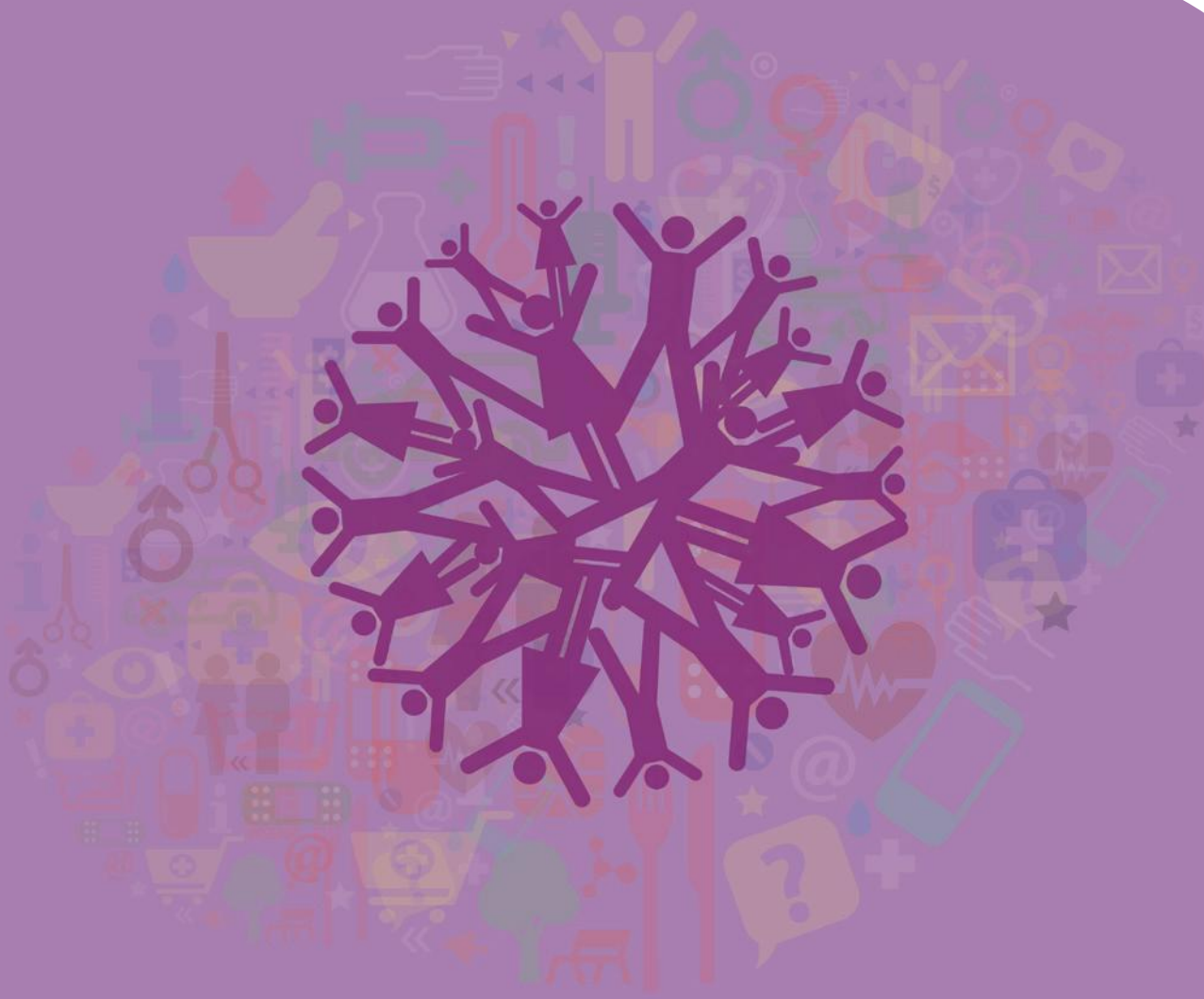
CHCMHS007 Work effectively in trauma informed care

Release 1



Learner guide

Aspire learning resources

CHCMHS007

Work effectively in trauma informed care

Release 1

Learner guide

Aspire Version 1.3

Aspire learning resources

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2018	Updated based on new guidelines; broken URLs fixed.
Release 1, version 1.3	February 2019	Minor corrections as part of our continuous improvement program

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CHCMHS007 Work effectively in trauma informed care Release 1

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First published April 2017
Reprinted (with amendments) February 2018
Reprinted (with amendments) February 2019
Cover design Rewind Creative
Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-76059-943-0 (PDF version)
ISBN 978-1-76059-941-6

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Contents

Before you begin

This learner guide is based on the unit of competency *CHCMHS007 Work effectively in trauma informed care*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Work from a trauma informed care perspective	1A Apply the key principles and practices of trauma informed care	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Promote safe environments and relationships to prevent traumatisation and re-traumatisation	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Respond appropriately to disclosures of child or elder abuse or neglect	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Respond to behaviours and distress related to trauma using principles of trauma informed care	☐ Confident ☐ Basic understanding ☐ Not confident
	1E Assist individuals affected by trauma to identify personal resources and strengths	☐ Confident ☐ Basic understanding ☐ Not confident
	1F Recognise the coping strategies and adaptations of individuals who have experienced trauma	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Utilise self-care strategies	2A Apply self-care strategies in managing re-traumatisation and vicarious trauma	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 3 Contribute to the continuous improvement of trauma informed care in services	3A Reflect upon own practice and work environment and identify opportunities to embed trauma informed care and practice in service delivery	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Identify barriers and refer to appropriate personnel	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
	3C Participate in organisation policy development on trauma informed care according to job role	☐ Confident ☐ Basic understanding ☐ Not confident
	3D Identify and participate in strategies to enhance service delivery of trauma informed care	☐ Confident ☐ Basic understanding ☐ Not confident
	3E Invite and respond to consumer feedback on trauma informed practices and service delivery	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

- **1A Apply the key principles and practices of trauma informed care**
- **1B Promote safe environments and relationships to prevent traumatisation and re-traumatisation**
- **1C Respond appropriately to disclosures of child or elder abuse or neglect**
- **1D Respond to behaviours and distress related to trauma using principles of trauma informed care**
- **1E Assist individuals affected by trauma to identify personal resources and strengths**
- **1F Recognise the coping strategies and adaptations of individuals who have experienced trauma**

Work from a trauma informed care perspective

When working in mental health and community services, you may support people who have experienced trauma. Trauma may be related to physical issues, such as intense pain, or to emotional or psychological issues. Trauma can also be interpersonal – caused by another person or relationship.

Trauma affects people in different ways. Post-traumatic stress can result from traumatic incidents, and can have long-lasting, and often devastating effects on the individual.

Trauma informed care is preferred when supporting those with trauma in a community services environment. Trauma informed care takes a person-centred, strengths-based approach, looking at all aspects of trauma, and how they impact the individual. Trauma informed care is collaborative.

1A Apply the key principles and practices of trauma informed care

Trauma informed care has been developed to address the concerns with previous approaches to mental health and trauma care. Based on extensive research and experience, trauma informed care seeks to work collaboratively and holistically with a range of services, and the individual experiencing trauma.

Definition of trauma

Trauma is a normal reaction to an abnormal event. Most people who experience trauma will have a stress reaction of some kind. You need to be able to recognise these reactions to help people deal with trauma.

An event may have caused trauma if:

- it happened unexpectedly
- it happened repeatedly
- it happened during childhood
- it caused intense fear
- it resulted in a feeling of powerlessness and loss of control.

Psychological or emotional trauma

It is important to note that whether or not a traumatic event involves death, people who are affected by trauma must cope with a sense of loss. The loss may be of feeling safe and secure and of having a particular way of seeing the world. The natural reaction to loss is grief. People who are affected by trauma go through a grieving process in the same way that someone bereaved by death does.

Psychological or emotional trauma may be from:

- accidents and injuries
- the sudden death of someone close
- dealing with a life-threatening illness or disabling condition
- surgery
- the end of a significant relationship
- a difficult or humiliating experience
- living in constant fear, such as living in a neighbourhood where violent crime is common.

Prevalence of trauma in the general population

Trauma is prevalent in Australian society, with 57 per cent of the population reporting exposure to traumatic events in their lifetime. Post-traumatic stress affects 2.8 per cent of people who have experienced trauma. Men are more likely to experience trauma than women, with the exception of sexual assault. However, females are more vulnerable to post-traumatic stress than males.

Read the full article outlining these statistics at:

- http://aspirelr.link/trauma-ptsd-findings-2002

The following risk factors were found for post-traumatic stress disorder, taken from Prevalence, Incidence, and Risk Factors for ASD and PTSD, located at:

- http://aspirelr.link/asd-ptsd-risk-factors

Post-traumatic stress risk factors	
Gender	Childhood abuse
Younger age	Previous trauma
Low socio-economic status	General childhood adversity
Lack of education	Family psychiatric history
Lack of intelligence	Trauma severity
Race	Lack of social support
Psychiatric history	Life stresses

Common reactions to trauma

Reactions to trauma may last for several days or months. For most people, these reactions slowly decrease over time. In some cases, people may not experience trauma immediately after the stressful event, but it gradually develops over time.

People who experience trauma may find that they are unable to stop thinking about what has happened. Many people will be on edge, which causes them to react strongly to sounds and sights around them. Although each person's experience is different, there are a number of common responses to trauma, as outlined below.

Emotional

- Shock, denial and disbelief
- Fear
- Chronic anxiety
- Anger and irritability
- Mood swings
- Sadness, including bursts of crying
- Guilt
- Shame and self-blame
- Feelings of disconnection and numbness
- Feeling hopeless about the future

Cognitive

- Frequent thoughts or images of what happened
- Thoughts or images of other frightening events
- Flashbacks or a feeling of reliving the experience
- Attempts to shut out painful memories
- Dreams and nightmares about what happened
- Unpleasant dreams in general
- Difficulty making simple decisions
- Memory problems and an inability to concentrate
- Changes in world view and questioning values and beliefs
- Suicidal ideation

Physical

- Restless and disturbed sleep due to intrusive thoughts and images
- Exhaustion and fatigue
- Muscle tension
- Racing pulse, palpitations and trembling
- Sweating
- Breathing difficulties
- Stomach upsets, such as nausea, diarrhoea or constipation
- Aches, pains, severe headaches
- Poor general health

Behavioural

- Withdrawal from others
- Needing to be alone a lot
- Being easily irritated by other people
- Feelings of detachment from others
- Loss of interest in normal activities and hobbies
- Being on guard and easily startled
- Lack of motivation
- Loss of interest in work
- Increased use of alcohol, cigarettes or other drugs
- Loss of appetite or increased eating

Impact of trauma

Sometimes loss is coupled with a traumatic event; for example, an accident, a violent crime, suicide or a natural disaster such as a bushfire, flood or earthquake. Trauma occurs when a person experiences a situation or event that is highly distressing. Following is an explanation of the relationship between trauma and grief and reactions to trauma.

Trauma and grief

People who are involved in, witness or suffer loss through a traumatic event typically experience an acute grief reaction coupled with symptoms of trauma. Responses to trauma include deep shock, numbness, horror, helplessness and, in some cases, intense fear. The experience of trauma may complicate the grieving process as the individual tries to deal with traumatic stress as well as grief.

Effects on the individual

Those affected by traumatic events often lose their perception of the world as a safe and predictable place. They experience an overwhelming sense of helplessness and powerlessness, which can make them feel like victims. It can also induce what is known as survivor guilt; that is, feelings of guilt about surviving an event when others did not.

Psychological reactions to trauma

Reactions to trauma include:

- a preoccupation with the violent or traumatic nature of the death or event
- avoiding reminders of what happened
- a shattered or dramatic change in world view
- a sense of futility and meaningless
- a loss of trust, security and sense of control.

Physical reactions to trauma

Trauma may induce physical reactions such as:

- nausea and/or dizziness
- tremors or chills
- a rapid pulse and/or rapid breathing
- chest pains
- muscle aches
- sleep disturbances.

Coping with trauma

Most people deal with feelings of grief and trauma on their own. The signs and symptoms mentioned previously can be unpleasant, but they are part of the normal process of recovery and help the person cope with the traumatic experience. Usually, these symptoms lessen over a period of weeks. Long-lasting symptoms of trauma and those that intensify over time indicate that the person should seek specialised help. If a person's stress reactions are getting in the way of their relationships, work or other important activities, they may need to see a doctor or a counsellor.

People experiencing trauma may need professional help if:

- their symptoms are particularly severe or they continue for more than five or six weeks
- they feel ongoing numbness or emptiness
- they have no one they can talk to about the experience or their feelings
- they start using alcohol or drugs to cope.

Single-event trauma

Trauma may be caused by a single event, such as an accident, or a violent act. Trauma impacts the person's ability to cope. The person may perceive an ongoing threat as a result of the incident, which may impact their choices and wellbeing. For example, they may avoid driving a car so as to avoid an accident. The impact of trauma can accumulate throughout the lifespan, increasing in severity and impacting all aspects of a person's life.

Complex trauma

When trauma is endured for a long period of time and is caused by premeditated, interpersonal trauma, people experience complex trauma. Complex trauma may result for hostages, or people who experience long-lasting abuse in childhood, where the person has been intentionally violated or exploited. Complex trauma can be prolonged, and can develop into different mental illnesses, such as depression, or complex post-traumatic stress disorder.

Complex trauma, in contrast with single-event trauma, is cumulative and repetitive. It can affect all internal states of a person and can affect their ability to form positive relationships with others. Here are some situations that may result in complex trauma.

