

What is a trauma informed practice?

What is trauma?

Signs and effects of trauma

Controversies

Core trauma-informed principles

Applying in conflict practice

Cautions

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What is trauma informed practice?

Trauma-informed care is a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”

(Hopper, Bassuk, & Olivet, 2010, p. 82).

- Does not require clinical knowledge.
- Is not about providing ‘treatment’.

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Trauma informed practice

- Informed about, and sensitive to trauma-related issues.
- Do not treat trauma or symptoms.
- Commits to and acts upon the core organising principles.
- Has evaluated all components of their service in light of a basic understanding of trauma.
- Designs systems that accommodate the vulnerabilities of trauma survivors and delivers services in a way that avoids inadvertent retraumatization.
- Has close collaborative relationships with other services that support clients who have experienced trauma.

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What is trauma?

- A person's emotional response to a distressing experience that overwhelms one's ability to protect oneself and stay safe.
- May be physical, developmental, emotional, relational and/or spiritual.
- Traumatic events tend to be:
  - Sudden and unpredictable;
  - Involve a serious threat to life;
  - Feel beyond a person's control:
  - Undermine a person's sense of safety in the world and create a sense that catastrophe could strike at any time.

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Types of trauma

- Acute: Intense distress in the immediate aftermath of a one-time event.
- Chronic: Arises from harmful events that are repeated or prolonged.
- Complex: Arises from experiencing repeated or multiple traumatic events from which there is no possibility of escape.
- Generational: Arises from one's parents / grandparents / ancestors having experienced trauma.
- Secondary or vicarious: Arises from exposure to other people's suffering.
- Adverse childhood experiences: Arises from situations that happened before children have developed effective coping skills. Can disrupt development and last long into adulthood.

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Signs of trauma

- Irritability, sleep disturbance, appetite disturbance
- Feeling ineffectual, feeling trapped and hopeless
- Tardiness, absenteeism, irresponsibility
- Exhaustion and physical illness
- Conflicts between colleagues, or lack of collaboration
- Avoidance of working with people with trauma history
- Lack of flexibility, rigidity, impatience
- Poor communication
- Blaming others
- Disruption in ability to maintain positive sense of self
- Disruption in ability to manage strong emotions
- Apathy, detachment and numbing, dealing with
- Intrusive thoughts

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Effects of trauma

- Body systems can be disrupted.
- Hyperarousal / hypoarousal.
- Short term fear, anxiety, shock, anger/aggression.
- Longer term anxiety, anger, sadness, survivor's guilt, disassociation, anhedonia (the inability to feel pleasure), PTSD.
- Hypervigilance or disassociation.
- Problems with sleep / physical pain.
- Turbulence in personal and/or professional relationships.
- Diminished sense of self-worth.
- Easily triggered.
- (Some people can develop resilience, a sense of self-efficacy, post-traumatic growth).

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Controversies relating to trauma

- Mistaking ordinary hardships with traumatic experiences.
- It doesn’t have to destroy your life forever.
- Talking about negative experiences that led to the trauma and subsequent emotions does not necessarily lead to healing.
- Policing the term “trauma”.

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Core trauma-informed principles

SAFETY

How does your service create physical, emotional, and cultural safety for both clients and staff

TRUSTWORTHINESS

Does your service demonstrate trauma sensitivity at all levels of contact? How does your service convey its reliability?

CHOICE

How does your service provide choice to clients where it is available and appropriate? In what ways?

COLLABORATION

How does your service communicate a sense of 'doing with' rather than 'doing to'?

EMPOWERMENT

Is empowering clients an ongoing goal of your service? How is this goal enabled by service systems, programs and processes?

RESPECT FOR DIVERSITY

How does your service convey and enact respect for client diversity in all its forms? In what ways?

From blueknot.org.au

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Safety

- Consider activities, staff and settings involved in your services. How could you ensure that each of these is trauma-informed?
- E.g. How comfortable is the reception / waiting areas? Are the first contacts with clients welcoming, respectful and engaging? Do clients receive clear explanations and information about each task and procedure? Are the rationales made explicit? Does each contact conclude with information about what comes next?

