or reviewing the policies and procedures of different ministries. The TIC Collective recognizes that there will be a cost to changing policies and procedures and can support the GoA through this important transition. Knowing that change will require time, funds and effort, the TIC Collective is interested in participating in further discussions and offering resources and expertise.

Though there are costs associated with adopting organizational change, there is evidence that agencies that practice from a trauma-informed approach have increased staff satisfaction, staff retention, organizational commitment, and better job performance (Hales et al. 2017). Psychological health and safety is becoming increasingly relevant in the workplace in both private and public sectors (Friesen, 2019). Providing “person-centered” service delivery, while essential to providing quality care to Albertans, can also be demanding of employees. “Burnout” or “empathy fatigue” becomes a risk for employees and becomes a threat to the efficiency of the organization. TIC Training through Alberta Health Services emphasizes self-care and techniques that prevent these symptoms of working with others and can support the mental health of GoA staff. The Mental Health Commission of Canada has also developed a National Standard for Psychological Health and Safety in the Workplace that “promotes mental health and prevents psychological harm at work” through a set of voluntary guidelines designed to support employees as well as provide the best return on investment for employers (Mental Health Commission of Canada, 2013). Current research shows that mental health promotion at work costs much less than caring for employees once they are already burnt out or dealing with a mental illness that has been triggered by their work (Roberts and Grimes, 2011). Experts also suggest that adopting TIC leads to “increased staff confidence and satisfaction” as well as a better relationship between the service provider and the client receiving services (Hepburn, 2017).

Adopting TIC practices have also improved

“Burnout” or “empathy fatigue” becomes a risk for employees and becomes a threat to the efficiency of the organization. TIC Training through Alberta Health Services emphasizes self-care and techniques that prevent these symptoms and can support the mental health of GoA staff.



individual's long-term engagement with services. For example, in ministries where person-focused supports are offered, it has been shown that "consumer participation" increases when TIC is adopted (Hepburn, 2017) and that individuals are more likely to show up to appointments where they know they will be treated with dignity, respect, and understanding. With fewer missed appointments there will be less wasted time and money and increased engagement within GoA ministries. By understanding that trauma affects an individual's executive functioning, staff could help a client plan for next steps, create reminders, and make expectations clear. A trauma-informed care plan would make individuals more likely to keep appointments and be more prepared when they arrive. In addition to this, TIC's emphasis on building resiliency will enable clients to increase their personal capacity, creating their own support networks, and therefore decreasing their need for government-supported interventions. Finally, the benefits of adopting TIC will be of

greatest benefit to Albertans seeking help from government services. For instance, the ministry of Community and Social Services has made it a goal to "recognize the unique circumstances, experiences, and strengths of individuals and families" (Our Responsibilities, 2019), and we believe the implementation of TIC would support the ministry to achieve this goal. TIC will also make "life better for all Albertans by ensuring the quality and effectiveness of our public services...and by supporting the most vulnerable in our society" (Mitchell, 2019). Hepburn (2017) suggests that service users supported by a TIC model have increased hope for the future, client participation, housing stability, self-esteem, and resiliency, as well as decreased vulnerability, system dependence, and demand for crisis services. By integrating TIC throughout the human service field, the GoA may be able to impact the whole family, decreasing the effects of multi-generational trauma and, subsequently, strengthening the community as a whole.

Adopting a Trauma-Informed Culture and Approach to Practice

The impacts of trauma can be prevented and mitigated through various interventions that increase resilience (Center on the Developing Child at Harvard University, 2016). Considering the external factors that play a vital role in building stronger communities, larger systems should consider ways they can shift their practices in response to the research.

TIC is a broad practice model that can be interpreted and implemented according to the unique needs and cultures of any organization, including government systems. Though service providers implement TIC practices using different definitions, frameworks, and assessment tools, there are significant common dimensions to the work of implementing TIC and a common set of strategies that can facilitate progress (Yatchmenoff, Sundborg & Davis, 2017). For

example, most frameworks include systemic and whole-organization approaches to being trauma-informed; a focus on early intervention and prevention; recognition of vicarious trauma for workers and an emphasis on self-care and reflective practice; training, education and capacity building; and developing theoretical underpinnings (Manley, Barr & McNamara, 2019). Growth towards a fully trauma-informed organizational culture occurs on a spectrum over time, as shown in Fig. 2.0. Supported by training, knowledge, and skills acquisition, employees move from being aware of, and sensitive to trauma as individuals, to working organizationally to apply trauma-informed principles and adopt an agency-wide culture of trauma-informed practice over time.