Situations that may cause complex trauma
▶ Being held hostage
▶ Prolonged childhood abuse, such as physical, sexual and emotional abuse
▶ Prolonged childhood neglect
▶ Witnessing domestic violence
▶ Genocide, war or civil unrest
▶ Being a refugee
▶ Protracted domestic violence
▶ Sustained substance abuse, mental illness or physical illness.

Principles of trauma informed care practice

Trauma informed care practice is the preferred response to trauma, and is based on years of trauma research. It is important that trauma informed care does not add to existing trauma through seclusion, exclusion, restraint or force.

Here are the principles of trauma informed care.

Key principles of trauma informed care
▶ Understanding trauma and its impact
▶ Promoting safety
▶ Ensuring cultural competence
▶ Supporting consumer control, choice and autonomy
▶ Sharing power and governance
▶ Integrating care
▶ Healing happens in relationships
▶ Recovery is possible

Understand trauma

Take an integrative and collaborative approach to understanding how trauma impacts all aspects of a person from their physical wellbeing to their psychological wellbeing. Trauma may be expressed as behaviour, for example, aggression or withdrawal. Understand how the behaviour communicates a need. You should also take time to consider how previous trauma impacts the person. If the person was abused as a child, for example, or was raised in an abusive home, more recent trauma may have a greater impact.

Use open-ended questions, provide time and space, and establish rapport in order to gain a greater understanding about how trauma impacts the person. You may also need to consult other professionals, with the person's permission. A doctor, for instance, may be able to explain the physical effects of trauma.

Promote safety in environments and relationships

Safety is essential when providing trauma informed care. Safety relates to both the physical environment and the social environment. People need to feel safe to disclose traumatic experiences and seek the care they require. People need to trust those who are providing care. Consistency, reliability and predictability are important when providing a safe environment. For example, ensuring the person sees and develops a positive relationship with one counsellor is more effective that insisting that the person meets with multiple people.

People's privacy must always be a priority. People need to know that their information and stories are secure to enable them to openly share.

Community services workers need also to respond appropriately to suicidality. Respond to cues that a person is experiencing suicidal ideation by accessing professional support, and letting the person know you are looking out for their best interests.

Ensure cultural competence

Cultural competence is working to observe and respect cultural differences. Cultural competence involves acknowledging a person's right to freedom to express ideas or cultural practices, such as their right to pray. Cultural competence is also about celebrating diversity.

When working with people from diverse backgrounds, ensure you have adequate communication aids to assist communication, if required. For example, you may need to engage the services of an interpreter.

People who have experienced trauma may be particularly vulnerable and sensitive. It is important that the person feels comfortable with their caregivers. In some cultures, a woman will prefer the support of another woman. It may be culturally appropriate to assign a caregiver from that person's culture, if possible.

Also be aware of culturally appropriate verbal and nonverbal language. In Indigenous Australian culture, for instance, it can be considered rude to make direct eye contact with someone you don't know very well. Physical touch, such as shaking hands, is appropriate in some cultures but not others. Be familiar with cultural groups, and their preferences.

Support control, choice and autonomy

A person needs to be not only involved in decision-making, but in control of decision-making. A person is more likely to experience positive change if they feel empowered. They are motivated to make personal changes and adjustments if they have reached a decision on their own.

If a person experiences complex trauma, such as prolonged mental illness as a result of trauma, you may need to introduce choice slowly, and only introduce a small number of choices, until the person is in a better situation to take control of their autonomy.

Here are some ways to enable empowerment.

Support control, choice and autonomy
▶ Keep the person informed about all practices related to their care
▶ Ensure the person understands the choices they have been given
▶ Clearly outline the expectations of both the organisation, and the person
▶ Provide opportunities for the person to make daily decisions
▶ Encourage the person to participate in goal-setting and development
▶ Always maintain and respect human rights, such as the right to personal freedom

Foster healthy, supportive relationships

Positive relationships underpin the success of trauma informed care. This includes the relationship between the caregiver and the person, between the person and their family and friends, and between the person and other services.

By providing a safe and positive environment, you are encouraging positive relationships. Ensure that the person is involved in choosing their caregiver, and they feel comfortable with the person providing care. Trust is an essential element to receiving effective care, and making progress.

You may need to provide relationship coaching if the person has experienced trauma as a result of an existing relationship, and have lost the confidence to build new and positive relationships.

Promote the belief that recovery is possible

People will approach your organisation with varying degrees of vulnerability and dependence. But in all cases, it is important to promote the belief that recovery is possible, no matter how long or involved the journey. People can be involved in all aspects of the system, from receiving individual or group counselling, to participating in the development of trauma programs for others. Steps may be small and incremental, but instil hope by helping the person see how even the smallest steps aid overall recovery. Encourage participation and involvement as much as possible, whether it is goal-setting, or making decisions about daily living requirements. Focus on the person's strengths and inner resilience. These may be personal attributes, such as their compassion and ability to empathise, and may also be external resources, such as their family and friends. Ensure that people are engaged with their own goals, and goals are self-directed.

Promote strengths based, collaborative practices

A person may need to be reminded about the existence of inner resources, such as their resilience, their personal attributes and their ability to cope in difficult situations. By engaging the person in decisions about goals, you inherently take a strengths-based approach. You assume that the person is capable of taking charge of their future. Ask open-ended questions as much as possible. Encourage the person to identify their own goals, and their own existing strengths.

Also take an integrative and collaborative approach to care. It is important to consider all aspects of the person's self – their physical needs, psychological needs, social needs, emotional needs, spiritual needs and employment needs. This may involve working collaboratively with not only the person, but also other services and individuals.

Key features of trauma informed care and practice Services

Trauma informed care and practice has been developed on a foundation of knowledge and practice accumulated over a number of years.

Review the following table to see the summary of key features of trauma informed care.

Features of trauma informed care
▶ Care services are inclusive of the survivor's perspective
▶ Services recognise that coercive interventions cause traumatisation/re-traumatisation – and are to be avoided
▶ Services recognise high rates of complex posttraumatic stress disorder (PTSD) and other psychiatric disorders related to trauma exposure in children and adults
▶ Services provide early and thoughtful diagnostic evaluation with focused consideration of trauma in people with complicated, treatment-resistant illness
▶ Services recognise that mental health treatment environments are often traumatising, both overtly and covertly
▶ Services recognise that the majority of mental health staff are uninformed about trauma, do not recognise it and do not treat it
▶ Services value consumers in all aspects of care
▶ Services respond empathically, be objective and use supportive language
▶ Services offer individually flexible plans or approaches
▶ Services avoid all shaming/humiliation
▶ Services provide awareness/training on retraumatising practices
▶ Care Services are institutions that are open to outside parties: advocacy and clinical consultants
▶ Services provide training and supervision in assessment and treatment of people with trauma histories
▶ Services focus on what happened to the client rather than what is 'wrong with you' (i.e. a diagnosis)
▶ Services ask questions about current abuse ▶ Services address the current risk and develop a safety plan for discharge
▶ Services presume that every person in a treatment setting may have been exposed to abuse, violence, neglect or other traumatic experiences

Source: Mental Health Coordinating Council (MHCC) 2013, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia*, A National Strategic Direction, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

Example

Apply the key principles and practices of trauma informed care

Roderick works for a hospital as a grief and trauma counsellor. He has been working with Phillip, who is an Indigenous Australian who experiences trauma as a result of a serious car accident three months ago. Phillip lost his leg in the accident when a semi-trailer ran his car off the road. Phillip also wakes every night, almost every hour, with sweats and heart palpitations. Phillip tells Roderick he relives the car accident most moments of his waking day.

Roderick wants to understand the extent of Phillip's trauma, and its causes. Phillip is reluctant to talk to a 'white fella', so Roderick takes time to interview Phillip about his current post-traumatic experiences. He ensures the room they use is private, and secure, and spends a number of sessions developing rapport, before launching into more difficult issues. Roderick learns about how it feels for Phillip to wake in the night, and Phillip describes what he experiences in his body when he relives the trauma during the day. Roderick also wants to find out more about Phillip's past, and through gentle and sensitive interviewing techniques, Roderick learns that Phillip was in a serious accident as a child when his father ran into a tree while drink-driving. Roderick hypothesises that maybe the more recent trauma is linked to the previous trauma. Rather than directing the care he provides, Roderick takes a person-centred and strengths-based approach, and works with Phillip to develop a plan for how he would like the care to progress. Phillip's ultimate goal, other than to sleep peacefully, and not think about the accident, is to return to the workplace. Roderick helps Phillip identify steps he needs to take in order to reach this goal.

When Phillip expresses lack of confidence, Roderick focuses on Phillip's strengths. He tells Phillip that he believes he will re-enter the workforce, and that his post-traumatic symptoms will decrease over time.

Practice task 1

1. Briefly explain one way trauma informed care benefits people experiencing trauma.

2. Define trauma and complex trauma, and briefly explain its prevalence in Australia.

3. Explain how the core principle and value of the trauma informed practice ‘understanding trauma and its impact’ is demonstrated in the previous example.

4. Explain how the core principle and value of the trauma informed practice ‘promoting safety in environments and relationships’ is demonstrated in the previous example.

5. Explain how the core principle and value of the trauma informed practice ‘ensuring cultural competence’ is demonstrated in the previous example.

Click to complete Practice task 1

1B Promote safe environments and relationships to prevent traumatisation and re-traumatisation

The underlying principle of the trauma informed approach is to minimise re-traumatisation, and prevent traumatisation when in care.

People who have been previously traumatised are vulnerable to re-traumatisation, and are at risk of developing mental health issues, such as anxiety and depression. Indigenous Australians who were victims of the Stolen Generation, for example, may be at risk of re-traumatisation when re-living past experiences through stories.

It is important for caregivers to provide a safe environment to prevent re-traumatisation.

To maintain safety and prevent re-traumatisation, provide:

- a safe physical environment; secure and private
- safe interpersonal relationships based on trust
- culturally safe relationships that respect a person's cultural perspective and rights
- physical safety; free of restraint, constraint or isolation
- psychological safety; recognising possible triggers for trauma and comorbid conditions.

Legal and ethical considerations

Legal frameworks are based on law and breaches carry legal penalties. Ethical frameworks may be, but are not always, supported by law, and may not carry legal penalties. Both are intended to support and protect the rights of people receiving services, and to reinforce the duties and responsibilities of workers. Legal frameworks are Acts of Parliament relating to service provision, with attached regulations and service standards. Ethical frameworks include declarations of human rights, codes of ethics, codes of practice and codes of conduct, and agency policies and procedures.

Legal and ethical considerations for trauma related practice

Legal and ethical frameworks are in place to protect a person's rights and safety. The following information provides examples of legal and ethical considerations, in relation to trauma related practice.

Australian Human Rights Commission Act 1986 (Cth)

The Australian Human Rights Commission Act 1986 (Cth) is in place to protect the individual rights of individuals, such as their right to freedom, freedom of speech, equality, security, choice and dignity. Always support a person to make their own choices when providing care. Respect a person's dignity, security and freedom.

Discrimination acts

The following discrimination acts are in place to protect a person from discrimination and ensure equal and fair treatment:

- *Age Discrimination Act 2004*
- *Disability Discrimination Act 1992*
- *Racial Discrimination Act 1975*
- *Sex Discrimination Act 1984*

Convention on the Rights of the Child (CRC)

The Convention on the Rights of the Child (CRC) is in place to ensure the rights of all children are protected. This includes the child's right to freedom, safety, survival and education.

Child Protection Acts

Examples of Acts relating to child protection:

- *Child Protection Act 1999* (QLD)
- *Children, Youth and Families Act 2005* (VIC)
- *Children and Young Persons (Care and Protection) Act 1998* (NSW)
- *Care and Protection of Children Act 2007* (NT)

Industry codes of conduct

Each profession has a set of ethics by which practitioners should work by. For example, the Australian Psychological Society's code of ethics underpins the ethical responsibilities of psychologists.

Mental health legislation

Care should be provided under mental health legislation – that is, using a trauma-informed (TICP) recovery-oriented approach. Mental health is legislated state by state, such as the *Mental Health Act 1990* (NSW) and the *Mental Health Act 2014* (WA).

Codes of practice

A code of practice is a practical guide intended to help employees achieve a certain standard within an organisation. A code of practice may provide a model for best practice, a foundation for ongoing reflection about how service is undertaken and provide guidance regarding working with other community services agencies.

In the case of integrating trauma informed care, follow your code of practice guidelines about ethics, and forming collaborative relationships with other organisations. The code of practice will also refer to how to maintain a safe and stable environment.

An example of practice guidelines is Blue Knot Foundation's Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery, located at:

- http://aspirelr.link/about-blue-knot-foundation

Discrimination

To discriminate means to treat someone unfairly or favour others. Discrimination is never acceptable behaviour and is against the law.

It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs. Organisations within Australia must comply with a variety of federal Acts, national standards, and state Acts aimed to prevent discrimination and foster equality of opportunity.

When providing trauma care, treat all individuals as equal. Be mindful of how cultural or gender differences may place a person at risk of trauma; however, avoid making assumptions and never restrict the care you provide on the basis of culture or gender.

Here is a list of relevant legislation.

Relevant discrimination legislation

- *Age Discrimination Act 2004* (Cth)
- *Racial Discrimination Act 1975* (Cth)
- *Sex Discrimination Act 1984* (Cth)
- *Equal Opportunity for Women in the Workplace Act 1999* (Cth)
- *Disability Discrimination Act 1992* (Cth)

Duty of care

Duty of care is part of the body of common law. There is no 'Duty of Care Act'. Duty of care is part of the broader legal concept of negligence. Another word for negligence is carelessness. Duty of care means that in any situation where one person's actions may affect another person, there is a legal duty to act in ways which are not careless and which do not cause harm to the other person.