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Trustworthiness

- Do you provide clear information about what will be done, by whom, when, why, under what circumstances, at what cost and with what goals?
- When, if at all, do boundaries veer from those of the respectful professional? Are there pulls toward more friendly and less professional contacts in this setting? (e.g. personal information sharing, touching, contacts outside professional appointments, etc.)
- What is involved in the informed consent process? Does the client have a genuine choice to withhold consent or give partial consent?

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Choice

- How much choice does each client have over what services he or she receives? Over when, where and by whom the service is provided?
- Does the consumer choose how contact is made (e.g. by phone, mail, to home or another address)?
- Do you build in small choices that make a difference to client-survivors (e.g. When would you like me to call? Is there some other way you would like me to reach you? Would you prefer to get in touch with me?)?

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Collaboration

- In service planning, goal setting and development of priorities, are clients consulted and their preferences given substantial weight?
- Do you cultivate a model of doing ‘with’ rather than doing ’to’ or ‘for’ clients?
- Do you communicate a conviction that the client is the ultimate expert on their own experience?

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Empowerment

- In routine service provision, how are each client's strengths and skills recognised?
- How can each contact or service be focused on skill-development or enhancement?

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Policies

- Are policies regarding confidentiality and access to information clear?
- Is there adequate protection of the privacy of clients, and is this communicated to clients?
- Do you have a de-escalation policy to minimise the possibility of retraumatization?
- Do you have methods to respect client preferences in responding to crises, via ‘advanced directives’ or formal statements of client choice?
- Process for crisis management is clearly in place.
- Clear and accessible complaints process.

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Screening

- Do you have a consistent way to identify individuals who have been exposed to trauma, to conduct appropriate follow up assessments, to include trauma-related information in planning services with the client, and affordable trauma-specific services?
- Minimal questions.
- Asked in an appropriate way.
- Avoid over-complication and unnecessary detail so as to minimise stress for clients.
- Avoid unnecessary repetition.

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Applying these to a conflict practice

- Evaluate all the components of your practice (and the various services you provide) in light of a basic understanding of trauma. In other words, how might someone who has a history of trauma experience their interactions with your service at every step of the way?
- Design / revise your processes and systems to accommodate the vulnerabilities of trauma survivors and avoid\ inadvertent re-traumatization.
- Ensure that you have strong referral pathways and relationships with other services that support clients who have experienced trauma.

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Questions to consider

- Do you have an appropriate screening process that may help you identify clients who have experienced trauma?
- Could you recognise some of the symptoms that someone who has experienced trauma may display in a conflict resolution process?
- Do you understand how to interact with people who have experienced trauma so as not to increase trauma? How might you need to adapt your normal interventions if you are working with a client who you know, or suspect, has experienced trauma?
- How much opportunity do you give your clients to have control over the processes you offer? How transparent are you about what, exactly, will happen at each stage of your client/practitioner relationship?

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Questions to consider

- How much opportunity do you give your clients to set interpersonal boundaries and to refuse to answer or participate if they no longer feel comfortable?
- Are you confident in working with a client who has experienced trauma to develop an agreement about what to do if the client is triggered during any service you are providing?
- Do you give clients choices about where services are provided, including things like where they wait before or during service provision, and whether / how you contact them (or they contact you)?
- If you, yourself, have experienced trauma, how might that impact on your work as a practitioner (particularly with conflicts that could potentially trigger you, or with clients who have also experienced trauma in their lives)?

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Cautions

Careful to avoid policing the term trauma.

1. Don’t correct people.
2. Active listening.
3. Be curious (but not nosy, and care not to overstep boundaries).
4. Provide validation.
5. Express vulnerability if appropriate to create a connection.
6. Express gratitude.
7. Before providing education / information, identify your honest intent.

Adapted from Amanda Ann Gregory “How to Avoid Policing the Term Trauma”.

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RESOURCES

blueknot
empowering recovery from complex trauma

Blueknot.org.au

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