



Resilience Rising: Practitioners' Perspectives on Trauma-Informed Care in Newfoundland and Labrador



Sarah Dunphy, supervised by Dr. Sandra Luscombe

Introduction

- As of most recent data, there are 920 children & youth “in care” of the NL government ¹
- Indigenous children are both historically and presently over-represented in the care system ^{1,2,3}
- Children & youth in alternate care have a high likelihood to have experienced childhood trauma ^{4,5,6,7}
- Trauma informed care: using “the biological evidence of toxic stress with the insights of attachment and resilience to enhance health care delivery to mitigate the effects of trauma” ⁸

Research Questions

1. What sorts of trauma-informed practices are being used by mental health practitioners in the province?
2. What gaps impact the ability to receive and provide trauma treatment in NL?

Methods

Participants



8 interviews completed; 7 interviews analyzed



5/7 ppts had a Social Work background



Required to be providing trauma treatment in NL

Procedure



Interviews were analyzed using an inductive thematic analysis



Ppts completed a 30 minute, virtual, semi-structured interview, between December 2024-May 2025

Results

RQ1: Trauma-informed therapies

	EMDR	CBT	DBT	Play Therapy	Somatic Therapy	ART	Mindfulness
# of ppts	6	5	3	3	3	2	2

- 7/7 ppts were familiar with the term “trauma-informed care”, and incorporate it into their practice

Thematic Analysis

A total of 3 themes, and 12 sub-themes, were identified

1. Many children and youth seeking mental health care have experienced trauma, and implementing trauma-informed practices can help address the various manifestations of trauma at any age

- practitioners are inadvertently treating trauma
- trauma impacts all ages, and can manifest as mental health concerns
- trauma-informed care is a lens of treatment
- Trauma treatment involves relevant training and relationship-building

“...what we’re seeing is survival behaviour, not willful behaviour. Every behaviour, every interaction has a purpose” (7)

2. The current mental health system is rife with barriers that impact both patients and practitioners in the field of trauma treatment

- Patients face cost barriers, long wait times, and a lack of services in their region
 - There are a high number of referrals compared to low retention of qualified professionals
 - There is a lack of focus on preventative care and wraparound services
 - Practitioners struggle to access local, affordable training
- “...the fact that I’m doing the work that I’m doing in a fee-for-service...private setting? I think is criminal, frankly.” (8)

3. Indigenous patients face unique challenges when seeking trauma treatment, and practitioners alter their approaches in various ways to better address Indigenous patients specifically

- Cultural representation is important to avoid perpetrating continuing harms
 - Practitioners working with Indigenous children & youth often lack the appropriate training
 - Indigenous patients face additional gaps to accessing trauma treatment
- “I do also think it takes...acknowledgement of the harms that have been caused and the harms that are being continued to be caused” (2)

Discussion

Summary of Findings

- Trauma-informed care is being implemented in the province, at an individual and systemic level, and through a variety of treatment modalities
- However, significant barriers exist in providing and receiving trauma treatment, especially for Indigenous children & youth

Future Directions

- This research can help inform future quantitative investigations into trauma treatment services in the province
- The gaps identified by participants can serve as a guide for the allocation of mental health/child protection funding

Limitations

- The limited number of participants limits the generalizability of the findings



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