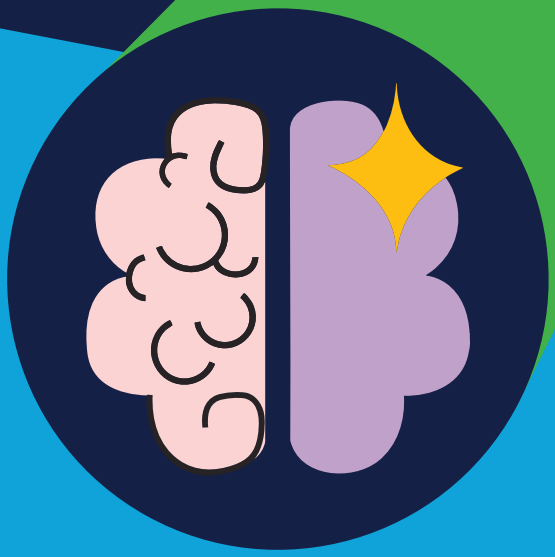
Youth Wellness Hubs Ontario

Substance Use Practice Brief on Trauma Informed Care



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This Substance Use Practice Brief on Trauma-informed Care with Youth provides practical considerations to help clinicians implement trauma-informed care into practice. This brief is intended to support therapists, counsellors, social workers, social service workers, nurse practitioners, registered nurses, physicians, and other healthcare professionals providing treatment and counselling to youth aged 12-25 with substance use and addiction concerns.

This document is intended for educational and informational purposes only. It is not a substitute for professional training, institutional policies, or clinical judgment.

Youth Wellness Hubs Ontario (YWHO) in collaboration with provincial partners are supporting substance use capacity building for child and youth mental health and addictions professionals across Ontario. A special thanks to the Provincial Steering Committee for Substance Use Capacity Building for guiding and supporting this work and ensuring system collaboration and alignment across sectors.

Contributors of this document:

- Ash Lowenthal, Research Coordinator for the Canadian Consortium on Child and Youth Trauma and PhD Candidate in Social Work at McGill University
- Christopher Bourke, Knowledge Mobilization Lead, YWHO Provincial Office
- Leshawn Benedict, Knowledge Broker, YWHO Provincial Office
- Nakita Sunar, Advance Clinical Practice Lead, YWHO Provincial Office
- Art Vijayaratnam, Brand and Content Specialist, YWHO Provincial Office
- Abdur Willie, Youth Engagement Specialist, YWHO Provincial Office
- Waasii Hester, Youth Engagement Specialist, YWHO Provincial Office

For more information about this document, please contact
training@ywho.ca

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What is trauma?

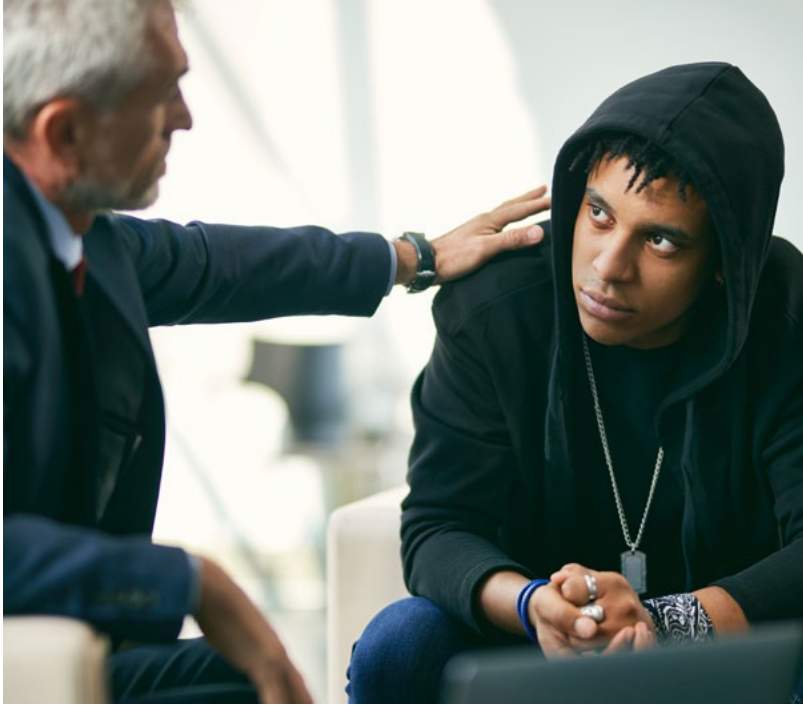
Trauma refers to the lasting impact of overwhelming stress in the absence of adequate support. It can affect mood, behaviour, cognition, and physical health, and is often about disconnection—from self, body, or relationships.[1] Trauma can arise not only from what happened, such as violence or neglect, but also from what failed to happen: the absence of safety, care, or responsiveness.[2]