Duty of care principles have been established by the law of torts. Torts is a legal term which can be broadly translated as wrongs.

When working with people who have experienced trauma, you have a duty of care to prevent re-traumatisation, and avoid triggers that may cause trauma. You also have a duty of care to offer a safe environment, and provide the best support you can in every situation.

Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. Your adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

The right of people to make their own choices – and to fail, make mistakes and learn from them – is part of their right to self-determination. In practice, this right can sometimes come into conflict with your duty of care obligations.

For example, if you are aware that a person's post-traumatic stress is triggered by marijuana use, but the person insists on using marijuana recreationally, you have a duty of care to inform them of known risks but must observe their dignity of risk and freedom to make their own choices.

Dignity of risk is an important aspect of following trauma informed care principles, as it supports autonomy and helps empower individuals to make their own decisions.

Human rights

Human rights recognise the value of every person, regardless of our background, where we live, what we look like, what we think or what we believe. They are based on principles of equality and respect, shared across cultures, religions and philosophies. Human rights are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. Respect for human rights underpins the values and principles of the mental health sector and should be applied by all workers when supporting people with a mental illness. It allows all people to contribute to society and feel included.

Treat all people in your care with respect. Ensure each person has access to a safe environment and use principles of cultural safety when supporting a person to deal with trauma. Supporting choice, and not using coercive strategies such as restraint, compulsory treatment and seclusion is an important part of both trauma informed care and human rights.

Here is a list of relevant legislation.

Relevant Australian human rights legislation:

- *Australian Human Rights Commission Act 1986* (Cth)
- *Age Discrimination Act 2004* (Cth)
- *Disability Discrimination Act 1992* (Cth)
- *Racial Discrimination Act 1975* (Cth)
- *Sex Discrimination Act 1984* (Cth)

Informed consent

Informed consent must be obtained when making decisions on behalf of a person, or sharing a person's information. Your organisation will have policies and procedures which you must follow to obtain consent and agreement from people you work with when providing trauma care. In community services the fundamental rights of people to autonomy, to have choices, and to make decisions about their lives should always be upheld.

When obtaining informed consent, you must make sure people have all the relevant information about a particular decision and about its likely consequences. You must not use bullying tactics, physical force or coercion, trickery or undue influence when you are supporting a person to reach a decision or to make a choice.

Follow your organisation's policies and procedures for obtaining informed consent and do not assume that a person is incapable of giving informed consent until this has been proven.

The types of consent you can obtain are described below.

Types of consent

- Verbal consent means the person requests that they want a service or agree to one being implemented
- Written consent means the person signs forms requesting or agreeing to the provision of a service
- Implied consent means the person implies in some way that they consent such as by nodding their head or assisting with a task
- Supported consent means the person may need the support of an advocate or guardian to help determine the appropriate service

Seek agreement before providing services

Your role is to provide people with information about appropriate services to allow them to make an informed choice about their care needs. As part of the process of developing a service plan to address trauma, each individual should be encouraged to identify their own needs and to participate in developing the plan. People are much more responsive to services if they feel they have a choice about their day-to-day needs and their future direction. It also helps to preserve their dignity and self-esteem.

Always ask the person's permission before you offer a service; for example, before assisting someone with a daily living or personal care activity, or before referring someone for a particular service. Providing the person with clear information about the service and about what will happen is important. Seeking a person's agreement before offering a service shows courtesy and respect and also supports the person's rights and dignity.

Use an advocate

When seeking informed consent, or agreeing to use of trauma services, in some situations an advocate may be required. An advocate is a person appointed to help an individual make decisions about services and about their lives or to speak for and represent an individual who has difficulty doing this for themselves. A person may need an advocate to give informed consent for issues surrounding provision of services.

The roles of different advocates are explained below.

Family and friends

An advocate may be a family member, support staff, a friend or an independent member of the community who actively negotiates on behalf of the person to ensure their individual or civil rights are being upheld. They make sure the person's best interests and preferences are known and taken into consideration. They may attend discussions about the person's support and care and take an active part in decision-making to ensure the person receives the service they want and need. Sometimes they may need to speak on behalf of the person to service providers and other agencies about any concerns they have.

Care worker

Many people in your care are vulnerable. You have a responsibility to protect their rights and, if necessary, advocate on their behalf. For example, you may need to discuss with your supervisor on behalf of a person in care regarding an aspect of their care that is not suitable or they are not happy with. Advocacy plays an important role in protecting the rights of people in your care. As an advocate, you must always represent the person's point of view and not express your own view of the matter.

Appointed advocate

An advocate may also be assigned to a person by an advocate agency. Having an advocate present when negotiating and developing a service delivery or care plan is important. There is a range of services available that provide advocacy for people and/or their carers.

Guardians

A guardian may be appointed if a person is unable to give informed consent or make decisions about their life. A guardian may be appointed by the state or territory. For example, the NSW Guardianship Tribunal protects the rights and interests of people with a decision-making disability by appointing guardians. Check your own State legislation for laws, policies and procedures relating to guardianship for adults.

Guardians have a duty to:

- protect the rights, welfare and best interests of the person
- encourage the person to live as normal a life as possible
- consider the views of the person
- preserve and recognise the cultural and linguistic needs of the person
- protect the person from abuse, neglect and exploitation.

Mandatory reporting

When working with people who have experienced trauma, you may become aware of situations in which a person was abused or neglected. Mandatory reporting refers to an obligation to report instances of suspected abuse or neglect.

Reporting requirements vary between the states and territories, but in most cases, any suspicion that a person is endangered requires the worker to report their concerns to appropriate authorities. In many workplaces, mandatory reporting requirements are extended and set out in the workplace's reporting policies and procedures. While reporting suspected abuse or neglect of older people and people with support needs may not be legally binding, your workplace will have best practice reporting procedures that you are expected to follow.

Practice standards and guidelines

Most community services organisations will have policies and procedures which express and protect the rights and responsibilities of the people receiving services. These policies may be based on legislation and legislated service standards.

You must follow practice guidelines, such as observing the person's right to confidentiality, when providing trauma care. Community work practice guidelines include:

- Guideline 1: Ethical practice
- Guideline 2: Provision of service and supports
- Guideline 3: Confidentiality in the workplace
- Guideline 4: The regulatory framework
- Guideline 5: Diversity
- Guideline 6: The workplace
- Guideline 7: Professional development
- Guideline 8: Professional standing

Practice guidelines that apply to community work may be read in full at:

- http://aspirelr.link/acwaguidelines

Privacy, confidentiality, disclosure and record management

Each state and territory has its own legislation in relation to managing the records of people who receive services. Records management legislation promotes fair and responsible handling of information to protect privacy, provide individuals with a right of access to their records, and provide a framework for the resolution of complaints regarding the handling of records. Make sure you are aware of your state or territory's legislation.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles and apply to organisations, and Australian Government (and Norfolk Island Government) agencies.

There are now 13 national privacy principles that apply to the collection, use and storage of people's information. These Principles cover the collection, use, storage and disposal of personal data. Organisations base their privacy policy and confidentiality maintenance procedures and protocols on these Principles.

The Principles may be read in full at:

- http://aspirelr.link/privacy-principles-aus

Confidentiality

Confidentiality is critical when providing trauma care. You will be dealing with very sensitive, vulnerable situations, which may involve very personal details. The way confidential information is managed can have a significant impact on a person's dignity, rights and choices, opportunities and access, and self-concept, self-esteem and wellbeing.

Confidentiality is about data or information and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside of the scope for which the information was collected. Confidentiality refers to both written and verbal information. Information relating to people must be securely stored, with access limited to those working directly on the case, according to organisational policy and procedure.

Share information

When supporting a person it may be necessary to work with a range of other agencies. A person, or their representative, must give consent before any information is shared with or accessed by another agency. Most community organisations gather this consent using a specific form. Consent is given for access to particular information for a particular purpose. You must not pass on information without the person's consent. People receiving services have a right to know what you record about them and to see their own records.

A person's record is highly confidential and you may be required to sign a confidentiality agreement when you are employed. This states that you will not, without consent, divulge any information you have acquired during or after your involvement with people you provide services to unless legally required to do so.

The information that is shared between agencies may include:

- information to enable referrals
- incident reports
- support plans and goals
- information about individual needs.

Disclosure of confidential information

There are some instances in which you are permitted to disclose information as part of your duties. For example, if the person is being referred on for medical treatment for trauma-related symptoms, the hospital, specialist or doctor needs to know the person's history, allergies and personal details. You must always obtain the person's informed consent before you disclose confidential information to a third party. There are some situations where you may be required to disclose confidential information.

You may be required to disclose private or confidential information when:

- compelled by law; for example, if the person has a reportable disease or the information is requested by a court of law
- a person's interests require disclosure and there is a serious risk which justifies breaching confidentiality; for example, risk of suicide, self-harm or harm to others
- there is a duty to the public; for example, there is public threat or concern
- the person has consented to the disclosure.

Policy frameworks

Policy frameworks include federal and state legislation relevant to the industry sector; service standards; practice standards/guidelines, codes of ethics and codes of conduct; organisational policies and procedures, and workers' job role descriptions and duty statements. Frameworks also include government policies for providing services to people in areas such as child protection, disability and domestic and family violence. Government policies also provide funding and resourcing guidelines.

Ensure you follow policy frameworks when providing trauma care. For example, always ensure the person has access to information before making decisions. Support the person's right to make their own decisions.

Examples of community services policies may be read at:

- http://aspirelr.link/dhhs-standards-and-guidelines

Rights and responsibilities

In every organisation, whether it is public or private, small or large, everyone has rights and responsibilities. For example, an employer has a right to expect certain levels and standards of performance from employees; and employees have a right to expect certain conditions from employers. The employer is responsible for the successful operation of the organisation; employees must complete their work tasks to ensure the operation runs efficiently.

Your primary responsibility when supporting people with trauma is to ensure the person's safety.

Here are some examples of the rights and responsibilities of employees.

Employee rights	Employee responsibilities
A safe workplace	Follow policies and procedures to work in a safe manner at all times.
A workplace free from harassment and discrimination	Comply with a duty of care and follow instructions carefully.
Access to a grievance (complaint) process	Be competent and work within their level of training.
Wages in accordance with the award rates	Be willing to learn and train in new skills.
Clear direction of their duties	Be punctual, courteous and respect cultural and social diversity.

Individual's rights and responsibilities

Most community services organisations will have policies and procedures which express and protect the rights and responsibilities of the people receiving services. These policies may be based on legislation and legislated standards, as in the disability services sector; or on individual organisational values. Information about the rights and responsibilities of the people receiving services from a particular organisation or within a particular industry sector can be found in service standards, professional practice standards or guidelines and organisational policies. Here are some examples of an individual's rights and responsibilities.

Rights

- Be treated with respect and dignity
- Be consulted
- Be involved in the decision making process
- Have privacy and confidentiality respected
- Have the right to a complaints process

Responsibilities

- Supply the service with information needed to provide appropriate support
- Respect the rights of the person providing support
- Respect the privacy and dignity of the person providing support
- Notify services of changes in support requirements
- Ensure their home is safe for support staff

Employer's rights and responsibilities

Here are some rights and responsibilities of an employer.

Rights and responsibilities of an employer

- Provide a safe work place
- Ensure that employees have all the skills, knowledge, training and qualifications required to carry out their role competently
- Expect certain levels and standards of performance from employees

Work role boundaries

Working within the legal responsibilities and limitations of your role is essential. If you step outside these boundaries you may cause harm to people who receive services and you may also risk legal action for damages against you and your employer. Understanding legal responsibilities and limitations protects the people you provide support services to, yourself, your employer and your colleagues.

A duty statement is the key source of information setting out the responsibilities and the limitations of your work role. When a duty statement is developed the employing organisation will check relevant legislation and service standards as well as organisational policies to make sure that the duty statement meets these requirements. Organisational policies and procedures are also sources of information.

Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This model legislation was developed by the Commonwealth government to harmonise workplace health and safety laws across Australia.

According to Safe Work Australia's Explanatory Memorandum – Model Work Health and Safety Bill, the object of the harmonisation of work health and safety laws is to:

- protect the health and safety of workers
- improve safety outcomes in workplaces
- reduce compliance costs for business
- improve efficiency for regulatory agencies.

For the Act to be legally binding, it must be passed by the Parliament in each state and territory.

WHS laws are based on duty of care principles applied specifically to places of work. This means that everyone in a workplace has a duty and responsibility to contribute to safety. Employers have a duty to provide a safe work place; workers have a duty to follow WHS policies and procedures and to identify and report safety issues. If trauma-triggers result in behaviours of concern, ensure you and other staff are safe. You also need to prioritise the physical and emotional safety of those you support.

Example

Promote safe environments and relationships to prevent traumatisation and re-traumatisation

Lexi supports people experiencing homelessness with grief and trauma issues. She works with Ahmed, who has been homeless for three years and experiences anxiety in relation to complex trauma as a result of war and genocide. Lexi is mindful of Ahmed's triggers, namely loud noise, or sudden movements. She chooses a room in the centre of the building to conduct counselling sessions, as she thinks there is less chance that outside traffic noises or construction noises will impact re-traumatisation.

During one session with Ahmed, Lexi notices that he is becoming increasingly agitated. She is not sure what the agitation is in relation to. Ahmed then stands up, and starts yelling at Lexi. Lexi pushes the emergency button, and slowly walks backwards towards the door. She places one hand on the handle while she tries to verbally ground Ahmed. Ahmed soon calms down. Security check to make sure Lexi is ok, and she says she thinks the situation is under control.

Practice task 2

1. Explain the purpose of the *Australian Human Rights Commission Act 1986* (Cth)

2. Provide two types of environments that must be considered to prevent traumatisation and re-traumatisation and for each provide an example of how it can be kept safe.

