



TECHNICAL COMPETENCIES

for Canada's Substance
Use Workforce v. 3

TRAUMA- and
VIOLENCE-INFORMED CARE



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.



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and Addiction

All behavioural indicators across proficiency levels are examples only and can be adapted or tailored to meet individual organizational needs and mandates.

For CCSA's competencies, substance use is inclusive of situations where professionals are working with individuals who use or have used substances, are diagnosed with a medically recognized substance use disorder or are experiencing harms as a result of using substances. For more information, please refer to the criteria for substance use disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).

For more information on sex- and gender-based analysis (SGBA+), please visit www.ccsa.ca/sex-and-gender-based-analysis

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TRAUMA- AND VIOLENCE-INFORMED CARE

Interacting with people who use substances to identify and consider the impact that overwhelmingly negative events have on functioning and the ability to cope. Developing and delivering interventions in collaboration with people that emphasizes safety, choice and personal control with the aim of minimizing harm and re-traumatization. Understanding the gender- and culturally specific histories and contexts of people and approaching each individual with empathy.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p>1. Demonstrates an understanding of trauma and violence, including:</p> <ul style="list-style-type: none"> a. The high prevalence of trauma and violence experienced by people who use substances b. How the impact of trauma varies by age at first experience, severity, frequency, resilience and how support is received, and can be central to an individual's development and ability to cope c. The different types of trauma including whether it occurs from an personal (e.g., intimate partner violence), external (e.g., accident, natural disaster) or systemic (e.g., racism, colonialism) source; and how these sources of trauma may intersect d. The wide range of adaptations people make to cope and survive e. That exposure to trauma and violence is a risk factor for developing chronic physical and mental health conditions f. That communities and cultures, as well as individuals, are impacted by historical, systemic and intergenerational trauma and violence g. The potential for re-traumatization and how it can be prevented or reduced h. The potential impact of adverse childhood experiences on brain development and negative health outcomes including substance use i. The symptoms of post-traumatic stress disorder (PTSD) 	<p>1. Demonstrates an understanding of how trauma and violence are experienced differently across age groups cultures and genders, and interacts with people informed by this knowledge</p> <p>2. Demonstrates the knowledge that trauma-informed approaches do not require disclosure of trauma and uses them as universal approaches when providing care</p> <p>3. Demonstrates an understanding of the multi-directional and complex association between intimate partner violence and substance use</p> <p>4. Demonstrates self-awareness of own biases, assumptions, power and privilege, and own experience of trauma</p> <p>5. Demonstrates an understanding of the effects of trauma and violence on brain development, circuitry and function</p> <p>6. Interacts with empathy and without judgment with people to guide them in managing the impact that trauma and violence have had on their lives and to prevent re-traumatization</p> <p>7. Collaborates with people to build on strengths that enhance resiliency, promote choice, personal control and positive coping skills</p> <p>8. Creates safety in all interactions, for example:</p> <ul style="list-style-type: none"> a. In asking about and implementing safety preferences related to the physical environment 	<p>1. Engages people in exploring the connection between trauma, violence and substance use, and supports them in their choices to examine personal circumstances and experiences</p> <p>2. Co-creates well-being plans with people that integrate an understanding of the association between trauma, violence and substance use</p> <p>3. Collaborates with people to:</p> <ul style="list-style-type: none"> a. Foster an understanding of integrated evidence-informed service approaches that are responsive to the needs of individuals with histories of trauma, violence and substance use b. Support them in acknowledging and identifying the connections between trauma, violence and substance use and seeking healing based on their readiness c. Support them in developing strategies to minimize the impact of triggers, vulnerabilities or other factors that contribute to re-traumatization d. Support self-efficacy, self-determination, dignity, safety and personal control e. Encourage the choice of treatment options that ensure physical, psychological and emotional safety and well-being 	<p>1. Creates, promotes and advocates for programs, services and supports that address the impact of trauma and violence on people</p> <p>2. Creates opportunities for enhancing training on gender- and trauma-informed practice</p> <p>3. Leads integration of trauma-informed practice and gender-informed practice into existing programming</p> <p>4. Establishes protocols, practices and policies designed to guide the delivery and development of trauma- and violence-informed services and supports, while promoting and encouraging feelings of safety and personal choice for all people, including those with histories of trauma and violence</p> <p>5. Identifies and provides opportunities for staff to participate in training to stay current with best practices in delivering gender-, trauma- and violence-informed practice and care</p> <p>6. Demonstrates awareness that staff may have experiences of interpersonal and structural violence by providing workplace wellness and vicarious trauma prevention services and programs to build capacity and resilience among staff</p> <p>7. Advances and advocates for ongoing education of service providers about vicarious trauma and compassion fatigue, and promotes individual-, peer- and organizational-level ways to prevent, reduce and cope with these issues</p>