Trauma during sensitive developmental periods can derail core tasks of growth. In adolescence, identity, autonomy, and peer belonging are rapidly taking shape. Overwhelming stress during this period can turn the search for self into a crystallization of shame, the drive for independence into withdrawal or aimless rebellion, and the longing for connection into isolation, harmful peer influence, or risky coping such as self-harm or substance use.[2,3]

Youth with substance use concerns are far more likely than other young people to have lived through abuse, neglect, or multiple forms of victimization.[4,5,6] For providers, this means that many youth arriving accessing services with substance use concerns will also have unrecognized trauma histories, underscoring the importance of **trauma-informed care (TIC)**.

What is trauma-informed care (TIC)?

TIC is an approach to service delivery that integrates knowledge about trauma into every aspect of organizational practice, culture, and policy.[7,8,9] It emphasizes that for youth to learn, connect, and heal, they must feel safe—not only physically, but also emotionally and relationally. To foster this sense of safety, TIC emphasizes building relationships grounded in trust, offering genuine choice, encouraging collaboration, and supporting empowerment.[10] Unlike trauma-specific approaches like Eye



Movement Desensitization and Reprocessing (EMDR), TIC is not a therapeutic modality. It is a philosophy to guide provision, shaping how providers engage in clinical encounters, how organizations structure programs and policies, and how service systems are designed. The Substance Abuse and Mental Health Services Administration[11] outlines TIC through the widely cited "4 R's": **Realize** the impact of trauma, **Recognize** its signs, **Respond** by embedding knowledge into practice, and **Resist** retraumatization.

Trauma- and violence-informed care (TVIC) is a more recent evolution of the TIC framework, developed by Canadian researchers.[13] TVIC emphasizes that trauma cannot be separated from the broader structural violence that shapes people's lives—poverty, racism, colonization, sexism, transphobia—and calls on providers to recognize how these forces intersect with individual experiences of trauma. This perspective shifts attention beyond individual symptoms, to the environments and systemic barriers that shape young people's well-being.

The following section provides practical tips for frontline healthcare professionals on applying trauma-informed approaches when working with youth who use substances.

What are some trauma-informed care practice-based considerations when working with youth?

Focus on Relationship, Not Techniques

As TIC is a philosophy and not a specific treatment, this means you don't need to be a trauma specialist to have a positive impact on a young person who has lived through adversity. What matters most is whether youth feel seen, heard, and safe in the relationship. Service providers can support healing by being authentic, down-to-earth, warm, present, regulated, and empathic. Sometimes this simply means engaging in simple acts of connection—getting to know a young person, remembering the details that matter to them, or showing genuine delight in their presence. You may never talk directly about their trauma, but the impact of having a steady, caring adult who enjoys being with them can be powerful. The relationship itself is therapeutic; trauma does not need to be "processed" directly for healing and growth to occur.[2,14]

Assume Trauma and Normalize Responses

You don't need to gather a detailed trauma history to practice in a trauma-informed way. A universal precaution approach means assuming trauma or adversity may be present for every young person and creating safe, supportive relationships without requiring disclosure.[12,15]

When there are strong signs of trauma, don't be afraid to ask—or at least suggest a link between the young person's struggles and overwhelming stress in their lives, past or present. Use a trauma lens to frame their presenting problems, whether substance use concerns, mood difficulties, or relationship challenges as common responses to such adversity and trauma. For example, a clinician might say: "*A lot of young people who've gone through tough experiences find that using substances helps them cope, at least in the short term. Does that feel true for you?*" Or: "*I wonder if the drinking could be connected to stress or hurt you've been carrying.*" This kind of language helps normalize youth experiences, reduces stigma, and makes challenges feel more understandable and manageable.[2]