3. Provide a description of duty of care responsibilities in regards to trauma related practice.

4. Provide one aspect of confidentiality that must be upheld in trauma related practice.

5. List two rights of an individual receiving trauma support.

6. Provide one example of practice guidelines that apply to trauma informed care.

Click to complete Practice task 2

1C Respond appropriately to disclosures of child or elder abuse or neglect

As a caregiver, you are mandated to report suspected abuse or neglect. This may have implications for the person who is disclosing trauma. Victims are often scared or intimidated by their abuser – protect them by remaining silent. Victims may try to disclose details of abuse in a subtle way – be vigilant for signs of abuse, no matter how subtle. For instance, during an incident of domestic violence in the U.S.A, a woman called the police but pretended to order pizza. Due to the perceptiveness of the personnel who took the call, the incident was appropriately responded to.

If a child or elder reports abuse or neglect, or you suspect abuse or neglect has occurred, you are obligated to report it to the relevant protection authority. Inform the person of your obligation to make the report. This may impact their level of trust in the situation; however, you must prioritise their safety.

Neglect

This is when the person with care needs is neglected either through intentional or unintentional acts that result in the person not being provided with basic necessities. Here is further information relating to the neglect of older people.

Neglect

- Not providing enough food or drinks
- Not spending time with the person – leaving them alone for prolonged periods
- Inadequate provision of clothing or personal items
- Unwillingness to allow for adequate medical, dental or personal care
- Inappropriate use of medication; for example, overdosing a person so they sleep for longer periods of the day
- Leaving the person in the same continence aid for the whole day

Indicators of neglect

- Weight loss, dehydration, poor skin quality
- Person appears unkempt – same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, unwashed hair, untrimmed nails, poor hygiene
- No dentures, hearing aids, mobility aids or glasses
- Skin burns from urine being in contact with the skin for prolonged hours

Abuse

Abuse can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to the other person by depriving and/or hurting the other person. Unintentional abuse can occur when another person doesn't realise, through ignorance or other reasons, that their behaviour towards the person with care needs is abusive. An example would be when a primary carer hasn't had a break and is caring for someone with very high needs. If there is no one else the carer can call on, they can become very tired and resentful; not realising the impact their behaviour is having. This is abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse

- The primary carer may be stressed at home or at work
- A person may be in debt and may steal from the person
- Conflict, arguments and fights within the family
- The person is isolated and alone and the abuser thinks no-one will find out if they treat them badly
- A caregiver may be using drugs or drinking too much alcohol and cannot care for the person properly

Indicators of abuse

The importance of observation and getting to know the person you are supporting can assist in identifying indicators of abuse. When you know someone, you are more likely to pick up on changes in their behaviour. Changes in behaviour can be a result of other things as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that the person is in fact being abused.

Here are some indicators of abuse.

Behaviour changes of a person with care needs

- A person may become withdrawn, depressed, anxious or display signs of being scared. They become quite ambivalent or non-responsive.
- You might find the person is becoming disorientated or making contradictory statements (this of course can be a sign of a range of illnesses, so should be thoroughly assessed before making an assumption that the person is being abused).

Behavioural signs from the carer

- You might encounter situations where the carer makes lots of excuses so you cannot gain access to the person with care needs.
- The carer might be overly affectionate and flirtatious with the person which might indicate an inappropriate sexual relationship.
- You might find the carer is giving conflicting accounts of incidents or is hostile towards the person with care needs.

General indicators

- Changes in the person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks.
- Unexplained injuries or continual injuries.
- Personal care needs not being met which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions.
- Inappropriate use of medication, such as drugging the person so they sleep for longer periods

Physical abuse

This is when a person is being physically assaulted. This can occur through physical acts of violence. Indicators might include physical pain or injuries. Physical acts of violence may include hitting, slapping, punching, hair pulling, spitting, pinching, biting, twisting an arm or wrist, physical restraint such as being tied to a bed or chair, confinement to a room and using objects to hurt the person (throwing rocks, using a strap). This abuse needs to be reported.

Indicators of physical abuse can include:

- bruises, cuts, scabs and scars
- abrasions, welts, rashes
- swelling, burns, blisters
- agitation, cowering
- tenderness, pain, restricted movement
- broken or healing bones
- drowsiness, unexplained weight loss, unexplained hair loss.

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person is sexual abuse. Sexual abuse includes sexual harassment, indecent assault and rape. This abuse needs to be reported.

Here are some indicators of sexual abuse.

Sexual abuse indicators

- Withdrawal, disturbed sleep patterns, nightmares, agitation, fear
- Unexplained difficulty sitting or walking
- Bruising of genital areas or thighs
- Unexplained sexually transmitted diseases
- Unexplained bleeding from the genital areas

Financial abuse

This form of abuse is not always easy to detect. It can include a person's money, property or assets being mishandled or taken and used without their consent. It can also include situations where a person with impaired cognitive abilities has given consent without truly understanding what their consent means. This abuse needs to be reported.

Financial abuse includes:

- embezzlement, fraud, forgery and stealing
- withholding money from the person or not paying accounts or debt
- forcing a person to change their will
- enduring power of attorney refusing to provide enough money for the person to be able to live
- enduring power of attorney refusing to provide money for the person to buy clothing or other required items
- forcing a person to hand over their money or assets.

Psychological or emotional abuse

This form of abuse is an ongoing intimidating behaviour that is designed to disempower a person. Psychological and emotional abuse can be both verbal and nonverbal. It can include belittling, threats and withdrawal of affection. Here are some indicators of this form of abuse. This abuse needs to be reported.

Indicators of psychological/emotional abuse
Sense of hopelessness Fearfulness, helplessness, withdrawal, reluctance to make decisions
Behaviour swings Anxiety, anger, moodiness, agitation, depression, passivity, low self esteem
Tiredness Sleep deprivation, insomnia, confusion
Unexplained weight loss or gain Change in appetite, increased intake of alcohol

Social abuse

This occurs when another person behaves in ways to reduce or restrict a person's social contact with others. It can include stopping a person from being involved in activities with others and/or preventing contact with friends and family, resulting in social isolation. Here are some indicators of social abuse. This abuse needs to be reported.

Indicators of social abuse
Withdrawn and sad
Grieving for loss of family and friends
Low self-esteem and passive behaviour

Report abuse and neglect

Abuse is illegal and you have a duty of care to report all forms of abuse as soon as you become aware of it. You should report situations of abuse directly to your supervisor. If your supervisor is not available go directly to the manager.

Abuse in aged care services is referred to as elder abuse. All adult victims of abuse have the right to report abuse issues or not. However, under the *Aged Care Act 1997* (Cth) workers in aged care are required to report sexual abuse of residents. Abuse of children is an infringement of the rights of the child. Remember that abuse is illegal and therefore the person can be encouraged to report issues of sexual and physical abuse directly to the police.

Follow policies and procedures to report

When you suspect abuse has occurred or you have witnessed abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from happening or escalating. When reporting, be guided by you organisation's policies and procedures. Besides verbally reporting to your supervisor, you will be required to document the report. This information may be recorded in case, continuation or file notes and in an incident report form. Here is an example of what to include in a report.

Objective report
▶ What you saw (for example, the size, location and type of bruising)
▶ When you saw it (date, time, day)
▶ What you did (for example, removed the person from the situation)
▶ What you said (for example, explained to the person that you had to report the incident)
▶ The person's response (what they said or did)
▶ Follow up action to be taken

Use effective communication skills to validate and encourage disclosure

The communication skills you use are very important when a person discloses traumatic experiences. The person needs to feel validated and understood so rapport is strengthened, and the person is encouraged to disclose further. This is part of creating a safe and supportive environment.

Here are three important communication and interpersonal skills you should use.

Empathise

Empathy is the ability to see the other person's perspective. The person you support may come from a very different culture, or socio-economic background than you. Their experiences of trauma may be far outside your frame of reference. However, these things should not impede your ability to connect with and try to understand their experience.

Validate and normalise

Validation is an acknowledgement of the other person. Disclosing traumatic experiences may be attached to shame. This is particularly pertinent if the person is disclosing details of sexual trauma. By validating a person, you support them to feel comfortable sharing their experiences. Validate a person by acknowledging that you have heard them. You can also normalise their experience. If a person feels ashamed about feeling scared, normalise their experience by explaining that fear is a very normal response to trauma.

Nonverbal language

How comfortable a person feels disclosing experiences can have a lot to do with your nonverbal language. Nonverbal language relates to posture, facial expressions and encouraging sounds and gestures, like 'uh-huh' or nodding. Face the person. Maintain eye contact if appropriate. To demonstrate openness, avoid crossing your arms and legs. Be observant of personal space. Some people may not feel comfortable if you sit too close; however, you need to be close enough to demonstrate interest and care.

Active and reflective listening skills

Use active and reflective listening communication techniques to maintain a respectful relationship and provide empowerment to the person by acknowledging that what they say is valued.

Active listening means paying close attention and focusing, not only hearing what a person is saying but also observing and interpreting what is being communicated verbally and nonverbally. Active listening is necessary to truly understand the meaning and feelings being conveyed and is an important component of person-centred therapy.

Active listening also involves responding to the speaker to clarify information and paraphrasing what the person has said to encourage the speaker to continue.

Here are some phrases that can be used to clarify information and understanding.

Phrases to clarify information and understanding

- 'Do you mean …'
- 'Let me see if I understand …'
- 'Correct me if I am wrong …'
- 'As I hear it …'
- 'From your point of view …'
- 'I wonder if …'
- 'Do you mean …'
- 'Let me see if I understand …'

Respond to disclosures using the trauma informed care principles

When a person discloses details about trauma, ensure you follow trauma informed care principles. Your responses to disclosure according to trauma informed care principles are explained below.

Responses to disclosure

Understand trauma and its impact

When a person discloses details, take a holistic perspective and consider how the disclosure impacts the person physically, emotionally, psychologically, socially and spiritually. The person may only be disclosing part of the story, until they feel safe to disclose more.

Promote safety

Ensure the physical and emotional space is safe for the person to disclose details about their traumatic experiences. Your body language should convey your openness to the person. Ensure you remind the person of your responsibility to maintain their confidentiality.

If the person is currently in a dangerous situation, such as domestic abuse, you need to ensure they and their offspring are physically safe. This may involve arranging a safe house as a matter of priority.

Ensure cultural competence

Be mindful of the person's cultural background as they disclose information. Your subjective experience may not correspond to the person's, so you need to use empathy when listening to their story. Ensure the person is supported to access communication aids, if they require any, such as a translator.

Support control, choice and autonomy

The next stage after disclosure is important for the person, and their progress towards recovery. Support the person to identify their goals and objectives towards recovery, and encourage their autonomy by allowing them to make their own decisions.

Share power and governance

The objective of your organisation is to support the person through care and provide legal and ethical support as needed. Outline the role and responsibilities of the organisation and what care they can provide. Emphasise that the relationship with the person is collaborative and decisions towards recovery will be shared.

Integrate care

After or during disclosure, you may realise the person requires more support, beyond your role and capabilities. The person may require mental health support from a doctor or psychiatrist, for instance. Ensure you support the person to make the necessary referrals. If sharing information, particularly personal or sensitive material, you need to obtain the person's consent before sharing.

Healing happens in relationships

Your relationship with the person is important so be mindful of your rapport and your verbal and nonverbal responses, particularly in relation to disclosure. Support the person to develop and strengthen other relationships in their life. Family support, for instance, may be important for the person's recovery.

Recovery is possible

Empower the person to know that recovery is possible. Disclosure is an important step on the path to recovery, so praise the person for having the courage to disclose information. At the point of disclosure, the person may feel particularly disempowered. It is your job to instil in them a sense of strength and resilience.

Example

Respond to disclosures of past and current trauma or abuse using principles of trauma informed care

Naomi has been talking to a grief counsellor, Tania, about the loss of her mother for the last two months. She feels like she is stuck in a grievous cycle that is negatively affecting her life.

Tania happens to ask Naomi about an event in Naomi's childhood. The question triggers a strong response from Naomi. When Tania asks more about the incident, Naomi discloses details about her childhood abuse. She says that when she was four or five, her mother suffered from alcoholism, and used to hit her frequently. She remembers feeling very frightened of her mother. As she talks about the incident, she realises how much she had forgotten. She begins to cry as she talks.

Tania moves her chair closer. She doesn't talk much but demonstrates empathy and understanding as she listens. She pushes a box of tissues towards Naomi and allows her time to cry. When Naomi stops crying, Tania allows Naomi time to sit quietly and reflect on her experience.

In the next session, Tania checks in with Naomi to see how she is feeling. Naomi says she has had a hard week and has felt very tired. Tania asks Naomi if she feels ready to make a few goals towards her recovery. Through open-ended questions, Tania supports Naomi to identify how she would like to respond to her recent disclosure. One action Naomi wants to take is to re-examine her relationship to her mother in recent years, in relation to her feelings of grief.

Practice task 3

1. Provide two indicators that might suggest neglect is occurring.

2. Provide two indicators of general abuse.

3. Provide a brief explanation of what is meant by validating a person's disclosure.

4. Describe one way you could demonstrate the principle of 'recovery is possible' in practice.

Click to complete Practice task 3

1D Respond to behaviours and distress related to trauma using principles of trauma informed care

Trauma affects people in different ways. Symptoms of traumatic stress can be visible and invisible. They may affect a person's behaviour; for example, making the person more withdrawn or more aggressive. Invisible symptoms include anxiety and depression. Even the person themselves may not understand that the root of their mental health issues is linked to trauma.

At the time of disclosure, the person may become distressed. However, distress may also express itself later, and in different forms.