Figure 2.0 Becoming Trauma-Informed Occurs on a Spectrum

The Fallot & Harris' (2009) model of TIC practice is considered one of the most comprehensive TIC assessment and planning protocols. The Fallot & Harris Creating Cultures of Trauma-Informed Care (CCTIC) model recommends some key steps to adopt trauma-informed service systems. Implementing a trauma-informed work culture requires an investment in precious resources and it is important to invest those resources in the right way so results can be seen sooner rather than later. Their findings, combined with recommendations by Yatchmenoff, Sunborg & Davis (2017), encompass the following ideas:

1. INITIAL PLANNING is key to successful implementation of TIC and includes: an administrative commitment to, and support for, the initiative; a highly inclusive approach that fully involves representatives from each stakeholder group; “trauma champions” to keep the initiative alive; and an awareness within programs of the full scope and timeline of the process (Fallot & Harris, 2009).

2. EARLY STEPS INCLUDE ACQUIRING FOUNDATIONAL

KNOWLEDGE, generating buy-in, and ensuring other elements of readiness that support culture change (Yatchmenoff, Sunborg & Davis, 2017). Most successful TIC initiatives begin by establishing a working group ideally with individuals with actual experience of trauma (Yatchmenoff, Sunborg & Davis, 2017). A set of guidelines for the working group may help steer the process and help organizations maneuver challenges in implementation.

Supported by training, knowledge, and skills acquisition, employees move from being aware of and sensitive to trauma as individuals, to working organizationally to apply trauma-informed principles and adopt an agency-wide culture of trauma-informed practice over time.

3. TRAINING AT MULTIPLE LEVELS is integral to support the change process. Fallot & Harris (2009) recommend a kick-off event for all staff, designed to provide direction and motivate and energize the change process. Multiple consecutive presentations would build understanding of trauma and practice, emphasize the importance of support and care for staff, and educate staff on the importance of trauma in the specific work of the agency. Additionally, Yatchmenoff, Sundborg & Davis (2017) suggest that staff at all levels receive foundational training in core areas of trauma, including the nature and principles of trauma, the neurobiology of stress and trauma, how trauma shows up in workplaces and services, how systems re-traumatize, vicarious trauma, ACEs research, systemic oppression and power, and historical transmission of trauma.

4. IDEAS FROM TRAINING ARE PUT INTO PRACTICE (in the short-term — the first few months) and applied in more detail. The TIC working group develops an implementation plan and begins to apply self-assessment and planning tools to map out the department's approach. Training continues for all staff, including "training the trainer" so that more staff become equipped to pass on important TIC information to other employees (Fallot & Harris, 2009).

5. LONGER-TERM FOLLOW-UP FOCUSES ON CREATING PROCESSES THAT WILL SUSTAIN MOMENTUM for change and support TIC implementation until it is embedded in a new culture. This could include revising agency policies and procedures to reflect TIC principles and practice or adding strength-based questions to client forms (Fallot & Harris, 2009).

Shifting to a more trauma-informed organizational culture saves organizations from the experience of staff burnout by providing front-line staff with the necessary tools to improve client outcomes, and management with tools to support staff. This transition does take time, and agencies face common barriers including underfunding and lack of resources, unpredictable and frequent changes in public services and new initiatives, staff resistance to change, and conflict between managerial and front-line staff related to the complexity of the organizational change. Factors found to be instrumental in overcoming barriers include senior leadership commitment, sufficient staff support, amplifying the voices of Albertans and their families, aligning policy and programming with trauma-informed principles, and using data to motivate change (Bryson et al., 2017).

RECOMMENDATIONS

Recommendations for Implementing TIC within the GoA

1. RECOMMENDATIONS FOR KNOWLEDGE BUILDING

Our initial recommendations focus on the critical first step of building a base of knowledge around trauma and Trauma-Informed Care principles necessary for the effective implementation of TIC. Considering the information presented thus far, we recommend the following actions are taken to adopt TIC within the GoA:

1a. Perform an audit of staff knowledge, attitudes, and behaviours.

An audit can include organization-wide or ministry-wide surveys and supervision meetings and should examine knowledge surrounding trauma, adverse childhood experiences, the relationship of trauma to poverty, and the use of social services.