Be curious about their lived experience but follow the young person's lead. Some may choose to only share a tiny piece of their story, receive a short empathic response, and then want to move on. This pacing prevents overwhelm, allows them to test the waters safely, and can build readiness to share more over time.[7,12]

Be Development-Informed as well as Trauma-Informed

Adolescence is a time of rapid change in the brain, body, and social world. Intense emotions, risk-taking, and peer focus are not always warning signs—they are part of normal development.[3] Trauma can amplify these shifts, making identity struggles more painful or coping strategies more dangerous.[2] Practitioners should normalize the challenges and tasks of adolescence while being careful not to dismiss trauma or serious mental health struggles as "just normal ups and downs." Striking this balance helps avoid pathologizing youth while ensuring that support both fosters healing and scaffolds healthy growth. For example, some youth experiment with substances out of curiosity or peer influence, which is developmentally typical. When substance use becomes a primary way of coping with overwhelming emotions or painful memories, it may signal trauma impact.

Provide Psychoeducation and Support Skill-Building

Understanding how the nervous system responds to overwhelming stress (fight, flight, freeze, fawn) can normalize reactions and highlight that substance use and other coping behaviours often serve a protective function, creating distance from distressing emotions, thoughts, bodily sensations, or painful external circumstances. Providers can also draw on accessible frameworks to help youth and families make sense of these patterns. Daniel Siegel's concept of the window of tolerance illustrates how trauma narrows the range in which a person can stay regulated, and many excellent videos, graphics and worksheets exist to support teaching and practice. His hand model of the brain is another widely used and very approachable tool for explaining how stress and triggers affect brain function and lead to survival responses.

Building on these frameworks, providers can offer concrete tools and skill-building—like grounding techniques, sensory strategies, mindfulness and breathing practices, or teaching youth to track early body signals of stress—that help widen the window of tolerance. This capacity develops through co-regulation in safe, supportive relationships; youth learn to regulate with others before they can reliably do so on their own.[2]

Use a Strengths-Based Approach

A strengths-based approach means starting with what youth already bring—their skills, interests, and hopes—rather than focusing only on problems. Get to know the whole person so their strengths, passions, and values can be drawn on as resources during difficult times. When you meet someone for the first time in everyday life, you wouldn't open by asking about the worst things that have ever happened to them; in the same way, starting with open questions about a young person's interests, passions, or daily life helps elicit strengths and build trust. Build upon the strategies they already use to cope and celebrate small acts of agency. Always highlight hope and confidence in their capacity to grow, reminding them that healing from trauma is not only about easing pain but also about building deeper connection with self and others, and expanding the capacity for joy, pleasure, and creativity.[2,12]

Reflect on Your Own Triggers and History

Being trauma-informed is not only about understanding how trauma impacts youth, but also about recognizing how your own history, values, and emotional patterns shape your practice. This includes developing self-awareness, practicing self-regulation, and managing your own affect so that your use of self supports rather than hinders relationships. Ask yourself: What situations or behaviours activate me most, and why? How can I steady myself so I respond thoughtfully rather than react from my own wounds?

Take inventory of your assumptions about youth who use substances, your memories of being young yourself, and—if relevant—your own experiences with substance use. Practice not taking things personally and be mindful of how personal beliefs or unhealed wounds can fuel judgment or create pressure to impose your own agenda on a young person's healing.[2,15] Clinical supervision, communities of practice, and personal therapy can provide supportive spaces to reflect on how your history, emotions, and assumptions may be shaping your work. Just as importantly, being trauma-informed does not mean being perfect. It means acknowledging when you get it wrong and modelling humility and accountability, showing youth that relationships can withstand mistakes and grow stronger through honesty and repair.[16]

Invite Youth to Lead Through Voice and Choice

TIC requires close attention to power. Youth who have experienced trauma often carry deep memories of powerlessness, so practitioners must be mindful of how authority is used in everyday interactions. Compliance-driven approaches or interventions that feel controlling can backfire, eroding trust, triggering resistance, or recreating dynamics of harm. TIC means balancing power by moving away from control and toward partnership, where youth feel seen as active agents in their own growth.[7,10,12] Involve youth in decisions about their care, ask about their goals and values, and create opportunities for real choice and shared decision-making. When young people see that their perspectives guide the process, trust and investment grow.

