



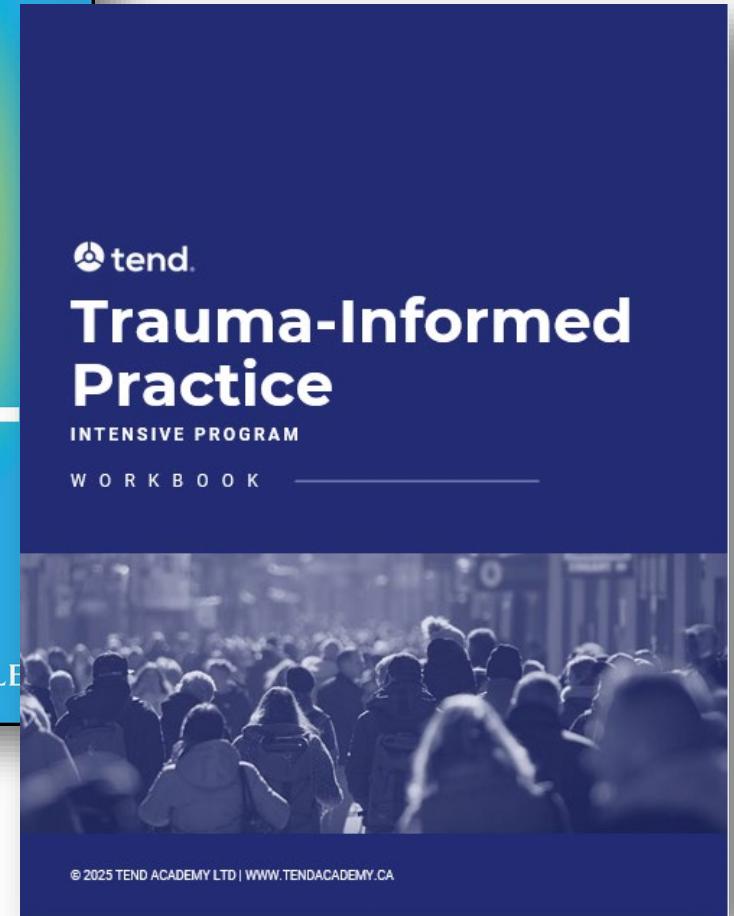
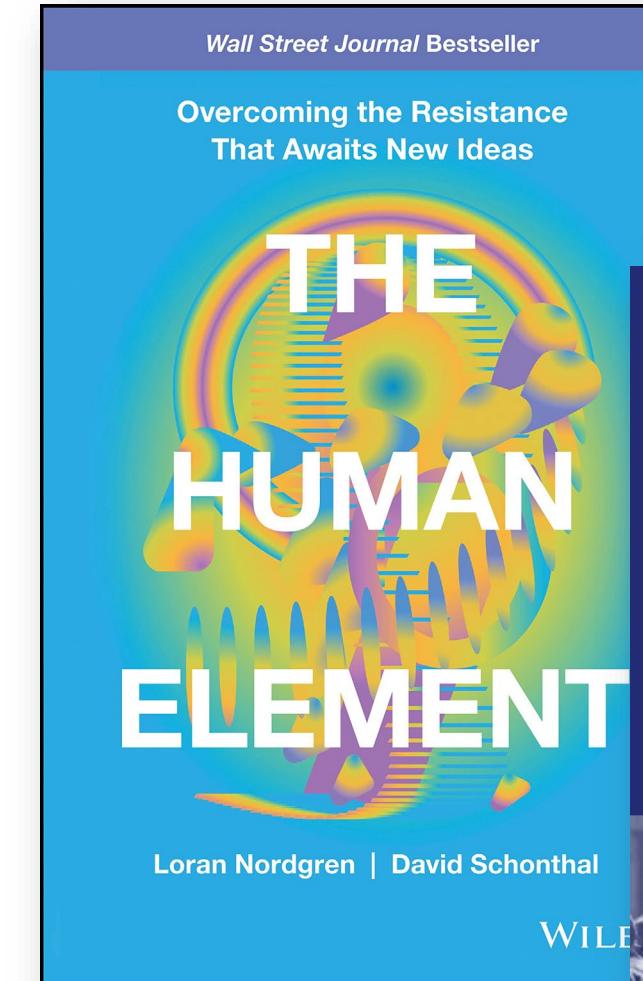
Trauma-Informed Practice Capacity Building Program

WINTER 2026

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RESOURCES

Books



Goals of this program

- ✓ Understand trauma-informed practice.
- ✓ Identify why it is important for **your workplace**.
- ✓ Make a plan to implement trauma-informed practices within your organization.



“

Trauma is a fact of life. It does not, however, have to be a life sentence. Not only can trauma be healed, but with appropriate guidance and support, it can be transformative.”

Dr. Peter Levine, 1997

Levine, P. A. (1997). *Waking the tiger: Healing trauma*. North Atlantic Books.



Think about a challenging situation with a service user during which you or your staff felt stuck, frustrated, bored, judgmental, or angry.

Can you identify how trauma might have been a factor in this situation?





**It's difficult to be trauma-informed
when you are not supported with
your own trauma exposure.**

Building Trauma-Informed Organizations | Four Key Areas to Address

(Adapted from ITTC 2022, SAMHSA 2014)



Trauma-informed practice **across multidisciplinary teams**



Potential Barriers | Staff Level

- Lack of training (Huo, et al, 2023)
- Lack of time, heavy caseloads
- Misunderstandings about trauma-informed practice
- Uncertainty around translating abstract TIP concepts into day-to-day actions



Assessing the Five Principles

Inventory: Assessing the Five Principles 20

Reflection Questions

What do you notice about the individual, team, and organizational level of adoption of safety?

