Trauma-informed care and suicide

TRAUMA EXPOSURE



of adults will be exposed to trauma in their lifetime.

TRAUMA EXPOSURE BY GENDER

50%

of women and

33%

of **men** have experienced sexual or physical violence (B.C. Ministry of Health, 2013).

What is it?

Trauma-informed care (TIC) is an approach that asks:
"What happened to you?"
as opposed to "What is wrong with you?" (Rosenberg, 2011).

TIC ensures people receive the care they need based on the impact of previous experiences. It is a holistic approach to care, and can both prevent the individual from experiencing further trauma as well as help them recover from previous experiences. Traumainformed care can be used in hospitals, psychiatrist offices, rehabilitation centres, and community centres.

WHAT CAN CAUSE TRAUMA?

- sexual and physical abuse;
- exposure to war, suicide, murder, and accidents (Klinic, 2013).

HOW IS TRAUMA-INFORMED CARE IMPLEMENTED?

Health Care Providers are:

- · well-informed about trauma;
- empathetic;
- compassionate;
- · self-aware;
- · flexible: and
- able to emotionally connect to patient's trauma experience (Harris & Fallot, 2001 and Klinic, 2013).

RE-EXPERIENCING
THE EVENT

AVOIDANCE AND
EMOTIONAL NUMBING

WAYS TO
RECOGNIZE
TRAUMA

CHANGES IN
SLEEPING PATTERNS

(Huckshorn & Lebel, 2013)

FOUR FACTS ABOUT TRAUMA-INFORMED **CARE AND SUICIDE**

PATIENTS NEED TO feel safe and comfortable enough to share trauma experiences with providers.

TRAUMA SURVIVORS ARE the majority of clients who end up in human services systems (Elliott, et al., 2005).

A TRAUMATIZED PERSON becomes at risk of suicide when they cope with their trauma in unhealthy ways.

INDIVIDUALS WHO EXPERIENCE

trauma may be at a higher risk for suicide than those who have not experienced trauma.



The greater the trauma, the greater the risk for alcohol abuse ... drug use, depression, suicide attempts, and other negative outcomes" (Rosenberg, 2011, p.428).

SOME CANADIAN ORGANIZATIONS THAT HAVE IMPLEMENTED TIC

Sunshine Coast Health Centre in Powell River Centre for Addiction and Mental Health (CAMH) in Toronto Klinic Community Health Centre in Winnipeg

How can we prevent trauma-based suicide?

EDUCATION AND AWARENESS

Developing an awareness campaign can inform and educate the general public and everyone who is in contact with potential trauma victims (Olson, 2013).

AN ASSUMPTION OF TRAUMA

The assumption that people who are suicidal have experienced personal trauma should become part of formal screening and assessment processes.

SCREENING FOR TRAUMA

Routine trauma screening ensures that everyone is assessed for past traumatic experiences, and not only for their obvious symptoms (Olson, 2013).

RESILIENCY CAN OFFSET THE NEGATIVE OUTCOMES OF TRAUMA

Anyone who has experienced trauma maintains one essential, positive quality: resilience.

Being resilient involves engaging with friends and family for support, and using healthy coping strategies and problem-solving skills effectively to work through difficulties (Australian Government, Department of Health and Ageing, 2008).

READ MORE AT bit.ly/2twq65k











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References

Australian Government. Department of Health and Ageing. (2008). LIFE: A framework for prevention of suicide in Australia. Retrieved from https://www.lifeinmindaustralia.com.au/docs/LIFE-framework-web.pdf

British Columbia Ministry of Health. (2013). *Trauma-informed practice guide*. Retrieved from http://bccewh.bc.ca/publications-resources/documents/TIP-Guide-May2013.pdf

Elliott, D., Bjelac, P., Fallot, R., Markoff, L., & Reed, B. (2005). Trauma-Informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4), 461–477.

Harris, M., & Fallot, R. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*, 89, 3–21.

Huckshorn, K., & Lebel, J. (2013). Trauma-informed care In Yeager, et al. (Eds.) *Modern community mental health: An interdisciplinary approach* (pp.62–83). Oxford, UK: Oxford University Press.

Klinic Community Health. (2013). *Trauma-informed: The trauma toolkit.* Retrieved from http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

Olson, R. (2013). *Trauma-informed care: Trauma, substance abuse and suicide prevention*. Retrieved from https://www.suicideinfo.ca/resource/traumaandsuicide/

Rosenberg, L. (2011). Addressing trauma in mental health and substance use treatment. The Journal of Behavioral Health Services & Research, 38(4), 428–431.

Wall, T. (2014). Trauma-informed systems and organizations. PowerPoint Slides.

ABOUT THE CENTRE FOR SUICIDE PREVENTION

Anyone can learn to identify someone at risk of suicide and get them help.

Call us.

We are the Centre for Suicide Prevention. For 35+ years we've been equipping Canadians with knowledge and skills to respond to people at risk of suicide. We can equip you too. We educate for life.

ABOUT THE MENTAL HEALTH COMMISSION OF CANADA

The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.

ABOUT THE CANADIAN ASSOCIATION FOR SUICIDE PREVENTION

The Canadian Association for Suicide Prevention (CASP) was incorporated in 1985 by a group of professionals who saw the need to provide information and resources to communities to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour.

If you are in crisis, call your local crisis line.

suicideprevention.ca/need-help











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