Follow the Young Person's Lead on Substance Use

In community health settings, youth may not be seeking help for their substance use—and may not be ready or willing to focus on it right away. Because substance use often carries stigma and shame, pressing too hard or too soon can reinforce the judgment they may already feel from family, peers, or professionals. Over-emphasizing use can also reduce them to that single issue, when in fact it may serve as a coping strategy in response to deeper struggles such as bullying, isolation, or abuse.

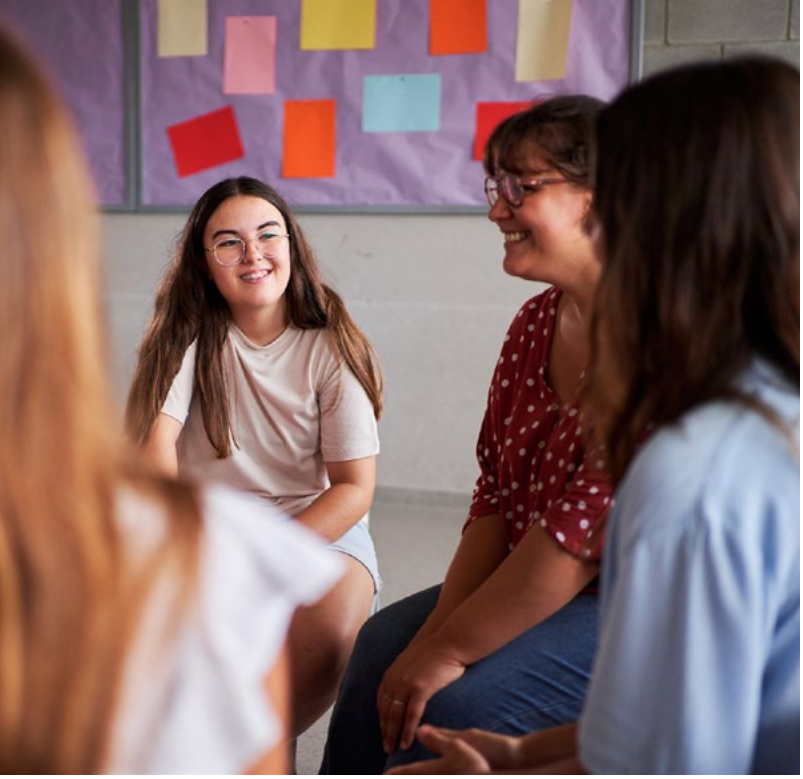
Move at the speed of trust and support their priorities. Approach conversations about substance use with curiosity and care, focusing on understanding the function it serves in their lives. Recognize its bidirectional relationship with trauma—both as a way of coping with overwhelming stress and as something that can create further vulnerability. Gentle reflections on the impacts you notice can open space for dialogue, but the goal is to move at a pace that feels manageable for the youth rather than pushing before they are ready.[12]

Recognize the Complexity of Substance Use and Trauma

Addressing substance use in isolation often misses the point. For many young people, substances have been a primary way to regulate distress, numb traumatic memories, or find belonging. As use decreases, trauma symptoms and nervous system dysregulation may intensify. Without addressing these underlying drivers—and providing safer ways to cope—taking substances away can leave youth even more vulnerable. Treatment is rarely linear: trauma and substance use are deeply interlinked, and there is no single "first this, then that" sequence. Effective care means offering flexible, integrated support, regardless of whether a young person's goal is abstinence or continued use.[12,17]