Some expressions of distress are below.

Expressions of distress	
▶ Crying or wailing	▶ Anxiety
▶ Screaming	▶ Depression
▶ Aggression	▶ Withdrawal
▶ Agitation	

How trauma affects development

Childhood trauma, in particular, can affect a person's development. Children may not know how to talk about the abuse, so the abuse may go unnoticed for many years. It may affect mental health, causing anxiety, depression and post-traumatic stress syndrome.

If abuse is physical, it can impinge development. Head injuries can cause cognitive impairment. Neglect also seriously undermines healthy development. If a person does not receive adequate nutrition, love and care, they can be physically and emotionally inhibited.

You can read about how trauma affects cognitive development at:

- http://aspirelr.link/live-science-early-neglect-article

Dynamics of interpersonal violence

Interpersonal violence has been defined by the World Health Organisation (WHO) as the intentional use of physical force, or power, threatened or actual, against oneself, another person, or against a group or community that either results in, or has a likelihood of resulting in, injury, death, psychological harm, mal-development or deprivation.

Interpersonal violence can be covert, meaning invisible, or overt, meaning visible. Violence can be physical, emotional, social or sexual. The perpetrators of violence may be in the home, such as family members, or external to the home, such as strangers. People in war-afflicted areas may experience interpersonal violence at the hand of captives, terrorists or military. People at risk of interpersonal violence often include women, children, members of the LGBTQI community and Indigenous Australians.

Interpersonal violence has many impacts on a person. These are summarised below.

Dynamics of interpersonal violence

- Substance abuse
- Mental illness
- Physical injury
- Poor interpersonal relationships, such as lack of trust and poor choices
- Victimisation, which can lead to a cycle of victimisation

Role of triggers

Triggers can be covert or overt experiences, which remind the person of a previous trauma. A trigger can sometimes take a person back to the experience of the trauma, causing re-traumatisation. They may experience the same physical and emotional sensations they did at the time of the trauma.

Trauma triggers can often be hard to identify or anticipate. The person themselves may not be able to identify what it is that triggered the traumatic memory. And so, they have difficulty avoiding triggers in the future.

When a person has a 'flashback', they return to the traumatic experience. This flashback can be just as traumatic as the original experience and is often reoccurring. The trigger causes a flashback, and the flashback causes re-traumatisation or re-victimisation, which can reinforce the traumatic stress response.

When taking a trauma informed care perspective it is important to be aware of triggers and, as much as possible, avoid causing the person to relive their traumatic experiences.

Here are some common triggers.

Common post-traumatic stress triggers

- Images of the traumatic event or interpersonal violence, such as pictures from war
- Noises or sounds associated with the traumatic event
- Smells associated with the traumatic event
- Climatic temperature or other environmental stimuli associated with the traumatic event

Minimise triggers

The best way to minimise exposure to triggers when supporting a person is to be aware of the triggers that cause a post-traumatic response or flashback. Make careful notes when working with a person about triggers you observe or are told about.

Here are some other strategies to help minimise triggers, and enhance the person's coping and resilience.

Minimise trauma triggers
▶ Ensure the person has a strong support system, such as family and friends
▶ Empathise with the person about their experience and possible triggers that may precipitate response
▶ Encourage meditation or prayer
▶ Encourage healthy life habits, such as exercise, healthy eating and avoiding drugs and alcohol
▶ Develop a safe, healthy and positive environment for the person
▶ Be aware of the person's triggers and how they affect the person

Triggers and re-victimisation

Re-victimisation is the cycle of returning to the role of the victim. When experiencing flashbacks, a person may experience the physical and emotional conditions they experienced as a victim. Re-victimisation also forms the basis of relationships. People who are abused as children are at risk of re-victimisation later in life, being drawn to relationships where they are once again the victim. As a victim, the person often feels powerless, as they hand over their power to the perpetrator.

When you identify triggers, help provide a safe environment for the person to move towards recovery. Focus on their existing strengths, and capabilities, rather than past trauma.

Respond to behaviours and distress related to trauma

If a person becomes distressed as a result of a trigger, or a flashback, provide a safe and supportive environment. Containment skills, such as meditation, grounding and clear instructions help bring the person back to the present moment.

One exercise you might use is asking the person to describe the room they are presently in. This helps divert the person's attention to the present and physical moment, rather than towards the traumatic experience.

Seek assistance from qualified therapists, such as psychologist or psychiatrist to help the person utilise coping strategies and minimise flashbacks and triggers.

Other containment strategies may be read at:

- http://aspirelr.link/containment-strategies

Example

Respond to behaviours and distress related to trauma using principles of trauma informed care

Morritz has Alzheimer's disease. As his present memories recede, past memories of the war and his imprisonment as a Jew in Poland start to prevail. Morritz has avoided these memories most of his life and as they occur, he is re-traumatised.

Morritz's carer, Jill, has observed the emergence of trauma and re-traumatisation. Morritz goes into detail about how it felt to be imprisoned. He has trouble sleeping and is frequently shaky.

When Morritz slips into a flashback, Jill tries to contain Morritz, and ground him by providing a safe space for him. She assures him that he is okay and that she is here. She reminds him of where he lives now and encourages him to talk about a current event or situation. Over time, Jill notices that his flashbacks become less and less intense as grounding techniques become stronger.

Practice task 4

1. Briefly define re-traumatisation.

2. Briefly define re-victimisation.

3. Describe two ways you should respond if a trigger or flashback occurs.

4. Explain one way trauma and interpersonal violence can impact development.

Click to complete Practice task 4

1E Assist individuals affected by trauma to identify personal resources and strengths

One of the core philosophies of trauma informed care is focussing on the individual's strengths when supporting them to move towards recovery. Strengths can be physical, emotional, social and psychological. They may not be apparent to the person at first, especially if the person experiences themselves as a victim and feels powerless. However, even the fact that they are seeking support is considered a strength. Survival is the ultimate test of resilience and having survived trauma is an indication that the person has inner resources no matter how removed they feel.

Here are some examples of strengths.

Resilience

Children in abusive situations need to be resilient in order to survive. The same is true for adults in abusive relationships, or for victims of war or crime. The person may be traumatised by the event but their survival is evidence of their individual resilience.

Relationships

Family and friends in the person's life are an important resource when supporting the person towards recovery. It is important that family and friends are removed from the traumatic experience; for example, an abusive relationship is not a suitable resource when ensuring the person's support. Help the person identify existing relationships in their life which are positive and supportive.

Community members

A person's resources may not only be friends and family but other members of the community, such as teachers, religious leaders and neighbours. Help the person identify positive and nurturing relationships.

Personality

Inner strengths can often be obscured by disempowerment but every person has personal strengths in the face of adversity. These will be unique to him or her.

Inner strengths may include:

- kindness
- compassion
- problem-solving skills
- rationality
- sensitivity
- self-awareness.

Interests

A person's interests can be a key to their strengths, and can be a means for helping them develop coping strategies. Interests may relate to music, art, books, sport, entertainment or games.

Formal support options

There is a wide range of formal support options available. Here are some of these services.

Indigenous Australian health services

Indigenous Australian health and community services may be the most appropriate option to provide support to Indigenous Australians experiencing grief or trauma. Workers in these services understand cultural requirements and the customs and practices associated with death and mourning.

Coronial services

Coroners help determine the cause of death if this is not clear. For those who are bereaved, it is often very important to know the facts around the death as this may assist with the healing process.

Health services

People who experience trauma commonly experience a range of health complaints. They may benefit from being referred to community health services, doctors or other private health providers. Doctors can help people with general health care and ensure they receive appropriate care for mental health issues.

Counselling

Group counselling may be a good option for people who respond well to the interaction and support of other people who experience trauma. Individual counselling with a specialist trauma counsellor may be necessary for those experiencing trauma reactions.

Palliative care

Palliative care services provide specialist care for people with terminal illness as well as providing support for their family and carers. Palliative care may include multidisciplinary teams of doctors, specialists, nurses, social workers, counsellors and pastoral care workers.

Practical support

Practical support may be provided by informal networks or through community services organisations. For example, you may refer an individual to a service that provides household help or meals for a period of time.

Psychological services

Psychological services may be necessary for people who require mental health assessment; for example, to determine whether they are experiencing a complex trauma reaction or depression.

Spiritual services

People often obtain great comfort from their spiritual or religious faith. Connecting or reconnecting with their faith may help them find meaning in their trauma while obtaining support from members of the church, synagogue, temple, mosque, etc.

Support groups

Bereavement support groups are an invaluable source of mutual support for people who are experiencing trauma. Other support groups may also be useful, depending on the individual's needs; for example, mental health groups such as GROW, which offers peer support for mental health or programs of personal growth and development.

Telephone services

Telephone counselling services offer support to people who need someone to talk to but who cannot access or do not wish to use other services. They are usually available 24 hours a day.

Methods to help a person identify strengths and resources

The methods you use will be unique to the person and the situation. However, possible methods for supporting the person to identify strengths and resources are below.

Use open-ended questions

Ask questions, such as 'Who do you believe could support you with this?' or 'How do you feel you cope in a particular situation?' to help the person identify strengths and resources. Often, the person needs probing to be able to see what is at first obscured by their lack of self-esteem.

Clarify

When the person does identify a resource, such as a personal strength, help the person clarify. For example, 'I hear you say that you are good at making decisions in a moment of crisis. Could this be a strength we could work with?' Help clarify by recording the person's strengths and resources. Even better, ask the person to record strengths and resources themselves.

Examine different aspects of the person's life

Strengths and resources may be obscured by the person's experience, mental illness, or sense of self. You may need to examine different aspects of the person's life, such as their community, their neighbourhood, or different stages of their life when they felt more in control or resilient.

Help select appropriate support options

Take a collaborative approach to helping the person choose support options that best suit their needs. Provide the person with information about the different sources of support available and then encourage them to consider the options and make choices about what support they need.

It is important that you allow people to feel comfortable enough to reveal their concerns and that they are not embarrassed to say, for example, that they do not want to be alone at night.

Example

Assist individuals affected by trauma to identify personal resources and strengths

Lucy is talking to Craig, who is a person she supports. Craig has very low self-esteem. He was abused as a child and struggled with drugs and alcohol as an adolescent. He was sentenced to two years in prison following an aggressive attack and theft.

Craig has been experiencing traumatic episodes in relation to his abusive childhood. Lucy wants to help Craig identify his strengths, but for every suggestion, Craig is dismissive: 'No, I am not resilient. I am hopeless and weak. Otherwise I wouldn't have ended up in this situation,' he says.

Lucy knows Craig is interested in AFL and asks him how he feels when he is playing a match. Craig becomes more animated as he talks about working as a team and feeling part of something. Lucy asks if Craig feels he's a team player. Craig nods. Lucy asks Craig whether he see this as a strength for moving towards recovery.

'Well, I guess it means I like working with people towards a goal. I think I am a pretty honest and loyal guy. Yeah, I can see how they are strengths for helping me build positive relationships,' says Craig. Lucy documents the discussion, and encourages Craig to write down his strengths.

Practice task 5

1. Briefly describe how a health service support option can benefit people who experience trauma.

2. Give two examples of aspects you should consider when determining the strengths and resources of a person with mental illness.

3. Explain a method you could use for helping a person identify strengths and resources.

Click to complete Practice task 5

1F Recognise the coping strategies and adaptations of individuals who have experienced trauma

A person's strengths and resources are closely linked to their coping strategies. Coping strategies allow the person to move through life with as minimal traumatic impact as possible. The person may not even be aware that they are using coping strategies and it is your job to help the person identify the strategies they already use.

Coping strategies can be positive, such as medication, absorption in a hobby or interest, or seeking treatment. Coping strategies can also be harmful. Drug abuse, suicidality, self-harm and attraction to violent interpersonal relationships can be a way of coping with trauma. Trauma informed practice seeks to identify positive and negative coping strategies and help the person use adaptive strategies to manage trauma and move towards recovery.

Gender differences in application of trauma informed care

Trauma, in particular interpersonal violence, is often gendered, with women being more susceptible to abuse than males. Substance abuse is a common coping strategy used by women who have experienced trauma. Women are more likely than men to experience post-traumatic stress symptoms as a result of trauma, and symptoms often last longer.

The trauma informed approach needs to be gendered, and provide services that specifically support and meet the needs of women. For example, a female may be more comfortable talking about traumatic instances with another woman.

Individual ability to cope with and manage impact of trauma

Each person will have their own way of coping with and managing trauma. Some techniques are more adaptive than others. Get to know the individual and their individual coping strategies and strengths to be able to work with them effectively.

Here is a list of positive and negative coping strategies.

Positive coping strategies	Negative coping strategies
▶ Building positive social relationships	▶ Substance abuse
▶ Engaging in hobbies and interest	▶ Violent interpersonal relationships
▶ Seeking treatment	▶ Suicidal ideation
▶ Identifying inner strengths and resources	▶ Self-harm

Coping and management strategies

Support the person to develop coping and management strategies. Coping strategies are generally problem-focused or emotion-focused.

Problem-focused strategies identify the core problem, analyse the possible solutions and plan how to action solutions.

Emotion-focused strategies focus on how the problem affects the person, and personal resources which can address the problem.

You may help the person use the following coping and management strategies.

Coping and management strategies
▶ Identify strengths and resources
▶ Meditation and relaxation techniques
▶ Grounding techniques
▶ Making connections with adaptive, positive people
▶ Self-acceptance
▶ Developing discipline and self-control

Links between suicidality, self-harm and interpersonal trauma

Suicidality, self-harm and interpersonal trauma are non-adaptive coping strategies used by people who have experienced trauma. Suicidality may involve threats to suicide, attempts to suicide or suicide ideation. If a person is suicidal, they may have developed a plan, may withdraw from others and may make 'arrangements', such as saying goodbye to people. If you suspect a person is suicidal, you should engage Lifeline, and try your best to clarify the person's intention. A person may feel suicidal if they can see no way out. The trauma informed care model aims to help the person see their way to recovery.