1b. Create a TIC working group or committee tasked with the mandate of investigating the optimal approach to implement TIC within the GoA.

Recruit and/or invite participation from diverse employee populations and across all ministries and departments, including participants with lived experience.

1c. Implement TIC training for all GoA employees. Best practice indicates that this training is most effective when it is mandatory.

Doing so will foster a necessary base-level understanding of trauma, vicarious trauma, and self-care. Invest in ongoing trauma-informed training and education essential to building capacity, establishing a common language around trauma-informed practice, and supporting employees to develop the knowledge and skills they need to interact with individuals in a trauma-informed way.

2. RECOMMENDATIONS FOR ADOPTING TIC

We recommend the following actions are taken to adopt TIC within the GoA:

2a. Adopt TIC into GoA policies, procedures, and practices.

A complete audit of policies and procedures should be performed across ministries in order to identify places for improvement. These principles aim to improve outcomes for individuals, meet their needs, and respect their rights.

“Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life.”
— Nelson Mandela

2b. Formulate a strong vision for change at the highest levels of leadership within the GoA.

The creation of a strong vision for change within senior leadership is essential in order to create a solid foundation for an effective and sustainable transition to a more trauma-informed service culture (Menschner & Maul, 2016).

2c. Develop and embed clear language, policies, and procedures across GoA ministries.

This will ensure that GoA policies and procedures reflect a TIC approach and are consistent and transparent.

2d. Review and revise GoA policies, procedures, and client forms to reflect TIC principles.

The revision of policies, procedures, and forms will ensure that TIC principles of client empowerment, safety, choice, collaboration, and trustworthiness are reflected (Menschner & Maul, 2016). Trauma-informed and inclusive language should be used and a welcoming, safe environment should be created that avoids the potential for re-traumatization (by removing shaming/triggering language from questions or paperwork, being mindful of the images and messages included on posters, etc.).



3. RECOMMENDATIONS FOR COLLABORATION

Considering the undertaking of implementing TIC, we would recommend that the GoA:

3a. Appoint GoA representatives to join the TIC Collective.

This will build learning networks and contribute to better city- and province-wide outcomes for individuals engaging with GoA supports (Menschner & Maul, 2016).

3b. Collaborate with existing GoA departments and agencies that already use trauma-informed practice.

Collaboration should occur with GoA departments and agencies with similar policy objectives that are adopting TIC practices. This inter-agency networking will help inform the transition to TIC and increase participation, momentum, and advancement of the practice of TIC across the province (Menschner & Maul, 2016).

Conclusion

We invite the GoA to collaborate with us in our collective commitment to provide safer, more supportive services for individuals and families in Alberta. The TIC Collective recommends that all GoA Ministries adopt a TIC approach for working with individuals in order to avoid re-traumatization, build more supportive relationships, and access supports that are best suited to each individual. In addition to improving

CONCLUSION

the experience of Albertans, TIC will also improve the mental health, work culture, and productivity of GoA employees. It is our hope that this shift will initiate a cultural change within the government and promote inter-agency collaboration which will lead to more positive outcomes for Albertans in need, making the GoA a model for other organizations in Alberta and beyond.



Adverse Childhood Experiences (ACEs)

Trauma is a result of harmful or overwhelming events, an individual's experience of these events, and the effects of these events, which can impact an individual's ability to cope. Experiences that are recognized as traumatic are broad and diverse in magnitude, complexity, frequency, duration, and source (British Columbia Ministry of Children and Family Development, 2016).

Current research shows that trauma in childhood can have life-long negative impacts on early development and outcomes later in life. The seminal ACEs study, published in 1998, provides insights into the connection between certain childhood trauma, (abuse, neglect, and household dysfunction) and negative health outcomes throughout the lifespan. Toxic stress is the “strong, frequent, or prolonged activation of the body’s stress management system” (National Scientific Council on the Developing Child, 2004/2005). The traumatizing events of toxic stress are beyond the control of the family and happen over a long period of time, with little to no support provided to the child. If a child experiences prolonged, extreme toxic stress as a result of serious trauma, there can be a “change in the stress system so that it responds at lower

thresholds to events that might not be stressful to others, and therefore, the stress response system activates more frequently and for longer periods than is necessary” (National Scientific Council on the Developing Child, 2004/2005).