Use Empowering Language and Lenses

The words and frameworks we use shape how young people see themselves. Avoid pathologizing or stigmatizing terms like "substance abuse," "addict," or "maladaptive," which reduce youth to a problem and overlook the ways substance use may have helped them cope or survive. Reframe substance use not as a failure of willpower, but as a functional response to distress and recognize how it can also serve as a pathway to belonging.[6] Compassionate understanding, rather than shame or self-criticism, creates the conditions for real and lasting change. Assume youth are doing the best they can with what they have[15,] shifting from a stance of "won't" to "can't." As Greene famously put it, "kids do well if they can"—and when they cannot, the role of the adults is to provide the conditions that make doing well possible.[18]



Involve Family, Friends, and Community

Youth heal best in a web of safe, consistent relationships.[19] Ask the young person about the important people in their life and who should be involved in their care. Guide their supports to better understand and respond to their needs. Interventions are most effective when care extends to both the young person and the people shaping their daily world.[2,12] For youth who do not have safe or reliable supports, or who are not ready to involve others, the priority is to meet them where they are and build safety in the therapeutic relationship. Over time, you can revisit the question of involving others and suggest options they might not have considered, like mentors, coaches, or caring adults in schools or community programs.

Practice Structural Competence

TVIC reminds us that trauma is not only interpersonal but also structural. Responding effectively requires structural competence, or the ability to recognize how broader social, economic, and political conditions shape young people's lives. These conditions are not simply background factors but active forces that organize the possibilities available to youth. Poverty can determine access to safety and resources, while norms around race, gender, or sexuality simultaneously regulate how youth are seen, valued, and treated.[13] Examples of structurally competent practice include recognizing when missed appointments are due to unreliable transit and adapting care by offering flexible scheduling, virtual sessions, or outreach. Or, when a racialized youth is repeatedly suspended, the clinician names systemic racism in school discipline, works with the school team, and advocates for trauma-sensitive alternatives to exclusionary punishment.

Structural awareness also means acknowledging the ecological context young people are growing up in. Climate change, environmental degradation, and climate grief or eco-anxiety are emerging sources of distress, while meaningful connection to land, place, and nature can be profoundly protective and healing.[20,21,22]

Protect Staff Well-Being

Supporting youth who have experienced trauma is demanding, and the risk of secondary traumatic stress, compassion fatigue, and burnout is real. Protecting staff well-being requires both organizational and individual measures.

At the organizational level, risk is reduced by acknowledging the emotional impact of the work, implementing policies that protect staff safety, offering regular clinical supervision and ongoing training, providing opportunities for debriefing after critical incidents, fostering a supportive team culture, and maintaining balanced caseloads.

At the individual level, know that it's never your job to carry the weight of this work alone. Still, tending to your own well-being sustains the care you can offer others. Small, steady practices—rest, movement, connection, creativity, and joy—help buffer cumulative stress. Checking in with yourself, honoring your limits, and seeking support when needed are not signs of weakness, but acts of integrity in a role that asks so much of the heart.[23-26]