Self-harm may or may not be linked to suicidality. Self-harm can be an external expression of inner pain, and a person's way of 'doing something'. Seek professional treatment to address self-harm. Allowing for dignity of risk, help the person remove themselves from dangerous situations and identify their triggers for self-harm.

Interpersonal trauma is when a person is abused, neglected or maltreated in some way. Interpersonal trauma can be the cause of a person's suicidality or self-harm. If it is, it is important to help the person recognise their triggers and develop adaptive coping strategies.

Suicide

No matter what area of community services you work in, you should have an understanding of how to identify and provide effective support to people at risk of suicide. People experiencing intense and complex reactions are in a high-risk category for suicidal ideation. Consider the following information.

Warning signs

A range of warning signs can indicate that a person might be considering suicide. These include suicidal ideation, talking about dying and changes in behaviour, thoughts, feelings and reactions to events or personal crises. You must view any reference to suicide or wanting to die as a request for help.

Statements may include:

- talking or writing about death and suicide
- using statements such as wanting to 'end it all'
- expressing the idea that life is pointless and meaningless
- saying goodbye to friends and family.

Behaviours may include:

- appearing depressed or sad most of the time
- withdrawing from family and friends
- misusing drugs or alcohol
- dramatic mood and/or personality changes
- being impulsive and reckless.

Assess risk of suicide

You must be able to identify a person at risk of suicide and provide appropriate support, including working collaboratively with the person and their significant others to ensure safe outcomes.

Assess risk by:

- asking direct questions
- finding out if the person has a suicide plan
- determining risk factors
- referring the person to their own self-protection or coping skills
- exploring the person's connections to life and living.

Find out if the person has a plan

You need to find out if the person has started acting on their suicidal thoughts; for example, whether they have a specific plan to end their life, whether they have the means to carry out the plan and whether the identified means are likely to be lethal. For example, if they plan to shoot themselves, do they actually have a gun and know how to use it?

Assess:

- immediate risk
- plan potential
- time frame.

Determine high risk factors

High risk factors that you need to consider include previous suicide attempts and mental health problems. A history of previous suicide attempts increases a person's risk of completing a suicide in the future. Further questioning of the person could include asking, 'Have you attempted suicide before?' or 'What were the circumstances of your last attempt?'

It is estimated that a high percentage (up to 90 per cent) of people who consider or complete suicide have a mental illness such as depression.

A high suicide risk is indicated by:

- untreated depression and feelings of futility and hopelessness
- severe anger or hostility
- constant thoughts about dying
- feelings of worthlessness.

Factors that increase risk

Factors that increase risk include:

- a significant loss, such as the death of someone close
- relationship or family problems
- the suicide of a significant other
- personal crises, especially those involving rejection or humiliation
- a major loss or traumatic event
- unemployment
- financial difficulties
- legal problems
- custody issues
- cultural or religious conflicts
- a lack of social support.

Self-directed coping strategies to prevent suicide

Most people have innate protective factors or coping skills and beliefs that they can draw on to help prevent them taking their own life. Here are some coping skills and important questions that can be useful to a person experiencing thoughts suicide.

Coping skills

These may include:

- a strong religious or spiritual faith, or a sense of meaning and purpose in life
- emotional resilience
- problem-solving skills
- a sense of social and community connection.

Ask questions

Questions directed to the person continue to be important. At this stage, you may ask the person:

- 'What are your strengths?'
- 'What have you done in your life that you're proud of?'
- 'How have you solved problems in the past?'
- 'What has meaning for you in your life?'

Example

Recognise the coping strategies and adaptations of individuals who have experienced trauma

Robbie has been smoking marijuana for three years. His addiction is becoming more intense and more regular. Jane, his caseworker, wants to talk with Robbie about his habit and discuss underlying reasons for his addiction. Robbie says he smokes 'to forget'. When Jane probes, she finds out that Robbie wants to forget about hitting a child and causing him to have a brain injury.

Jane suggests Robbie seek treatment for his addiction and suggests options for addressing his response to trauma. They talk about positive coping strategies, such as visiting the boy who was injured and writing a letter of apology.

Practice task 6

1. Identify two adaptive ways individuals may cope with trauma.

2. Provide one aspect of trauma that applies to women.

3. Explain a possible link between suicidality, self-harm and interpersonal trauma.

Click to complete Practice task 6

Summary

1. Trauma can be caused by interpersonal, physical or emotional abuse. It can be a single incident. Complex trauma is caused by cumulative abuse or exposure to interpersonal trauma.
2. Trauma informed care takes an integrated, collaborative and person-centred perspective to working with trauma. Trauma informed care supports the person to move towards recovery by proving a safe environment.
3. Trauma informed care seeks to minimise exposure to triggers, flashbacks, re-traumatisation and re-victimisation.
4. Suicidaility, self-harm and interpersonal trauma may be non-adaptive coping strategies.
5. Help the person identify their inner strengths and resources so they can move towards recovery.

Learning checkpoint 1
Work from a trauma informed care perspective

This learning checkpoint allows you to review your skills and knowledge in working from a trauma informed care perspective.

Part A

1. Describe how understanding trauma can help you demonstrate trauma informed care in your service.

2. Describe one way you can promote safety in environments and relationships in your service.

3. Describe one way you can demonstrate cultural competence in your service.

4. Describe one way you can demonstrate supporting control, choice and autonomy in your service.

5. Describe one way you can demonstrate fostering healthy, supportive relationships in your service.

6. Describe one way you can promote the belief that recovery is possible in your service.

7. Describe one way you can promote strengths-based, collaborative practices in your service.

8. Provide an example of how you can promote safe environments and relationships with those affected by trauma, including preventing traumatisation and re-traumatisation.

9. Provide one example of how you can assist individuals affected by trauma to identify personal resources and strengths.

10. Provide one reason that trauma informed approach needs to be gendered.

11. Provide one example of a positive coping strategy a person may use.

12. Provide one example of a negative coping strategy a person may use.

13. Provide a brief definition of single event trauma.

14. Provide a brief definition of complex trauma.

15. Provide three post-traumatic risk factors that contribute to the prevalence of trauma in the general population.

16. Provide two examples of how trauma impacts on development.

17. Provide one example of how you could respond to behaviours and distress using principles of trauma informed care.

18. Briefly describe how to respond to a disclosure in a way that supports control, choice and autonomy.

19. Provide two aims of the *Work Health and Safety Act 2011* (Cth).

20. Provide one source of information in your workplace that will provide you with information regarding work role boundaries.

21. Provide two examples of interpersonal violence.

22. Provide two aspects of a trigger that may cause a traumatic reaction.

23. Provide one aspect of an emotion-focused coping strategy.

24. Provide three issues that may contribute to an increased risk of suicide.

25. Provide two aspects of self-harm.

26. Provide one type of harm that interpersonal trauma may contribute to.

Part B

Read the case study, then answer the questions that follow.

Case study

Caroline is supporting Demetri. Demetri's first language is Russian and he has an intellectual and physical disability. Caroline observes that Demetri gets very agitated when people raise their voice. He often recoils physically and emotionally. When Caroline is talking to Demetri alone one day, she casually asks him about life at home. Demetri starts to stammer and move erratically.

When Caroline reports this incident to her supervisor, Margaret, she learns that Demetri has had a very abusive childhood. Margaret encourages Caroline not to speak with Demetri about home life in casual conversation as this upsets Demetri.

Caroline asks Margaret about Demetri's living arrangements and whether he should have alternative living arrangements. Margaret says that Demetri wants to live at home in NSW close to his other brothers. Margaret says that she is monitoring the situation to make sure that Demetri's environment remains stable and safe. However, she is concerned that Demetri may need additional assistance due to the deterioration of his physical disability. If this is the case, Demetri may need to relocate to Queensland to receive the support he needs. Margaret is going to raise this concern at the next case management meeting.

1. If Caroline is unsure of what procedures to follow, what practical guide could Caroline refer to that would provide a model for best care practice?

2. Based on the discrimination Acts, list one Act that Caroline must uphold when providing Demetri with support.

3. Provide one way that Margaret is upholding duty of care obligations to Demetri.

4. Even though Caroline feels that Demetri might benefit from alternative living arrangements, what aspect of duty of care must Caroline uphold?

5. Provide two ways that Caroline must uphold human rights when providing Demetri with support.

6. Provide two procedures that Margaret must follow when seeking additional assistance for Demetri.

7. If Caroline notices that Demetri shows indicators of neglect when monitoring him, what obligation must Caroline uphold?

8. List two indicators from Guideline 3 of the Australian Community Work Practice Guidelines that apply when discussing Demetri's support needs, and his right to confidentiality and privacy.

9. Provide one aspect of the Privacy Principles that must be applied to Demetri's personal records.

10. Provide one situation where Caroline may be required to disclose Demetri's confidential information.

11. List one policy on the Victoria State Government Department of Health and Human Services website that would assist Margaret with planning additional support for Demetri. You can access the website at: https://aspirelr.link/dhhs-policies.

12. List two responsibilities that Caroline has as an employee when providing support for Demetri.

13. List two rights that Demetri is entitled to when receiving support from Caroline.

14. List two responsibilities that Caroline's employer has.

15. List two child protection Acts of legislation that are specific to Demetri's situation.

Topic 2

In this topic you will learn how to:

2A Apply self-care strategies in managing re-traumatisation and vicarious trauma

Utilise self-care strategies

Trauma management is intensive for both the person and their carers. Community services workers are at high risk of burnout, particularly when dealing with difficult issues on a regular basis.

Develop a strong relationship with your supervisor to help you manage self-care. Have clear boundaries and know your limitations.

2A Apply self-care strategies in managing re-traumatisation and vicarious trauma

You not only need to address other people's needs for care and safety, but also your own. Supervisors can help you identify areas of self-care that you may be unaware of or are overlooking. They can also provide you with information and options for seeking additional support and learning.

When working with others who are experiencing strong emotions such as grief, loss and trauma, you must take extra care to look after yourself. If you do not maintain proper care of yourself, you cannot expect to help others in an effective way.

Self-care when managing re-traumatisation

The aim of trauma informed care is to minimise re-traumatisation. This can be challenging, particularly if the trauma is fairly recent, or has had a significant impact on the person.

If a person does experience re-traumatisation, you may witness distressing behaviour, such as panic attacks or overwhelming emotion. It's important that you are well-trained to respond to re-traumatisation.

If re-traumatisation does occur, seek supervision immediately. The person you support may need further assistance. You may require professional assistance to manage your own responses to re-traumatisation.

Self-care strategies may include:

- taking regular work breaks
- ensuring that you debrief regularly
- accepting support when it is offered
- cultivating interests that are separate from work
- identifying your own successes.

Self-care when managing vicarious trauma

Working with trauma can, in some instances, trigger traumatic responses for the care worker. It can also have other significant effects on the care worker. It is important to seek supervision, debrief and practice self-care on a regular basis. Trauma-Informed Training for the Community Services Sector is a two-day trauma-informed training package which helps workers identify how to minimise re-traumatisation, and manage vicarious trauma.

The Mental Health Coordinating Council defines vicarious trauma as:

'Transformation in a worker as a result of working with a person who has been traumatised. Vicarious trauma is a cumulative effect of working with trauma, which can affect many aspects of a person's life. It may consist of short-term reactions, or longer-term effects that continue after the work has finished. Some effects of vicarious traumatisation parallel those experienced by the survivor, and can lead to a person experiencing the symptoms of post-traumatic stress disorder (PTSD).'

Source: Mental Health Coordinating Council, *Trauma Informed Care and Practice*, www.mhcc.org.au

Self-care strategies

Working with trauma can be distressing and challenging. It can also provoke your own triggers.

You need to be aware of your boundaries and limitations when providing care. Always work within your job role and guidelines, and under supervision. If a person experiences re-traumatisation, it is important to seek supervision immediately.

To maintain your own health and emotional wellbeing, you need to monitor and take steps to minimise your level of stress at work. This means making sure you are aware of the signs and symptoms of stress disorders, and undertaking appropriate self-care strategies.

Self-care strategies include:

- having adequate rest and relaxation
- having adequate exercise
- having adequate nutrition
- talking to others, especially trusted colleagues
- using self-reflection strategies, such as writing in a journal
- being aware of and respecting your own limits.

Strategies for debriefing and supervision

All community services organisations and workers should be aware of the need for staff to access supervision and debriefing when required. Organisations should have specific strategies in place for this to occur.

If you find your organisation does not have these strategies, or if they are unclear or poorly implemented, you may need to speak to your supervisor about developing and implementing appropriate policies and procedures.

There are several different strategies that workplaces may adopt to ensure you have access to appropriate supervision and debriefing. These may include a combination of the following strategies.

Workplace supervision

The supervisor may be the community services worker's team leader and may provide debriefing when a worker is experiencing difficulties with their work or has experienced a crisis or stressful event. Those carrying out these roles need training to recognise and respond to workers experiencing stress-related conditions. They must be able to recognise when a worker needs to be referred to a specialist for help.

Larger organisations may employ professional staff so workers can seek help from a counsellor or psychologist. These people may have a designated role in debriefing following an incident and helping staff deal with work stress.

Organisations should have policies and procedures documenting when workers should seek supervision and debriefing, and who is responsible for providing these services.

Professional supervision

Professional supervision and debriefing are increasingly common practices. A professional supervisor attends to the professional development of each worker and helps them deal with problems or concerns they may have regarding development. The professional supervisor does not supervise the daily work of staff and is usually not involved in a particular team.

