
A SUICIDE PREVENTION
TOOLKIT

Trauma and suicide



centre for
suicide prevention



IN THIS TOOLKIT

What is trauma?

Who is at risk?

*What is trauma-
informed care?*

*Trauma-informed
interventions
and therapies*

References

Trauma is very common among people in Canada.

Most people receiving treatment for mental health issues have had some form of trauma (Rosenberg, 2011).

Trauma places us at a higher risk for mental health issues such as depression and addiction. People who have experienced trauma are also at a greater risk for suicide.

What is trauma?

Trauma is “a horrific event beyond the scope of normal human experience” (Greenwald, 2007, p.7).

Some examples of traumatic experiences include:

- motor vehicle collision;
- rape;
- losing a loved one; and
- childhood abuse or neglect.

Some effects of trauma are:

- alcoholism;
- depression;
- insomnia;
- suicide attempts; or
- relationship problems (Centre for Addictions and Mental Health, 2012).



DID YOU KNOW?

IN THE UNITED STATES, THE MAJORITY OF CLIENTS WHO END UP IN HUMAN SERVICES SYSTEMS ARE TRAUMA SURVIVORS (ELLIOTT, BJELAJAC, FALLOT, MARKOFF, & REED, 2005).

SYMPTOMS OF TRAUMA

- Disconnection from self
 - Emotional numbing (including drinking alcohol and doing drugs)
 - Reduced awareness or hyper-awareness of surroundings
 - Memories, flashbacks, and/or nightmares of the traumatic event
 - Blame of self or others
 - Loss of interest in former activities
 - Aggressive or risk-taking behaviours
 - Change in sleeping habits (American Psychiatric Association (APA), 2013)
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DISORDERS ASSOCIATED WITH TRAUMA

Acute Stress Disorder (ASD) may be an individual's initial reaction to a traumatic event. If trauma symptoms go on for more than one month, the individual should be assessed for Post Traumatic Stress Disorder (PTSD).

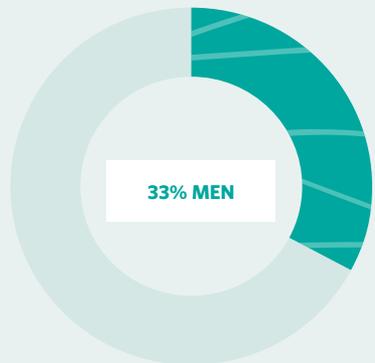
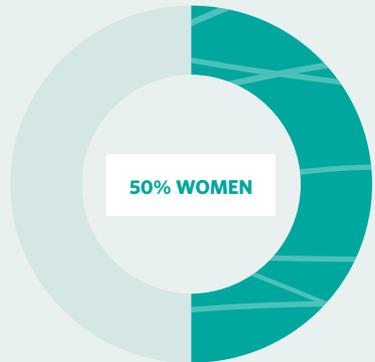
Symptoms of ASD and PTSD may trigger other disorders such as substance use, anxiety, mood, personality, and eating disorders (Halpern, Maunder, Schwartz & Gurevich, 2011; APA, 2013).

When a traumatized person has one or more disorders they are at higher risk for suicide.



DID YOU KNOW?

THE PERCENTAGE OF SURVIVORS OF SEXUAL OR PHYSICAL VIOLENCE IN CANADA IS HIGH.



(BRITISH COLUMBIA MINISTRY OF HEALTH, 2013)

Who is at risk?

Everyone is at risk of trauma, especially:

people with poor/deteriorating health;

people receiving ongoing medical treatment (e.g. cancer and psychiatric patients);

homeless people;

Indigenous people;

children who have suffered neglect;

refugees;

first responders (e.g. police, fire fighters, paramedics);

military personnel and veterans; and

medical doctors.



DID YOU KNOW?

75%

OF THE CANADIAN POPULATION HAS EXPERIENCED AT LEAST ONE TRAUMATIC EVENT IN THEIR LIVES (KLINIC, 2013).

What is trauma-informed care?

Health care professionals are more aware of the effects of trauma than ever.

This has led to the creation of Trauma-Informed Care (TIC) – a determined effort to implement a better approach to treating patients that takes into account the impact that previous traumatic experiences have had on an individual’s overall mental health. TIC represents a significant paradigm shift from what has been called a “deficit perspective” to one that is strengths-based (British Columbia Ministry of Health, 2013).

“What is wrong with you?” has shifted to “What has happened to you?” (Rosenberg, 2011).

Read more about TIC in *iE13: Trauma-Informed Care: Trauma, substance abuse and suicide prevention*

Trauma-Informed Care can be adopted anywhere in the “behavioural health system” including:

- emergency rooms;
- doctors’ offices;
- rehabilitation centres;
- transitional housing centres; and
- counselling offices.

BEING TRAUMA-INFORMED MEANS:

- **UNDERSTANDING** the prevalence of trauma and its impact;
 - **RECOGNIZING** the signs and symptoms of traumatization;
 - **CREATING** an emotionally and physically safe space, and empowering the individual with an active voice in collaborative decision-making; and
 - **RESPECTING** the person’s experience through active listening, being sensitive to the language used, being transparent, being trustworthy, and offering stability and consistency (Bath, 2008; Hodas, 2006; Rosenberg, 2011; SAMHSA, 2015; Huckshorn & LeBel, 2013).
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Trauma-informed interventions and therapies

PSYCHOLOGICAL FIRST AID

is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism.

CRITICAL INCIDENT STRESS

DEBRIEFING (CISD) is a “7-phase, small group supportive crisis intervention process” (Mitchell, n.d., p.1).

COGNITIVE BEHAVIOURAL

THERAPY (CBT) is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving.

EXPOSURE THERAPY

is an approach that allows the patient to confront their traumatic memories either all at once or gradually.

EYE MOVEMENT DESENSITIZATION REPROCESSING (EMDR) is an evidence-based psychotherapy for PTSD which aims to reorient and repair the patient's inability to process traumatic experiences.

NARRATIVE THERAPY is a psychotherapeutic approach which allows people to re-tell and re-interpret their personal stories and gives them an opportunity to construct alternative possibilities to their individual narratives.

STRESS INOCULATION TRAINING (SIT) is a psychotherapy method intended to help patients prepare themselves in advance to handle stressful events successfully and with a minimum of upset (SAMHSA, 2014).

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of the Canadian Mental
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35+ years we have been
equipping Canadians with
knowledge and skills to
respond to people at risk
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We educate for life.



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