Ensuring your practice is trauma-informed

Jodie Grant, Shifting Sands
Samantha Hardy, CCI Academy

Prevalence of trauma

About 75% of Australian adults have experienced trauma.

About 12% of Australians experience PTSD.

Some groups of people are more likely to experience trauma (e.g. people from disadvantaged backgrounds)

What is trauma?

- Trauma is a state of high arousal that arises from an event or events in which a person is threatened or feels threatened. The experience of trauma overwhelms the person's capacity to cope.
- Trauma also describes the impacts of the event or events.

Three components

Event – the thing that created the traumatic experience.

Experience – how the individual perceives, interprets and responds to the event.

Effects – the short and long term physical and psychological outcomes of the individual's experience.

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.

Types of trauma (cont.)

Generational/intergenerational: Arises from one's parents / grandparents / ancestors having experienced trauma.

Secondary or vicarious: Arises from exposure to other people's trauma.

Adverse childhood experiences: Arises from situations that happened before children have developed effective coping skills. Can disrupt development and last long into adulthood.

Everyone responds differently to traumatic events

- At the time and afterwards.
- The intensity of response.
- How trauma response manifests (which can also vary at different times)
- Duration of trauma response.

Effects also vary

- Between individuals

and depending upon

- Genetic vulnerability
- Developmental stage
- History of previous trauma
- Family history of trauma
- Supports from healthy relationships, family, community.

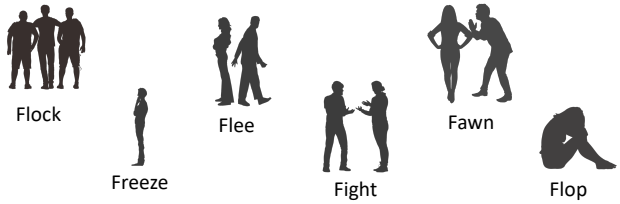
Effects of trauma

- Body systems can be disrupted (at time or after).
- Hyperarousal / hypoarousal, hypervigilance /disassociation.
- Short term fear, anxiety, shock, anger/aggression.
- Longer term anxiety, anger, sadness, survivor's guilt, disassociation, anhedonia (the inability to feel pleasure), PTSD.
- (Some people can develop resilience, a sense of self-efficacy, post-traumatic growth).

The threat/arousal response can arise

- At the time of the traumatic event.
- For a period of time afterwards, when triggered.

Threat responses



Trigger

Something that happens in the present that sends a message to the brain that the traumatic event is happening (now).

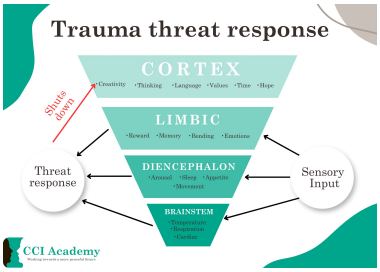
May be anything (sound, sight, smell, etc.)

May not be consciously noticed by the person triggered.

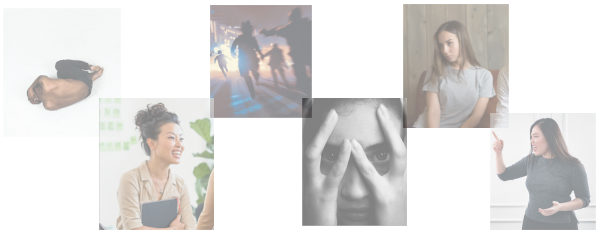
Regulation and Dysregulation

We are regulated when our mind and body are “in balance”. We are in our “comfort zone” - calm, connected, in control of our emotions, with full executive functioning.

We are dysregulated when the threat/arousal response takes over (e.g. after a traumatic event or trigger), we cannot control our emotions or our thinking, we lose much of our executive functioning.



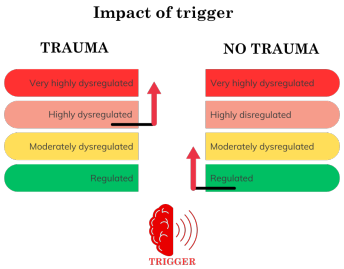
Dysregulation can look like



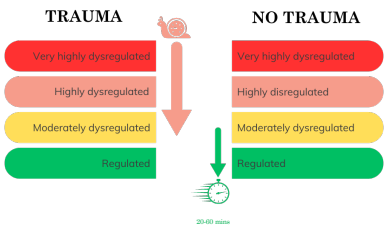
When dysregulated

- Can lose ability to recognize expressions of emotion in others;
- Can only think in the immediate short-term;
- Memory recall narrows to only things directly relevant to the perceived threat;
- May do anything possible to avoid the perceived threat.