One of the most important roles of a professional supervisor is to identify problems that workers may be experiencing and implement strategies to address these problems early. To be effective, sessions should be held on a regular basis, such as every two weeks or every month. Professional supervisors may also conduct debriefing sessions.

Peer supervision

Peer supervision is often used as an adjunct to other forms of supervision. It is an effective way of ensuring a worker has the opportunity to discuss their work and emotionally unburden themselves with those who are working in similar environments and facing the same challenges.

Peer supervision is usually conducted in small groups. Its focus is on providing a non-judgmental and supportive environment for workers to share experiences and reflect on their practice. Peer supervision can only be successful if participants trust and respect one another and maintain confidentiality. Many workers find the support and advice of colleagues beneficial in helping them deal with the difficulties and emotional stresses associated with their work.

Seek appropriate support

You should never feel that you are working in isolation or without support. There will be many circumstances when you will need back-up and organisations should have resources to ensure this happens.

Appropriate personal support may include having a supervisor or colleague to talk to or being able to call on colleagues for assistance. It may also include being able to take time off work when necessary. Most community services organisations have policies and procedures in place outlining how staff should support each other during crises or when a worker requests help.

Have clear boundaries

Knowing your job description and limitations is important when working in community services, particularly in relation to managing trauma. People's personal stories can leak into the rest of our life and we can find ourselves thinking about the person's situation outside the workplace. When you are not in the workplace, you cannot support the person. It is important that you are rested and relaxed so you can provide adequate support. If you feel a traumatic episode is beyond your role, seek supervision and arrange a referral if necessary.

Example

Apply self-care strategies in managing re-traumatisation and vicarious trauma

Jenny keeps a self-reflection journal that helps her make sense of what she experiences at work. Her latest entry reads:

'Today when Mary talked about the death of her son, I felt completely overwhelmed. It reminded me of when my little brother died and the grief my whole family went through. I have never really allowed myself to experience such strong reactions before. I felt as though I let Mary down because I was focusing on my emotions and not what she was going through. I could hardly say anything. I just sat there holding her hand and letting her cry. She talked a lot and afterwards was kind enough to say it was good to have someone to talk to who seems to understand and care. I wish I could have done more for her.'

Jenny tells her supervisor about this incident and how it made her feel. Her supervisor, Chris, is reassuring in acknowledging that it must have been very difficult for her in that situation and that her reaction was perfectly normal. She also says Jenny probably helped Mary more than she thinks. Chris suggests that Jenny may have some unresolved issues regarding her own grief and that she should consider seeing a grief counsellor. Chris tells Jenny that she is a valuable worker and that it is important that she looks after herself and always feels she can ask for help when she needs it.

Practice task 7

1. Identify three self-care strategies you should use to manage re-traumatisation.

2. List one consideration that might make re-traumatisation challenging to manage.

3. Provide one way that you could manage vicarious trauma.

Click to complete Practice task 7

Summary

1. The aim of trauma informed care is to minimise re-traumatisation. This can be challenging, particularly if the trauma is fairly recent or has had a significant impact on the person.
2. Working with trauma can, in some instances, trigger traumatic responses for the care worker. It can also have other significant effects on the care worker. It is important to seek supervision, debrief and practice self-care on a regular basis.
3. You need to be aware of your boundaries and limitations when providing care. Always work within your job role and guidelines, and under supervision.

Learning checkpoint 2
Utilise self-care strategies

This learning checkpoint allows you to review your skills and knowledge in utilising self-care strategies.

1. Provide three self-care strategies you could use when managing re-traumatisation.

2. Provide three self-care strategies you could use when managing vicarious trauma.

3. Describe two aspects of the role of a professional supervisor in relation to debriefing.

Topic 3

In this topic you will learn how to:

- **3A** **Reflect upon own practice and work environment and identify opportunities to embed trauma informed care and practice in service delivery**
- **3B** **Identify barriers and refer to appropriate personnel**
- **3C** **Participate in organisation policy development on trauma informed care according to job role**
- **3D** **Identify and participate in strategies to enhance service delivery of trauma informed care**
- **3E** **Invite and respond to consumer feedback on trauma informed practices and service delivery**

Contribute to the continuous improvement of trauma informed care in services

All community services organisations must have processes for reviewing and evaluating the services they provide. Continuous improvement and development is essential to meeting industry standards and upholding a high quality of care. It is important to consult with people and other stakeholders to ensure the services you provide are meeting people's needs, including their need for further support. By regularly reviewing practices, organisations and workers can achieve continuous improvement in the services they provide.

3A Reflect upon own practice and work environment and identify opportunities to embed trauma informed care and practice in service delivery

Reflective practice is used widely in community services to highlight the need for thinking about and reflecting on work practices. The goal of reflective practice is to improve and achieve better outcomes. When you take the time to reflect on what you do, you gain knowledge and understanding, which allows you to become more responsive to needs and concerns. Reflective practice is a form of continuous learning and professional development. It may be carried out alone (self-reflection) or it may involve discussion with a supervisor or co-workers.

Reflective practice

Self-reflection is a form of self-evaluation that involves asking yourself questions about the way you work and how you deal with particular issues. Self-reflection enables you to improve your own practice and achieve better outcomes for people. Here is some guidance in helping you to practise self-reflection.

Use self-reflection

Consider your strengths, and areas you find difficult. Regular periods of self-reflection can help you increase your skills and knowledge as you learn to think through issues, become more accountable for your actions and make better decisions. Self-reflection is most effective when carried out on a regular basis by making notes at the end of every day.

Questions to ask yourself

- Did my own values and attitudes influence my actions or response to a person or incident?
- Did I respond to a particular situation in the most appropriate way?
- Did I meet my own needs and/or the person's needs?
- What worked? What could I have done to improve the outcomes?
- What did I do well? What did I do today that I could have done better?
- What can I learn from the experience?

Reflect on outcomes with others

As well as engaging in self-reflection, you will benefit by reflecting on the outcomes of your work with others, such as members of your team and your supervisor. Participating in group sessions, such as team or case meetings or peer group supervision allows the team to consider the outcomes of their work as a group.

Benefits of reflective practice include:

- identifying work practices that need improving
- improving outcomes
- focusing on individual's needs and how these can be addressed
- reflecting on what both you and the team do well and where improvement is needed
- learning from other team members' experiences
- receiving support and constructive feedback from others
- identifying opportunities for learning and professional development
- building relationships with colleagues and supervisors
- ensuring duty-of-care obligations to people are understood and met
- identifying and discussing self-care strategies.

Identify opportunities to embed trauma informed care and practice in service delivery

Recording outcomes of evaluation and self-reflection can help you to integrate the trauma informed care model of practice into everyday practice. Observe your own practice and the work of others to identify opportunities to embed trauma informed care and practice more successfully.

Questions you may ask during evaluation, to ensure trauma informed care, include:

- Did I understand the physical, psychological and social impact of trauma on the person?
- Did the person feel safe emotionally and physically?
- Was I culturally competent?
- Did I support person-control, choice and autonomy?
- Did I share power and governance equally with the person?
- Was care integrated?
- Was the relationship healing?
- Did I help the person understand that recovery is possible?

Example

Reflect upon own practice and work environment and identify opportunities to embed trauma informed care and practice in service delivery

Juanita keeps a journal for reflecting on her daily practice at work and her work with managing trauma. She writes in the journal at the end of every day. She finds it helps her think through particular incidents and identify areas of her work where she might improve her practice and provide better outcomes for people she supports.

When she attends her regular supervision sessions, she takes her journal so she can describe specific experiences that she would like her supervisor or co-workers to comment on or that she feels may help them if they are faced with a similar situation.

Her daily journal entries help her document how she is gaining in skills and knowledge and any training and professional development opportunities that may be helpful.

Practice task 8

1. Identify three benefits of self-reflection when evaluating trauma informed care.

2. List two questions that can help you plan improvements to trauma informed care service.

3. Provide two ways regular periods of self-reflection can help you.

Click to complete Practice task 8

3B Identify barriers and refer to appropriate personnel

Your evaluation should help you identify barriers to implementing trauma informed care, so you can seek support from the appropriate personnel.

Here are some possible barriers you may identify.

Fragmented care

Providing integrated care may be challenging when working with different organisations and practitioners. For instance, you may not be able to find out much about the person's interaction with another professional, because their privacy is protected by confidentiality. Your organisation may have different policies and procedures than another organisation.

Poor screening

Your organisation may not be fully equipped to deal with trauma, and if it has poor trauma screening, staff may not realise they are dealing with traumatic incidents. Trauma screening can be improved by improving induction interview processes.

Lack of services

Depending on the nature of your organisation, it may have limited access to specialty trauma services. Staff may not be trained in trauma management and trauma informed care may not be integrated into your organisation's practices.

Limited training

Due to poor screening, lack of funds and resources, or lack of specialty services, the organisation may not be able to provide specific training in trauma informed care.

Lack of support

Many community services organisations are under-resourced, which may impact staffing and time availability. This can affect the quality of supervision available. It can also mean people work longer hours to the detriment of their self-care.

Beyond capacity

The issues the person faces may be above and beyond the skills and capabilities of your organisation. For instance, the person may need urgent medical treatment or mental health support. Ensure appropriate support is identified, and you follow organisational processes for making a referral.

Common attitudes and beliefs towards people who experience interpersonal violence

The quality of support you offer may also be compromised by attitudes and beliefs towards interpersonal violence.

People receiving support may experience limited motivation to recover because of the strength of negative beliefs towards trauma. For example, victims of rape may blame themselves for the incident because they imbibe social negative attitudes, such as 'She asked for it.'

Negative attitudes and beliefs may hinder a person's ability or motivation to seek support. For instance, if a woman feels she is to blame for domestic violence, she will be less likely to seek help. Likewise, if the person is made to feel powerless as a result of interpersonal violence, she is less likely to seek support because she does not feel capable. Her self-esteem is corroded, and she does not feel she deserves help.

Here are some common negative or incorrect attitudes about domestic violence in Australia.

Negative attitudes and beliefs about domestic violence

- A male is justified in using physical force if his partner has sex with another person
- Anger and violence is excusable if there is a good reason
- Most people can't understand why a woman stays in a domestic violence situation
- Coercive control is seen as less significant than physical control
- Women bear some responsibility when violence occurs
- In many cultures and subcultures it is believed that men should dominate in relationships
- Most people want to help but don't know how
- People who experience domestic abuse should feel weak and ashamed

Support self-advocacy

One significant barrier to the effectiveness of trauma informed care is that the person feels powerless to make their own decisions, and act autonomously.

Self-advocacy is when a person acts on their own behalf, in their own interests, rather than being represented by someone else. Self-advocacy is pivotal to self-empowerment, as the individual feels they are in control and autonomous.

Encouraging and promoting self-advocacy is important to their recovery. You may also need to support the person by linking them to appropriate resources.

Research appropriate support options and give individuals enough information to make informed decisions about the services they need. Be familiar with your organisation's referral procedures so you can refer people to other services as necessary.

When informing a person about available services, you act as a facilitator to link the person to the support options they require. Be aware of the person's right to informed consent and check that they understand the information you provide. Apply communication skills such as empathetic listening, questioning, summarising and clarifying when seeking consent to make a link to a referral.

Here are some methods for promoting self-advocacy.

Encourage the person to 'have a voice'

People should be encouraged, as much as possible, to speak up for themselves and make their own choices. Support people by actively listening to desires and hopes. If a person seems powerless, help them identify their personal choices, and steps they can take towards change.

Encourage self-awareness

People are often faced with barriers, such as poverty, negative relationships and social attitudes. Support people to become aware of their personal strengths and resources which can be used on the path to recovery.

Dignity of risk

All people have the option to make their own choice, even if you know it is detrimental. As people emerge from complex trauma, their decision-making can be impaired. However, if faced with the facts, the person makes that decision, then that is their right, and is important to their autonomy.

Teach advocacy skills

Help people develop skills such as communication skills, interpersonal skills and financial management. These can be taught through role-play, for example. You can also help a person move through victimisation by teaching them self-empowerment.

Referral options and resources to promote self-advocacy

Promote self-advocacy by referring the person to the following resources.

Resources that promote self-advocacy

- Communication and conflict training with, for example, Relationships Australia
- Organisations and services which help a person address substance abuse
- Financial counselling to help the person manage their own finances, without relying on another person
- Employment agencies, so the person can be empowered to enter the workforce
- Centrelink, which can provide employment and financial independence
- Housing agencies, which can provide housing options for those who are powerless
- Mental health professionals, who can provide therapeutic advice for mental illness

Example

Identify barriers and refer to appropriate/senior personnel

Wendy works in a women's shelter. One of the common barriers to recovery is that women feel powerless. When compiling statistics about the effectiveness of trauma informed care, Wendy notices that more than half of the women leave the shelter before recovery, and mostly return to high risk situations.

Wendy talks to her supervisor, Susan, about the issue. They both agree that the fundamental barrier is lack of services. The shelter doesn't have the resources to provide all women with adequate counselling and support.

When they discuss solutions, Wendy suggests that perhaps the shelter should develop stronger collaborative relationships with other services so more needs can be met. Susan thinks this is a great suggestion, and they get to work making a list of appropriate services and agencies they can work with. They also talk about how they can encourage self-advocacy to a greater extent, so women feel more empowered to act on their own behalf.

Practice task 9

1. Identify three barriers to implementing trauma informed care and practice.

2. Identify two negative attitudes or beliefs about domestic violence.

3. Provide a brief explanation of self-advocacy.

4. Provide two examples of resources that promote self-advocacy.

Click to complete Practice task 9

3C Participate in organisation policy development on trauma informed care according to job role

To best support people experiencing or recovering from trauma, your organisation should take a trauma informed approach to care and follow the trauma informed care principles.