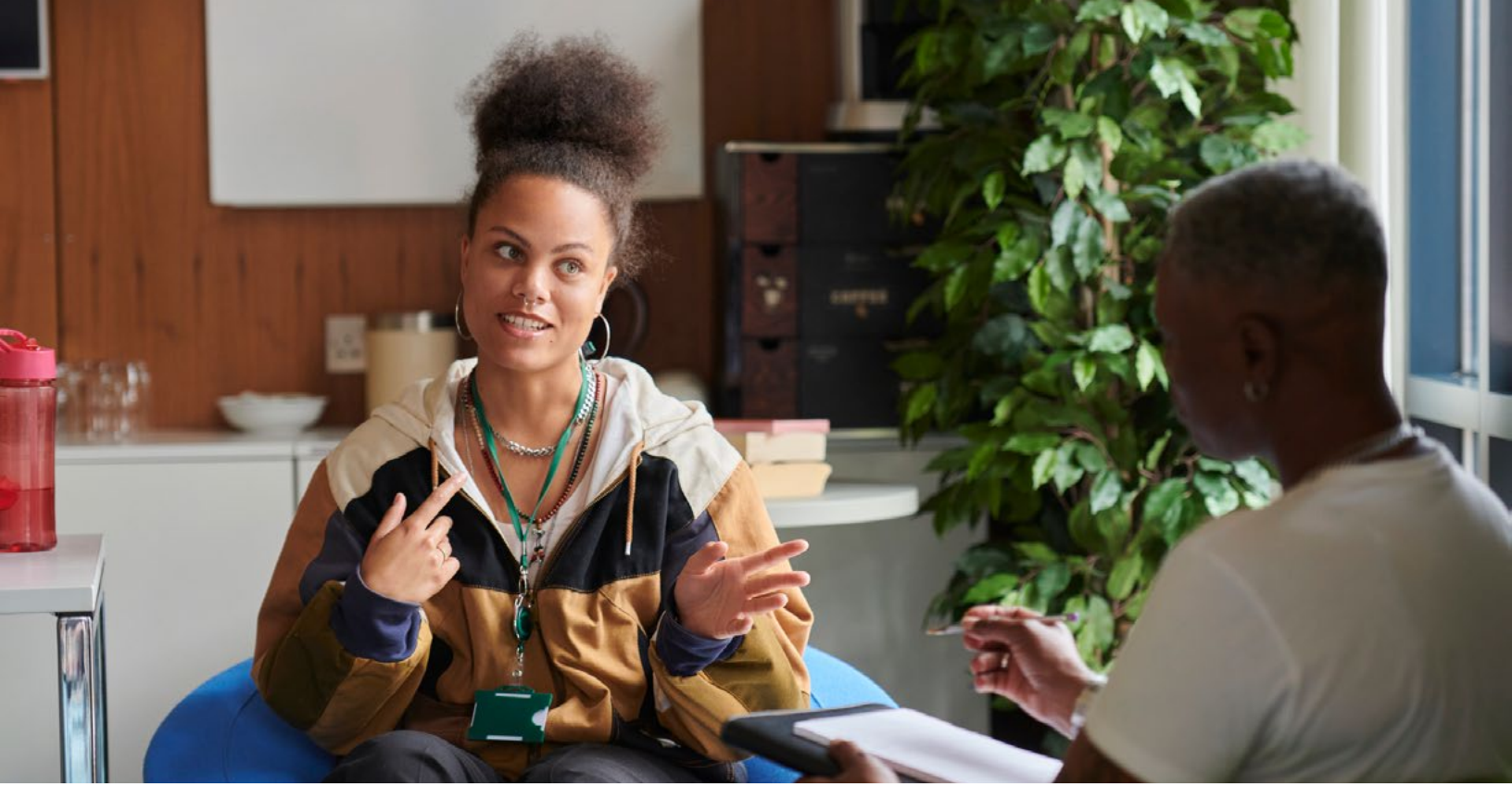
Evidence Review of TIC in Youth Substance Use

Research consistently shows that young people with substance use concerns are much more likely than their peers to report childhood abuse, neglect, or other forms of victimization.[5,27,28] Trauma not only raises the likelihood of substance use, but also contributes to earlier initiation, which is associated with more severe and complex patterns later in life.[4,29,30] Severity matters: experiencing multiple forms of victimization, or polyvictimization, **increases the likelihood of serious substance use by three- to five-fold.**[6] Youth with more severe substance use also tend to report greater trauma exposure, higher stress, and more PTSD symptoms.[31] When trauma comes from caregivers—the very people meant to provide safety—coping capacities are especially compromised, leaving youth more vulnerable to high-risk use.[2,6] Substance use often serves as a coping strategy and a pathway to belonging.[6] Youth with severe trauma histories are often more susceptible to peer influence and more likely to affiliate with groups where high-risk substance use is common and/or a condition for belonging. They are also more likely to have a parent who uses.[17] Together, the research on the link between trauma and substance use in youth point to a dose–response relationship: **the more severe, chronic, and relational the trauma, the greater the likelihood of serious substance use challenges, and the higher the complexity of treatment needs.**[6]

Clinical studies underscore this complexity. In a Canadian concurrent disorders program, almost all participants reported trauma exposure (94%), two-thirds met criteria for a current substance use disorder, and nearly half of females and one-third of males reported experiencing PTSD symptoms. One-third had attempted suicide, and most experienced impairments across school, family, and peer relationships.[32] Similarly, in a large Ontario study of youth in community and bed-based mental health settings, substance use was reported by 22% of those in community care and 37% in bed-based care, with higher risk linked to abuse histories, suicidality, disrupted education, and parental substance use.[33] In this study, youth who reported strong family support, positive school experiences, and higher academic achievement were less likely to engage in substance use. For this population, substance use is not simply a clinical problem but an adaptive strategy for surviving overwhelming stress in the absence of stable supports and safe, enriching environments.