Trauma reduces your window of tolerance



Regulation after a threat response



Conflict and trauma

Conflict can trigger trauma.

Trauma can trigger conflict.

Trauma can…

- impact whether and how someone engages in conflict.
- impact on a person's memory
- impact on a person's cognitive functions
- impact on a person's emotions
- impact on a person's ability to communicate

Trauma can…(cont.)

- impact on a person's energy levels
- make people more easily triggered in conflict
- make people avoid conflict
- make people blame others
- make people be over accommodating

How do we know if someone has experienced trauma?

- They may tell us voluntarily and directly.
- We may ask them (directly or indirectly).
- We may infer from their behaviour.

In a way, we don't need to know.

NOTE: They may not know themselves.

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).

What is trauma informed practice?

- Does not require clinical knowledge.
- Is not about providing 'treatment'.

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.

Trauma informed practice (cont.)

- 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.

Values/principles of trauma-informed care

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment

Plus, 6. Respect for Diversity

How do you apply these?

1. Safety

Consider how services are provided (end-to-end) services, environment, engagement and information provision:

- ✓On arrival - the reception / waiting areas.
- ✓Engagement - Are contacts with clients welcoming, respectful and engaging?
- ✓Clarity – Are the explanations and information provided clear and explicit? How is this provided?
- ✓Process, roles, responsibilities - are these clear and explicit?
- ✓Feedback – are questions encouraged?

2. Trustworthiness

Consider provision of clear information, costings, goals, relationship boundaries that are reliable and constant:

- ✓Clear information about what will be done, by whom, when, why, under what circumstances, at what cost and with what goals?
- ✓Maintaining boundaries of professional relationships (e.g. personal disclosure, touch, 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?

3. Choice

Consider client choice with service delivery:

- ✓How much choice does each client have over the services they receive? Or when, where, by whom, and how the service is provided?
- ✓Can you build in choices that support their choices and make a difference to client-survivors?
- ✓Are they asked how they prefer to be contacted?
- ✓Do they choose their professional service provider, background of professional/ timing of appointments?

4. Collaboration

Consider collaboration in service planning, goal setting and development of priorities:

- ✓Are clients consulted and their preferences given (substantial) weight? How?
- ✓Do you cultivate a model of doing 'with' rather than doing 'to' or 'for' clients?
- ✓Do you demonstrate client centred practice i.e., the client is the expert in/on their own experience?

5. Empowerment

Consider empowerment and self determination in service delivery:

- ✓How are each client's strengths and skills recognised?
- ✓How can each contact or service be focused on skill-development or enhancement?
- ✓Are services delivered to support client empowerment? How?

6. Respect for diversity

Consider how respect for diversity is demonstrated:

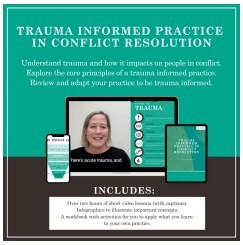
- ✓How do you demonstrate respect for diversity, in all forms, in all the ways you connect with clients and potential clients?
- ✓How do you demonstrate openness to/for diversity?
- ✓How do you demonstrate the client as the expert in their lives?
- ✓How do you connect with diverse clients?
- ✓How do you adapt your services to fit the needs of diverse clients? Do you?

Applying these to a conflict practice

Consider all the components of your practice (and the various services you provide) in light of a basic understanding of trauma.

- ✓How might someone who has a history of trauma experience their interactions with your service at each step?
- ✓Consider designing/revising your processes and systems being mindful of the possible impacts or vulnerabilities of those with a trauma history to avoid\inadvertent re-traumatization.
- ✓Ensure that you have strong referral pathways and relationships with other services that support clients who have experienced trauma.

Want to learn more?



Jodie Grant
Jodie.grant@shiftingsands.net.au
www.shiftingsands.net.au