Similarly, unhealed grief from childhood trauma, often results in negative “behavioural coping mechanisms put into play to gain relief: smoking, excess drinking, drugs, promiscuity, overeating, toxic relationships, and violence” (Whitfield, 1998). These coping mechanisms often lead to poor health outcomes, thus demonstrating the strong relationship that connects trauma in childhood with the occurrence of anxiety, overall poor mental health, early death, and many other health conditions (Felitti et al., 1998).

Mental health issues can also contribute to addiction and substance use, which can significantly affect a client’s employability and income. Furthermore, having an ACE score of four or more places an individual at an increased risk for challenging health outcomes throughout the lifespan. Since this important discovery was made, the body of evidence regarding the impact of ACEs has continued to flourish and influence public policy in North America.

Toxic stress: the
“strong, frequent, or
prolonged activation
of the body’s stress
management
system.”

Case Studies

APPENDIX B

We cite here case studies from governments and partnering government agencies that demonstrate a recognition of the importance and value of adopting TIC practices.

A. CASE STUDY: STATE OF DELAWARE, UNITED STATES OF AMERICA

i. Challenge

Based on multi-year data and research, the State of Delaware disclosed that 14% of adults had experienced four or more ACEs. In addition, “the lifetime cost associated with just one year of confirmed cases of child maltreatment” in terms of health care and lost productivity was approximately \$124 billion (Carney, 2018). Subsequently, they concluded that intentionally evolving along the spectrum from trauma aware to trauma informed within all organizations and communities will “mitigate the impact of ACEs and produce better health, educational, and community outcomes” (Carney, 2018) in turn, reducing government social and health spending.

ii. Response

In October 2018, Delaware Governor John Carney declared that Delaware move towards becoming a Trauma-Informed state. What resulted was Executive Order 24, in which the Governor made a number of key suggestions including, but not limited to: developing a toolkit of resources that provide trauma awareness and increase ACEs awareness; promoting a trauma-awareness month state-wide; investing in education and information sharing between state employees and community partners; creating a recognition program from champions of Trauma-Informed Care practices; developing a comprehensive plan that focuses on early intervention for children; offering regular training to staff; promoting policies to enhance staff resiliency; and using trauma-specific language.

iii. Outcomes

The government of Delaware felt so strongly about the impact of TIC on the prevention of ACEs that they have embedded TIC into their education, certifications, and client-focused service delivery in the form of a state-wide declaration. Delaware is working to create a culture that will better support those who have experienced ACEs and lessen the direct impact of those affected, while equipping caregivers and families to prevent the cycles that lead to further trauma.

B. CASE STUDY: MINISTRY OF CHILD AND FAMILY DEVELOPMENT, BRITISH COLUMBIA, CANADA

i. Challenge

In November 2016, the British Columbia Ministry of Children and Family acknowledged an emphasis on delivering services in a culturally safe manner, acknowledging trauma-informed practices as a natural progression towards Truth and Reconciliation processes. The guide stated that “[b]eing trauma-informed is a fundamental tenet of the Circle process outlined by the Aboriginal Policy and Practice Frameworks in British Columbia (APPF)” (p.3).

ii. Response

The British Columbia Ministry of Child and Family Development created a Trauma-Informed Practice Guide (2016) that identified best practices for interacting with youth and children, families, and workers around wellness and safety. Included in these best practices is a focus on three targets:

1. Building Indigenous cultural competency and an understanding of how the legacy of colonization and intergenerational trauma impacts early childhood development for Indigenous children.
2. Increasing understanding of how Adverse Childhood Experiences (ACEs) impact brain development and can lead to developmental delay.
3. Developing the capacity to deliver services in Trauma-Informed and culturally safe ways.

These case studies demonstrate a recognition for the deep impact of trauma and its direct correlation to service access within the human services field. Using tools such as ACEs, these governing bodies have realized the widespread impact trauma has on their system users; have begun to recognize the signs and symptoms of trauma and to work to identify better, more accessible services; and are responding by considering and implementing changes to policies, procedures, and practice. These changes are being integrated into systems along the continuum from the federal, state, or provincial levels through to the frontline service delivery in government and non-government agencies.



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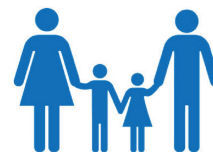
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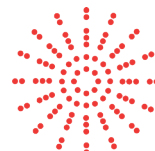
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