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# 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.

## 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.

To read more about the principles of trauma informed care, visit Mental Health Coordinating Council at:

- ▶ [www.mhcc.org.au/media/32045/ticp\\_awg\\_position\\_paper\\_\\_v\\_44\\_final\\_\\_07\\_11\\_13.pdf](http://www.mhcc.org.au/media/32045/ticp_awg_position_paper__v_44_final__07_11_13.pdf)

## 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)

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 are ASCA's Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery, located at:

- ▶ [www.asca.org.au/WHAT-WE-DO/For-Health-Professionals/Resources-for-Health-Professionals/Trauma-Informed-Care](http://www.asca.org.au/WHAT-WE-DO/For-Health-Professionals/Resources-for-Health-Professionals/Trauma-Informed-Care)



## 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.

## 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.



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, 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:

- ▶ [www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation)

## 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.

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.



## 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.



### 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.

# 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.

### 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.

### 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 another kid and causing the kid 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.

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

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

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**Click to complete Practice task 6**



## Topic 2

In this topic you will learn how to:

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

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## 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.



### 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.

## 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?

## 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?

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.

### 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.

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

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**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.