If you have a thorough knowledge and understanding of trauma informed care, you may be integral to participating in policy development to ensure trauma informed care is integral in the service.

Here is a list of ways you may be able to participate in policy development.

Identify opportunities for change

Keep effective feedback notes, and notes about development ideas. Maintain regular reviews about the effectiveness of care. Primarily, look for opportunities for positive change towards the trauma informed care principles. Share these ideas with your team.

Share ideas in meetings

Organise team meetings, or participate in team meetings to share ideas about policy development. Brainstorm ideas on a board or on paper and keep a record of ideas for development in the minutes. Make a report of suggestions to present to the board, or relevant stakeholders for approval.

Provide opportunities for feedback

Find out from people who use the service how effective the service is for meeting their needs. Provide opportunities for regular feedback; distribute feedback forms, provide a box for anonymous feedback and suggestions. Ask for feedback in interviews with people you support.

Be familiar with current policy

Understand your organisation's policy by reading policy documents, asking questions and consulting stakeholders about policy. If you have questions or suggestions, consult with relevant people.

Key things to consider when developing policy in line with trauma informed care principles

Ask the following questions about existing policy related to care.

Questions to ask about policy
▶ Does policy allow staff time and resources to understand trauma and its impact, is training adequately provided, and is support readily available?
▶ Does policy support the development of safe physical and emotional environments, and is information secure and confidential?
▶ Does policy support cultural competence, and are resources available for language translation?
▶ Does policy support consumer choice, control and autonomy, and are there resources to support self-advocacy?
▶ Does the organisation share power and governance with the people it supports?
▶ Is care integrated with other organisations?
▶ Does policy support positive relationships between staff and the people it supports?
▶ Does policy focus on recovery as the ultimate outcome?

Example

Participate in organisation policy development on trauma informed care according to job role

Ari supervises a juvenile support service for boys. The issues boys face includes witnessing domestic abuse, or being physically or sexually abused from a young age. Many of the boys use illegal substances and face criminal charges for assault or theft.

Ari is reviewing existing policy and notices that there is little opportunity outlined in the policy to integrate with other services. Ari thinks that to better meet the boys' needs, more collaboration and integration with other services, like employment services, and drug and alcohol counselling, is needed.

Ari organises a meeting with his manager to talk about his concerns and ideas. They brainstorm some possibilities and his manager suggests Ari compose an email to send to all staff, and nominate a time for a team meeting in which policy changes can be proposed.

Practice task 10

1. List two ways you can participate in policy development, which is within your job role.

2. Briefly describe how you would use a meeting to participate in policy development.

Click to complete Practice task 10

3D Identify and participate in strategies to enhance service delivery of trauma informed care

There is always room for improvement. An essential role of all community services organisations is to continually review practices and policy, and implement strategies for continuous improvement.

Continuous improvement should be done according to organisation procedures and in consultation with a range of stakeholders.

Continuous improvement is the practice of continuously improving services and policy to better meet needs. It requires organisations to have processes in place to evaluate their practices, seek feedback from stakeholders – including workers, people you support, significant others and other service providers – and implement any necessary changes. Most organisations will have a plan for implementing continuous improvement.

The continuous improvement plan may cover:

- keeping up to date with industry standards and developments in the field, including the latest research on best practice
- obtaining feedback from stakeholders about practices
- monitoring outcomes by reviewing records and documentation
- ensuring staff have adequate opportunities for professional development
- reviewing and making changes to practices to improve their effectiveness
- evaluating changes to practices.

Review practices

When reviewing practices, you need to consider outcomes and whether the practices you are using help people and follow trauma informed care principles. Seek feedback from staff and consumers. Observe common practices. Review documentation, such as incident reports and communication books.

If you notice gaps in policy, procedures or practices, or identify areas for improvement, consult your team and your manager about implementing changes. Re-education and training may be required.

When reviewing practices ask:

- How well do staff understand trauma and its impact?
- Do staff promote safe environments and are environments physically safe?
- Are staff culturally competent and is there a range of resources available to support cultural competence?
- Do staff and resources support autonomy, self-control and choice?
- Does staff and the organisation share governance and power with people being supported?
- Does the organisation work effectively with other services to meet people's needs and are referral services smooth and effective?

- Does the organisation support staff training, so staff are trained in interpersonal relationships and effective communication?
- Are all processes geared towards recovery, focussing on the person's strengths and coping strategies, rather than their issues?

Coercive strategies such as seclusion, compulsory treatments and restraint

It is not only important to continually review service delivery and strategy for effectiveness, but also to ensure service delivery is ethical and legally sound.

People who have experienced trauma and who seek support are often vulnerable and sensitive. They can also experience mental health issues and may become distressed or aggressive. People who are not trained to adequately to manage people with behaviours of concern can inappropriately manage the situation. For example, in the past, coercive treatments such as compulsory treatment, seclusion and restraint were used to manage difficult situations. Current legislation and principles, however, restrict the use of these practices. For instance, the *Australian Human Rights Commission Act 1986* (Cth) protects human rights, such as the right to freedom and survival. Restraining a person is a restriction of rights, and therefore a breach of human rights legislation. These practices are against the principles of empowerment and autonomy advocated by trauma informed care and have the potential to re-traumatise already vulnerable persons.

Review strategies to ensure coercive strategies are not being used by asking the following questions.

Review existing strategies

- Is there a hierarchy of control used in the organisation, which exacerbate the risk of re-traumatisation?
- Are treatments voluntary and has the person been informed of their right to refuse treatment at any point?
- Is there any misuse or abuse of power in the workplace?
- Are staff effectively trained to manage behaviours of concern and respond to trauma?
- Are staff effectively trained to implement trauma informed care?

Impact of events that cause re-traumatisation

When vulnerable people come into our care, they are seeking support. Practices such as seclusion, restraint and compulsory treatment can cause re-traumatisation, rather than assist recovery.

Review the following impacts of events that cause re-traumatisation.

A person is forced to take medication they haven't agreed to

A person feels their choices have been taken away from them. If already vulnerable as a victim of abuse, they may feel powerless to make decisions. If powerlessness is further validated by the service they seek support from, their recovery is set back.

A person is physically restrained

Physical restraint is particularly harmful for those who have experienced interpersonal violence trauma. Physical contact or restraint can cause flashbacks and re-traumatisation. It can also undermine the strength of the supportive relationship, as the person's trust is undermined.

A person is restricted from engaging in activities because of their behaviour

By excluding or secluding a person, you take away their right to freedom of choice and autonomy. A person may withdraw, or become aggressive. They may also lose trust in the system, which may hinder their ability to seek support in future.

Participate in strategies to enhance service delivery of trauma informed care

If your reflective practice and review of workplace practices identifies that improvements should be made to trauma informed care, you may do the following.

Strategies to participate in trauma informed care include:

- organising for team members to undergo training, such as the trauma-informed training for the community services sector, delivered by the mental health coordination council
- developing better internal support, such as buddy systems and peer supervision, to support self-care and vicarious trauma management.
- writing bullet-point reminders of key principles of trauma informed care, and placing these in obvious locations, like the office, or common room
- organising formal appraisal review to ensure staff are on track to meet trauma informed care principles
- obtaining continual feedback about trauma informed care.

Example

Identify and participate in strategies to enhance service delivery of trauma informed care

Jed supports people with disabilities. One of the people using the service, Terrance, has an intellectual disability, schizophrenia and autism. He often presents with aggressive behaviour, particularly if he becomes confused or stressed.

Jed observes that one of the care workers, Wayde, is very strict with Terrance. He tells Terrance not to do things and shouts at Terrance when his behaviour starts to escalate. Wayde's strategies are not in-line with organisational policy and do not follow trauma informed care principles. Jed takes Wayde aside to talk about his concerns. Wayde explains that he used to work for a psychiatric hospital in the 1970s, and these strategies were common practice among staff, particularly if people they supported became aggressive.

Practice task 11

1. Describe one impact of physical restraint on a person receiving support.

2. Provide one impact of the use of seclusion on a person receiving support.

3. Provide one strategy you could use to enhance service delivery of trauma informed care.

Click to complete Practice task 11

3E Invite and respond to consumer feedback on trauma informed practices and service delivery

Feedback helps you develop and improve practices. Feedback may come from your supervisor or other staff about your own practices. It may also come from consumers. Take feedback seriously – be open to it, and positive. It's important to see feedback as an opportunity.

Seek feedback about your own practice

You can improve your own ability to reflect on outcomes of strategies used by your service by seeking feedback from your supervisor, colleagues and people you support. The following outlines some general tips for requesting, receiving and accepting feedback about your own practice.

Request and receive feedback

- Be clear about what you want to receive feedback. Listen carefully to what is said.
- Be courteous to the feedback provider.
- Accept the feedback without interruptions or protests.
- Ask for clarification or examples if you are not sure what the feedback provider is saying.
- Think about how you can apply the feedback you have been given.

Accept and reflect on feedback

- Accept feedback in an open and non-defensive way.
- Feedback should be constructive and given in a sensitive and courteous manner.
- You do not need to accept feedback that is not given in a fair or impartial way.
- You should have an opportunity to ask questions and follow up with the person providing feedback when you have had time to reflect on their comments.

Seek feedback about trauma informed care practices

Implement strategies for receiving feedback about trauma informed care practices in the workplace. People receiving care may be able to give you feedback in person but they may feel more comfortable providing feedback in an anonymous context.

Ask specific questions to understand how well practices follow trauma informed practices. For example, 'Do you feel you have choice and freedom?'

The following are suggestions of feedback methods you can use, and specific questions you can ask when seeking feedback about trauma informed care practices.

Strategies

- Place feedback and suggestion box in foyer
- Distribute feedback forms at regular times; end of session, end of case or end of each month
- Ask for verbal feedback at the end of a session
- Make notes of informal feedback provided during sessions and activities
- Ensure consumers understand you are open to honest, constructive feedback
- Ask clear and specific questions about feedback you require

Questions

- Do you feel staff understand how trauma impacts you?
- Do you feel physically and emotionally safe?
- Do you feel your cultural traditions and preferences are understood and respected?
- Are your cultural needs met?
- Do you feel supported to make choices and self-advocate?
- Do you feel power is shared with the organisation?
- Do you feel like the service meets a range of needs and connects you to necessary referrals when required?
- Do you have a positive, supportive relationship with staff?
- Do you feel supported to move towards recovery?

Respond to feedback

People need to feel their feedback has been heard and understood. Be open and receptive to feedback. Don't take feedback as a personal criticism but see it as an opportunity for development. Thank the person for their feedback. Brainstorm and plan how feedback can be integrated into practices and policies.

Example

Invite and respond to consumer feedback on trauma informed practices and service delivery

Niall supervises a palliative care hospice. Many people the hospice supports experience trauma related to chronic pain and suffering, as well as grief and bereavement.

Niall has implemented regular feedback questionnaires for people supported by the hospice, and their families. Sometimes the feedback questionnaires are targeted, designed to seek specific feedback on a specific area. Other times, forms are general, intended to seek feedback about general practices.

Niall gathers feedback from the forms and types a report. He distributes this to his team, and if there are pertinent issues, he arranges a team meeting to discuss and brainstorm.

Practice task 12

1. Provide two strategies you could use to receive feedback from a person receiving trauma informed care.

2. Provide two aspects to remember when accepting and reflecting on feedback.

Click to complete Practice task 12

Summary

1. Reflective practice is used widely in community services to highlight the need for thinking about and reflecting on work practices. The goal of reflective practice is to improve and achieve better outcomes.
2. Identify barriers to providing trauma informed care, such as poor training, lack of resources and negative perceptions and attitudes.
3. If a person feels they are partly responsible for interpersonal violence, they may be less likely to seek support.
4. Support self-advocacy by providing training, counselling and linking people to relevant services.
5. Coercive practices are against the principles of empowerment and autonomy advocated by trauma informed care and have the potential to re-traumatise already vulnerable persons.
6. Feedback helps you develop and improve practices. Be receptive and open when receiving and responding to feedback.

Learning checkpoint 3
Contribute to the continuous improvement of trauma informed care in services

This learning checkpoint allows you to review your skills and knowledge in reflecting upon own practice and work environment and identifying opportunities to embed trauma informed care and practice in service delivery.

Part A

1. List one event that has the potential to contribute to re-traumatisation when a person is accessing or receiving services.

2. Describe two examples of common beliefs and attitudes towards people who experience interpersonal violence and describe how this impacts on their access to services.

3. Describe how you can ensure that seclusion, compulsory treatments and restraint is not included in your practice.

4. Describe two referral options and resources available to support self-advocacy.

Part B

Read the case study, then answer the questions that follow.

Case study

Omar works for a foster care and adoption service. Many of the children the service supports have been in abusive or neglected households. Many are at risk of suicide, self-harm and substance abuse.

Omar has been reading about trauma informed care and has recently attended a conference through the Mental Health Coordinating Council about the benefits of trauma informed care. Omar reflects on practices at his own service and thinks that sometimes the children would benefit from more support.

He also thinks that on reflection, staff members are often very restrictive of the children's choice, making decisions on their behalf and sometimes prescribing treatment without the person's consent.

1. Provide three questions Omar could ask himself when using self-reflection to ensure he demonstrates trauma informed care in his service.

2. Provide two barriers to implementing trauma informed care that Omar may identify.

3. List two ways that Omar could participate in developing informed care policies in the service.

4. Provide one strategy Omar could use to enhance service delivery.

5. List two ways Omar could invite and respond to feedback on trauma informed practices and service delivery.