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<p>j. The effects of vicarious or secondary trauma and compassion fatigue</p> <p>2. Demonstrates an understanding of the neurobiological effects of trauma and violence and basic emotion regulation strategies (i.e., grounding that can address neurobiological responses)</p> <p>3. Demonstrates an understanding of how broader circumstances (e.g., poverty, unstable housing, other social determinants of health, etc.) can increase risk of multiple forms of violence and trauma, and create barriers to accessing support</p> <p>4. Applies the key principles of trauma and violence informed practice (safety and trustworthiness) in relationship building and promotes choice, control and collaboration in interactions; offers to share these skills and strengths when working with people</p> <p>5. Demonstrates an understanding of the multi-directional and complex association between intimate partner violence and substance use and:</p> <p>a. Utilizes person-directed, gender-competent, trauma- and violence-informed and culturally safe approaches to engage, screen, assess, detect, intervene, stabilize, empower, protect, support and follow up with people with co-occurring experiences of intimate partner violence and substance use</p>	<p>b. By establishing predictable, clear and accurate expectations about services based on the understanding of people's goals for well-being</p> <p>9. Facilitates recovery from trauma and violence by referring people to culturally and gender-appropriate counselling, healing and other clinical programs, services or supports, as appropriate</p>		<p>8. Creates, promotes and advocates for programs, services and supports that highlight and advance self-care and well-being for people using services and for staff who work with them</p> <p>9. Mentors or coaches others to help them develop and demonstrate evidence-informed relational practices</p> <p>10. Develops interagency and intersectoral networks of services using gender-, trauma- and violence-informed approaches that will enhance learning about these practices and support referral of people who are transferring out of services</p>

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EXAMPLES	b. Responds to people's unique health needs and abilities (including cognitive challenges, fetal alcohol spectrum disorder, traumatic brain injury) to safeguard personal choice and manage their own well-being			

ADDITIONAL RESOURCES ON TRAUMA AND VIOLENCE INFORMED CARE

- BC Centre of Excellence for Women's Health. (2013). *Trauma-Informed Practice Guide*.
- Centre of Excellence for Women's Health. (2018). *New Terrain: Tools to Integrate Trauma and Gender Informed Responses into Substance Use Practice and Policy*.
- Centre of Excellence for Women's Health. (2018). *Trauma-informed Practice & the Opioid Crisis: A Discussion Guide for Health Care and Social Service Providers*.
- Equip Health Care. (2017). *Trauma- and Violence-Informed Care (TVIC) Tools*.
- Jean Tweed Centre. (2013). *Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services*.
- Centre for Addiction and Mental Health. (2012). *Becoming Trauma Informed*.
- Public Health Agency of Canada. (2018). *Trauma and violence-informed approaches to policy and practice*.
- Centre for Public Health. (2009). *Interpersonal Violence and Illicit Drugs*.
- BC Society of Transition Houses. (2010). *Reducing Barriers to Support: Discussion Paper on Violence Against Women, Mental Wellness and Substance Use*.
- BC Society of Transition Houses. (2011). *Reducing Barriers to Support for Women Fleeing Violence: A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use*.
- VAWnet.org. (2008). *Substance Abuse and Intimate Partner Violence*.
- Canadian Women's Foundation & BC Society of Transition Houses. (2011). *Report on Violence Against Women, Mental Health and Substance Use*.
- Mothercraft. (2016). *Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment*.
- Women's College Hospital. (2012). *Making Connections: When Domestic Violence, Mental Health and Substance Use Problems Co-Occur*.
- National Center on Domestic Violence, Trauma & Mental Health. (2015). *The Relationship Between Intimate Partners Violence and Substance Use: An Applied Research Paper*.
- World Health Organization. (2006). *Intimate Partner Violence and Alcohol*.
- Centre of Excellence for Women's Health. (2020). *Exploring the linkages between substance use, COVID19, and intimate partner violence*.

For additional resources on intimate partner violence and COVID-19, please refer to the CCSA website.