

CMA Patient Voice Guide: Trauma Informed Engagement & Resources

Engaging with people with lived experience requires a high level of humility and sensitivity due to the potential trauma associated with healthcare-related inter-generational harm and/or one's own healthcare journey, health shocks and the context surrounding diagnoses. As humans, we can all have trauma-related responses. These are not a representation of personality flaws, moral weaknesses, or problematic intent, but can be a result of psychological and/or social trauma. Working from a trauma informed lens enables one to be better prepared to mitigate or handle trauma triggers for clients, patients and themselves.

Keeping these [four Trauma Informed Engagement guiding principles](#) (section 3.3) in mind will aid in one's ability to operate in a trauma informed manner:



As modified from the Trauma-Informed Practice Guide (2013). BC Provincial Mental Health and Substance Use Planning Council

The below resources build upon these principles using practical examples.

- [Trauma Informed Patient Engagement](#) – Very practical and informative presentation by Carolyn Shimmin - Public and Patient Engagement Lead at the George & Fay Yee Centre for Healthcare Innovation (CHI) which is a Manitoba SPOR SUPPORT unit. Slides are available [here](#).
- [First Nations Principles of OCAP®](#) – The importance of Ownership, Control, Access and Possession of one's one personal and cultural information/data.
- [Trauma Informed Practice Guide](#) - The Trauma-Informed Practice (TIP) Guide and Organizational Checklist are intended to support the translation of trauma-informed principles into practice.

- [Trauma-Informed Practice: A Brief Introduction for Caregivers and Care Providers](#) – A nice and practical two-pager specific to children and teens.
- [Trauma Informed Method of Engagement \(TIME\)](#) – Written for those engaging with young adults with lived experience with mental health challenges, this article outlines key advice for those engaging with those with lived experience – which can be of assistance in various contexts.
- Shimmin, Wittmeier, Lavoie, Wicklund and Sibley (2017). [Moving towards a more inclusive patient and public involvement in health research paradigm: the incorporation of a trauma informed intersectional analysis.](#) *BMC Health Services Research*, 17: 539.
- [Trauma Informed Storytelling Webinar](#) – Practical presentation on the appropriate usage of storytelling incorporating a trauma informed lens - by Keely Phillips (MSW) of the Centre of Excellence in Peer Support and the Canadian Mental Health Association.
- [The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement](#) – An article offered through Medium.com regarding the importance of a strength- based approach in engagement. This quote is a great summary:

“A healing centered approach to addressing trauma requires a different question that moves beyond ‘what happened to you’ to ‘what’s right with you’ and views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events”.

Creating a Safe Place for Trauma Informed Engagement

* Modified from [Culturally Safe and Trauma-Informed Practices for Researchers during COVID-19](#)

1 HELP PREPARE THE PARTICIPANT FOR WHAT TO EXPECT AND EXPLAIN THE WHY BEHIND ACTIONS.

Prepare questions and full engagement opportunity details for the patient before engaging in order to ensure the person is aware of the full scope of the project and can identify for themselves if it might not be the right engagement opportunity for them at this time. Give them time to consider the opportunity details – ideally at minimum 2 weeks but preferably earlier in order to build a plan with the participant re: ideal supports for their personal success during the engagement opportunity.

2 COMPASSIONATE AND THOUGHTFUL COMMUNICATION.

We need to remember that challenging behaviors or moments of raw emotion are not being always presented willingly by participants – they are often a direct reflection of fear and distress. We need to provide a compassionate and kind atmosphere and offer time and patience. We must also be kind to ourselves and prepare for the potential need to emotionally tune into the needs of our participants in a deliberate and mindful manner. We must also allow ourselves the time to emotionally prepare for this work.

3 SUPPORT SELF-REGULATION PRACTICES (PARTICIPANTS AND YOUR OWN) AND PROVIDE CONNECTION AND SUPPORT.

Ask participants what they might like to have available to them in order to be emotionally comfortable prior to engagement. This might be a quiet room for before and after a presentation or perhaps the option to participate in a conversation in writing vs. verbally. We must prepare for the potential of triggered trauma and ensure there is pre, during and post engagement support. This could be from peers, a trusted advocate of the patient or involve bringing a relative, elder or support companion if desired and staff who can steward the relationship and link patient with professional supports if desired.

4 CHECK IN DIRECTLY AFTER THE EVENT/ENGAGEMENT OPPORTUNITY.

Ensure there is time to debrief in a calm and quiet private space. Thank the person for their engagement and share some initial personal reflections on the impact their engagement made on the audience/project.

- **NOTICE THE SIGNS AND HELP BRING A TRIGGERED PERSON INTO THE PRESENT MOMENT.** Look for signs of stress: panic, darting eyes, lack of eye contact, flushed face, shaking hands or voice, etc. Model a calm and quiet voice and slow breaths when interacting. Remind them of the present moment by noticing the sensory elements around them (e.g. smells, sounds, textures) and remind them that they are safe. Hold space as a witness to their post-shock recovery process and allow them to fully debrief. Offer to connect the person with their existing support network and offer information about local mental health resources, for further debriefing and support if desired. For 24/7 crisis support across Canada, consider [Wellness Together Canada](#). Ensure their safety. For example, they may require a drive home from a public speaking event - it would not be wise to drive when in distress or shock.

5 CHECK IN AGAIN AFTER A COUPLE OF DAYS.

How is the person doing? Is there anything about their engagement experience that could have been improved? Share some initial specific feedback from others about the impact the person's story made (incorporate a strengths-based approach here). Discuss next steps together. Hold yourself accountable to any commitments you make in this "next steps plan" discussion.

6 CONTINUE THE DIALOGUE.

As part of the co-developed "next steps plan", follow through with a check-in at the agreed upon time, be it 1-week or 1-month. Discuss any and all actions that have occurred due to the person's engagement and/or feedback. Continue a dialogue and share other safe opportunities to re-engage.

The CMA Public and Patient Engagement Team is here to help you plan the best trauma informed approach.

Reach out at any time to patientvoice@cma.ca

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