What are some next steps your organization could take to better address safety within the workplace for the people you serve?

What are some next steps your organization could take to better address safety within the workplace for staff and employees?

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25 Trauma-Informed Practice | Intensive Program

CHOICE & COLLABORATION
Individuals are actively involved in services and decision-making processes; power imbalances are acknowledged.

Examples of Principle in Place	Adoption Level	Notes
<input type="checkbox"/> Power imbalances are acknowledged and minimized where possible.	I T O	
<input type="checkbox"/> Choices are provided for treatment options; preferences are supported when possible.	I T O	
<input type="checkbox"/> Crisis plans are co-created.	I T O	
<input type="checkbox"/> There is a culture of information sharing.	I T O	
<input type="checkbox"/> Efforts are made to help service users understand choices and the outcomes of those choices.	I T O	
<input type="checkbox"/> Services proceed at a pace that is set by the service user.	I T O	
<input type="checkbox"/> Service users have flexibility in how they will participate in services (e.g., scheduling, taking breaks, virtual vs. in-person options, etc.)	I T O	
<input type="checkbox"/> Service users are involved in creating their treatment/service plan and options are provided, when possible (e.g., offering multiple referral sources, etc.)	I T O	

To what degree is this principle being addressed in your organization?

1 2 3 4 5

Not addressed: no formal effort. Getting started: review conducted. Action plan created. Action plan partially implemented. Action plan fully implemented: ongoing monitoring in place.

WORKBOOK ACTIVITY

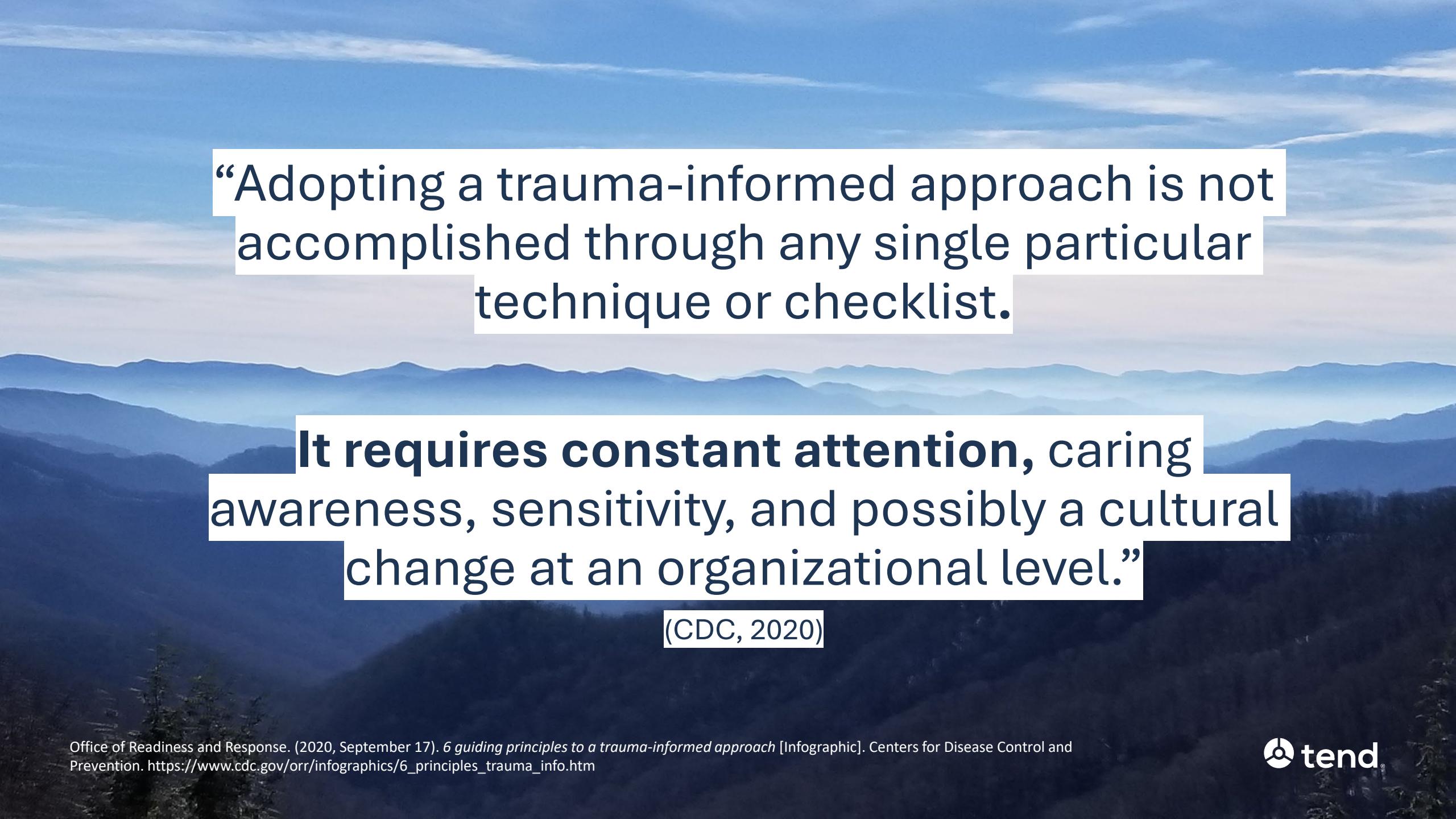


10 mins



pp. 25 - 26





“Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist.

It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.”

(CDC, 2020)



Learn more & register at

tendacademy.ca/training/trauma-informed-practice-program/