TIC is not a standardized model that can be neatly evaluated, making synthesizing the research on TIC implementation challenging. Rather, it is best understood as a vision or philosophy—anchored in principles and values—rather than a fixed set of procedures.[8,34] Translating those principles into action requires ongoing reflection, adaptation, and learning within the realities of each organizational context.[35] This helps explain the wide variability across TIC implementation initiatives studied in the research literature, both in scope, methodology and outcomes.[9,36,37]

Even so, evidence on the outcomes of TIC implementation is promising. The implementation of TIC in child and youth serving sectors has been linked to reductions in the use of seclusion and restraint, which not only improves safety but can also reduce costs and fosters a culture of support.[9] For staff, TIC has been shown to enhance knowledge, attitudes, behaviors, and practices, building greater confidence and capacity to respond effectively to youth.[9,38] For young service users,



TIC contributes to improvements in health, functioning, and overall well-being, while bolstering resilience and fostering relational safety.[9] Together, these findings suggest that **TIC can help shift service environments away from reductive, reactive and coercive approaches toward more holistic, responsive and collaborative ones.**

At the same time, it is important to recognize the limitations of this evidence. Much of the available data relies on staff self-reports, which tend to show only modest improvements that are not always maintained over time and do not easily translate into lasting changes in practice or organizational climate.[9] Brief, one-off training sessions have limited impact, with staff often reverting to familiar approaches without ongoing reinforcement. **Common barriers include scarce resources, time constraints, and competing demands that make it difficult to sustain TIC activities amidst heavy caseloads.**[9] A lack of senior leadership buy-in can further disempower staff and stall meaningful shifts in organizational culture, structure, and policy.[35] Finally, there remains a gap in comprehensive TIC models specifically adapted for child- and youth-serving sectors since many existing frameworks were developed for adult services or are too narrow in scope.[9]

TIC is most effective when approached as an ongoing, whole-system process rather than a checklist.[8,9,35] It requires leadership commitment, ongoing staff support through supervision and continuous training, as well as collaboration within and across organizations to build a shared language and adapt frameworks to local needs. At its core, TIC represents a paradigm shift that reorients relationships between providers and youth. Transformation is gradual, unfolding step by step through sustained commitment and practice.

Links & Resources

The following free, open-access resources offer additional depth and practical guidance for applying trauma-informed care with youth who have substance use concerns.

The Canadian Consortium on Child and Youth Trauma's Resource Library brings together hundreds of open-access materials on trauma in children and adolescents. Resources range from clinical tools and activities to policy briefs and practice guides.
https://www.traumaconsortium.com/en/resources/

The Harvard Center on the Developing Child's Resource Library translates cutting-edge science on how adversity shapes development into practical tools and insights to support better outcomes for children.
https://developingchild.harvard.edu/resource-library/

Trauma-informed: The Trauma Toolkit is a resource for service organizations and providers to deliver services that are trauma-informed developed by the Klinic Community Health Centre in Winnipeg, Manitoba.
https://youthrex.com/wp-content/uploads/2021/03/Trauma-Informed-Toolkit.pdf

Trauma-Informed Practice Guide — British Columbia Ministry of Children and Family Development
This comprehensive guide supports trauma-informed approaches across child, youth, and family services. It offers practical implementation strategies, an organizational checklist, and examples tailored for culturally safe practice with Indigenous communities.
https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf

Trauma and violence-informed approaches to policy and practice – Public Health Agency of Canada. A national resource outlining TVIC frameworks to guide policy and practice across service sectors.
https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

The Alberta Family Wellness Initiative's Resource Hub curates evidence-based tools, reports, videos, and learning modules that translate the science of brain development, toxic stress, and resilience into practical resources for improving child, family, and community well-being.
https://www.albertafamilywellness.org/resources/

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